

**National “Think Tank” Hui
of
Māori Public Health Workers**

**A Report prepared for Public Health
Ministry of Health**



By

Digital Indigenous.Com Ltd

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digital indigenous

DOING IT ALL AND DOING IT WELL

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Executive Summary

This Report outlines the summary of feedback of five “Think Tank” Hui held across the country. The Hui Participants included 109 of mainly Māori (as well as Pasifika and non-Māori) public health workers working in a broad range of public health and health promotion settings. Written submissions from 10 people were also received. The aim of each Hui was to discuss, give feedback and direction to the following topics:

- Professionalism of the Māori health promotion workforce;
- The Generic Public Health Competencies (GHPCs);
- The establishment of an alumni or other appropriate Māori public health association, forum, or network;
- Innovative approaches to sharing Māori public health practice; and
- Future workforce needs.

The feedback was summarised and themed to provide the Findings of this Report. It was also aligned to the Ministry’s Te Uru Kahikatea Māori Workforce Plan’s eight priority areas.

Findings

Professionalism of the health promotion workforce

Overall participants believe that the health promotion workforce should be professionalised for a number of reasons:

- large number of Māori in the field;
- opportunity to embed Māori concepts;
- improve quality and health outcomes;
- skills enhancement;
- create a sense of unity and accountability;
- create a critical mass as public health issues become more challenging; and
- gain parity and recognition of the role;

This will require:

- a clear purpose, reason and be beneficial to Māori health outcomes;
- to be Māori-led, self-determined, designed, implemented and monitored;
- be inclusive of other Māori workforce developments;
- take into account lessons learned from similar journeys;
- be linked with Whānau Ora, and whānau, hapū and iwi developments as well as global indigenous rights and movements;
- have a clear training and career structure;
- to be totally inclusive and egalitarian;
- recognise the flexibility and organic nature of Māori the role;

- be future proofed.

A small number of participants believe that the status quo should remain and a greater difference could be made with the reprioritisation of funding.

The Generic Public Health Competencies (GPHCs)

In summary, the following points were raised about the GPHCs:

- Competency development in health promotion is supported and should be considered as baseline or a minimum standard of practice of which greater sophistication can be built.
- The GPHCs are scant around Māori skills, concepts, competencies and capability.
- Māori need to define the Māori competencies and assess skills progression against the competencies.
- The competencies need to extend beyond core health promotion conventions and include Te Ao Māori concepts.
- Any Māori competencies should be future proofed taking into account the skills and competencies needed to manage a rapidly changing global and local environment.
- A clear entry point needs to be identified and mechanism for acknowledging prior learning and competencies.
- Competencies should bridge the diversity of qualifications amongst the Māori.
- The *Takarangi* competencies and the *Kaiakatanga Hauora mō Aotearoa Report* competencies move some way toward reducing the cultural gaps in the GPHC's for Māori.

The establishment of alumni or other appropriate Māori public health association/forum, and/or network;

Participants support developing an appropriate Māori public health association/network or body to represent their interests:

- In the immediate term a single Māori body could be:
 - A new standalone association;
 - Merging existing Māori capacity; or
 - A single Māori network across existing organisations (e.g. Tautoko PHL Network).
- In the longer term the network/body needs to:
 - Manage all aspects of Māori public health workforce development;
 - Be supported by the Ministry of Health and other key agencies;
 - Be totally inclusive of all Māori public health, community and Whānau Ora workers;
 - Extend beyond health into education, social development, justice and Māori development.
 - Be viable, sustainable and political whim proof.
 - Autonomous and self-determining.
 - Have a greater connection with Iwi organisations.
 - Be linked to global health organisations e.g. WHO.

