

TE WHAI ORANGA THE MĀORI ADVANCEMENT FRAMEWORK



KUPU WHAKATAKI - FOREWORD

Tēna koūtou i runga i te māramatanga o te whakatauki, ara, 'He ora te whakapiri, he mate te whakatakiri'. He kupu kõrero tēnei o ō rātou mā i waihōtia hei whāriki kia whakararangahia a Whai Oranga. He taumarumaru mo te mahi, i whakaritehia e te tari Kupu Taurangi Hauora o Aotearoa (Health Quality & Safety Commission New Zealand) kia whakatinanahia, kia whakapiki ake nga take haumaru, kōunga hauora hoki i waenganui i te hāpori Māori. Ko te ngako o te kaupapa a Whai Oranga, he ara whai tika, he ara whai mārama, kia whakatutuki pai te mahi i whakaritehia e te Tari i ēna take, e pā ana ki te iwi Māori. He mihi maioha ki te pōari, me nga kaimahi hoki, i hanga nei i te kaupapa a Whai Oranga hei hūarahi o te tika, hei hūarahi o te pono, hūarahi papai hoki, kia puāwai i nga mahi a te Tari. Tēna hoki koūtou katoa.

The proverb, 'He ora te whakapiri, he mate te whakatakiri', is an expression of the concepts, and the sharing of ideas that have contributed to the development of Whai Oranga. It represents the whariki (woven mat) of ideas that have been woven together to form a framework to guide the Commission in its deliberation of the cultural factors that will lead to enhanced quality and safety outcomes for Māori in the heath sector. Whai Oranga is a pathway built on a foundation that acknowledges the significance of Māori cultural values. It is a pathway of enlightenment that enables the Commission to better understand, shine a light upon and bring to fulfilment improved health quality and safety issues for Māori.

Te Roopu Māori wishes to acknowledge the leadership of the board for approving and providing ongoing strategic support for Whai Oranga. We commend the leadership of the senior management team and the staff of the Commission for their dedication and commitment to the development of the Framework.

We look forward to the future and to the benefits that will flow as the Commission weaves Whai Oranga into its work programme.

Ngā mihi nui. Te Roopu Māori

VISION

The primary aim of the Health Quality and Safety Commission (the Commission) is to improve the safety and quality of our health and disability services. In doing this, fewer patients will be harmed and more patients will receive the care they need and valuewherever they live and regardless of their ability to pay, age or ethnicity.

The Commission works with health professionals, health organisations and consumers to improve services by focusing on sector capability and clinical leadership, information analysis and evaluation and consumer engagement. The Commission is committed to best possible Māori outcomes and aims to ensure that its programmes will be positioned to improve the quality and outcomes of care for Māori. It recognises Māori advancement as a component of quality health care. As the Commission moves towards its goal, it will lead by example in developing relationships and partnerships with Māori and key stakeholders. This will enable it to attend to Māori issues in all major decisions across the organisation. As staff members are a major vehicle to achieving these goals, the Commission will promote an organisational culture to address quality health outcomes for Māori through professional development and mentoring programmes.

INTRODUCTION

In March 2014 the Commission developed an action plan for achieving improved health and equity for all populations. This aimed to support the Commission's goal to integrate equity throughout all aspects of its work, and at all levels of the organisation. The guide contains examples of how equity can be broadly applied, as well as specific recommendations for the Senior Leadership Team and the Chief Executive, some of which have been progressed.

In May 2014 the Commission Board moved to align the Statement of Intent and work programme to improve the quality of health outcomes for Māori. The Board agreed to develop a framework that was inclusive of broad strategic goals and principles to guide the future work of the Commission around recognising Māori interests, and improving the quality of health outcomes for Māori.

Te Whai Oranga/The Māori Advancement Framework, is the culmination of a programme of work over eight months, which included:

- reviewing the Māori strategic plans of a number of health and non-health sector agencies
- surveying over 50 people, including staff, Board members and members of Te Roopū Māori and the Māori Caucus, about Māori advancement and the Commission
- commencing an education programme to improve staff confidence and competence with Māori tikanga and kawa.

Te Whai Oranga formalises the Commission's journey to contribute to improving quality health outcomes for Māori. The Framework is linked to a number of goals for the Commission and its advisors and staff members.

