On Tuesday 16 July Tariana Turia, the Minister for Whānau Ora, announced a number of changes to the Whānau Ora programme.

The changes are intended to shift the focus of resources more directly and immediately towards enabling families and whānau to achieve and manage their own dreams and aspirations.

**Commissioning for outcomes**

As the initial focus on supporting the health and disability sector to build its capability to provide whānau-centred services has progressed well, the focus is now on building the capability of whānau and family to manage themselves.

To support this work, the Government has decided to move towards a ‘commissioning for results’ model. Three commissioning agencies will be selected to carry out this work: one with a North Island focus, one with a South Island focus and a third focusing on Pacific peoples.

Te Puni Kōkiri is leading this work, with support from other government agencies. A request for proposal (RFP) is currently on GETS, the government’s electronic tender site. It is expected that the commissioning agencies will be operational by July 2014.

**Other changes**

The Minister also signalled a change to the governance arrangements for Whānau Ora. The current Whānau Ora Governance Group will end its work at the end of the 2013 calendar year; its last task will be to select non-governmental organisation (NGO) commissioning agencies. In its place will be a Partnership Group made up of relevant Ministers, iwi leaders and Whānau Ora advisors to oversee work from the start of 2014. The NGO commissioning agency model also signals a winding down of the Regional Leadership Groups (at the end of December 2013).

The Minister’s press release included a specific note of thanks for each of these groups and their contribution to establishing Whānau Ora so effectively from its conception.

Whānau Ora has progressed remarkably since its formal beginning in 2010. The announced changes reflect that success and acknowledge we can now build on this by focusing more directly on supporting the capability of families and whānau to increasingly manage their own lives, goals and aspirations.

Ultimately Whānau Ora is about supporting families and whānau to fulfil their own responsibilities and obligations as they work to realise their dreams and aspirations.

For an overview of the key changes, see the Minister’s press release [www.beehive.govt.nz/minister/Tariana-Turia](http://www.beehive.govt.nz/minister/Tariana-Turia)

We will keep you informed of further developments as these changes are progressively implemented. In the meantime, you can find further information about the changes to the Whānau Ora programme from Te Puni Kōkiri’s website: [www.tpk.govt.nz](http://www.tpk.govt.nz)
Welcome to the latest quarterly issue of Ngā Kōrero. As we’ve been putting this issue together we’ve seen nature bring some very challenging circumstances to individuals, families, whānau and communities across New Zealand.

And, as we’ve seen so many times before, there are numerous stories of people pulling together with their whānau and neighbourhoods and doing what needs to be done to overcome the challenges and return to the everyday business of their lives – raising families, making ends meet and working towards whatever broader goals and dreams they have.

In many ways, this is very much what Whānau Ora is about. The announcements made recently by Hon Tariana Turia strengthen the focus on building the capacity of whānau to meet their own needs, but the objective of the health sector – to ensure high-quality, accessible and appropriate health services to all New Zealanders – remains. Our role is to ensure whānau have access to the support and services they need to manage their own lives with increasing autonomy as they work to realise their shared goals and aspirations.

That theme comes through in a number of stories throughout this issue of Ngā Kōrero. We have updates on some existing initiatives and research as well as profiles of a number of new developments that are under way. We also hear directly from some of those benefiting from Whānau Ora services and people who are working closely with them.

There is plenty yet to do but we also have plenty that we should celebrate. As we gather more data on the performance of Whānau Ora services and the outcomes they are producing, we are seeing a very consistent and very encouraging picture beginning to emerge.

More specifically, the recently released report on general practices operating within Whānau Ora collectives shows that these practices continue to outperform practices within a general national sample on a growing number of indicators – including smoking cessation support, flu vaccines and recording cardiovascular risk status.

We are seeing some outstanding and innovative initiatives to remove the various barriers to access – whether real or perceived – and to increase the skill of health practitioners in more effectively managing people with high needs and high complexity. These goals are very much the focus of the Health Literacy Environments Review project that launches this month, as well as the recent Whānau Ora Needs Assessment work by Bay of Plenty District Health Board’s Regional Leadership Group.

In addition to these and other initiatives, we profile a number of online tools and research initiatives that are available to support health practitioners and those delivering Whānau Ora services.

There is a lot under way and there is much that has been learnt already. As we move on from the season of Matariki together, let us acknowledge and celebrate the challenges and achievements of the past and then turn our thoughts towards what we now need to achieve as we move forward together.

Keep sharing your stories with us – both the successes and the challenges – so that we can all learn from the approach we are each taking. Strong, healthy whānau are the core of a stable, prosperous society. Everything we do must always have the support of whānau at its centre. That is our future.
Tēnā koutou katoa. Ngā mihi o te wā ki a tātou katoa. We are now in our third year of Whānau Ora and I have to say I have been heartened by the enthusiasm of our communities, our health providers, and in particular those whānau who have taken up the challenge.

There are a number of positive success stories and I would especially like to share a story from one whānau who has seven children and 14 mokopuna and who developed their own 20-year plan with other whānau members. Their mokopuna were all in early childhood education centres but unemployment was an issue for their parents. Together as parents and grandparents they gathered in a marae setting with other whānau. They set goals about how to stay connected as whānau, how to look after their health, how they would develop their papakainga and how they would set up a whānau enterprise. They made plans for the future to overcome issues confronting their families. There are many other stories like this where whānau have taken up that challenge to work in a collaborative way to bring their families together and to build their own capacity.

While health organisations, Māori providers and government agencies are an important part of Whānau Ora to assist whānau with their plans, the vision is that families will become independent from the state, with their own goals and plans for the future.

There are now around 34 Whānau Ora collectives, involving more than 180 health and social service providers from throughout the country. That’s 3000 whānau, including 33,000 individuals, who have put together whānau plans through the Whānau Integration, Innovation and Engagement Fund.

In the first two years of Whānau Ora we focused on building the capacity of providers. Now we have shifted this focus to building whānau capacity – so that our whānau will truly become self-determining. The investment in providers has strengthened the Whānau Ora system to provide whānau-centric services. Now that system is ready to enable whānau transformation through focused efforts on whānau capability.

