Maori Health Promotion

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Hapai te Hauora Tapui
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Maori Health in the future

- Long term perspective
- 10-20 years ahead
- Difficulties in predicting the extent of change
- But change will occur at an ever-increasing pace
Anticipating Change

- technological innovation
- demographic transitions
- catastrophes
- epidemics
- indigenous aspirations
- Māori capability

- environmental sustainability
- quality social relationships
- Balanced lifestyles
- Wise leadership
- access to knowledge & technology
‘Maori potential for high standards of health and wellbeing has never been greater’
Maori life expectancy & mortality rates
Youthful vitality
Maori agendas for health,
Strengthened cultural identity,
Dissemination of health knowledge,
Māori participation in the health sector,
Maori health Gains - Life expectancy

- 1985-87: 65
- 1990-92: 69 M m
- 1995-97: 69 M m
- 2000-2002: 73 M f
Maori Health Gains – Mortality Maori Rates per 100,000 25-59 years
Maori Health Gains – Youthful vitality

‘Rangatahi have levels of vitality that far outweigh the sum total of youthful misfortune or disadvantage’
Maori Health Gains – Maori Agendas for Health
Maori Health Gains – Strengthened Cultural Identity
Knowledge based on Māori understandings and Māori world views has become integral to treatment protocols, assessment procedures, measures of outcome, health promotion and frameworks for analysis.
Maori Health Gains – Participation in Health Programmes
Maori Health Gains – Foundations for the next 25 years

- Gains in life expectancy, reduced mortality rates
- Youthful vitality
- Health firmly embedded in the Maori agenda
- Maori knowledge important to health knowledge
- Active Maori participation in policy & planning, governance, management, service delivery, research, support & advocacy
- Maori leadership in the advancement of indigenous health
Maori Health 2035
Methodologies for Exploring the Future

- Past Trends
- Statistical modelling
e.g. demographic projections
- Horizon scanning
- Life-course epidemiology
- Scenario development
Past Trends: Māori Transformations 1900 - 2000

- 1900 – 1925 Recovery & a Subsistence Economy
- 1925 – 1950 Rural entrepreneurship around marae and kainga
- 1950 – 1975 Urbanisation and whanau dispersal
- 1975 – 2000 Language and cultural reformation
  Wider participation in society
  Increased participation in te ao Maori
  New Political voice
Life-Course Epidemiology

- Otitis media in infancy increases risk for hearing and learning disability throughout life
- Conduct disorder in childhood increases risk of serious offending in adolescence and early adulthood
- Rheumatic fever in childhood increases risk of heart disease in 4\textsuperscript{th} decade
- Smoking in adolescence increases risk for cancer, heart disease in 4\textsuperscript{th}, 5\textsuperscript{th} and 6\textsuperscript{th} decades
- Obesity in childhood increases risks for diabetes in adulthood
- Alcohol & drug misuse in early adulthood leads to liver, heart, circulatory, mental disorders in later years
The burden of disease that will be carried by Māori in 2034 can already be partially estimated from current epidemiological patterns. But it is not inevitable.

- If otitis media is treated quickly it need not lead on to hearing problems later in life.
- If childhood obesity is well managed, there need not be any long term consequences.
- If smoking is stopped, risks of Ca are lowered.
- If cancer is detected early enough it can be cured.
Need to consider impacts of

- Globalisation
- Climate change
- Information, CIT, technology
- Indigenous aspirations
- Increased capability – kaumatua, skills, te reo
- Greater diversity – ethnic, interests, occupations, locations
Four scenarios that have very different outcomes for whānau

- Whānau Disconnect
- Whānau Hub
- Whānau Dependency
- Whānau Co-op.
Scenario 1  **Whānau Disconnect**
By 2034 whānau will be:

- Global travellers
- Living as nuclear families
- Mostly disconnected from wider whānau
- Culturally diverse (Asian, Pacific, Australian)
- Largely landless
  
  *(Māori Land Consolidation Act 2020)*

- Members of Māori communities
- Whānau identity less relevant than a Māori identity
Scenario 2  \textit{Whānau Hub}

By 2034:

- Schools will only teach subjects that have international currency
- The State will have minimal reach into families and whānau
- Welfare and health agencies will seek to empower whānau rather than providing direct services
- Treaty of Waitangi settlements will have financial benefits for whānau, rather than for Iwi, hapū, or individuals 
  \textit{(The Whanau Vesting Act 2024)}

As a result, \textbf{whānau will be}:

- The main vehicles for transferring language and culture
- Active agents for securing employment
- Providers of care for disabled and older members
- Promoters of health and wellbeing.
- Focal points for community interaction
- Gateways to Iwi.
Scenario 3  Whānau dependency

- The 2018 fish virus epidemic has progressively depleted fish stock and almost destroyed the main Maori industry- fishing. As a result by 2034:
  - Whānau incomes have declined to record low levels
  - Disparities in health and education have re-appeared
  - Whānau unemployment has escalated
- Concerned that whanau are unable to cope, the NZ government has decided that a centralised system of control is necessary:
  - Schools provide cultural, social and educational services for children
  - Social welfare agencies provide short and long term care
  - Iwi runanga acting as agents for welfare services for adults and older people

- Whānau are dependant on the state and state agents such as Runanga
Scenario 4 Whānau Co-op.

