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**The Royal Australasian College of  
Physicians' submission to the Ministry of  
Health**  
Discussion document to inform refresh He  
Korowai Oranga and the Māori Health Action  
Plan

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Ministry of Health's Document to inform discussions to develop a Māori Health Action Plan under He Korowai Oranga, the Māori Health Strategy (the Discussion Document).

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

### Key points

- The clear references to the recommendations of the Waitangi Tribunal's report *Hauora* are welcomed, as this is the first stage to translate this ground-breaking report into policy
- Reframing to emphasise the Articles rather than the Principles is a logical transition to create direct links with Te Tiriti
- Explicit references to racism and bias in the health care system are integral for workforce development, together with building the Māori health professional workforce

## A Te Tiriti o Waitangi framework for the health and disability system

### 1. How supportive are you of this Te Tiriti o Waitangi framework for the health and disability system?

The RACP strongly supports the Te Tiriti o Waitangi as being the basis for the health and disability system of Aotearoa New Zealand.

The RACP commends the Ministry of Health for its efforts to connect many recommendations from the Waitangi Tribunal's *Hauora* report to actions in the Discussion Document and its Appendices. For the RACP, this is evidence not only of the commitment to honouring Te Tiriti o Waitangi but working proactively to integrate recommendations into strategy and policy development.

### 2. What would you change?

The RACP welcomes the shift in emphasis to the Articles of Te Tiriti rather than the concept of the "Three Ps" – Partnership, Participation and Protection. The Treaty-derived Principles have been used extensively in government health and social policy since the Royal Commission into Social Policy of 1987, to guide government strategy and policy development and implementation<sup>1</sup>. References to the principles have remained fragmented, cursory and confined to rhetoric, insofar that there were no actions assigned to them<sup>2</sup>. This is not to state that the Three Ps have no further use; rather that the alignment to Te Tiriti itself and the embedding of the Articles strengthens the relationship of contemporary strategy and policy to a central, authentic source.

<sup>1</sup> Royal Commission on Social Policy. The April Report: Report of the Royal Commission on Social Policy. Wellington: 1988. Available from

<https://natlib.govt.nz/records/31938221?search%5B%5D%5Bcreator%5D=New+Zealand.+Royal+Commission+on+Social+Policy.&search%5Bpath%5D=items#>. Accessed 10 September 2019.

<sup>2</sup> Came H, Cornes R, McCreanor T. Treaty of Waitangi in New Zealand public health strategies and plans 2006-16. N Z Med J 2018; 131(1469):32-38. Available from <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1469-2-february-2018/7478>. Accessed 10 September 2019.

The shift to the Articles rather than Principles incorporates the fourth Article, the Ritenga Māori Declaration. Although this fourth Article could be construed as another “P” (“Prayer”), as the Article protects religious freedom, traditional knowledge and spirituality, it can equally be framed in the present day to enable Māori to live and thrive as Māori.

## Proposed objectives

### 1. How supportive are you of the objective to 'acknowledge and enable iwi, hapū and Māori communities to exercise their authority to improve their health and wellbeing'?

The RACP is strongly supportive of this objective.

### 2. How supportive are you of the objective to 'enable the health and disability system to be fair and sustainable and deliver equitable outcomes for Māori'?

The RACP is strongly supportive of this objective.

### 3. How supportive are you of the objective to 'address racism and discrimination in all its forms'?

The RACP is strongly supportive of this objective.

### 4. Keeping in mind the objectives should be overarching, have we missed an objective? If so, what?

The RACP finds that the draft objectives reflect the principles of Te Tiriti as they relate to the health and disability sector, and as informed by the Waitangi Tribunal's *Hauora* report<sup>3</sup>. These principles, as laid out in the Discussion Document, are

- Tino rangatiratanga
- Partnership
- Active protection
- Options
- Equity

We support the objectives being distilled to three key outcomes: Māori are self-determining, equitable health outcomes for Māori are achieved, and racism is addressed.

