



# **Hauora Māori and Equity: The Māori Health Authority and lessons from COVID-19**

**Dr Mataroria Lyndon**



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***“Titiro atu ki te  
taumata o te  
moana – kei reira  
te oranga mo  
koutou”***



# Māori Health Authority and HNZ working together

## TŌ TĀTOU WAKA HOURUA OUR DOUBLE-HULLED WAKA

The waka hourua concept in a health context is not new. We acknowledge those other waka whose bows continue to cut through waves in these waters. The fundamental premise of the analogy is to bring together two groups and draw equally on the skills, talents, attributes and leadership of each to drive improved outcomes for our communities. Our waka hourua seeks to drive transformational change for Aotearoa – New Zealand's health system to support better outcomes and wellbeing for all of our people – whakahiko i te oranga whānau.

DRAFT

NGĀ TOHU O TE PŌ | NIGHT TIME GUIDES  
( STRATEGIC INDICATORS )

NGĀ TOHU O TE RĀ | DAYTIME GUIDES  
( DATA, INSIGHTS AND INTELLIGENCE )

TE HAU | THE WIND  
( RESOURCING )

NGĀ RĀ | THE SAILS  
( CORE FUNCTIONS )

KAIHAUTŪ | CAPTAIN  
( TE AO MĀORI LEADERSHIP )

KAIURUNGI | NAVIGATOR  
( WHĀNAU VOICE )

PAE TAWHITI | DESTINATION  
( VISION )

TE KAUPAPA | THE DECK  
( VALUES )

NGĀ KĪATO | CROSSBEAMS  
( PRINCIPLES )

TE MOANA | OCEAN  
( ENABLERS/CHALLENGES )





# TE PAE TAWHITI VISION

**“Whakahiko i te oranga whānau”**

Our vision serves as the **destination** for our waka hourua – there are many routes and different conditions and environs to chart our way through. It serves to provide hope for the whānau it seeks to serve, and inspiration to those charged with crewing the waka hourua.

The whakataukī underpinning our vision is:

**E kore tēnei whakaoranga e huri ki tua o aku mokopuna – our mokopuna shall inherit a better place than I inherited.**

# The genesis

## **Honouring those who led the way**

The genesis for a Māori Health Authority has a long history and 'stands upon the shoulders' of many rangatira

# Our Interim Māori Health Authority



Ms Sharon Shea  
(Ngāti Ranginui, Ngāti Hauā,  
Ngāti Hine, Ngāti Hako) Co-  
Chair & MHA representative  
on Health NZ Board



Ms Tipa Mahuta  
(Waikato, Maniapoto and  
Ngapuhi) Co-Chair



Dr Sue Crengle  
(Ngāi Tahu, Ngāti Mamoe,  
Waitaha)

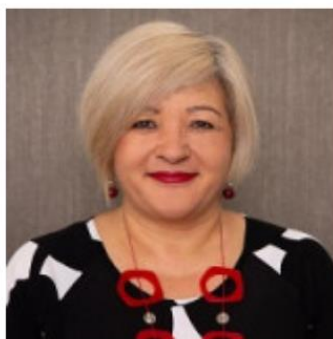


Dr Mataroria Lyndon  
(Ngāti Hine, Ngāpuhi, Ngāti  
Whātua, Ngāti Wai, Waikato)



Ms Awerangi Tamihere

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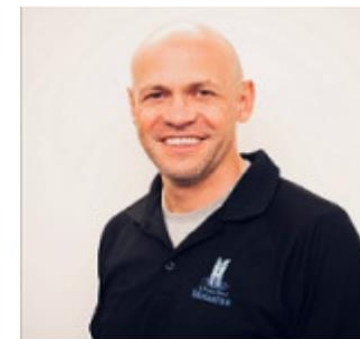
Ms Fiona Pimm

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Lady Tureiti Moxon

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Dr Chris Tooley

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# Wāhine leadership across the sector



**Riana Manuel**

(Ngāti Pukenga, Ngāti Maru, Ngāti Kahungunu)  
CEO interim Māori Health Authority



**Fepulea'i Margie Apa**

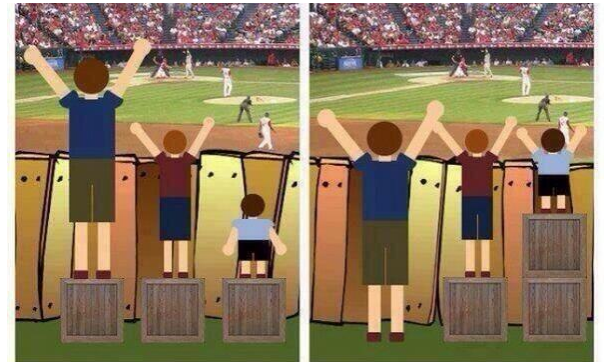
CEO interim Health NZ

# Te Tiriti o Waitangi

**Cultural  
safety**



**Equity**



# Health Equity - *It's not a level playing field*



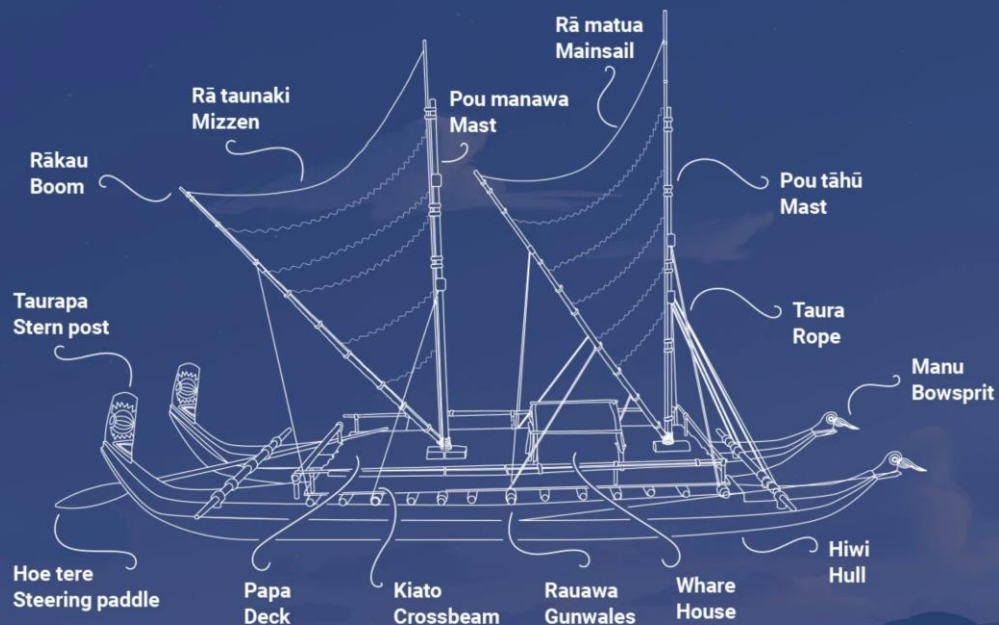
# ***It's not the same starting point***



"What's the matter?  
It's the same distance!"

