

The background features a traditional Maori decorative pattern, likely a Koru, rendered in white lines against a warm orange and yellow gradient. The pattern consists of stylized, swirling shapes that resemble fern fronds, with intricate details like fine lines and circular motifs. The overall aesthetic is clean and culturally significant.

**Ka Ao,
Ka Awatea
Refresh**

2020 - 2022

Navigating the right path

Te tautuhinga mai o 'Ka Ao, Ka Awatea'



An artistic depiction of 'Ka Ao, Ka Awatea'



Mangopare - The Hammerhead Shark Design:
Represents strength, courage, tenacity and determination.

The Mangopare (inverted) has been utilised to remind us not to forget the challenges we have overcome to this point, and to be bold in paving the way forward.



Koru - The Frond Design:
Represents renewal, growth, vitality and evolution.
It is employed in the depiction to symbolise the development of Ka Ao, Ka Awatea, and the phases it has been through.



Raperape - The Ripple Design:
Represents movement, furtherance, continuation and infinite learning. It is used to acknowledge the Ka Ao, Ka Awatea journey.

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He Whakapuaki

Foreword

Tēnā koutou

Ka Ao, Ka Awatea 2017-2022 is a significant step towards further health gains for Māori. The Report brings together the intended actions of the PHO and the DHB in ways that can be expected to lead to a cohesive and comprehensive approach from the two organisations. Moreover not only does the Report provide a strategy for the alleviation of illness, it also shifts the focus towards the promotion of wellness and the prevention of disease. In doing so there is recognition of the importance of culture, the need for engagement with Māori communities, Iwi, marae, NGO's, Kōhanga Reo, the wider education sector, and regional Māori leadership.



The waharoa to Aorangi Marae where stands Maniaihu, the ancestral meeting house

The priorities identified in the Report include areas that are highly pertinent today and are likely to increase in importance in the years ahead. For each priority, the range of proposed actions are outlined and their intended impacts are spelled out. In due course the extent to which they have added measurable gains for Māori health should be evident but for now the Report is a valuable outline of a set of activities that will be undertaken over the next five years.

Because of their complexities each priority will demand an integrated approach with contributions that lie beyond the formal health sector. Bringing the many interested parties together in order to maximise the collective impact will be challenging, but clearly the DHB and the PHO have recognised their key roles in working with others and providing both facilitation and leadership. In that respect a collective response will also bring contributions from Māori. Some Iwi have already prepared their strategies for health that are aligned to Iwi priorities. They are not identical to Ka Ao, Ka Awatea but they are aimed towards a similar goal and the two strands will undoubtedly intersect at a number of levels.

Ka Ao, Ka Awatea 2017-2022 is a bold and innovative step forward. It brings with it the prospect of improved standards of health and a positive working relationship between the PHO and DHB and Māori.

Kia māia

Mason Durie KNZM

Aorangi



He Whakamihi

Acknowledgements

He aha te hau e ihiihi mai nei
He angiangi whakapiwari rau
hei tānga tautika mai i te manawa
Tēnei tō hau e Tāwhiri
Te terenga mai o ngā waka i tawhiti nui, i tawhiti roa
i tawhiti whakatika
Purea mai i runga, purea mai i raro
Purea mai i uta, purea mai i tai
He ao, he ao He aotea roa
Tihei.....mauri ora!

Tēnei te tangi mōteatea ki a ratou mā kua riro atu ki te pō, ki a Hine-nui-te-pō, ki te pō oti atu ai rātou. Haere, hōatu, okioki atu rā.

Ka tō te rā, ka ara anō te rā, ko Tama-nui-te-rā tērā e whiti mai ana ki te tihi o Ruahine, ki te keho o Tararua, e tātou mā te orangatonutanga o te hunga kua ngahoro atu, nau mai, hana mai rā.

Tēnei ko 'Ka Ao, Ka Awatea' te whakamau atu nei i tērā i whakaputahia i te rua mano ngahuru mā tahi tau ko 'Ka Pō, Ka Ao, Ka Awatea', hei whai i ngā tapuwae i whārikihia i mua noa mai. Inā rā te whāinga, inā hoki te kaupapa e wawatatia ana, ā, ko tēnei, he whakarewa i te aronga rautaki hei ara mō ngā tau e rua e toe mai ana.

Me i kore ake te whanaungatanga, ngā honohononga, ngā tini torotoronga hei rangaranga, hei whiriwhiri kōrero, kua noho tēnei putanga puka ki te pō, kua kore e puta ki te wheiao, ki te ao mārāma. Nei te whakamānawa atu ki te mahinga tahi me ngā tukunga whakaaro katoa, erangi rawa, ki ngā iwi, ki ngā mana nui, ki ngā manawhenua mō rātou i taunaki mai i tēnei whakaputanga, e rongo ai tātou i tā te Pīpīwharauora tangi, kūi, kūi, whiti ora!



E whakakao mai nei ki roto i tēnei puka ngā mahi hei mahi mā te hākerekere, mā te nuipuku hoki, anō nei he pikinga poutama kia oti ai a runga, kia oti ai a raro. Whakatinanahia hei painga kau anahe mā te rātonga hauora, erangi rawa mā te whānau, e tutuki ai ō rātou ake wawata, ō rātou ake moemoeā e ai ki tā rātou e hiahia ana. Koia te Whānau Ora, kia purea ngā whānau e ngā hau ihiihi, e ngā hau ora a Tāwhirimātea. Tēnā, kia hiwa rā, kia hiwa rā, kia tū, kia oho, kia mataara!

Tihei.....tūpaiahahā!



He Tāpaetanga

Statement of Commitment

The MidCentral health sector is committed to improving Māori wellbeing by ensuring health partners collaborate and coordinate services more efficiently and effectively for Māori. Our collaborative approach is fostered on ensuring Māori cultural values and practices are recognised. This is affirmed further by our commitment to our obligations under Te Tiriti o Waitangi. In the spirit of mutual cooperation with whānau, hapū and iwi these aspirations align to professional accountability, consistency and transparency of the sector.

As a supporting partner, Te Tihi o Ruahine Whānau Ora Alliance will continue to work with THINK Hauora and MidCentral DHB to support Ka Ao, Ka Awatea to be implemented in the MidCentral district. As an Alliance of nine Iwi and Māori organisations, a strong relationship with Raukawa Whānau Ora and the Whānau Ora lead for the district, Te Tihi is well connected and committed to Whānau Ora.

