

Ko ahau tēnei

Ko Whangatauatua te maunga

Ko Kāririkura te moana

Ko Ngātokimatawhaorua te waka

Ko Ngāti Moroki te hapū

Ko Te Rarawa te iwi

Ko Korou Kore te marae



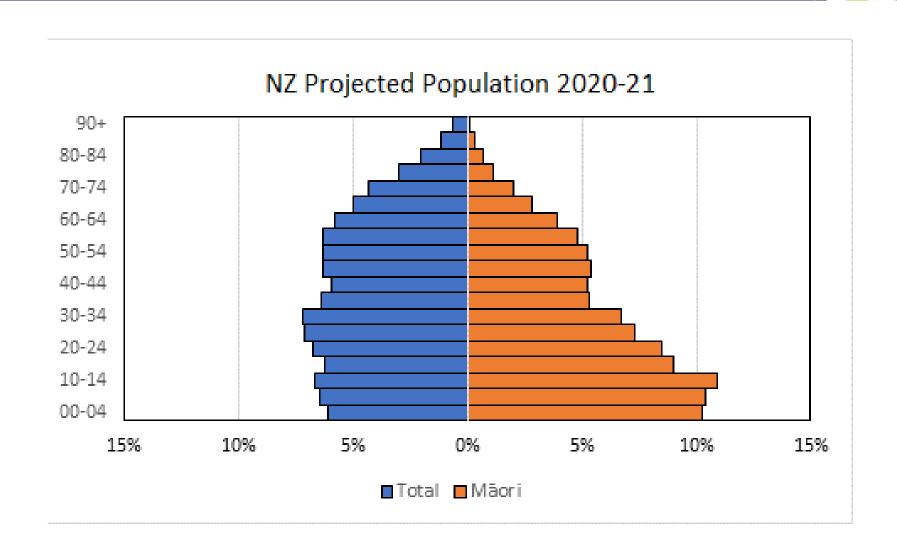
Outline For Today

- Population Data
- ► Inequity and Structural Bias
- ▶ Te Tiriti o Waitangi
- Articles and Principles
- Application to practice and PDRP

NZ Māori Population

- > 775,836 of Māori ethnicity in 2018 census
- ▶ Increase of 177,234 (29 %) in Māori population from 2013 census
- > 5.3% average annual increase from 2013 to 2018
- ▶ 16.5 % or one in six people in NZ are Māori
- ► One-third of Māori aged under 15 years
- ► The median age for Māori was 25.4 years compared with 41.4 years for European
- ► Lower life expectancy; less than 6% are over 65 year old, compared to 18% of non-Māori

Age Structure Māori Population



The Māori Population is Different







If we assume people are the same, we'll get it wrong for Māori

What we see and don't see?



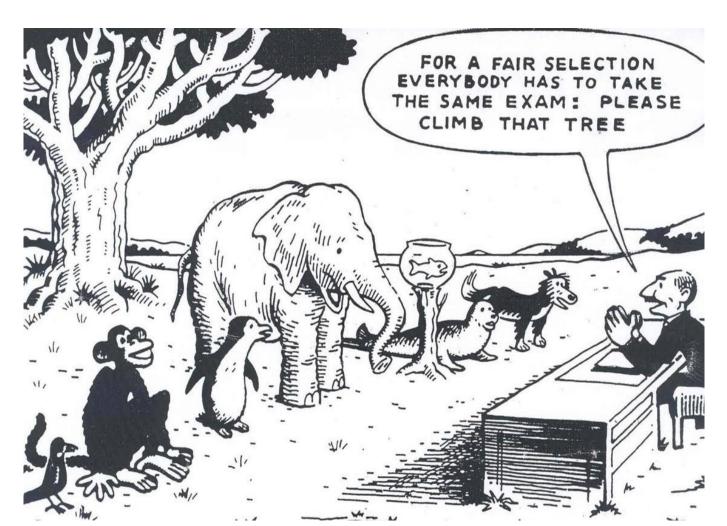


Is There Bias in Heaven?

- ► Why is everything white?
- ► Where are all the black angels?
- ▶ Do black angels get treated differently?
- Is heaven structurally biased in favour of white people?

The evidence would suggest so...

Structural Bias



- Saying it's fair for everyone, doesn't make it so
- Who's designing the exam (system)?
- Who does it advantage and disadvantage?
- What is the evidence telling us?