Innovative approaches to sharing Māori public health practice

There were a number of different and innovative ways of sharing public health practice identified. These included:

- A Māori public health and leadership website for best practice;
- Normal media channels;
- Multi media and campaigns (e.g. Like Minds, etc.);
- Whanaungatanga;
- Through wānanga, conferences, hui and meetings;
- Through the Māori Public Health Leaders' Network;
- Through Iwi and Māori community leaders;
- Social media developments and trends;
- Lobbying the system;
- Role modeling;
- Through the education system from teacher training to curriculum development;
- Through haka, waiata, mōteatea and other kapa haka type activities;
- Through sports and social clubs; and
- More radical approaches were also noted such as: guerilla marketing, protest, boycott, political activity, flash mob haka, and viral e-mail and video campaigns.

Future workforce needs

Māori health promoters saw the following workforce needs:

In 5 years time:

- A clear Māori workforce development strategy;
- A regulated workforce with clear career pathway and structure;
- A Māori specific health promotion qualification;
- More Māori pursuing health protection careers;
- More flexible and accessible learning and training environments e.g. e-learning, wānanga, noho marae;
- A critical mass of Māori public health leaders;
- Greater learning agility, emotional intelligence and the ability to source and synthesize information;
- Greater co-ordination of public workforce development activities;
- Identification and promotion of the profession in school career counseling;
- A more flexible and innovative profession moving across health, education, social development, justice, iwi and global concerns;
- A stronger clinical and technical underpinning;
- A sustainability focus;
- The ability to rapidly respond, adapt and build health infrastructure in health epidemics and post disasters to protect populations and communities.

In 30 years time:

- The development of the “Maui model” of health representing a clear identifiable Pacific indigenous approach to health promotion and protection. In some ways moving on from the Ottawa Charter view of health promotion;
- Māori being highly adaptable and resilient to any given situation;
- Global outlook and local application driven and vice versa;
- Skills to build water, food, and energy sovereignty for communities;
- Ability to work within an iwi or sub-cultural context;
- Low tech and high tech savvy;
- Be self sufficient;
- Ability to work within an unstable political context;

Overall the findings of the Hui generally align with the Ministry’s eight priorities although some of the goals and actions may need to be expanded.

Introduction

This report summarises the feedback of five regional “Think-tank” type Hui held to discuss the following topics:

- professionalism of the health promotion workforce;
- the generic public health competencies;
- the establishment of an alumni or other appropriate Māori public health association/forum, and/or network;
- innovative approaches to sharing Māori public health practice; and
- future workforce needs.

The feedback is then presented against the **eight priorities** in the Ministry’s Te Uru Kahikatea: Māori Public Health Workforce Development Plan to identify whether the views of Hui participants align with these priorities.

Context

The Ministry of Health’s, Public Health Directorate commissioned Digital Indigenous.Com Ltd to facilitate a series of Hui and to prepare a Summary Report of the feedback. This feedback will provide some additional direction and information for the Ministry in the planning of Public Health. The topics chosen are aligned to the Ministry’s Public Health Infrastructure service area under **two goals**:

- a. to strengthen the infrastructure of the public health sector through provider development, workforce development and through supporting leadership, collaboration and communication.
- b. maintenance of a sustainable, effective and efficient network of public health service providers.

The Ministry has identified that Māori leadership in the health system is one fundamental driver in promoting healthy lifestyles, re-orienting the health system, developing the workforce and mobilizing communities toward improving their health status. This is more specifically outlined in Public Health’s Te Uru Kahikatea: Māori Public Health Workforce Development Plan under **two objectives**:

- to ensure sustainable Māori leadership across the public health sector;
- to strengthen public health action by: increasing the knowledge and skills base of the public health sector; support workforce development; and provide leadership and collaboration.

Specific refinement to the Plan identifies **eight priorities** to build the capacity and capability of the Māori public health workforce over the next three years. These are:

1. Māori public health career pathways;
2. Māori cultural competencies and the generic public health competencies;

3. Professionalising the Māori public health workforce;
4. Developing of Māori public health networks;
5. Mentoring;
6. Providing support for the Māori public health workforce in mainstream organisations;
7. Developing whānau, hapū, iwi and Māori communities; and
8. Māori public health workforce intelligence.

