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## Mihi

Ka whakamoemitingia tonu te Kiingi o te Kaihanga o Runga Rawa!  
Ma te Atua e manaaki tonu I te Kiingi a Tuheitea me te Kahui Arikinui tonu  
E tangi tonu ana ki ngā mate o te wā – takoto mai; moe mai koutou; haere, haere, haere!  
Rātou ki a rātou; tātou ki a tātou!

Ko tēnei hoki te mihi atu ki a koutou; ngā kaipānui; me te kaupapa o ngā pepa nei; ka whakamāramahia ngā ahuatangā e pa ana ki te nohoanga oranga tonu, i runga i te mata o te whenua, o te tangata kua eke ki te taumata ka pa ki te kaumātua me te pakeke kua tata hei kaumātua. Kua huaina te ingoa “Mauriora ki ngā Kaumātua” me te mōhio hoki; he tino piki kotuku ngā kaumātua – Ko rātou ngā whakaruruhau ma ngā whānau, ngā marae, ngā hapū me ngā iwi.

Ki te kore ngā kaumātua, i ngā wāhi pērā, ka ahatia e tātou te iwi?

No reira, ka whai ake nei te pātai – “Me pēwhea rā te manaaki pai, te tiaki totika ai i o tātou koroheke/ruruhi/pakeke; kia ahei rātou ki te whai oranga tonu, i roto i ā rātou kāingā; arā, i ngā wāhi katoa kei reira rātou?”

Ko ia tēnei tētehi ara; hei whakautua taua pātai kātahi anō ka pātaingia; kia whakatutukingia anō te kōrero e kiia ana:

“He aha te mea nui o te ao?”

He tangata, he tangata, he tangata!”

No reira – Mauriora ki ngā kaumātua!

## Executive summary

The vision of Mauriora ki ngā Kaumātua (version two) 2009-2012 is to enhance and promote the health and well being of kaumātua in alignment with whānau ora, the key objective of He Korowai Oranga 2001, the National Māori Health Strategy. The change in the composition of the Māori population will have a significant impact on the health and wellbeing of the Māori community and place a greater demand upon health services. Mauriora ki ngā Kaumātua (version two) 2009-2012 provides a pathway forward for Waikato DHB to work to better meet the needs of kaumātua and their whānau both now and into the future.



## Strategic context

The impetus given to Māori health by Waikato DHB has five key drivers:

1. Te Tiriti o Waitangi the founding document of our nation.
2. A commitment to support Iwi development in the area of health.
3. The size, projected growth and changing composition of the Māori population.
4. A disproportionate health need for Māori relative to the rest of the population.
5. A commitment within Waikato DHB to reduce health inequalities for Māori.

## Background to AGEWISE

The Waikato DHB strategic document for the health of older persons, 'AGEWISE (2001)' the AGEWISE strategy was established as a result of the Waikato DHB intersectoral steering group that met in August 2001 following the release of the National Positive Ageing Strategy and the then draft Health of Older Persons Strategy.<sup>1</sup> Details on this strategy and progress are available and include:

- the establishment of the AGEWISE Advisory Group
- a reorientation of AGEWISE to focus on primary care services, rather than solely on secondary and tertiary services
- development of a phase two implementation plan and work plan.

In alignment with the Ministry of Health's 10-year Health of Older People Strategy 2000-2010, phase two of AGEWISE will lead Waikato DHB through the next three year period until 2010.

## Background to Mauriora ki ngā Kaumātua (version two) 2009-2012

Since the review of AGEWISE and the establishment of phase two of the initiative, AGEWISE has taken notice of the need to review Mauriora ki ngā Kaumātua 2003 -2006 to ensure that a strategy is in place to promote maximum health and wellbeing for Kaumatua within the greater Waikato district. The development of Mauriora ki ngā Kaumātua (version two) 2009-2012 consisted of two phases for the gathering of information relevant to the health needs of kaumātua.

