Indigenous Workforce Development in Aotearoa

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Abstract

Te Rau Matatini is a Māori workforce development organization, established in 2002 to develop, coordinate, and deliver a range of national programs that contribute to health, Māori mental health, addiction, primary health, and public health workforce priorities in *Aotearoa*, New Zealand. Te Rau Matatini workforce programs aim to increase responsiveness to Māori health needs; expand the workforce size, capability, and capacity; extend training opportunities and career pathways of practitioners; and enhance efficient health service delivery through collaborative working relationships. This paper provides an overview of the challenges and successful outcomes associated with a national indigenous workforce development organization.

While health gains have been made over the last two decades, the need to effectively address Māori health continues to be an important priority in *Aotearoa*. Māori health disparities have persisted for over 40 years. Since the mid-1980s disparities between Māori and non-Māori have increased significantly in some areas, including life expectancy, cancer mortality, and cardiovascular rates. This is compounded by evidence of underutilization of services by Māori and the predicted increase in demand due to Māori population growth.[1]

There is growing recognition in *Aotearoa* that clinical competence cannot be separated from culture, as culture influences how behaviours and symptoms are perceived, understood, and responded to, by both *whānau* (families seeking health services) and health workers. Capable and competent Māori health workers are pivotal to providing effective care to Māori and their *whānau*, and in providing mainstream organizations with indigenously responsive models of care for Māori and their *whānau*.

With these imperatives in mind, Te Rau Matatini was established in 2002 as an indigenous workforce development organization. The goal of Te Rau Matatini is to develop, coordinate, and deliver a range of national programs that contribute to health, Māori mental health, addiction, primary health, and public health workforce priorities in *Aotearoa*. Te Rau Matatini workforce programs aim to increase responsiveness to Māori health needs; expand the workforce size, capability, and capacity; extend training opportunities and career pathways of practitioners, and enhance efficient health service delivery through collaborative working relationships.

Improving Indigenous Health in *Aotearoa*

While access to health care services has improved over the last 20 years, inequality remains a seminal challenge. Despite innovations in practice and policy, disparities between Māori and non-Māori remain in relation to mortality and morbidity. These cannot be attributed solely to health services since the social and economic determinants of health often lie well outside the influence of the health sector. Nonetheless, the way health services affect Māori can itself be a significant determinant.

The health status of Māori as a population makes Māori health responsiveness an urgent priority. Māori have, on average, the poorest health status

1. The Māori, Asian, and Pacific populations are expected to increase to 42.4% of the New Zealand population by 2026. Māori are expected to make up 17% of this. The European or Other population is predicted to decline from 76.8% in 2006 to 69.4% in 2026 (Statistics New Zealand, 2008).

compared with the rest of the New Zealand population. The New Zealand Health Survey confirmed Māori had higher prevalence of nearly all health conditions compared to the total population (Ministry of Health, 2008).

Improving standards of Māori health is an urgent and critical priority based on:

1. The rights of indigenous peoples of Aotearoa to the highest attainable standard of health.
2. The level of Māori health need — Māori mortality rates are approximately double corresponding European New Zealand rates, health risk factors are particularly prevalent among Māori, and Māori utilization of health services is low.
3. Increasing demand due to population growth (the Māori population is predicted to rise to 17% by 2026).
4. Recognition that best health outcomes are more achievable with a health workforce reflects New Zealand society.

Disturbingly, an inverse relationship exists for Māori between health need and access to/utilization of health services. Higher levels of Māori illness do not correspond with greater access to health services. Māori experience longer and slower pathways through health care. Hospitalization rates for Māori are disproportionately low in disease categories where Māori have high death rates.

There are a number of examples of this:

- Heart disease deaths, although decreasing, are over twice as high among Māori males. Cardiac interventions, however, are most frequently received by non-Māori/non-Pacific peoples (Robson, 2004).
- Māori are more than twice as likely to have diabetes but more than seven times more likely to die from diabetes than non-Māori (Robson, 2009).
- Asthma mortality rates for Māori are higher than non-Māori despite the prevalence of asthma being the same among Māori and non-Māori (Ministry of Health, 2008).
- Māori are only 9% more likely to develop cancer, yet 77% more likely to die from the disease than non-Māori. Inequalities including access to specialized cancer services and the quality of care received have been suggested as factors influencing lower cancer survival rates among Māori (Jeffreys et al., 2005).

- Lower rates of obstetric interventions exist among Māori despite higher risk pregnancies and greater health problems for Māori women (Harris et al., 2007).