Process

In April 2011, five Hui were organised and facilitated across the country in main centers to cover the four regions of:

- Auckland/Northland (Liggins Institute, Greenlane Clinical Center, Auckland DHB);
- Waikato/Bay of Plenty and Taranaki (Te Kōhao Wellness Centre, Hamilton);
- Palmerston North (The Cancer Society, Palmerston North);
- Wellington; (Tapu Te Ranga Marae, Island Bay, Wellington); and
- Christchurch (Partnership Health, PHO, Christchurch).

Participants invited included Māori public health workers, graduates of the Māori Public Health Leadership Programme, and Māori members of the Public Health Association, Health Promotion Forum as well as other organisations. Public health workers working in health promotion and protection, nursing, as health advocates, leaders, board members, and managers from DHBs, Māori health providers, non-government organisations and specific health promotion programmes were also invited. An Agenda (see **Appendix 1**) was sent across these networks outlining the topics. Overall, 109 Participants in total attended the five Hui and 10 people submitted written feedback.

The Hui were facilitated by Tania Hodges, Grant Berghan and Trevor Simpson and comprised of topic presentations, then small group discussions, feedback, and finally presentation back to the Hui. The topics were organised into questions as follows:

1. *Does the health promotion workforce need to be professionalised?*
2. *Do we need generic public health competencies?*
3. *Do we need to establish an alumni or other appropriate Māori public health association, forum, or network?*
4. *What are some innovative approaches to sharing Māori public health practice?*
5. *Identify our future workforce needs (in 5 years and 30 years)?*

All workshop feedback was collated, analysed for core themes, then merged and/or distilled in bullet point form. Then an overall summary of key themes and directions is presented with diagrams, followed by a table aligning the Ministry's priorities with feedback.

Report Layout

Each Hui's summarised feedback is presented as separate sections in this Report. Then Key themes and Directions, and then a Table of Alignment of Priorities conclude the Report's findings.

For the purposes of consistency and simplicity, the term "Participants" is used to denote the broad variety of health public workers and others that attended each Hui, participated in the discussion and contributed with feedback. A Participants' List is at the end of this Report.

Auckland/Northland

The Auckland and Northland Hui was held at the Liggins Institute, Greenlane Clinical Centre, Auckland DHB. A total of 28 Participants formed four groups to address each of the key topics below:

Does the Māori health promotion workforce need to be professionalised?

Participants gave general support for a move to professionalisation of the Māori health promotion workforce for the following reasons:

- To establish credibility and the role of the health promotion workforce amongst other health professionals;
- Support and recognise the continuum of health especially at a primary and community health level;
- To improve and maintain competencies and quality standards;
- The workforce will be less susceptible to political whims and health system changes e.g. recent changes in health policy directions such as: over-emphasis on the clinical workforce, reduction of health promotion in PHOs, and reduction of health promotion initiatives and contracts.
- Increase capacity and capability of the Māori workforce;
- Improve career pathways and opportunities for Kaimahi Māori
- Improve the inequity of remuneration between the professional and non-professional workforce.

However, a move to professionalisation should take into account:

- A clear definition of “Māori Health Promotion”;
- A professional Māori health promotion workforce needs to “work” or be key enablers to improve health outcomes for Māori and to address health inequalities;
- Tikanga and Kaupapa Māori approaches and models – indeed these models need to be at the core. The Takarangī Model is an example;
- The interface between other health professionals and clinical scopes of practice, the paid and voluntary workforce, communities, and whānau;
- Be flexible enough to understand local needs and to incorporate local innovation and approaches;
- Having workers that whose practice has clear measurable goals and outcomes;
- Whānau Ora practice and how to capture the core practices in working with whānau;
- The inclusion of engagement, community action and awareness, networking, advocacy, health public policy skills and competencies;
- Provide for different levels of health promotion competencies;
- The financial barriers to access to training and registration if it is to be a profession should be an impediment to Kaimahi Māori;
- The intentions of Māori Community Health worker to pursue similar regulation and developments and/ or provide stair casing and pathways between each occupational group;
- The need to retain the health promotion identity and unique characteristics;
- The need to improve the responsiveness of mainstream services;
- The requirement for a Māori governing and regulatory body; and

- The requirement of broader organisational and health system support.

