

June 5th 2008

6.1 Waikato Maori HEHA Plan



Māori HEHA WorkPlan

2008

Healthy Eating Healthy Action (HEHA)
Oranga Kai – Oranga Pumau

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MIHI

Korōria, tonu, ki a lo te mata huna!

Kia piki, tonu, te oranga, te kaha me te māramatanga ki runga i a Kiingi Tuheitia me te Whare Ariki nui tonu!

Ka tahuringia , kē, ki te hunga kua hingaia e te ringa kaha rawa o Aitua – takoto mai, moe mai koutou, haere, haere, haere!

Kaati! Rātou ki a rātou! Tātou ki a tātou!

Ka whai iho nei, te kaupapa e kiia ana ko – “Oranga Kai – Oranga Pūmau” te ingoa! Ko ia e kokiri ana te wero ki te iwi, nui tonu, e pa ana ki:

- Ngā momo kai me kaingia, ake, e tātou;

hei tautokona te kōrero e mea ana – “HUAkina, ake, te tatau ki ngā momo HUA rākau, HUA whenua, ia rā, ia rā!”

- Ngā momo unu me unumia, ake, e tātou;

hei tautokona te kōrero e mea ana – “WAI māori, WAI ora! Tihei Mauriora!”

- Ngā momo whakapakaritanga o te tinana me whakapakaringia, ake, e tātou;

hei tautokona te kōrero e mea ana – “Whakapikia ngā wā Tama tū, tama ora, ia rā, ia rā!”

Ko ia tēnei, te mahere rautaki, hei awhina ake i a tātou, te iwi, ki te whai whakatutuki i ngā āhuatanga o te kaupapa, kia kua tātou, te iwi, e pangia, wawe, e ngā momo mate o te tinana, e peehi tonu ana i te iwi nui tonu; kia taea e tātou te manaaki pai i a tātou tinana.

No reira, aata panuihia, koa, ngā patoto kupu, e whai mai nei!

Mauriora!

An explanation of the mihi.

- Paragraph
1. – Acknowledges our Creator.
 2. – Wishes manifold blessings and care upon King Tuheitia and the Royal family.
 3. – Pays respects to those who’ve passed away.
 4. – Returns to those still living.
 5. – Confirms the focus of the document on healthy eating/activity.
 6. – Gives examples of the pathway forward re healthy eating and activity, using Māori paradigms.
 7. – Draws the readers attention to the document itself, as a means of achieving the desired outcomes.
 8. – Concludes by inviting the reader to read, carefully, the document itself

INTRODUCTION TO MĀORI HEHA WORKPLAN

Introduction

This document details the Māori Workplan for implementation of the government sponsored initiative called Oranga Kai – Oranga Pumau (Healthy Eating- Healthy Action) also known as HEHA. Provided within the Workplan is a gap and subsequent risk analysis of the *structural* frameworks associated HEHA. Discussed also is the intended action plans by which to operationalise HEHA into Maori communities.

The Maori HEHA WorkPlan will be reviewed in November 2008

Overview

The Healthy Eating Healthy Action (HEHA) Oranga Kai – Oranga Pumau Strategic Framework is New Zealand's approach to increasing physical activity, improving nutrition and achieving a healthy weight for all New Zealanders. Included also within HEHA is the initiative to increase breast feeding rates. This initiative is sponsored by the Ministry of Health, with Waikato DHB having the responsibility to lead and co-ordinate the implementation of the HEHA strategy within the Waikato District. As part of the overall HEHA Strategy it is recognised by Waikato DHB that a strategy that specifically targets Māori is required.

As part of the planning process the Waikato DHB was required to develop a Ministry Approved Plan (MAP) based on the Ministry of Health (MOH) template. The purpose of the MAP is to outline the planning framework the Waikato DHB will use to produce phase one of the Waikato District HEHA Plan. The key principles underlying the MAP and any resulting initiatives are:

- Intersectoral collaboration
- Engagement at local level with all target groups, communities and agencies
- That the implementation of HEHA strategies occur across the continuum of care, are evidence based and focus on overcoming health inequalities

The MAP also outlines:

- How community engagement and collaboration will occur
- Incorporates a detailed stocktake of current activity and
- Identifies known gaps.