We want to encourage and support our health and social service workforce to keep our communities at the centre of everything they do. This will require a whole of health system approach across the MidCentral rohe, This refresh of Ka Ao, Ka Awatea supports us to take courageous approaches for improving Māori health outcomes and clearly defines health's contribution to advancing Whānau Ora outcomes.

To be able to serve in the community is a privilege and with it comes many responsibilities, obligations and expectations. This Statement of Commitment is an expression of our determination to work with our community partners to meet the challenges of the future and ensure Māori have access to high quality health services that supports significant health gains.

It is important to signal that over the next eighteen months, we will begin to widely engage and prepare for Ka Awatea; the last step in this series for advancing Māori health outcomes. Our commitment to engagement and undertaking a system wide approach to health will ensure we remain close and focused on the pathway.

Waiho i te toipoto, kua i te toiroa
Let us keep close together, not far apart



Kathryn Cook
CEO MidCentral DHB



Chiquita Hansen
CE THINK Hauora



Our Tiriti o Waitangi Commitment

MidCentral DHB and THINK Hauora are committed to working in partnership with iwi, underpinned by Te Tiriti, to achieve equitable health outcomes for Māori. Furthermore, iwi are committed to providing their time and resource into ensuring the health sector is well advised and guided into making effective decisions that contribute to improving health outcomes for their constituencies.

Te Tiriti o Waitangi articles legislate the requirement for Crown agencies to work with iwi. These articles are described as:

- **Kawanantanga:** Governance and the relationship between Treaty partners,
- **Tino Rangatiratanga:** The right to be self-determining in all areas,
- **Oritetanga:** Authentic contributions that drive equitable access and outcomes; and
- **Te Ritenga:** Honouring the beliefs, values and aspirations of Māori, affirming sovereignty and guaranteeing the protection of hauora (health) for Māori.

Additionally, the Ministry's Whakamaua Māori Health Action Plan 2020-2025¹ make recommendation to a series of principles creating interdependency between the principles and the articles of Te Tiriti. These will underpin the actions of Ka Ao, Ka Awatea, and demonstrate the commitment to Te Tiriti o Waitangi by MidCentral DHB and THINK Hauora and therefore inclusive of the MidCentral rohe health system.

- **Tino Rangatiratanga:** Actively creating an environment to enable Māori self-determination and mana motuhake in the provision of health and disability services,
- **Equity:** Commitment to intentionally and systematically work towards a steady improvement in Māori health, considering wider determinants, access, quality and appropriateness of services,
- **Active Protection:** Acting to the fullest extent practicable to actively protect Māori health and wellbeing, including the active protection of Māori autonomy in relation to health and wellbeing,
- **Options:** Providing for and properly resourcing kaupapa Māori health and disability services and ensuring that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care; and
- **Partnership:** Working in partnership with Iwi and Māori in the governance, design, delivery and monitoring of health and disability services.

Te Tiriti o Waitangi articles, and additional principles, form the foundation for how the health and disability system meets its obligations. It guides us in how we govern and conduct ourselves, how true partnership with iwi is demonstrated, how beliefs, values and tikanga are cherished, and how excellence, in all its definitions, is attained. The articles and principles underpin this refreshed version of Ka Ao, Ka Awatea, utilising the aligned Te Tiriti o Waitangi organisational policy as the driver, to ensure Te Tiriti articles remain at the forefront of the strategic direction for Ka Ao, Ka Awatea, and therefore Māori health.

¹ Whakamaua: Māori health Action Plan 2020-2025, Ministry of Health



Te Ihirangi

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Te Whakapapa

Background

The Regional Māori Health Action Plan, entitled Ka Pō, Ka Ao, Ka Awatea was launched in 2011 to provide an organisation-wide package of practical, clinical and cultural solutions to the perennial questions of how to make a difference for whānau Māori. Following the advancements made since the introduction of Ka Pō, Ka Ao, Ka Awatea, the document was updated in 2017 to uphold the progressive direction in which Māori health was heading and to build on the gains achieved thus far.

Ka Ao, Ka Awatea Māori Health Strategic Framework 2017-2022 was released in 2017 as a collaborative endeavour between MidCentral DHB, THINK Hauora and Te Tihi o Ruahine Whānau Ora Alliance Charitable Trust. It aimed to enhance the delivery of quality services to whānau Māori, in order to contribute to accelerating improved health gains and equity of health outcomes.

Ka Ao, Ka Awatea signifies the transformational journey for Māori from the world of light (Ka Ao) and onwards to the new dawn (Ka Awatea). It is a reflection of the emphasis Māori place on the natural environment and the cycles of change. These natural occurrences can also be used to guide journeys and new beginnings within contemporary Māori society and is particularly relevant to Māori health.

A review of Ka Ao, Ka Awatea in 2020 identified that whilst aspects of the document remain relevant, it requires refreshing to ensure it is reflective of the current environment. Facets such as accurately reflecting Te Tiriti o Waitangi obligations, incorporating the 2019 Hauora Report² results, aligning with Whakamaua Māori Health Action Plan 2020-2025, and echoing the priorities of iwi and the MidCentral district health sector.

Continuing to work collaboratively on Ka Ao, Ka Awatea symbolises unity and a shared responsibility for making a difference locally. MidCentral DHB and THINK Hauora both enjoy strong partnerships with local iwi at the governance level of their organisations. Led by the iwi consortium representing Muaūpoko, Ngāti Kahungunu ki Tāmaki nui-a-Rua, Ngāti Kauwhata, Ngāti Raukawa ki ta Tonga, Rangitāne o Manawatū and Rangitāne o Tamaki Nui A Rua, both funders are seeking to implement the refreshed Tiriti o Waitangi policy now approved by iwi and the DHB and PHO Boards. This will ensure consistency, efficiency and clarity across the health system on iwi expectations and aspirations related to Te Tiriti o Waitangi.

Ka Ao, Ka Awatea is the guiding strategy for the MidCentral health sector to plan and deliver health and disability services that lead to better health outcomes for Māori. The pathway towards improving Māori health outcomes is achieved by recognising that whānau are the key to their own success. Iwi and Māori cannot do this alone. Relationships are the currency required and they must be built on trust, reciprocity, and good faith. A continuation of collaborations, as exemplified by MidCentral DHB and THINK Hauora, will further strengthen the relationship between Māori and non-Māori organisations and contribute to Māori health gains.

