

Maori health

The challenge

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Recognising and incorporating the importance of whanau to Maori patients is arguably the most effective difference any doctor can make to the health and well-being of Maori patients. This recognition, central to the Government's approach through He Korowai Oranga – Maori Health Strategy,¹ now needs to move off the page and into practice if we are collectively to improve some of our most damning health statistics.

But how can a doctor working in a busy group practice acknowledge whanau, the very foundation of Maori society and, as such, a key component in the well-being of Maori, both individually and collectively?

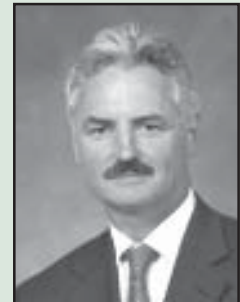
Many of the concepts of whanau are already seen in the role of the GP as the family doctor. Ideally these doctors have the time and the grounding in the local community to understand where their patients are coming from; a knowledge of the whole background of the person, their family and the local social environment.

Such doctors are typified by an understanding of the pressures faced by their individual patients, their family and, more generically, their communities, as well as their skills in diagnosis and treatment. Some are highly regarded for their gentleness in dealing with children. Some have treated generations of a single fam-



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ily. Others have a valued way of putting patients at ease, or an ability to discuss deeply personal matters.

Now consider the Ministry of Health's He Korowai Oranga – Maori Health Strategy, which is now being implemented.

Just as the family doctor instinctively understands the wider issues affecting the family or the community – and can integrate that knowledge into a care and treatment programme – He Korowai Oranga weaves together the different people and approaches which can work together to make Maori healthy. These include the

whanau, hapu and iwi, health professionals, community workers, providers and hospitals working together, in good faith, to achieve improved health outcomes for Maori.

Placing the achievement of whanau ora, or healthy families at the heart of the strategy reflects not only a major shift in our public policies but a revolutionary way of thinking about health care systems and services.

It begins with the understanding that the solution to Maori health issues requires a whanau approach. In the case of the child with obesity-related illness, for example, the usual approach might be to read the riot act to the mother and child on the need for sensible eating.

Taking the whanau approach results in the community health worker talking with the extended family in

their home. As a result, the whole family then decides they don't want the child feeling shameful and embarrassed about his condition, so they all go on a healthy diet together. The family becomes the solution.

To improve Maori health, and lower rates of disease, attendance to the basics is still the priority. Focusing on just four of the objectives of the New Zealand Primary Health Care Strategy² – including obesity, exercise, nutrition and smoking – will have some of the greatest returns. This not to undermine the range of issues GPs face on a day-to-day basis, but rather to suggest that some of the basic approaches to health care are often overlooked. Often, at the outset, they don't seem critical or urgent.

Approaching these objectives within the framework of whanau ora leads us to consider including Maori holistic models and approaches in methods of prevention, diagnosis or treatment. Again, this is fundamental because it enables Maori to take control over their own future direction – increasingly by seeking their own solutions and managing their own services. They can also embark on this journey while still identifying with their past, and unless Maori are provided this opportunity, finding a place in the present or future can be difficult.

Whanau ora encompasses certain 'non-health' elements that Maori consider the essentials of life. These are usually detailed as food, water, warmth, companionship or love and social existence. Individually and together, these are also fundamental to disease prevention in Maori. Many of these concepts are being integrated into initiatives already underway...

Food

A revolution is under way in marae food, in both the variety and quality of food served at hui, and in the many healthy eating programmes now be-

ing developed through marae-based programmes. In many cases this is being complemented and assisted by local Primary Health Organisations. At Tumai mo te Iwi PHO in Porirua, for example, nutrition and physical activity coordinators are working with people referred from member services in order to achieve better self-management and healthier lifestyles.

Water

Recognising another critical public health issue, the Ministry of Health has a significant programme promoting the safety of drinking water. This includes an annual report on the microbiological and chemical quality of supplies, information on how to ensure supplies, such as rainwater supplies, are safe and revision of the Drinking Water Standards for New Zealand. One innovative approach has been in the Hokianga where the Ministry of Health has funded water treatment plants for the community through the local marae.

Warmth

Demonstrated by the effectiveness of a 'Healthy Housing' project in Northland; Northland DHB and Housing NZ Corporation jointly operate this. A DHB public health nurse visits Housing NZ houses in high-risk areas of Whangarei, identifying problems such as poor insulation, dampness, inadequate heating or overcrowding. A report then goes to the Housing NZ, who upgrades the property as required. The home visits also enable the public health nurse to promote health within the home, and to identify missed vaccinations or screenings. The project is currently being expanded to include Kaitiaia. Similar projects in the Bay of Plenty and Taranaki have re-

sulted in a reduction of chest-related hospital admissions for Maori children in winter.

Companionship

Social relationships are a basic human need. A lack of companionship (or love) can result in a lack of emotional support, which in turn can affect mental well-being and physical health. Whanau ora is as much about relationships which sustain and nurture our human instincts to relate

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socially, whether they be kin-based relationships, nuclear family, or wider extended family. A longitudinal study undertaken by Professor Mason Durie and his team at Massey University has established the importance for Maori of a secure identity, as a prerequisite for mental well-being. Two-thirds of a sample group were found to have limited access to the 'Maori resources' which could strengthen identity in areas such as the language, cultural participation or sense of connection to tribal land.