Key Objectives

In 2007/2008 the Waikato DHB HEHA Projects key objectives are:

1. Develop a governance structure which ensures all groups have clear relationships, functions and accountabilities to manage any risks associated with the implementation of the MAP.
2. Establish the Education Sub Group who will focus on schools and early childhood centres, through the provision of workshops for teachers and the administration of grants from the Nutrition Fund, on behalf of the Steering Group
3. Complete a full GAP analysis for the Waikato District with priority given to working with Māori and Pacific People to identify priorities for the project
4. Develop the Waikato District HEHA Plan based on the GAP analysis findings, with the aim to build on current activities to develop new initiatives targeting priority groups. The plan will also include strategies to protect, promote and support breastfeeding, and to promote the development of healthy workplaces
5. Develop a communication plan which outlines the target audiences and communication strategies to promote the HEHA key messages and district level initiatives and consult on HEHA activities.

Governance

The Waikato DHB is responsible for the leadership and co-ordination of the Waikato HEHA Project. To fulfil this responsibility the following groups are established:

1. District HEHA Steering Group
2. District Education Group
3. Maori Community Action Reference Group
4. Pacific Community Action Reference Group
5. Breastfeeding Promotion Group
6. Physical Activity Group
7. Stakeholder Group

The Waikato District HEHA Steering Group has a overall leadership role in implementing initiatives at district level, as such all groups listed above report to the Steering Group via the HEHA Project Manager.

Māori representation at governance level for HEHA

It is recognised by Waikato DHB that Iwi/ Māori must participate in the governance and the establishment of the strategic direction of the HEHA initiative. In alignment with this the Chairman of Iwi Māori Council is a signatory to the final Ministry Approved Plan (MAP), submitted from the Waikato DHB to the MOH.

The Steering Group is chaired by the General Manager, Māori Health (Waikato DHB). Representatives on the steering group and other associated committees also include Maori representation from a range of stakeholders.

Why a Māori WorkPlan to Implement HEHA

The health disparities between Māori and Pakeha populations within Aotearoa are well documented¹. The National Māori Health Strategy He Korowai Oranga 2001 states that Māori have the poorest health of any ethnic group in the country. Māori have poorer health outcomes across a wide range of health indicators, but despite this have lower rates of access to health services. When Māori do access services they do not tend to receive equity of intervention or health outcome. The poor health status of Māori is evidenced by a wide range of indicators:

Mortality:

- SIDS, or cot death, is the biggest cause of (avoidable and unavoidable) mortality for under 14s;
- Māori young people in the 15-24 age group are more likely to die from one of the overall top ten causes of death, in comparison to national rates;
- Unavoidable mortality, Ischemic heart disease and lung cancer are three main reasons for death for Māori aged between 45 and 64;
- Rates of mortality for COD, respiratory infections and lung cancer are higher in Waikato DHB than nationally;
- Almost 80% of all avoidable deaths occur in the 45–74 year age group, dominated by the emergence of chronic diseases such as ischemic heart disease, diabetes and smoking-related cancers; and
- The overall age-standardised suicide rate in Māori is approximately the same as that for non-Māori; however the rate of youth suicide (15-24 years) is much higher for Māori.

Morbidity:

- Waikato Māori trends show hospitalisations increasing at an approximate average rate of 244 discharges per year, for unavoidable hospitalisations;
- Under 14 year old Waikato Māori have a high rate of accessing hospital for ear, nose or throat infections than nationally;
- There are higher Waikato DHB rates for hospitalisations for COD, respiratory infections, stroke, lung cancer and gastroenteritis for over 65s year olds; and

¹ See Pomare et al. (1995). Hauora: Māori standards of health 111. Wellington, Aotearoa New Zealand: Te Ropu Rangahau Hauora a Eru Pomare.

- Overall, Māori account for 11% of those hospitalised for acute mental illness in Waikato. Interventions aimed toward Māori must take into account Māori values and perspectives to be effective². While there are some generic indicators that can be applied across all population groups, specific methods are necessary to engage or gauge those activities that are unique to Māori and the wider domains in which Māori participate. Some examples of points of differences between mainstream and Māori are:
 - Ethical issues
 - Māori values
 - Māori aspirations
 - Māori Wellbeing

Māori are a priority population group within the HEHA Strategy based on health need. In order to ensure that the HEHA strategy both compliments Maori points of differences and is effective for Māori, a corresponding Māori Work Plan is required. This is not to suggest that a Māori Work Plan around HEHA is formulated and executed solely by Māori participants, but rather a shared responsibility between both Māori and Non- Maori.

Te Tiriti o Waitangi

The Waikato DHB, as with the health sector in general, views the Treaty of Waitangi as the founding document of New Zealand and acknowledges the special relationship between Māori and the Crown under the Treaty¹ and the DHB's obligations, as defined in the New Zealand Public Health and Disability Act (NZPHD Act).