This month I announced the new governance model for Whānau Ora. A Crown–iwi group will be appointed to govern and will comprise senior ministers, iwi chairs and Whānau Ora experts. Three non-government commissioning agencies will be established – one in the North Island, one in the South Island and a Pacific agency. The model represents a new phase in the development of Whānau Ora which will have a community focus. The funds will continue to be administered through Te Puni Kōkiri.

I want to reiterate the vision of the original Whānau Ora Taskforce three years ago, championed by Professor Sir Mason Durie. We know that Whānau Ora is a success if whānau are cohesive, resilient and nurturing; if whānau are self-managing and live healthy lifestyles; participate fully in society; confidently participate in te ao Māori; and are economically secure and successfully involved in wealth creation.

I believe with this great vision in mind, our people can do anything if properly supported. The challenge lies in providing the right support while also focusing on enabling whānau to realise their own aspirations – to be self-determining, to reclaim their sense of self-belief – and take control of their own future.

Noho ora mai rā.
As the chair of Tumu Whakarae, it is with pleasure that I provide a regular update and report to Ngā Kōrero readers.

Tumu Whakarae is the collective Māori health reference group of the district health boards (DHBs). It is made up of general managers and chief advisors of Māori health from all 20 DHBs.

Tumu Whakarae collectively has wide-ranging expertise that covers cultural advice, planning and funding of health services, as well as development and health service provision. So if you want to discuss Māori health issues at a national DHB level, our group is a natural first port of call!

We are particularly keen to discuss and advance kaupapa that align with our collective vision of Whānau Ora and our core priority areas:

- working with Māori
- Māori health workforce development
- Māori health outcomes.

**Annual DHB Māori Health Plans**

Māori general managers from DHBs across the country have spent the last few months finalising their Annual DHB Māori Health Plans. To help accelerate progress further, Tumu Whakarae has developed an advice paper to DHB chief executive officers (CEOs) entitled *Te Ara Whakawaiora – Accelerating Māori Health Plan Indicator Performance*.

This paper in part builds on the learning and success with the Minister’s Health Targets and makes a number of recommendations that have been agreed with DHB CEOs. If you would like a copy of *Te Ara Whakawaiora – Accelerating Māori Health Plan Indicator Performance*, please email: ria.walker@ccdhb.org.nz

**Māori Health Workforce Development**

One of the key pathways for improving health outcomes lies in the development of the Māori health workforce. This endeavour is a priority for Tumu Whakarae.

A key aspect of this focus is being able to accurately monitor the development of the Māori health workforce through reliable data sources. What we have realised, however, is that although data for the regulated health workforce is systematically collected and reliably reported, the datasets for the non-regulated clinical workforce and those in administrative and management roles are not well developed.

Tumu Whakarae recently met with all DHB human resource general managers to discuss how we might move to a heath workforce dataset. One of the issues we considered was standardising the ethnicity question.

Our input to this discussion was informed by Dr George Gray’s report, *Health Workforce Datasets: Identifying datasets to monitor changes in the Māori health workforce*.

As a result of this meeting, we have agreed to:

1. standardise the ethnicity question being used by DHBs for collecting workforce data
2. pilot an integrated dataset at Hawke’s Bay DHB, which will include non-governmental organisations (NGOs) in the region.

We will use the findings and key learnings from this pilot to inform next steps as we work toward the adoption of a single health workforce dataset across all DHBs and NGOs in the country. This dataset will provide more accurate and comparable data, which can then be used to better inform planning and development for the heath workforce in the future.

If you would like a copy of *Health Workforce Datasets*, please email: ria.walker@ccdhb.org.nz

**Whānau Ora**

A key focus for Tumu Whakarae is how we collectively advise DHBs to add value in the Whānau Ora space. At our next national meeting, we will be developing an advice paper for DHB CEOs to consider on how DHBs can better add value in the Whānau Ora space.

We will keep you posted on these developments.

If you would like to receive copies of the regional DHB Whānau Ora frameworks that have been developed, please email: ria.walker@ccdhb.org.nz

For any other information you can contact the relevant Tumu Whakarae Regional Leads:

- Bernard Te Paa (Northern) Bernard.TePaa@cmdhb.org.nz
- Janet McLean (Midlands) Janet.McLean@bopdhb.govt.nz
- Riki Nia Nia (Central) Riki.Nia_Nia@ccdhb.org.nz
- Hector Matthews (Southern) Hector.Matthews@cdhb.govt.nz
A recently launched project will examine how to reduce the complexities of the health system as a way of supporting health literacy. It is supported by three DHBs: Northland, Counties Manukau, and Capital and Coast.

Health literacy refers to the degree to which people have the capacity to obtain, process and understand basic health information in order to make informed and appropriate health decisions.

Over 1.5 million New Zealanders have been identified with low levels of health literacy. As patients and whānau are increasingly expected to take more responsibility for managing their health through the continuum of care, the task of improving health literacy in New Zealand becomes all the more important.

However, health literacy should not depend on the skills of the individual patient and whānau alone. It is an organisational value that needs to be considered core business for the health system. It should be incorporated into all levels of health service planning and health service delivery.

The new project aims to understand the demands placed on patients when they access the health system and what health services can do better to meet the needs of people with limited health literacy.

‘I’m proud to launch this piece of work. It’s about making it as simple as possible to navigate our health system so it’s easy to access and use all the information, services and support people need,’ Associate Minister of Health Tariana Turia explains.

‘One of the most important aspects of health literacy is language. If people are spoken to in language that engages them then they are more likely to understand and act on health messages. The ability to do this effectively is what we mean by health literacy and the way we design and deliver our services has a huge effect on this.’

The project will look at the places health services are delivered from and the way health professionals interact with patients. It aims to identify changes and improvements that can help reduce or explain complexity, supporting greater health literacy among those who need these services and those who deliver them.