# *One size fits all*

Ngā wahanga o te waka hourua | Parts of a waka hourua



“We are still operating under the fallacy that **one size fits all**”

Professor Haurua Reid

**Te Rōpū Whakakāupapa iUrutā**  
National Māori Political Group

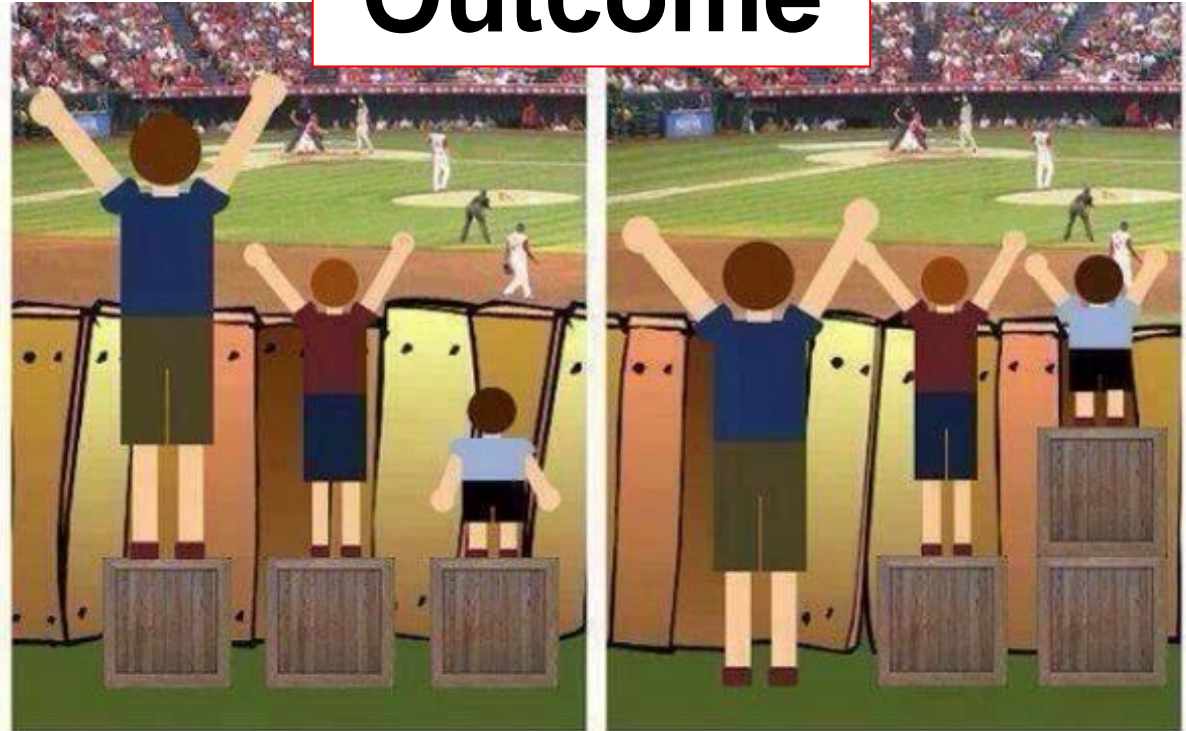
**www.uruta.maori.nz**  
For up to date reliable information about COVID-19 from leading Māori doctors and health experts

# Health Equity

“Differences in health status that are **unfair and unjust**, and are also the result of **differential access** to the resources necessary for people to lead healthy lives.”

Equity recognises different people with different levels of **advantage** require different **approaches** and **resources** to get equitable health outcomes.

Outcome



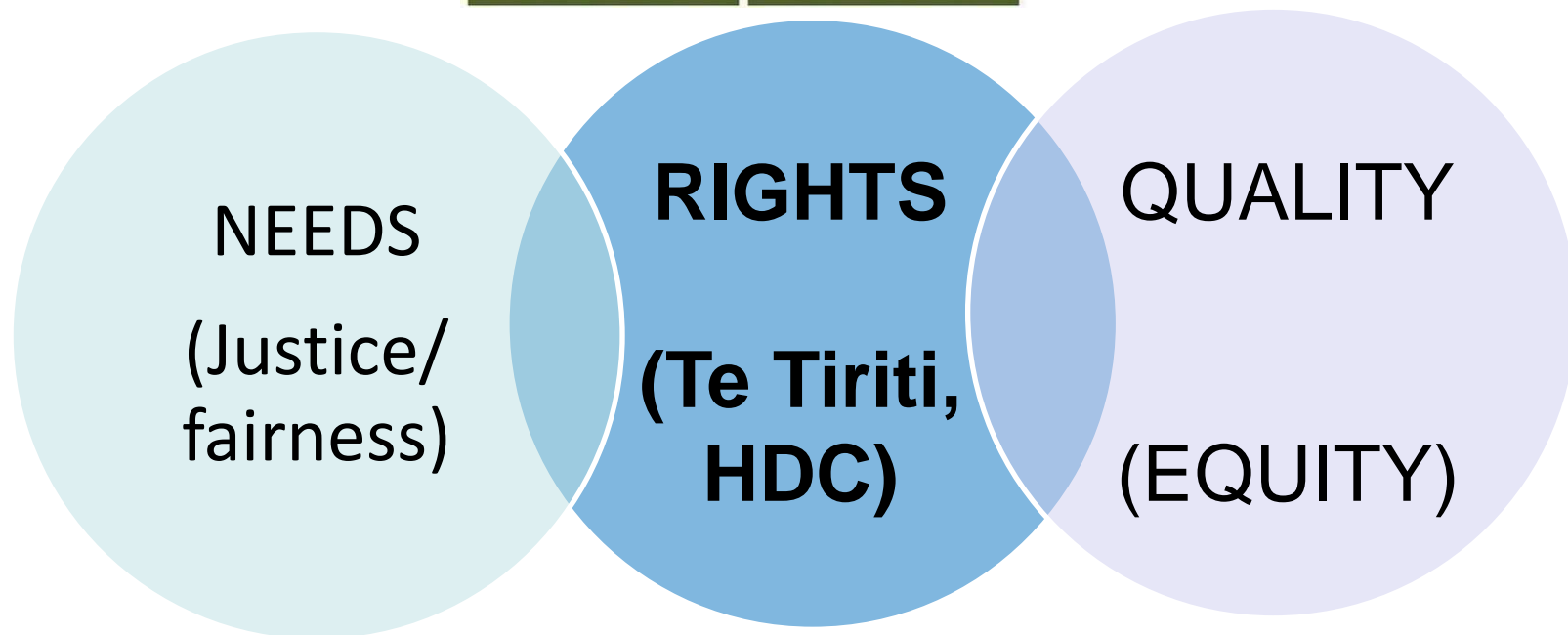
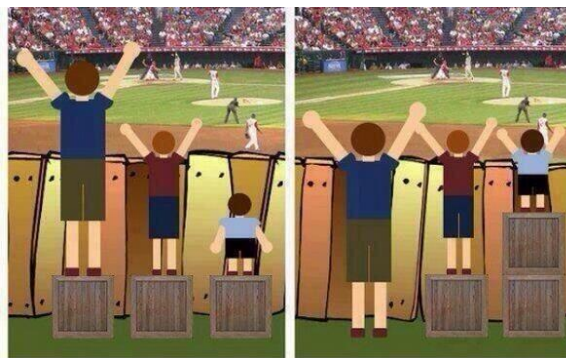
Process

