



Te Pae Amorangi

Hutt Valley DHB
Māori Health
Strategy

2018 – 2027

“Ko te Amorangi ki mua, ko te hāpai ō ki muri”

“The leaders in the front, the workers behind”



He Karakia Tīmatanga

I te tīmatanga, ko te kore, ko te pō
nā te pō, ka puta ko te kukune,
ko te pupuke, ko te hihiri,
ko te maharahara, ko te manako
ka puta ki te whai ao, ki te ao mārama.

Tihei Mauri Ora

He Mihi

E koekoe te Tūī

E ketekete te Kākā

E kūkū te Kererū

Tēnā rā koutou katoa ngā mataora o Te Awakairangi

Ki ngā pae maunga, ngā awa tapu me te Whanganui a Tara, ngā
kaitiaki o te takiwā nei, tēnā rā koutou

Ki te iti me te rahi o Te Ātiawa

Tēnā tātou katoa.

He whakanuia

Acknowledgements

Te Pae Amorangi has been developed with the help, support and guidance of whānau, people, groups, organisations and communities. Your input and support has made a significant contribution to the future planning of how we work to achieve outcomes for Māori health.

‘Ehara tāku toa i te toa takitahi, engari he toa takitini’

‘Success is not the work of one, but the work of many’

Title Photo – Waikato Paki Tai Tamaka Te Ngoungou and Te Raukura Tamaka, creating Ipu Whenua. Ngā mihi mahana ki a Te Raukura Tamaka rāua ko Whitiara Te Ngoungou mā ngā whakaahua ataahua

He whakataukī

Proverbial saying

***“Ko te Amorangi ki mua,
ko te hāpai ō ki muri”***

*The leaders in the front,
the workers behind.*

The title *Te Pae Amorangi* was inspired by this whakataukī. In a marae context this whakataukī recognises that the role of the leader is no more or less important than the role of a worker, thus making everyone as important as each other. As leaders in health it is our role to aspire to inspire our communities and understand that there needs to be a shift in power, to one of equality, to create fair access to health.



Our Vision

Tā Mātou Matakite

Mauri Ora – Whānau Ora – Wai Ora

Healthy People – Healthy Families – Healthy Communities

Ā Mātou Uara

Can do, In partnership

Always caring, Being our best

Our Values

Rārangi ūpoko

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He kupu nā te Poari DHB

Message from the DHB Board

We have been very intentional about how we have shaped the look and feeling of our strategy. From the photos of local tamariki and whānau, the choice in using the colours red, black and white to symbolise Tino Rangatiranga – self determination, through to using te reo Māori throughout. We want Māori to feel part of our DHB, in everything that we do, that they see themselves reflected through our services in a positive way.

Te Pae Amorangi has been developed to support the transformation of our Hutt Valley District Health Board (HVDHB) over the next nine years to achieve Māori health equity and outcomes.

Te Pae Amorangi supports our DHB to:

- expand on the framework provided by *Our Vision for Change*
- better understand our DHB's approach to equity and Māori health and where improvements can be made
- Provide leadership across our DHB to eliminate inequity of health for Māori
- Further interrogate our own data to get a better picture of our current reality, of how we provide health services to Māori and how our services support their wellness.

It is clear; that we have work to do in order to re-focus our efforts and resources into the areas of greatest need. Our data, whānau experiences of health and our narratives tell us that we need to be doing things differently and that we need to be doing more to make a real difference and impact for and with Māori across the Hutt Valley. And while there is good will and knowledge within our DHB around equity and Māori health, our challenge is turning that into practise – we need action to make the impact needed to achieve Māori health equity.

Te Pae Amorangi has been developed for the next nine years, which will be cycled on a three-yearly basis. We will develop our action plans, evaluations and measure our interventions and implementations. We want to be flexible enough to change direction if something is not working, but also embed a clear vision so we know the direction we are moving in.

We look forward to the journey ahead. We want to work across our communities to build a health system that is equitable, fair, transparent and accountable in achieving Māori health and equity.



He kupu arataki

Introduction

Te Pae Amorangi, Hutt Valley DHB's Māori Health Strategy is centred on achieving Māori health equity and Māori participation across the health system. We, as a DHB, want to inspire and lead change across our health systems to ensure we meet the health needs and aspirations of Māori as the indigenous people of Aotearoa.

