Maori Health Strategy and Action Plan

Country: New Zealand
Partner Institute: The University of Auckland
Survey no: (9)2007
Author(s): Walton, Lisa
Health Policy Issues: Public Health, System Organisation/Integration, Access, HR Training/Capacities

Current Process Stages

<table>
<thead>
<tr>
<th>Idea</th>
<th>Pilot</th>
<th>Policy Paper</th>
<th>Legislation</th>
<th>Implementation</th>
<th>Evaluation</th>
<th>Change</th>
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1. Abstract

In November 2002, the Ministry of Health released its 10-year Maori Health Strategy ‘He Korowai Oranga’. Subsequently in December 2006 a report documenting implementation of the first Action Plan 2002-2005 and a further 5-year Action Plan ‘Whakatataka Tuarua’ were published. The Strategy and Action Plans provide a strategic direction and framework to guide and assist initiatives to support Maori, as the indigenous people of New Zealand, to achieve their maximum health and well-being.

2. Purpose of health policy or idea

In November 2002, the government released the 10-year Maori Health Strategy 'He Korowai Oranga'. Subsequently in December 2006 a report documenting implementation during 2002-2005 and a 5-year Maori Health Action Plan 2006-2011 'Whakatataka Tuarua' were published. These delineate a high level framework for actions to support Maori to achieve their maximum health and wellbeing 'Whanau Ora', and to reduce inequalities that exist between Maori and other population groups. The Maori Health Strategy 'He Korowai Oranga' can be translated literally as 'cloak of wellness'; the Action Plan 'Whakatataka Tuarua' translates as 'weaving strands'.

The **Maori Health Strategy** sets out the following **objectives**:

1. Affirm Maori approaches: support Maori holistic models and support Maori-led initiatives to improve Maori Health.

2. Improve Maori outcomes by reorienting the way that Maori health and disability services are planned, funded and delivered.

The Action Plan 2006-2011 sets out the following **directions for action**:

**Purpose:** To weave together existing and innovative activities across health and disability sectors, and other relevant organisations.

**Priority Actions (i.e. strands to be woven together)**

1. Build quality data and monitor Maori health
2. Improve participation via decision making, capacity building, workforce development
3. Provide effective and accessible health and disability services
4. Work across sectors

**Funding**: Maori health is a priority funding area for the Government. District Health Boards and other providers are expected to prioritise Maori health within their funding allocations.

**Main objectives**
To support Maori to achieve their maximum health and wellbeing and to reduce health inequalities that exist between Maori and other population groups.

**Groups affected**
Government ministries (Ministry of Health and Ministry of Maori Development), Providers (especially District Health Boards, Maori providers, Primary Health Organisations), General public

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### 3. Characteristics of this policy

<table>
<thead>
<tr>
<th>Degree of Innovation</th>
<th>traditional</th>
<th>innovative</th>
</tr>
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<tbody>
<tr>
<td>Degree of Controversy</td>
<td>consensual</td>
<td>highly controversial</td>
</tr>
<tr>
<td>Structural or Systemic Impact</td>
<td>marginal</td>
<td>fundamental</td>
</tr>
<tr>
<td>Public Visibility</td>
<td>very low</td>
<td>very high</td>
</tr>
<tr>
<td>Transferability</td>
<td>strongly system-dependent</td>
<td>system-neutral</td>
</tr>
</tbody>
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### 4. Political and economic background

A key characteristic of the Labour-led coalition government (which has been in power since the end of 1999) is the promulgation of a series of national cross-sectoral strategies aimed at different population groups or different types of services. The Maori Health Strategy ‘He Korowai Oranga’ and its Action Plan ‘Whakatataka Tuarua’ fits within the government’s social policy framework and the overarching Government Vision for a Sustainable New Zealand. This Strategy is closely allied with the New Zealand Health Strategy (King, 2000) and the New Zealand Disability Strategy (Dalziel, 2001).

**Change based on an overall national health policy statement**
New Zealand Health Strategy (2000) and the New Zealand Disability Strategy (2001)

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### 5. Purpose and process analysis

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Origins of health policy idea

The most recent statistics for Maori indicate some health gains over the last 20 years. However, there are still significant inequalities in health outcomes between Maori and non-Maori. Maori have an average life expectancy of 8-9 years less than non-Maori and a higher global burden of disease. Using disability adjusted life years (DALY) across 85 diseases and injuries, it has been estimated that DALYs for Maori are much higher than for non-Maori (197/1000 vs 113/1000). Maori have poorer cancer outcomes, a disproportionate burden of heart disease and diabetes, and are disproportionately represented in statistics for avoidable hospitalisations. Maori are at least 1.5 times more likely to be smokers than non-Maori. Reducing health inequalities between Maori and other population groups, and increasing Maori participation and control over their own lives are tenets of the New Zealand Health and Disability Strategies and the Treaty of Waitangi, the founding charter of New Zealand. Although Maori participation in the health and disability sector has been increasing steadily since the introduction of government funding for Maori-led initiatives and Maori providers in the 1990s, it has been recognised that a broader strategic response to improving Maori health is needed.