# **Health Equity**

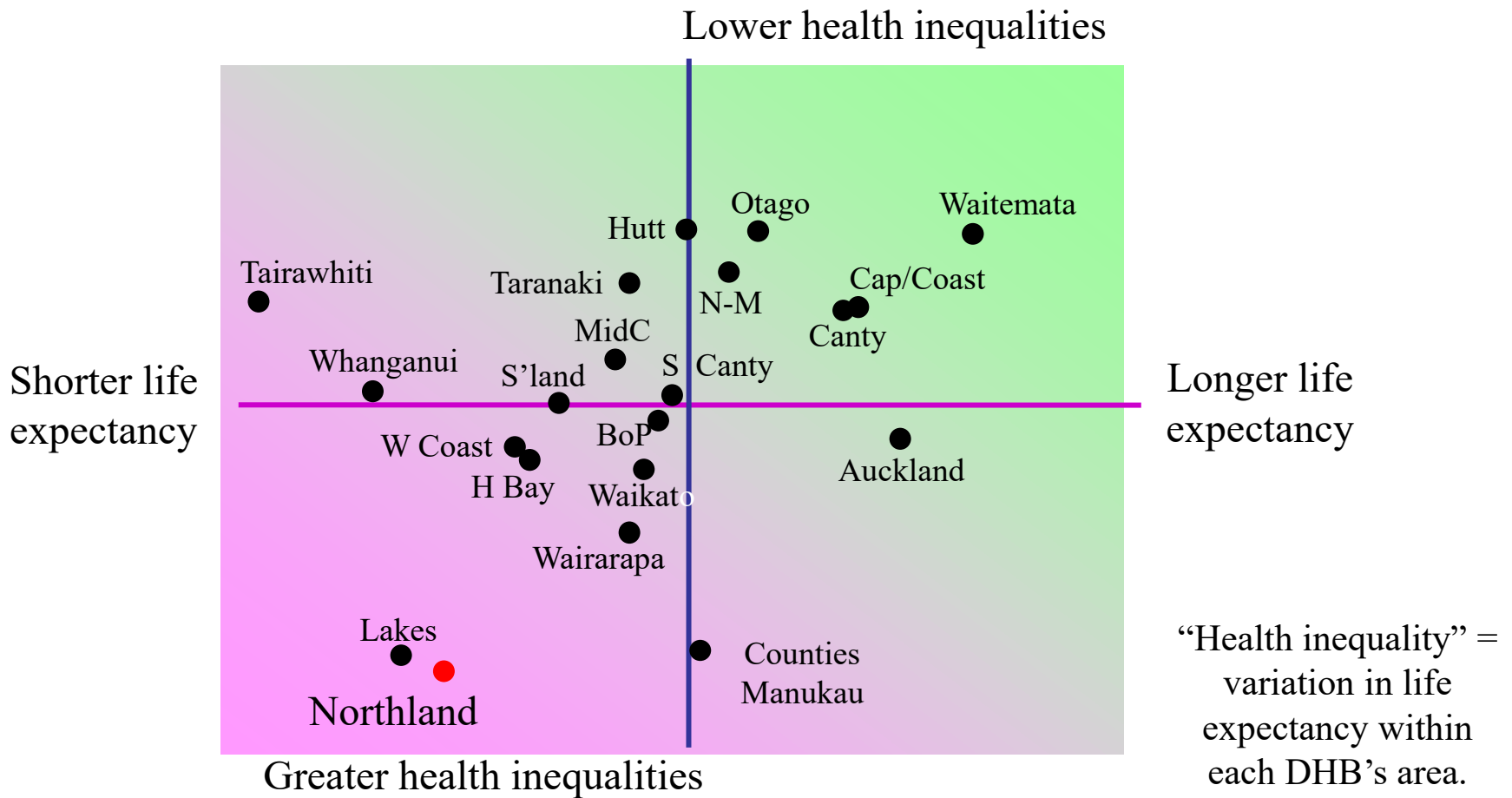
## **some critical questions for us**

- How did we get to this point?
- Who is benefiting? Who is missing out?
- Do we know what people impacted by our care or decisions think?
- If we designed our services or provided care for the least well served, would it be different?
- Are we reaching who we should be?
- Are we providing best practice care?
- Are we contributing to achieving equity?

# The need and right to health equity



# Inequities by region



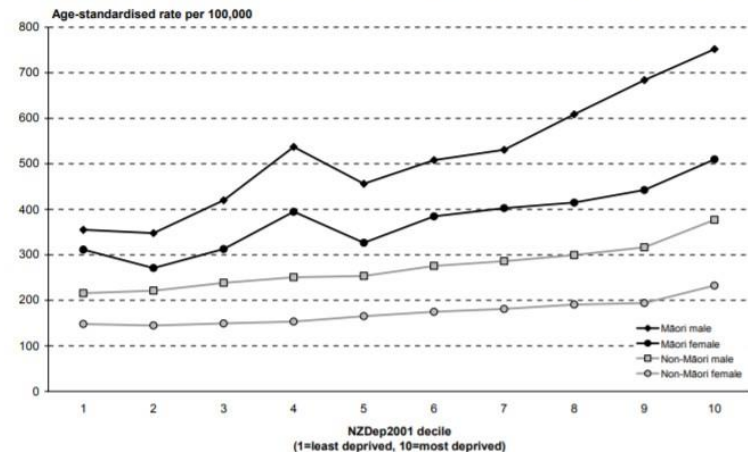
Source: “Monitoring Health Inequality Through Neighbourhood Life Expectancy”, MoH 2005