Māori in the Hutt Valley make considerable contributions to the health sector. Māori health organisations often lead the way in whānau-centred innovative approaches, Iwi contribute resources to support health providers and Māori health professionals are critical to our health system's success. Rongoā Māori supports wellbeing for many whānau Māori and individuals. And the vibrant local community also demonstrates daily leadership in staying and living well.

Despite these strengths, we as a DHB have had minimal success in achieving sustainable outcomes and equity for Māori. We have not been able to accelerate our treaty relationships and build off the work in the community in order to deliver equity for Māori compared with non-Māori in the Hutt Valley. Te Pae Amorangi outlines Hutt Valley DHB's nine year approach and commitment to Māori health and the system improvements that will lift Māori health outcomes and support equity for all.

We intend to plan, implement and measure on a three year cycle. We know it will take a considerable amount of time to embed some of our actions in our focus areas, and we want to ensure that we invest this time to promote sustainable success.



Te Awa Kairangi he tiro hāpori

Environmental scan

We have a **youthful** Māori population

17% identify as Māori

51% of Māori living in the Hutt are **under 25**

33% are **under 15 years**

Around **620** Māori infants are **born in the Hutt Valley each year**

Life expectancy for the wider Wellington region was

78.6 years for Māori women, **5.3 years**

lower than for **non-Māori** and **74.7** for Māori men,

5.6 years lower than **non-Māori**.

He pūnga kōrero ki te rautaki Hauora Māori

The reason for a Māori Health Strategy?

We know we must do better to deliver on our over-arching objective as a DHB to reduce with a view to eliminating inequity particularly for Māori. Te Pae Amorangi will help us focus our efforts and inform DHB decision making to accelerate Māori health improvements. We want Māori to thrive and flourish.

In preparing Te Pae Amorangi we surveyed a number of DHB staff and it is clear that there is a desire to improve outcomes for Māori. We also know from working with providers in the community that there is significant knowledge around equity and Māori health across the health system. The challenge is harnessing this goodwill and knowledge and turning it into practice — we need action to make the essential impact.

He māramatanga horopaki

Understanding our context

To respond to our significant equity challenge in the Hutt Valley we need to be able to make sense of the complex causes of health inequity between Māori and non-Māori.

Colonisation and health

“It is impossible to understand Māori health status or intervene to improve it without understanding our colonial history.” (Reid and Robson, 2007)

In carrying out our role as a DHB we cannot ignore the history of the Hutt Valley, the knowledge and beliefs of mana whenua and Māori communities and actively seek to support Māori rangatiratanga in health.

Institutional Racism and Health

Racism is an important determinant of health and wellbeing. In New Zealand there is a growing body of evidence examining the association between racism and a range of negative health and wellbeing measures (Harris et al (2018)).

Racism affects health in a range of ways; from the way society is structured (which groups have the

range of privileges that mean that they are able to fully benefit from things like the education system), to direct effects of and from racism (e.g. dealing with harassment), to impacting the quality and delivery of health care.

As a DHB, it is our responsibility to be aware of and respond to institutionalised racism and its trademark of unearned privilege that means some groups benefit from our services and health system more than others. For this reason we have designed the strategy to ensure policies, practices norms and organisational culture is actively working to support Māori outcomes.

Institutionalised racism is not always well understood and so it is helpful to remember that in talking about racism we are focused on the way that the health system operates not on individual behaviours.

Dr. Camara Jones, an American academic and physician who has spent time in New Zealand, helps people to understand the different ways racism plays out by talking about three main levels of racism:

Institutionalised racism

Differential access to the goods, services and opportunities of society by “race”. This can also apply to inaction in the face of need (e.g. not prioritising or funding a service despite strong evidence of health need).

Personally mediated racism

Personal prejudice or discrimination, which maintains the structures or norms created by institutionalised racism. Sometimes the concept of unconscious bias is included here too.

Internalised racism

Acceptance by members of stigmatised groups of negative messages about their own abilities and worth.

He pou tarāwaho

A framework

Our framework is underpinned and guided by Te Tiriti o Waitangi, and sets out the operating environment for Hutt Valley DHB, which was established by the New Zealand Public Health and Disability Act.

As with all DHBs, we are accountable to the Minister of Health and are guided by the New

Zealand Health Strategy and He Korowai Oranga as well as annual expectations from the Minister.

Within this framework Hutt Valley DHB has set itself a pathway through Our Vision for Change over ten years. Te Pae Amorangi takes that framework and gives more detail and direction for Māori health and equity.



