

Health Inequalities: Towards Equitable Outcomes

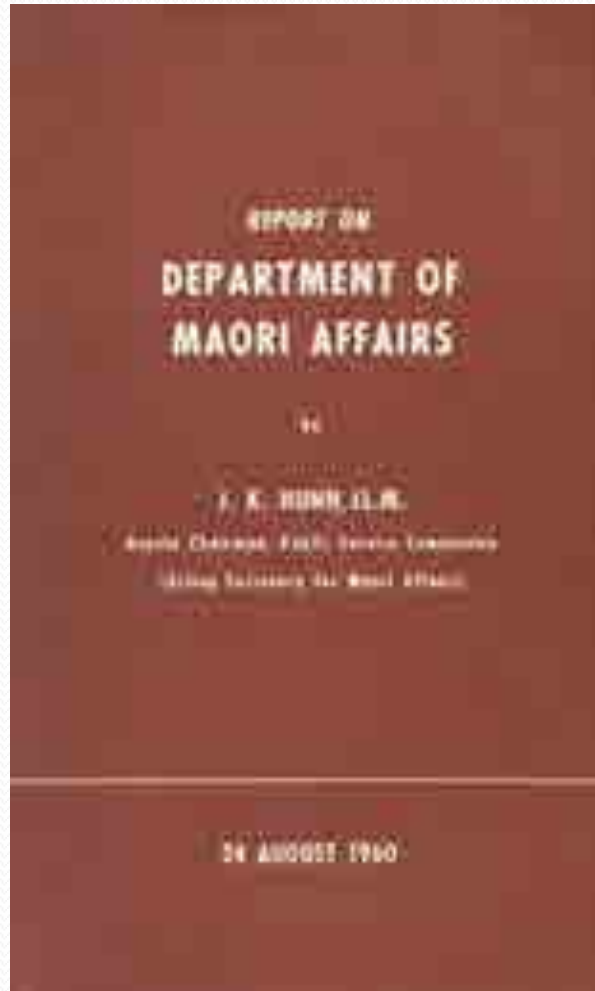
Mason Durie
Massey University

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