Workbase, a New Zealand health literacy provider, is leading the project in partnership with the three DHBs. It will review services delivered in a range of hospitals and health clinics. Another part of the project is to develop a health literacy environment review tool, tailored specifically to the New Zealand health setting.

‘Our aim is to understand the demands placed on patients when trying to access health services and identify what we can do to create health-literacy friendly environments and better meet the needs of those with limited literacy. Health literacy should not depend on the skills of the individual patient and whānau alone – it’s a two-way street and we need to make sure we’re doing our part,’ says Margie Apa, Strategic Development Director at Counties Manukau.

‘We know that those with limited health literacy tend to have a poorer understanding of health issues and available treatment options, and are more likely to be hospitalised with a chronic condition. By examining the way we deliver our services and communicate with patients and the community we hope to help change this,’ adds Riki Nia Nia, Director, Māori Health at Capital and Coast DHB.

Nick Chamberlain, Chief Executive of Northland DHB, reiterates the importance of the project: ‘We want to improve the way we present information so that it is easily understood and useful for everyone. We want people to easily find and use the information they need to make healthy decisions for themselves and their whānau. This project will contribute significantly to this and I’m delighted to see us contribute to this important work.’

Embedding a strong focus on health literacy in hospital and health clinic environments is a central concern of the project. A large part of this work will be to build a much greater awareness of health literacy issues among health practitioners and health managers in
As Regional Leadership Groups (RLGs) prepare to end their term at the close of the year, we wanted to take time to thank those of you who contributed to them.

The groups are made up of a combination of ministerially appointed community representatives and officials from Te Puni Kōkiri, Ministry of Social Development, Ministry of Education and DHBs. All RLGs have the same broad terms of reference, but most have found their own way to make a mark on their local communities. As you’ll see, Te Moana ā Toi RLG is no exception.

One of the group’s recent key projects, its Whānau Ora Assessment report, is proving to be of great value — in terms of both the report’s content and the innovative approach it outlines.

We caught up with several members of the team to learn more.

Janet McLean, General Manager of Māori Health Planning and Funding for the Bay of Plenty DHB and the DHB representative on the group, explains, ‘It’s a move away from traditional needs assessment approaches and incorporates a broader picture which gave us a high-quality snapshot of our community. As a result, it’s prompted a lot of thinking within the BoP DHB about the value of taking a Whānau Ora approach to other areas.

‘It affirmed for me that if we want to see better outcomes for Māori then we need to look much more broadly than just the delivery of traditional health services. We need to tackle the much broader determinants of health and social wellbeing and a collaborative approach needs to be taken across agencies and across traditional boundaries.’

According to Janet, the report made the priorities extremely visible and there were a couple of surprises that came to light along the way.

‘At face value many of us would have picked tobacco, nutrition and obesity as the key challenges. Tobacco is certainly one of the priorities, but the research findings indicated that the other two most critical issues are housing insulation and gaining National Certificate of Educational Achievement (NCEA) Level 2.

‘The data shows a strong connection between struggling at school, damp living conditions and ill health and other social difficulties,’ Janet says.

Elaine Tapsell, Chair of the Regional Leadership Group, points out that the findings are also of great value for taking a much more integrated approach to planning for future health and social services within the region.

‘It helped identify what the real needs are in the community and from there we can plan in a much more focused way, identifying which other agencies we need to have around the table with us and how to structure those relationships and partnerships.

‘Once you know what your focus needs to be, then you can identify who you need to partner with to help make that happen. The needs assessment has been a great help with that.’

George Gray, the primary author of the report, provides more detail on the three key aspects of the research design that set it apart from other needs assessments.

‘Firstly, we made Māori the key focus of the report — everything is presented in specific terms of how Māori in the rohe fare in comparison to Māori and non-Māori.

‘Secondly, we gathered an equally strong pool of national, regional and local data. This allowed us to evaluate the health and social outcomes for Māori compared with non-Māori in the area, as well as Māori and non-Māori nationally,’ George says.

‘Lastly, the health and social profile that we were able to construct combines both qualitative and quantitative data, providing an extremely rich picture that allows us to take the apparent needs that are highlighted in the quantitative picture and compare these against the expressed needs from the qualitative set. It’s very powerful and quite unique.’

The needs assessment also takes a much broader approach in that it incorporates measures of people’s cultural, social and political expression and engagement alongside other more traditional health measures.

‘If you can’t afford warm, dry accommodation, it’s going to affect your health and your ability to learn and then other additional problems can be incurred because of that,’ says Peter Waru, the Ministry of Social Development’s representative on the Regional Leadership Group.

He adds, ‘This research incorporates such a wide array of data covering a wide range of factors and synthesises how one impacts on the other — but it does it in a way that allows us to compare apples with apples. Often you
get conflicts in data because you end up comparing apples with pears. This report changes that and offers a template that could now be easily populated for other regions.’

For Rachel Jones, representing Te Puni Kōkiri on the leadership group, the report helps provide key agencies with a focused way of planning for working with whānau and highlights where agencies need to collaborate.

‘It identifies our high needs areas but not just from an individual health point of view. With this data we can take a view across the community and identify trends that are relevant for whānau collectively, not just individually. It means we can give much more meaningful consideration to how best to support whānau – supporting them to achieve the quality of life they aspire to and working together to address any barriers they might face,’ Rachel explains.

The qualitative data in the review was drawn from whānau assessments conducted by Whānau Ora service providers. The research team also conducted a range of interviews in secondary schools to incorporate specific feedback from local rangatahi.

‘Rangatahi are not often given a voice in research like this and we wanted to learn what their knowledge of Whānau Ora is, and to understand more about their cultural and social expectations,’ George says.

‘This was very important to us.’

The quantitative data was drawn from a variety of national datasets from a range of agencies – including Statistics New Zealand’s datasets, hospital databases, the Ministry of Health’s national minimum dataset and recent findings from the New Zealand Health Survey among others.

‘From that we were able to create a broad regional picture which we overlaid with more local data such as PHO information, Ministry of Education data for enrolments in early-childhood education and NCEA Level 2 attainment,’ George says.

‘We’ve been working on this over the last 12 months.’