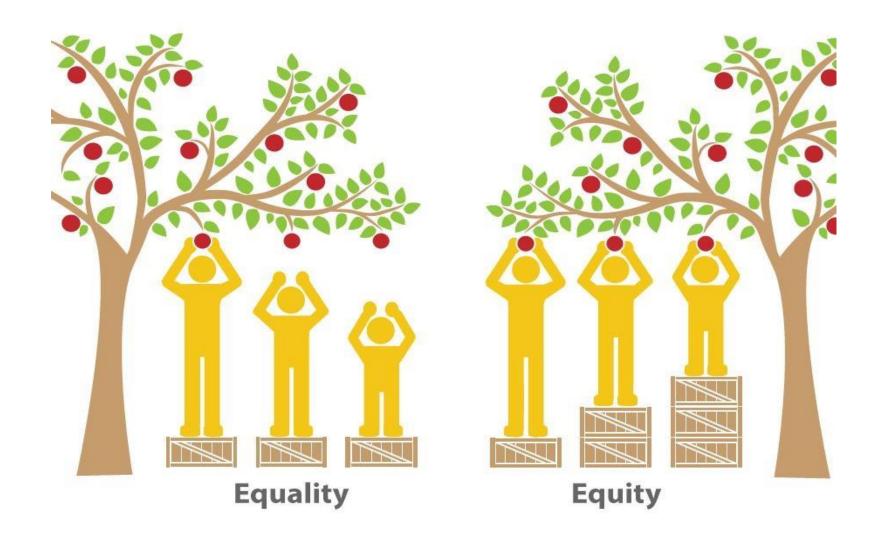
Unequal Care = Unequal Outcomes



Decolonising Medical Education and Practice to Advance Indigenous Health

Dr Rhys Jones Redfern Oration - RACP Congress 2014

Equality versus Equity



WAI 2575 - Waitangi Tribunal Health Services and Outcomes Inquiry June 2019

- ► The NZ primary health framework fails to consistently state a commitment to achieving equity of health outcomes for Māori
- ► The funding arrangements for primary health disadvantage Māori primary health organisations and providers
- ► The Crown has been aware of these failures for well over a decade but has failed to adequately amend or replace the current funding arrangements

New Zealand Health and Disability System Review June 2020



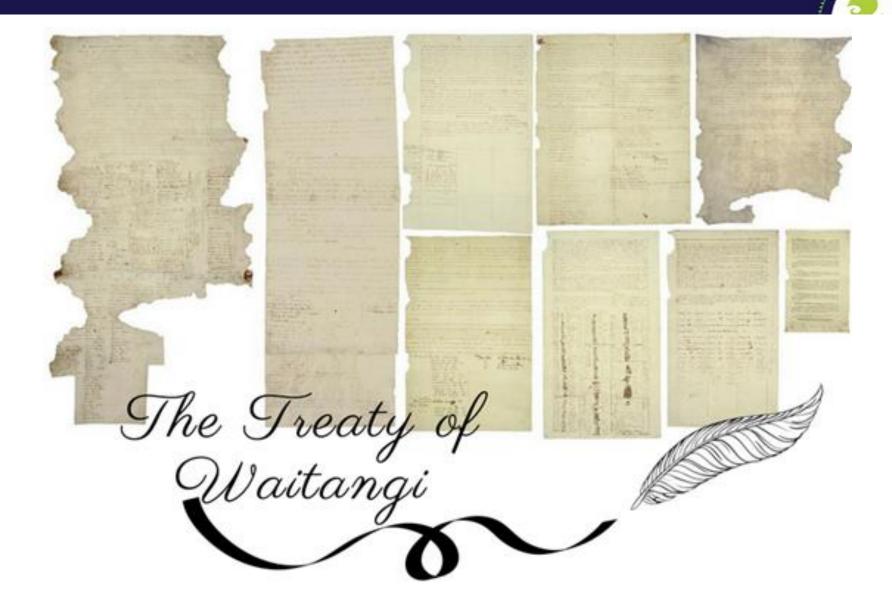
- Māori health outcomes are significantly worse than those for other New Zealanders, represents a failure of the health system
- Māori experience of hospital services is characterised by poorer access, poorer outcomes and being exposed to institutional racism
- ► Hospital appointments are less accessible for Māori adults
- ► Specialist appointments happen less frequently for Māori
- Māori deaths, preventable by health care, are 2.5 times as frequent as for non-Māori
- Improving equity and wellbeing for Māori requires immediate improvements in the way the system delivers for Māori

Quality, Fairness, Bias, Inequity

- Questioning the fairness of our health system is an uncomfortable undertaking
- ► The principle of care based on need is a core value for most health professionals, particularly in the context of a life-threatening disease
- None of us wants to believe that our health system or those of us working in it might discriminate on the basis of ethnicity
- Yet an honest look at the evidence makes it difficult to avoid this assessment