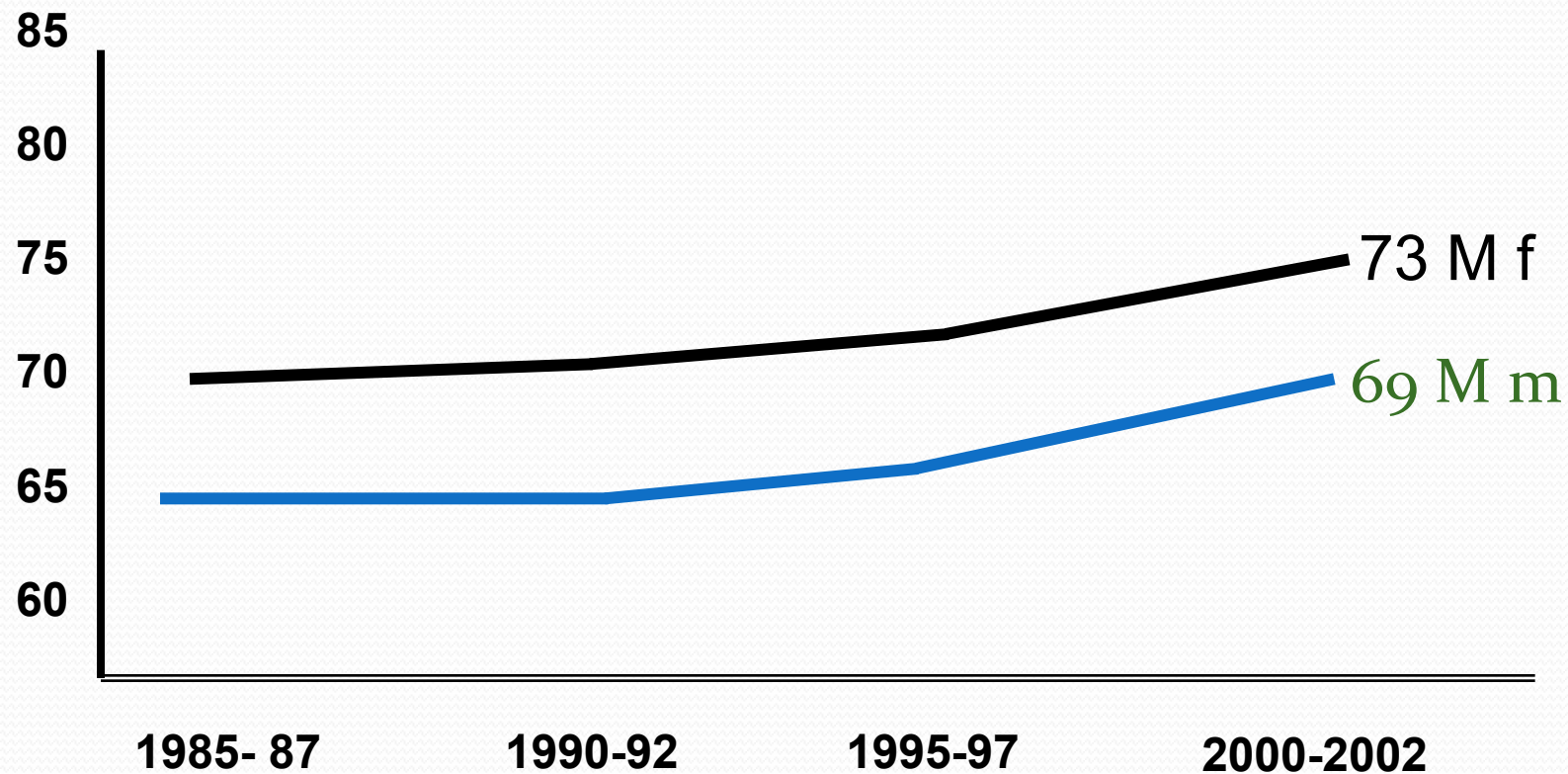
Measures of Progress

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

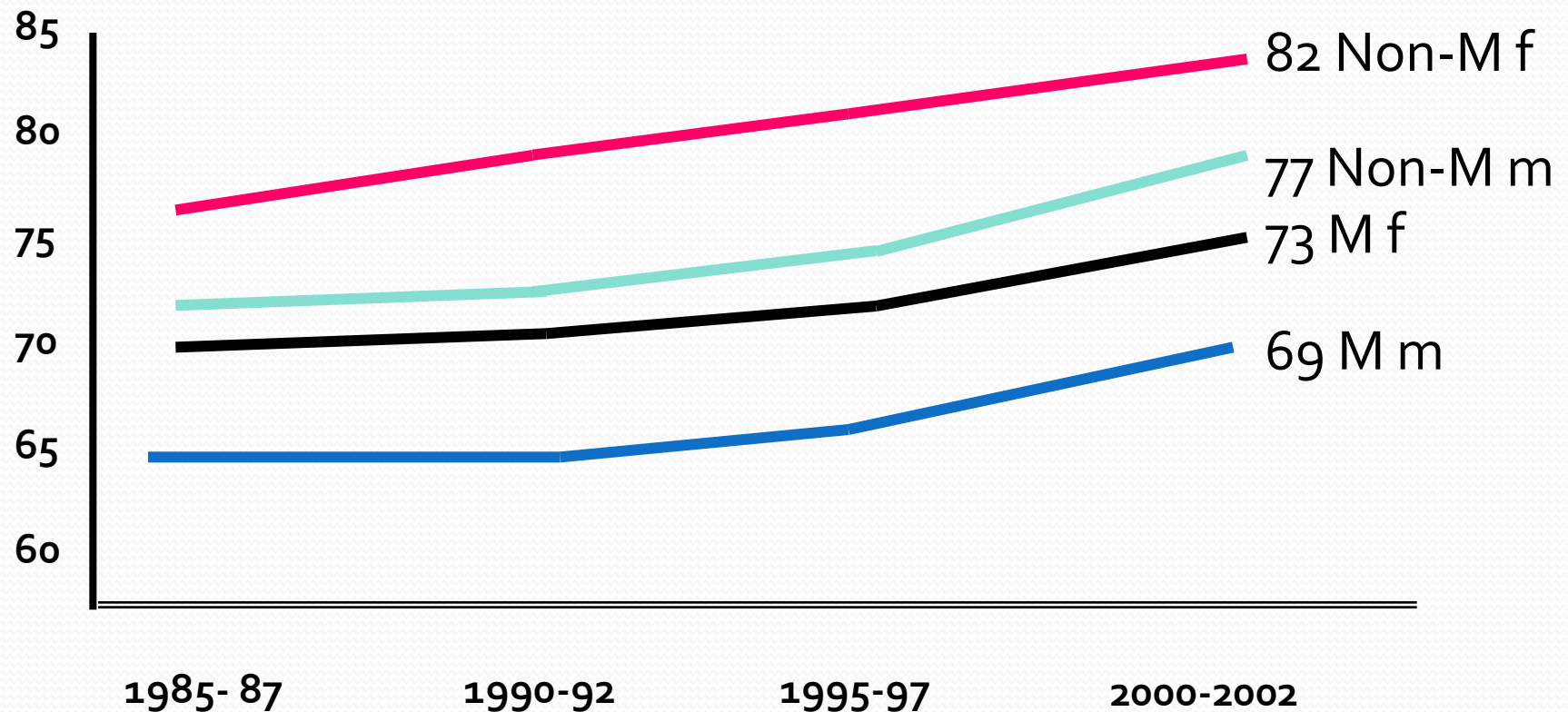
Māori Health and Wellbeing Gains over Time - 25 Years