Participants felt if they did not move to professionalisation the status quo would remain which posed some risks such as:

- Risks to the health workforce with health promotion disappearing as a vital health discipline;
- Loss of contracts and funding for public health;
- Rationalisation of key health promotion programmes and perhaps the loss of key Māori workforces built up over time, such as breast and cervical screening.

Do we need Generic Public Health Competencies (GPHC's)?

Participants were open but cautious about the GPHC's. Even though the competencies were circulated, the feedback generally reflected a limited understanding of the GPHC's and posed a lot more questions than participants had opinions on their relevance to Māori. Feedback included:

- More information and awareness was needed in the sector of what the GPHC's were and how they are used;
- While GPHC's are good how would they be applied and supported by public health managers and leaders;
- What would the costs be to undertake these competencies?
- Were they to be compulsory for the workforce?
- Would they have an impact on current salary scales?
- Would prior learning be acknowledged in any proposed training regime?
- What training or education is available underpinned by these competencies?
- How relevant they were in a community setting?
- How the GPHC's would be assessed and monitored?
- Would they provide a point of difference for health promoters?
- A competency based workforce will have an impact on the way current services are delivered

Other general feedback centered on how the GPHC's would interact with a Māori health promotion, a Māori world view, and what implications they had for Kaimahi Māori. Key issues were:

- What was the role and function of the GPHC's in respect of the Māori health promotion workforce?
- How would Te Ao Māori, Māori pedagogies, knowledge, tikanga and indigenous frameworks be incorporated or would it be just an "add on"? Competencies must come from a Māori base
- Would the GPHC's be assessed by Māori?
- Are the GPHC's compatible with Māori ways of working?

Do we need to establish an alumni or other appropriate Māori public health association / forum, and/or network?

Overall participants supported the need for some type of overarching Māori public health body/network with the following characteristics:

- A clear purpose;
- A governance structure (with key professional stakeholders) that sets a strategic direction;
- Guided by a Kaumātua for tīkanga;
- Comprised of progressive representatives – perhaps elected;
- A management structure;
- The body/network should be capable of influencing change, and advocate for Māori public health;
- A national and regional configuration with working subgroups. The body does not necessarily have to follow a rigid corporate structure – it could be a network or cell grouping;
- A membership process;
- Have a broad inter-sectorial scope covering health, education, social development and justice.

What are some innovative approaches to sharing Māori public health practice?

Participants' feedback noted a variety of forms in which Māori public health practice could be shared. The key themes were as follows:

Strategy and planning

- Developing an agreed strategy and plan as to how this will be done.

Using various media channels

- A single shared practice website where best practice can be shared with the necessary funding to design, maintain, and further develop the website - which might include:
 - Best practice exemplars and case studies;
 - Best evidence and relevant research and case studies;
 - Open forum for discussion and debate;
 - Key links.
- Using social media such as Facebook, Twitter, You Tube, Skype;
- Māori Television, Te Karere, Te Kaea, Homai Te Pakipaki, Warrant of Fitness and using popular mainstream shows e.g. Master Chef, Shortland Street;
- Public relations articles in mainstream media;
- Guerrilla marketing campaigns (e.g. flash mobs);
- Local community papers;
- Digital story boards and kiosks;
- Interactive media.