Furthermore, while life expectancy has improved dramatically over the past 20 years for European New Zealanders, for Māori it has remained static. Māori have an 8–9 year lower life expectancy than non-Māori and in the elderly population Māori males mortality rates are 59% higher and 164% higher for Māori women compared to non-Māori (Ministry of Health and University of Otago, 2006).

Currently, Māori are less likely than non-Māori to feel that health services are meeting their needs. Discrimination in health care was the second most commonly reported type of discrimination by Māori (second to housing) according to a recent New Zealand Health Survey (Ministry of Health, 2008). The survey also found that Māori and Pacific adults were more likely to report a lack of GP services[2] and less likely to report that their health care professional discussed their health as much as they wanted.

Just as revealing are survey responses of 25 general practitioners in 2002 who reported "noncompliance" as one of the most pressing issues when working with Māori. Reasons identified included: ignorance, poverty, wilfulness, and self-destructiveness. Very few of the reported GPs had knowledge of Māori models or views of health and many were ambivalent about Māori health initiatives, expressing concern about fiscal and ideological competition with the establishment of dedicated Māori health services (McCreanor and Nairn, 2002).

How the Workforce Influences Māori Health

Culture and ethnicity play a number of important roles in relation to health. The development of a positive identity is necessary for good health and well-being, and culture is part of identity. The longitudinal study of over 650 Māori households, Te Hoe Nuku Roa, indicates that a secure and positive cultural identity offers Māori some protection against ill health, and is also more likely to be associated with positive educational and employment participation (Forster, 2008). For Māori, cultural identity depends not only on identification as Māori but also access to Māori society, i.e., participation in *whānau* and *marae* activities, access to ancestral lands, and contact with Māori people. It also depends on being able to express one's culture and have it endorsed within social institutions such as health services.

2. After adjusting for age, reported in the previous 12 months (Ministry of Health, 2008; Figure 6.19)

Health services can contribute to better health outcomes for Māori by reinforcing a positive identity, helping to re-establish links with *whānau* and Māori communities, providing an environment where Māori values, beliefs and practices are the norm, and fostering healthy lifestyles.

Misdiagnosis can result where clinicians do not understand the client's culture (Johnson and Cameron, 2001). Furthermore, cultural fit, or alignment of perceptions, attitudes, and beliefs between clinicians and patients, also influences the acceptability of services and adherence to treatment recommendations. Research in *Aotearoa* has found that cultural matching between clinician and client is associated with lower treatment drop-out rates, higher client satisfaction (Sue, 1998; Huriwai et al., 1998), and better treatment outcomes (Gurung and Mehta, 2001). Acceptability by Māori families accessing health services is also enhanced by the opportunity for whānau involvement and whether services delivery take into account cultural differences (preliminary PHD findings, McClintock, 2011).

Māori Health Outcomes

Outcomes for Māori should reflect Māori values and views of health. An approach that measures outcomes and quality is needed. The approach should account for mortality, morbidity, service utilization, socioeconomic determinants of health, Māori values, levels of *whānau* and spiritual well-being, culturally appropriate service delivery including holistic approaches to Māori health and well-being, and prioritized commitment to Māori workforce development.

In recent years in *Aotearoa* a number of models have been developed to measure health and other outcomes from an indigenous perspective. Four examples of this include:

- *Hua Oranga, a Māori Measure of Mental Health Outcome* by Kingi (2002). This tool provides outcome measures for Māori mental health interventions from *tangata whaiora*, *whānau*, and clinical perspectives. The framework integrates clinical and cultural outcome measures and holistic health approaches. *Hua Oranga* will be available from 2011 via www.matatini.co.nz.
- *Māori specific outcomes and indicators* by Durie et al. (2002). This is a broader model developed at Massey University for Te Puni Kōkiri, The Ministry of Māori Development.
- *He Taura Tieke* was developed under the guidance of the Ministry of Health (1995) following research and consultation with Māori to meas-

ure health services for Māori. It is based on three components: technical and clinical competence, structural and systemic responsiveness, and consumer satisfaction. Indicators of Māori perspectives of health are also measured in all three areas.

- *He Ritenga Health Audit Framework* by The Bay of Plenty District Health Board (2004). This framework assesses how culturally safe and appropriate health services are for Māori. It is designed to monitor progress by district health boards (DHBs) and health providers and audit and evaluate both clinical and non-clinical services. Further details can be found at http://www.bopdhb.govt.nz.

