

Ngā Kōrero

Mai i Te Kete Hauora

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Māori Health Directorate

New Māori health scholarship award announced to honour kaumātua

Kaumātua Anne Delamare, Bill Katene, Denis Simpson and Rongo Wirepa shared a community focus, and each made a significant contribution to improving Māori health.

In their memory, and to honour their work, the Ministry of Health has established a prestigious new award, Te Apa Māreikura Tohu.

Members of Te Whakaruruhau, the Ministry of Health's Māori staff network, were privileged to welcome the immediate whānau of the four kaumātua to a small ceremony to launch the Tohu at Hau Ariki Marae,

Martinborough, on 13 March 2008. Thirty whānau members were welcomed, there was a brief presentation on the Tohu, then each whānau responded. The ceremony finished with a celebratory hākari.

Rowena Wirepa, daughter of Rongo Wirepa, said her whānau found the ceremony emotional and humbling. 'I didn't realise the extent of his mahi and how many lives he touched over the years. He was passionate about his Māori people, making a difference to their health. He believed in the kaupapa of health, especially in rongōā Māori, traditional healing.'

This ceremony is the beginning of a journey for the whānau of the kaumātua, who will continue to be involved in the awards.

Koutou Te Apa Māreikura

Kei te tangi tonu ki a koutou e tiaho mai nei.

Ko te tūmanako kua ea o koutou moemoea, wawata mo tēnei taonga

Moe mai ra koutou

Ma tēnei tohu e mau ai te mana motuhake whakahaere i te kaupapa hauora ki nga tauira, ki te hunga kainga ake.



Anne Delamere
(Te Whānau-a-Apanui, Te Arawa)



Bill Katene
(Ngāti Toa Rangatira)



Denis Simpson
(Ngāti Awa, Tuhourangi)



Rongo Wirepa
(Ngāti Porou, Te Whānau-a-Apanui, Rongowhakaata)

New Māori health scholarship award announced to honour kaumātua *Continued from front page*

About the Tohu

Te Apa Māreikura translates as 'a distinguished group of leaders recognised at the highest level'. The emphasis on community leadership sets this award apart from other scholarships.

Te Apa Māreikura Tohu will offer two scholarships of \$10,000 each and will be incorporated into the Hauora Māori Scholarships. Final selection will be made by an independent panel from a shortlist of the most successful Hauora Māori Scholarship applicants. Essential criteria include involvement with and effective networking within the community, and leadership, competency and achievement in community health.

Te Apa Māreikura

Photos of the whānau taken at the launch of the Awards at Hau Arika Marae, Martinborough on 13 March 2008.



Te Whānau o Rongo Wirepa



Te Whānau o Anne Delamere



Te Whānau o Denis Simpson



Te Whānau o Bill Katene

Whānau Ora Health Impact Assessment training goes nationwide

Since the introduction of the Whānau Ora Health Impact Assessment (Whānau Ora HIA) tool, interest in it has increased considerably both nationally and internationally. The Whānau Ora HIA tool aids decision-making by predicting the potential effects of policies, programmes and projects on Māori health status and the reduction of inequalities. While the focus is on health, the tool is intended for use in a range of areas, from local government decision-making to decision-making in the education sector.



From the Deputy Director-General

I raro i te mana o rātou mā
kua wehe atu ki te pō,

tēnā koutou, tēnā koutou,
tēnā koutou katoa.

Ki a tātou te hūnga ora.

Mehemea kei te tīkā te
kōrero ka taea te haere
whakamua i te wā e titiro
whakamuri ana, tēnā he nui
ngā akoranga o muri.

I roto i ēnei kōrero koinei
te huarahi kua taunatia e
Te Kete Hauora ki te haere
whakamua. E ai ki ngā
kōrero a ō tātou tipuna,

“Ehara taku toa i te toa
takitahi engari he toa
takitini.”

Kia ora rawa atu koutou
katoa.

As many of you will know, April marks crunch time in planning for the 2008/09 financial year. It is a time when it's important to be both forward thinking and reflective, which may sound like a contradiction. But, of course, it is just part of making sure we learn from past experiences and use them to inform our actions in the future.

One of the big projects for Te Kete Hauora over the past year has been the evaluation of the Māori Provider Development Scheme. The scheme itself is very popular, and I often hear its praises being sung. The evaluation, though, should give us a clearer picture of where the scheme is doing well and what can be done by the Ministry of Health to strengthen it so that it continues to support the capacity and capability of Māori health and disability providers.

Implementing *Taonga Tuku Iho*, the Rongoā Development Plan, and establishing a national rongoā body, has been another of the key activities of Te Kete Hauora this year. The national rongoā body will be tasked with supporting quality systems and quality assurance for rongoā throughout the country.



Te Kete Hauora also has the task of implementing our new monitoring function, foreshadowed in *Building a Healthy Future* in June 2007 by the Director-General of Health. It is innovative, and I am endeavouring to make it as meaningful as possible.

This is only a snapshot of things to come in the 2008/09 year. But these activities are not isolated from the longer-term vision that is set out in our high-level health strategies, in particular *He Korowai Oranga*. They are part of our continued drive to achieve equitable health outcomes for Māori.

A handwritten signature in black ink that reads "T. Wall".

