

# **The Guide to He Korowai Oranga Māori Health Strategy**

**2014**



# Acknowledgement

Our thanks and acknowledgement to Erenora Puketapu-Hetet for permission to use the cover photograph, which shows her creation of a korowai taonga.

He Korowai Oranga literally translated means ‘the cloak of wellness’.

This Māori Health Strategy symbolises the protective cloak and mana o te tangata – the cloak that embraces, develops and nurtures the people physically and spiritually. In the weaving, or raranga, of a korowai, there are strands called whenu or aho. In the strategy, these represent all the different people who work together to make Māori healthy – including whānau, hapū and iwi, the health professionals, community workers, providers and hospitals. We need to weave the whenu/aho with all the diverse groups and combine these with our resources to form the different patterns of the korowai.

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MANATŪ HAUORA



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# Introduction

He Korowai Oranga: Māori Health Strategy sets the overarching framework to guide the Government and the health and disability sector to achieve the best health outcomes for Māori.

He Korowai Oranga remains a high-level strategy that supports the Ministry of Health and district health boards (DHBs) to improve Māori health by addressing the:

- New Zealand Health Strategy
- New Zealand Disability Strategy
- New Zealand Public Health and Disability Act 2000.

It is a living strategy; making it available on the internet and updating it with evidence, data and case studies will be integral activities in its second decade. Over time, this web-based strategy will become a 'hub of innovation' for Māori health.

In the decade since the original He Korowai Oranga was released, the Government and health and disability sector have made significant gains towards improving Māori health. These gains have included 20 well-established DHBs and iwi partnership boards, as well as significantly developing Māori providers and the Māori workforce. Maintaining this momentum is vital to securing the future of Māori health.

In 2009, Cabinet approved the establishment of the Whānau Ora Taskforce. Its role was to develop a framework for a whānau-centred approach to whānau wellbeing and development. Whānau ora is an inclusive approach to providing services and opportunities to families across New Zealand. It empowers families as a whole, rather than focusing separately on individual members and their problems.

The original He Korowai Oranga has been updated to ensure it continues to provide a strong platform for Māori health for the future. The refresh expands the aim of He Korowai Oranga from whānau ora to pae ora – healthy futures. Pae ora has three elements: mauri ora – healthy individuals; whānau ora – healthy families; and wai ora – healthy environments.

## How it works

Implementing He Korowai Oranga is the responsibility of the whole of the health and disability sector.

DHBs in particular should consider He Korowai Oranga in their planning, and in meeting their statutory objectives and functions for Māori health. He Korowai Oranga assists Māori providers and communities, and other providers when planning their own strategic development.

The elements, directions, key threads and pathways of He Korowai Oranga are the health system's guide to improving Māori health and realising pae ora – healthy futures.

The four pathways of the original He Korowai Oranga framework continue to tell us how to implement the strategy. These pathways are:

- supporting whānau, hapū, iwi and community development
- supporting Māori participation at all levels of the health and disability sector
- ensuring effective health service delivery
- working across sectors.