- Following the establishment of the Whānau Institute for Economic Development in 2015, whānau participation in SMEs greatly increased.
- A network of whānau businesses had consolidated by 2022 and progressive sharing of resources and capital was occurring.
- By 2034 the Whānau Enterprise Co-op had become a major player in local and regional businesses.
- The Co-op had founded a chain of agencies nicknamed ‘the corner-street dairies’ (after a late 20th century take-over of small shops by Asian families).
- Whānau were applying profits to education, sporting excellence, and advanced cultural development.
- Commercial contacts had also been established with other indigenous family groups.
Preferred futures?

_The future is already here_
_Elements from each scenario can already be seen_

Whānau disconnect
Whānau hub
Whānau dependency
Whānau Co-op
Accepting the Future

vs

Shaping the Future

- What is possible?
- What is probable?
- What is desirable?
## Assessing the Future

<table>
<thead>
<tr>
<th></th>
<th>Whānau disconnect</th>
<th>Whānau hub</th>
<th>Whānau dependence</th>
<th>Whānau Co-op.</th>
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<tbody>
<tr>
<td><strong>Possible</strong></td>
<td>✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
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<tr>
<td><strong>Probable</strong></td>
<td>✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
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<tr>
<td><strong>Desirable</strong></td>
<td>✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓</td>
<td>✓ ✓ ✓ ✓ ✓</td>
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<thead>
<tr>
<th>Possible</th>
<th>Probable</th>
<th>Desirable</th>
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<tbody>
<tr>
<td>High mobility</td>
<td>Reduced role for</td>
<td>Unforeseen</td>
<td>Economies of scale</td>
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<tr>
<td>Loss of shared</td>
<td>the state</td>
<td>catastrophe</td>
<td>Enterprise</td>
</tr>
<tr>
<td>interests in land</td>
<td>Greater roles for</td>
<td>Over-investment in</td>
<td>Autonomy</td>
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<td></td>
<td>families</td>
<td>a single commodity</td>
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Implications

- decisions made decades earlier will have consequences for whānau years later
- policies that may seem ‘whānau-neutral’ can have perverse effects on whānau
- political ideologies have potential to significantly alter whānau structures, roles and functions
- cultural, social and economic functions are inter-related
- ‘undesirable’ scenarios can be mitigated by pro-active planning
Moving into the Future

Future takers

and

Future makers
Future takers

- Accept the future for what it brings
- ‘Powerless to change what will be’
- Ready to respond to change
Moving into the Future

**Future takers**
- Accept the future for what it brings
- ‘Powerless to change what will be’
- Ready to **respond** to change

**Future makers**
- Shape the future by reading the signs
- Determined to create future spaces
- Ready to **lead** change
Making it happen

- It takes a generation (25 years) to effect transformations

- Shifts in direction will be necessary

  - government policy

  - Iwi assurance

  - Maori health leadership
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<thead>
<tr>
<th>2009</th>
<th>2035</th>
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<tbody>
<tr>
<td>Bio-medical priorities</td>
<td>Whanau wellbeing</td>
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<tr>
<td>Treaty of Waitangi</td>
<td>Treaty of Waitangi</td>
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<tr>
<td>A statutory requirement</td>
<td>A national opportunity</td>
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<tr>
<td>Health inequalities</td>
<td>Best health outcomes</td>
</tr>
<tr>
<td>Maori &amp; non-Maori measures</td>
<td>Maori-centred health gains</td>
</tr>
<tr>
<td>Health sector responsiveness</td>
<td>Whole of Government responsiveness</td>
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<tr>
<td>Maori programmes based on disadvantage</td>
<td>Maori programmes based on indigeneity</td>
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## 2009 – 2035 Maori Health Gains
### Iwi Action

<table>
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<th>2035</th>
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<tbody>
<tr>
<td>Iwi health programmes</td>
<td>Integrated Iwi programmes</td>
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<tr>
<td>DHB contracts</td>
<td>social, economic, environmental &amp; cultural development</td>
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<tr>
<td>Health servicing governance, management</td>
<td>Whanau empowerment</td>
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<tr>
<td>and service delivery.</td>
<td>knowledge and information relevant to human wellbeing</td>
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<tr>
<td></td>
<td>whanau access to the full range of Iwi resources.</td>
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<td>Access to services</td>
<td>Prevention</td>
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<td>Primary and secondary care</td>
<td>Health promotion, strong communities, information dissemination</td>
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## 2009 – 2035
**Maori Health Leaders**

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<th>2035</th>
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<tbody>
<tr>
<td>Individual health care</td>
<td>Whanau empowerment</td>
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<tr>
<td>Disease focus</td>
<td>Collective wellbeing focus</td>
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<td>Maori health workforce</td>
<td>Strategic approach to the Maori workforce</td>
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<tr>
<td>development</td>
<td>across sectors</td>
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<td></td>
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<tr>
<td>Health sector leadership</td>
<td>Maori sector leadership</td>
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