Teresa Wall
Deputy Director-General,
Māori Health

The Ministry of Health has been working with the University of Otago and health impact assessment specialists Quigley and Watts to develop two training workshops: a short introductory course, and a longer, more hands-on course.

The short introductory course will take a half day and is aimed at senior managers, especially in central and local government as well as health agencies. It will

offer a taste of the Whānau Ora HIA tool and how it can be used. The longer course runs over two days and provides practical, hands-on assistance. It will be especially useful for people who want to use the Whānau Ora HIA tool in their work.

The University of Otago, and Quigley and Watts, are excited to be presenting Whānau Ora HIA training courses in locations throughout

New Zealand. For information on locations and dates please contact Jo Gregg on (04) 472 0149 or by email to jo@quigleyandwatts.co.nz

For further information on the Whānau Ora HIA tool, or a copy of the tool, you can visit the Ministry of Health website (www.moh.govt.nz).

Message from the Associate Minister



With each year comes change, and this year is no different.

I take this opportunity to update you on the change to the health portfolio. Leading the portfolio is a new Minister of Health, Hon David Cunliffe, and Associate Ministers Hon Damien O’Conner, Hon Jim Anderton, Hon Peter Dunne and Hon Stevie Chadwick.

I have taken on two new areas of responsibility: organ donation (with particular interest in the passage of the Human Tissue Bill), and making sure there is safe, high-quality blood and blood

products available through the New Zealand Blood Service.

I still believe that there are significant challenges and opportunities for Māori in the health and disability sector. The Ministry of Health will continue to inform me of steady progress in improving Māori health outcomes as a result of the many projects outlined in Whakatātaka Tuarua.

Local communities are meeting their workforce needs in creative and innovative ways. In February this year I was honoured to launch Pukawakawa, an innovative programme for medical students in Northland. Pukawakawa is an example of partnership between Northland District Health Board, the University of Auckland and local health providers.

I would like to thank all the Māori members of District Health Boards for taking on the challenge of being part of decision-making in your communities. No doubt many of you have begun to settle into your roles and are looking forward to

the task before you. The Ministry of Health is keen to offer support through training, which includes regular Te Matawhānui meetings and the ever-popular Te Manu Whakahiato governance training series.

In the coming months I will be visiting a number of District Health Boards to see first hand what is happening in local communities. The DHBs that I will be visiting are Northland, Bay of Plenty, MidCentral, Whanganui, Taranaki, Hutt Valley and Wairarapa.

As I travel throughout the country I am looking forward to hearing your concerns and celebrating the many successes in your communities.

Ngā mihi ki a koutou katoa.

Hon Mita Ririnui
Associate Minister of Health

Whānau Ora Awards 2008

The Ministry of Health is delighted to announce that the third biennial Whānau Ora Awards will take place on 12 September 2008.

The Whānau Ora Awards aim to promote Māori health providers’ successful and innovative models of service delivery (or initiatives) that increase whānau health and wellbeing by building on the strengths and assets of whānau and Māori communities.



If you are a Māori health provider, we want you to be part of this exciting event. You will be invited to register your interest during May 2008, so start planning now.

We look forward to once again seeing exciting examples of innovative service delivery that build on the strengths and assets of whānau.

More information and updates are available on our website: www.maorihealth.govt.nz.

Relationship agreement signed

A significant agreement between the Wairarapa District Health Board and local Māori was signed recently. The agreement lays down the ways in which the DHB and iwi kāinga will work together to improve Māori health.

‘This relationship agreement is a landmark in the development of the DHB,’ says Bob Francis, Wairarapa DHB Chair. ‘It renews the commitment by Wairarapa iwi and the DHB to work together, and it provides a pathway for iwi to effect change for Māori living in the Wairarapa.’

Janice Wenn, chair of the Iwi Kāinga committee, says, ‘We want to become a truly professional body that has input into all Board strategic matters relevant to Māori health. We are breaking new ground, and a continuing relationship whereby we automatically have input and are consulted is very important to us. This is an important and exciting development.’

The first relationship agreement between Wairarapa Māori and the Wairarapa DHB was signed in 2003. Since then the governing body, previously known as the Mana Whenua Caucus, changed its name to Te Oranga o Te Iwi Kāinga – the health and wellbeing of the home people – to better reflect the health focus



Back row (l-r): Yvette Grace, Mere Kerehi, Hariata Tahana, Hone Hurihanganui.
Front row (l-r): Janine Vollebregt, Bob Francis, Jim Rimene, Janice Wenn.
Absent: Kim Smith.

of the group. The new committee, known as Iwi Kāinga, represents Rangitāne o Wairarapa and Kahungunu ki Wairarapa iwi. Engaging local iwi leaders on Te Oranga o te Iwi Kāinga, the governing caucus, will enable the Wairarapa DHB to continue to develop and strengthen health strategies that reduce inequalities, increase health service responsiveness to Māori and work for Māori whānau.

Māori health provider profile: Te Roopu Huihuinga Hauora Trust

In this edition, we profile Te Roopu Huihuinga Hauora Trust, a rongoā Māori traditional healing service based in Hastings.

Te Roopu Huihuinga Hauora Trust provides rongoā Māori traditional healing. They take an holistic approach to healing and implementing the four cornerstones of health – te taha hinengaro, te taha tinana, te taha wairua and te taha whānau. Their focus on mirimiri, karakia and cultural support is pivotal in contributing to positive health outcomes for whānau, hapū and iwi.

