

Health Inequalities: Towards Equitable Outcomes

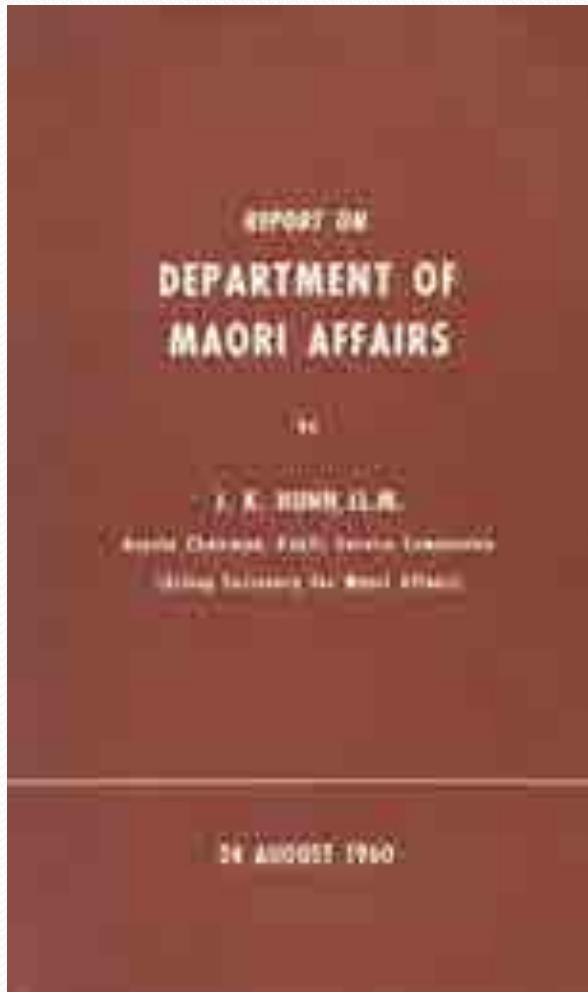
Mason Durie
Massey University

Three timeframes

- 1960 – 1984 Govt interventions
- 1984 – 2009 Positive Maori Development
- 2010 – 2035 Sustainable Maori Economies
&
Whanau Ora outcomes ?

50 Years ago

The Hunn Report 1960



Disparities in:

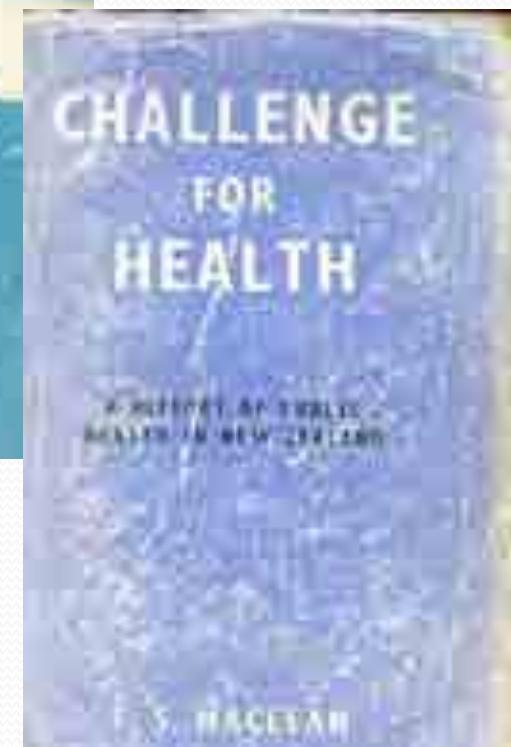
- Health
- Education
- Employment
- Incomes
- Offending

Post-Hunn Responses - Govt.