The Whānau Ora Regional Leadership Group is currently sharing the initial findings with key stakeholders and hopes to make the report more widely available shortly.

In the meantime, if you would like more information on this work, please contact: george.gray@bopdhb.govt.nz

The project team would like to thank the BoP DHB, the Ministry of Health’s Māori Service Improvement Team, the Ministry of Social Development and Te Puni Kōkiri for their commitment to and funding in support of this initiative. It was sponsored within the DHB by Toi te Ora (Regional Public Health Unit) and the Bay of Plenty Whānau Ora Regional Leadership Group.
Close contact infectious diseases

Understanding the relationship between infectious diseases and household crowding in New Zealand

A world-first meta-analysis recently examined and clarified the link between household crowding and the incidence of close contact infectious diseases (CCIDs). The work was funded by the Ministry of Health and conducted by He Kainga Oranga (the Housing and Health Research Programme at the University of Otago's Wellington Medical School).

Two reports detail the findings. The first, *Infectious Diseases Attributable to Household Crowding in New Zealand: A systematic review and burden of disease estimate*, establishes that household overcrowding increases the incidence of illness and disease. Specifically it identifies overcrowding as a significant risk factor for eight of the ten categories of infectious diseases surveyed: gastroenteritis, hepatitis A, Helicobacter pylori infection, pneumonia, lower respiratory tract infections, Haemophilus influenzae infection, bronchiolitis, meningococcal disease and tuberculosis.

The second report, *The Distribution of Household Crowding in New Zealand: An analysis based on 1991 to 2006 Census data*, details the distribution of exposure to household crowding for ethnic and other population sub-groups in the New Zealand population. It highlights specific areas where initiatives to reduce household crowding could be focused in order to best improve health outcomes.

In this article we point to some of the key findings of the two reports.

**Scale and significance of the issue**

Establishing the link between household crowding and the incidence of CCIDs is significant for New Zealand health care and outcomes. It is estimated that, for the diseases listed above, household crowding causes more than 1300 New Zealand hospital admissions a year, and some deaths. Health Research Council studies have noted a significant increase in New Zealand hospital admissions for infectious diseases over the last two decades.

It has been calculated that one in ten hospital admissions to treat infectious diseases such as pneumonia, meningococcal disease and tuberculosis in New Zealand is the direct result of household crowding. For Māori and Pacific peoples, who are statistically more likely to experience household overcrowding, the incidence increases to one in five.

The study has identified significant ethnic and age inequities for household crowding and CCIDs. Exposure to household crowding is estimated to cause 5 percent of hospital admissions for European/Others; 13 percent for Asian peoples; 17 percent for Māori; and 25 percent for Pacific peoples.

Perhaps of greatest concern, the evidence suggests that children tend to be disproportionately exposed to household crowding in New Zealand and, consequently, are disproportionately affected by this exposure.

**Focusing our investment**

Having identified these findings in such specific detail, the reports can help to guide us in identifying where to focus our efforts to achieve the most beneficial outcomes.

According to Professor Michael Baker of the Department of Public Health, University of Otago, ‘Most of the diseases in the study have especially high rates in children . . . and our analysis shows that their risk is strongly associated with exposure to household crowding.’

He also describes the trends, including the ethnic patterns: ‘The proportion of children exposed to household crowding has been rising in New Zealand.'
About 45 percent of Pacific children and 28 percent of Māori children are living in crowded houses, compared with 8 percent of European/Other children.

‘This study is a significant step forward in understanding these huge ethnic inequalities . . . Fundamentally what it reveals is a very real and urgent need to lower household crowding as a first step to reducing these serious diseases among our most vulnerable populations.’

The reports highlight the need to reduce crowding, improve housing conditions and connect households to health and social services. They point to effective interventions such as Housing New Zealand’s Healthy Housing Programme, which has successfully contributed to decreasing child hospitalisation rates in Auckland, Northland and Wellington.

**Looking ahead**

The reports recommend initiating policies to make housing more affordable, increase the number and proportion of social and affordable houses, improve affordable housing access for all ethnic groups, and make housing subsidies and supplements available for those low-income households with the greatest need. The latest Budget offers further promise of reduced household crowding (3000 new state house bedrooms and 500 new homes); however, Professor Baker claims that much more is needed to significantly impact on household crowding and related CCIDs.

These two reports provide useful and robust data that links household crowding with increased incidences of many CCIDs. This information can now be used to help provide less crowded housing where it is most needed, and to work to improve the health outcomes of some of New Zealand’s most vulnerable groups.

For the full reports, go to the Healthy Housing website: [www.healthyhousing.org.nz](http://www.healthyhousing.org.nz)
New Zealand’s population is increasing not only in number, but also in age. Those aged ‘85 years old and over’ are our fastest-growing population group at present.

This trend is expected to continue: people aged 85+ currently represent 1 percent of our total population but by 2050 the figure will be 6 percent.

This issue is particularly significant for Māori.

Statistics NZ figures indicate that, between 2010 and 2026, the population of Māori aged 80 years and older is expected to grow from just over 4000 to just under 12,000 people – a 300 percent increase. The non-Māori population aged 80 years and over is expected to increase by 74 percent over the same period.

Older people have a unique role in our society as the holders of much social and cultural heritage and tikanga. We need to understand more about their needs and aspirations. We need to prepare now to support and understand the quality of life for those in advancing years while also evaluating the capability of our health and social services to meet the increasing demands that an ageing population inevitably presents.

For this reason, the Ministry of Health will directly fund the Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ) project over the next four years. This follows on from the support of the Health Research Council, which funded this research over the last six years.

The LiLACS NZ study gathers and interprets information concerning the health and wellbeing of New Zealanders of advanced age (those aged 85 years old and Māori aged 80–90 years). This information will help inform policy development and guide the provision of a range of services, including health care, housing, and community support.

The University of Auckland began the current longitudinal study in 2010 with an initial sample of 421 Māori aged 80–90 years and 516 non-Māori aged 85 years from the Bay of Plenty, Rotorua, Whakatane and Opotiki. It is expected that the study will follow participants for a decade to learn more about the implications of developments in the lives of people of advanced age, and how people are living in their advanced years.