Te Roopu Huihuinga is acknowledged nationally and internationally for their expertise in traditional healing practices. They were invited to Hawai’i to exchange knowledge and traditional healing practices. They found it a humbling experience, and they witnessed similarities between Māori and Hawai’ian traditional healing practices. Hawai’ian spirituality is the core of their healing processes, and karakia and mihi are essential elements of their healing practices.

In recognition of their ability to make a difference for Māori in the health sector, Te Roopu Huihuinga received a Hauora Award, Highly Commended Rongoā Services to the Community in 2006.



General Manager Frances Smiler-Edwards, Rongoā Whakahaere Sue Hawkins and the late Taka Panere at the Whānau Ora Awards 2006

Māori health review to continue

In 2006 Te Kete Hauora agreed to fund a 12-month pilot project developing an online publication, the *Māori Health Review*. The *Review* is a free, research-based publication that focuses on major health issues affecting Māori.

The *Review* was launched in February 2007, and in the past year interest and readership has grown considerably. As a result of its popularity, Te Kete Hauora has decided to continue funding the *Review* for two more years. From March, editions will be published bi-monthly.

Research Review and Dr Matire Harwood, who compile the research articles and provide independent commentary, are delighted with how the *Review* has developed, and the opportunity for it to continue. Dr Harwood has said she is extremely pleased with the *Review's* success and all the positive feedback she has received from readers.

One of the *Review's* goals is to encourage Māori providers to develop their own research projects in high-priority areas. For upcoming editions, Dr Harwood is keen to receive and publish more local research findings.

The *Review* has proved a fantastic resource for keeping health professionals up to date with the most relevant research. It raises awareness of how we can work to improve Māori health outcomes and reduce inequalities.

To subscribe free of charge, visit the *Māori Health Review* website at www.maorihealthreview.co.nz



Dr Matire Harwood (Ngā Puhī) with son Te Rangiura

Research and monitoring updates

Māori male prisoners

A short booklet looking at the health status of Māori male prisoners has been released. It presents key results from the publication *PHI Occasional Bulletin: Results from the Prisoner Health Survey 2005*.

Also due to be released shortly is research into recruitment and retention of Māori in the health and disability workforce. Both publications will be available on the Māori health website at www.maorihealth.govt.nz.

Ethnicity data research

An ethnicity data research project has just begun. This project, undertaken by Te Rōpū Rangahau Hauora a Eru Pōmare (Wellington School of Medicine, Otago University), will examine current and future ethnicity data issues and explore the implications for the Māori health sector in the changes in ethnicity data policies and practices. The project will focus on collaboration between key stakeholders within the Ministry, across relevant

government departments and experts in the field of ethnicity data collection, analysis and interpretation.

Joint venture update

New developments in the joint-venture research between the Health Research Council and Te Kete Hauora include:

- establishing a research agenda for Māori with a disability
- investigating options for measuring Māori collectives (ie, whānau).

Forthcoming requests for proposals

Two new requests for proposals will be released over the next few months. The first request seeks applicants to develop a research agenda for Māori in regards to the cancer control continuum, focusing on Māori with cancer and their whānau and communities. The second request seeks research priorities in oral health for low-income adults, older Māori, and Māori with special needs, disabilities or who are medically compromised.

Profile – New Māori members of District Health Boards

In this edition, we profile two of the Māori board members elected to District Health Boards in the 2007 elections.

Roma Cook has been newly elected to serve on Lakes District Health Board. As a former District Councillor and as a Trustee of the Rotorua Energy Charitable Trust, Roma is no stranger to hard work.

Passionate about the welfare of our older people, Roma has been the driving force behind many local aged-sector projects. Currently a trustee of the Older People Community Trust and patron and chairperson of Age Concern Rotorua, she is also a member of the Older People Advisory Council with the Ministry of Social Development.

Roma has worked with many community organisations over the years, including the Citizens Advice Bureau and the Women's Division of

Federated Farmers. She has served as a member of the Rotorua General Practice Group Community Advisory Board and Trustee of the Tipu Ora Health Centre. Born and raised in Ohinemutu, Roma is married to Bill, has five adult children and many grandchildren and great-grandchildren.



Roma Cook

Anne Candy has joined Counties Manukau District Health Board. Anne is of Ngāi Te Rangi, Waikato, English and Scottish descent and has an impressive portfolio of civic duty and community work. She was Deputy Mayor of Manukau City from 1998 to 2007 and continues to serve her community as a Councillor for the Manurewa ward. Anne is a life member of Te Rōpū Wāhine Toko i te Ora; and patron of the Manurewa Returned Services Association.



Anne Candy

Te Kete Hauora enters Lake Taupo Relay

For the second year running a number of people from Te Kete Hauora entered the Great Lake Relay 2008, in Taupo. The team called the Mininovas (last year as Supernovas they were totally eclipsed) entered the composite competition.

The composite teams are a mix of runners and walkers who complete seven legs of walking and 11 legs of running. Injury forced a few members of the original team to

cancel before the event so family and friends were bought in to cover the deficit. Three members of the team also did an extra leg.

Through rain, wind and sunshine the team shot its way to the finish line finishing in 58th place out of the 154 teams that participated.