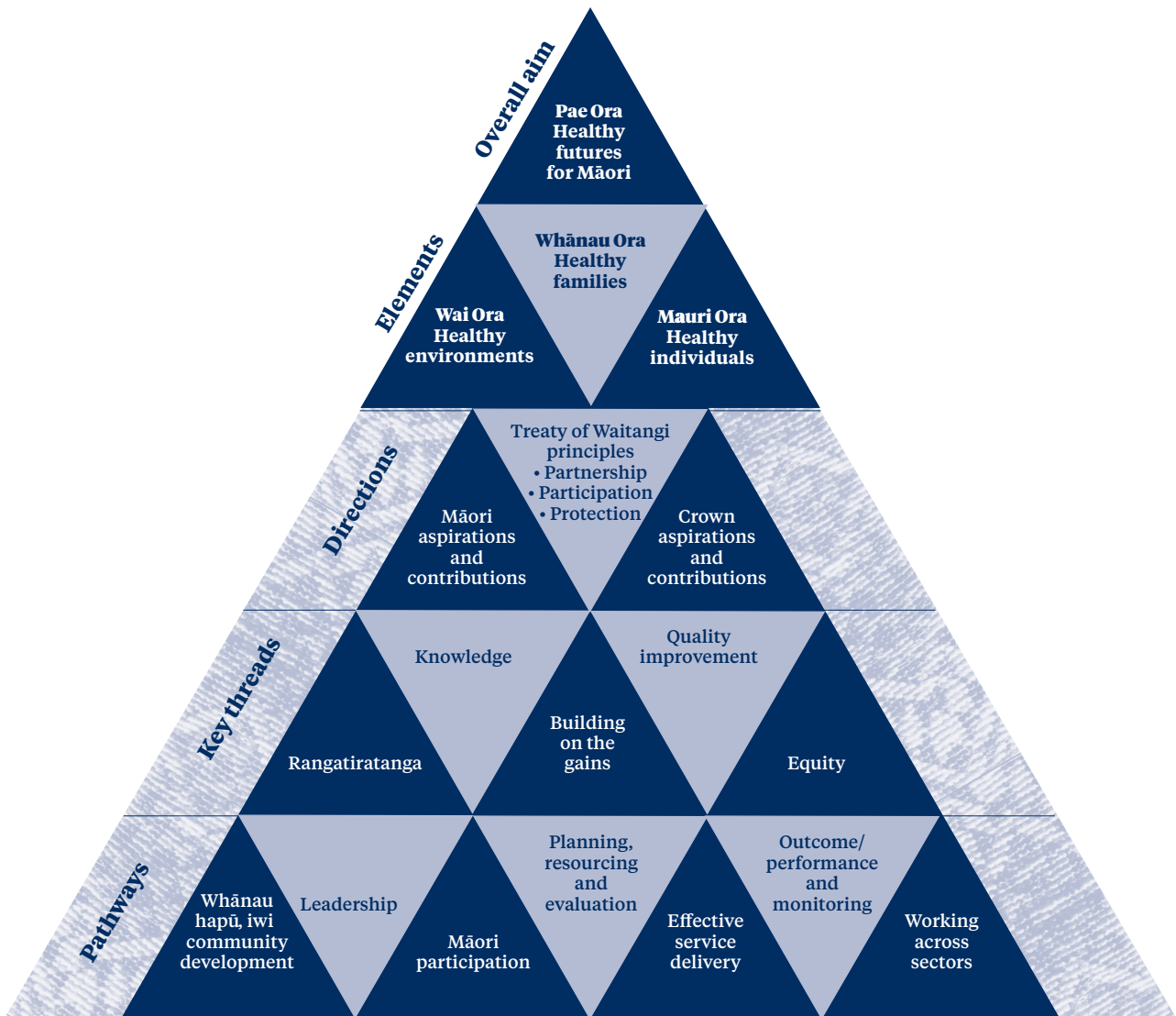
This web-based strategy will be developed to ensure that all of its content is accessible for everybody and aligned to the New Zealand Government web standards. This includes presenting information in a form that supports the use of assistive technology and other audio tools (such as videos).

# The overarching aim

## Pae ora – healthy futures

Pae ora is the Government’s vision for Māori health. It provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life. Pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services.

Pae ora is a holistic concept and includes three interconnected elements: mauri ora – healthy individuals; whānau ora – healthy families; and wai ora – healthy environments. All three elements of pae ora are interconnected and mutually reinforcing, and further strengthen the strategic direction for Māori health for the future.





# The three elements

## Mauri ora – healthy individuals

The concept of mauri ora captures the importance of the individual. It sets the direction for the health system to ensure that Māori, as consumers of health services, have pathways to care that meet their immediate needs as well as their future needs across all stages of life.

Achieving mauri ora will mean that individuals have good health and that the health system works to ensure that the way it delivers services across the continuum, from prevention to treatment, is appropriate for Māori at all ages.

## Whānau ora – healthy families

The concept of whānau ora is about supporting Māori families to achieve their maximum health and wellbeing. Whānau ora is driven by a focus on whānau being self-managing, living healthy lifestyles and confidently participating in te ao Māori and in society. It is a key element of pae ora and is an important part of setting the foundations for healthy futures.

Each whānau is different and has a unique set of aspirations. To achieve whānau ora, the health system will work in a way that acknowledges these aspirations and the central role that whānau play for many Māori, as a principal source of strength, support, security and identity.

The health system can make a significant contribution to helping whānau to achieve these aspirations, particularly those related to their health and wellbeing. Whānau ora has been retained in He Korowai Oranga because it resonated strongly with the health and disability sector over the last decade and has led to some significant gains.

## Whānau ora and Te Puni Kōkiri

Since the Whānau Ora Taskforce reported to the Government in 2010, the whānau ora approach has increasingly become a feature of work across government. The work of the Whānau Ora Taskforce informed a programme of work led by Te Puni Kōkiri to support whānau to build their capacity and capability, and empower whānau to determine their own aspirations and take control of their own futures. This work evolved to include the establishment of three whānau ora commissioning agencies to purchase a range of whānau-centred initiatives at a local level.

