



He Ara Hauora Māori: A Pathway to Māori Health Equity

Purpose

- 1 This document outlines the Medical Council of New Zealand's position on how doctors can support the achievement of best health outcomes for Māori. It also provides guidance for healthcare organisations to support achieving cultural safety and Māori health equity¹. It has been developed in partnership with Te Ohu Rata O Aotearoa, the Māori Medical Practitioners Association (Te ORA).
- 2 This document should be read in conjunction with Council's *Statement on cultural safety*.

Introduction

- 3 We recognise the status of Māori as the tangata whenua of Aotearoa New Zealand and our obligations and responsibilities that arise from Te Tiriti o Waitangi (the Treaty of Waitangi).
- 4 Māori experience disparities in outcomes compared to the rest of the population across nearly all areas of health due to inequity in determinants of health, including access to quality health care.
- 5 We recognise the Ministry of Health's definition of equity². The concept of health equity acknowledges that differences in health status are unfair and unjust and are also the result of differential access to the resources necessary for people to lead healthy lives. [1, 2].
- 6 We have identified health equity and cultural safety as two strategic areas for review. We recognise that cultural safety in the healthcare environment has an important role to play towards achieving health equity for Māori.
- 7 We support cultural safety as an independent requirement that relates to, but is not restricted to, expectations for Māori health and health equity. As a result, improving cultural safety is expected to provide benefit for patients and communities across multiple cultural domains (e.g. Indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability). [3]
- 8 This document provides a high-level overview of the rationale for how doctors and their associated healthcare organisations can support health equity for Māori.

¹ This document replaces Council's previous *Statement on best practices when providing care to Māori patients and their whānau*.

² *In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.*

For more information see <https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2018/achieving-equity>

The Māori population

- 9 According to the 2013 New Zealand Census, there were 598,605 people of Māori ethnicity living in Aotearoa New Zealand (14.9% of total population), an increase of almost 40% over the previous 22 years. [4] Of these, 98.2% were born in Aotearoa New Zealand and 33.8% were under 15 years of age.

The rationale for addressing Māori health

- 10 Addressing Māori health and health equity is supported by both rights-based and needs-based arguments. [5]

Rights-based rationale: domestic and international obligations

- 11 Te Tiriti o Waitangi (the Treaty of Waitangi) is the founding document of Aotearoa/New Zealand. It establishes the basis for Māori rights to health equity through conferring on the Crown a responsibility to protect Māori and, on Māori the rights of equal citizenship, including the right to parity of outcomes.
- 12 Over time, the Waitangi Tribunal and the courts have established a body of jurisprudence in the form of principles of the Treaty that further outline the responsibilities of both government and Māori. Most recently, in its report *Hauora, Report on Stage 1 of the Health Services and Outcomes Kaupapa Inquiry* [6], the Waitangi Tribunal identified the Treaty principles of partnership, protection, equity and options as the most relevant principles applicable to an inquiry into health services and outcomes. This aligns closely to the Treaty principles that have informed government's work in Māori health: partnership, protection and participation.
- 13 The principle of Partnership establishes the general character of the relationship between Māori and the Crown. It recognises that the Crown's right to govern was acquired in exchange for the Māori right of tino rangatiratanga³. Government is thus not an unfettered right: it must be balanced with Māori control over their tikanga, resources and affairs. In the health sector it involves working together with iwi, hapū, whānau⁴, and Māori communities to develop strategies for Māori health gain and appropriate health and disability services. [6]
- 14 The principle of Protection arises from the Crown's partnership responsibilities, requiring it to actively protect Māori tino rangatiratanga. In the health setting, the Tribunal has found that the Crown has a responsibility to actively protect Māori health and wellbeing through the provision of health services, and that those services must reasonably and adequately attempt to close inequitable gaps in health outcomes with non-Māori. The Ministry of Health recognises this principle, stating that Protection involves the government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values, and practices. [6]
- 15 The principle of Equity, in the health sector context, has been described by the Waitangi Tribunal as obliging the government to actively pursue the achievement of equitable outcomes for Māori, and that this includes ensuring that it is informed of the occurrence of inequity, and that health services must not only treat patients equitably, but must also be equitably accessible and equitably funded. The Tribunal further states that, at its core, the principle of equity broadly guarantees freedom from discrimination, be that conscious or unconscious discrimination. [6]
- 16 The principle of Options recognises that Māori have the right to determine their own social and cultural path. In its modern application in the health setting, it requires the availability and viability of kaupapa Māori solutions alongside mainstream services in a way that ensure that Māori are not disadvantaged by the service choices they make. [6]

³ Tino rangatiratanga – autonomy

⁴ Iwi - extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory.