The health sector is in an optimal position to provide increased access to services, cultivate community participation, and provide coordinated, integrated and quality services for all. It is timely to advance our thinking collectively and unite. The refreshed strategy Ka Ao, Ka Awatea provides a vehicle to begin this journey.

² *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (Waitangi Tribunal 2019).*



Ka Ao Ka Awatea

2020-2022



Te Ara Māramarama

Making Sense of the Framework

The Ka Ao, Ka Awatea Refresh 2020-2022 sees the inclusion of a strengthened strategy, alongside a high-level implementation framework (Te Ara Angitū) with an example of “Achieving Success” (Te Ara Haere) the action plan. The following sections provide explanation and insight to the components of Ka Ao Ka Awatea.

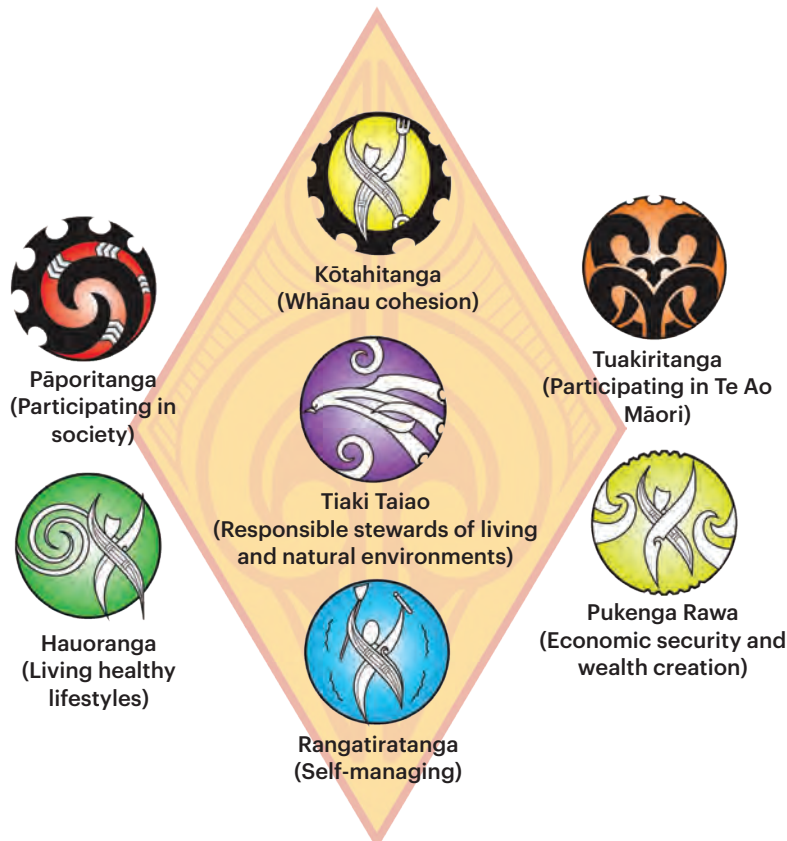
Ngā Whāinga

The Ka Ao, Ka Awatea Refresh 2020-2022 seeks to progress a cohesive and integrated strategy for Māori health and wellbeing across the district. It provides a pathway for services to develop practical and innovative solutions to support the health and disability sector to address the many multi-faceted equity challenges faced in health care. These objectives can be incorporated into health and disability service planning to contribute to the achievement of Whānau Ora.

Whānau Ora

Whānau Ora recognises the strengths and abilities that exist within whānau and aims to support and develop opportunities that fulfil potential. A strong, healthy, empowered whānau can make the most significant difference to Māori health and wellbeing. The focus on Whānau Ora within the values and philosophy of health and disability service providers will ensure whānau-centred initiatives are embedded into everyday practice.

Ka Ao, Ka Awatea supports and aspires the health and disability sector to progress the goals set out in the Whānau Ora Outcomes Framework – Empowering Whānau into the Future (Whānau Ora Partnership Group, 2015). The seven Whānau Ora outcome areas provide a strong foundation for the design, development, delivery and measurement of outcomes for improving Māori health and wellbeing.



Whānau Ora outcomes



Rangatiratanga (Self-managing)

Whānau wellbeing is largely dependent on the capacity of whānau to determine their own pathways and manage their own affairs.



Hauoranga (Living healthy lifestyles)

Whānau are in unique positions to promote lifestyles that can lead to optimal health and wellbeing. The potential of whānau to actively foster healthy lifestyles for their members is high.



Pāporitanga (Participating in society)

Whānau are conduits to society and societal institutions and a measure of Whānau Ora is the extent to which whānau members can participate in society. A focus of the Taskforce looked at how Māori children and young people are engaging within the education sector and how improvements in Māori educational outcomes enables Māori to participate more actively within society and opens opportunities.



Tuakiritanga (Participating in Te Ao Māori)

The Kape design represents te Kete Tuauri, te Kete Tuatea, te Kete Aronui. The Kōruru speaks for itself, 'identity'. Those that are connected to their culture tend to have a healthier lifestyle.



Pukenga Rawa (Economic security and wealth creation)

Building whānau economic security indirectly will assist in iwi, hapū and whānau ability to generate income for current and future generations.



Kōtahitanga (Whānau cohesion)

With whānau being more transient now than in previous times it poses new challenges on whānau to stay connected. Whānau cohesion encourages the use of modern approaches such as technology and other communication strategies to keep connected. This supports the building and strengthening of whānau resilience, promoting the ability to unite.



Tiaki Taiao (Responsible stewards of living and natural environments)

Whānau cultural, physical, and spiritual wellness is inextricably linked by their access to, and engagement with, their natural environment. As Mana Kaitiaki (custodians), opportunities must be encouraged for whānau to be active participants and contributors to their natural environment in ensuring responsible and sustainable Mana Whakahaere (environmental management). This also includes the acquisition and improvement of knowledge and skills relating to democratic rights, land use, housing, education, business, investment, and employment.³

³ Ngā tohu, hei tohu: Whānau Ora markers – see appendix





National setting for Māori health

He Korowai Oranga (2014) continues to set the health sector direction for Māori health improvement and provides national guidance at a strategic level on how the health and disability system can support Māori health aspirations and health equity.