- Inter-agency collaboration
- Expert advisory Committees
- 'Pepper-potting'
- 'Abstract forms of welfare' (MWWL)
- Comparative studies



1960



1964

Post-Hunn Responses - Māori



Protest

Nga Tamatoa Petition (1972)
The Land March (1975)
Bastion Point (1978)

Treaty of Waitangi Act (1975)

Māori health research unit (MWWL) (1977)

Māori Affairs - Tu Tangata (1977)

‘Māori Attitudes to Health etc’ (NZMJ 1977)

‘Māori Standards of Health’ (1980)

25 Years Ago

1984 Government Economic Reforms

- Devolution
- Privatisation
- Contestability
- User pays
- Funder – Provider split



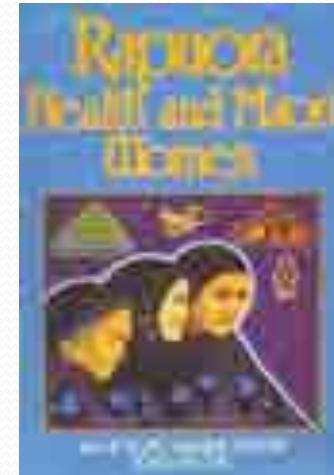
1984 Economic Reforms Maori Responses



1984



Hui Taumata
1984



1984



1986

New Directions

- Positive Maori Development
- Settlement of historic claims
- Education, social service & health reforms
- Maori language & cultural revitalisation
- Maori provider and workforce development
- Iwi economic development – fisheries, forests, land, technology

1984-2010

Reduction of Disparities ?

Disparities between Maori and non-Maori remain

BUT may mask actual gains over time

e.g.

- Improved smoking cessation & Immunisation
- Strengthened primary health care infrastructure
- Reduced infant mortality
- Increased life expectancy

