



Māori Health Policy

New Zealand College of Public Health Medicine Policy Statement

Policy Statement

The New Zealand College of Public Health Medicine (NZCPHM) recognises that Māori, as the indigenous people of Aotearoa New Zealand, have unique rights under Te Tiriti o Waitangi (the Treaty of Waitangi) and the United Nations Declaration on the Rights of Indigenous Peoples.

The NZCPHM recognises that compelling health inequities exist in New Zealand between Māori and non-Māori New Zealanders. These inequities are large, pervasive, and persist across the lifespan and over time.

The NZCPHM is committed to a vision of a fair and just society where Māori and non-Māori have equitable health outcomes. Reaching this vision will require national commitment to achieving equity in access to the determinants of health such as income, education, housing and access, timeliness and quality of health care between Māori and other New Zealanders.

The NZCPHM recommends that improving Māori health and achieving equity in health between Māori and non-Māori is prioritised as a focus for health policy and action by all health professionals and policy makers.

The NZCPHM recognises its own responsibilities for Māori health, including obligations in all of its work to prioritise Māori health and to achieve equity in health.

Background

Te Tiriti o Waitangi (The Treaty of Waitangi)

The NZCPHM upholds Te Tiriti o Waitangi as the basis for partnership with Māori, recognises the special relationship between iwi Māori and the Crown under Te Tiriti o Waitangi, and recognises that Māori have the right to self-determination and to monitor and evaluate the Crown, i.e. the policies and activities of the New Zealand Government including the Ministry of Health.¹

In undertaking all its activities, the NZCPHM is committed to an equitable partnership with Māori in ways that recognise that Māori have distinctive indigenous rights as Tangata Whenua, cultural and legal rights, and different social and administrative contexts within which they live, including the specific guarantees of Te Tiriti o Waitangi.²

United Nations Declaration on the Rights of Indigenous Peoples

Te Tiriti o Waitangi is complemented by the Declaration on the Rights of Indigenous Peoples (the Declaration) adopted by the United Nations General Assembly in 2007 and supported by the New Zealand Government in April 2010.^{3,4} The Declaration is consistent with Te Tiriti o Waitangi on responsible government, tino rangatiratanga (self-determination) and equal rights for all, including for health.

The NZCPHM recognises the Declaration, which states that the human rights of indigenous peoples are equal to the human rights of everybody else, including the right to self-determination (article 3); the right to be free from discrimination (article 2); the right to be respected as distinct peoples (article 5); and collective, as well as individual rights (article 1).³

The NZCPHM recognises that in the past and the present, Māori have frequently been unable to realise their human rights, and that there is an urgent need to respect and promote these rights.

Colonisation

The NZCPHM recognises that both historical and contemporary colonisation are drivers of poor health for indigenous peoples worldwide, including Māori.⁵ In many countries, including Aotearoa, colonisation involved the loss of lives through invasion and war and the redistribution of resources and power from indigenous to migrant populations. Contemporary colonisation is underpinned by ongoing power imbalances which result in continued marginalisation of indigenous peoples and privileging of whiteness.⁶⁻⁸ Contemporary colonisation is not widely recognised or reported, but is considered by many to be an important determinant of Māori health. The colonisation of Aotearoa New Zealand, policies of assimilation, and unequal power distribution have denied Māori the right to act as a collective, stripped health resources including land, language and culture, and continue to have significant adverse effects on Māori health and wellbeing.⁹ Racism is recognised as both a tool of and driver for historical and contemporary colonisation. One of the most powerful forms of racism, institutionalised or structural racism, has been defined as inaction in the face of need.¹⁰ Inequities are by definition preventable and fixable. Hence, the existence of ongoing and unmitigated inequities in health outcomes is evidence of inaction in need at multiple levels of social and health policy and practice.

Health Inequities

The NZCPHM's policy statement on health equity¹¹ directly applies to Māori health. Inequities are differences that are unfair, avoidable and repairable.

There are well documented inequities in determinants of health between Māori and non-Māori, including in education, employment, income, housing, income support, dealings with the criminal justice system, health literacy, deprivation, and access to health care.¹² There are growing bodies of evidence showing for many conditions, including cancer, cardiovascular disease and the diagnosis and treatment of depression, that Māori receive lower access, timeliness and quality of care compared with non-Māori.^{1, 13-15}

An understanding of these inequities through continued monitoring is an essential component of a contemporary appreciation of Māori health. Monitoring inequities is a Māori right and provides evidence of the (under)valuing of Māori lives and health within Aotearoa.^{1, 16} However, monitoring alone

is insufficient: it needs to be paired with action, including a systemic response to address rather than tolerate disparities between Māori and non-Māori.