Whakamaua Māori Health Action Plan 2020-2025 aids the operationalisation of He Korowai Oranga so that all whānau, hapū, iwi and Māori communities can experience health as a Tiriti right. Whakamaua Māori Health Action Plan 2020-2025 sets the government's direction for Māori health advancement for the next five years. It outlines a suite of objectives and priority areas with tangible actions that can be implemented by both the Ministry of Health and District Health Boards to achieve high-level outcomes that will contribute to the overall shared aim of He Korowai Oranga and Whakamaua - Pae Ora (healthy futures) for Māori.

We recognise the expectation for Māori to have control over their own health and wellbeing. We are not only committed but are legislated under the New Zealand Public Health and Disability Health Act 2000 to support Māori to be active contributors in the governance, design, delivery and monitoring of local health and disability services.

Iwi Aspirations and Priorities



We understand that Iwi are best placed to determine the actions that will ensure their people flourish. They recognise that such actions will support the advancement of Māori health outcomes and equity of outcomes across communities. We are committed to incorporating into health service planning, the health and wellbeing aspirations and priorities of the six iwi within the MidCentral district; Muaūpoko, Ngāti Kahungunu ki Tāmaki nui-a-Rua, Ngāti Kauwhata, Ngāti Raukawa ki te Tonga, Rangitāne o Manawatū, and Rangitāne o Tamaki Nui A Rua. Iwi aspirations and priorities are a key direction for Ka Ao, Ka Awatea.

Hapori



Ka Ao, Ka Awatea drives a localised approach to improving health and wellbeing for Māori. This approach recognises there are a number of health and wellbeing plans that already exist within each Hapori that can be utilised in planning, design, development and delivery of services for Māori. This approach looks beyond a health only perspective and ensures value is placed on the aspirations of whānau in their own context.

Te Tiriti o Waitangi








Both Te Tiriti articles and principles have been incorporated into Ka Ao, Ka Awatea. The strategy is founded on Te Tiriti and this is reflected through the framework as the basis for each high level action. This is an acknowledgement that in order for the articles of Te Tiriti to be enacted, the principles must be applied to provide the pathway and action that ensures commitment and accountability.



Levers for change

Recognising the gains made in Māori health in the MidCentral rohe, it is critical we keep the momentum to achieve better health outcomes and equity for Māori. The challenges created by the range of multiple and complex needs requires moving beyond single interventions and partnerships to collaborative, system-wide interventions involving multiple partners. Assisting 'whole of government' toward the right path for improvement will support the health and disability system to mobilise and achieve Māori health equity more swiftly, with more significant outcomes.

The following levers for change are not mutually exclusive. They require coordinated and focused attention to achieve the overall aim of Ka Ao, Ka Awatea - Whānau Ora, and improve Māori health outcomes. Key levers are:

-  **Quality Improvement** - The health and disability system will set and monitor quality standards and practice requirements reflective of Te Tiriti obligations, Māori perspectives and whānau-centred approaches.
-  **Resources** – Increased investment will accelerate and spread the delivery of kaupapa Māori and whānau-centred services across localities, supporting Māori health sector capability and capacity to innovate and deliver effective services for Māori communities.
-  **Leadership** – Increase Māori leadership both at governance and operational levels to ensure effective health service design and delivery. Supporting the growth and development of more Māori leaders in the sector will support the integration of the Māori world view into thinking and will build the capacity and capability of kaupapa Māori service delivery.
-  **Knowledge** - We will work with iwi and Māori to strengthen mātauranga Māori across the health and disability system as an important enabler of Māori health and wellbeing. We acknowledge the relevance and value of distinctive Māori knowledge systems and indigenous ways of knowing.
-  **Performance Monitoring** - Utilising evidence and insights to provide a clearer understanding of system performance for Māori so that the system can manoeuvre its resources to populations most in need. Data systems are sophisticated and integrated, allowing system-wide monitoring of Māori health performance.



Te Ara Angitū

Pathway to achievement

THINK Hauora and MidCentral DHB are committed to monitoring the delivery and performance of the sector to assist the rohe to reach the aim of Whānau Ora. Approaches and actions implemented by the local health sector will be monitored using several measures, including but not limited to Te Ara Angitū – the Māori Health Equity Dashboard and the connectivity to System Level Measures. These will be reviewed to ensure outcome driven measurements are driving Māori health improvement.

Funding and commissioning of services across the entire sector will be aligned appropriately toward Ka Ao, Ka Awatea. We are committed to aligning services around the needs and aspirations of individuals and whānau, Whānau Ora – in the context of what is important to them, and ensuring the services offered meet those needs.




Using the commissioning cycle example below, commissioning agreements with providers will be redefined to align with Whānau Ora outcomes and Te Tiriti o Waitangi. Using the commissioning framework, additional methods for monitoring achievement will need to be developed. Due to the broad nature of the Whānau Ora outcome areas, ‘stepping-stone’ outcomes may be utilised as a pathway to achieving high level outcomes as commissioning for outcomes reflects “our way of doing things”. This will demonstrate the health sectors contribution to Whānau Ora.



Commissioning for outcomes - Commissioning cycle example



Te Ara Angitū Pathway to achievement

The objectives highlighted below are interdependent of one another. The table does not include all actions that are necessary across a complex ecosystem to achieve the outcomes sought within this strategy. However, the actions described are the critical few that collectively can create the conditions necessary for a system shift in the short to medium term. We recognise that changes as a result of actions in one area will impact on other areas. Achieving desired outcomes will be contingent on synergies across all areas and taking a whole-of health-system approach.