Much of the information came from Waikato DHB's Health Needs Assessment (HNA) 2008, supported by a second phase that saw a wider community engagement exercise which included focus groups with kaumātua and Māori providers in Hauraki, Northern Waikato, Hamilton, Te Kuiti and Taumarunui.

## Alignment to strategy

Mauriora ki ngā Kaumātua (version two) 2009-2012 links to the following national and local strategies:

- Korowai Oranga the National Māori Health Strategy 2001.
- He Huarahi Oranga the Waikato DHB Māori Health Strategic Plan 2009-2014.

<sup>1</sup> Aligned to AGEWISE, 2002

## Acknowledgement of past success

Mauriora ki ngā Kaumātua (version two) 2009-2012 acknowledges and builds forward on the past success of AGEWISE phase one and Mauriora ki ngā Kaumātua (version one) 2003-2006. Past successes include but are not limited to:

- a commitment to planning services for older persons that is inclusive of the age band applicable to Māori older persons health (55 yrs +)
- a growing older persons health research agenda, with a commitment to focussing in equal outcomes for Māori, and assisted by the Kaumātua Kaunihera Research Ethics Sub-Committee.
- outreach services delivered to kaumātua (provider: Te Rauawaawa)
- mirimiri contract funded.

## Key demographics

The Māori population is ageing. While current age definitions place older people in general within the 65yrs+ bracket, for Māori this age range definition is not entirely useful. This is because Māori suffer from poorer health status than non-Māori and therefore are more susceptible to the onset of illness and disease at an earlier age. In general terms Māori suffer the poorest health of any ethnic group in New Zealand<sup>2</sup>. For Māori, then, the age range that defines an older person should start at 55yrs+<sup>3</sup>. This age range must be factored into funding pathways for Māori access to, and utilisation of health and disability services.

The composition of the Māori population is also starting to change. While the Māori population remains largely youthful (38% < 15yrs, 2004) a significant proportion of the Māori population is becoming aged. This is both a national and local trend. Some 16 per cent of the total local Māori population will be over the age of 55yrs+ by 2016.

2 He Korowai Oranga, National Maori Health Strategy 2002.

3 As agreed by iwi consultation.



# Mauriora ki ngā Kaumātua

## Strategic directions and actions

The four strategic directions within Mauri Ora ki ngā Kaumātua 2009-2012 are:

1. Māori participation
2. Māori health workforce development
3. culturally effective
4. Māori provider development.

**Table one: four strategic directions Mauriora ki ngā Kaumātua 2009-2012:**

Key issue	Related strategic direction	Key objectives
Tino Rangatiratanga	Māori participation	Ensuring that Māori/Iwi can actively participate in strategy/planning/prioritisation of health monies and decision making as it impacts on the health and wellbeing of kaumātua.
Workforce capacity	Māori health workforce development	Building both the numbers, the skills and knowledge base of Māori employed at all levels within the health sector.
Responsive services	Culturally effective	The development of health services which service provision meets both the cultural and clinical health needs of Māori.
Māori provider capacity	Māori provider development	Building the capacity of Māori providers with a view to provide the option of kaupapa Māori services to kaumātua and their whānau.

Each of the strategic directions and associated objectives, tasks and outcomes, links to the seven core AGEWISE principles (links to kaumātua strategic directions 1-4):

1. Focus on the older person (1-4).
2. Encouraging local community action (1).
3. A responsive and flexible model (3).
4. Being culturally appropriate (3).
5. Building on what we have (3).
6. Service integration (3).
7. Focus on prevention and health promotion for the older person (4).



## Table one:

Strategic direction one focussing on Māori participation ensuring that Iwi/Māori can participate in decisions that impact on the health and wellbeing of our kaumātua with specific emphasis on input into planning, funding and projects within the health sector at a national, regional and district level.