In accordance with all the DHB's obligations under the NZPHD Act and its guiding principles, the Waikato DHB is committed to:

- Improving Māori Health status so that Māori in the Waikato DHB region can enjoy the same level of health as non-Māori
- Reducing health disparities by improving health outcomes for Māori living within the Waikato region.

Accordingly, the principles of the Treaty of Waitangi provide a foundation for the development and the implementation of the HEHA initiative:

TREATY OF WAITANGI PRINCIPLES
<p>Partnership</p> <ul style="list-style-type: none"> ▪ A relationship which supports shared decision-making between both partners and enables Māori to exercise control, authority and responsibility for their health. ▪ Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services*
<p>Participation</p> <ul style="list-style-type: none"> ▪ To establish and maintain processes to enable Māori to participate in, and contribute to, strategies for Māori Health Gain. To foster the development of Māori capacity for participation in the health and disability sector and for providing for the needs of Māori. ▪ Involving Māori at all levels of the sector in planning, development and delivery of health and disability services*
<p>Active Protection</p> <ul style="list-style-type: none"> ▪ Ensuring that Māori has equal access to services and the right to achieve health outcomes equal to non-Māori. ▪ Ensuring Māori enjoy at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values and practices*

**Sourced from He Korowai Oranga, MOH, 2001*

² Ministry of Māori Development (2002). Māori Specific Outcomes and Indicators. Report prepared by Te Putahi a Toi. School of Māori Studies. Massey University. Palmerston North.

¹ New Zealand Health Strategy – Executive Summary

Kura/ Kohanga/ Schools as Sites for HEHA Implementation

Schools are viewed today as being in a key position to influence behaviour³. There is often varying and limited success with school-based interventions in improving health related behaviours including reducing the prevalence of obesity.⁴

A number of New Zealand initiatives around nutrition and/or healthy lifestyle are currently presented within the school environs. These include *Project Energize* and *Fruit in Schools*.

An initial evaluation (survey completed at the end of 2006 and compared with baseline data from beginning of 2006) of Fruit in Schools⁵, found the following:

- Students knowledge about healthy eating behaviours had increased
- The number of students who ate fruit and vegetables and the amount they ate increased
- It is not sure if these changes transfer to the students home environment

These findings suggest that Fruit in Schools is supporting schools to create a healthy eating environment, and students to increase their knowledge and make positive changes around healthy foods; however whether these changes are transferred into the home environment is unclear.

Gap Analysis

This section provides a brief summary of work already provided around a gap analysis of HEHA in relation to Maori.

The Waikato DHB [HEHA] Ministry Approved Plan (MAP) contains analyses of HEHA in relation to Māori. The MOH Whānau Ora Tool was used to formulate a gap analysis for Māori. This has been adopted by Waikato DHB as a generic measurement of approaches/ structures for achieving Māori Health Gain. In addition, the MAP also identifies the need of a whole Whānau approach to HEHA.

A whole whānau approach to the various components of the HEHA initiative (ie reducing obesity, improving nutrition) is considered to be an effective path for Maori. As detailed above with the Fruit in Schools program, the [lack of] transfer between the school and home environs is also a risk for HEHA and a subsequent gap for effective dissemination and uptake by Maori.

Further, Bennett (2007)⁶ notes the following:

“Of note, Māori providers, Māori Trust Boards and Māori Primary Health Organisations play a very important role in the provision of early intervention services for Māori throughout the Waikato”

Importance is placed on existing localised Maori organisations in the provision of intervention measures with their respective communities beyond incidental promotion and information dissemination.

Also included within the MAP was a report on the Health Equity Assessment Tool (HEAT), which made a number of recommendations to ensure inequalities for Māori are reduced through the HEHA initiative.

³ Ministry of Health. (2005) Influences in Childhood on the Development of Cardiovascular Disease and Type 2 Diabetes in Adulthood. An Occasional Paper. Written by Nicola Nelson, Wellington, New Zealand.

⁴ Ebbeling, C.B., Pawlak, D.B., Ludwig, D.S. (2002). Childhood obesity: Public health crisis, common cure. *Lancet* 360 (9331): 473-82.