### 5. Do you have any other comments or suggestions regarding the objectives?

The RACP notes that Māori society is not homogenous, and Māori should be free to identify as they choose; for example, some may feel greater affinity and links with their hapū than their iwi. While we recognise that the groups named in the objective are more likely to have a degree of authority (making decisions on behalf of others or a collective), the base unit of Te Ao Māori is the whānau. Whānau ora as a goal, an approach, methodology and practice is referred to explicitly throughout the Discussion Document and as such, whānau should be articulated in the draft objectives.

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<sup>3</sup> Waitangi Tribunal. *Hauora: Report into Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal; 2019. Available from <https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/>. Accessed 10 September 2019.

The Document also details a section on common themes emerging from the objectives, which includes shifting from cultural competence to cultural safety as moving towards a focus on “addressing privilege, discrimination and racism”. In Aotearoa New Zealand, a settler-colonial country, the RACP believes this should include reference to the impacts of colonisation and intergenerational trauma.

## Proposed priority areas (general)

### 1. Is there a priority area missing? If so, what?

The first priority continues to articulate “Māori/Crown relationships” as opposed to “Māori/Crown partnerships”. Although the latter may suggest more transactional or business/economic framing, it is more consistent with Te Tiriti and the Principles outlined above. “Relationships” remains open for interpretation by either party, while partnership imparts a greater sense of participation and decision-making authority. The RACP recommends the Ministry rephrase this priority to “Māori/Crown partnerships”.

### 2. In your opinion, which priority areas will be the most important to focus on over the next five years?

This is a challenging question, as all priorities identified in the Discussion Document are important. Our submission has highlighted priorities which the RACP continues to advocate for across its policy and advocacy activities: equitable, culturally-safe care for Māori; action on the social determinants of health; growing the Māori medical workforce and strengthening the cultural competence of the non-Māori medical workforce; and the need to have robust data to support strategies and decision-making.

## Priority Area 2: Māori health development

### 1. Do you agree this should be a priority for Māori health over the next five years?

Consistent findings from the New Zealand Health Survey; numerous government reviews (including the mental health and addiction system, the social welfare system and the health and disability system); and reports from the Waitangi Tribunal have highlighted the failure of the existing system to deliver quality, equitable and safe care to Māori<sup>3 4 5 6 7</sup>.

The RACP supports a novel and innovative approach to delivering kaupapa hauora Māori services. We recognise that the current public health system works for some people, some of the time; however, inequities have persisted for Māori, meaning that a new approach is timely.

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<sup>4</sup> Ministry of Health. New Zealand Health Survey. Annual update of key results 2017/18. [Internet]. Wellington: Ministry of Health; 2019. Available from <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/new-zealand-health-survey?mega=Health%20statistics&title=NZ%20Health%20Survey#2017-18>. Accessed 12 September 2019.

<sup>5</sup> Government Inquiry into Mental Health and Addition. He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. Wellington: Government Inquiry into Mental Health and Addiction; 2019. Available from <https://mentalhealth.inquiry.govt.nz/inquiry-report/>. Accessed 12 September 2019.

<sup>6</sup> Welfare Expert Advisory Group. Whakamana Tangata: Restoring Dignity to Social Security in New Zealand. Wellington: Welfare Expert Advisory Group; 2019. Available from <http://www.weag.govt.nz/weag-report/whakamana-tangata/>. Accessed 11 September 2019.

<sup>7</sup> Health and Disability System Review. Health and Disability System Review Interim report. [Internet]. Wellington: Health and Disability System Review; 2019. Available from <https://systemreview.health.govt.nz/interim-report/>. Accessed 10 September 2019.

## 2. What do you like about this priority area?

The RACP welcomes the strengths-based emphasis in this priority area, references to Māori models of health and wellbeing and kaupapa Māori models of care: by Māori, for Māori. Further, we note the positive acknowledgment from the Ministry that it must “provide the platform” for these services to thrive.