Tino Rangatiratanga - Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services				
Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Hua Impact	Te Aronga Nui Contributory Measures	Whānau Ora Outcome
Actively create environments to enable Māori self-determination and mana motuhake in all aspects of health delivery.	Resource and support Iwi and Māori to build their own capacity allowing equitable contribution to Māori health and wellbeing outcomes. Strengthen commissioning frameworks and guidance to increase Iwi and Māori Provider innovation and develop and spread effective kaupapa Māori and whānau-centred services.	Iwi, hapū, whānau and Māori communities exercise their authority to improve their health and wellbeing.	Increased funding for Iwi and Māori health and disability providers and equitable commissioning of the Māori health sector fosters innovation and locally led kaupapa Māori solutions	
Equity/Oritetanga - Being committed to achieving equitable health outcomes for Māori				
Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Hua Impact	Te Aronga Nui Contributory Measures	Whānau Ora Outcome
Intentionally and systematically work towards a steady improvement in Māori health, considering wider determinants, access, quality and appropriateness of services.	Prioritise actions of pro-equity and investment . Diligently monitor performance and evaluate the impact of health and disability services on Māori health to ensure progression toward achieving equitable Māori health outcomes. Form consistent quality improvement standards and frameworks.	A responsive health and disability system that is fair and sustainable that delivers equitable health outcomes for Māori.	Māori health equity measures are developed and routinely utilised to monitor performance of all health and disability services.	
Options - Providing for and properly resourcing kaupapa Māori health and disability services				
Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Hua Impact	Te Aronga Nui Contributory Measures	Whānau Ora Outcome
Commit to accelerate resourcing and provisions for kaupapa Māori driven health and disability services.	Reorient health and disability service resources to increase access to and choices of Iwi and Māori Provider health and disability services. Invest in growing the capacity and capability of Iwi and Māori health and disability providers.	High-quality Māori health and disability services that are accessible across the MidCentral DHB district.	Increase in the geographical coverage and utilisation of Iwi and Māori Provider services.	

Active Protection/Te Ritenga - Acting to the fullest extent practicable to achieve equitable health outcomes for Māori				
Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Hua Impact	Te Aronga Nui Contributory Measures	Whānau Ora Outcome
Actively protect Māori health and wellbeing, including the active protection of Māori autonomy in relation to health and wellbeing.	Routinely monitor performance to examine and be well informed of the extent and nature of Māori health and wellbeing. Implement clear performance and accountability expectations for meeting Te Tiriti obligations across the health and disability sector. Ensure there is fair and equitable investment in Māori health development and monitoring of outcomes. Strengthen the cultural knowledge and capability of non-Māori to improve Māori health. Actively engage Māori whānau to be leaders in their health journey.	Kaupapa Māori insights and evidence inform and influence all health and disability service decision-making processes. Increased confidence in the culture of care.	Health and disability services accurately capture data, monitor effectiveness and prioritise resources to improve Māori health outcomes.	
Partnership/Kawanatanga - Working in partnership with Māori in the governance, design, delivery and monitoring of health and disability services				
Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Hua Impact	Te Aronga Nui Contributory Measures	Whānau Ora Outcome
Work in partnership with Iwi and Māori to facilitate Māori being designers, alongside MidCentral DHB and THINK Hauora, of the local health and disability system.	Increase Māori decision-making across all levels of the health and disability system. Support the Māori health sector to attract, retain, develop and utilise their Māori health workforce effectively, including in leadership and management. Ensure mana Māori and mātauranga Māori (Māori knowledge and belief systems) is acknowledged as a professional skill set.	Māori are routinely involved with the design of health and disability services and actively participate in monitoring and evaluation.	Increase in the percentage of Māori in the at all levels of the health and disability system, compared with the percentage of Māori in the population.	



Te Ara Haere

Actualising Success

The Ka Ao, Ka Awatea Refresh 2020-2022 sees the inclusion of an action plan template alongside the high-level implementation framework. The action plan template includes three examples of how you weave Ngā Whāinga (Objectives) and Ngā Tukanga (Key Actions) from the implementation framework and apply specific tasks, measures, outputs and the relevant Whānau Ora outcome area. These examples are from across the system, including THINK Hauora and MidCentral DHB.

- **Te Tiriti o Waitangi**

The action plan is underpinned by Te Tiriti o Waitangi. This is reflected at the top of each action plan table – the objective, actions, tasks, measures, outputs and outcomes must show the contribution to ensuring commitment and accountability to Te Tiriti o Waitangi.

- **Ngā Whāinga (Objective)**

The objective as identified in the implementation framework is included in the action plan. This keeps the framework and action plan connected to the overall objective.

- **Te Tukanga (Key Action)**

The key actions follow on from the objectives. These will also be shifted directly from the implementation framework into the action plan.

- **Ngā Mahi (Key Tasks)**

The action plan must identify the key tasks associated with the key action. This can be broken down into several tasks that will be required to be completed.

- **Te Aronga Nui (Contributory Measures) and Ngā Tutohinga (Indicators)**

The action plan provides a section to connect the contributory measure that is identified in the implementation framework. This is further broken down to specific measures and wellbeing indicators that connect to the tasks and overall objective.

- **Ngā Hua (Impact)**

Ngā Hua are also derived from the implementation plan, and show the direct impact made by the actions, tasks, measure and indicators to achieving the overall objective.

- **Progress Report – Quarterly**



The action plan provides a space for progress. This should at a minimum be quarterly to progress the actions and tasks identified.


- **Whānau Ora Outcome Area**

The action plan requires connectivity to the Whānau Ora Outcome areas. This will include an explanation of how the actions, tasks, measures and indicators contribute to achieving Whānau Ora.