Te Whai Oranga will be most useful if it is seen as a practical resource. Hence, strategic elements have been linked with practical examples and achievable goals, so that it can guide Board members, advisors and staff members towards improving quality health outcomes for Māori. Te Whai Oranga is accompanied by an implementation plan that outlines annual priorities across all aspects of its work, and at all levels of the organisation. Over the next one to two years, it is envisaged that the Commission will achieve these goals and be in a position to critique its own development.

RATIONALE

Equity for all

The Commission has had a strong focus on equity since its establishment in 2010. This focus is visible through the New Zealand Triple Aim which guides the overall work of the Commission, and which includes equity as one of three core strands of quality improvement. In placing equity as a component of the Triple Aim, the Commission is reinforcing the interconnectedness of equity, quality improvement and health outcomes for individuals, populations and their communities.

Building on this equity platform is an important component of improving the quality of health services for Māori and Māori health outcomes. It is well documented that outcomes of treatment are not yet distributed equally in New Zealand. For example, nearly 50 percent more Māori than non-Māori/ non-Pacific patients suffer an in-hospital preventable adverse event (after controlling for age, deprivation, admission type, length of stay and gender).¹

A further compelling reason to pursue equity is that by improving the status of the most disadvantaged sector, the health status of the whole society is improved.²

Treaty of Waitangi

There are other reasons to strengthen Māori advancement. These include upholding the principles of the Treaty of Waitangi (Te Tiriti), implementing government policies, and fulfilling obligations under New Zealand legislation. The Treaty of Waitangi is only considered part of New Zealand domestic law where its principles are referred to in Acts of Parliament. However, Māori leaders and people have stressed the Treaty's importance since its inception. The three principles that have been derived from Te Tiriti- partnership, participation and protection³ – are central to many health documents, including this Framework.

TREATY OF WAITANGI PRINCIPLES: HE KOROWAI ORANGA APPROACH

In its Māori Health Strategy He Korowai Oranga, the Ministry of Health refers to the Royal Commission on Social Policy's interpretation of Te Tiriti.³

- **Partnership** means working together with Māori groups and communities to develop strategies for Māori health gain and appropriate health and disability services.
- Participation requires Māori to be involved at all levels, including decision-making, planning, development and delivery of health services
- **Protection** involves working to ensure Māori have at least the same level of health as non-Māori, whilst safe-guarding Māori cultural concepts, values and practices.

Health sector efficiency

Quality health care means efficient care. Working collaboratively to advance health outcomes for Māori will contribute to improved health system efficiency through reducing costs associated with over-utilised, under-utilised and misused health care services. An example of under-utilised care is that Māori are more likely to be diagnosed with cancer at a later stage than non-Māori.⁴ An example of over-utilised care is that Māori are more likely to be prescribed older and depot psychotropic medicines than non-Māori.⁵ An example of misused care is that Māori have higher rates of hospital admissions for conditions (like skin infections) that are best managed in primary care.⁶

- 1 Davis P et al. Quality of hospital care for Māori patients in New Zealand: retrospective cross-sectional assessment. Lancet. 2006 Jun 10;367(9526):1920-5.
- 2 CSDH. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. World Health Organization: 2008, Geneva.
- 3 RCSP (Royal Commission on Social Policy) The April Report. The Royal Commission on Social Policy: Wellington, 1988.
- 4 Robson B, Purdie G, Cormack, D. Unequal Impact II: Māori and Non-Māori Cancer Statistics by Deprivation and Rural-Urban Status, 2002-2006. Ministry of Health: 2010, Wellington.
- 5 Metcalfe S, Laking G, Arnold J. Variation in the use of medicines by ethnicity during 2006/07 in New Zealand: a preliminary analysis. NZMJ 2013 Oct 18;126(1384).
- 6 O'Sullivan C, Baker M. Serious skin infections in children: a review of admissions to Gisborne Hospital (2006-2007). NZMJ 2012 Mar 9;125(1351).

DEVELOPMENT PROCESS

Te Whai Oranga/The Māori Advancement Framework has been shaped by a number of documents.