He kaitiaki tātou

Our responsibility as a health provider

Hutt Valley DHB is committed to fulfilling our role in the relationships between iwi and the Crown under the Treaty of Waitangi. The principles of Partnership, Participation and Protection inform our strategy.

The Ministry of Health has described the three principles in the following way:

PARTNERSHIP

Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

PARTICIPATION

Involving Māori at all levels of the sector, in decision-making, planning, development and delivery of health and disability services.

PROTECTION

Working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

(source: He Korowai Oranga 2002)

More information on the Treaty of Waitangi, including the differences between the Māori and English language versions is available online here.

As a DHB we were established under the New Zealand Public Health and Disability Act 2000, which also gives guidance to what is expected of us. The legislation also makes it clear that we need to involve Māori in DHB decision making and in service delivery. This is core to our way of working at Hutt Valley DHB.

Our vision for change

Released in 2017, *Our Vision for Change* is Hutt Valley DHB's ten-year strategy. It sets out the approach we plan to take in order to achieve our vision of: Healthy People, Healthy Families, and Healthy Communities.

Te Pae Amorangi explicitly builds off the principles for decision-making provided in *Our Vision for Change*. These principles are a critical driver of all DHB business, and so our Māori health strategy:

- provides more detail about how to use the principles when considering Māori health and equity
- gives additional areas of focus to drive improvement for our DHB as it seeks to improve and achieve health equity over the next nine years.



He whakataunga mauri

Principles for Decision Making

To cement the links with *Our Vision for Change* we are utilising the eight principles for decision-making. These principles are used to ensure we focus on making excellent investment decisions.

Equity	Needs Focused
Co-design	Partnership
People Centered	Stewardship of resources
Outcomes Focused	System thinking

Te Pae Amorangi has emphasised the importance of these principles and expanded on them to provide more guidance to our DHB's decision makers in terms of achieving Māori health equity and outcomes.

A detailed description of how to apply these principles when making decisions related to Māori health is included as Appendix 1; *Principles for Decision Making*.

Ā mātou whāinga

Our aim

Our aim as a DHB is to achieve health equity for Māori. We want Māori to thrive and flourish. We know that how we deliver health services has a big impact on this aim and so we will look

at how we invest, how we work in partnership with and across our communities, and how we engage across the sector.

The future is not something we enter

The future is something we create

Ngā pae aronga

Focus areas

For the next nine years we will focus our efforts and investments on five key focus areas, these areas have been identified by our communities, and give direction and leadership for how we can transform our systems to achieve Māori health equity.

Our key areas are:

1. Workforce
2. Organisational Development and Cultural Safety
3. Commissioning
4. Mental Health and Addictions
5. First Thousand Days.

By addressing these focus areas we will challenge the 'status quo' and long standing 'culture norms' of our organisation. We will guide and support the transformational change that will occur across our systems. We believe that we can do this, we can do this together as a system, as a group and as individuals.



Te pae aronga tuatahi

Focus area one

Increasing our Māori Workforce across the system

MOEMOEĀ

We will dramatically increase the number of Māori staff employed by our DHB over the next nine years to reflect our Māori population.

OUR CURRENT STATE

Our board has given clear direction that our situation has to change; we currently only employ 156 or 6% Māori across all disciplines. Yet our Māori population is 24,000 or 17%.

Māori workforce development and recruitment is a high priority nationally as well as for our DHB. It is important to have a health workforce that represents the community it is serving.

As one of the largest employers in the Hutt Valley we have the capability to shape the future of Māori health careers.

WHAT WILL WE DO?

- We will work to identify the barriers for Māori employment and engagement in health careers.
- We will work across the health and education sectors.
- We will focus on our recruitment policies and procedures.
- We will focus on attracting Māori into health careers, recruiting more Māori health professionals.
- We will focus on promoting and retaining Māori staff in the district and building health sector competencies amongst staff.

RANGATIRATANGA - LEADERSHIP

How will we achieve this?

We will be very intentional in what we to support the achievement of our aims. We will lead, develop and implement the following approaches.

- Māori health equity is a vital strategic priority that needs to be woven through everything we do, including our policies, practices, norms and organisational culture.
- Our Human Resources and Organisational Development (HROD) team will look at how we develop recruitment policies to deliberately attract, appoint and retain Māori in our DHB.
- We will create a robust Māori workforce strategy.
- We will create scholarship pathways to build and attract Māori into health careers.
- Our Executive Leadership Team (ELT) will champion career development and leadership progression for Māori employed by our DHB.
- We will develop mentoring and leadership programs for Māori staff.
- We will work to advance our Treaty relationships with mana whenua, iwi and Māori to increase opportunities for building our employer reputation.