Congratulations to those who participated for putting in another huge effort this year!

Ka mau te wehi!!



From left – front row: Paula Searle, Monique Priston, Teresa Wall, Kahu Livingstone, Duane Poi
From left – back row: Greg Moke, Theo McNaughton (team support), Netta McNaughton, Roger Macky, Craig Hanlen, Sandra Tamakaha, Braxton Amaru (team support), Kim Livingstone, Bernadine Cullen
Absent: Jade Cullen, Marie Rogers

In Focus – Te Kete Hauora

In recent months, the Directorate has undergone several changes. With the recent appointment of Teresa Wall as Deputy Director-General, the organisational structure of Te Kete Hauora has now been confirmed. We take an in-depth look at how our Directorate is structured, our core functions, and our management team.

Te Kete Hauora, the Māori Health Directorate, is the primary source of Māori health and disability policy and strategy advice to the Minister of Health and Associate Minister. It leads the development of Māori health strategy and policy, monitors and evaluates the health and disability sector in meeting its obligations under the New Zealand Public Health and Disability Act 2000, and offers hands-on support and guidance to support the health and disability system, including Māori providers to function at a high level.

The work of Te Kete Hauora is directed towards improving Māori health outcomes and reducing Māori health inequalities. This involves developing and strengthening Māori health providers, and also finding innovative and effective ways of ensuring mainstream health providers are providing services that are successful for Māori. Te Kete Hauora is also working to improve Māori participation in the health system, in all capacities and at all levels, from governance to the health and disability workforce.

Another important function of Te Kete Hauora is facilitating relationships that focus on health between the Crown and Māori organisations. Most of these relationships are now with District Health Boards. The Directorate's specific role is monitoring and supporting these relationships by providing advice to both parties when appropriate.

Te Kete Hauora also holds a crucial monitoring responsibility in the health sector, tracking Māori health and disability data and looking at the success of different initiatives and programmes. It has recently taken on a monitoring role within the Ministry, and is now working with other Directorates to ensure that their programmes and policies assess the health impacts on Māori and respond appropriately.

There are four teams within Te Kete Hauora: the Deputy Director-General team, Māori Health Policy, Strategic Projects and Māori Relationships.

Deputy Director-General team



From left: Raewyn Cairns (Ngati Porou), Gavin Koroi (Ngā Puhī), Lisa Ramanui (Ngati Awa, Ngati Maniapoto), Teresa Wall (Te Rarawa, Te Aupouri).

The Deputy Director-General is responsible for the overall management of Te Kete Hauora, providing a leadership role across the Ministry of Health and is the primary source of Māori health policy advice to government.

The Deputy Director-General is supported by a small team that manages the delivery of the accountability requirements of Te Kete Hauora and takes the lead on work

planning and direction setting. It provides essential co-ordination for the senior management team of Te Kete Hauora, making sure that work throughout the Directorate is in alignment and that no gaps appear between different projects.

Māori health policy team



From left: Duane Poi (Ngati Porou), Ana Bidois (Ngāti Maniapoto, Ngāiterangi), Gabrielle Baker (Ngā Puhī), Te Arai Simeon (Ngāti Tamaterā, Muaūpoko), Charrissa Makowharemahīhi (Ngāti Tuwharetoa, Ngāti Kahungunu, Waikato), Pearl Carre (Ngati Hamoa).

This team works to develop and influence policy so that it can have a positive impact on Māori health and disability outcomes and reducing inequalities.

Of central concern for the team is how to ensure good quality decision-making that takes a population health approach and will lead to equity in health outcomes

for Māori. The team takes a pragmatic approach in this. It recognises the importance of raising the awareness of the health and disability sector and supporting tools, such as the Health Equity Assessment Tool and the Reducing Inequalities Intervention Framework, to help people responsible for programme or policy development. The Whānau Ora Health Impact Assessment tool is also a product of the team.

The next stage for the team, and indeed the sector, is to embed activity that reduces inequalities as part of business as usual. Already, the team has begun some interesting work with four DHBs to see what can tangibly be done in their regions to reduce inequalities.

The team is active in many other areas, including ensuring the health sector supports Māori providers to be robust and sustainable so they can fully participate in the delivery of services in line with national priorities or strategies. Recently the team supported five Māori oral health providers who were developing their capacity and capability to provide services to their local communities. The role of the Māori Health Policy team has also extended to looking at how the Māori health workforce is grown and upskilled, in line with *Raranga Tupuake: Māori Health Workforce Development Plan*. This is an area the team are keen to get their teeth into.



Back: Arthur Selwyn (Tuwharetoa, Kahungunu),
Second row (l-r): Kahu Livingstone (Ngaiterangi, Ngati Ranginui), Natalie Paki Paki (Taranaki), Monique Priston (Ngati Kahungunu ki Wairoa)
Front row (l-r): Paula Searle (Ngāti Mutunga ki Wharekauri, Moriōri), Te Arai Simeon.

Strategic projects team

This team provides strategic and robust research, evaluation and monitoring around improving Māori health outcomes and reducing inequalities.

Key to the team's success is working collaboratively with others (eg, within the Ministry, and with the Health Research Council and Māori health university research groups). The team manages and commissions health research for Māori on issues such as cancer, oral health,

disability support services, workforce, and evaluating programmes such as the Māori Provider Development Scheme and the Hauora Māori scholarship programme.