LiLACS NZ will focus on what ‘quality of life’ – that is, the physical, mental, social, spiritual and family aspects of life – means for New Zealanders in this age group. It will also consider how Māori and non-Māori of advanced age differ in their experiences.

One emphasis of the study is on the social, cultural and economic factors unique to New Zealand. It is expected that research findings will be helpful to a variety of agencies as well as the general public. It is hoped that with an improved understanding of what is important to the health and wellbeing of New Zealanders in advanced age, we will be better informed to plan well to meet these needs. The University of Auckland will be publishing reports online from September. We will include a link to the reports in a future edition of Ngā Kōrero.

Lead researcher Professor Ngaire Kerse from The University of Auckland notes, ‘We need to understand how to help New Zealanders age well. We need to understand ageing in the context of our own culture, ethnicities, social structures, environment, and health status, and it’s essential to include the experiences of both Māori and non-Māori.’

This study provides an important opportunity for our elderly New Zealanders to share their wisdom with future generations, and to inform the development of local and national policies to benefit older people.
Hapū Ora report

Hapū Ora: Wellbeing in the early stages of life

Evidence shows that early physical, social and cognitive development provides significant indicators of health and wellbeing throughout life. Consequently, early interventions and support can have significant impacts on health and wellbeing outcomes throughout the life course.

Māori gestational and neonatal wellbeing is the focus of a research review recently completed by Massey University’s Whāriki Research Group, and funded by the Health Research Council of New Zealand and the Ministry of Health. The project team was tasked with identifying priorities for Māori life-course research, with a specific focus on wellbeing at the early stage of life – that is, hapū ora.

Health inequities between Māori and non-Māori in New Zealand are well documented. Māori babies are more likely to have low birthweights, be born preterm or be smaller for their gestational age. Stillbirths and neonatal deaths are more common for Māori.

For this reason, the Ministry is keen to establish where further research and data collection may help us understand how early interventions and support in infancy can positively influence greater health outcomes across a person’s whole life course.

Life-course research analyses people’s lives within structural, social and cultural contexts. This particular research review identifies a number of factors that influence the health and wellbeing of Māori babies before birth and in the early days of infancy.

The review of the research literature, and comprehensive stakeholder consultation, suggest that ‘from a holistic and Māori focused perspective’ hapū ora outcomes could be improved in a number of ways, such as by:

- drawing more closely on Māori world views in relation to maternity services
- identifying vulnerable mothers and understanding their needs
- understanding and reducing maternal and whānau stress
- promoting maternal wellbeing and supporting positive maternal mental health
- increasing the awareness of, and emphasis on, Māori maternal support and health needs.

The results are outlined in Hapū Ora: Wellbeing in the early stages of life. This report is expected to be published shortly and will be available through the Ministry of Health website.

The report offers a valuable insight into critical factors and determinants for wellbeing in the early stages of life. From its findings, health services and health professionals can gain valuable guidance as they consider how they might incorporate its recommendations into the delivery of our support services.

Continued from page 5

participating DHBs. One key outcome for each DHB will be the development of an action plan with resources dedicated to building service environments that are health-literacy friendly.

‘If we want to see more individuals and whānau more effectively managing their own health and wellbeing, we need to support greater health literacy. This includes ensuring the environments within which we deliver support and services are designed from the patient’s perspective and experience,’ Mrs Turia says.

‘Part of the key to effective engagement is the ability of the health sector to relate to the diverse cultures that live in our communities.’

The project runs from June 2013 until September 2014. The learning and results of the project will be shared widely across the health sector and the review tool is expected to be available for other DHBs and health care organisations to use from October 2014.
Southern DHB’s story – crossing boundaries

During April the Ministry met with the chief executives and chairs of district health boards (DHBs) in the Southern Region to discuss progress with Māori Health Plans, Whānau Ora implementation, and Pacific health initiatives and outcomes.

‘There was a real shared focus on ensuring our system has the ability to work with whānau as a whole and support them to take ownership of their wellbeing and their collective aspirations – rather than simply treating individuals in isolation,’ says Teresa Wall, Deputy Director-General of Māori Health. ‘Some great examples were shared and it’s clear we have a genuine opportunity now to make some really significant improvements together.’

One of those examples came from cross-boundary work with Pacific communities in Invercargill. Southern DHB is supporting this work, and we met up with its Chief Executive, Carole Heatly, and Executive Director of Nursing and Midwifery Leanne Samuel to learn a little more about it.

‘This work developed quite organically around 10 years ago out of the Pacific Island Advisory and Cultural Trust who found they were increasingly serving as a point of contact for numbers of people who were having difficulty accessing different services across agencies,’ Leanne explains.

‘Over time it developed into a place of meeting and being together and creating collective support. The Trust soon became a place that our nurses began to intersect with, offering additional support and advice on site.’

It developed into an outreach service that was supported by three of Southern DHB’s Pacific Island specialty nurses.

It began when one of the hospital’s own Pacific surgeons observed that people from the local Pacific communities were frequently missing outpatient appointments. Instead, many only turned up to hospital when they finally became acutely unwell.

‘He began to ask why was this happening – why our Pacific people weren’t accessing primary health care?’ Leanne recalls. ‘He basically said that if they’re not coming here, then we need to go out there. The Trust offered us space in their premises and invited us to try it out.’

Southern DHB provides the required equipment and employs the registered nurses who provide the service. In addition, more recently the local primary health organisation has employed a nurse practitioner to support the work and the Trust provides the premises for her in a clinic in its new Trust building.

‘It’s been really successful. They operate out of a purpose-built clinic now and run flat-tack from small children to older people, dealing with health promotion and prevention right through to end-of-life hospice care and everything in between,’ Leanne says.

‘The community have really identified with it; they tend to describe the nurse practitioner as their doctor because she can do all the prescriptions as well.’

Part of the success of the service has been that the staff have been able to cross boundaries to deal with the mixture of health and social needs they encounter. They can help create easy pathways for people to follow to get services that can respond to their multiple needs.