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

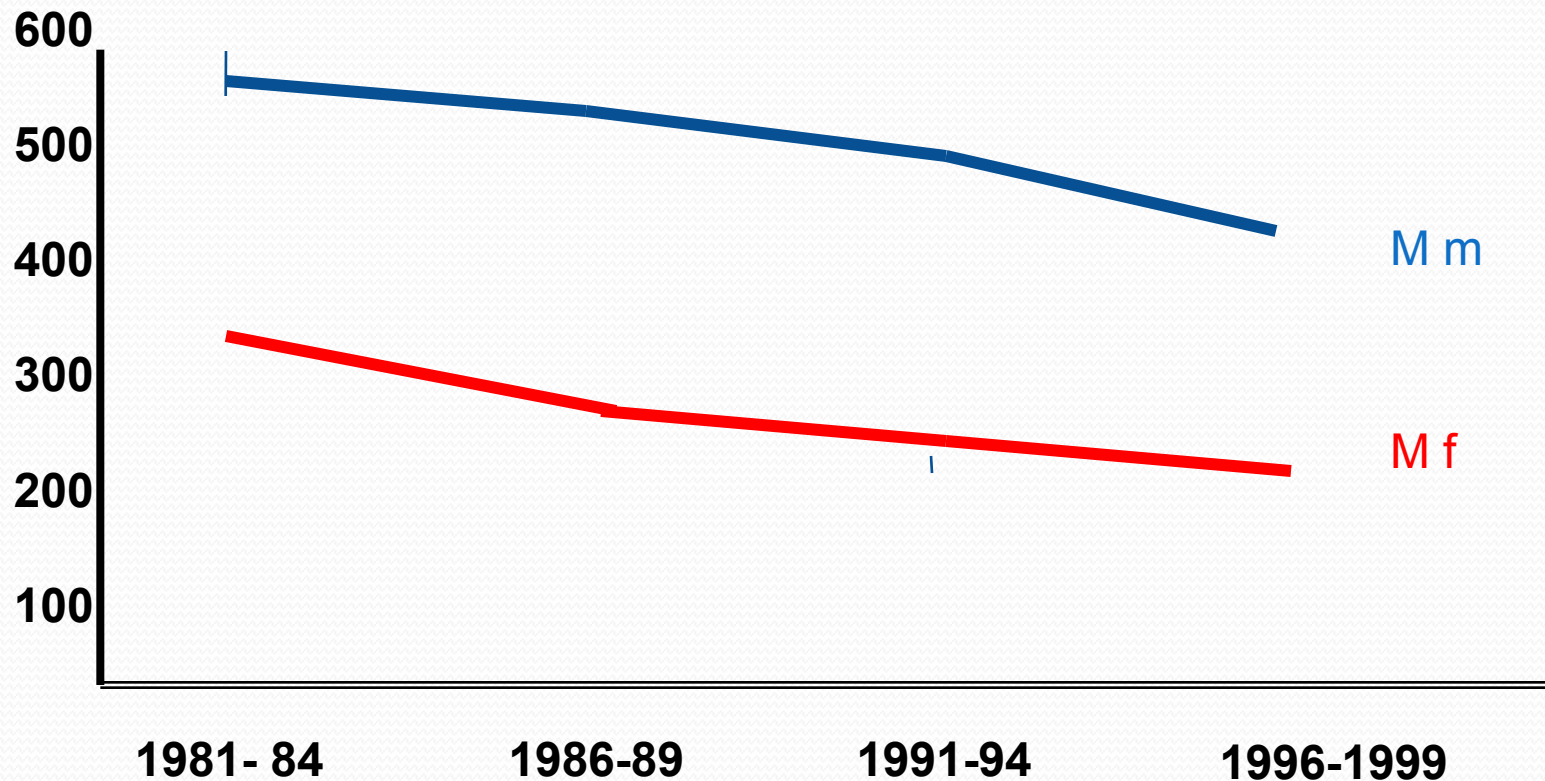
Māori Life expectancy



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 Workforce	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)