## 3. What would you change about this priority area? Is there something missing?

The recent Waitangi Tribunal report *Hauora* considers the Crown’s failure to deliver improved Māori health outcomes through the Public Health and Disability Act 2000 and the Primary Health Care Strategy. The RACP notes that while the health outcomes and services kaupapa inquiry is ongoing and further reports are likely, building secondary and specialist services into a kaupapa Māori model of service delivery must be investigated under this priority. Examples of how this might work can be found in recent explorations of oncology services, and a trial of diabetes clinics<sup>8 9</sup>.

The RACP strongly supports recommendations for mainstream health services to work effectively and be seen as culturally safe by Māori through the provision of whānau-centred care. Beyond this, we call for the Ministry to consider how whānau health care journeys might encounter primary, secondary and tertiary care, recognising there is potential to weave kaupapa Māori models of care into all points of the whānau journey.

## 4. Please list any actions you would add for this priority area.

- Ask kaupapa Māori services what support and resources they need
- Identify ways to embed whānau-centred and kaupapa Māori approaches into mainstream health services, and develop tools for monitoring and measuring progress in mainstream services
- Investigate ways to embed kaupapa Māori practices into hospital and tertiary health care settings

## Priority Area 5: Cross-sector action

### 1. Do you agree this should be a priority for Māori health over the next five years?

Comprehensive and collaborative action to address the disproportionate impact of the social determinants of health on whānau health and wellbeing must be a priority for the refreshed Māori Health Action Plan.

The RACP identifies healthy housing, good work and whānau wellbeing as priority outcomes for the social determinants of health. Evidence locally and internationally shows the impact of substandard

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<sup>8</sup> Laking G. Ratonga Hauora Matepukupuku He aratohu tautuhi. Guideline for Service Specification: Kaupapa Māori Community Oncology. Unpublished, 2018.

<sup>9</sup> Harwood M, Tane T, Broome L, Carswell P, Selak V et al. Mana Tū: a whānau ora approach to type-2 diabetes. [Internet] N Z Med J. 2018; 131(1485):76-83. Available from <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1485-9-november-2018/7742>. Accessed 10 September 2019.

housing; poor work conditions, un/under-employment; and adverse mental health on overall health and wellbeing, and the health and wellbeing of whānau<sup>10</sup>.

Poor Māori health outcomes are reinforced by negative socioeconomic statistics, perpetuating frameworks and programmes based on deficit models and approaches: this cycle reiterates colonial thinking, where Māori are a population to have things “done to” them, rather than the self-determining “done with” (partnership) or “done by” (mana motuhake) approach.

## **2. What do you like about this priority area?**

The RACP welcomes the recognition and importance placed on the social determinants of health in the discussion document. Recent reviews and inquiries into the health system and its relation to Māori health have failed to incorporate the impact of the social determinants of health, stating that as the causes of ill health often fall outside the ambit of the health system, the social, economic and environmental determinants will not be included under the Terms of Reference.

We find that the social, economic, political, behavioural and environmental determinants of health are inextricably linked to poor health outcomes and health inequity. Comprehensive, joined-up action to address the determinants of health inequities, with clarity around roles and responsibilities when working across sectors must be a priority under the Action Plan.

## **3. What would you change about this priority area? Is there something missing?**

Indigenous peoples will be disproportionately affected by the impacts of climate change: loss of traditional fisheries and seafood gathering sites, disconnection from forests and land which in turn will impact mental health and wellbeing. The RACP has highlighted the impacts of climate change on the health and wellbeing of indigenous peoples, including Māori in Aotearoa New Zealand through submissions and position statements, most recently in response to the Climate Change Response (Zero Carbon) Amendment Bill<sup>11</sup>. Cross-sector action on the social, economic and behavioural determinants of health must include the health impacts of climate change.