⁵ <http://www.moh.govt.nz/moh.nsf/pagesmh/6720>

⁶ Bennett, H. (2007) Drug Induced Psychosis: Issues for Maori. Paper for Te Puna Oranga. Waikato DHB

Recommendations included:

- Recording ethnicity data
- Increase *capacity* of Māori Providers to plan, run and evaluate HEHA initiatives
- Māori specific gap analysis
- Appropriate governance relationships with Iwi
- Māori workforce development
- Māori specific health promotion initiatives
- Kaupapa Māori research

A number of existing HEHA initiatives are currently in place with Māori Providers within the Waikato DHB rohe. It is important to note that the list is incomplete as HEHA staff are being alerted to a number of projects based around healthy eating, healthy action in various communities, which are not included in the MAP.

This report both recognises and will attempt to address these gaps.

Strategic Directions and Targets

The Waikato DHB Māori Health Strategic Plan, He Huarahi Oranga 2006⁷ details five strategic directions which are also given cognisance within HEHA:

- Addressing system inequalities
- Service integration
- Building Māori health provider capacity
- Māori workforce development
- Māori community development

These strategic directions are discussed in detail further in the document, in which HEHA is aligned to corresponding action plans.

The MoH has also released a number of Health Targets⁸ of which the following are specific to HEHA:

- Increase the proportion of infants exclusively and fully breastfed at six weeks to 74% or greater; at three months to 57% and six months to 27
- Increase the proportion of adults (15 + years) eating three or more servings of vegetables per day to 70% or greater
- Increase the proportion of adults eating two or more servings of fruit per day to 62% or greater

In terms of increasing the rates of breast feeding, the MoH has released a National Breastfeeding Promotion Campaign. This model includes a conceptual model based on Baby Friendly Communities/ Districts. As with other components of HEHA, suggested MOH models will be discussed in conjunction with Maori networks (ie Maori Womens Welfare League) and gauged against Maori specific models to establish effective pathways forward in achieving the goals of HEHA

A recent development is the establishment of the HEHA District Support Co-ordinator's position. It is hoped that this position will be filled in early 2008. The HEHA Maori Workplan

⁷ Te Puna Oranga, Waikato District Health Board (2006) He Huarahi Oranga: Toward Māori Health Gain Organisational Framework 2006-2009.

⁸ Ministry of Health (2007) Health Targets: Moving Towards Healthier Futures 2007/08. Ministry of Health, Wellington.

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acknowledges the need for this position and looks forward to liaising with the successful applicant.



Risk Management

A number of risks have been identified which are associated with the HEHA initiative. These risks sit outside the current MAP, and have been identified in the Risk Management Plan provided below:

Table 1: Risk Management Plan

Theme	Direction	Risk	Mitigation of Risks	Work required	By whom	When
Evaluation	There is a need to maintain a pathway of “evidence based” initiatives upon which to base current/future directions	Its not clear what lessons are learnt from previous projects as per listed in the MAP, ie what worked, what hasn’t worked for Māori	<ul style="list-style-type: none"> Seek completed evaluations for past initiatives. In terms going forward, ensure culturally appropriate, and reducing inequalities approach is used in evaluation of HEHA initiatives 	<ul style="list-style-type: none"> Approach the providers/ stakeholders who have listed projects in the MAP and seek [completed] evaluation reports if available Advocate and support robust evaluation based on cultural needs and a commitment to reduce health inequalities 	Te Puna Oranga	May 2008
Dissemination/ Communication	To ensure all Māori stakeholders are informed	HEHA is a large project with many stakeholders. The need of a clear and co-ordinated dissemination process among the Māori stakeholders is paramount	<ul style="list-style-type: none"> Develop a communications plan that includes all schools/ Boards of Trustees and Māori Providers 	<ul style="list-style-type: none"> Communication plan developed and implemented Material for schools translated into Māori 	Te Puna Oranga in conjunction with Waikato DHB Communications	June 2008
Kaumātua representation	Cultural safety	Waikato HEHA does not have kaumātua representation.	<ul style="list-style-type: none"> Advocate a case for kaumātua inclusion within the Māori committee 	<ul style="list-style-type: none"> Discuss internally with GM Māori Health 	GM Māori Health	Completed
Maximising HEHA outputs to Māori	What can we expect from current resources available to Māori component of HEHA	Given the project size, associated complexities and current resources there is the risk of under achievement of the Māori component of HEHA	<ul style="list-style-type: none"> Develop a plan that strategically chooses specific portions of the HEHA strategy to maximise Māori results and allocate resources accordingly 	<ul style="list-style-type: none"> Discuss internally with GM Māori Health 	Maori HEHA Co-ordinator	Pending