Te Ara Haere Actualising Success

Te Tiriti o Waitangi - Article and Principle: Active Protection/Te Ritenga – Acting to the fullest extent practicable to achieve equitable health outcomes for Māori						
Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Mahi Key Tasks	Te Aronga Nui Contributory Measures	Ngā Tutohinga Indicators	Ngā Hua Impact	Whānau Ora Outcome
Example - Primary Care						
Actively protect Māori health and wellbeing, including the active protection of Māori autonomy in relation to health and wellbeing.	Routinely monitor performance to examine and continue to be well informed of the extent and nature of Māori health and wellbeing.	Each practice uses Te Kete Kōrero (THINK Hauora data warehouse) to focus Māori specific activity on system level measures. Each general practice quality improvement plan has specific equity measures. Outreach Immunisation Service and general practice teams’ partner to increase on-time vaccination rates for all Māori infants/children up to 5 years.	Health and disability services accurately capture data, monitor effectiveness and prioritise resources to improve Māori health outcomes.	80% of Māori men 30-44 years have a completed CVRA. 20% reduction of standardised ambulatory sensitive hospitalisations for the 45 – 64 year old Māori population with a respiratory or cardiac condition and/or diabetes. 20% increase of Māori being referred to primary options acute care (POAC) from general practice and 20% increase of POAC Ed redirects. Increase in the % of Māori children immunised on time and all Māori children have a child health screening tool completed at immunisation.	Kaupapa Māori insights and evidence inform and influence all health and disability service decision-making processes.	Hauoranga (Living healthy lifestyles)  Whānau have a quality of life that meets their health needs and goals across their lifespan.
Te Tiriti o Waitangi - Article and Principle: Active Protection/Te Ritenga – Acting to the fullest extent practicable to achieve equitable health outcomes for Māori						
Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Mahi Key Tasks	Te Aronga Nui Contributory Measures	Ngā Tutohinga Indicators	Ngā Hua Impact	Whānau Ora Outcome
Example - Secondary Care						
Actively protect Māori health and wellbeing, including the active protection of Māori autonomy in relation to health and wellbeing.	Actively engage Māori whānau to be leaders in their health journey.	Each Ward routinely captures accurate ethnicity data and offers Mahi Tahī to all Māori inpatients. All whānau are offered the opportunity to participate in the care of their loved one at Palmerston North Hospital with the development of a Kaimanaaki Plan.	Health and disability services accurately capture data, monitor effectiveness and prioritise resources to improve Māori health outcomes.	100% Māori inpatients are offered Mahi Tahī. 60% Uptake of Mahi Tahī across all Wards. 100% of whānau engaged with Mahi Tahī have a Kaimanaaki Plan in place. Increased satisfaction of Māori whānau for inpatient care received HQSC Survey Tool.	Increased confidence in culture of care. Whānau are supported to actively participate in the care of their loved one in all phases of inpatient care and discharge. Increased confidence in discharge processes as whānau are equipped to support the movement home.	Rangatiratanga (Self-managing)  Whānau are supported and enabled to take responsibility for their own lives and wellbeing.

Te Tiriti o Waitangi - Article and Principle:						
Active Protection/Te Ritenga – Acting to the fullest extent practicable to achieve equitable health outcomes for Māori						
Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Mahi Key Tasks	Te Aronga Nui Contributory Measures	Ngā Tutohinga Indicators	Ngā Hua Impact	Whānau Ora Outcome
Example - Leadership						
Actively protect Māori health and wellbeing, including the active protection of Māori autonomy in relation to health and wellbeing.	Implement clear performance and accountability expectations for meeting Te Tiriti obligations across the health and disability sector.	Ensure all system funding frameworks consider and adjust for unmet need and the equitable distribution of resources to Māori. Ensure all external contracts explicitly define Māori health performance expectations. Ensure all health and disability services routinely report on Māori health indicators.	Health and disability services accurately capture data, monitor effectiveness and prioritise resources to improve Māori health outcomes.	Increase in the distribution of resources for Māori health. Regular reporting from all health and disability services demonstrates improvement in equitable health outcomes for Māori. Reduction in percentage of Māori reporting unmet need for health care, including a comparison between Māori and non-Māori.	Kaupapa Māori insights and evidence inform and influence all health and disability service decision-making processes.	Hauoranga (Living healthy lifestyles)  Whānau have timely access to exemplary and culturally adept health and disability services to meet their health needs and goals.





Appendices



Te Iwi

Demographics

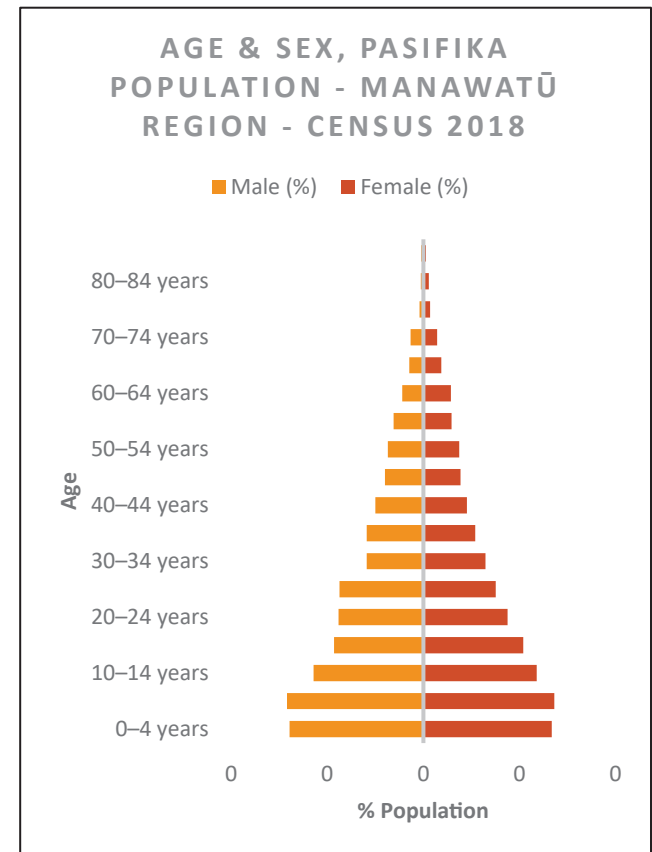
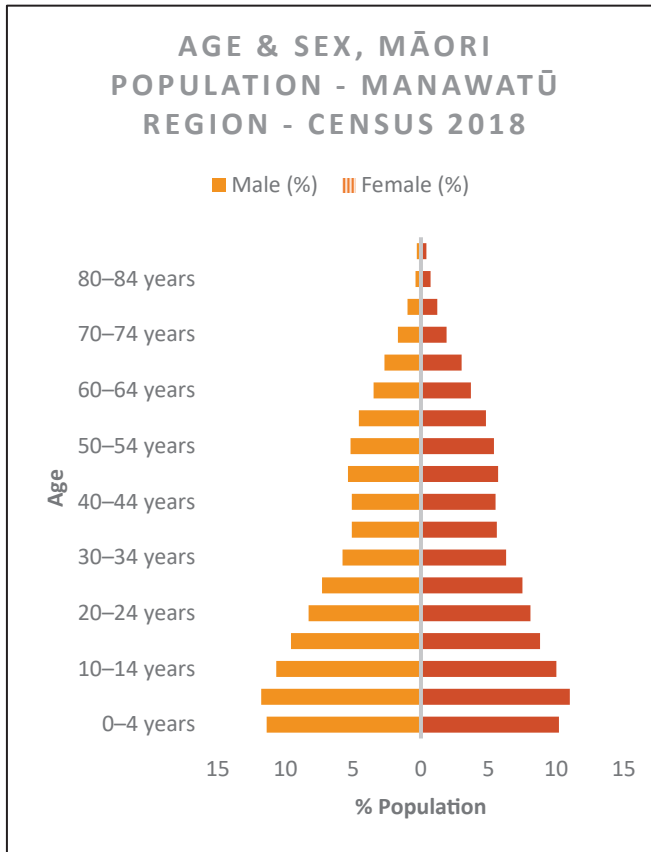
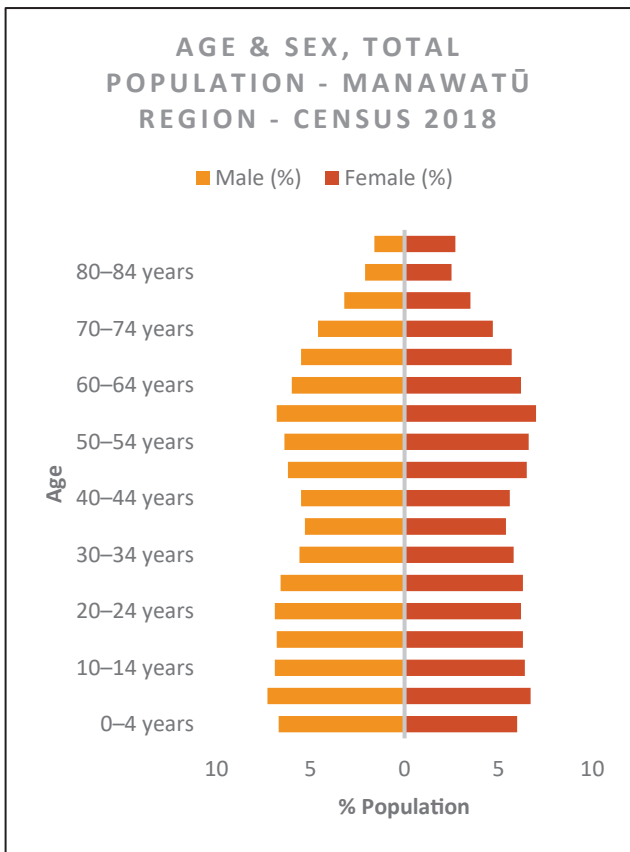
The following data reflects the current Māori population percentage in the MidCentral rohe. The population pyramids show the age and gender distributions across Māori, Pasifika and Total population's residing in the MidCentral DHB. Population projections are based on fertility (the birth rate), life expectancy (mortality), and migration. They show insights into our populations history and what our population may look like in the future by using data to create real stories of experience and potential. Experiences of minority populations tend to be overshadowed by the majority, and there is the potential for their stories to be lost. For example, 1951: a large proportion of children aged 0–4 years coincides with the first of the baby boomers. The baby boom was a Pākehā phenomenon. Māori fertility rates had been high before the war (averaging six births per woman) and remained high until the 1960s, when overall family size dropped rapidly due to improvements in child mortality and increasing urbanisation. This shows the importance to stratify data by ethnic to meaningfully reflect the lived experience of these populations.