Who will we work with in partnership to advance?

There are a wide range of groupings that we need to connect with in order to be successful in this area, they include but are not limited to:

- Hutt Valley DHB Board
- Mana Whenua Relationship Board
- Mana Whenua
- Whānau Ora collectives
- Iwi and Māori communities
- Our senior leaders
- Our clinical leaders
- Kura kaupapa Māori
- Education providers
- PHOs
- Professional health bodies such as:
 - nursing
 - medical
 - Allied Health.

What will we measure?

- Increases in Māori staff across all health leadership and all professional groupings in the district.
- Increases in the number of full time Māori staff across all health professional groupings in the district.
- Māori staff are moving through to senior roles in the DHB.
- The uptake of scholarships and vocational training across professional groupings.

Te pae aronga tuarua

Focus area two

Organisational Development and Cultural Safety

MOEMOEĀ

Everyone who works with and for us will be culturally safe, highly skilled and knowledgeable on Māori health, equity and our local community needs.

All DHB staff are responsive to Māori and understand the ongoing impacts of colonisation, structural and institutional racism, bias and privilege.

OUR CURRENT STATE

- We currently have an online Treaty of Waitangi learning tool, which gives a brief overview of the Treaty and the place of Māori.
- We have individuals who practice cultural safety.
- We have no Māori health or Equity KPI's to ensure proactive leadership.
- We have no organisational equity frameworks applied as business as usual.

WHAT WILL WE DO?

Achieving the aims of Te Pae Amorangi and *Our Vision for Change* requires the organisation to work together on our current challenges related to improving equity for Māori and health equity. We need to make bold choices as an organisation about how and where we do our business, and support connections across our communities so care is closer to those most in need. From our Board and ELT; through to the emergency department, our wards, the dental service, every department, service and person.

RANGATIRATANGA - LEADERSHIP

How will we achieve this?

We know, like our other focus areas, we have some real gains to make in this area. We are mindful that we need to focus on the journey not the destination, as this particular area will be the foundational support for everything we do moving forward. To support our journey we will implement the following approaches.

- Our board, CEO and Executive Leadership Team will advance our treaty relationships by;
 - Building knowledge of our local Māori communities, mana whenua and iwi.
 - Building relationships across our Māori communities.
- We will develop and deliver Māori health equity and cultural safety training that will be a non-negotiable training for every employee who works for our DHB.
- Māori health equity will be a strategic priority that is woven through all organisational development activities.
- We will strengthen our organisations abilities to eradicate institutional racism and bias to better deliver outcomes for Māori.
- Our Board, CEO and Executive Leadership Team will develop and agree specific KPIs that deliver equitable health outcomes for Māori.
- We will invest in growing our organisations health equity expertise.
- Equity will be an integral component of our quality improvement efforts.

Who will we work with in partnership to advance?

- Hutt Valley DHB Board
- Mana Whenua Relationship Board
- Mana Whenua
- Whānau Ora collectives
- Iwi and Māori communities
- Clinical leaders
- Senior leaders
- Education providers, including, Te Wānanga o Aotearoa, Whitireia
- PHOs
- Professional health bodies such as:
 - nursing
 - medical
 - Allied Health.

What will we measure?

- Staff attendance and experiences at our new health equity and cultural safety training across all health leadership and professional groupings.
- Staff use of equity tools in service design, delivery and investment.
- Quality and Safety equity improvements.
- Advancement of Treaty relationships across DHB, this could be done through an evaluation of effectiveness by Māori.



Te pae aronga tuatoru

Focus area three

Commissioning

MOEMOEĀ

As a DHB we want to ensure we are getting excellent value from our investments; and that where and how we invest contributes to equitable outcomes in our district.

CURRENT STATE

- We have no clear or consistent equity principles that informs our decision making for commissioning services.
- Over the past 6 years we have decreased Māori provider funding nearly 9% since 2011/2012.
- Our ethnicity data collection and reporting frameworks are not clear and concise.
- We are bound by a range of mandated funding/commissioning requirements.

WHAT WILL WE DO?