Hapū - kinship group, clan, tribe, subtribe - section of a large kinship group and the primary political unit in traditional Māori society.

Whānau - extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society.

John C Moorfield, *Te Aka Online Māori Dictionary*, <https://maoridictionary.co.nz/dictionary-info>

17 The principle of Participation, which has consistently been recognised by government as operable in the health setting, requires Māori to be involved at all levels of the health and disability sector, including governance, decision-making, planning, development and the delivery of health and disability services. [6]

18 The Treaty of Waitangi is also explicitly provided for in the New Zealand Public Health and Disability Act 2000:

Section 4:

In order to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Māori, Part 3 provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services.

19 More recently, in 2010 the Government issued a statement of support for the United Nations Declaration on the Rights of Indigenous Peoples. Articles 23 and 24 of the Declaration [7] state that:

Article 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24

- 1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.*
- 2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.*

20 The Treaty of Waitangi, international obligations and statutory frameworks provide the 'rights-based' rationale. The health and social context for Māori and significant inequities across multiple health and social indicators provide the 'needs-based' rationale for addressing Māori health inequities. [8]

Needs-based rationale: Māori health inequities

21 Māori have on average the poorest health status of any ethnic group in Aotearoa New Zealand. [6, 8]

22 Socioeconomic determinants of health further affect Māori health aspirations: Māori are more likely to live in areas of high deprivation than non-Māori. For example, in 2013 24% of Māori lived in an area with the highest New Zealand Deprivation score, compared with 7% of non-Māori. In addition, Māori have higher rates of unemployment and lower total personal incomes, are more likely to receive means-tested benefits and live in households without telephone or motor vehicle access and are less likely to own their homes. Just under 19% of all Māori experience household crowding compared with 8% of non-Māori. [6, 8]

23 Māori are one and a half times as likely to be hospitalised for cardiovascular disease as non-Māori, stroke mortality is one and a half times higher and the heart failure mortality rate is more than twice as high as the rate for non-Māori [9]. Māori mortality rates for rheumatic fever are five times higher than those of non-Māori. The lung cancer registration rate for Māori females is more than four times that of non-Māori females. [8] Māori have higher rates of self-reported prevalence of diabetes (about twice that of non-Māori), and among those with diabetes, Māori are 5.5 times more likely to develop renal failure than non-Māori. Similar disease patterns and inequities are observed within infectious disease, mental health, suicide, interpersonal violence, oral health, infant health and unintentional injuries. [8]

24 Although Māori experience a high level of health care need, evidence suggests that Māori receive less access to appropriate health care services. [6]

25 Taken together, these indicators show the disproportionate health need that Māori have.

Guidance for doctors and healthcare organisations to support achieving Māori health equity

- 26 Doctors and their associated professional bodies and healthcare organisations can support achieving Māori health equity by:
- a. Demonstrating an understanding of Māori Indigenous rights and current issues in relation to health and health equity.
 - b. Responding to the Treaty-based requirement to deliver effective and equitable healthcare to Māori, and ensuring that these requirements are reflected in organisational planning and accountability documents
 - c. Where appropriate, incorporating Māori models of health, patient and whānau-centred models of care, or mātauranga Māori (Māori knowledge).
 - d. Including Māori in governance and decision making bodies.
 - e. Identifying and addressing structures and processes that limit Māori health development.
 - f. Improving the collection, monitoring, analysis and reporting of quality ethnicity data – both from a performance and workforce perspective.
 - g. Proactively developing policies to improve Māori participation and success at all levels.
 - h. Demonstrating a commitment to supporting a strong Māori health workforce.
 - i. Engaging in, and showing evidence of transformation with respect to, cultural safety that aligns to the Council's *Statement on cultural safety*.
 - j. Advocating for social determinants of health and social determinants of inequity to be addressed.
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Related Council Statements and Resources

- *Statement on cultural safety*
- *Good Medical Practice*
- *Coles Medical Practice New Zealand*

References

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 3. Papps, E. and I. Ramsden, *Cultural safety in nursing: the New Zealand experience*. *International Journal for Quality in Health Care*, 1996. **8**(5): p. 491-7.
 4. Statistics New Zealand, 2013 Census QuickStats about Māori. 2013, Statistics New Zealand: Wellington.
 5. Reid, P., et al., *Achieving health equity in Aotearoa: strengthening responsiveness to Māori in health research*. *The New Zealand Medical Journal*, 2017. **130**(1465): p. 96-103.
 6. Hauora, Report on Stage 1 of the Health Services and Outcomes Kaupapa Inquiry <https://forms.justice.govt.nz/search/WT/reports.html>
 7. United Nations, *United Nations Declaration on the rights of Indigenous peoples*, United Nations, Editor. 2008, United Nations: Geneva.
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