Objective	Tasks	Outcome	Resp	Time
1.1 Māori provider and community participation is strengthened through identification of relevant kaumātua health activities.	<ul style="list-style-type: none"> <li>Use completed stocktake on Māori provider kaumātua activities and distribute brief provider profile paper to relevant Māori providers to encourage networking and integration.</li> <li>Development and continuous implementation of communication process with relevant Māori providers.</li> </ul>	<ul style="list-style-type: none"> <li>All Māori providers providing services to kaumātua are identified.</li> <li>All Māori providers with complimentary kaumātua services are aware of networks within their communities.</li> <li>Networking and integration occurs across providers.</li> </ul>	TBA	2009 Q2
1.2 Māori participation in planning, funding and decision making across health and disability services.	<ul style="list-style-type: none"> <li>Māori primary/ community staff communicates and integrates with Māori providers identified within report.</li> </ul>	<ul style="list-style-type: none"> <li>Māori primary/ community staff have knowledge of and access to relevant Māori provider services for kaumātua.</li> <li>Service integration occurs for kaumātua including an emphasis on access to primary and community services (prevention).</li> </ul>	AWAG	2009 Q2
			AWAG	2009 Q2
1.3 Māori participation in planning, funding and decision making across health and disability services.	<ul style="list-style-type: none"> <li>Development of Mauriora ki ngā Kaumātua (version two) 2009-2012 is supported by hui with key Māori providers and the community<sup>1</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>Hui with key Māori providers and community completed.</li> <li>Mauriora ki ngā Kaumātua (version two) completed and its implementation reported quarterly.</li> </ul>	Te Puna Oranga	2009 Q2
	<ul style="list-style-type: none"> <li>Ensure Māori participation in key developments within Health Waikato older persons service.</li> </ul>	<ul style="list-style-type: none"> <li>Key developments within Health Waikato older persons service evidence the need to be responsive to the needs of kaumātua and their whānau.</li> </ul>	AWAG	2009 Q2

<p>1.4 Capacity building within services.</p>	<ul style="list-style-type: none"> <li>• Develop a generic Māori model of care document to inform service area MOC development and review.</li> <li>• Integrate a Māori model of care (MOC) into Health Waikato Model of Care development with specific emphasis on services for older people.</li> </ul>	<ul style="list-style-type: none"> <li>• A Māori Model of Care is integrated into Health Waikato service areas that deliver services to kaumātua and their whānau.</li> </ul>	<p>Te Puna Oranga</p>	<p>2009 Q2</p>
<p>1.6 Chronic disease state management (link to 55yrs+ health need statement).</p>	<ul style="list-style-type: none"> <li>• Develop a range of outreach services that support kaumātua and their whānau whom have a chronic disease.</li> </ul>	<ul style="list-style-type: none"> <li>• Concept piloted with eight practices and will combine outreach nursing services with other services (social workers) to support kaumātua whom have a chronic disease.</li> </ul>	<p>Te Puna Oranga</p>	<p>2010 Q4</p>



## Table two:

Strategic direction two focussing on Māori Health workforce development and building both the capacity and capability of the local Māori health workforce in the area of health services that provide and care for the health and wellbeing of our kaumātua.