We want to ensure we are making funding decisions that contribute to the best health outcomes for Māori and outcomes that are equitable. We will review our current state and commit to changing and influencing the things we have control over.

We will build on our existing relationships with Māori and further develop and enhance our treaty relationships to advance health equity for Māori in our district.

We will look to influence the bigger health system with the intention to enable areas for change and greater focus on Māori health and equity within the mandated commissioning requirements.

RANGATIRATANGA - LEADERSHIP

How will we achieve this?

We will be clear and identify desirable outcomes that are relevant and assist us to attain the change we seek in the future.

- Equity and health outcomes for Māori underpin all new commissioning investments across our DHB.
- We will advance our Treaty relationships with mana whenua, iwi and Māori to shift care closer to home, marae and communities.

- Our principles for decision making will be applied across all new funding investments.
- We will work to review our existing commissioning investments and their alignment with equity and Māori health outcomes.
- We will sustainably increase our funding investments in Māori for Māori health services.
- We will review all funded services against our developed equity framework and where possible redirect resources to achieve Māori health and equity outcomes.
- We will build and develop robust population data with consistent ethnicity data for reporting.
- We will develop and agree specific measures to monitor progress toward achieving health equity for Māori.
- We will commission the development of an equity think piece for our DHB, this will support the organisation to further develop and advance equity actions across our DHB.

Who will we work with in partnership to advance?

- Mana Whenua Relationship Board
- Mana Whenua
- Whānau Ora collectives
- Iwi and Māori communities
- Health and social sector providers
- All government ministries
- Our regional partners
- Our clinical leaders
- Our senior leaders
- PHOs.

What will we measure?

- Commissioning investments against principles for decision making.
- Increased investments in Māori for Māori health funding.
- High quality robust population data collection against ethnicity.
- Co-design implementation across all commissioning initiatives.

Te pae aronga tuawhā

Focus area four

Mental Health & Addictions

MOEMOEĀ

Hutt Valley will have Kaupapa Māori mental health and addiction services that meet the needs of our Māori communities. Our DHB Mental Health services will reflect evidence based Māori healing methodologies and practices, to elevate Māori knowledge alongside clinical evidence and practices.

CURRENT STATE

- Our DHB provides mental health services as part of our business as usual practice, however none of these services are kaupapa Māori.
- Māori service users find our system difficult to navigate.
- We have room to grow our service user outcomes and experiences in mental health and addictions.
- Our suicide rates for Māori are unacceptable
- Our data collection needs to be strengthened to give a clear picture of the state of mental health and addictions services for Māori.

WHAT WILL WE DO?

We will work to strengthen our capability to deliver services to meet the needs and aspirations of Māori. We will also work to further advance our Treaty relationships with iwi, mana whenua and Māori to develop and co-design services that are Māori for Māori. We also need to ensure our data collection methods are giving us a complete picture of mental health and addictions for Māori.

We will focus on building effective our models of care, clinical and cultural safety of our services. We will develop and build solid partnerships with mana whenua and our local Māori communities.

RANGATIRATANGA - LEADERSHIP

How will we achieve this?

- We will work to build a Māori mental health and addictions team within our DHB.
- We will advance our Treaty relationships with mana whenua, iwi and Māori, this will increase our opportunities to strengthen and influence Māori methodologies in mental health and addictions.
- We will increase our investments in Māori for Māori mental health and addiction services to meet the holistic needs of whānau.
- We will partner with grass roots community to support their development of Māori suicide prevention strategies to fit their community needs, aspirations and realities.
- We will build and develop robust reporting data frameworks that collect relevant and meaningful data across mental health and addiction services.

Who will we work with in partnership to advance?

- Mana Whenua Relationship Board
- Mana Whenua
- Whānau Ora collectives
- Iwi and Māori communities
- Mental health and addiction providers
- Health and social sector providers
- All government Ministries
- Our regional partners
- Our clinical leaders
- Our senior leaders
- PHOs.

What will we measure?

- Kaupapa Māori mental health specific services within our DHB.
- Increase of sustainable funding across Kaupapa Māori services.
- Equitable access of treatment and services for Māori.
- Ethnicity data collection with meaningful narrative.



Te pae aronga tuarima

Focus area five

First 1000 Days

MOEMOEĀ

The first 1000 days of life is about supporting a healthy childhood so that hapū māmā, pēpi, tamariki and whānau thrive and flourish.

