HEALTH CARE HOME
EQUITY / TREATY OF WAITANGI

"We need to have an understanding and empathy for the history of Māori before we can provide support mechanisms to Māori and with Māori"

Lance Norman, Head of Equity and Māori Health Outcomes, ProCare Health

ProCARE

COLONISATION

1. Introduction of health issues not previously known to Māori
   - Alcohol and Tobacco -> Addictive Products
   - Sugary foods -> Diabetes / Cardiovascular Disease
   - Diseases for which they had no resistance eg. the flu

2. Significant loss of land / economic asset

   MYTH: *"You got your land back"*

   FACT: Land was proven to have been illegally confiscated by the Crown and therefore deemed to be required to be returned to Māori – please don't say that statement like: "You ought to be grateful"

   FACT: The value of returned assets was significantly less than the value of the illegally confiscated land, for example:

   Tainui Waikato Iwi – land confiscated = approximately $18 billion

   Treaty Settlement = $170 million = 2% of economic value

   FACT: This settlement process was almost **150 years after the confiscation** (Tainui example 1860 – 1985)

   The result of this is a massive loss of an economic and cultural resource over a significant period of time

COLONISATION

1867
Native Schools Act decrees that English should be the only language used in the education of Māori children. The policy is later rigorously enforced.

Te Taura Whiri I te Reo Māori – Māori Language Commission

The Māori language was suppressed in schools, formally and informally, to ensure that Māori youngsters assimilated with the wider community.

https://www.lawsociety.org.nz/news-and-communications/latest-news/news/history-of-te-reo-mori-in-the-courts

COLONISATION

Tohunga Suppression Act 1907

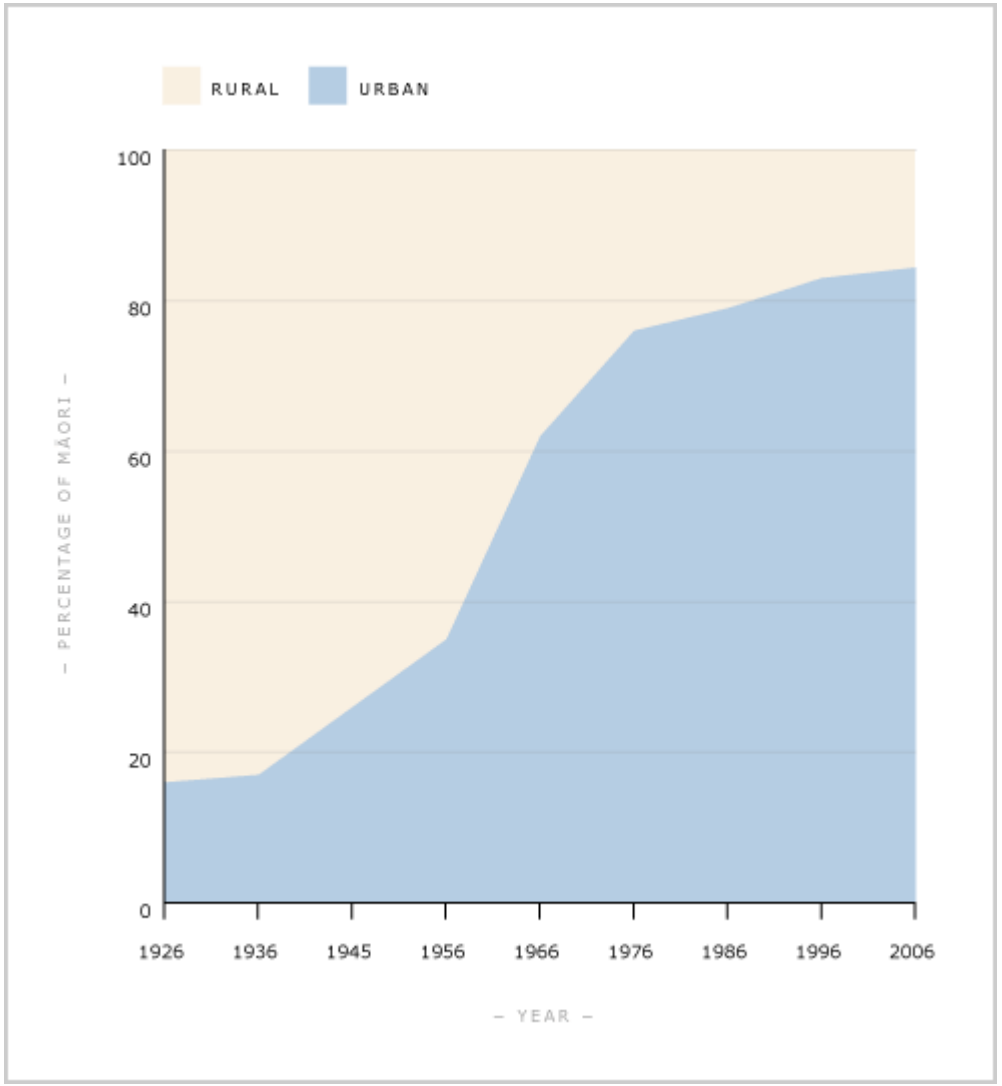
The Act contained only four clauses, the first of which simply gave the short title. The second clause stated that "Every person who gathers Māori around him by practising on their superstition or credulity, or who misleads or attempts to mislead any Māori by professing or pretending to possess supernatural powers in the treatment or cure of any disease, or in the foretelling of future events, or otherwise" was liable for prosecution. The first offence could be subject to a fine of up to 25 pounds or up to six months imprisonment.