It is crucial that the health inequities faced by Māori are viewed as an issue for all of society so that the solutions are owned and supported by all New Zealanders. The NZCPHM does not view inequities as evidence of significant genetic or cultural differences between Māori and non-Māori, but rather as the result of significant differences in access to determinants of health as a result of colonisation and discrimination.¹⁷ Therefore, victim blaming, also known as deficit theory, is not an explanation of health inequities. Victim blaming is a manner of explaining inequities between groups in a way that does not consider the ‘upstream’ or structural causes of inequity.^{18, 19}

The NZCPHM recognises that racism is a root cause in the establishment and maintenance of ethnic inequities in New Zealand. Racism is understood as a system underpinned by unequal power relations by race/ethnicity that involves “shared social cognition (prejudice), as well as social practices (discrimination), at both the macro level of social structures and the micro level of specific interaction and communicative events”.²⁰ As such, racism can impact on health through multiple pathways.²¹ One example is described in a New Zealand study that reported that racial discrimination by health professionals correlated with lower rates of uptake of breast and cervical screening among Māori women.^{22, 23}

Kaupapa Māori

The NZCPHM supports Kaupapa Māori (Māori philosophy and ideology)¹ and evidence based systems-approaches to addressing Māori health and health inequities. The NZCPHM recommends a systems-approach to addressing Māori health inequities and consequently supports the approaches outlined in *Equity of Health Care for Māori: A Framework*, and the World Health Organization’s *Guidance for addressing inequities in health*.^{24, 25}

The NZCPHM supports the Ministry of Health’s He Korowai Oranga: Māori Health Strategy. The NZCPHM is committed to the kaupapa (purpose) behind He Korowai Oranga which sets the overarching framework to guide the Crown and health and disability sector to achieve health equity for Māori.

Ethnicity Data

The NZCPHM recognises that high quality ethnicity data is necessary to fulfil Māori rights, as tangata whenua, to be counted, to monitor the Crown, and to measure progress toward achieving health equity. The NZCPHM acknowledges the right of individuals to self-identify their ethnicity.

High quality ethnicity data includes data that is comprehensive (i.e. available across the health and disability sector), complete, current, accurate²⁶, standardised appropriately²⁷, and consistent²⁸ (including avoiding numerator-denominator bias).^{29, 30} The health sector must continue to address and improve gaps that persist in the quality of ethnicity coding data.³¹ The NZCPHM endorses the standardised

¹ Kaupapa Māori research is transformative and sets out to make a positive difference for Māori.¹² In (re)centering Māori ways of being and doing, Kaupapa Māori affirms the importance of Māori approaches to health, including Māori-led initiatives, to improve the health and wellbeing of whānau, hapū and iwi.

approach to ethnicity data as outlined in the *Ethnicity Data Protocols* for the health and disability sector, and in the *Ethnicity Data Protocols Supplementary Notes*.^{32, 33}

Responsibilities

The NZCPHM recognises that the Crown is responsible for enabling Māori leadership and participation in the development of actions to eliminate inequities in the determinants of health including income, housing, and access, timeliness and quality of health care. In addition to the points laid out in the NZCPHM's policy statements on health equity, the NZCPHM recognises its own particular responsibilities for Māori health, including obligations in all of its work to prioritise Māori health and achieve equity in health.

The NZCPHM also recognises the requirement for health researchers, policy makers and funders to prioritise Māori rights and achieving equity in health between indigenous and non-indigenous New Zealanders.

The NZCPHM notes that public health medicine specialists, and all health professionals, have a responsibility to ensure that they are culturally competent, particularly in relation to understanding the specific needs of Māori.^{34,35} Public health medicine specialists are often at the forefront of issues that could impact on the public health and social well-being of New Zealanders, so have a particular responsibility to show leadership in advocating for an increased focus on Māori health and health equity.

Summary

The NZCPHM recognises the existence of large, extensive, pervasive and long-standing persistent health inequities between Māori and non-Māori New Zealanders^{23, 36-57}, and that these inequities represent a breach of indigenous rights.

The NZCPHM is committed to a vision of a fair and just society where Māori and non-Māori have equitable health outcomes. Reaching this vision will require national commitment to achieving equity in access to the determinants of health such as income, education, housing and access, timeliness and quality of health care between Māori and other New Zealanders.