# Inequities by ethnicity

- Health care inequities for Māori vs non-Māori:<sup>1,2,3</sup>
  - In health outcomes
  - In the determinants of health
  - In healthcare access and quality
  - In the health workforce
  - From COVID-19

All-cause deaths by area deprivation

Figure 4.2: Māori and non-Māori deaths by gender and area deprivation, 2000–2004



Source: Mortality:Hauora: Māori Standards of Health IV B. Robson, G. Purdie  
<https://www.otago.ac.nz/wellington/otago067743.pdf>

e.g. 1. Rumball-Smith JM, NZ Med J, 2009. 2. Curtis E, Reid P, ANZ J Surg 2013, 3. Steyn N, Binny RN, et al. N Z Med J. 2020

**9.4**

Māori are 9.4 times more likely to have renal failure with concurrent diabetes

**60%**

higher avoidable hospitalisation rates than non-Māori (during 1997 and 1998)

**2x**

The avoidable mortality rate for Māori was more than twice that of other New Zealanders

# Coronavirus: Covid-19 will make health inequality worse, experts say

Andre Chumko Bridie Witton · 17:49, May 28 2020



JOHN COWPLAND/STUFF

Dr David Tipene-Leach, widely acclaimed for his achievements in promoting Māori health, says one of most-differentiating factors in health equity was ethnicity.



SUPPLIED

Dr Bryan Betty, medical director for the Royal New Zealand College of General Practitioners, says extra resources will help address health access issues.

# Coronavirus: Māori more likely to die from Covid-19, study finds ▶

Hannah Martin · 02:00, Sep 04 2020



SUPPLIED

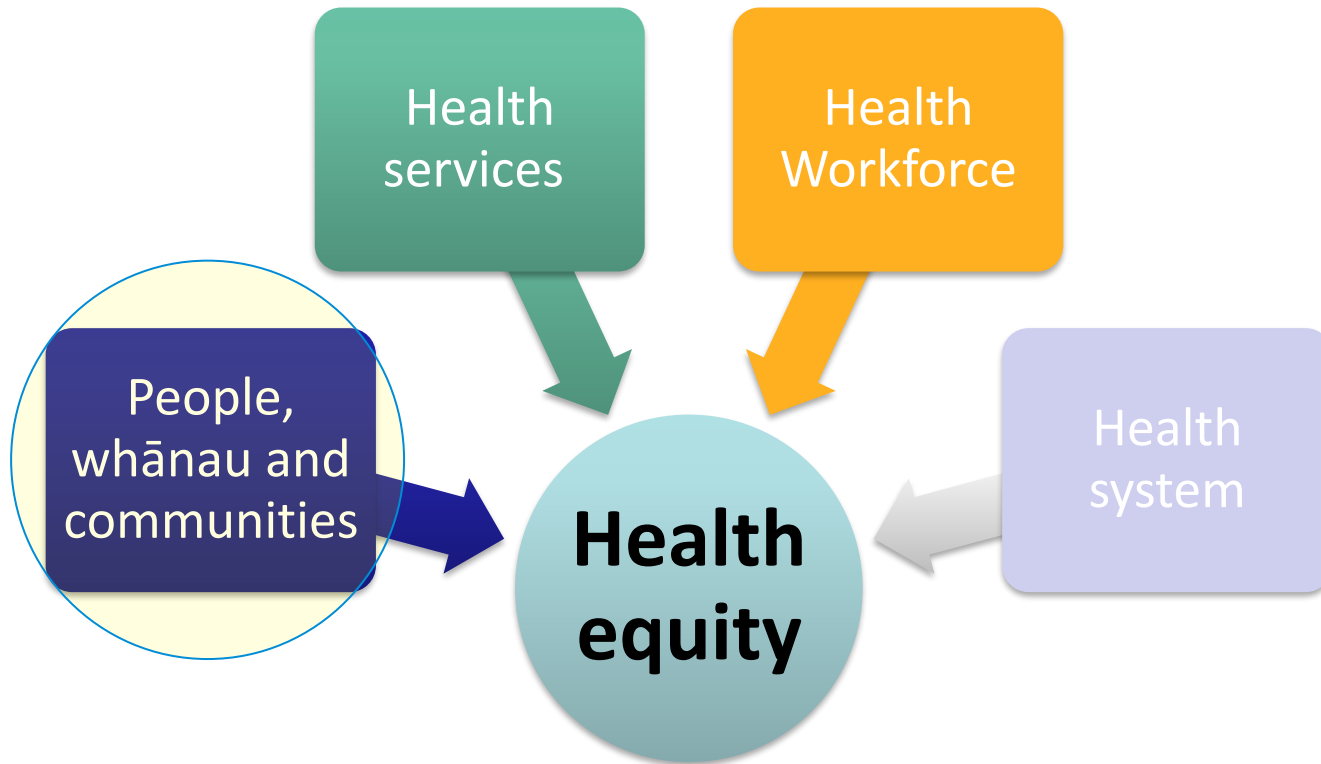
Modelling from Te Pūnaha Matatini, Manaaki Whenua and Auckland, Waikato and Canterbury universities have found Covid-19 is 50 per cent more likely to be fatal for Māori than non-Māori.

