

Māori hauora ā iwi competencies

Māori public health competencies

Sue Crengle, Fran Kewene, Kate Morgaine, Sarah Colhoun

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Contents

- Acknowledgements 3
- Whakatakinga: Introduction 4
 - Background 4
 - Paparahi – Foundation 4
 - Te Tiriti o Waitangi 4
 - International context: Educating for Indigenous health 5
 - The New Zealand context..... 6
 - Principles of the core Māori hauora ā iwi/public health competencies..... 6
 - Whāinga – Purpose..... 7
 - Mō wai – For whom?..... 7
 - Whakahāngaihia – Application 8
 - The competencies..... 8
 - Levels of competence 8
- Māori hauora ā iwi/public health competencies: 10
- References 14

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Whakatakinga: Introduction

Background

In 2017, the University of Otago's Department of Preventive and Social Medicine undertook a stocktake to determine what hauora Māori content was being taught across its hauora ā iwi/public health curriculum. Hauora ā iwi/public health postgraduate papers include 'Foundations of Hauora Māori' and 'Hauora Māori – Policy, Practice and Research'. Undergraduate papers include 'Hauora Māori: Challenges and Opportunities' and 'Rangahau Hauora Māori - Māori Health Research'. However, the stocktake found that, with the exception of two other courses, there was little hauora Māori content in other public health courses and public health teaching across the Department's programmes (including courses taught to medical students). When considering how the Department of Preventive and Social Medicine could respond it became clear that there were no agreed core Māori hauora ā iwi/public health competencies that could be used to inform the development of programme and course curricula.

In 2019, Sue Crengle, Kate Morgaine and Fran Kewene received funding from the University of Otago's Committee for the Advancement of Learning and Teaching (CALT) to develop a set of core Māori public health competencies. This document is the result of that work.

During consultation hui about this document, we considered feedback from three different groups: practitioners, government organisations and academics. In responding to feedback on the first draft of this document, we have maintained a focus on the original purpose of the document, which was and is to focus on a set of competencies for universities and other tertiary institutions to use. We also acknowledge that this is a 'living document' and anticipate that it will be revised in three to five years' time. Future revisions may incorporate the results of planned further research, which focuses on how to apply these competencies.

Paparahi – Foundation

Te Tiriti o Waitangi

Te Tiriti o Waitangi is the founding document of Aotearoa New Zealand and is critical to hauora ā iwi/public health teaching and practice.

These competencies are built on an understanding that Te Tiriti is the "foundation for good health" (Durie, 1998, p. 81). As such, Te Tiriti o Waitangi is the overarching framework for how these competencies are to be taught, understood and applied within New Zealand tertiary education institutions.

Te Tiriti confers rights and responsibilities for both parties, reflected in the three articles – kāwanatanga (governorship), rangatiratanga (chieftainship) and ōritetanga (equality) – and the recent WAI2575 principles: tino rangatiratanga¹, equity, active protection, options (which “requires the Crown to provide for and properly resource Kaupapa Māori² primary health services”) and partnership (Waitangi Tribunal, 2019, pp. 163-164).

In its primary context of New Zealand tertiary education settings, this Māori hauora ā iwi/public health core competencies document recognises that all tertiary institutions in New Zealand are obliged to honour and respond to Te Tiriti o Waitangi.

International context: Educating for Indigenous health

In this document, Māori hauora ā iwi/public health competencies are the primary focus. The competencies recognise that as a colonised people, Māori are but one population group worldwide for whom colonisation has ongoing impacts.

The following principles, informing these core Māori hauora ā iwi/public health competencies, are from Jones, *et al.*'s international consensus statement on "Educating for Indigenous health equity" (Jones, 2019):

Hauora ā iwi/public health education institutions must:

- a. Acknowledge colonisation as a fundamental determinant of Indigenous health
 - Acknowledge their role (historical and contemporary) in the colonial project
 - Engage in a process of institutional decolonisation
- b. Have a framework for understanding and addressing racism and privilege
 - This framework needs to be at both institutional and curricular levels
 - Have an explicit Indigenous health curriculum, that is rigorously developed
 - Rigour must be defined in terms of both Western and Indigenous standards
 - The curriculum must be contextualised to local needs
- c. Ensure that their institutional curricula reflect Indigenous health concepts and principles in all institutional policies and practices
 - Reinforce these principles in all educational environments
- d. Advocate for:
 - Indigenous rights and Indigenous health development
 - Improvement in health systems and the broader social determinants of Indigenous health
- e. In order to develop Indigenous health, invest in:

¹ self-determination

² By Māori, with Māori and for Māori; informed by tikanga Māori

- Infrastructure
- Indigenous leadership
- Resources.