URBANISATION

1. Māori urbanised faster than any other indigenous group on the planet

2. Prior to 1966 more Māori lived in rural areas – Far North, East Coast, Whanganui

3. There was a “second migration” to cities for education, employment opportunities, in some instances government policies moved people away from resource rich areas, or into lower socio-economic areas.



Ministry for Culture and Heritage

URBANISATION

The result of urbanisation was a significant loss of connectivity to Kuia and Kaumatua who would have installed traditional values inclusive of:

- ❖ Looking after our wāhine
- ❖ Looking after our tamariki
- ❖ Looking after our whānau
- ❖ Looking after ourselves
- ❖ Looking after our environment

Urbanisation had a significant impact on our value system:

- 85% of all Māori now live in an urban environment
- 70% of all Māori now live outside of traditional iwi boundaries (rohe)
- 25% of all Māori now live in Auckland

MARGINALISATION

Māori are over-represented negatively in all of the following health categories:

- Cardiovascular Disease
- Diabetes
- Drug and Alcohol abuse
- Smoking
- Cervical Cancer
- Bowel Cancer
- Prostate Cancer
- Mental Health
- Suicide
- Problem Gambling
- Immunisations
- Respiratory issues
- Dental Care
- Avoidable Hospitalisations

MARGINALISATION

Māori are over-represented negatively in these socio-economic categories :

Unemployment

Homelessness

Poverty

Incarceration

Domestic violence

Racism

Gang affiliation

Racial profiling

Home ownership

New Zealand has data on all these areas and subsequent Governments have not established policies to address these issues.

Health and Disabilities Act

3 Purpose

(1)The purpose of this Act is to provide for the public funding and provision of personal health services, public health services, and disability support services, and to establish new publicly-owned health and disability organisations, in order to pursue the following objectives:

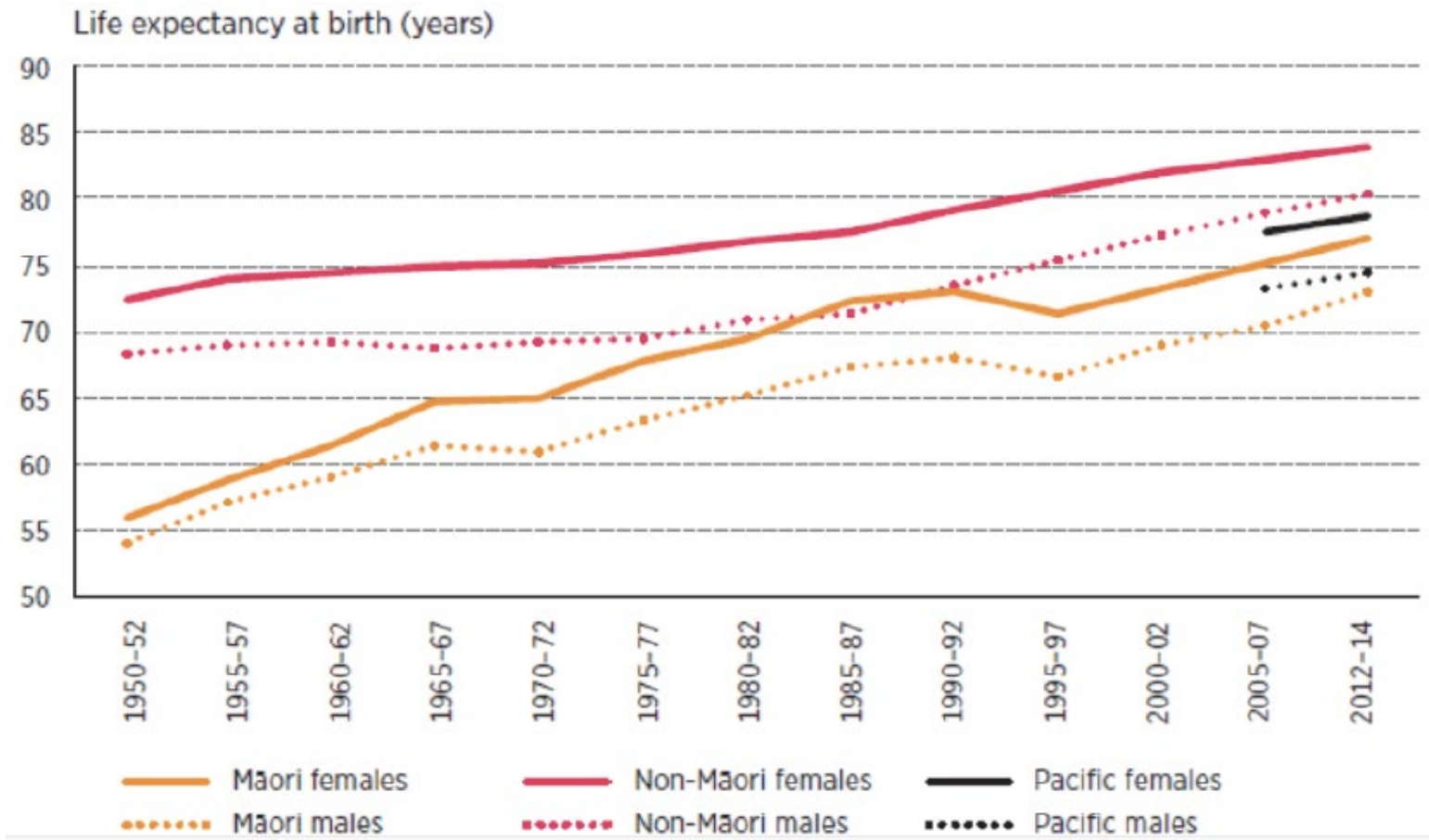
(a) to achieve for New Zealanders—

(i)the improvement, promotion, and protection of their health:

(ii)the promotion of the inclusion and participation in society and independence of people with disabilities:

(iii)the best care or support for those in need of services:

(b) to reduce health disparities by improving the health outcomes of Māori and other population groups


Life expectancy at birth (years)
90
85
80
75
70
65
60
55
50
1950–52
1955–57
1960–62
1965–67
1970–72
1975–77
1980–82
1985–87
1990–92
1995–97
2000–02
2005–07
2012–14
Māori females
Māori males
Non-Māori females
Non-Māori males
Pacific females
Pacific males

THE ‘R’ WORD

Let’s not deny racism does exist in New Zealand

Examples

A. Māori man steals 10 fish to feed his family and is imprisoned for 12 months.

B. New Zealanders wearing “Black face” and people think this is acceptable to mock slavery

C. When we talk Māori language week – it’s generally okay, When we talk making teaching Te Reo Māori compulsory, it’s not.