# Inequitable vaccine coverage and case numbers, hospitalisations

**'A game of two halves': Māori vaccination rates must reach 90 per cent, experts say** [▶](#)



# Achieving health equity



Te Tiriti O Waitangi

# A patient case

*A young mother says how difficult it is for her to get care.*

*She has no car and three small children under 5.*

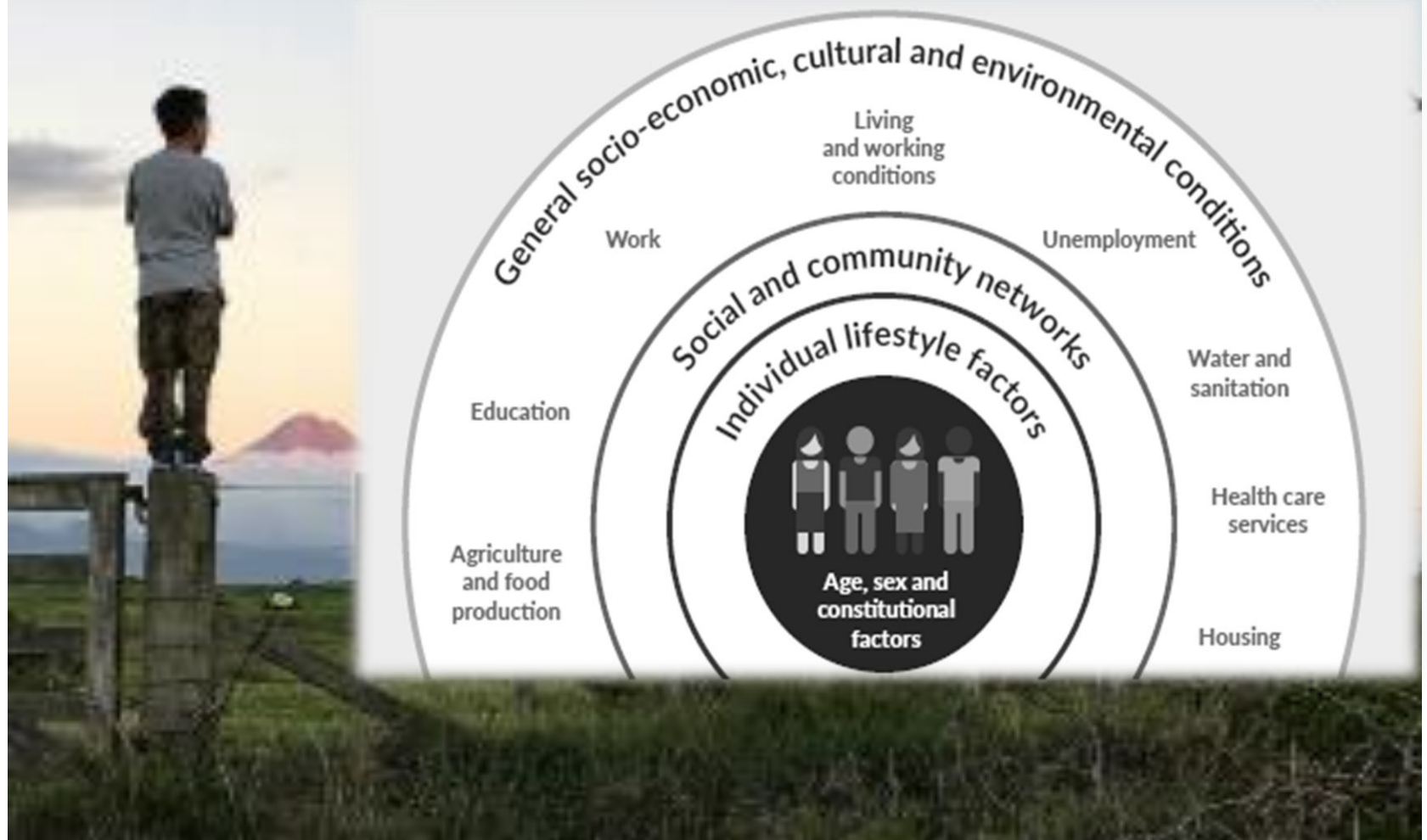
*She lives out in rural Waikato and has no GP*

*To access care, she frequently uses the ED and presented this morning with SOB and has COVID*

***What was their journey coming to the ED today?***

Patients,  
whānau,  
communities

Health services start  
here



# Partnerships

TE AO MĀORI / COVID-19

## Iwi arranging care packages for vulnerable amid Covid-19 crisis



Ngāti Wai treaty plan manager Tania McPherson and trustee Rōpata Diamond delivering food and fruit for people waiting at the Covid-19 community testing centre in Kamo. Photo: RNZ / Liu Chen

People,  
whānau  
communities

# Manāki for our communities

NORTHLAND AGE

## Covid 19 coronavirus: Iwi delivers 8000 food packs to vulnerable whānau

23 Apr, 2020 6:00am

© 3 minutes to read



Ex-Army Unimogs are loaded up with food, water and disinfectant at the former Kaikohe RSA as part of a Te Hau Ora o Ngāpuhi project to deliver supplies to whānau around Northland. Photo / Mita Harris