The NZCPHM is committed to prioritising its work to support Māori rights to self-determination and to achieve equity in health between Māori and other New Zealanders.

Recommendations

The NZCPHM recommends that improving Māori health and achieving equity in health between Māori and non-Māori is prioritised as a focus for health policy and action by all health professionals and policy makers. The NZCPHM recognises its own responsibilities for Māori health, including obligations in all of its work to prioritise Māori health and to achieve equity in health.

The NZCPHM recommends that its governing bodies, members, and staff:

- Take a leadership role in advocating for Māori health
- Retain health equity as its primary strategic objective

- Retain cultural competence as a compulsory component of its continuing professional development programme
- Retain Māori health and cultural competence as compulsory components of the public health medicine training programme
- Ensure its Māori fellows are supported to play a full role in the College's governance and core activities
- Support Māori doctors to enter and remain in the public health medicine workforce through additional funding and mentoring
- Advocate for issues that address root causes of health disparities
- Focus on training and core competencies that relate to equity and the improvement of Māori health such as equity analysis, effective advocacy, programme evaluation, Māori health promotion, management of high quality health data
- Support the use and understanding of Te Reo Māori

To meet Māori health rights including achieving health equity for Māori, the NZCPHM recommends that the Crown:

- Promotes and respects the indigenous rights of Māori as per Te Tiriti o Waitangi (the Treaty of Waitangi) and the United Nations Declaration on the Rights of Indigenous Peoples.
- Implements a systemic response to the health inequities that exist between Māori and non-Māori that addresses the root causes of these inequities including health system inequities.
- Requires service providers, including health, to have in place a plan to highlight and eliminate institutional racism, and to report on progress annually.
- Ensures that government-funded health research prioritises achieving health equity, considers Māori health rights, and explicitly considers use of Kaupapa Māori methodology.
- Standardises approaches to ethnicity data using the Ethnicity Data Protocols for the health and disability sector, and the Ethnicity Data Protocols Supplementary Notes.
- Addresses the recommendations detailed in NZCPHM policies and statements including:
 - Provision of culturally appropriate and accessible health services to all New Zealanders
 - Investing in universal policies such as community water fluoridation and immunisation
 - Development of a national, cross-sector strategy, which is embedded in legislation, to address child poverty that focuses on addressing poverty especially as it relates to tamariki Māori
 - Provision of nutritious meals in low decile schools
 - Monitoring and supporting engagement of tamariki Māori and their whānau with early childhood services including Well Child Tamariki Ora, immunisation, oral health, and hearing and vision screening
 - Redesigning transport infrastructure to prioritise safe, active travel
 - Ensuring adequate and affordable housing is available by the most sustainable means
 - Requiring regulated minimum standards for all rental houses and continue to incentivise home insulation

- o Introducing measures to reduce the consumption of sugar-sweetened beverages especially by children
- o Strengthening measures to reduce hazardous consumption of alcohol
- o Completing action on the Māori Affairs Select Committee recommendations (2010)

Other organisations

The NZCPHM supports the positions on Māori and indigenous health of other New Zealand health organisations:

- The Royal New Zealand College of General Practitioners (RNZCGP) 2012 Māori Strategy <https://www.rnzcgp.org.nz/assets/documents/News--Events/WEBRGP-8115-Maori-strategy.pdf>
- The Royal Australasian College of Physicians (RACP) <http://www.racp.org.nz/page/policy-and-advocacy/indigenous-health>
- The Public Health Association of NZ (PHA) 2014 Institutional Racism policy position <http://www.pha.org.nz/policies/PHA-institutional-racism-policy-October-2014.pdf>
- Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association (Te ORA) <http://www.teora.maori.nz/>
- The Medical Council of NZ (MCNZ) 2012 Best Health Outcomes of Māori: Practice Implications <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Best-health-outcomes-for-Maori.pdf>
- The Ministry of Health’s He Korowai Oranga: Māori Health Strategy <http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga>
- PHARMAC’s Te Whaioranga 2013-2023 Māori responsiveness strategy <https://www.pharmac.health.nz/maori>

Links with other NZCPHM policies

Health Equity
 Immunisation
 Rheumatic fever
 First 1000 days of life
 Tobacco control
 Alcohol
 Climate change

Housing
 Fluoridation
 Sustainability
 Trans Pacific Partnership Agreement
 Physical Activity and Health
 Pacific Peoples' Health

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