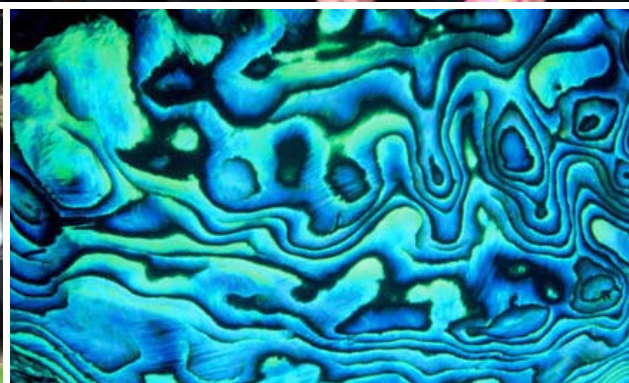
Objective	Tasks	Outcome	Resp	Time
2.1 Build Māori workforce capacity within the area of kaumātua health.	<ul style="list-style-type: none"> <li>Proactively employing Māori within primary/community service teams.</li> </ul>	<ul style="list-style-type: none"> <li>Primary/community service teams have increased Māori staff capacity.</li> <li>Māori staff are providing services to kaumātua in the community.</li> </ul>	TBA	TBA
2.2 Build Māori workforce capacity in the area of kaumātua health through fostering leadership.	<ul style="list-style-type: none"> <li>Support fostering leadership through enrolling Māori who work in the area of kaumātua health in Waikato DHB leadership programme.</li> </ul>	<ul style="list-style-type: none"> <li>Narrative report on Māori participants in Waikato DHB health leadership programme including those from the NGO sector, details participation of Māori who work in the area of kaumātua health.</li> </ul>	Human Resources	Q2- Q4
2.3 Support development of Māori community health workers.	<ul style="list-style-type: none"> <li>Support development of Māori community health workers, who work in the area of chronic disease state management, to foster skills and knowledge that focus on kaumātua health.</li> </ul>	<ul style="list-style-type: none"> <li>Training and development programme established to support Māori community health worker positions whom work with whānau in the area of chronic disease state management.</li> <li>Training and development programme includes a focus on skills and knowledge that focuses on kaumātua health.</li> <li>Cross fertilisation occurs between Māori primary/community staff and existing non kaupapa Māori services (e.g. disability support services).</li> </ul>	Te Puna Oranga	2009-Q2
2.4 Kaumātua caregiver training.	To develop a training programme for care givers whom look after a kaumātua with palliative care and long term care needs.	<ul style="list-style-type: none"> <li>Training programme developed and implemented.</li> <li>Training piloted in Hamilton/Te Kuiti and Thames.</li> </ul>	Te Puna Oranga	2009 Q4

## Table three:

Strategic direction three focussing on culturally effective services and building culturally effective health services which can meet not only the clinical but also cultural health needs of our kaumātua and their whānau within our district.

Objective	Tasks	Outcome	Resp	Time
3.1 Effective orientation to Māori health and kaumātua health for those employed within Waikato DHB with a focus on staff who work predominately with kaumātua.	<ul style="list-style-type: none"> <li>To provide an effective orientation to Māori health to all staff commencing employment within Waikato DHB.</li> <li>To ensure that all staff commencing employment within Waikato DHB receive a traditional welcome (whakatau/powhiri).</li> </ul>	<ul style="list-style-type: none"> <li>All staff orientating to Waikato DHB receive a traditional welcome.</li> <li>All staff orientating to Waikato DHB are orientated to Māori health.</li> </ul>	Te Puna Oranga	Q2 – Q4
3.2 Bicultural education for staff employed within Waikato DHB with a focus on staff who work predominately with kaumātua <sup>2</sup> .	<ul style="list-style-type: none"> <li>To ensure that all staff who predominately work with kaumātua have access to bicultural education which covers the Treaty of Waitangi and the story of the people of the Waikato and Tikanga best practise guidelines.</li> <li>To monitor the total number of staff who predominately work with kaumātua participating in bicultural education workshop programmes.</li> </ul>	<ul style="list-style-type: none"> <li>All staff who predominately work with kaumātua are enrolled in Te Ara Tika Tuatahi Treaty of Waitangi workshop</li> <li>Total number of staff who predominately work with kaumātua attending bicultural education curriculum is recorded.</li> </ul>	Human Resources/ Te Puna Oranga	Q2 – Q4
3.3 Maori health plans in place within the Waikato DHB district include kaumātua health strategies.	<ul style="list-style-type: none"> <li>To ensure that relevant Waikato DHB and providers within the NGO sector have Māori health strategies and plans with kaumātua specific actions in place.</li> </ul>	<ul style="list-style-type: none"> <li>As appropriate, contracts specify a requirement for NGO sector to have plans and strategies in place that meet the needs of kaumātua health.</li> </ul>	Planning and Funding/ Te Puna Oranga	2010 Q4
3.4 Cultural audits monitor service delivery to Māori.	<ul style="list-style-type: none"> <li>Implement a cultural audit of Health Waikato services for older persons.</li> <li>Develop action plans to address any service deficiencies identified through the cultural audit process.</li> </ul>	<ul style="list-style-type: none"> <li>Cultural audit process conducted and corrective action plans developed as required.</li> </ul>	Te Puna Oranga/ Health Waikato Older Persons Service	2010 Q4