Māori Demographic

Māori are a youthful, growing population with the Māori total fertility rate (TFR) above the population replacement level of 2.1 children required without migration. At times Māori fertility appeared to be converging towards Pākehā fertility. The smallest difference between Total New Zealand TFR and Māori TFR was in 1990, at 2.16 and 2.18, respectively, and the largest difference was in 1997, at 1.95 and 2.73, respectively (Stats NZ, 2017). However, Māori women have different age-specific fertility patterns, with peak childbearing at younger ages and over a longer period. All of this has and still is occurring in a society that facilitates and favours low fertility and small family sizes.

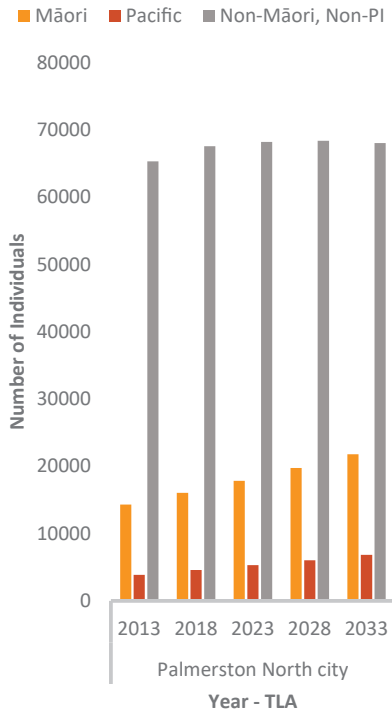
Manawatū-Whanganui Region, 2018 Census			
	Pasifika	Māori	Total
Youth <15	39.00%	32.55%	20.00%
Working Age 15-64	56.50%	60.65%	62.00%
Elder 65 +	0.04%	6.65%	18.05%





A bottom-heavy population pyramid shows a youthful population as seen with both the Māori and Pasifika populations. The number of individuals over 65 is disproportionately small compared intrapopulation within the Māori and Pasifika as well as interpopulation compared to the total NZ demographic. Another key feature is the interpopulation difference in the 'potential support ratio' (the ratio of those at working age to those notionally dependent at 0-14 and 65+ years).

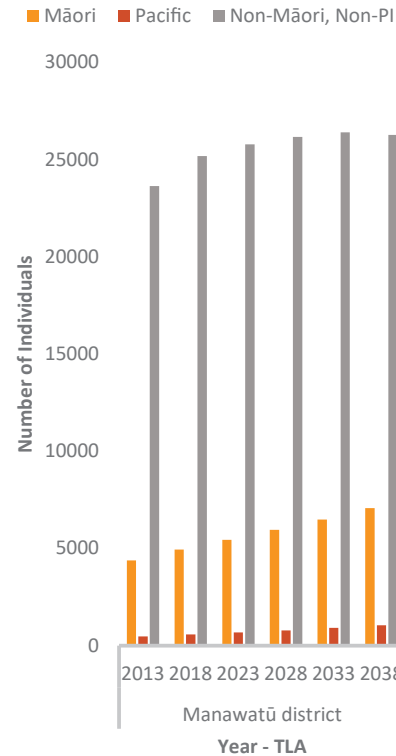
PALMERSTON NORTH - 5 YEAR POPULATION STATS NZ PROJECTIONS



Palmerston North City

In 2013, NZ Census showed Māori made up 17% (14,300 individuals) of the Palmerston North City population. By 2038, this will have increased by 7% to 24% (23,900 individuals). The Māori population in Palmerston North City is significantly younger than the total population; the Māori median age ranges from 22 (33.4 total population) in 2013 to 27.3 (36.4 total population) in 2038.