The New Zealand context:

Principles of the core Māori hauora ā iwi/public health competencies

These core Māori hauora ā iwi/public health competencies align with the *Health Promotion Competencies for Aotearoa New Zealand* (HPFNZ, 2012), *Generic Competencies for Public Health in Aotearoa New Zealand* (PHANZ, 2007) and (Australian) *National Indigenous Public Health Curriculum Framework* (PHERP, 2008):

- The dependence of health on a balance of factors, including: Te Taha Wairua³, Te Taha Hinengaro⁴, Te Taha Tinana⁵, Te Taha Whānau⁶ and Te Taha Whenua⁷ (Durie, 1998)
- The importance of Te Ao Tūroa⁸
- The importance of Te Reo Rangatira⁹
- The interconnectedness of hauora ā iwi/public health and the development of whānau¹⁰, hapū¹¹ and Iwi¹²
- Cultural respect and accountability
 - Engaging with the diversity of Māori views, values and expectations; promoting culturally safe and competent health practice
- Holistic approach
 - Addressing physical, spiritual, cultural, emotional and social wellbeing; acknowledging the importance of an ongoing connection to the land
- Decolonisation
- Indigenisation
 - Providing clear pathways and support towards growing, maintaining and advancing mātauranga Māori¹³
- Self-determination

³ spiritual wellbeing

⁴ mental wellbeing

⁵ physical wellbeing

⁶ extended family

⁷ the land

⁸ the physical environment

⁹ the chief language, the first language of Aotearoa

¹⁰ extended family, family group

¹¹ sub-tribe

¹² extended kinship group, tribe

¹³ Māori knowledges

- Strengthening community decision-making, participation and control of health services; acknowledging resilience; building Māori linkages and capacity
- j. Comprehensive primary health care
 - Partnering the Māori community within a multi-sectorial approach to Māori hauora ā iwi/public health (PHANZ, 2007; PHERP, 2008).

Ngā whāinga – Purpose

These competencies provide a clear framework for hauora ā iwi/public health teaching staff to use in their teaching. Their purpose is:

1. To embed core Māori hauora ā iwi/public health competencies within the academic discipline of hauora ā iwi/public health
2. To make core Māori hauora ā iwi/public health competencies everyone's business and responsibility
3. To normalise Kaupapa Māori and culturally safe values and practices within the discipline of hauora ā iwi/public health.

Mō wai – For whom?

These competencies have been developed primarily for non-Māori and Māori hauora ā iwi/public health teaching staff and hauora ā iwi/public health students in tertiary institutions in New Zealand. Hauora ā iwi/public health courses often include a majority of non-Māori students. The competencies are a high-level framework for all to achieve a level of competency in Māori hauora ā iwi/public health.

Whilst our primary audience is staff and students of tertiary institutions, we also acknowledge opportunities to develop and apply these competencies in other contexts, particularly in workplaces.

We recognise that many non-Māori who work in hauora ā iwi/public health come to the field from a wide range of backgrounds, and their capabilities in Māori hauora ā iwi/public health competencies may vary. The competencies may therefore be used to assist these staff in their professional development.

There may be instances within some public health training institutions where students have practical placements – these placements may present an opportunity to assess students on their application of the competencies.

Whakahāngaihia – Application

1. Institutional level

The use of these competencies within hauora ā iwi/public health programmes and courses must be supported by the institution within which the programmes and courses are delivered. At an institutional level, they require:

- Commitment – the university/institution must commit to these competencies, as part of its obligation to respond to Te Tiriti o Waitangi
- Leadership – the university/institution must lead the implementation of these competencies
- Resourcing – the university/institution must provide the resources required for the successful implementation and use of these competencies by Māori and non-Māori academic staff.

2. Curricular level

This document describes core Māori hauora ā iwi/public health competencies. It is anticipated that individual departments (that is, within institutions teaching hauora ā iwi/public health across New Zealand) will do further work developing how to apply these competencies within their curriculum. This is also the focus of future research.

The competencies

There are eight competency domains:

1. Te Tiriti o Waitangi
2. Te reo Māori me ōna tikanga
3. Socio-political determinants of health
4. Rangahau – Research
5. Programme planning, evaluation and policy
6. Effective communication and engagement
7. Māori hauora ā iwi/public health advocacy and allyship
8. Reflective hauora ā iwi/public health practice.

There are, however, synergies across all competencies – they build on, highlight and complement one another.

Levels of competence

Users of these competencies may wish to develop indicators that demonstrate increasing levels of achievement within a competence. For example, for the competency 'Demonstrate their commitment to the use of te reo Māori', the following levels of competence could be used:

- a. Pronounce Māori names and words correctly

- b. Integrate te reo Māori vocabulary into daily activities
- c. Actively participate in formal learning and advanced use and application of te reo Māori
- d. Fluent in te reo Māori.

Māori hauora ā iwi/public health competencies:

1. Foundational

1.1. Tiriti o Waitangi

Be able to practise in accordance with Te Tiriti o Waitangi.

A hauora ā iwi/public health practitioner should be able to:

1. Embed Te Tiriti o Waitangi articles and principles in their practice
2. Undertake Tiriti o Waitangi analysis (in/of organisations) and implement any associated recommendations for improvement
3. Implement Te Tiriti articles or principles in policy, service and programme design, implementation and evaluation.

1.2. Te reo Māori me ōna tikanga

Be able to utilise te reo Māori and tikanga in hauora ā iwi/public health practice.