It encompasses all health services provided in the first thousand days (conception to age two years), this includes maternity and maternal mental health, safe sleeping and breastfeeding; right through to immunisations and critical health services like Tamariki Ora, hearing and dental care. Our commitment will be demonstrated by investing early in the life course to achieve equity and outcomes for Māori. And by moving care closer to home to ensure those with the greatest needs have care that is the best fit for their needs and whānau.

CURRENT STATE

- We have pockets of excellence in different areas, we want to understand the whole picture and address the inequities that exist for whānau.
- Our health services are too inward facing and need to be flexible and adaptive to meet need.
- Services have been developed to meet the needs of the majority and Māori whānau are not able to always access the best fit.
- We have unacceptable rates of preventable illnesses for Māori.

WHAT WILL WE DO?

We will affect transformations across the health systems to ensure our services are designed, developed and located to meet the needs and aspirations of Māori and achieve health equity.

We know that it is whānau that will make the most significant difference to Māori health and wellbeing, we can influence this by how we shape access to quality information and advice, provide resources fit for purpose, promote healthy living and support self-determination which creates hope for whānau.

We can build on Māori child-rearing perspectives and traditional knowledge bases built from Māori understandings and worldviews. These are integral to health assessments, treatment protocols, measures of outcomes and frameworks for analysis.

We also need to ensure that we have the ability to collect robust data so that it supports our decision making for investments, as well as develop narratives that frame the reality of Māori health outcomes.

RANGATIRATANGA - LEADERSHIP

How will we achieve this?

- We will advance our Treaty relationships with mana whenua, iwi and Māori working in partnership to achieve their aspirations for whānau in the first thousand days.
- We will develop and expand our knowledge base to understand Māori worldviews and methodologies of hapūtanga to support whānau lead solutions to wellness.
- We will develop robust ethnicity data collection measures and report these to our community transparently to ensure we are accountable for our work.
- We will develop and prioritise long-term investments that accelerate the achievement of equity of Māori health outcomes in the first thousand days.
- We will use evidence-based models that consider the determinants of health for Māori to guide our investment decision making.
- We will promote and lead cross-sectorial approaches to support the holistic wellness of whānau.

Who will we work with in partnership to advance?

- Mana Whenua Relationship Board
- Mana Whenua
- Whānau Ora collectives
- Iwi and Māori communities
- Maternity services
- DHB Child Health services
- Mental health services
- Tamariki Ora/Well Child providers
- Kōhanga Reo
- Early childhood providers
- Regional Public Health
- Health and social sector providers
- All government ministries
- Our regional partners
- PHOs
- Ministry of Health.

What will we measure?

- Advancement of Treaty relationships.
- Funding investments which support Māori health outcomes and equity in the first thousand days.
- Development of robust ethnicity data and narratives to measure progress and accountabilities.
- Long term investments that focus on Maori health outcomes and equity.



Ā tātou taonga

Our Resources

As a DHB and a member of a networked community we have access to a wide range of tools and resources that will grow our understanding of equity, Māori health, Kaupapa Māori and Te Ao Māori. These are tools to support equity of health for Māori.

The following compiled list is not exhaustive and can be built on to develop your own views of the world.

Strategies and Plans

He Korowai Oranga

Ministry of Health

Our Vision for Change

Hutt Valley DHB

Our Wellbeing Plan - Thriving for Change

Hutt Valley DHB

Online resources

Roadmap to Reduce Disparities as a justification for a broader approach

<https://link.springer.com/content/pdf/10.1007%2Fs11606-012-2082-9.pdf>

Institute for Healthcare Improvement - White Paper on achieving health equity

<http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>

The Health Equity Assessment Tool <https://www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf>

Understanding Health Inequities <https://www.otago.ac.nz/wellington/otago067740.pdf>

Racism and health in New Zealand

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0196476>

Levels of Racism: A Theoretic Framework and a Gardener's Tale Dr. Camara Jones

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/pdf/10936998.pdf>



Ngā tāpiritanga

Appendices

Principles of decision-making

EQUITY – Our decisions will support the elimination of health inequalities

Equity is a non-negotiable principle. While all eight are important, this principle sets the foundation for achieving Māori health outcomes. It helps us to understand how the other principles work too.

Equity is the absence of avoidable or remediable differences among groups of people. *Health inequities*, therefore, are more than inequality — they also tell us that we are not operating in the most fair and just way.

To make sure our decisions support the elimination of inequity in the Hutt Valley, we will analyse and monitor our achievements and performance for Māori compared with non-Māori and make decisions that address gaps in our performance.