MANAWATŪ - 5 YEAR POPULATION STATS NZ PROJECTIONS

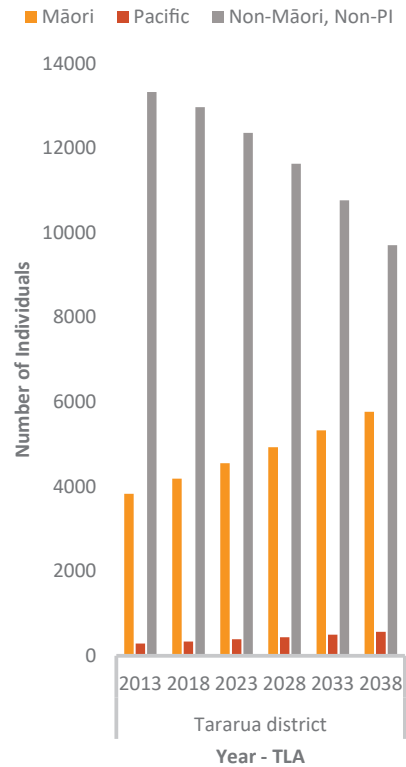


Manawatū District

In 2013, NZ Census showed Māori made up 15% (4,390 individuals) of the Manawatū District population. By 2038, this will have increased by 5% to 21% (11,450 individuals). The Māori population in Manawatū is significantly younger than the total population; the Māori median age ranges from 23 (40.6 total population) in 2013 to 27.1 (45.7 total population) in 2038.



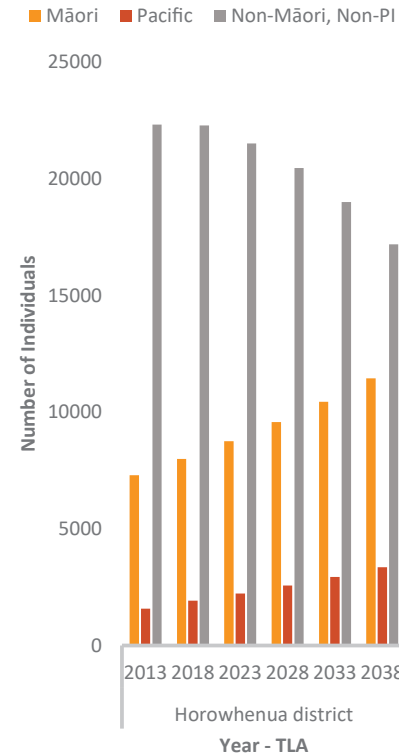
TARARUA - 5 YEAR POPULATION STATS NZ PROJECTIONS



Tararua District

In 2013, NZ Census showed Māori made up 22% (3,830 individuals) of the Tararua District population. By 2038, this will have increased by 14% to 36% (5,770 individuals). The Māori population in Tararua is significantly younger than the total population; the Māori median age ranges from 23.3 (41.1 total population) in 2013 to 26.7 (48.2 total population) in 2038.

HOROWHENUA - STATS NZ 5 YEAR POPULATION PROJECTIONS



Horowhenua District

In 2013, NZ Census showed Māori made up 23% (7,300 individuals) of the Horowhenua District population. By 2038, this will have increased by 12% to 36% (11,450 individuals). The Māori population in Horowhenua is significantly younger than the total population; the Māori median age ranges from 23.1 (45.6 total population) in 2013 to 26.9 (51 total population) in 2038.



The charts show the StatisticsNZ population projections for Māori, Pasifika, and non-Māori, non Pasifika populations across the four MidCentral DHB localities over five-year intervals from 2013 to 2033. The Māori and Pasifika populations are growing across each locality. Non-Māori, non-Pasifika is declining in both Tararua and Horowhenua. These provide a good indication of where future growth and investment may be needed.

Te Tiriti o Waitangi - Article and Principle:

Active Protection/Te Ritenga –

Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Mahi Key Tasks	Te Aronga Nui Contributory Measures	Ngā Tutohinga Indicators	Ngā Hua Impact	Whānau Ora Outcome

Te Tiriti o Waitangi - Article and Principle:

Active Protection/Te Ritenga –

Ngā Whāinga Objectives	Ngā Tukanga Key Actions	Ngā Mahi Key Tasks	Te Aronga Nui Contributory Measures	Ngā Tutohinga Indicators	Ngā Hua Impact	Whānau Ora Outcome

Ngā tohu, hei tohu

Whānau Ora markers



Te Ao Māori

The Kape design represents te Kete Tuauri, te Kete Tuatea, te Kete Aronui. The Kōruru speaks for itself, 'identity'. Those that are connected to their culture tend to have a healthier lifestyle.



Whānau Cohesion

Most whānau usually have a matriarch that keeps everyone connected. In today's time our rangatahi play a big part in this through social network sites. The figure represents the matriarch. The Kape design is significant as it represents those other elements that keep us connected such as Kapa Haka, Sports, Arts, Marae and Social Network Sites.



Healthy Whānau Lifestyles

It usually takes one member of the whānau to pave the way for change and the whānau will follow suit once they see the benefits unfold in front of them. The figure represents Te Taha Tinana. One spiral represents Te Taha Hinengaro and the other spiral represents Te Taha Wairua. The circle represents Te Taha Whānau.



Full Whānau Participation in Society

Participation is a two way process, one of giving and one of receiving. The outer figure with the Kape design represents whānau. The Kape pattern represents all those groups and activities they are affiliated to. The inner design represents the community groups. Those that are active and participate are contributing to their community.



Economic Security & Wealth Creation

It only takes one person in the whānau to raise the level of opportunities and lay that foundation for future generations. The two designs on either side of the figure represent the many pathways our whānau have available to them, if they chose to pursue them.



Responsible Stewards of Living and Natural Environments

The manu represents the knowledge that is past from the spiritual realm to the physical. It is the one that watches over us and communicates when needed for us to maintain our environment.



Whānau Self-Management

The Tewhatewha is a symbol of the past and the scroll a symbol of the future. Using both enables one to move freely and manage their own destination. Knowing where you have come from enables one to carve out the pathways for all generations to self-manage.