To improve sound Māori health planning, increasing the capacity of Māori to plan ahead in a comprehensive manner is essential. Planning for health should neither be a function of the health sector alone, nor sole responsibility of government. Māori need to be actively leading the process, or the focus will remain on sectors or areas outside of Māori frameworks and control. Opportunities for substantial advancement will therefore continue to be lost. The frameworks presented above provide a solid platform for whānau outcome measures and Māori and mainstream provider performance indicators, and can be extended to guide Māori health planning and inform workforce development planning.

How to Secure Māori Health Gains in the Context of Workforce Development

Māori health workforce development operates at the intersection between health policy, Māori health care trends, and wider government social and economic policies affecting, for example, the labour market, education, housing, welfare etc. The disparities between Māori and non-Māori standards of health are mirrored by disparities between Māori and non-Māori in the workforce (based on 2006 workforce data). Māori are significantly underrepresented in all health professions. For example, Māori active medical practitioners (3.1%), dieticians (1.7%), chiropractors (2%), occupational therapists (2%), radiation technologists (2.9%) and psychiatrists make up between 2–3% of their professions and Māori midwives and nurses represent only 7% (Ministry of Health, 2007).

Since the late 1990s health strategies and plans have increasingly focussed on services for Māori and developing the Māori mental health workforce. Over the last 10 years increased attention has been given to the Māori

health workforce more broadly. This emphasis has resulted in new workforce development initiatives nationally, regionally, and locally; training schemes; scholarship programs; health career promotional activities; and tertiary training initiatives in workforce development.

An 89% increase has been achieved in the number of Māori psychologists between 1991–2001 and the number of Māori registered nurses doubled within the same time period (Ministry of Health, 2007). However, there are still low numbers of Māori health workers in specialized roles across all health professions as highlighted above.

Te Rau Matatini, An Indigenous Workforce Development Organization

In response to the need for increased Māori health workforce development, Te Rau Matatini was established in 2002. As an indigenous-owned and governed organization, the Board of Te Rau Matatini set out to develop a national workforce development approach based on the integration of cultural and clinical models of practice, competencies, and expertise.

To further enhance Māori health workforce development, a continuous whole systems approach is necessary, alongside strategies targeted at leadership development; recruitment, retention; core competencies; career pathways; Māori health workforce development research; policy development; and national, regional, and local collaboration.

The underlying premise of Te Rau Matatini's work recognizes that improved models of care and expanded appropriate service delivery for Māori requires a focused and coordinated approach to Māori workforce development. Māori health gains and *whānau ora*-centred approaches remain critical to this approach. A range of nationally navigated, locally led training, scholarships, career pathway, policy and research programs have been developed and implemented nationwide and a selection of these will be discussed below. Further details of these programs, and many others, are available on the Te Rau Matatini website www.matatini.co.nz.

Indigenous Nursing Professional Development and Recognition Program

Huarahi Whakatū is the first dual cultural and clinical competency-based indigenous nursing professional development and recognition program in Aotearoa. Approved by the Nursing Council of New Zealand in 2009, Huarahi

Whakatū focuses on providing professional development for Māori nurses working in the community and for Māori health providers throughout the country who have limited access to such opportunities for their staff.

A focus for the program since late 2009 has been to enrol a minimum of 20 Māori nurses. An extensive and successful enrolment drive throughout *Aotearoa* was undertaken with a particular emphasis on supporting nurses in hard-to-reach areas across the country during the enrolment phase. In 2010, close to 100 Māori nurses enrolled in Huarahi Whakatū nationwide, a number significantly greater than anticipated.

The popularity and momentum generated by the interest in, and success of, this program has meant there is now a waiting list for year one entry. At present, Te Rau Matatini remains focused on ensuring the quality and access to this professional development program by Māori nurses working for Māori health providers and with *whānau* and Māori communities.

Indigenous Community Career Pathway

Te Pātaka Uara is an indigenous career pathway that recognizes that *whānau* have the expertise and knowledge to achieve and maintain their own well-being. The program is targeted at the nonregulated health or community workforce. It recognizes core cultural, community, and technical competencies that are needed for health and community workers in order to work effectively with *whānau* and in Māori communities.

The career pathway emphasizes:

- how to develop advanced expertise
- recognition of professional extension, and
- best practice and responsiveness to *whānau*.