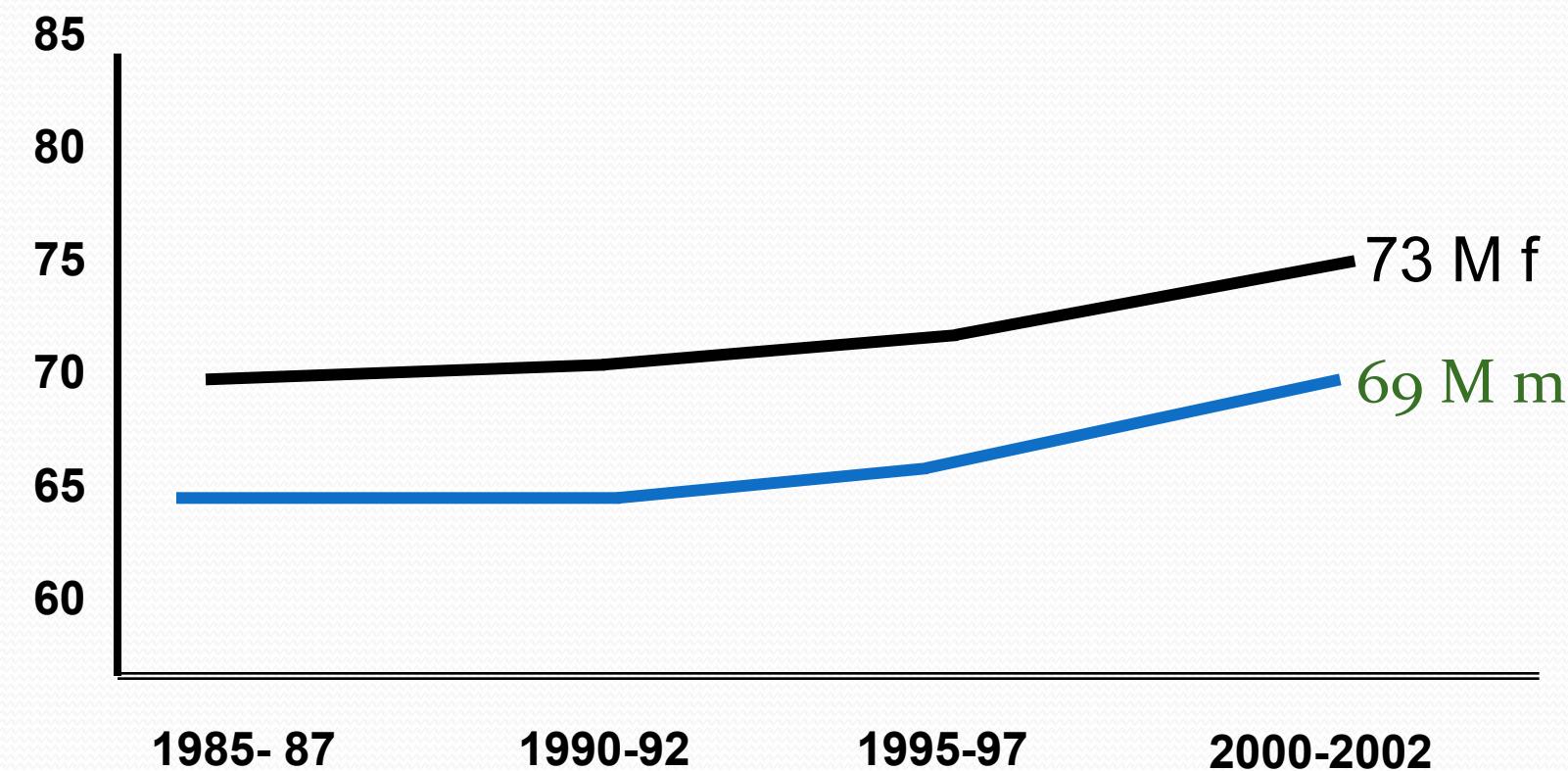
Measures of Progress

- Maori and non-Maori disparities in standards of health, education, employment, etc
- Maori gains over time e.g. Health gains

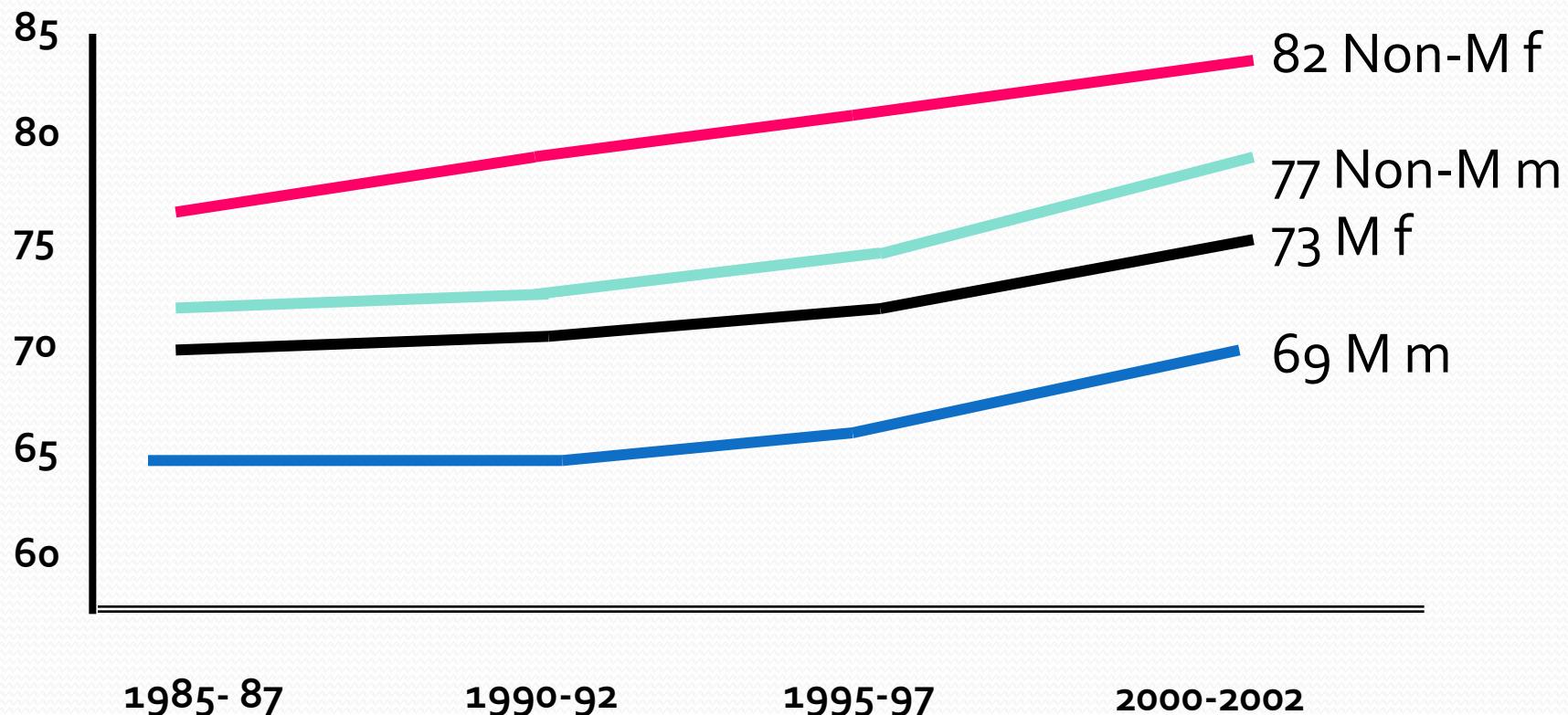
Māori Health and Wellbeing Gains over Time - 25 Years