An aim of the team is to ensure that this information is widely shared. Statistical data are regularly made available on the web and in publications such as the landmark *Tatau Kahukura: Māori Health Chart Book*. Maintaining the quality of the information and evidence is paramount particularly for ethnicity data.

The team is also involved in strategic planning. For example, the team led development of Whakatātaka Tuarua: Māori Health Action Plan 2006–2011, which is currently being implemented throughout the health sector.

Most recently, the team has taken on two new roles: leading the new Directorate function of monitoring the Ministry of Health's work to improve Māori health and reduce inequalities, and managing a portfolio of health service contracts.

Māori relationships team



From left: Ripeka Chaplow (Ngaiterangi), Rangi Pouwhare (Ngai Tuhoe), Mihikore Andrews (Whakatōhea, Waikato), Nga Metuango (Kuki Airani).

This team takes the lead on relationships between Māori and the health sector. This includes providing advice on Treaty-based relationships with DHBs, and supporting Māori managers and Māori members of DHBs. It also includes work with practitioners of rongoā (traditional Māori healing methods) to help develop a national body.

The relationships team organises and provides governance training for Māori, particularly for those who are new to positions in health management. A particular success has been Te Manu Whakahiato, a governance training programme based on Māori thinking and philosophies.

The relationships team aims to ensure Māori get every opportunity to take advantage of their influence on institutions. They provide advice at every level so Māori can engage with processes and appreciate the importance of getting involved, no matter where they stand. Questions are always very welcome.

In Focus – Te Kete Hauora management team

Teresa Wall, Deputy Director-General, Māori Health



Teresa is of Te Rarawa and Te Aupouri descent. Health sector roles feature strongly in her family, with her father and sister both doctors, her mother a nurse and her brother a dentist.

Teresa's entry into the health workforce was an after-school job washing dishes at Porirua Hospital. Shortly afterwards, Teresa trained to be

a comprehensive nurse specialising in renal nursing, while working part-time as a nurse aide.

Teresa started her first job in a renal ward which looked after people with chronic and acute renal failure, patients on haemodialysis and continuous ambulatory peritoneal dialysis, and transplant patients. Shortly after, she moved into the haemodialysis unit.

A stint teaching nursing skills followed, which in turn led to a role as a training co-ordinator for Wellington area hospitals. There she was responsible for the orientation programme for all new staff at Wellington, Porirua and Kenepuru. She also developed and implemented a cultural safety training programme for all hospital staff, pushing hard for Māori health in the face of some opposition.

By this time, she had fully shifted into strategy and policy. As a nurse she could help patients in front of her, but she was unable to affect the structures around them. This new direction gave her access to those structures and new ways to make significant changes.

Teresa came to the Ministry of Health in 1997 and soon joined Te Kete Hauora. She has stayed within Te Kete Hauora since, aside from a short period in the Associate Minister's office in 2002. She became Māori Health Policy Manager in 2000, and was appointed Deputy Director-General in January 2008.

She is pleased to note some of the Directorate's recent achievements: developing a powerful understanding of inequalities and producing tools to respond to this; assembling a world-leading evidence base for the links between ethnicity and health; influencing the strategic direction on major health issues such as cancer and oral health; and taking a robust and innovative view on how to operationalise the Treaty of Waitangi.

However, Teresa believes strongly that these successes, and the success of Te Kete Hauora as a whole, don't reside in her. She sees her leadership as supporting and enabling strong teams to work effectively. Te Kete Hauora is a collection of talented and dedicated people working to reduce inequalities and improve health outcomes for Māori.

She notes that the health sector has gone through significant changes in recent years. Over the last decade, Māori health has been maturing, with many more Māori health providers than ever before, better awareness of Māori health issues in mainstream providers, and big increases in the numbers of people accessing these services.

These positive changes create many new challenges. Teresa identifies two key themes for Te Kete Hauora going forward.

The first is increasing Māori participation and improving Māori health. This includes monitoring progress, helping Māori providers to position themselves in the health sector, building up rongoā, drawing links between participation and health outcomes, and identifying successful models of health care delivery.

The second is reducing inequalities in health outcomes for Māori. This includes improving ethnicity data, strengthening action to address inequalities, positioning inequalities as an indicator of health care quality, promoting tools to reduce inequalities, and improving the evidence base for Māori health.

Even though these challenges are very different to those faced by a nurse at a patient's bedside, the goals are the same: improving the health of individuals in need. For Teresa, this business is always about people.



Paula Searle, Manager, Strategic Projects

Paula is of Ngāti Mutunga ki Wharekauri, Moriori and Ngāti Mutunga (Taranaki) descent. She has an extensive background in research, evaluation and monitoring. She enjoys working across government with other officials involved in Māori health and is also passionate about engaging with Māori health researchers, providers and the wider community and providing them with relevant and up to date Māori health information.

Paula's key message is that robust research and evaluation evidence leads to positive change with real life outcomes for people. For example, current Māori health statistics reveal structural and system problems in New Zealand's health system that can be targeted for positive change.

Paula and her team are assembling a body of research and monitoring knowledge which is disseminated in many ways. The website for Te Kete Hauora is now packed with statistics and information for all those with an interest in the Māori health sector to benefit from.