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MĀORI HEHA ACTION PLANS

<p>Culturally Responsive</p>	<ul style="list-style-type: none"> ▪ HEHA initiative is delivered in a culturally responsive way ▪ HEHA recognises Māori as Tāngata whenua ▪ Māori participation is evident in the development and implementation of HEHA ▪ Māori representation secured on the Governance of HEHA ▪ Establish HEHA Māori Forum whom will report to HEHA Steering Group ▪ Network with Maori organisations ▪ Kaumātua representation secured on Māori Forum ▪ Development of a specific Māori HEHA communication Plan ▪ Development/ dissemination of HEHA resource package that is responsive to Māori community (i.e. resources in Te Reo Māori) 	<ul style="list-style-type: none"> ▪ HEHA Māori health performance is monitored and evaluated to track reducing health inequalities for Māori ▪ Research that relates to HEHA is evidence based and provides comparative ethnic data to track reducing inequalities ▪ Kaupapa Māori research is employed to evaluate HEHA as appropriate ▪ HEAT Tool is applied to development of HEHA 	<p>Reducing inequalities</p>
<p>Māori Workforce Development</p>	<ul style="list-style-type: none"> ▪ Stock-take of training and education needs for Māori associated with HEHA ▪ Te Puna Oranga staff member seconded to HEHA initiative ▪ HEHA celebration day, with provider/ staff recognition wards ▪ Facilitation of access to training/ education required ▪ Cultural skills and competencies are recognised ▪ Māori participation in position development and recruitment of FTE to HEHA initiative 	<ul style="list-style-type: none"> ▪ Contracted providers understand the link between their various initiatives and HEHA (well child/ tamariki ora/ healthy eating) ▪ Relationships focus on ensuring service integration to support the implementation of HEHA ▪ Opportunities for collaborative service delivery and solutions relating to HEHA <i>identified</i> ▪ <i>Māori providers encourage to apply for funding around HEHA initiatives as appropriate</i> 	<p>Māori Provider Development</p>

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1. Culturally Responsive – to ensure that the HEHA initiative is developed and implemented in a culturally responsive way					
OBJECTIVE	ACTION	MEASURE	TIME	Responsible	Resources
Culturally Responsive participation	<ul style="list-style-type: none"> ▪ HEHA initiative is delivered in a culturally responsive way ▪ HEHA recognises Māori as Tāngata whenua 	<ul style="list-style-type: none"> ▪ Māori participation is evident in the development and implementation of HEHA ▪ Māori representation secured on the Governance of HEHA ▪ Establish HEHA Māori Forum whom will report to HEHA Steering Group ▪ Kaumātua representation secured on Māori Forum 	<p>Currently in place</p> <p>In Progress</p> <p>Completed</p>	Wayne	
Culturally responsive communication	<ul style="list-style-type: none"> ▪ Development of a specific Māori HEHA communication Plan 	<ul style="list-style-type: none"> ▪ HEHA Communication Plan developed ▪ HEHA Communication Plan Implemented ▪ Māori component integrated into HEHA Communication plan 	<p>Draft by April 30th, final by May 30th 08</p>	Wayne/ Natania	
Culturally responsive resources	<ul style="list-style-type: none"> ▪ Development/ dissemination of HEHA resource package that is responsive to Māori community (i.e. resources in Te Reo Māori) 	<ul style="list-style-type: none"> ▪ Resource package developed and distributed 	<p>Draft by 30th April Final by 30th June</p>	Wayne	

2. Reducing Health Inequalities - to ensure that HEHA contributes to Māori health gain and a reduction in health inequalities for Māori					
OBJECTIVE	ACTION	MEASURE	TIME	Responsible	Resources
To track HEHA's contribution to Reducing Health Inequalities	<ul style="list-style-type: none"> HEHA Māori health performance is monitored and evaluated to track reducing health inequalities for Māori 	<ul style="list-style-type: none"> HEHA evaluation and monitoring systems reports track and evidence an improving trend in reducing health inequalities/ Māori health gain 	20 Oct. 08 Quarterly	Wayne/ Co-ordinator	
HEHA Research evidences a reducing health inequalities approach	<ul style="list-style-type: none"> Research that relates to HEHA is evidence based and provides comparative ethnic data to track reducing inequalities 	<ul style="list-style-type: none"> Narrative report on research reports evidence findings by ethnicity and deprivation 	Quarterly	Initial report by Wayne	
Employ Kaupapa Māori research	<ul style="list-style-type: none"> Kaupapa Māori research is employed to evaluate HEHA as appropriate Māori providers encouraged to apply for funding for research 	<ul style="list-style-type: none"> Narrative report on Kaupapa Māori research reports completed Kaupapa Māori research reports include a reducing inequalities analysis 	Quarterly	Wayne/ Co-ordinator	
Application of Health Equity Assessment Tool to HEHA	<ul style="list-style-type: none"> HEAT Tool is applied to development of HEHA 	<ul style="list-style-type: none"> HEHA HEAT analysis completed Report any correction action taken as a result of the application of HEAT 	Ongoing	Wayne	