A hauora ā iwi/public health practitioner should be able to:

1. Understand and demonstrate core Māori values, concepts, tikanga Māori and mātauranga Māori
2. Demonstrate their commitment to the use of te reo Māori
3. Participate in Māori communities in a way that is consistent with local tikanga: e.g. whanaungatanga¹⁴, pōwhiri¹⁵, mihi whakatau¹⁶, hui¹⁷, tangihanga¹⁸, whānau, collective decision-making and whānau ora¹⁹ approaches.

1.3. Socio-political determinants of health

Be aware of, and practise to address, the socio-political determinants of health.

A hauora ā iwi/public health practitioner should be able to:

1. Understand the impacts of historical colonisation and the contemporary manifestations of colonisation

¹⁴ Relationships

¹⁵ Welcome ceremony

¹⁶ Formal speech of welcome

¹⁷ Meeting

¹⁸ Funeral and burial ceremony

¹⁹ Placing whānau at the centre of decision-making

2. Describe white privilege and the different forms of racism, and the effects of these on the social determinants of health, health status, and experiences of health and social services
3. Describe and critically analyse the differences between decolonisation and anti-racism, and actively participate in anti-racist and decolonising activities
4. Understand the complexities of cultural identity (including ethnicity, ancestry and colonisation) and the protective impacts of having a strong cultural identity.

2. Rangahau – Research

2.1. Rangahau – Research

Be able to undertake culturally safe²⁰ research that contributes to Māori advancement and/or reducing inequities.

A hauora ā iwi/public health practitioner should be able to:

1. Ensure their research is consistent with Kaupapa Māori research principles
2. For Māori public health practitioners: ensure their research is located within Kaupapa Māori and/or mātauranga Māori paradigms
3. Ensure that all research proposals and practice are culturally safe and contribute to Māori health equity
4. Utilise guidelines for best practice research (HRC, Te Ara Tika)
5. Understand and apply the principles of Māori data governance and sovereignty
6. Ensure research findings and outputs are accessible to Māori communities and other relevant organisations.

3. Practice

3.1. Programme planning, evaluation and policy

Be able to develop, implement and evaluate policy, services and programmes that support Māori advancement and/or equitable outcomes.

A hauora ā iwi/public health practitioner should be able to:

1. Plan and implement policy, services and hauora ā iwi/public health programmes that are equity focused and culturally safe
2. For Māori practitioners: Plan and implement policy, services and hauora ā iwi/public health programmes that are tika²¹ and pono²² and that are located within mātauranga Māori and/or a Kaupapa Māori paradigm

²⁰ Practice that focuses on the community/individual's experience, involving practitioners reflecting on their own views and biases and how these could affect their decision-making and outcomes for the community/individual

²¹ Appropriate behaviour

²² True to the principles of culture

3. Use and implement appropriate Indigenous (Fleras & Maaka, 2010) and Māori health and policy frameworks
4. Use equity and cultural safety tools and frameworks to inform planning, implementation, and evaluation
5. Critically analyse policy and hauora ā iwi/public health programmes to ensure they achieve equity, are non-discriminatory in their intended outcomes, and do not have harmful unintended outcomes
6. Work in partnership with Māori communities and relevant Māori non-government organisations (NGOs), organisations and agencies in the development, implementation, and evaluation of policy, services and hauora ā iwi/public health programmes.

3.2. Effective communication and engagement

Be able to engage and communicate with a range of Māori groups (whānau, hapū, iwi, NGOs, urban Māori²³).

A hauora ā iwi/public health practitioner should be able to:

1. Recognise and reflect on structures and power relationships between and within Māori and non-Māori organisations
2. Form relationships that engender trust and are mutually beneficial
3. Establish mana-enhancing²⁴ environments
4. Communicate in ways that enhance community health literacy.
5. Identify and manage the health literacy demands of their (and their organisations) communications
6. Work in partnership with Māori to support the development of critical health literacy (Nutbeam, 2000)

3.3. Māori hauora ā iwi/public health advocacy and allyship

Be able to develop and maintain strong collaborative relationships and partnerships with Māori to achieve hauora ā iwi/public health goals.

A hauora ā iwi/public health practitioner should be able to:

1. Act as a good ally of Māori to support and strengthen Māori hauora ā iwi/public health
2. Advocate for Māori health and hauora ā iwi/public health outside of the health sector.

3.4. Reflective hauora ā iwi/public health practice

²³ Māori people living in urban areas outside the rohe of their hapū or iwi

²⁴ mana: prestige, authority, influence

Be able to reflect on non-Māori societal and personal beliefs and values and how they impact on their own practice.

A hauora ā iwi/public health practitioner should be able to:

1. Understand their own values and worldviews
2. Incorporate the outcomes of their reflections in their personal practice and professional development plans
3. Complete decolonising training and demonstrate decolonising practice²⁵
4. Critically analyse systems and structures and how underlying ideology informs the system and the outcomes observed
5. Critically analyse public health programmes, services and practice, utilising cultural safety and equity frameworks
6. Seek, as required, appropriate mentoring and supervision. This may include cultural supervision.

²⁵ “a long-term process involving the bureaucratic, cultural, linguistic and psychological divesting of colonial power” (Tuhiwai Smith, 1999, p. 98).

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