D. Ever been taught about Bastion Point, or the Waikato Land Wars and the complete annihilation of Parihaka in school?

E. Dr Lance O’Sullivan’s recent comments – everything he said was factually correct, yet there was a major backlash by NZ (Māori and Non Māori)

F. Targeted funding for Māori is always hard to digest

1907 – Māori infants refused access to adequate healthcare services.

Plunket Society Established. From its establishment, the Plunket Society specifically excluded Māori from its client base, despite their arguably having the highest need for such services. Māori were not provided with full access to Plunket services until some 70 years later.

THE STANDARD GP MODEL

This is a generalisation but occurs for some people in our Health System

NON MĀORI	MĀORI
Generally own vehicle	May not own a vehicle
GP Appointment during lunch break	Solo mum, may have to take annual leave for GP appointment
Positive greeting on arrival	Met with “Are you Māori?”
Aware of medical interventions	Low level of health literacy
15 minute consult	40 minute consult – multiple health issues
Pays co-pay	May not be able to afford
Picks up prescription	May not be able to afford

LETS PAUSE FOR A MOMENT

THE POSITIVE

Māori Education Providers

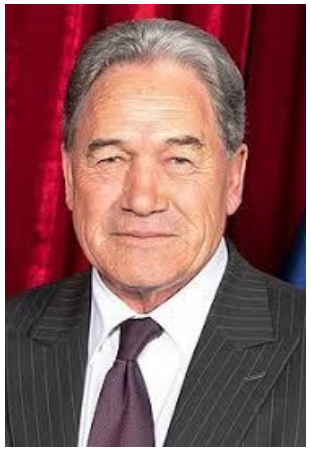
1. Kōhanga Reo
2. Kura Kaupapa / Whare Kura
3. Three Māori Wānanga

THE POSITIVE

1. Very Low Cost Access General Practices
2. Community Services Card
3. Free Under 14 for Primary Healthcare
4. Free Under 18 Dental care
5. Targeted funding for Māori /Pacific /Q5
6. Free Hospital Services
7. ACC – Private Insurance

THE POSITIVE

There is now a lot of prominent Māori leadership in NZ



THE POSITIVE

There is now a lot of prominent Māori leadership in NZ

WHAT DOES THIS MEAN FOR HEALTH CARE HOME?

We need to have an understanding and empathy for the history of Māori before we can provide support mechanisms to Māori and with Māori

Initial steps and guiding principles

- Whakawhanaungatanga and dynamic relationship-building
- Build the working relationships necessary, to truly honour others
- Relationships are everything – they drive health service delivery and development

- Correct pronunciation and use of Māori language
- Learn the basics - ‘Kia ora’, ‘Māori’, place names, Whānau names
- Recalls – text in Māori and English, use Māori greetings

- Visit and/or awareness of local marae
- Awareness of local Iwi
- Capture Iwi affiliation on enrolment form and PMS system, this creates a data opportunity

Initial Meeting

The initial or first meeting of a person and their Whānau is very important, first impressions count

To practice the skill of “Whakatau” each and every time the Whānau attend, instilling their mana and wairua, therefore allowing them to participate and work in partnership with their multidisciplinary team.

Aroha and Compassion

- Reconsider your bad day or history vs patient's bad day and history
- Sharing food is an important part of Māori social and Whānau customs - offer cup of tea, biscuits, soup
- Don't be judgemental of Whānau – work responsibly and with integrity

Kanohi ki te kanohi, face to face acknowledgment, five star treatment, bringing in the strands to bind and secure the relationship. Humbling ourselves as a practice and professionals' quietening our voices and noise to be able to catch the tiny things that matter to our Whānau.