Te Tiriti o Waitangi (the Treaty of Waitangi) is a founding document for Aotearoa New Zealand, and remains as relevant today as it was in 1840.

He Korowai Oranga is the Ministry of Health's Māori Health Strategy. It outlines a framework for considering how the Government and the health and disability sector can work to achieve the best health outcomes for Māori. The 2014 refinement of He Korowai Oranga retains the same three key threads (rangatiratanga, equity, and building on the gains) and four key pathways (whānau development, Māori participation, effective service delivery and crosssector work) of the original 2002 version.

The Equity of Health Care for Māori framework was produced by the Ministry of Health in 2014 to guide practitioners and organisations across the health sector to achieve equitable health care for Māori. The three strands for achieving this are leadership, knowledge and commitment. The framework incorporates examples of potential actions for organisations and practitioners to consider.

Māori responsiveness frameworks of a range of organisations were reviewed: the Ministry of Health (internal framework), Mid-Central District Health Board, PHARMAC, the Asthma Foundation, the Police and Justice sector, and Auckland Council. All influenced the development of this Framework in some way. Existing frameworks commonly included:

- a conceptual framework, often in diagram form
- reference to the principles on which the framework was based, for example Te Tiriti
- indicators or goals
- reporting or measuring intentions.

The process for developing Te Whai Oranga has been important and has involved staff and management, Roopū Māori and Board members. Staff planning days, a survey and an awareness/education programme all allowed staff, management and Board members input into the Framework's development.

Over 50 Board and staff members, and Roopū Māori and Māori Caucus members, completed a brief survey about their views on addressing Māori issues within the Commission. This was invaluable in gaining honest feedback about what is working well, and where the Commission needs to improve.

Survey respondents identified that the Commission was doing well in: the Roopū Māori advisory group; highlighting equity; and analysis. The top three themes identified for improvement were: considering Māori issues across all work areas; taking action on known disparities; and educating and supporting staff. The top three barriers to addressing issues for Māori were seen as: size and resource of the Commission; not being a Commission priority; and staff knowledge and skills.

The themes from the survey have helped shape some of the focus areas for Te Whai Oranga: leadership, education and knowledge, and ensuring our work prioritises Māori advancement. A fourth theme, partnerships, is a mechanism to aid the Commission's implementation of these areas.



TE WHAI ORANGA

Te Whai Oranga/The Māori Advancement Framework is presented overleaf.

The framework comprises four themes, which are cross-referenced to four major groups of people in the Commission who will implement the Framework. The overall picture is of a grid:

	Board members	Māori Advisors	Senior Leadership Team (including Chief Executive)	All staff
Mahi ngātahi (Partnerships)				
Matauranga (Knowledge)				
Rangatiratanga (Leadership)				
Whai hua (Strategic Priorities)				

Mahi ngātahi (Partnerships) is a key feature in Commission work. The Commission works alongside health and disability sector partners to meet its strategic priorities. Partnerships with health professionals and health and disability services are a key feature of that work. Work to improve Māori health outcomes is no different.

Matauranga (Knowledge) reflects the Commission's strategic priority to be an 'intelligent commentator', providing advice and commentary on improving health and disability services. The Commission places emphasis on adding to the health quality evidence base through its Atlas of Healthcare Variation work. Knowledge about Māori health, and how to improve it, is also important. **Rangatiratanga (Leadership)** describes the way the Commission desires to work in the health and disability sector. It sets the direction for health quality, and it would also like to lead and be seen as a leader in the area of Māori health advancement.

Whai hua (Strategic Priorities) are a theme of Te Whai Oranga because they direct much of the Commission's work programme. Within the three strategic priorities- identification of areas for quality and safety improvement, advice and comment, and assistance to the sector to effect change – there are areas where Te Whai Oranga can help shine the light on Māori inequalities and what works and doesn't work to improve quality outcomes for Māori.