‘As we started working with the community, we soon saw the wider needs. You might be treating someone for a recurring infection and then you learn their house is too cold, or that their grandma has diabetes. It’s never just about an isolated health issue,’ Leanne explains.

‘Our nurses work across primary and secondary care. We saw very quickly that their place is in the community – that’s why this succeeds. Their referrals come from everywhere.’

The clinic is located in the heart of a low-decile community in south Invercargill. It maintains close links with the local churches and schools, as well as the surrounding health and social services. There is also a Pacific Island preschool behind the clinic and the staff have introduced community gardens.

‘They did it themselves,’ Leanne adds, reflecting on what the nurses have achieved. ‘We supported them to go out there and get amongst the people and just do what they needed to do. In addition to that, we mainly encouraged them to make sure they keep referring to other specialist services as well so they don’t become overwhelmed and that’s worked wonderfully.’

Carole Heatly expands on the collaborative relationships that help support the drop-in centre: ‘It was initially set up for health checks but now incorporates a range of other services the community needs.

‘We have a great relationship with our collectives. We want to work together to help operate across those organisational boundaries. It’s about providing the care and support people need in the way they need it, not just focusing on the single issue we deal with or the single service we provide.’
In 2012/13 the Māori Health Service Improvement Team began work to improve the management of the Māori Provider Development Scheme (MPDS).

Its aim is to ensure that the MPDS remains ‘fit for purpose’ and that the Ministry maximises the value and outcomes it offers – for the organisations that receive the funding and for the families, whānau and communities they contribute to.

‘The independent evaluation of MPDS that was carried out in 2009 confirmed that the scheme had contributed significantly towards developing the capacity and capability of Māori health providers,’ says Hingatu Thompson, Group Manager, Sector Capability and Implementation.

‘The evaluation also made two key recommendations to improve the scheme. The first was that we fund a Māori Provider Capacity Assessment Tool (MPCAT) to monitor the progress of Māori providers receiving MPDS funding. The second was that we extend MPDS funding from a one-year to three-year funding pathway. The evaluation also recommended retaining the four MPDS funding categories, with further review to identify any modifications needed for the 2013/14 funding round.’

In 2012/13 the Ministry invested in the implementation of MPCAT, the self-assessment instrument designed to help Māori providers identify capacity strengths and areas for further development. Where providers were not part of a Whānau Ora collective or a Better, Sooner, More Convenient primary health initiative, the Ministry supported them to complete three-year organisational development plans on the basis of their MPCAT assessments.

‘From 2013/14 all providers who have not already done so will be required to complete the MPCAT self-assessment process,’ says Hingatu. ‘Our aim then is to move all regional Māori health and disability service providers onto three-year MPDS contracts over the next three years. This will provide greater certainty of funding for providers, reduce compliance and administration costs for both parties, and provide a longer timeframe to achieve projects and activities.’

Hingatu says that during the transition period, some regional providers will remain on a one-year contract until they meet the criteria required to move onto a three-year contract: ‘We expect that around a third of the providers will move onto three-year contracts in 2013, a further third in 2014 and the final third in 2015.’

The Ministry will review the ‘National Māori health providers’ and ‘National disability providers’ funding streams in 2013, and consider options for improvements for 2014/15 onwards. National providers and national disability providers are not affected by the changes and will remain on one-year MPDS contracts for 2013/14.

‘We are grateful to those Māori health and disability providers and district health boards who have contributed to the MPDS Improvement Plan,’ says Hingatu. ‘Their input has been invaluable and gives us confidence that the improvements we are making to MPDS are on the right track.’

The Māori Provider Development Scheme was established in 1997 to support the development of Māori providers. These grants are administered by the Ministry of Health and are available to Māori health providers that meet the eligibility criteria.

‘We need to remember that Whānau Ora is about more than just health. It needs to encompass education, physical activity, emotional and mental wellbeing – it’s about the whole person and the whole whānau and how we enable people to maintain wellbeing across every aspect of their lives.’

For more information about this initiative, contact the team at Southern DHB or the Pacific Island Advisory and Cultural Trust in Invercargill. Patients wanting to access support through the clinic can contact the Pacific Island Nurse Specialist team on 03 218 1949.
General practices in Whānau Ora collectives continue to outperform national sample

Throughout 2013 the Ministry of Health has been providing quarterly reports that track the performance of general practices within Whānau Ora collectives against 11 key indicators.

The data compares the performance of general practices in Whānau Ora collectives against that of a general national sample.

The report for the quarter ending in March 2013 has recently been finalised and is now available on the Ministry of Health website at: www.health.govt.nz/publication/report-performance-general-practices-whanau-ora-collectives-march-2013

The report shows that general practices operating in Whānau Ora collectives continue to outperform practices within the general national sample on a growing number of indicators – smoking cessation support, flu vaccines and (for the first time) recording cardiovascular risk status.

Specifically Whānau Ora practices showed further improvements in achievement against the key indicators of:

- ‘Smoking cessation advice’, improving by 27.3 percent (28.1% to 55.4%)
- ‘Cardiovascular disease (CVD) risk recorded’, improving by 16 percent (44.5% to 60.5%)
- ‘Flu vaccination 65+’, improving by 4.3 percent (26.1% to 30.4%).

Although it isn’t possible to attribute the trends in this performance data directly to specific individual programmes or initiatives, it clearly highlights the positive changes that have resulted from a whānau-oriented approach to the provision of health and social services.

The results are encouraging, especially considering 61.5 percent of patients enrolled with Whānau Ora general practices have high needs, compared with 26.3 percent in the national sample.

The report is based on data from general practices that are members of Whānau Ora collectives. It considers their performance against 11 key indicators that link to major causes of morbidity and mortality for Māori.

Further information is available in the report.

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Walking in our customers’ shoes – life with Miria Peachey

‘I’m 55 years old. I’m a great-nan with 11 mokopuna. And as a result of a hit and run accident I’m a paraplegic,’ Miria Peachey introduces herself.