Paula joined Te Kete Hauora in 2002 as Senior Advisor, coming from Te Puni Kokiri. She has a Masters of Arts in geography from the University of Auckland.



Rangi Pouwhare, Manager, Māori Relationships

Rangi is of Tūhoe descent. She was brought up steeped in Māoritanga, and she brings those learnings and principles to Te Kete Hauora.

She has a Diploma of Business Management and has extensive experience in the public sector. She feels that this role gives her a chance to give back to Māori some of the knowledge she has gained.

She wants to make sure that Māori are able to take advantage of the opportunities that are out there. Without knowing what can be done, it's hard to be reach your potential. The governance training programme Te Manu Whakahiato has been a fantastic example, and she has enjoyed seeing things change for people as a result of the new knowledge from this programme.

Rangi joined Te Kete Hauora in 2001. She is a fluent Māori speaker and a licensed translator and interpreter in both written and oral reo.



Gabrielle Baker, Manager, Māori Health Policy

Gabrielle is of Nga Puhi descent. A long-standing desire to help build a health and disability system that works for Māori led her to this position in Te Kete Hauora.

She believes that informed decision-making is crucial for achieving this goal. Problems need to be defined the right way, potential solutions need to be thought through, and unintended consequences need to be anticipated. High-quality advice helps to ensure that this happens so the system works well for Māori.

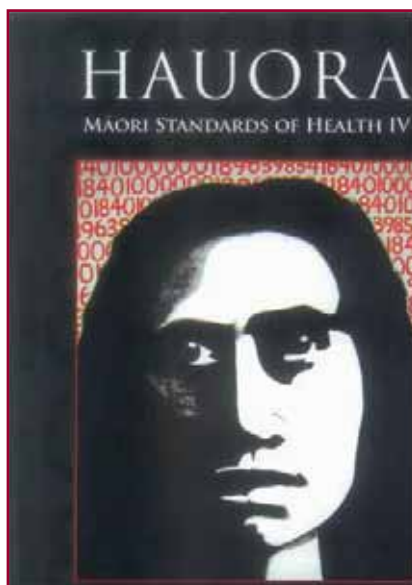
Gabrielle joined Te Kete Hauora in 2005 as a Senior Policy Analyst after working in other parts of the Ministry of Health. She has a Bachelor of Laws, Bachelor of Arts and a Postgraduate Diploma in Public Health.

Hauora: Māori Standards of Health IV

A study of the years 2000–2005

In the December 2007 edition of *Ngā Kōrero* we provided coverage of Hauora IV by including summaries of some of the chapters. In this edition, we complete our coverage with summaries of the remaining chapters of Hauora IV.

The *Hauora: Māori Standards of Health* series provides data and commentary on inequalities in health status, health care, and outcomes between Māori and non-Māori. The fourth edition, covering the years 2000–2005, is now available. Published by Te Rōpū Rangahau Hauora a Eru Pōmare, it includes data on the Māori population, social and economic indicators, hospitalisations, mortality, cancer and mental health. It also contains chapters by invited authors on a range of health issues, including cardiovascular disease, diabetes, respiratory disease, oral health, disability, sleep problems, occupational safety and health, health in prisons, and the National Primary Medical Care Survey.



Diabetes

Matire Harwood, David Tipene-Leach

Diabetes is an area where there are huge disparities between Māori and non-Māori in prevalence and outcome. Diabetes is almost three times more common in Māori than non-Māori. In addition, for Māori aged 45 to 64 years, death rates due to diabetes are nine times higher than for non-Māori New Zealanders of the same age. Māori are diagnosed younger and are more likely to develop diabetic complications such as eye disease, kidney failure, strokes and heart disease. Its impact on quality of life for Māori is huge.

If diabetes is found early and well managed through exercise, diet, regular checks and sometimes medications, people with diabetes can lead full and healthy lives. It is also preventable. However, diabetes can have potentially serious complications and therefore good-quality diabetes care is especially important. While there is huge scope to reduce inequalities, the complex nature of diabetes means a comprehensive and sustained approach is required, one that tackles all levels of health determinants (including causes, management and complications).

This chapter focuses mainly on type 2 diabetes and examines the impact of diabetes on Māori health and inequalities. It also looks at Māori access to and quality of diabetes care in terms of prevention, screening and early diagnosis, maintenance, screening for complications and managing them, and tackling root causes.

Mental health: Psychiatric disorder and suicide

Joanne Baxter

Māori mental health is a high priority. Analyses for the period of the 1980s and 1990s highlight increased Māori rates of hospitalisation for mental disorders, increased Māori suicide rates and clear disparity with non-Māori. Recent findings for Māori population mental health in *Te Rau Hinengaro (New Zealand Mental Health Survey)* show mental disorders are common and over half of Māori will have a mental disorder in their lifetime. Mood, anxiety and substance disorders were found to have high levels of impact on Māori lives. Unmet need is evident and although 1 in 12 Māori had a mental disorder that was serious in severity over the previous 12 months, under half of these had any contact with health services for meeting mental health needs. Disparities with non-Māori are found in measures of community need and hospitalisation.