<p>3.5 Ensure assessment processes relating to the health needs is responsive to the.</p>	<ul style="list-style-type: none"> <li>• Integrate a component of cultural assessment into all assessment processes that relate to the assessment of the health needs of kaumātua.</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural assessment component integrated into health needs assessment processes for kaumātua.</li> </ul>	<p>Te Puna Oranga</p>	<p>TBA</p>
<p>3.6 Support the development of services relevant and appropriate to kaumātua services within rest-homes.</p>	<ul style="list-style-type: none"> <li>• Support the development of a kaupapa Māori approach to rest-home service provision.</li> </ul>	<ul style="list-style-type: none"> <li>• A kaupapa Māori rest-home established in the greater Waikato district (may be stand alone or an integrated service)</li> </ul>	<p>Taumarunui Kokiri Trust</p>	<p>TBA</p>
	<ul style="list-style-type: none"> <li>• Support the development of a kaupapa Māori service approach in rest-homes.</li> </ul>	<ul style="list-style-type: none"> <li>• Rest-homes can provide services by kaupapa Māori approaches.</li> </ul>	<p>TBA</p>	<p>TBA</p>



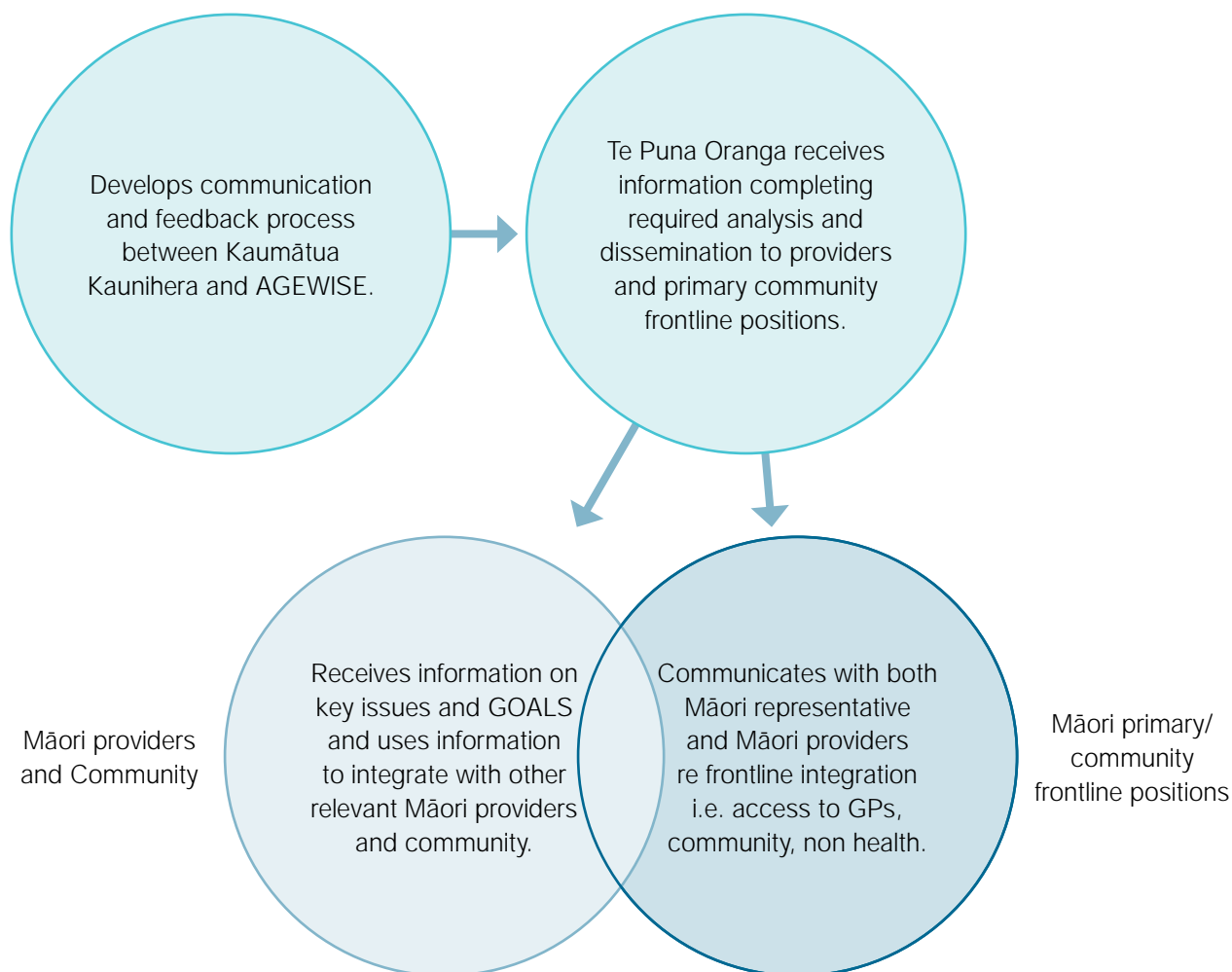
## Table four:

Strategic direction four focussing on Māori provider development including strategies and actions which seek to build the capacity of Māori providers which offer kaumātua and their whānau the option to access health services which are uniquely kaupapa Māori. The focus of such services is keeping kaumātua well in a community setting either through education/ prevention or early intervention services.

Objective	Tasks	Outcome	Resp	Time
4.1 To pilot traditional Māori health assessment and treatment methods.	<ul style="list-style-type: none"> <li>Complete a pilot which seeks to determine the value added by mirimiri or rongoa to kaumātua.</li> </ul>	<ul style="list-style-type: none"> <li>Pilot completed and evaluation report received evidencing value added by the use to traditional assessment and treatment methods.</li> <li>Pilot a kaupapa Māori service development approach to the establishment of health campus in association with Thames and rural hospital's.</li> </ul>	Te Puna Oranga	2010 Q4
4.2 Support and maintain services relevant and applicable to kaumātua.	<ul style="list-style-type: none"> <li>Use existing stocktake to stocktake of services relevant and applicable to kaumātua to identify service provision gaps.</li> </ul>	<ul style="list-style-type: none"> <li>Information used to inform planning, decision making and business cases for additional funding where required.</li> </ul>	Planning and Funding/ Te Puna Oranga	2009 Q4
4.3 Capacity development project.	<ul style="list-style-type: none"> <li>A Waikato DHB secondment shared across relevant Māori providers support the scoping of capacity development opportunities within a kaupapa Māori provider that focuses specifically on the health and wellbeing of kaumātua.</li> </ul>	<ul style="list-style-type: none"> <li>Secondment secured and scoping exercise of capacity development opportunities within relevant Māori providers completed.</li> <li>Funding secured to support capacity development.</li> </ul>	Te Puna Oranga	2010 Q4

# Appendix 1

Figure 1: Diagram of communication between governance groups, Te Puna Oranga, Māori providers and Māori staff in the community



Stocktake report supports communication between providers on issues and goals

Health promotion is a key goal for kaumātua health; promoting wellness and preventing