- Māori life expectancy & mortality rates
- Youthful vitality
- Māori agendas for health
- Strengthened cultural identity
- Dissemination of health knowledge
- Māori participation in the health sector

Māori Life expectancy

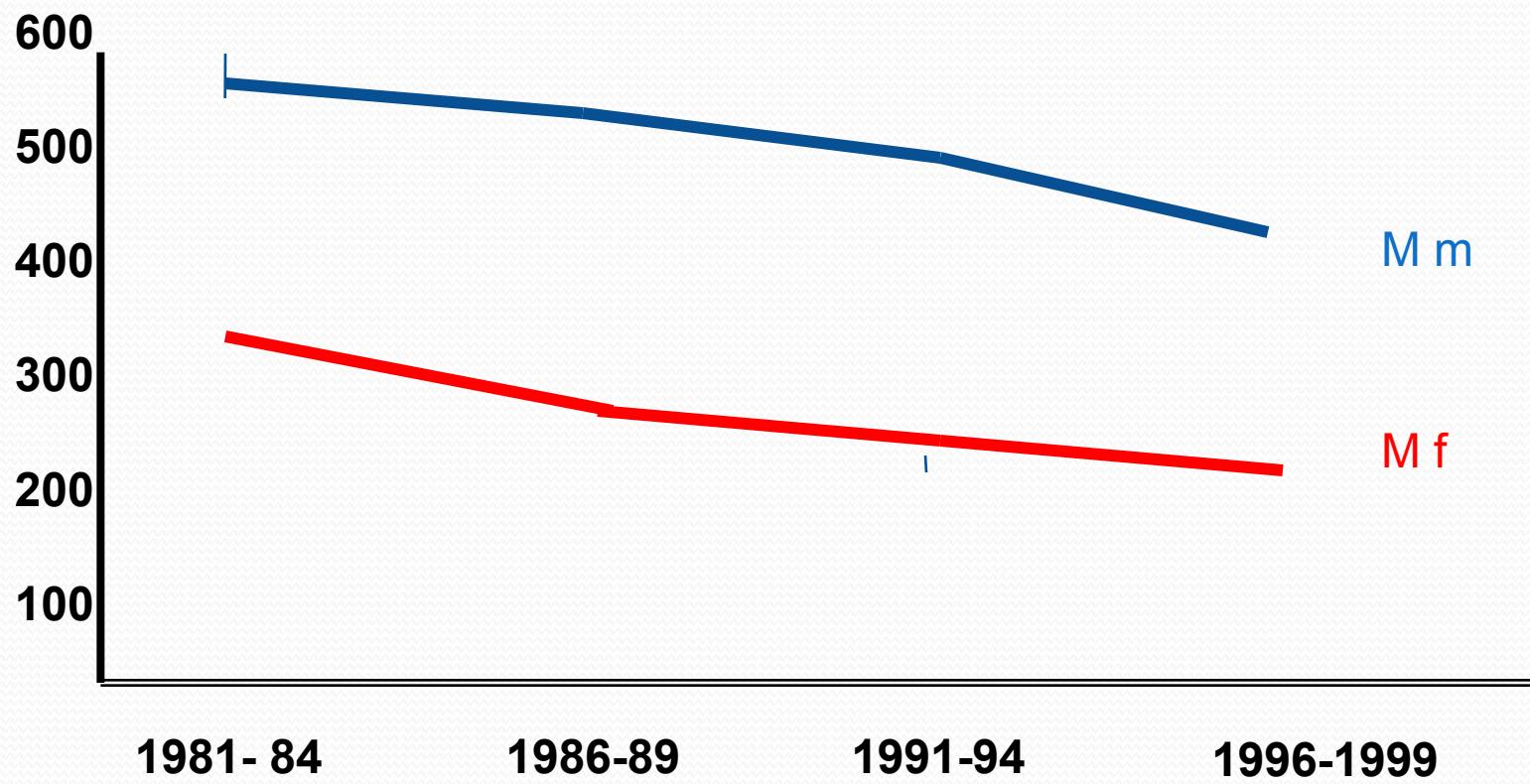


Life expectancy Māori & Non Māori



Māori Mortality Rates per 100,000

25-59 years



YOUTHFUL VITALITY

'Rangatahi have levels of vitality that far outweigh the sum total of youthful misfortune or disadvantage'

