

Diverse realities of Māori

This karakia comes from Kāi Tahu traditions and is used in relation to new life, to begin something and to clear the way. It refers to babies crying, dawn breaking and birds calling, signaling that day has arrived. It is an appropriate introduction to our first Best Practice Journal dedicated to Māori Health.

The Māori population is as diverse and dynamic as any other population and can be described and defined in a number of ways. The 2006 census told us that:¹

- 565,329 (15%) of the total population identified themselves as belonging to the Māori ethnic group.
- 643,977 people (18%) of the total population indicated they had Māori ancestry.
- The Māori population is young – 53% are aged less than 25 years.
- Māori birth rates are higher than non-Māori and well above replacement level, contributing to a growing Māori population.
- After a widening of the gap in life expectancy between Māori and non-Māori over the 1990s, the gap has stabilised and is currently about 7.6 years (Table 1).

Māori continue to have the poorest health status of any ethnic group in New Zealand. This is not acceptable and reducing health inequalities that affect Māori is a key priority for the government and sector.²

Research shows that primary care services have not addressed these ongoing inequalities.^{3,4} Māori have received fewer referrals, fewer diagnostic tests and less effective treatment plans from their doctors compared to non-Māori.⁵ Primary care services therefore have an excellent opportunity to make a significant contribution to reducing these inequalities.

Table 1: Life table for the Māori and non-Māori population in New Zealand, by gender, 2000–2002¹

Age	Expected years of life remaining		Expected years of life remaining	
	Māori female	Non-Māori female	Māori male	Non-Māori male
0 years	73.2	81.9	69.0	77.2
25 years	49.3	57.7	45.6	53.3
45 years	30.4	38.3	27.3	34.4
65 years	15.1	20.2	12.7	16.9
85 years	5.2	6.5	5.2	5.2

A strong primary health care system is central to improving the health of New Zealanders and to addressing and removing inequalities in health. The vision for primary health care, from Whakatātaka Tuarua—the Māori Health Action Plan 2006–2011, is to ensure Māori participate in easily accessible local primary health care services that improve their health, keep them well, and co-ordinate their ongoing care.⁶

He Korowai Oranga, the Māori Health Strategy, provides a framework for the sector to take responsibility for supporting the health status of whānau rather than just individuals. The overall aim of He Korowai Oranga is whānau ora: Māori families supported to achieve their maximum health and wellbeing.⁸

He Taru Tawhiti

A weed from far away. A metaphor for the unfamiliar diseases that arrived with the early settlers.

Māori have poorer health outcomes, die younger and have higher rates of chronic disease than other New Zealanders. There is a growing body of evidence showing that poorer access to health services for Māori, relative to health need, is one of the contributing factors to the inequalities in outcomes. Improving access to services is vital and will lead to a reduction in the health inequalities between Māori and other New Zealanders.⁶

As Dr Peter Jansen (Ngāti Raukawa, GP and Māori health leader) states **“the healthcare system reflects its origins in a dominant European culture, which values individualism and self-advocacy, and provides care in a manner which advantages certain groups including higher socioeconomic groups, non-Māori, non-Pacific groups and those without disabilities.”**⁷

There are around 240 Māori health providers delivering a range of health and disability services through out New Zealand. These services, often characterised by Māori delivery frameworks, are however not the exclusive domain of Māori. They are available to and accessed by others

Cultural competence standards

The Health Practitioners Competence Assurance Act 2003 requires registration authorities to set standards of cultural competence, review and maintain the competence of health practitioners and set standards to ensure ongoing competence.

The Medical Council of New Zealand has defined cultural competence as:

“Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills and knowledge needed to achieve this. A culturally competent doctor will acknowledge:

- That New Zealand has a culturally diverse population.
- That a doctor’s culture and belief systems influence his or her interactions with patients and accepts this may impact on the doctor-patient relationship.
- That a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding.”⁹

who also benefit from this method of service delivery.⁶

Ko te kokomuka te rākau i tunua ai te moa

Kokomuka is the wood that was used to cook the moa. There is a proper thing for every purpose.

The development of Māori health providers ensures that Māori have the right to a choice of service provider. Whilst Māori health providers will continue to develop and play a more significant role towards health equity and parity of outcomes, they do not remove the onus from mainstream

providers to deliver services that are equally as effective for Māori. Mainstream providers continue to deliver the majority of services to Māori and play a vital role in ensuring Māori have access to appropriate, timely and effective primary care services.⁷

One of the consistent components of cultural competence is the ability to establish a good rapport and effective communication with every patient and their whānau.

Māori, like all other cultures, are a dynamic and diverse group. Different Iwi, hapū and whānau have different traditions, beliefs and dialects. In addition, since the earliest contact, Māori have intermarried with other cultures and recent statistics show that half of all Māori have partners from another culture. It is important providers do not reinforce, or assume anyone fits into, what might be considered a typical stereotype.¹⁰

Māori sit on a continuum from those with more traditional lifestyles, beliefs and values through to those with lifestyles, beliefs and values dominated by more contemporary western influences. ACC guidelines state “If a person wears a tā moko this may not mean they want to converse in Te Reo Māori, or conversely that someone wearing a suit and tie has rejected traditional Māori cultural values”.¹⁰ Be guided by the patient and whānau about what cultural, spiritual and other practices are appropriate for them.

Kei a koe te tikanga

It is up to you

It is up to the health professional, as the expert, to learn the preferences of each patient, Māori or non-Māori, and strive to put them at ease in order to create and sustain a respectful, trusting therapeutic relationship.¹¹

Further reading:

The Royal New Zealand College of General Practitioners
RNZCGP cultural competence guidelines

http://www.rnzcgp.org.nz/quality/cultural_competence.php

ACC

Summary guidelines on Māori cultural competencies for providers

<http://www.acc.co.nz> (search site with “He Whakatauki”)

Medical Council of New Zealand

Best health outcomes for Māori: Practice implications

- Statement on cultural competence
- Statement on best practices when providing care to Māori patients and their whānau

<http://www.mcnz.org.nz> (search site using “maori health outcomes”)

References

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