Whānau

- Understand the importance and collectiveness of Whānau
- Include the Whānau in care planning, decision-making and treatment by actively encouraging them to be involved in or invited to 'contribute' and participate in all aspects of care. This might include multi-disciplinary team meetings and require sufficient time for Whānau consultation
- Explain the process, invite Whānau support, offer assistance and help with children
- ASK if there are any specific concerns and offer solutions that work for the Whānau

Awhi and Advocacy

- Ensure equity of access
- Address issues of inability to pay for services – payment plan, CSC eligibility, don't double charge, explain funding rules

Manaaki

- Take generous care of each other, anticipate each other's concerns and situation
- Distribute resources according to need
- Remove barriers, however defined, that inhibit the use of services
- Ensure a safe space to have the conversation around matters of barriers to access whether it be financial, social or educational. Have the solutions, and choices ready for the Whānau choose from.

Always , always allow for the Whānau to leave with their mana intact, or strengthened, by learning the basic values of Aroha, Koha, Manaaki, Kaitiaki.

Service Providers and Health Care Home

Only about 20% of health inequalities are attributable to health, the other 80% come from other social factors (poverty, cold damp housing etc)

- Network with and learn about the social service providers in your area - their referral practices, funding streams and rules
  - → WINZ sickness benefits,
  - → disability allowance,
  - → medical referral for dental services,
  - → support services for people with disabilities,
  - → chronic illness and mental health illness, and for their carers (respite care)

- Navigate Whānau to other service providers with proven track record

Healthcare Homes may wish to consider:

1. Specifying how their governance structures will conduct business in accordance with the Treaty of Waitangi and legislative requirements under the Health and Disability Act

2. Developing tikanga-recommended best practices that reflect Māori values and concepts

3. Developing a cultural competency framework

4. Creating a 5-year Māori Strategy and Action plan with key priorities and targets, actions and annual reporting; and an Implementation plan

5. Consulting with Maori communities to find out their concerns and their preferences for models of care that address these issues

6. Redesigning a model of care based on co-governance with Māori communities that is fit for purpose

7. Developing a specific Māori workforce development plan

Examples

- Karakia:

  Wherever appropriate offer the choice of karakia – particularly before surgery or where there is a heightening of ‘spirituality’ such as when death is imminent. Whānau may want to undertake this themselves, or a karakia could be read together
- Whānau:

  Use Whānau networks – e.g. target wife to encourage husband attend
- Māori health providers:

  Get to know the local ones and refer to them - including rongoa Māori providers
- Co-locate social workers, health coaches, health navigators in your clinic
- Shared medical appointments

Examples

- Facilitate the Whānau into a space where they take the lead on their care planning, review training for staff in motivational teachings.

- Within the planning, have the practice planning and goals in plain view of the Whānau, in the reception area to show their vested interest in each and every one that enters through their doors, show the values and bring the whaakaro closer to home , show that every GP, Nurse, etc has a genuine interest in you…

- Posters of what we already know are old news, get Whānau to look the other way and look twice, strike up a common conversation from this platform.

Examples of successful models

- Nurse-led clinics
- Home-based care
- Marae-based care
- Kohanga reo visits
- Worksite visits with large numbers of Māori employees

Bolder steps for Health Care Home

Deeper Cultural Competency

Advancing key staff and management in training, one day or two day around Te Ao Māori, Tikanga and kaupapa. Having accreditation to reflect the learnings, looking at equity being a priority within the practices by viewing the practices' population health through an equity lens.

Māori Health Plans

MHP updated and current, to sit as a guideline for our practices, a go to guide for the practices in addition to a generated list of external services, NGOs, to support the needs of Māori enrolled patients.

Bolder steps for Health Care Home

- Get to know your communities' Whānau, there are community network forums usually held monthly that a nominated practice staff member may be able to attend.

- Learn the Maramataka , the celebrations held in Te Ao Māori, the tides and the changes of the seasons to be more instrumental in forecasting the Whānau dynamics and waves of change. Look beyond the person and educate ourselves on the four pou.

Health Care Homes should endeavour to:

- not make Māori health inequalities worse
- increase Māori people's control over their own lives
- actively involve Māori Whānau and communities
- use a Whānau -based approach where appropriate
- foster social inclusion and minimise stigmatisation
- be effective both in the short- and long-term
- adapt to changing circumstances
- work with and build the capacity of Māori, their organisations and community networks

Who is responsible for reducing Māori health inequalities?

We all are