We caught up with Miria to learn more about her experiences of coming to terms with life again on the other side of the accident and how the support she draws from her faith, her husband and a range of wonderful support services has helped her get through it.

‘People think that a story like mine would be sad. But you just get over it and get on with life. My husband and I have been married 28 years now and a habit of ours is to remind ourselves that “we’re still here and we’re still alive”. There’s plenty to be thankful for,’ Miria says.

‘The accident happened back in 1995 but I don’t remember it.’ Then she adds with a slight smile, ‘I sometimes suspect my brain just doesn’t want to remember it.

‘I’ve grown into my disability life. There are days when I feel like I want to throw the towel in, but that’s an off day and I get through it. I really do live a good life.’

Since settling into life on the other side of her accident, Miria has completed a course in art and weaving through the local wānanga, served as a prison chaplain, volunteered at a Youth At Risk programme, and now gone on to work as a craft tutor with Creative New Zealand following her earlier graduation.

Miria says she is currently studying to become a lawyer so that she can more effectively speak on behalf of those in need of some legal support. Life has come a long way for Miria, and not just since the accident.

‘Initially, I was married to a gang president. I decided to take my children and leave that life before it killed us. It was a hard time but I got out of it and built a new life. And now I’ve survived to see my grandchildren. I used to be angry and paranoid. These days, even after the accident, all I can say is “Thank the Lord!”’

‘You’ve got to have faith and hold on to that belief,’ Miria says.

Alongside her positive outlook, a key part of Miria’s journey has been the way she’s been received and treated within the health system and among the prison staff and inmates.

‘The nurses must have had patience to put up with me! It’s not an easy thing to accept and I was quite a difficult patient at the time,’ Miria recalls.

‘But they never treated me any differently. Both within the health system and in the prison environment I was accepted just like any able-bodied person would be. That meant a lot – without their support and hope I might not be where I am.’

Asked about the various health services who have provided care, Miria describes them as ‘beautiful’.

‘The district nurses are lovely and the doctors have been great. They were amazing during my rehabilitation. They also helped set me up with daily in-home care which has helped take pressure off both my husband and I,’ she says.

Caregivers from the local Hauora service come in each day to help Miria get up and off to work. They also help her back into bed at the end of the day.

Miria finally came to accept that she’d been paralysed when she split her cup of tea in her lap and realised she didn’t feel anything. At that point she realised it wasn’t just in her mind. Miria describes that turning point as a shock, but a ‘good shock’.

Since then she has settled into her new life and re-established her sense of identity. That includes having her whakapapa taha moko tattooed on her arm and her taha moko on her chin.

‘Because I’m in a wheelchair, people think I’ve lost it but I haven’t. I think I’m lucky. I think I’m blessed,’ Miria says.

Our thanks to Miria for sharing her story with us. It’s a great example of the difference a positive outlook and good support can make – and an excellent reminder to live our lives with gratitude.
Chatham Islands update

The Ministry has agreed to fund a research report to help guide Hā o Te Ora o Wharekauri Trust to deliver Whānau Ora services to residents of the Chatham Islands.

The report is being produced to support the implementation of the Trust’s Whānau Ora service approach. It will ensure residents have access to local Whānau Ora services that best meet the needs of the Islands’ residents, in this unique setting.

The Ministry has contracted Litmus (a social research company) to prepare a report on the health and social needs of people living on the Chatham Islands and the feasibility of holding a Wellness Day (to be developed in conjunction with PHARMAC) on the largest of the islands, Chatham Island.

Litmus recently visited the Chatham Islands for a week to spend time talking with residents and the various service providers on the Chatham Islands. They were accompanied by Bill Kaua and Marama Parore from PHARMAC who explored the feasibility of the Wellness Day as well as access to and management of medications on the Islands.

Litmus and PHARMAC invited people to talk about their life on the Chathams – including the good things about it and the services they have available, as well as their thoughts about what could be improved.

The team worked very consciously from a whānau perspective, and were able to speak with people both individually and in collective settings across all ages and stages of life – from kaumātua and kuia, Māori and Moriori and European, through to children and their families at the other end of the spectrum.

Bill Kaua was also able to offer kōrero in Māori if people wanted to converse in that way.

Following a pōwhiri, the team talked with most of the health and social service providers on Chatham Island, as well as parents and staff from the two schools, men and kaumātua. In all, they had the privilege of speaking with around 70 people living on the island.

Barby Joyce, General Manager for Hā o Te Ora o Wharekauri Trust, was instrumental in ensuring the team spoke to a broad cross-section of the community. Barby also attended the various discussions held during the week as well.

Members of Hā o Te Ora o Wharekauri Trust.
‘We were there to listen and learn – it was a real privilege,’ Liz Smith, co-founder of Litmus, says.

Although the team visited Chatham Island, they were unable to get to Pitt Island. Instead Hā o Te Ora o Wharekauri arranged for Sally Bills (a resident of Pitt Island), to interview all the residents on Pitt Island to ensure their health and social needs were clearly heard.

By the end of the trip, the team had met with over 10 percent of the total population of the Islands. As they hoped, they had found out more about life on the islands – what it’s like to live there and what challenges people face. Building an appreciation of these elements from the perspective of the Islands’ residents is central to the design and delivery of Whānau Ora services.

Two community debriefings were held before the team left to discuss the key findings and their implications for the community. The participants from these briefings are looking forward to reviewing the draft report.

The report will document what the residents of the Chatham Islands want for their future from health and social services. It will enable providers and agencies of both the Chatham Islands and the mainland to understand how best to support these communities and to design and deliver services with this information in mind.

Above: Marama Parore and Bill Kaua of PHARMAC.  
Right: Some of the delightful scenery across the islands.

Sally Duckworth and Liz Smith of Litmus.
Whānau Ora for Youth Mental Health

A pilot using a Whānau Ora approach to youth mental health and wellbeing is targeting Māori and Pacific families in south Auckland and Hastings.

Whānau Ora for Youth Mental Health trials a culturally appropriate way of working collectively with young people and their families to help them to identify and address their mental health needs.

