



## BOPDHB Position Statement

### Whānau Ora

#### Introduction

#### The Bay of Plenty DHB affirms the following:

1. It adopts a Whānau Ora vision statement as follows:

*“Every service offered or funded by the BOPDHB should contribute to the transfer of knowledge and skills to Whānau/family that enables them to self-manage their own health conditions. This is a key function of Whānau Ora health service provision.”*

Whanau Ora is for all families. At its very core Whanau Ora is about empowering all whanau/families to take control of their future, to be self-determining, living health lifestyles, participating fully in society, and being economically secure.

The Bay of Plenty District Health Board (BOPDHB) is required under the Treaty of Waitangi and legislation to:

- **protect** Māori custom, which includes Whānau structures and cultural integrity;
- work in **partnership**<sup>i</sup> with Māori to reduce health disparities and improve health outcomes for Māori;<sup>ii</sup>
- encourage Māori **participation** and empower Māori communities to achieve their aspirations.

The BOPDHB has prepared a series of position statements which demonstrate its commitment to these objectives, and outlines its viewpoint on different health issues.

2. It endorses the Whānau Ora philosophy, namely that Whānau Ora:

- Recognises the Māori cultural foundation - well being is closely linked to Māori cultural identity and the expression of Māori values. He Pou Oranga Tangata Whenua (tangata whenua determinants of health) is the BOPDHB/Runanga's kaupapa Māori and tikanga model of care which has been developed to ensure traditional values are recognised as key indicators of toiora (optimum health and wellbeing) for Māori.

- Recognises the collective, ie Whānau (family) - Whānau Ora is primarily concerned with the ways in which the Whānau functions as a *whole* to achieve health and wellbeing.
- Promotes the achievement of Whānau goals – “self managing, living healthy lifestyles, participating fully in society, confidently participating in te ao Māori, economically secure and successfully involved in wealth creation, cohesive, resilient and nurturing.”<sup>iii</sup>
- Endorses a group capacity for self management and self determination - Whānau Ora activities will transfer knowledge and skills to Whānau, so that Whānau develop critical awareness and are best able to manage their own health and well being.
- Asserts a positive role for Whānau within society - health services should have the capacity to respond positively<sup>iv</sup> to Whānau and Whānau should be able to negotiate freely with health providers to achieve the best results.
- Can be applied across a wide range of social and economic sectors - Whānau Ora is equally concerned with socio economic well being and cultural and environmental integrity. In some circumstances the health and disability sector should actively participate, and in some instances lead, intersectoral activities that contribute to Whānau Ora.
- Has an inter-generational dynamic - Whānau Ora is about an ongoing inter-generational transfer of knowledge and skills towards the goal of increasing sustainability of improved health outcomes. For example, in managing diabetes, health services may treat the condition but will also support the transfer of knowledge and prevention activities within the Whānau, to avoid the development of diabetes among descendants.

3. It supports Whānau Ora models of service delivery by Kaupapa Māori providers who:

- Deliver health and disability services that target Māori Whānau or communities; are led by a Māori governance and management structure and express Māori kaupapa.
- Consider the broader issues of Māori development and promote te tino rangatiratanga<sup>v</sup> (self determination) and how their organisation might contribute to the well being of Whānau.
- Adopt a population health approach by positively influencing a range of environments, systems and factors that contribute to the health of a population.
- Focus on prevention and health, rather than on disease.
- Contribute to a reduction in health inequalities and target services to positively impact on the BOPDHB’s Māori Health Plan (MHP) priorities and indicators.

4. It will actively encourage all providers, including the Provider Arm, to adopt both a Whānau Ora philosophy (see 2 above) and Kaupapa Māori model of service delivery (see 3 above) wherever possible.

5. It supports Whānau Ora activities that are happening in parallel to the work of the BOPDHB, including the Te Puni Kokiri-led Whānau Ora collectives.

6. It will continue to strengthen relationships with Iwi, Māori Development Organisations (MDOs), Iwi Relationship Boards (IRBs), Non Government Organisations (NGOs), collectives and Whānau. In working with both hapu and Whānau, the BOPDHB is mindful of respecting the relationships between those larger collectives and their constituent Whānau and ensure that any impact the BOPDHB has on those relationships is positive. The BOPDHB will provide regular and timely reports that enable monitoring of the BOPDHB's performance in relation to Māori health outcomes for the Bay of Plenty region.
7. It will develop the capacity and capability of the Māori health workforce for Whānau Ora provision.
8. It will appoint Whānau Ora designated positions within the BOPDHB (e.g. champions, programme manager and team members) to provide internal leadership for Whānau Ora and as contact points for Whānau, Whānau Ora navigators and other stakeholders.
9. It will work in partnership with all providers to develop an outcomes framework to assess how Whānau Ora service delivery is contributing to the well being of Whānau.
10. It will actively seek opportunities to ensure health services are responsive to Māori, including the use of He Ritenga, the BOPDHB's Māori health services audit tool, as well as seeking Māori consumer input and feedback.
11. It will engage with other sectors such as the Ministries of Social Development, Education and Justice in a coordinated approach to improve the determinants of health and better integrate service delivery.
12. It will encourage and participate in intersectoral initiatives that address the determinants of health.