An example of how this principle could be applied is that we set equity expectations in all new funding and monitor performance against contracts so that we hold providers (be they in the community or within the DHB) to account for delivering on the equity expectations.

PEOPLE-CENTRED – Our decisions will improve individual and whānau experiences of care and address what matters most to them.

We want the health systems to work with and for Māori, individuals, whānau and our communities. It is vitally important to understand the context, reality and environments of people.

This might mean taking approaches we're not familiar with when it is evident the status quo isn't working for Māori or other groups.

Being people-centred means supporting the holistic wellbeing of Māori. We recognise that Māori individuals and whānau have their own rangatiratanga (autonomy) and resources to contribute to their health. As well, we will utilise comprehensive population health approaches to address all determinants of health.

OUTCOMES-FOCUSED – Our decisions will improve health outcomes and wellbeing for individuals.

Our job is to improve the health and wellbeing of our population. But we cannot do this in isolation from achieving equitable outcomes.

In making decisions we will make sure we understand and eliminate any actions or approaches that could jeopardise our commitment to equity.

Focusing on outcomes means we are committed to achieving similar outcomes for Māori as for non-Māori and that means we do not set differential performance targets nor tolerate differential outcomes.

NEEDS FOCUSED – Our decisions will be based on where the greatest need lies.

Identifying and understanding need will be informed by high quality data and analysis. This also means making sure we have excellent ethnicity and other data.

We might need to address data gaps, and to do this we are open to partnering with local

iwi, Māori communities, Māori providers and other groups.

Our focus on needs will be driven by a life course approach - we will look to address needs through support from the DHB as early as possible in the life course.

PARTNERSHIP – Our decisions will increase connections between individuals, whānau, health and social services.

In addition to improving links between groups and across services and sectors, partnership involves working with iwi, hapū, whānau and Māori communities and providers to ensure our decisions are transparent and appropriate.

We will ensure appropriate engagement and partnership with Māori communities at every

level of decision-making, including governance, management, service development and design. There cannot be a one-size-fits-all approach to partnership but getting the relationship with mana whenua is a necessary step towards demonstrating commitment in this area.

SYSTEM THINKING – Our decisions will benefit the health system as a whole.

When we think of the health system, we take a broad approach – considering all of the parts of the Hutt Valley health landscape. This might mean that we look in areas not traditionally thought of as the health system. We will do this so that we are well informed about the impact of our decisions and so that we have considered all of the best intervention points before we act.

Māori health providers are a critical part of the Hutt Valley health system. Our decisions as a DHB should be informed by the significant contribution Māori make to a thriving DHB.

CO-DESIGN – Our decisions will draw on the knowledge and expertise of our partners and be co-designed with them.

Co-design as a principle complements and relies on the principle of partnership.

We will use participatory approaches, involving our partners and encouraging diverse views (particularly from Māori individuals, whānau and communities) to shape our services and the services we buy.

Embrace a Māori health worldview that is connected and strives to retain a holistic (meaning whole) view of tāngata.

STEWARDSHIP OF RESOURCES – Our decisions will ensure we get the best value for our funding and carefully balance the benefits and costs of our investments.

We achieve best value when we deliver equitable health and social outcomes. Equity is a necessary element of our stewardship role as a DHB and significant funder in the Hutt Valley.

We take our accountabilities seriously, and know we are also accountable to our community. We communicate our decisions and performance in a way that is transparent and meaningful.

We are not the only stewards of health in the Hutt Valley and we will work with our partners, in particular iwi and Māori communities as we apply this principle to our work.

He Kupu Whakamārama

Glossary (maoridictionary.co.nz)