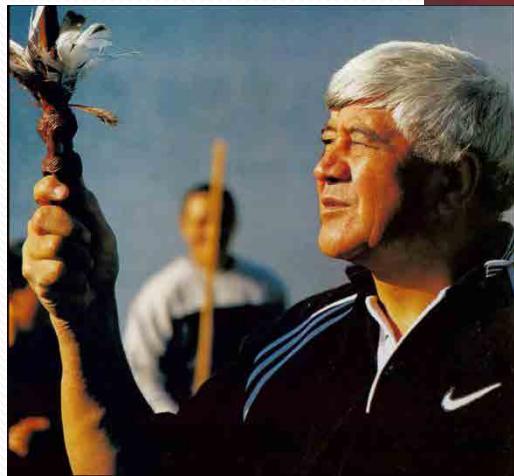


Māori Agendas for Health

- All tribes now have health committees; more than 65% have contracts for the delivery of health services
- Māori health has become a priority agenda item for tribal and Māori community groups
- There have been major changes in dietary practices on marae



Strengthened Cultural Identity



Māori Participation in the health workforce

Within 25 years there has been a sustained growth in:

- health professionals
- community health workers
- health providers
- health managers
- health policy analysts
- health researchers



Māori Health Workforce Transitions

	Māori Addictions workforce	Māori Medical Work-force	Māori Dentists	Māori health provider groups	Māori health researchers (PhDs)
1984	-	Fewer than 50 (< 0.5%)	4	2	2
2010	300 (around 25%)	More than 250 (3%)	60	270	32

1984-2010

Māori Educational Transformations

Disparities remain BUT

- Rapid uptake of early childhood education
- Māori language immersion schools
- Increased participation in tertiary education
- Increase in postgraduate study
- Educational policies recognise Māori aspirations and Māori knowledge
- Adult education, distance education
- Multiple educational pathways (university, polytechnic, tribal centres, private training organisations)

Shifting the bias

- State dependency ➤ Iwi development, self management
- Welfare payments ➤ Positive economic development
- Mono-cultural services ➤ Responsive services
 - cultural protocols
 - measures & performance indicators
 - Māori networks
- Statutory services ➤ Iwi and Maori Community NGOs
➤ Māori units in mainstream agencies
- Māori as consumers ➤ Māori participation in the workforce
- Professional & state control ➤ Māori leadership

The Next 25 Years: 2010 - 2035

Assumptions

- Demographic change
 - Increased Māori population
 - Youthful Māori population
(but slowly ageing)
 - Greater ethnic diversity in NZ
 - Global over-population
- Technological innovation
- Global mobility
- Increased competitiveness
- Economic uncertainties



2010 – 2035

Reducing Inequalities

- ❖ Iwi economic growth
- ❖ A Whānau focus
- ❖ Outcomes that reflect Māori aspirations
- ❖ Shift from tertiary & secondary prevention to early intervention
- ❖ Links between health, education, housing, social welfare, justice
- ❖ Integrated social-economic-cultural advancement
- ❖ Full participation in society
- ❖ Confident inclusion in te ao Māori
- ❖ EDUCATIONAL ACHIEVEMENT

Whānau Ora

- A ‘Brand’
- A philosophy
- A method of practice
- An outcome goal
- A policy



Whānau Ora as a Brand

- 2002 He Korowai Oranga Maori Health Strategy
- 2004 Whanau Ora Awards (MoH)
- 2005 ‘Whanau Ora ki te Awakairangi’ Hutt Valley DHB Plan
- 2006 Whanau Ora Research Programme
ACC + Nga Pae o te Māramatanga + Families Commission
- 2009 Māori PHO Coalition aspirational statement
- 2010 Family Violence Whanau Ora Fund
- 2009/10
Whanau Centred Initiatives Taskforce
A model for service delivery to Māori