Working with Te Puni Kōkiri to support these initiatives is one way that the health and disability sector can support whānau ora, but it is certainly not the only way. As the work of the commissioning agencies grows, the health and disability sector will need to continue to consider how it can go about its business in a way that empowers whānau to achieve their own aspirations relating to health and wellbeing.



## **Wai ora – healthy environments**

The concept of wai ora encapsulates the importance of the environments in which we live and that have a significant impact on the health and wellbeing of individuals, whānau and communities. Wai ora literally refers to water, both as a resource and as an essential part of the environment that provides sustenance for life. The concept reflects the need for Māori to have access to resources and to live in environments that support and sustain a healthy life.

Achieving wai ora will mean that the environment in which Māori, and all New Zealanders, live, work and play is safe. Wai ora also focuses on ensuring Māori have appropriate access to quality housing, safe drinking water and air, and healthy food, and that we are prepared for emergency events – for example, pandemics and natural hazards such as earthquakes. Dealing with the impact of climate change on health is also a focus for the future.

Wai ora is closely linked to the traditional realms of public health. It also reminds us that addressing the determinants of health, including poverty and education, is essential to improving outcomes for Māori.





# Directions

## **Direction One: Māori aspirations and contributions**

While He Korowai Oranga is a Government strategy, it recognises that Māori, as individuals and as part of a whānau, hapū or iwi, have their own aspirations for health. Achieving these aspirations is a critical part of improving outcomes for Māori.

Māori contribute significantly to the health and disability sector – as individuals partnering in their own care, as a key part of the health workforce, and as contributors to DHB decision-making and service delivery. These varied roles help the health system to perform well and meet its targets. He Korowai Oranga seeks to build on this further.

## **Direction Two: Government aspirations and contributions**

The Government is committed to making the health system work for all New Zealanders. A significant portion of the annual budget is allocated to Vote Health for this purpose and 20 DHBs, established under the New Zealand Public Health and Disability Act 2000, have been set up with this clear expectation.

As part of working well for everyone, the health system needs to demonstrate that it is achieving as much for its Māori population as it is for everyone else. For example, among the responsibilities of DHBs are to reduce disparities between population groups, improve Māori health and ensure Māori are involved in both decision-making and service delivery.



# The key threads

## Rangatiratanga

Enabling whānau, hapū, iwi and Māori to exercise control over their own health and wellbeing, as well as the direction and shape of their own institutions, communities and development as a people, is a key thread of He Korowai Oranga.

As a key thread, rangatiratanga recognises that Māori are both a legitimate and an essential part of decision-making in the health and disability sector. There are formal ways for DHBs to incorporate this – as set out in the New Zealand Public Health and Disability Act 2000, which requires them to improve health outcomes for Māori and provide for Māori representation in DHB health governance. However, less formal ways are also important; such as influencing the way services are designed or delivered.

Māori institutions, including Māori health providers, are a key part of what makes the New Zealand health system effective. Māori health providers are generally described as Māori owned and Māori governed. While the government and DHBs put in place service and contract requirements for these providers, Māori owners and governors set the overall direction and shape of these organisations.

This next decade will see more iwi enter the post-treaty settlement phase. This provides an exciting opportunity for whānau, hapū and iwi to exercise their rangatiratanga, as well as to set the foundation for, and ultimately achieve, healthy futures for current and future generations.

## Building on the gains

The health and disability sector has made significant gains in Māori health over the last few decades.

The concept of whānau ora has resonated strongly with the health and disability sector. It has resulted in growing support for approaches to health that empower Māori, both as individuals and as collectives. Pae ora – healthy futures – continues to build on these gains and on the sector's ownership and acceptance of whānau ora for the future.

Māori participation at all levels of the health and disability sector has been a significant area of gain. This participation includes the continued involvement of Māori in DHB decision-making (including Māori partnership boards), significant growth in the number of Māori health professionals across a number of disciplines, and development of Māori providers, who continue to refine their cultural and clinical competencies, with an emphasis on innovation.

There have also been gains in the approach to assessing Māori health needs at a local population level (ie, DHB Māori Health Needs Assessments) and the use of DHB accountability mechanisms, such as Māori Health Plans, to address these needs. Better planning is also underpinned by better collection and administration of ethnicity data, high-quality research and the growing body of knowledge that tell us what works to improve health outcomes.

The refresh of He Korowai Oranga and the new aim of pae ora will look to how we can build on the gains we have made in the past decade as a platform for healthy futures.

# Equity

The World Health Organization defines equity as the absence of avoidable or remediable differences among groups of people. The concept acknowledges that not only are differences in health status unfair and unjust, but they are also the result of differential access to the resources necessary for people to lead healthy lives.