Karakia Tīmatanga	In the beginning there was the void, within the void was the night. From within the night, seeds were cultivated; it was here that movement began – stretching. There the shoots enlarged and swelled. Then there was pure energy, and then there was the subconscious, then the desire to know. Movement from the darkness to light, from conception to birth, from learning to knowing.
He Mihi	The tūi chatters, the kākā cackles and the kererū coos. (a whakataukī that suggests the diversity of a community) An acknowledgement of the living faces of the Hutt Valley, the ranges, river and great harbour of Tara, the guardians of this area and the numerous descendants of Te Ātiawa.
Aronga	(noun) direction, facing. (noun) focus, interest, desire.
Hapū	(verb) to be pregnant, conceived in the womb. (noun) kinship group, - section of a large kinship group and the primary political unit in traditional Māori society. It consisted of a number of whānau sharing descent from a common ancestor, usually being named after the ancestor, but sometimes from an important event in the group's history. A number of related hapū usually shared adjacent territories forming a looser tribal federation (iwi).
Ipu	(noun) container, bowl, vessel, calabash, urn, vase, mug - vessel for holding anything, but especially liquids.
Iwi	(noun) extended kinship group, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory. (noun) strength, bone.
Kaitiakitanga	(noun) guardianship, stewardship, trusteeship, trustee.
Kaupapa	(noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.
Kaupapa Māori	Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.
Kāwanatanga	(loan) (noun) government, dominion, rule, authority, governorship, province.
Kōiriiri	(verb) to writhe, squirm, wriggle.
Kupu	(verb) to speak. (noun) word, vocabulary, saying, talk, message, statement, utterance, lyric.
Ora	(noun) life, health, vitality.
Ōritetanga	(noun) equality, equal opportunity.
Pae	(noun) horizon, perch, rest, orators' bench, orators, transverse supports of the floor of a canoe, step (of a ladder or staircase), shelf, bar (computer) - anything horizontal. (noun) range (series of mountains).
Pō	(noun) darkness, night.
Pou	(noun) post, upright, support, pole, pillar, goalpost, sustenance.

Pou Tarāwaho	(noun) framework.
Pūrākau	(noun) myth, ancient legend, story.
Putanga	(noun) emergence, appearance, entrance, opening, escape.
Māmā	(loan) (noun) mother, mum.
Mana	<p>(noun) prestige, authority, control, power, influence, status, spiritual power, charisma - mana is a supernatural force in a person, place or object. Mana goes hand in hand with tapu, one affecting the other. The more prestigious the event, person or object, the more it is surrounded by tapu and mana.</p> <p>Mana is the enduring, indestructible power of the atua and is inherited at birth, the more senior the descent, the greater the mana. The authority of mana and tapu is inherited and delegated through the senior line from the atua as their human agent to act on revealed will. Since authority is a spiritual gift delegated by the atua, man remains the agent, never the source of mana. This divine choice is confirmed by the elders, initiated by the tohunga under traditional consecratory rites (tohi).</p> <p>Mana gives a person the authority to lead, organise and regulate communal expeditions and activities, to make decisions regarding social and political matters. A person or tribe's mana can increase from successful ventures or decrease through the lack of success. The tribe give mana to their chief and empower him/her and in turn the mana of an ariki or rangatira spreads to his/her people and their land, water and resources.</p> <p>Almost every activity has a link with the maintenance and enhancement of mana and tapu. Animate and inanimate objects can also have mana as they also derive from the atua and because of their own association with people imbued with mana or because they are used in significant events. There is also an element of stewardship, or kaitiakitanga, associated with the term when it is used in relation to resources, including land and water.</p>
Mana Whenua	(noun) territorial rights, power from the land, authority over land or territory, jurisdiction over land or territory - power associated with possession and occupation of tribal land. The tribe's history and legends are based in the lands they have occupied over generations and the land provides the sustenance for the people and to provide hospitality for guests.
Māori	(modifier) native, indigenous, fresh (of water), belonging to Aotearoa/New Zealand, freely, without restraint, without ceremony, clear, intelligible.
Marae	(noun) courtyard - the open area in front of the whareniui, where formal greetings and discussions take place. Often also used to include the complex of buildings around the marae.
Mihi	(verb) (-a,-ngia,-tia) to greet, pay tribute, acknowledge, thank. (noun) speech of greeting, acknowledgement, tribute.
Moemoeā	(verb) to have a dream, have a vision.
Pēpi	(loan) (noun) baby, infant.
Rongoā	(noun) remedy, medicine, drug, cure, medication, treatment, solution (to a problem), tonic.
Tamariki	(noun) children - normally used only in the plural.
Taonga	(noun) property, goods, possession, effects, object.

Te Ao Māori	Māori world view
Te Ao Mārama	(noun) world of life and light, Earth, physical world.
Te Kore	(noun) realm of potential being, The Void.
Tiro	(verb) (-hia) to look at, inspect, examine, observe, survey, view.
Wairuatanga	(noun) spirituality.
Whānau	(verb) (-a) to be born, give birth. (noun) extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.
Whenua	(noun) placenta, afterbirth. (noun) land - often used in the plural.