3. Maori Workforce Development – to build Maori health workforce capacity in relation to the development and implementation of HEHA.					
OBJECTIVE	ACTION	MEASURE	TIME	Responsible	Resources
To determine the training and educational needs of Māori	<ul style="list-style-type: none"> Stock-take of training and education needs for Māori associated with HEHA 	<ul style="list-style-type: none"> Stocktake completed detailing training and educational needs for Māori 	Quarterly	Combination of HSC and Te Puna Oranga Reports by Wayne/ Co-ordinator	
To provide resource to support the development of HEHA	<ul style="list-style-type: none"> Te Puna Oranga staff member seconded to HEHA initiative 	<ul style="list-style-type: none"> Report on progress made against secondment targets 	Quarterly	Currently Wayne. Calling for Co-ordinators position soon	
To celebrate the success of HEHA	<ul style="list-style-type: none"> HEHA celebration day, with provider/ staff recognition wards 	<ul style="list-style-type: none"> HEHA celebration day held HEHA celebration has whānau ora awards component 	Quarterly	Te Puna Oranga Co-ordinator	
Promote access to training and education	<ul style="list-style-type: none"> Facilitation of access to training/ education required 	<ul style="list-style-type: none"> Report on numbers of Māori enrolled in training specific to HEHA implementation 	Quarterly	Wayne/ Co Ordinator	
Recognise cultural Competencies	<ul style="list-style-type: none"> Cultural skills and competencies are recognised 	<ul style="list-style-type: none"> HEHA celebration has whānau ora awards component 	Quarterly	Kingi/ Wayne	
Responsive recruitment	<ul style="list-style-type: none"> Māori participation in position development and recruitment of FTE to HEHA initiative 	<ul style="list-style-type: none"> Report on Māori participation in HEHA staff recruitment 	Quarterly	Wayne/ Riana	

4. Maori Provider Development – to build Māori provider capacity in relation to the development and implementation of HEHA					
OBJECTIVE	ACTION	MEASURE	TIME	Responsible	Resources
Effective co-ordination	<ul style="list-style-type: none"> Contracted providers understand the link between the various initiatives and HEHA (well child/Tamariki ora/healthy eating) 	<ul style="list-style-type: none"> Narrative report on how HEHA has improved the coordination between initiatives and services that relate to HEHA 	Quarterly	Wayne/ Co-ordinator	
Improving service integration	<ul style="list-style-type: none"> Relationships focus on ensuring service integration to support the implementation of HEHA Opportunities for collaborative service delivery and solutions relating to HEHA <i>identified</i> 	<ul style="list-style-type: none"> Narrative report on how HEHA has improved the coordination between initiatives and services that relate to HEHA Narrative report on joint ventures or intersectorial work 	Quarterly	Wayne/ Co-ordinator	
Building Māori provider capacity	<ul style="list-style-type: none"> Māori providers encourage to apply for funding around HEHA initiatives as appropriate (see appendix E: Maori Grants Process) 	<ul style="list-style-type: none"> Report on funding allocated to Māori providers relating to HEHA 	Quarterly	Wayne /Co-ordinator	

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5. Community Development – build capacity to lead community based initiatives					
OBJECTIVE	ACTION	MEASURE	TIME	Responsible	Resources
Maori HEHA Community Action/ Engagement Framework in place	<ul style="list-style-type: none"> • Build upon existing community engagement framework to include/ focus on all HEHA stakeholders • Support localised Community development in relation to HEHA 	<ul style="list-style-type: none"> • Identify Maori community leaders to lead community action in the area of healthy food environments including the promotion of physical activity • Develop mechanism for Maori communities to identify issues and barriers related to food, and nutrition and assist communities to identify solutions for these. • Support Maori communities to develop funding proposals for community actions and projects and other grants • Liaise with Maori Providers and other community agencies 	August 20	Wayne/ co ordinator	
			October 20 th	Wayne/ co ordinator	
			Ongoing	Wayne/ co-ordinator	
			On going	Wayne/ co ordinator	