People,  
whānau,  
communities

# Tikanga and kaitiakitanga



# Spread of coronavirus conspiracy theories hindering COVID-19 testing in Northland

26/01/2021



Michael Morrah

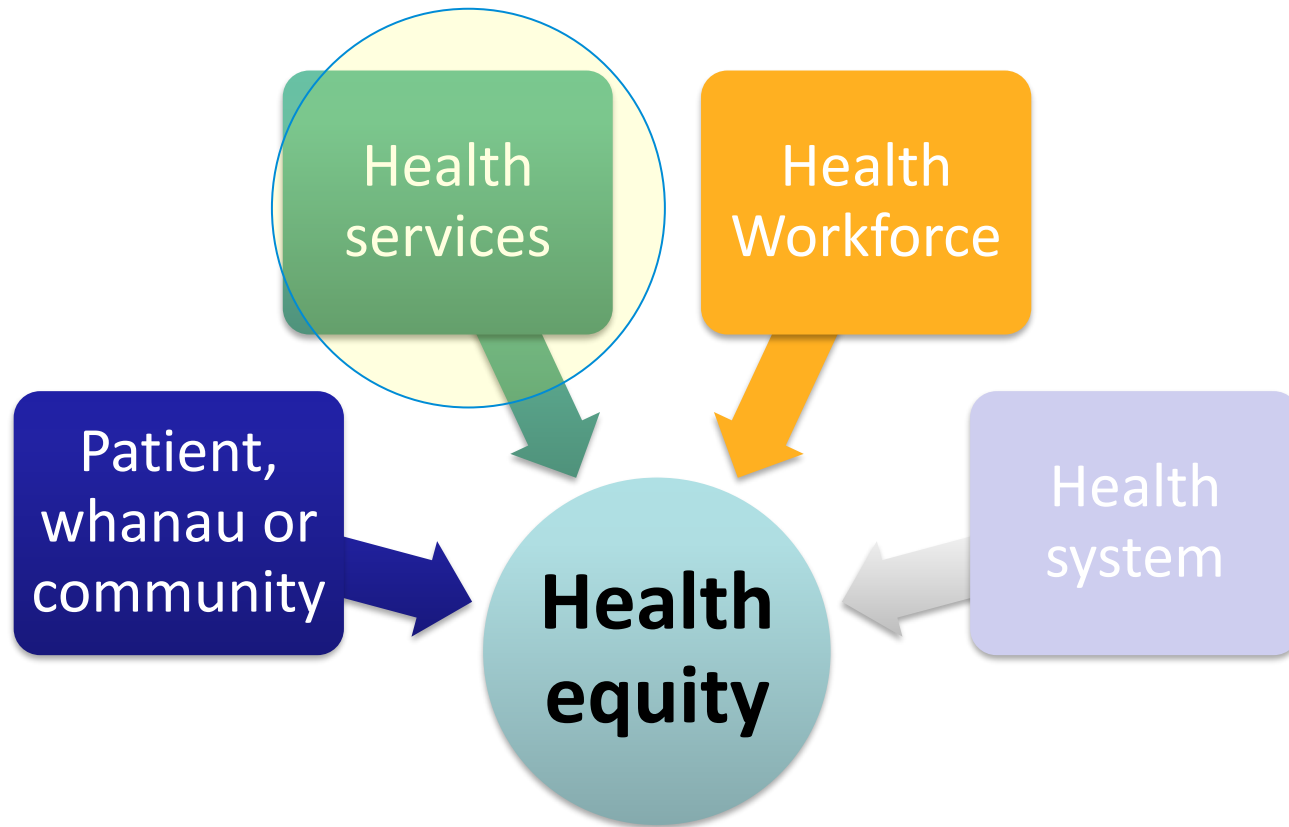


People,  
whānau  
communities

## **Karawhiua: New campaign urges Covid-19 vaccine to protect whānau**



# Achieving health equity



Te Tiriti O Waitangi

# Outreach vaccination, testing, care in the community



**'Have a cuppa and a Covid-19 vaccine': How one clinic is reaching Māori** [▶](#)



**Covid-19: Kaumātua lead the way at new vaccination centre at Manurewa Marae** [▶](#)



# Increasing access through telehealth

## Coronavirus: Doctors look to expand use of telehealth tech after lockdown

Stephen Forbes Local Democracy Reporter · 18:49, May 28 2020



## Telehealth services improve health outcomes for Māori, study finds

Karanama Ruru · 12:07, Apr 01 2022

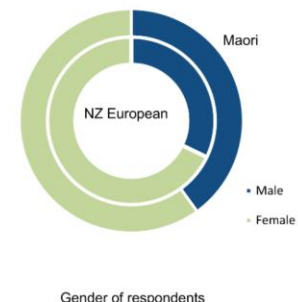
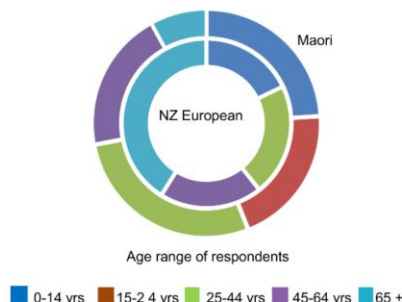
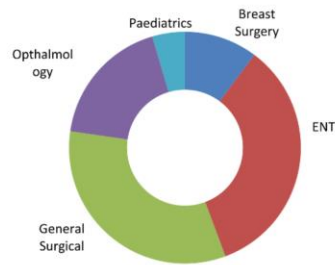
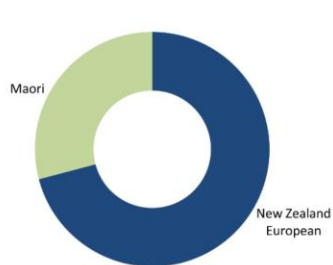


# Telehealth in secondary care

Outpatient Telehealth Survey  
Level 4 Covid-19 (March–April) 2020

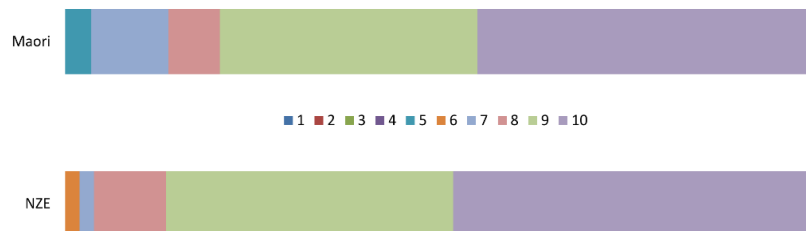
PATIENT SAFETY &  
QUALITY IMPROVEMENT  
DIRECTORATE

Who received a telehealth appointment?

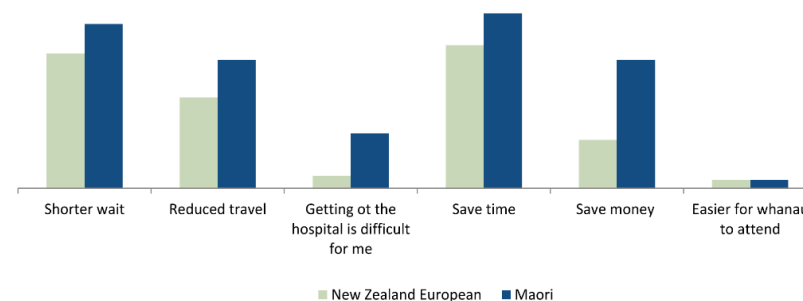


Your overall experience of telehealth

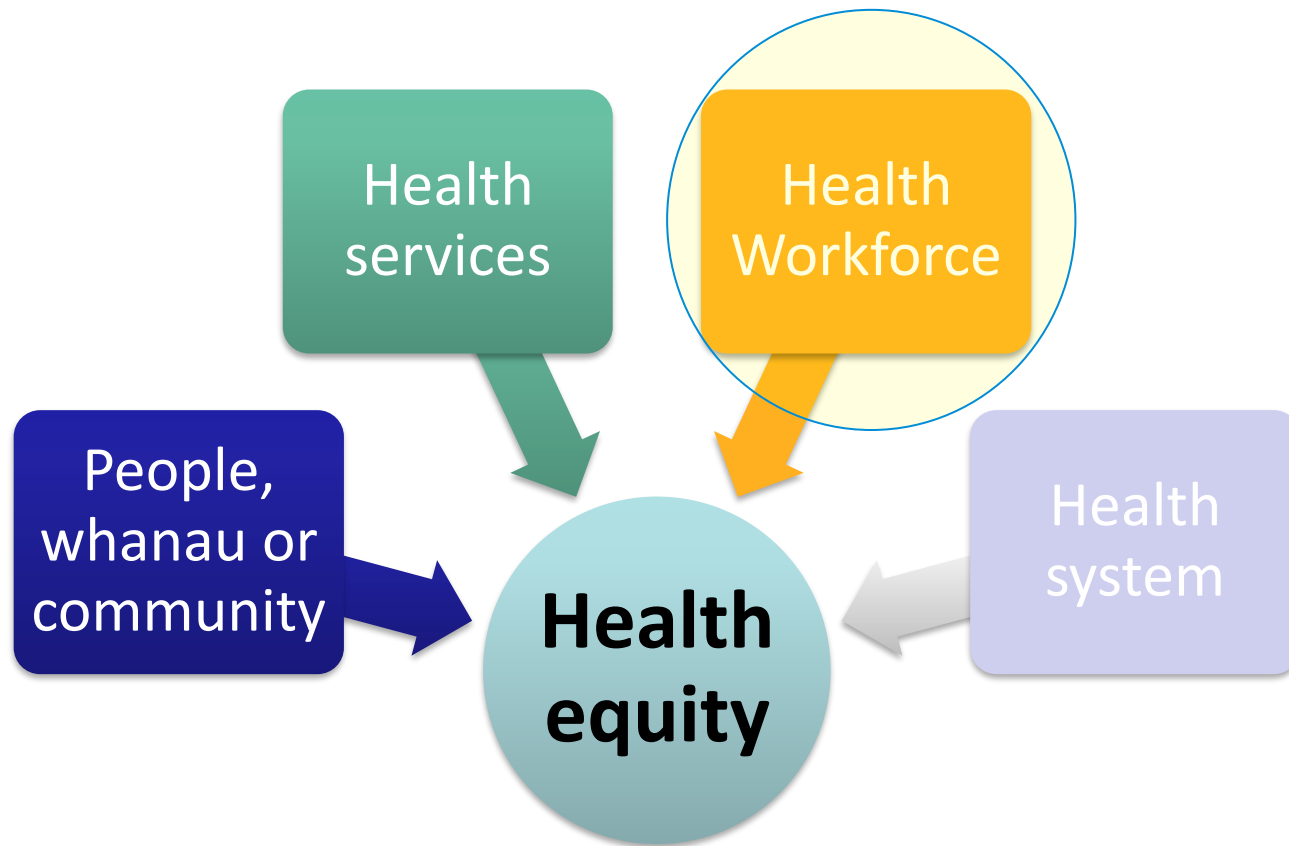
Rated on a scale from 0 to 10, where 0 is poor and 10 is excellent:



What would make it better?



# Achieving health equity



Te Tiriti O Waitangi

# New vaccinator workforce and kaimanaaki



VACCINATOR AUTHORISATION IN THE AUCKLAND REGION

Guide to becoming an  
authorised vaccinator in the  
Auckland region





# Medical workforce



**Te Rōpū  
Whakakaupapa Urutā**

NATIONAL MĀORI PANDEMIC GROUP

**GUIDING MĀORI THROUGH  
THE COVID19 PANDEMIC**



# Medical workforce

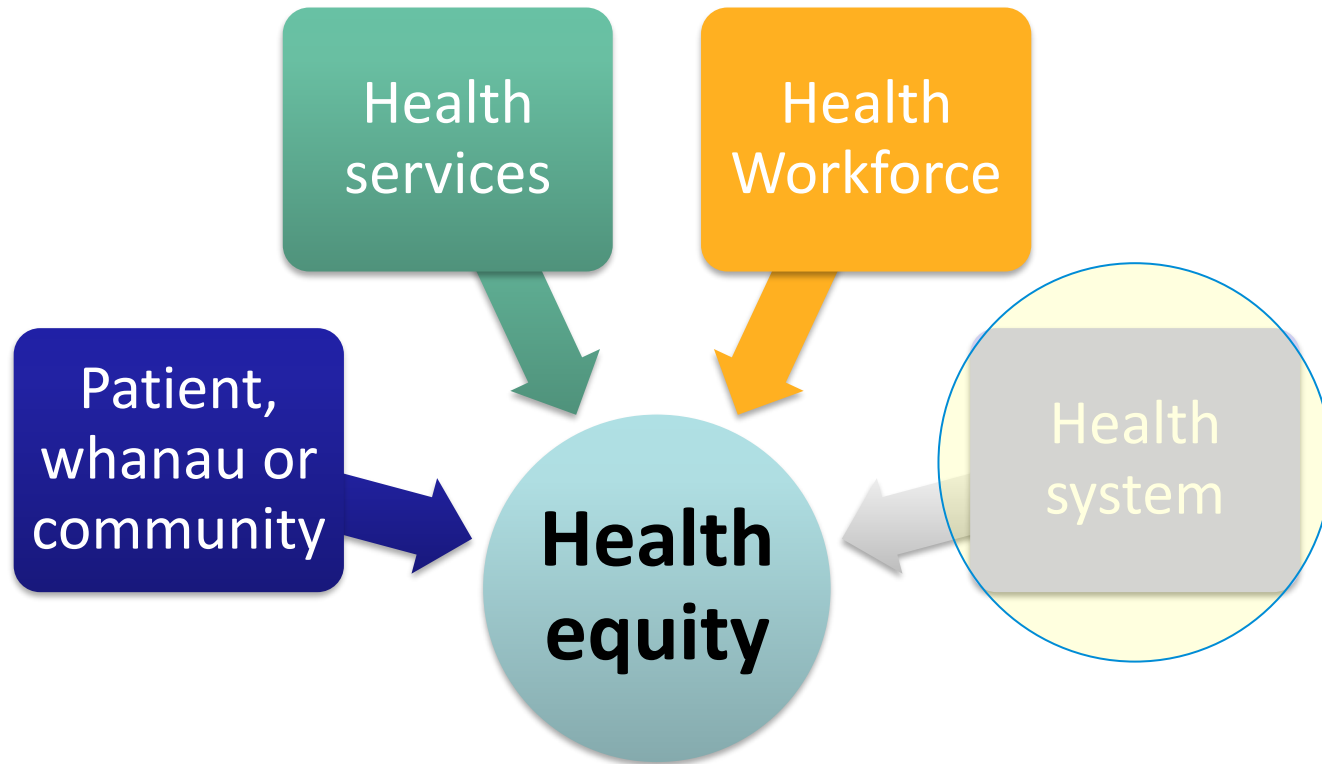
## Covid-19: South Auckland GPs brace for surge in Omicron cases

NEW ZEALAND / COVID-19

## One in 10 Middlemore Hospital emergency department patients testing positive for Covid-19



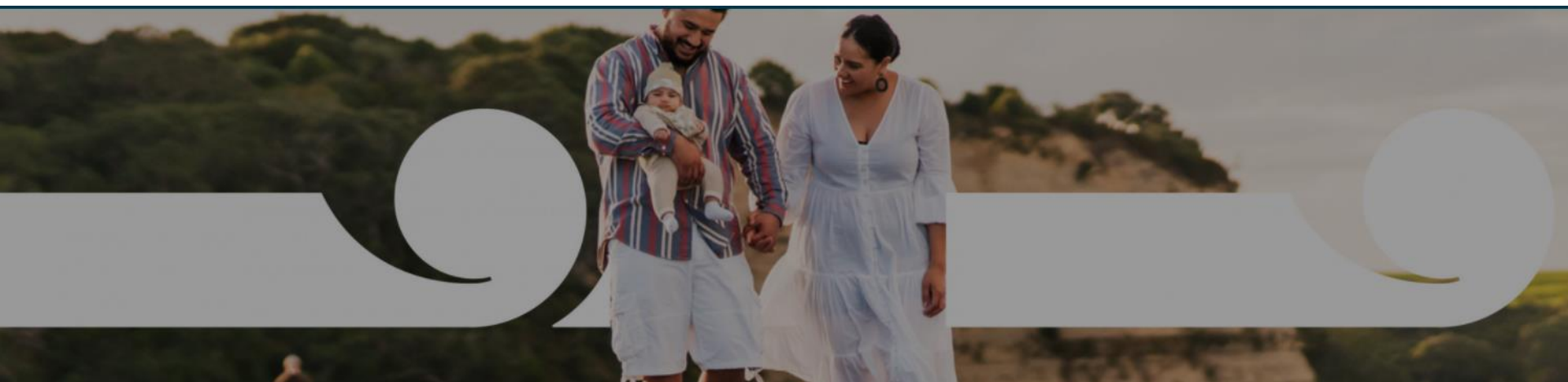
# Achieving health equity



Te Tiriti O Waitangi

# **Te Anamata o te Te Oranga**

## **The future of health**



# Two organisations one vision – Pae Ora

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( PRINCIPLES )