Within each of the four themes, there is an explanation of what this ideally means for different roles within the Commission, and some possible actions that could form implementation goals

MAHI NGĀTAHI:	PARTNERSHIPS	
Board members	Vision:	 Members maintain strong ties to Te Roopū. Members consider relationships with Māori leaders, networks and stakeholders and how these can be optimised to support the Commission's goals.
	Possible actions:	 Formalise the relationship with Roopū Māori through regular joint meeting Strengthen relationship with key Māori health leaders Identify opportunities for strategic partnerships/relationships with Māori/iwi organisations
Māori advisors: Roopū and Caucus members	Vision:	 Advisors maintain strong ties to the Board. Advisors develop links with staff members. Advisors consider personal relationships with Māori networks and stakeholders and how these can be optimised to support the Commission. Advisors nurture Māori staff members.
	Possible actions:	 Formalise the relationship with Board through a regular joint meeting
Chief Executive and Senior Leadership Team	Vision:	 Leaders understand the importance of Māori networks, and seek and nurture relationships with key Māori advisors. Leaders facilitate opportunities for staff members and Māori advisors to form relationships and work together.
	Possible actions:	 Identify key Māori advisors, groups and stakeholders in relevant areas of work Promote leadership and mentorship of Māori staff members Build relationships with key Māori groups and individuals Use key te Reo phrases in oral and written communication (including telephone greeting) Deliver a mihi Follow appropriate protocols for situations involving Māori, including powhiri and meeting tikanga
All staff members	Vision:	 Staff members understand the importance of Māori networks, and seek and nurture relationships with Māori providers in and beyond health sector. Staff members are sensitive to cultural aspects of interpersonal and interagency relationships – e.g. tikanga, use of their pepeha/mihi.
	Possible actions:	 Identify key Māori advisors, groups and stakeholders in relevant areas of work. Build relationships with key Māori groups and individuals to progress initiatives Use key te Reo phrases in oral and written communication Deliver a basic mihi Follow appropriate protocols for situations involving Māori, including powhiri and meeting tikanga



MATAURANGA:	KNOWLEDGE	
Board members	Vision:	As for all staff members, plus:
		 Members understand and articulates the vision for Te Whai Oranga/The Māori Advancement Framework - why it is important and what it will achieve. Members know when to seek expert advice and support.
	Possible actions:	 Articulate vision of Te Whai Oranga/The Māori Advancement Framework
Māori advisors: Roopū and Caucus members	Vision:	 Advisors articulate and model the vision for Te Whai Oranga/ The Māori Advancement Framework – why it is important and what it will achieve.
	Possible actions:	 Articulate the vision of Te Whai Oranga/The Māori Advancement Framework
Chief Executive and Senior Leadership Team	Vision:	 As for all staff members, plus: Leaders can articulate how the Commission's work helps to achieve equity and Māori health outcomes. Leaders advocate aligning the Commission's work with strategies that are known to help achieve equity and Māori health outcomes.
	Possible actions:	 Identify appropriate strategies and tool to increase organisational Māori advancement Modify Board and policy templates to include implications for Māori Ensure all papers to the Board considers the implications for Māori
All staff members	Vision:	 Staff members understand the importance of Te Tiriti/legislation/ policies in Māori advancement. Staff members can describe some key differences in the health status of Māori and non-Māori, and discuss how these differences originated. Staff members can describe key features of te Ao Māori. Staff members know when to seek expert advice/support. Staff members understand concepts of institutional racism and deficit explanations.
	Possible actions:	 Prioritise work that advances Māori health and that acts on health issues of importance for Māori Use HEAT tool to analyse how planned work will impact Māori Understand concepts such as whānau, iwi, whakapapa, whanaungatanga, tikanga, kawa, tapu and noa, and pōwhiri Monitor for and remove negative stereotypes and deficit explanations references in report drafts