## **4. Please list any actions you would add for this priority area.**

The RACP sees many areas for innovative, Te Tiriti-compliant programmes when considering cross-sector actions to address social, economic and environmental determinants of health. Any actions should incorporate collaboration across and between community, local, regional and national levels – for example, the Ministry of Health working with:

- Iwi, hapū and Government housing providers to increase availability of and access to papakāinga, and housing designed for whānau
- Ministry for the Environment, local authorities, Iwi, hapū and non-governmental organisations to co-design solutions to address climate change and develop mitigation strategies which support Māori wellbeing and honour Te Tiriti articles.

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<sup>10</sup> The Royal Australasian College of Physicians. Make it the Norm: Equity through the Social Determinants of Health. [Internet]. Sydney: The Royal Australasian College of Physicians; 2017. Available from <https://www.racp.edu.au/fellows/resources/new-zealand-resources/new-zealand-election-statement-2017>. Accessed 11 September 2019.

<sup>11</sup> The Royal Australasian College of Physicians. Submission to the Environment Select Committee on the Climate Change Response (Zero Carbon) Amendment Bill. July 2019. Available from [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-nz-submission-to-the-environment-select-committee-climate-change-response-zero-carbon-amendment-bill.pdf?sfvrsn=856f1a1a\\_6](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-nz-submission-to-the-environment-select-committee-climate-change-response-zero-carbon-amendment-bill.pdf?sfvrsn=856f1a1a_6). Accessed 10 September 2019.

- Kaupapa Māori community-level organisations supporting whānau through greater connection to Te Ao Māori; promoting protective factors through cultural identity.

## Priority Area 6: Workforce

### 1. Do you agree this should be a priority for Māori health over the next five years?

The RACP strongly supports the attraction, recruitment and retention of the Māori health workforce across all professional groups, and particularly in the medical workforce. Increasing numbers of indigenous doctors is well-supported as a strategy to improve indigenous health outcomes<sup>12 13</sup>.

### 2. What do you like about this priority area?

The RACP welcomes the dual focus of this priority, as it not only identifies the critical need to expand the Māori health workforce across all professional groups, it also highlights the concerted lack of cultural competence and culturally-safe practice in the non-Māori workforce, and positions specific actions to begin to address this. This is something the RACP has itself expressed in our Indigenous Strategic Framework 2018 – 2028, with strategic goals to both grow the Indigenous physician and paediatrician workforce in Aotearoa and Australia, but develop the cultural competence and culturally-safe practice of the non-Indigenous workforce<sup>14</sup>.

This priority succinctly links the resultant poor health outcomes experienced by Māori to the substandard quality of care Māori receive, which can in turn be correlated to the lack of culturally safe care provided in the health system. It effectively illustrates that increasing the Māori medical workforce **and** increasing the overall level of cultural competence and safe practice are strategies to addressing Māori health inequities.

### 3. What would you change about this priority area? Is there something missing?

Greater reference to the key partners in building both the Māori health workforce (pan-profession) and increasing the cultural competence and provision of culturally safe care by the non-Māori workforce, including regulatory authorities and postgraduate training organisations such as medical colleges.

### 4. Please list any actions you would add for this priority area.

The RACP acknowledges that building the Māori medical workforce will take time, but action in the next five years is critical to strengthening the pipeline from high school, through medical school and postgraduate vocational training.

<sup>12</sup> Bramley D, Riddell T, Crengle S, Curtis E, Harwood M, Nehua D, Reid P. A call to action on Māori cardiovascular health. N Z Med J. [Internet] 2004; 117(1199): U957. Available from [https://www.nzma.org.nz/data/assets/pdf\\_file/0003/17958/Vol-117-No-1197-09-July-2004.pdf](https://www.nzma.org.nz/data/assets/pdf_file/0003/17958/Vol-117-No-1197-09-July-2004.pdf). Accessed 12 September 2019.