Māori encounter a different health system to non-Māori

Te Tiriti o Waitangi



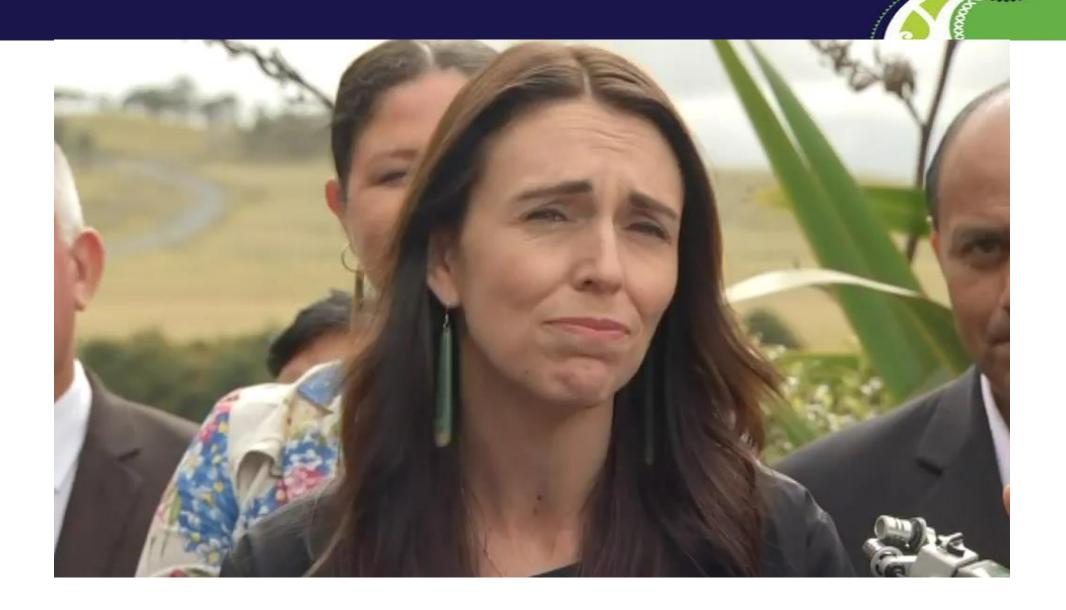
Wai 2575 - The Treaty

- the Treaty clause in the Act is not so much an elaboration as a reductionist effort at a Treaty clause
- it simply does not go far enough in ensuring that the whole health system complies with the Treaty and its principles
- provisions in the Act that are intended to provide for greater Māori participation in the work of district health boards do not work effectively to afford Māori Treatyconsistent control of decision-making in relation to health design and delivery
- ▶ the attempt at an articulation of Treaty principles in the health system is out of date
- the omission of specific Treaty references in lower-level documents amounted to a concerning omission of the health sector's Treaty obligations

How far have we come?



At Waitangi 2019



At Waitangi 2019



Te Tiriti o Waitangi

- Have you read it?
- Do you understand it?
- Do you know what it means for you?
- How has your practice changed to authentically give effect to Te Tiriti?
- How can you demonstrate this effectiveness?
- What forms of evidence can you produce for your PDRP portfolio?

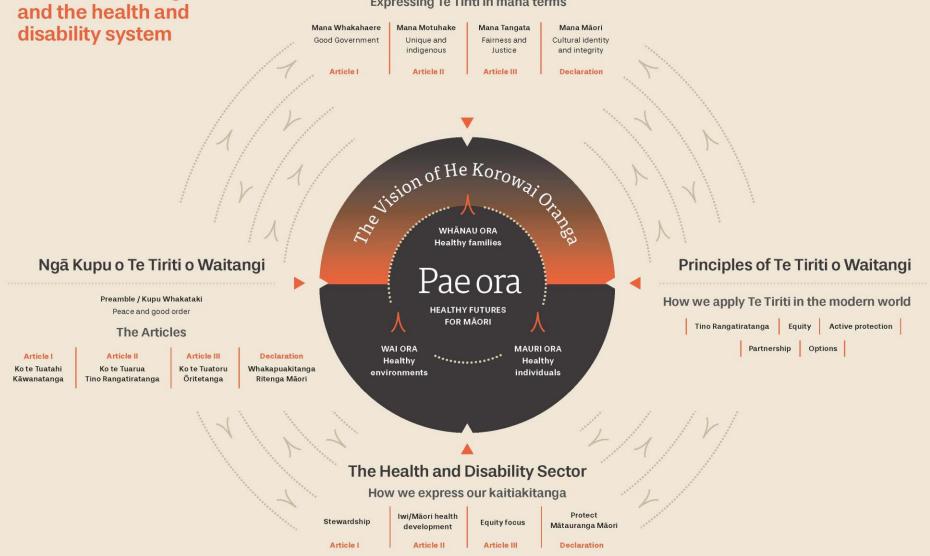




He Mana tō Te Tiriti o Waitangi

Te Tiriti o Waitangi

Expressing Te Tiriti in mana terms



https://www.health.govt.nz/system/files/documents/pages/whakamaua-tiriti-o-waitangi-framework-a3-aug20.pdf