Hauora IV hospitalisation analysis is consistent with previous data and shows Māori hospitalisation rates for schizophrenia are 3.5 times higher than non-Māori, and for bipolar affective disorder, 2.4 times higher. Suicide rates among Māori are 1.5 times higher than non-Māori with greatest disparity in the very young. Overall, findings strongly indicate urgent action is required across the spectrum to address Māori mental health needs including: mental health policy; mental health promotion; primary, secondary and tertiary care service strategy; and provision.

Occupational Safety and Health

Fiona Cram

The conditions under which work is carried out are important for people's health and wellbeing. When Māori enter the workforce they are legally entitled to be kept healthy and safe. When this does not happen Māori workers can end up injured, diseased, ill, or even killed because of the work they do. This, in turn, impacts on their lives and the lives of their whānau. In addition, there are costs to the health system and the country as a whole through the loss of worker potential and the costs of supporting that person and their whānau in the health and welfare system.

Three workplace risks – occupational segregation, shift work, and precarious employment – are described to set a context for the discussion of workplace injury and disease. It is argued that both vertical segregation (ie, distribution of power within the same occupation) and horizontal segregation (ie, occupational distribution of populations) operate to maintain occupational segregation between Māori and non-Māori. Māori are therefore over-represented in industries with high rates of workplace injuries. High Māori participation in shift work as well as precarious employment also place Māori at risk of workplace injury and disease. These risks are reflected in the statistics on work-related mortality and morbidity.

While the links between shift work and workplace disease were clear, those between precarious employment and workplace injury and disease have received little research attention. At the 2005 Hui Taumata, the increase of Māori working in the service industries was seen as in some way 'future-proofing' Māori employment from the type of economic downturn in the late 1980s that saw Māori

employment in primary industries so drastically curtailed. However, is this 'future-proofing' putting the Māori workforce at risk because workers are now heavily engaged in service industries and precarious, non-standard employment?

Sleep Problems

Sarah-Jane Paine,
Ricci Harris, Kara Mihaere

Not getting enough sleep or getting poor-quality sleep affects how we feel and function during the day. There is a growing recognition that inadequate sleep is a major public health issue. The study of sleep and sleep disorders is a relatively new discipline and there are limited services for diagnosing and treating sleep-related problems in Aotearoa.

Significant disparities in sleep problems exist between Māori and non-Māori and have the potential to impact on other health outcomes. Māori also have more risk factors for the development of sleep problems than non-Māori. This chapter examines two common sleep problems – sleep apnoea and insomnia – and discusses health service implications.

Health services can play an important role in addressing ethnic inequalities in health across the continuum of care from prevention through to diagnosis and management. An integrated approach to the prevention and management of sleep problems in New Zealand is needed. The higher risk among Māori of developing sleep problems and being affected by their negative consequences indicates Māori needs should be prioritised.

Prison Health

Julia Carr

New Zealand's high incarceration rate, and extreme rates of incarceration of Māori, make prison health a particularly salient issue for Māori. Prison inmates not only lose their freedom but also lose

the ability to influence matters affecting their health, including sanitation, diet, physical activity, social environment, exposure to communicable disease, and health care. The public health approach to Māori imprisonment requires a broad decarceration strategy that concentrates on upstream measures to prevent Māori being imprisoned while also tackling the societal and state discrimination that puts Māori at higher risk of incarceration. However, the least we should aim for is a high standard of prison health service, a system that provides good information on the health of prisoners and informed responses to their needs, with specialised and supported health professionals, and improved prison design to minimise the harm of incarceration.

Respiratory Disease

Ramon Pink, Suzanne Pitama, Sue Crengle

Ramon Pink and Suzanne Pitama focus on bronchiectasis. They tell us what bronchiectasis is, what causes it, key disparities in incidence, access to health care and outcomes, and provide suggestions for what can be done to reduce the burden of this condition on Māori.

The section on asthma by Sue Crengle provides a brief overview of what asthma is, the signs and symptoms of asthma, who is affected by asthma, and how they are affected, asthma management, disparities in asthma care, recommendations for people and whānau who experience asthma, and recommendations for health service providers.



Alice Ripeka Hancox, daughter of Jo Baxter

John McLeod awards held

On Friday 7 December 2007, family and invited guests gathered in Wellington to celebrate the achievements of three outstanding scholars who were awarded the prestigious John McLeod Award by Hon Mita Ririnui, Associate Minister of Health.

Hosted by the Sector Capability and Innovation Directorate, guest speakers Gwen Tepania Palmer and Erima Henare shared their memories of Dr John McLeod, his vision for improving Māori health, and his achievements. He was renowned for his work in public health and his strong support for Māori nurses.

The John McLeod Award is given in recognition of academic excellence. The recipients are also acknowledged as possessing a strong commitment to Māori health gains as well as accomplished leadership qualities.

Three people received John McLeod scholarships in 2007.