**TE MOANA | OCEAN**  
( ENABLERS/CHALLENGES )



# Five key system changes we need to achieve

**1**

The health system will reinforce Te Tiriti principles and obligations



**2**

All people will be able to access a comprehensive range of support in their local communities to help them stay well

**3**

Everyone will have access to high quality and equitable emergency or specialist care

**5**

Health and care workers will be valued and well-trained for the future health system

**4**

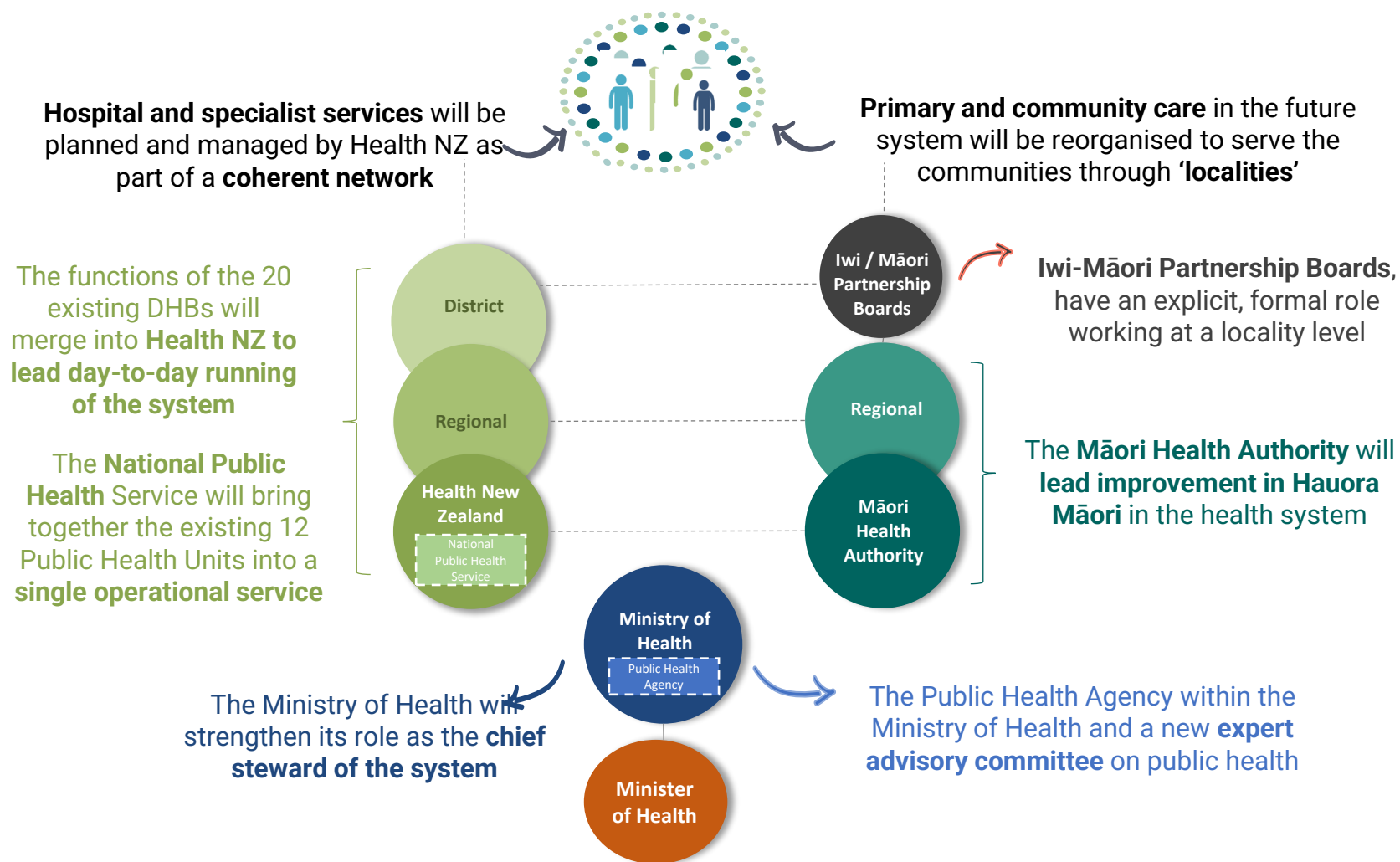
Digital services will provide more people the care they need in their homes and communities

# **Key structural changes**

The Māori Health Authority & Health NZ

# One system

## MHA and HNZ working in partnership



# Māori Health Authority levers for change

**Crown-Māori  
relations ensuring  
Te Tiriti is  
embedded**

**Partnership with  
Health NZ**

**Partnership with  
Iwi Māori  
Partnership  
Boards**

**Partnership with  
Others  
(intersectoral)**

**Strategy**

**Policy**

**Direct  
Commissioning  
and Co-  
commissioning**

**Planning – NZ  
Health Plan,  
Māori Health Plan**

**Whānau voice**

**People workforce**

**Health  
intelligence &  
monitoring**

**Te Ao Māori  
Innovation**

# Things that are important to us

What matters the most – are whānau better off?

Whānau as direction setters

Person- and whānau-centred

Strengths not deficits

Whole system accountability

Outcomes not just outputs or inputs

Māori health workforce leadership

Frequency and quality of oranga data

Te Ao Māori

# Health inequities

Kahu taurimu  
First 1,000 days

Oranga hinengaro  
Mental well-being  
and addictions

Māuiuitanga  
taumaha  
Long term  
conditions

Mate pukupuku  
Cancer

# Better Health, Together



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***“Titiro atu ki te  
taumata o te  
moana – kei reira  
te oranga mo  
koutou”***



# Two organisations, one vision – Pae Ora

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**KI TE PAE TAWHITI**  
OUR WAY FOWARD ➡➡