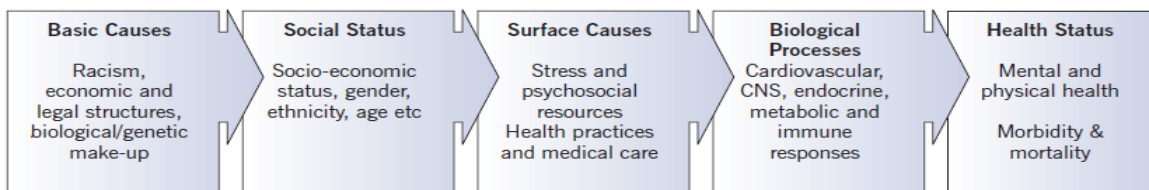
**The Bay of Plenty DHB notes that:**

- Whānau Ora aligns with Te Ekenga Hou (the BOPDHB's Māori health strategy). Namely the vision of toiora (ultimate health and well being for Māori in the Bay of Plenty rohe (district) and it also aligns with each of the three Te Ekenga Hou priorities:
  - *Tino Rangatiratanga* - Māori will achieve toiora and independence;
  - *Tuituinga Pou Hauora* - responsiveness of mainstream services to Māori; and
  - *He Ranga Hua Hauora* - increase capacity of Māori providers and communities to meet their own toiora.

- Whānau Ora aligns with the BOPDHB's Integrated Healthcare Strategy (IHS), specifically:

Theme 1: Patient and Family Centred Care / Whānau Ora; and  
Theme 7: Health in All Policies.

- Whānau Ora applies to all providers – it is about the way providers work as an expression of the Whānau Ora philosophy and applies to all health service delivery. Much more can be done across primary and secondary care and in specific areas like palliative care. While Whānau Ora navigators have a contribution to make, specific functional roles that involve working one-on-one with Whānau are not the sole solution to what is essentially a systemic issue. Work is required at a systems level to ensure that all providers, including the Provider Arm, are supported to reorient their practice. The Whānau Ora philosophy encourages the entire health workforce to understand their responsibility to support Whānau centred practice.
- Whānau Ora service delivery aligns with Reid and Robson's<sup>vi</sup> work which identifies three key factors for ethnic inequalities in health, namely:
  - (1) differential access to the determinants of health,
  - (2) differential access to healthcare; and
  - (3) differences in the quality of care received.
- While Whānau Ora is an important and culturally salient mechanism, there are a number of drivers of ethnic inequalities in health. A focus on the *surface causes* (eg health practices and medical care) alone will be insufficient to address the more fundamental or *basic causes*:<sup>vii</sup>



**Adopted by the BOPDHB Board/Runanga at its meeting on 25<sup>th</sup> February 2015.**

**Review:** This position statement will be reviewed in three years, or as necessary.

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<sup>i</sup> Article II, Treaty of Waitangi. See also New Zealand Māori Council v Attorney General [1987] 1 NZLR 641.

<sup>ii</sup> Section 22(1) of the New Zealand Public Health and Disability Act 2000.

<sup>iii</sup> Durie et al, *Whānau Ora* : Report of the Taskforce on Whānau-Centred Initiatives, 2009, p.7 - <http://www.tpk.govt.nz/documents/Whānau-ora-taskforce-report.pdf>.

<sup>iv</sup> He Ritenga.

<sup>v</sup> Te Kani Kingi, *The Treaty of Waitangi : A framework for Māori health development*, 2007. The treaty makes clear references to Māori health, with the Māori version promoting self determination. See <http://www.nzaot.com/downloads/contribute/TheTreatyofWaitangiAFrameworkforMāoriHealth.pdf>.

<sup>vi</sup> Reid P and Robson B., *Understanding Health Inequalities*, Hauora: Māori Standards of Health IV – A study of the Years 2000-2005, Robson B and Harris R. Te Ropu Rangahau Hauora a Eru Pomare, Wellington, 3-10.

<sup>vii</sup> Mills C., *Health Employment and Recession: The Impact of the Global Crisis on Health Inequalities*, *Policy Quarterly* 6(4), 2010, 53-59. See also Dr Elizabeth Craig et al, *Te Ohonga Ake, The Determinants of Health for Māori Children and Young People in New Zealand*, 2013. *“The literal translation of Te Ohonga Ake is the Awakening. In the context of the report it refers to an awakening towards the reality of Māori child and youth health status in New Zealand. While many of us have been acutely aware of poor outcomes for Māori children and young people in this country, this report confirms our concerns and provides strong evidence for everyone to wake up, pay attention and take action to improve the lives of our most precious asset, our mokopuna.”*

<http://dnmeds.otago.ac.nz/departments/womens/paediatrics/research/nzcyes/pdf/The-Determinants-of-Health-for-Māori-Children-and-Young-People-in-New-Zealand.pdf>