RANGATIRATAN	GAILEADERSHI	P
Board members	Vision:	 Members commit to advancing quality health outcomes for Māori by considering it in all significant decisions/strategies.
	Possible actions:	 Ensure appropriate level of Māori expertise continues at the Board Formalise meeting tikanga reflects appropriate Māori protocols Support Māori advisors in the work they do for the Commission Assist Roopū Māori to appoint a kaumātua for the organisation
Māori advisors: Roopū and Caucus members	Vision:	 Advisors support the Board and staff to be responsive to Māori. Advisors facilitate opportunities for Commission to engage with iwi Māori organisations.
	Possible actions:	 Actively support Board and staff members e.g. facilitate appointment of a Māori spokesperson and kaumātua Advise the Commission when Māori advancement opportunities or areas of concern are identified Develop decision criteria to advise the Board of programme areas that are a priority for Māori Facilitate opportunities to engage with key stakeholders to advance Commission goals
Chief Executive and Senior Leadership Team	Vision:	 Leaders become champions for improving the quality of health services and health outcomes for Māori across their Commission portfolios.
	Possible actions:	 Oversee and monitor implementation of Te Whai Oranga/ The Māori Advancement Framework through each portfolio's business planning cycle (e.g. resourcing) Build a Commission workforce that is equipped to improve health care for Māori Support professional development activities that improve staff Māori advancement capabilities, including identifying tools to monitor progress Amend organisational diagram to include Roopū Māori and Māori Caucus
All staff members	Vision:	 Staff members consider the impact of their work on Māori, and how their work can help achieve Māori health aspirations. Staff members develop capability to ensure quality health care services for Māori.
	Possible actions:	 Review and improve their own and their colleagues' work using a Māori advancement lens Seek opportunities to extend their cultural competency knowledge and skills



WHAI HUA: STRATEGIC PRIORITIES		
Board members	Vision:	 Members support programmes based on the identified needs of individuals and whānau. Members set and monitor priorities that include those specific to Māori.
	Possible actions:	 Support Commission to act on known disparities, and to advocate for action on emerging inequity Make decisions based on prioritisation criteria that include ability to influence and improve quality health services for Māori
Māori advisors: Roopū and Caucus members	Vision:	 Advisors understand the Commission's work priorities and provide advice to maximise Māori outcomes for those priorities.
	Possible actions:	 Facilitate consultation with key Māori groups for Commission reports Maintain knowledge of Commission work programmes and identify where additional Māori support may be required
Chief Executive and Senior Leadership Team	Vision:	 Leaders actively invest in strategies to build Māori capacity & capability within the Commission and the health sector. Leaders provide strategic advice to Board on Māori advancement issues. Leaders ensure that improving equity and Māori health outcomes are specifically addressed in Quality Improvement capability programmes.
	Possible actions:	 Review prioritisation criteria for programmes Ensure Māori participation in all advisory groups Monitor progress towards achieving recommendations from Commission reports Ensure budgets reflect Māori advancement priorities Support Māori members of staff to be leaders in Māori advancement, and also to strengthen their personal cultural aspirations
All staff members	Vision:	 Staff members ensure quality ethnicity data collection. Staff members consider barriers to improving Māori healthcare. Staff members specifically consider Māori consultation on MRC reports.
	Possible actions:	 Ensure Māori have opportunity to be involved in HQSC programmes Consider how resources and tools could best reach Māori communities and effect change (e.g. Te Reo, Māori media) Consider cultural literacy in the Commission's work

MEASURING SUCCESS

Te Whai Oranga will be of most value if it can be used as a practical resource. An accompanying implementation plan specifies priorities across the four themes, for each group of people. The aim of the implementation plan is to ensure development at an appropriate pace. The implementation plan also contains specific process and outcome goals which will be used to measure success. The implementation plan focuses on increasing individual and team capability to work towards Māori advancement. Implementation will need to allow staff members to personalise goals, because individuals will vary in their current level of cultural competency and ability to attend to Māori advancement. As an organisation, the Commission will need an overview of the different knowledge and skill levels available within the staff.

In addition to building capability, the plan sets out goals for the Commission's work programmes.

Term	Definition
Cultural competency	The capability to articulate and demonstrate culturally appropriate and acceptable services where people feel culturally safe. ⁷
Cultural literacy	The ability to integrate cultural competence into work that aims to improve the way in which people are able to make decisions about their health.
Equity	'The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. <i>Health inequities</i> therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.' ⁸
Evidence-informed	Based on information gathered by a systematic and critical review of literature. Evidence-based practice promotes decision-making that reflects best-available information. This may be quantitative or qualitative information.

GLOSSARY

7 Wilson, D. (2008). The significance of a culturally appropriate health service for indigenous Māori women. Contemporary Nurse, 28(1-2), 173-188.

8 World Health Organization. Equity. www.who.int/healthsystems/topics/equity [accessed 10 February 2015]