Te Pātaka Uara is in development with three parallel components:

1. Te Pātaka Kaiora; research and information underpinning the career pathway, including a workforce survey, sector reference group feedback throughout, and a formative evaluation to inform the development of Te Pātaka Uara.
2. Te Pātaka Mauriora; *whānau ora* career pathway underpinned by core capabilities from entry to an advanced navigator pathway and a specialty *whānau ora* practitioner pathway.
3. Te Pātaka Toiora; *whānau ora* best practice guidelines to support *whānau ora* navigators and practitioners including the applied measures of capability attainment and assessment processes.

Te Pātaka Uara will be further developed with the guidance of a national reference group and refined through national consultation before being piloted in 2011.

Māori Restoration of Health: Māori Suicide Prevention Initiative

Whakauruora Restoration of Health: Māori suicide prevention initiative was established collaboratively and launched in 2009, as a practical resource for communities and *whānau* working in suicide prevention. The resource was developed and designed for *whānau*, organizations, and communities involved or working in Māori suicide prevention. It was a collaborative project led by Te Rau Matatini with the support of Suicide Prevention in New Zealand, the Mental Health Foundation, Ngā Awa o Te Awa, (a national Reference Group) and *Kaumātua*. The final resource also underwent nationwide consultation.

To support effective implementation of this unique resource, a training program has recently been developed to support a Māori-centred collaborative community response to suicide prevention. The training is currently being delivered through eight *wānanga* held on *marae* located in each of the Kia Piki Te Ora sites throughout *Aotearoa*.

The training content focuses on:

- *Mauri Ora* Secure cultural identity
- *Wai Ora* Protective external relationships
- *Toi Ora* Health lifestyles
- *Te Oranga* Participation in Te Ao Māori
- *Ngā Manukura* Māori leadership
- *Te Mana Whakahaere* autonomy, and
- *Mana Motuhake* validation.

The Te Whakauruora Training Program is soon to be recognized as a formal New Zealand Qualifications Authority qualification.

Kaumātua Workforce Development

As specialists within the team, *Kaumātua* are well placed to influence quality of care and bridge the division between individuals and *whānau*, communities and health services, clinicians and cultural support workers, and ultimately health and illness. Two *Kaumātua*-focussed publications, *Te*

Tautōhitotanga o ngā Kaumātua Kaumātua Workforce Experiences in Mental Health and Addiction Services (Te Rau Matatini, 2010a) and *Taiāwhiotanga Kaumātua Guidelines Handbook* (Te Rau Matatini, 2010b), recognize the importance of effective *Kaumātua* practice in supporting and achieving *whānau ora* and are designed to provide applied resources for *kaumātua* involved in health services.

Both resources are intended to help guide practice and acknowledge:

- *kaumātua* assisting *tangata whaiora* in their journey to *whānau ora;*
- *kaumātua* contributions to health;
- *kaumātua* workforce qualities and skill sets.

These resources enable all health workers to gain greater understanding of *kaumātua* contributions to health and to better appreciate the wisdom they bring into the health sector. It also challenges the sector to use the skills and time of *kaumātua* wisely, so that their expertise is not dissipated but allowed to permeate the delivery of health care and ultimately affect the wellbeing of *whānau*.

Summary

Māori health workforce development is key to improved Māori health outcomes. International and national research in *Aotearoa* New Zealand confirm that culture plays an important role in health as it influences how behaviours and symptoms are perceived, understood, and responded to, by both patients and clinicians. Evidence also affirms health service outcomes are likely to be better where there is cultural alignment between patients and practitioners. Māori participation in the ownership of their health outcomes in collaboration with practitioners engages a collective responsive solution to Māori self-determination of the wellbeing of their *whānau* into the future generations.

To improve health care services for indigenous peoples, a well equipped and supported workforce is needed alongside a multifaceted approach to ensure the integration of cultural and clinical models of practice, and competencies where service provision is based on cultural and clinical best practice. Without a workforce to engage effectively with *whānau*, indigenous health outcomes will continue to deteriorate.

Indigenous health workforce development requires a specialized approach. The focus of Te Rau Matatini is holistic with a whole systems approach that recognizes the importance of the current workforce, systems,

infrastructure, relationships, professional bodies, the tertiary education sector, broader health and social services linkages, Māori development alignment, and the future workforce whilst weaving the values and principles of Māori culture throughout. Ultimately, strengthening *whānau* capabilities comes about from an integrated, holistic approach to *whānau* wellbeing and the collective commitment and courage to do things differently.

Te Rau Matatini provides a strategic focus for workforce development solutions and advancement of indigenous wellness, through a range of research, training, career pathway, professional development and scholarship programs. We aim to strengthen Māori health workforce development and, in doing so, strengthen the responsiveness of services for Māori.

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