Some gains have been made towards health equity (for example, immunisation rates for Māori children have improved so much they are now equal to or better than non-Māori rates in much of the country). However, more work needs to be done to achieve health equity for Māori and for all New Zealanders. This work includes collaborating across sectors to make progress towards this goal.

Māori life expectancy is considerably lower than that for non-Māori. Overall, mortality rates are also higher for Māori than for non-Māori at nearly all ages. Māori health status remains unequal, with non-Māori across almost all chronic and infectious diseases as well as injuries, including suicide.

Over the next 10 years, the health system will work towards pae ora to support the achievement of health equity. This work includes continuing to develop good-quality ethnicity data to measure and report on health status, continuing to build the evidence to inform the knowledge base for Māori health and working outside the health and disability sector from time to time.

To support the sector to keep well informed about progress on health equity, the He Korowai Oranga website will provide up-to-date data, information and case studies profiling effective models and quality practice.



# Pathways for action

The elements, directions, threads and pathways for action that make up He Korowai Oranga set the direction for how to achieve pae ora.

These pathways are not mutually exclusive but are intended to work as an integrated whole.

## Te Ara Tuatahi – Pathway One

### Development of whānau, hapū, iwi and Māori communities

This pathway supports building Māori capacity to actively contribute to their own communities and long-term health outcomes. This support can take many shapes, but a key factor is the recognition that Māori are supported within a wider network of structures (whānau, hapū, iwi and communities) that assist them to manage their own health and wellbeing.

Māori community development models offer another route to wellbeing. These approaches use Māori strengths and assets to develop their own initiatives tailored to meet their own health needs. This includes support to develop programmes and interventions that incorporate Māori models of health and wellbeing, rongoā (traditional healing) and innovation. Services should also be organised around the needs of Māori consumers and their whānau rather than the needs of providers.

This pathway also supports the removal of barriers for Māori with disabilities and their whānau (and caregivers) to ensure they have access to the services they need and are supported to participate in and contribute to both te ao Māori and wider New Zealand society.

## Te Ara Tuarua – Pathway Two

### Māori participation in the health and disability sector

Māori participation in decision-making and service delivery will ensure services are appropriate and effective for Māori. DHBs have a legislative obligation to work in partnership with iwi and Māori communities to improve Māori health.

Māori providers are key players in improving access to effective and appropriate health and disability services for the whole community. Māori providers are also essential to developing services based on Māori views of health and healing. Increasing the capacity and capability of Māori providers to deliver effective health and disability services for Māori remains a focus for the future. The Māori Provider Development Scheme provides funding to support this development.

Over the past few decades, significant efforts have been made to build the Māori health workforce. These efforts have involved establishing scholarships and leadership programmes, as well as a number of Māori workforce development organisations.

Māori participation in the health workforce has increased significantly since the release of He Korowai Oranga. However, more work needs to be done.



The Māori population is projected to increase at a faster rate than the non-Māori population. Sustained efforts to grow the Māori health workforce are needed to ensure it is able to meet the higher demand from a larger Māori population. Achieving this goal will involve increasing the number of Māori in the health and disability workforce, expanding the skill base of Māori in the workforce and enabling equitable access for Māori to training opportunities.

## **Te Ara Tuatoru – Pathway Three**

### **Effective health and disability services**

The health system must work well for all New Zealanders, including Māori. As the majority of Māori continue to receive most of their health care from mainstream services, considerable effort is required to ensure that mainstream services make it a key priority to reduce the health inequalities that affect Māori and to work effectively for Māori. One example includes the recent focus on transforming the disability support system to give disabled Māori more choice and control over their supports and their lives, encapsulated by the vision of Enabling Good Lives. Within the health and disability sector, efforts need to also focus on reducing risk, strengthening prevention and more effectively managing disease and long-term conditions, as well as improving overall Māori health and disability outcomes.

DHBs are required to produce an annual Māori Health Plan, which includes a focus on activities that will strengthen the performance of mainstream services for Māori. For example, some Māori Health Plans prioritise Māori as a population group for screening programmes and also include the development of culturally appropriate referral pathways.

## **Te Ara Tuawhā – Pathway Four**

### **Working across sectors**

Services should be organised around the needs of Māori and their whānau rather than the needs of providers. To achieve this, the Government, along with the health and social sector, needs to focus on removing infrastructural, financial, cultural, geographical, physical and other barriers between health and other social services that act as obstacles to seamless delivery of care.

Improvements in Māori health may also lead to improvements in other areas and vice versa. For example, higher educational achievement and good-quality employment often improve health outcomes. Poor health can also adversely affect people's education and employment opportunities.