Principles Are Evolving

- ► The Health Services Inquiry (WAI 2575) has lead to an evolving of the principles
- ► The principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal, underpin Health's commitment to Te Tiriti, and guide the actions:
 - Tino Rangatiratanga
 - Equity
 - Active Protection
 - Options
 - Partnership

Applying the principles of Te Tiriti o Waitangi

- ► **Tino rangatiratanga** Providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of services.
- **Equity** Being committed to achieving equitable health outcomes for Māori.
- ► Active protection Acting to the fullest extent practicable to achieve equitable health outcomes for Māori.
- ▶ **Options** Providing for and properly resourcing kaupapa Māori services and to ensure that all services are culturally appropriate, recognise and supports the expression of hauora Māori models of care.
- ▶ **Partnership** Working in partnership with Māori in the governance, design, delivery and monitoring of services Māori must be co-designers, of the health system for Māori.

Keeping It Simple

- Be aware; data that shows Māori receive lower quality and poorer care
- Unequal care equals unequal outcomes
- Talk to and sincerely engage with patient and their whānau
- Know what te Tiriti and the Treaty actually say
- Think about how you can sincerely give effect to the principles
- ► Have you thought about inequity in the delivery of care?
- Māori are not homogenous so there is never a single or universal answer for Māori; ask and you'll find out

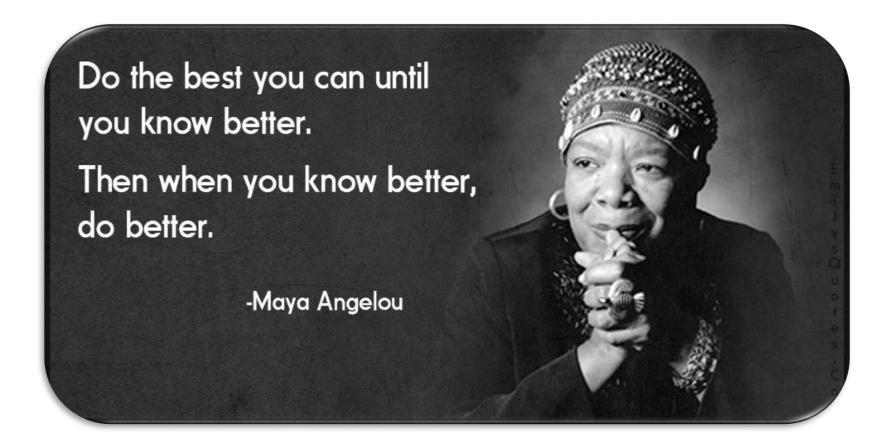
Competency 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice



Competent		Proficient		Expert	
	Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Māori in Aotearoa/New Zealand Demonstrates knowledge of differing health and socioeconomic status of Māori and non-Maori		Applies Treaty of Waitangi principles in own nursing practice addressing disparities in health Acknowledges the need for integration of processes appropriate for Māori, through encouraging collaborative cultural relationships to facilitate education and support of others		Collaborates with others to ensure the principles of the Treaty of Waitangi / Te Tiriti o Waitangi are applied to nursing practice and facilitates skilled professionals to educate colleagues on how to integrate processes appropriate for Māori. For example whānau hui, karakia, whakawhanaungatanga
	Applies the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice		Demonstrates ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to nursing practice and role models to others the ability to integrate processes appropriate for Māori. For example whānau hui, karakia, whakawhanaungatanga		Guides others in the application of Treaty of Waitangi principles, to ensure the integration of appropriate and safe processes for Māori Developing approaches and policies to ensure all team members have an understanding of Tikanga Māori to enhance the effectiveness of the care provided within the practice environment

Pēnā e mōhio ana tātou ki te ara tika, tēnā, me whai!





Summary

- ► We can control access to and quality of care
- We can deliberately act to implement Te Tiriti in our services:
 - Tino Rangatiratanga
 - Equity
 - Active Protection
 - Options
 - Partnership