A key to taking these initiatives forward will be the PHO. The inaugural PHOs have now been in existence for two years – with one of the first being the Maori-led Te Kupenga o Hoturoa in south Auckland. Now there are 73 PHOs covering most of the country, seven of which are Maori-led, with a further five Maori/general Access PHOs. Many others are thinking about collaborative relationships between general practice and Maori health providers.

Ultimately these arrangements will give GPs the chance to develop new working relationships with people such as Maori community health workers. At the same time Maori providers, especially those without GP services, will have ac-

cess to a more structured and systematic access to clinical diagnosis and decision-making.

And of course the population health focus of all our policies suggests a preventative approach, taking care of the problem before it happens. If PHOs can assist people to stop smoking, cut back the drinking, increase exercise and improve the diet that takes us a long way towards better health.

Perhaps the best way to initiate this preventative approach is to recognise that smoking, eating, exercise or alcohol consumption are all behaviour patterns that occur within a social context. Successful strategies for Maori are those that are anchored in this social milieu.

One example of the holistic approach applied through a PHO mechanism is the Ngati Porou Hauora project at Te Puia Springs, East Coast.

This provides health services across the whole of the East Coast where there is a high Maori population and many of the whanau and communities are poor. Housing, education, employment and health are key issues. Mortality statistics for the area show up lifestyle issues: smoking, poor nutrition and a lack of exercise.

Needless to say, diabetes is a problem. The current focus is on a major survey to ascertain exposure to diabetes risk. Following on from that the entire Ngati Porou community will be invited to take part in a marae-based intervention programme.

Over the next two years Ngati Porou Hauora will run dozens of health and education programmes in an effort to reduce the onset of diabetes. Activities will make use of local resources, of relevance to local people. This includes

everything from stop smoking programmes to pig hunting, from cooking classes to weaving and gardening programmes. Then the population will be surveyed again, to establish what has been achieved.

Many other PHOs are also engaging in population health-based projects that take an innovative approach.

- In Northland mortality rates for coronary disease among Maori men are almost double those for all other men in the area. The condition results in death for 287 out of 100 000 cases in Maori men, compared with 132 deaths per 100 000 cases in other men.

A new PHO within Te Tai Tokerau in Northland is considering heart screening at public events. The free screening could be offered at activities such as rugby matches or marae-based events, in a bid to tackle the higher incidence of heart disease among Maori men aged 35 years and older.

- Korowai Aroha Health Centre in Rotorua provides services including general medical services (GPs), nursing services, disease management, asthma control, smoking cessation, disability support, and mother's support and diabetes management. One

unique aspect is the home help service. This has evolved to both resurrect the art of weaving cloaks (mahi kakahu) and to undertake health checks within the community. Staff run workshops on

how to weave feather cloaks and subsequently they're able to contact the women taking part, particularly the kuia, by visiting them in their homes. While they check how the weaving is pro-

gressing, they're also able to undertake health checks. Without the focus on mahi kakahu, it is unlikely that many of these health checks would be done.

- Te Kupenga A Kahu Trust PHO uses the Maori system of informal contacts between whanau to find children who may have missed out on vaccination. Arrangements are made to send an authorised vaccinator to them to ensure that every Rotorua child is fully immunised against the major childhood diseases by age six. If the PHO's enrolled population is unable to access their services, the service goes to them.

Although PHOs are well-positioned to undertake a variety of projects that address the underlying determinants of health, the fact remains that mainstream doctors are still the main provider to Maori. It therefore follows that it is within the GP's surgery that the most immediate and effective gains can potentially be made.

A 2002 study of non-Maori GPs Tauiwi general practitioners talk about Maori health: interpretive repertoires by Timothy McCreanor and Raymond Nairn³ found most participants agreeing that Maori health is in crisis, and that non-compliance is a key issue.

'Compared with the rest of the practice population, Maori do not do the right things in relation to their health,' the researchers observed. 'In terms of standard medical definition of compliance, they do not take their medication, do not follow prescribed regimes of treatment, do not arrange for repeat courses of medication, and do not attend to follow up.'

Non-compliance is as much an issue for the provider as it is for the patient.

In responding to these observations, it should be noted that programmes which provide an 'interface' between GPs and patients can dra-

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matically improve this view of non-compliance, particularly in areas such as medication.

Turanga Health, now part of a Gisborne PHO, provides a service that has assisted patients/clients in making and keeping their appointments.

In Wangai, primary health care provider Te Oranganui changed its processes to enable community health workers to see patients after they had received their prescriptions from the GPs. The community workers can now take the time to explain the prescription requirements and reasons why compliance is impor-

tant. This has both improved the perceived non-compliance by patients and made doctors' prescribing patterns more effective.

Addressing issues such as non-compliance is clearly a key area for any general practice, and particularly those with a high Maori population.

In conclusion, it should be noted that we have already witnessed many outstanding successes in Maori health, and we can take heart from these successes, and proceed with extending them forward. A recent Statistics NZ report shows a significant improvement in Maori life expectancy.

This shift is largely due to the improved health of middle-aged Maori. Improved access to treatment has been an important contributor, as has the remarkable turn around in Maori cot deaths and also the substantial reduction in the percentage of Maori men who smoke.

While the less-obvious reasons for Maori health improvement are quite complex – and are partly due to factors outside the health sector – it is likely that our health sector activities have had an impact.

All of which bodes well for a continuing improvement in Maori health.

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