<sup>13</sup> Roseby R, Adams K, Leech M, Taylor K, Campbell D. Not just a policy, this is for real: An affirmative action policy to encourage Aboriginal and Torres Strait Islander peoples to seek employment in the health workforce. Intern Med J [Internet] 2019; 49(7):908-10. Available from <https://onlinelibrary.wiley.com/doi/full/10.1111/imj.14345>. Accessed 13 September 2019.

<sup>14</sup> The Royal Australasian College of Physicians. Indigenous Strategic Framework. Sydney: The Royal Australasian College of Physicians; 2018. Available from <https://www.racp.edu.au/about/board-and-governance/governance-documents/indigenous-strategic-framework-2018-2028>. Accessed 15 September 2019.

Increases to the Māori health workforce are one component of the systemic changes that need to occur. The RACP acknowledges the need to improve the cultural competence and reflexive skills, attitudes and behaviours of the health workforce to ensure whānau receive and experience culturally safe care.

- Māori Health and Health Workforce directorates collaborate with specialist medical and nursing colleges and universities to strengthen the pipeline for Māori health professionals
- Ministry to take a leadership role with District Health Boards (DHBs) and Primary Health Organisations (PHOs) as employers to set expectations for cultural competence and cultural safety
- Work with medical and nursing colleges, DHBs and PHOs to facilitate greater training opportunities in kaupapa Māori providers.

## **Priority Area 8: Clear evidence of performance**

### **1. Do you agree this should be a priority for Māori health over the next five years?**

The Action Plan's implementation must include objectives and strategies for data collection, evaluation and monitoring which are responsive to kaupapa Māori and Indigenous Data Sovereignty principles. The RACP strongly supports clear evidence of performance as being a top priority in the Action Plan.

### **2. What do you like about this priority area?**

Reference to Indigenous Data Sovereignty is welcomed. Building Māori data sovereignty into the Action Plan from the beginning is essential to ensuring whānau, hapu and iwi concerns are met, and aspirations are supported. This priority area clearly states that data will be used to inform policy and service development, monitor progress towards outcomes and accurately describe existing gaps – articulating the story of Māori health inequities. This shows that data is an essential component woven across the Action Plan, as well as a priority in itself.

### **3. What would you change about this priority area? Is there something missing?**

The RACP does not recommend any changes to this priority area.

### **4. Please list any actions you would add for this priority area.**

The RACP recommends actions for this priority area are developed with Indigenous data sovereignty experts, such as Te Mana Raraunga, the Māori Data Sovereignty Network. Partnerships with Māori data scientists across disciplines will support the development of a kaupapa Māori and Te Tiriti-based data governance framework which can support the Integrated Data Infrastructure.

The government has recently acknowledged the serious issues around the 2018 Census, and commentators have noted that although the overall response rate for the Census is well under 90 per cent, for Māori this could be below 80 per cent, or closer to 70 per cent in areas like Northland and



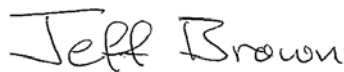
the East Coast<sup>15</sup>. It is clear from the Census failure that Māori data sovereignty, partnership and governance must be part of discussions in advance of data collection.

The RACP recommends the Ministry collaborate with Statistics NZ, other Ministries, Te Mana Raraunga, iwi and hapū groups to develop a robust framework for Māori data governance in government data collection.

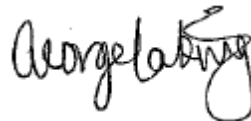
## Conclusion

The RACP thanks the Maori health Directorate and the Ministry of Health for the opportunity to provide feedback on this consultation, and we look forward to further engagement as the Action Plan develops. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at [policy@racp.org.nz](mailto:policy@racp.org.nz).

Nāku noa, nā



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<sup>15</sup> Baker G. Has the 2018 Census failed Maori? The Spinoff [Internet]. Available from <https://thespinoff.co.nz/atea/01-08-2018/has-the-2018-census-failed-maori/>. Accessed 15 September 2019.