Working across sectors is not the sole responsibility of any part of the health system. The different levels of the system, from providers to DHBs to the Ministry of Health, need to seek out partners across a range of sectors to allow for better service integration, planning and support for Māori and their whānau. One example includes new approaches to the disability support system, addressed in Enabling Good Lives, that will give disabled Māori and their families increased choice and control over the support they receive and have required government agencies to work together differently, for example by integrating funding and contracts. This cross-sectoral work includes building links with regional and local councils, as well as with community-based providers. Government agencies must seek connections with non-governmental organisations that deliver different types of services within the wider health and social sector and support better integration of services. The closer alignment of health and social services presents opportunities to deliver services more effectively, improve the continuum of care and improve outcomes for Māori across a range of areas.



# Strengthening He Korowai Oranga

He Korowai Oranga is now strengthened by the following core components that are woven into the 'inverse' of the framework.

The core components provide a solid infrastructure by which the elements, key directions, key threads and pathways of the refreshed strategy continue to guide the health system, as well as to guide the people working in it to contribute towards achieving pae ora.

## Treaty of Waitangi principles

The principles of partnership, participation and protection underpin the relationship between the Government and Māori under the Treaty of Waitangi.

- Partnership involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- Participation requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
- Protection involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

## Quality improvement

Māori should have equitable health outcomes through access to high-quality health and disability services that are responsive to their aspirations and needs. Quality improvement involves simultaneously implementing three quality dimensions:

- improved quality, safety and experience of care
- improved health and equity for all populations
- best value for public health system resources.

## Knowledge

Knowledge encompasses high-quality health information to inform Government, and to assist whānau, hapū and iwi with evidence-based decision-making to support their own health aspirations. Knowledge also involves other forms of health information, such as high-quality ethnicity data sets, health literacy, cultural competency, clinical care pathways, guidelines and tools, and health innovation. It is important that this knowledge be available for whānau, hapū, iwi and Māori communities to assist them in developing local initiatives.

Investment in high-quality research and in building Māori health research capacity across the sector and within communities is essential to further develop the knowledge base that will contribute to pae ora.

Additionally, collaboration across sectors is required to coordinate high-quality research and information on the determinants of health to drive continuous quality improvement in the development, design and delivery of services for Māori.

High-quality health information is also pivotal to the delivery of effective health and disability services across the continuum. The health and disability sector needs to make good use of the knowledge available to ensure that services meet the needs of the Māori population.

## **Leadership**

Effective Māori leadership is critical to setting the foundation for pae ora and improving Māori health outcomes into the future. Supporting this leadership involves empowering individuals, whānau members, local Māori and iwi leaders as well as leaders at each level of the health and disability sector to champion pae ora and achieve health equity.

As part of enabling excellence in clinical care, effective Māori leadership is required to support health services to be accountable for continuing quality improvement. The effective use of Māori leadership supports services to deliver culturally responsive health care for Māori and safeguards high standards of care.

Investment in building the capacity and capability of the Māori health workforce is vital to fostering effective Māori leadership.

Although Māori leadership in health is essential, improving Māori health is also the responsibility of everyone working in the health and disability sector. This includes people taking a leadership role across the whole health system to improve Māori health.

## **Planning, resourcing and evaluation**

Effective planning means that allocated resources will deliver the most successful health outcomes for Māori. Planning and resourcing should continue to be informed by whānau, hapū, iwi, communities and providers.

Processes around planning and allocation of resources must reflect a focus on areas that will best achieve Māori health gain. High-quality ethnicity data and comprehensive and timely health information are required to effectively plan, resource and deliver services that improve Māori health outcomes.

Robust evaluation of the implementation and effectiveness of services for Māori is critical to this process. The evidence base that is generated must be used for effective planning and resourcing in order to drive continuous quality improvement.

## **Outcome/performance measures and monitoring**

Improving Māori health is an integral part of work underway across the whole of the health system to make it work for all New Zealanders. He Korowai Oranga provides direction to support the health system to produce the highest quality ethnicity data so that all areas of health can measure performance against Māori population health need.

The Government will continue to measure and monitor progress in Māori health at national, regional and local levels in order to drive continuous quality improvement in the development, design and delivery of services for Māori. Outcome and performance measures are monitored via a number of reports, surveys and other accountability mechanisms that use health, socioeconomic and environmental indicators. Examples include annual progress reports on priority areas in the New Zealand Health Strategy and the Health and Independence report; DHB Non-financial Monitoring Framework and Performance Measures; District Health Board Regional Service Plans, Annual Plans and Māori Health Plans; and Public Health Unit Annual Plans. However, these mechanisms still may not give a complete picture because other programmes (outside the health and disability sector) may address health issues.