1960 – 2010

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 Whānau 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
Cooper

Di Grennell

Susan
Snively

Linda
Grennell

Nancy
Tuanine

Mason Durie

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 Māori
 - Intersectoral contributions
 - a primary focus on best outcomes for whānau, through integrated and comprehensive delivery
 - skilled whānau practitioners
 - expertise in whānau dynamics, relationships, aspirations
 - practices that increase whānau skills, knowledge, financial status, and self management (e.g. Online health records)

Whānau Ora as an Outcome

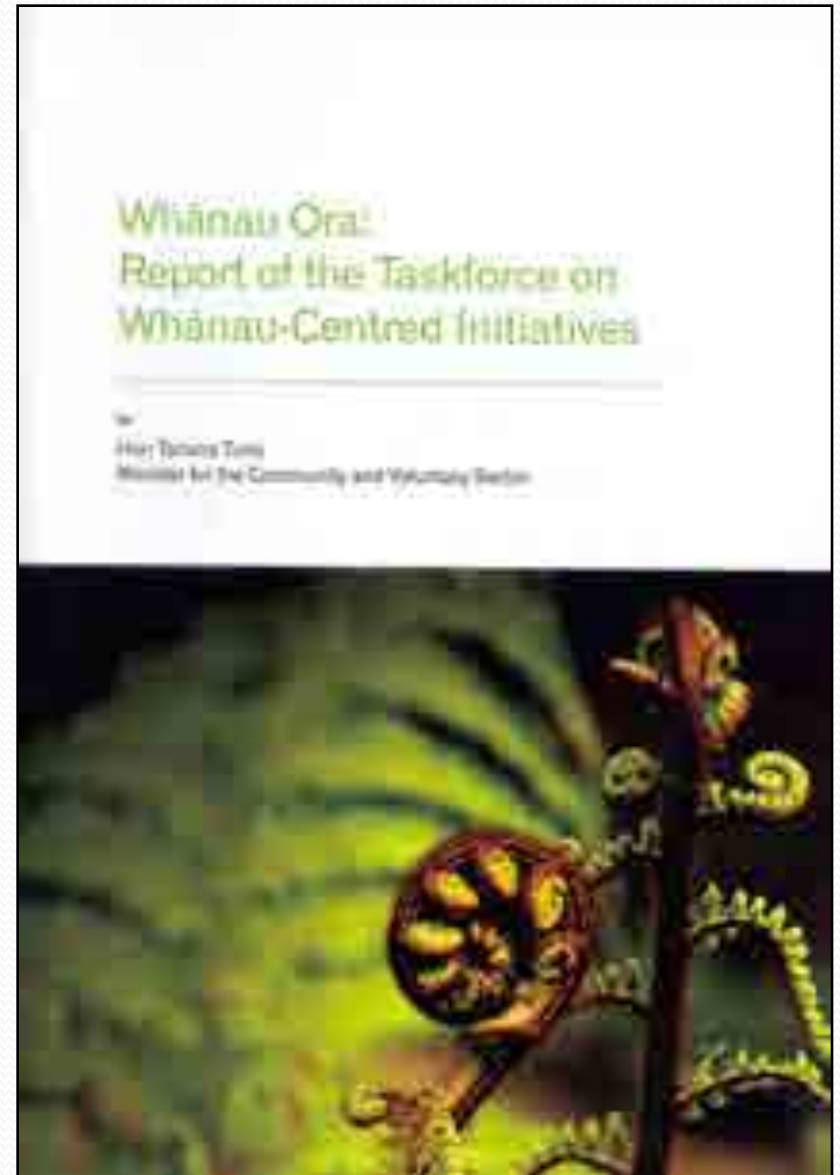
- Individual outcomes and collective outcomes
- Results rather than inputs
- Measures of wellness rather than illness
- The capacity of whānau to care for each other and to guide future generations
- Outcomes may be distant from an intervention but every intervention should be able to show that it is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

Eva
Rickard



Matiu
Rata



- 2010 – 2035

SMEs

& Whanau Ora