Taskforce on Whanau Centred Initiatives

2009

'The main objective is to construct an evidence-based framework that will lead to·

- Strengthened whānau capabilities
- An integrated approach to whānau wellbeing
- Collaborative relationships between state agencies relation to whānau services
- Relationships between government & community agencies that are broader than contractual
- Improved cost-effectiveness and value for money'



Hon Tariana Turia

Taskforce for Whanau Centred Initiatives



Rob Di Grennell Susan Linda Nancy Mason Durie
Cooper Snively Grennell Tuanine

Whanau – the Taskforce's working definition

Whanau means a multi-generational collective made up of many households that are supported and strengthened by a wider network of relatives



Whanau are shaped by:

- Demographic change
- Global mobility
- Blended families
- Inter-ethnic heritage
- Communication technologies
- Changing economic circumstances



Whānau Ora as a Philosophy

- Recognises a collective entity (the whānau)
- endorses a group capacity for self-determination
- has an inter-generational dynamic
- is built on a Māori cultural foundation
- asserts a positive role for whānau within society
- can be applied across a wide range of social and economic sectors.

Whānau Ora as a model of practice

- ▶ focus on the whānau as a whole (households, many households)
- ▶ builds on whānau strengths and increases whānau capacity
- ▶ six key operational elements:
 - whānau-centred methodologies shaped by the values, protocols and knowledge contained within te ao Maori
 - Intersectoral contributions
 - a primary focus on best outcomes for whānau, through integrated and comprehensive delivery
 - skilled whanau practitioners
 - expertise in whanau dynamics, relationships, aspirations
 - practices that increase whanau skills, knowledge, financial status, and self management (e.g. Online health records)

Whānau Ora as an Outcome

- Individual outcomes and collective outcomes
- Results rather than inputs
- Measures of wellness rather than illness
- The capacity of whānau to care for each other and to guide future generations
- Outcomes may be distant from an intervention but every intervention should be able to show that it is 'on track' to effect a positive result

Whānau Outcome Goals

- whānau self-management
- healthy whānau lifestyles
- full whānau participation in society
- confident whānau participation in te ao Māori
- economic security and active involvement in wealth creation
- whānau cohesion.

Whānau Ora as a Policy

WATCH THIS SPACE



Positive Maori Development

2010 - 2035

- Sustainable Maori Economies

The post-settlement environment



- Realisation of Whanau potential

Whanau Ora



- Government policies

2010 – 2035

Whanau Health Gains

Iwi Action

2010		2035
Iwi health and social service programmes Multiple contracts		Integrated Iwi programmes social, economic, environmental & cultural development
Iwi economic development		Whanau empowerment
Relationship with the Crown		Relationships with whanau

2010 – 2035

Whānau Health Gains

Māori Health Leadership

2010		2035
Individual health care Disease focus		Whanau empowerment Focus on prevention
Maori health workforce cooperation		Maori workforce cooperation across sectors
Health sector leadership		Maori sector leadership

2010 – 2035

Whānau Health Gains

Health Sector Operational Conventions

2010		2035
Multiple contracts Fragmented, volume driven		Whole of whānau contracts Coherent, outcome driven
Centralised data base Agency control of information		Whānau held data base Whānau control of information
Disease state programmes Diabetes, cancer, A&D etc		Pre-disease interventions Early recognition

2010 – 2035

Directional Shifts for Whānau Ora

2010		2035
Care & Support	↔	Empowerment
Individual health care	↔	Whānau self management
Maori models of health care	↔	Whānau kawa to promote health & wellbeing
Sector led delivery systems	↔	Whānau at the centre
Crisis management	↔	Whānau resilience and sustainable development

Towards Whānau Ora

- Iwi development vs Whānau development
- Early intervention vs secondary care
- Collective focus vs individual focus
- Co-ordinated delivery vs sectoral delivery
- Links to Māori aspirations & development
 - vs sectoral priorities
- Self management and self determination vs support and care

Three timeframes

- **1960 – 1984**

Govt. interventions

Bill Herewini



Iriaka Ratana



- **1984 – 2009**

Iwi development



Matiu Rata



Eva Rickard

- **2010 – 2035**

SMEs

& Whanau Ora