The Pacific Islands Safety and Prevention Project in the Counties Manukau area along with Central Health in Hastings will work with a total of 40 young people and their whānau, ‘aiga or fanau.

A key focus is family members between the ages of 12 and 19 who have, or are at risk of, mild to moderate mental health issues.

‘Māori and Pacific youth with mental health issues have a unique journey to take – not only do they need to navigate themselves through the milestones of adolescent change but they must also negotiate their worldview thinking using a cultural context,’ says Betty Sio, Chief Executive of the Pacific Islands Safety and Prevention Project.

The two providers are developing comprehensive, adaptable and accessible ‘pathways’ to help youth and their ‘aiga or fanau to navigate to and through the services that they require.

An inclusive, culturally anchored approach, Whānau Ora has the potential to make a strong contribution to improving youth mental health.

Māori Health Plans

A Māori Health Plan has now been successfully submitted by each of the DHBs. In it, the DHB outlines its planned activities for the 2013/14 year that will help improve Māori health across nine key health areas.

The nine areas are: data quality, access to care, child health, cardiovascular disease, cancer, smoking, immunisation, sudden infant death syndrome and rheumatic fever. Progress against these areas is monitored every quarter.

A DHB’s Māori Health Plan is a stand-alone plan and the primary vehicle for demonstrating planned activity towards improving Māori health outcomes in line with the DHB’s Annual Plan and supported by its Regional Service Plan.

The Ministry completed a thorough review process for the Māori Health Plans, providing comprehensive and detailed feedback to every DHB on the content of its Māori Health Plan and how it aligns with its Annual Plan.

The Māori Health Plans are in the process of being made publicly available through each DHB’s own website.
Become a DHB Board member

**Kua takoto te mānuka: Kawea ake, kawea ake, kawea ake!**

The call is out for good candidates to join district health boards, and we need your awhi and tautoko. While nominations for the elections have now closed, those interested in being considered for appointment are being asked to come forward.

DHBs are big organisations: their total annual budget is around $11 billion, which goes to health care in the community, health promotion, as well as hospital and specialist services.

If you’d like to express an interest in being appointed to your DHB, go to [www.health.govt.nz/dhbappointments](http://www.health.govt.nz/dhbappointments) – we’d love to hear from you by Friday, 13 September. And if you know someone else who’d be interested, encourage them to put their name forward too!

It’s a fantastic opportunity to help make a real difference. Sharon Shea (Ngāti Ranginui, Ngāti Hauā, Ngāti Hine, Ngāti Hako) took a moment to share some of her experiences with us. Sharon began her career as a lawyer before moving into the health sector, where she is now a consultant specialising in Māori health and development. She was appointed to the Northland DHB board in December 2010.

‘I’ve developed some key skills in my time as a DHB member, especially when it comes to financial literacy and strategic planning. I’ve also expanded my network of personal friends and professional colleagues,’ Sharon says.

‘There’s the satisfaction of realising the difference you can make by contributing new ideas and strategies that can make a real difference to people’s health and result in a high-performing health sector.’

‘Being on the DHB board has also given me the opportunity to partner with iwi and Māori organisations to reduce Māori health inequalities. Reducing disparities across all communities and promoting new thinking about partnering with Māori are so important for a better New Zealand in terms of our cultural, social and economic wellbeing.’

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**Te Kete Hauora Whānau Ora work programme at a glance**

- The Ministry of Health continues to work closely with Te Puni Kōkiri and the Ministry of Social Development on all aspects of Whānau Ora implementation. Over the past year, both the Ministry of Education and the Ministry of Pacific Island Affairs have also played increasingly larger roles in Whānau Ora.
- There are 34 Whānau Ora collectives, made up of around 170 providers of health and social services. Funding through the Whānau Ora appropriation is intended to support capacity and capability for the transformation providers. This includes some funding for navigators to work with whānau to access services from these providers. Service funding remains with the funding agencies, such as district health boards and the Ministry of Social Development.
- Since October 2012, the Ministry of Health has been leading (on behalf of Te Puni Kōkiri) a project to procure an IT solution (or solutions) to support the collectives to work with whānau (for example, in whānau planning and goal setting). The Ministry team has worked closely with provider collectives (having met with 32 of the 34 collectives over the past month) and with funders (including DHBs, Ministry of Social Development and Te Puni Kōkiri). An RFP process was initiated on 6 August and will run through til 12 September. We are aware of the need to link in with other initiatives (such as the outcomes-focused contracting and children’s action plan activity) and have been keeping relevant agencies informed, including via the Government’s Chief Information Office, throughout the project.
- DHBs have an important role to play in the implementation of Whānau Ora. The Ministry of Health supports this role by regularly communicating with DHBs on both the general developments in Whānau Ora and specific developments with the collectives in their district. DHBs have representatives on the Whānau Ora Regional Leadership Groups (of which there are 10, in line with the Te Puni Kōkiri regional boundaries) – their 2012/13 annual plans have outlined how they are supporting local Whānau Ora collectives.
Online cultural competency tool

In the last issue of Ngā Kōrero, we provided an overview of the cultural competency online training tool that MauriOra Associates has developed for the Ministry of Health.

This tool is the Foundation Course in Cultural Competency, launched in June 2012. Delivered over three multimedia modules that take about an hour in total to complete, it provides health professionals with a basic understanding of cultural competency and health literacy.

The course covers New Zealand’s culturally diverse population, with an emphasis on Māori culture. It highlights the importance of supporting health literacy and ensuring health workers are skilled at providing health information in a way that people can easily understand and use.

Since its launch in June 2012, the online tool has been freely available to health professionals via the MauriOra Associates website (www.mauriora.co.nz). Since then, the tool has been accessed by over 6000 users – including people who have taken groups from their organisation through the various online modules.

The online tool will continue to be available and free to access right through until 31 March 2014. The Ministry is exploring options for continuing free access to it beyond that date.

We will keep you informed on further developments.

For more information on the Foundation Course in Cultural Competency, go to www.mauriora.co.nz