Initiators of idea/main actors

- Government
- Providers
- Civil Society

Approach of idea

The approach of the idea is described as: new:

Stakeholder positions

The Ministry of Health has taken a leadership role in developing the Maori Health Strategy and the two subsequent Maori Health Action Plans. The range of actors involved in the Strategy and Action Plans extends across a diversity of groups including the government and its agencies, scientists, mainstream and Maori health providers, 'iwi' (i.e. Maori tribes) and pan-Maori groups and consumers.

Extensive consultation throughout New Zealand has occurred at all stages in the form of 'hui' (meetings), and oral submissions and written submissions from individuals and a range of organisations within and associated with the health sector and the community.

Submissions have revealed stakeholder differences in the approach to implementing the Strategy and Action Plans. Tensions can be summarised as:

- The Treaty of Waitangi needs to be central and more visible in the Strategy and Action Plans
- Action Plans should reflect greater commitment to traditional Maori healing practices
- Primacy and allocation of funding: iwi-based (rural) versus than pan-Maori (urban) organisations.
- Tensions around giving primacy to scientific definitions of evidence versus evidence gained in a 'Kaupapa Maori' process (by and for Maori).

The Ministry has established a reference group including Maori scientists and researchers, policy practitioners including the Ministry of Maori Development, District Health Board representatives, community, iwi and disability representatives. The reference group has been charged with mediating and integrating the various perspectives.
Actors and positions
Description of actors and their positions

Government
- Ministry of Health: very supportive
- Te Puni Kokiri - Ministry of Maori Affairs: very supportive

Providers
- District Health Boards: very supportive
- Maori Health providers: very supportive
- Primary Health Organisations: very supportive

Civil Society
- Non-government organisations: very supportive
- Charitable organisations: very supportive

Actors and influence
Description of actors and their influence

Government
- Ministry of Health: very strong
- Te Puni Kokiri - Ministry of Maori Affairs: very strong

Providers
- District Health Boards: very strong
- Maori Health providers: very strong
- Primary Health Organisations: very strong

Civil Society
- Non-government organisations: very strong
- Charitable organisations: very strong

Positions and Influences at a glance

Adoption and implementation
Maori control and participation are central to the success of both the Maori Health Strategy and subsequent Action Plans. These have been developed with the assistance of a Maori sector reference group and extensive community consultation. Overall leadership will be provided by the Whakatataka Forum under the auspices of the Maori Health Directorate of the Ministry of Health. The Forum comprises District Health Board and Ministry representatives. The Forum provides high-level oversight and monitors and reviews progress towards implementation of Action Plans. The Ministry has met many of the milestones under the first Maori Health Action Plan 2002-2005. These include:

- 2005 completion of the first Strategic Research Agenda for the overall Strategy
- 2004-2006 Ethnicity data protocols for the health and disability sector for District Health Board use
- 2006 Maori Health and Disability Workforce Plan launched
Maori Health Provider Development Scheme continues to support the delivery of effective health services for Maori.

Areas still requiring attention and highlighted in the 2006-2011 Plan include:

- Building quality data and monitoring Maori health
- Developing whanau ora based models
- Improving Maori participation at all levels of the sector, especially workforce development and governance
- Improving primary health care
- Addressing health needs of Maori living in rural areas

Monitoring and evaluation

This Strategy is the government's strategic direction for Maori health. It involves multiple initiatives, all of which have separate monitoring and evaluation mechanisms. The Whakatataka Forum, the high level government appointed Forum (referred to above), meets 3 times a year and monitors and reviews progress towards implementing the Action Plans. A Monitoring Framework and Strategic Research Agenda was developed in conjunction with a reference group comprising Maori researchers, policy practitioners, community, iwi and disability representatives. Following release of the document for public consultation, this framework was amended and released in 2005. The Framework is expected to continue to evolve over time. As part of the Monitoring Framework, health agencies have been engaging with Maori health providers, iwi and Maori communities to identify evidence-based 'whanau ora' models and successful approaches that will contribute to Maori health and wellbeing. These models will continue to inform standards and monitoring frameworks.
6. Expected outcome

It is too early to make any judgment about the expected outcome of the Maori Health Strategy and the subsequent Action Plans. The Strategy and Action Plans build on and extend the valuable gains made in Maori Health development over recent years. The impact of the current strategy will depend on the process of implementation, stakeholder collaboration, and the availability of resources.

| Quality of Health Care Services | marginal □□□□□ | fundamental □□□□□ |
| Level of Equity                | system less equitable □□□ | system more equitable □□□ |
| Cost Efficiency               | very low □□□□□ | very high □□□□□ |

7. References

Sources of Information


Author/s and/or contributors to this survey
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