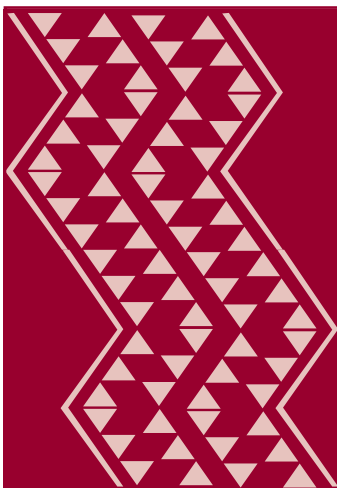
Cathrine Waetford (Ngā Puhī)

In 1995 Cathrine gained a Bachelor of Health Science (Physiotherapy) from AUT. Cathrine has the distinction of being the first Māori hand therapist in New Zealand. Hand therapy is a specialised area in physiotherapy dealing with the hand, elbow and shoulder area in postoperative and rehabilitation phases. Since then Cathrine has gained a Postgraduate Diploma in Sports Management and a Graduate Certificate in Clinical Teaching. Alongside these studies Cathrine has also undertaken study in hauora Māori and te reo Māori.

Cathrine is currently enrolled in a Master of Health Science (Māori Health) programme. She aims to complement her clinical skills with qualifications in research and Māori health so that she is better placed to contribute to improving Māori health outcomes in physiotherapy.



Cathrine Waetford with son Tamati



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Rauroha Clarke (Te Arawa, Ngāti Maniapoto, Ngā Puhī)



Hon Mita Ririnui, Rauroha Clarke and Kathy Grace

Rauroha Clarke is currently in the second year of a Bachelor of Nursing degree at Waiariki Institute of Technology, majoring in comprehensive nursing. Rauroha has been involved in education in te reo all her working life and describes herself as an educator by trade. She has also worked as a kaiāwhina for Plunket for many years and colleagues encouraged her to enrol in the Bachelor of Nursing degree.

Rauroha got involved in health almost by accident where she found herself gathering information around caring for tamariki. Today, as a member of Te Arawa Board, she is responsible for Te Arawa's health portfolio.

Rauroha balances her studies with her commitments on the Board, which is really starting to focus, with the DHB, on health for the iwi and communities.

Bryce Kihirini (Tapuika, Tuhourangi, Ngāti Whakaue)

From a very early age, Bryce dreamt of being a doctor, but the offer of a Lion Nathan Māori scholarship to study business at university seemed too good to turn down. In 1999 Bryce graduated from the University of Waikato with a Bachelor of Management Studies, and then added a Master of Management Studies in 2003.

In 2005 Bryce started his journey to realising his early dream when he completed a Bachelor of Health Science at Auckland University so that he could undertake study for a Bachelor of Medicine and Bachelor of Surgery.

A young family man, Bryce has already done a lot. He has held jobs ranging from security to social work, DJ to youth worker to business broker. His voluntary work tends to be associated with education and leadership development.



Hon Mita Ririnui, Bryce Kihirini and Kathy Grace

Māori Health Review



Māori Health Review is an online monthly publication funded by Te Kete Hauora and features 10 current pieces of research affecting Māori health, including independent commentary on each article.

In the latest issue:

- Social risk factors and child health
- Fitness and mortality in older adults
- Soft drinks, fructose, and gout
- Economic reforms and health outcomes
- SES markers and health status
- Asthma control in general practice
- NZ child use of dental services
- Rural Indigenous diabetes care
- Care pathways in different ethnicities
- Panui

Get the latest from www.maorihealthreview.co.nz

Profile

Robyn Fitzgerald



In this edition, we ask Robyn Fitzgerald, Senior Advisor to the Deputy Director-General, Population Health to share some personal insights.

Name: Robyn Hirāni Fitzgerald

Iwi: Ko Ngai te Whatuiāpiti te iwi

Status: Married with one daughter, 3 step sons and daughter in-law

Star Sign: Scorpio

Whānau: Hape

Papakāinga Whanganui a Tara

Favourite food: Crayfish mornay

Favourite drink: Red Wine

Favourite dessert: Mum's steam puddings and lots of sauce, custard and cream!

Favourite Movie: Bourne series

Favourite CD: Sting – especially 'Fields of Barley'.

Physical exercise: Lawn Bowls, walking

Best memory: Being invited to the White House to a President's birthday and getting my foreign friends to do a haka outside of the White House to attract other kiwis. This was as a young foreign exchange student and years before September 11, 2001.

What do you do at MoH? Establishing and maintaining robust reporting and accountability systems. Assisting the development and ongoing work of intra- and inter- directorate systems, networks or groups to ensure effective delivery of the Ministry's work programme.

Highlights of your career at MoH: Working in emergency management as the Y2K Health Advisor and National Exercise Director of the first nationwide pandemic exercise in Aotearoa.

What has been your personal highlight in the last year? Wellington Open Singles Bowls Champion. Stepping up as interim Head Coach of the Wellington Open and Development Bowling Squads and winning the regional playoffs enabling both teams direct entry into the national playoffs to be held 12-13 April in Palmerston North.

Interests: Whānau, sport, community, walking and enjoying the peaceful beautiful lands and waterways of Aotearoa.

Ministry of Health locations and how to contact us

AUCKLAND
Unisys Building
650 Great South Rd
Penrose
Tel: (09) 580 9000

HAMILTON
BNZ Centre
354 Victoria Street
Hamilton
Tel: (07) 858 7000

WELLINGTON
1–3 The Terrace
Wellington
Tel: (04) 496 2000

CHRISTCHURCH
4th Floor
250 Oxford Terrace
Christchurch
Tel: (03) 372 1000

DUNEDIN
4th Floor
229 Moray Place
Dunedin
Tel: (03) 474 8040