Through networks and public forum:

- Presentations, abstracts and papers at key conferences;
- Hui;
- Through the Public Health Leaders Network and key messages through community leaders;
- Face to face opportunities;

Māori and public events:

- Kapa haka events e.g. Te Matatini, Manu Kōrero, Iwi festivals and events;
- Sponsorship of events;
- Polyfest, Easter Show, stage promotion;
- Innovation award and success events with incentives for innovation e.g. Black Pearl Awards;
- Giveaways, free rides, gifts.

Identify our future workforce needs (in 5 years and 30 years)?

Feedback on broad future trends from participants' was extensive as listed below such as:

- Increased Māori population with the majority living on Auckland, however the ethnic mix in Auckland will be different to other parts of the country;
- Increase in social determinants such as poverty and inequality;
- Life expectancy increased overall but Māori are more susceptible to disease pandemics, and mortality and morbidity may be lower;
- Negative issues will have stronger influence over Māori lifestyles such as break down of whānau, drugs and alcohol, gambling, anti-social behaviour, crime and other issues;
- Increased Māori inter-marriage with other cultures;
- The rise of Asian cultural influence in New Zealand, the Pacific, and globally;
- A growing Pacific/Asian identity and less dominance of western culture;
- More speakers of te reo Māori who are comfortable as Māori and global citizens;
- Potential loss of Māori traditions and customs;
- Greater presence, connection and influence of Māori Australians;
- Continual technological advancement and shifts;
- Post-Treaty Iwi local and global power, mobilisation and influence with other indigenous cultures and international partners;
- More resources going to Māori organisations and representation through all levels of the public sector;
- Whānau Ora integrated across all sectors (especially education);
- Growing environmental concerns from mineral exploitation, pollution, shortages of water and food, and more natural and man-made disasters;
- Advancement and acceptance of genetically engineered solutions to food and disease management;
- Māori making improvements participation in Māori medium educational settings;
- More Māori in professional health and other occupations; and
- Health Promotion is still a feature of the health system at all levels but there may be a stronger emphasis on changing lifestyles as opposed to tobacco control or diabetes.

The workforce skills they predicted would be required in the next **5 years** include:

- Leadership, strategic and systems thinking skills;
- More technology savvy with the growth of the I-phone generation, broadband;
- Chinese languages;
- Te reo and tikanga, waiata and haka;

- Access to more flexible learning environments;
- Working across sectors or in joined up integrated services;
- Developing rangatahi leadership;
- Whānau centred approaches;
- Emotional intelligence and resilience;
- A public health structure and network is required to facilitate development;

The workforce skills they predicted would be required in the next **30 years** include:

- Leading edge, sophisticated leadership;
- Multi-lingual Māori, English and a Chinese language or “Chai-lingual”;
- Pacific indigenous approaches e.g. “Maui models” of health;
- Sustainability, environmental, energy efficiency and food sovereignty knowledge and skills;
- Māori independence - creating self-dependency;
- Hauora knowledge and skills will be more developed and highly relevant;
- Ability to working in an iwi centred setting;
- Growth of te reo in all aspects of life;
- Highly technology savvy;
- Flexible short and intense education and training modalities;
- Ability to train quickly for many careers in a lifetime;

Waikato/Bay of Plenty and Taranaki

20 Participants from Waikato, Taranaki and the Bay of Plenty district met at Te Kōhao Health Centre in Dey Street, Hamilton. Minutes of a Kaimahi Māori hui held at Waikato DHB, Population Health were also received. Again four groups were formed to workshop the topics giving the feedback below:

Does the Māori health promotion workforce need to be professionalised?

Again, participants gave general support for a move to professionalisation of the Māori health promotion workforce for the following reasons:

- To raise the bar and set high quality standards across the workforce;
- Re-affirm the value, credibility and importance of health promotion within the health professional workforce;
- Align salary increments and scales with their professional colleagues;
- Increases the focus on health promotion and the practice of health promotion;
- To develop a clear community of practice;
- Grow the Māori health professional workforce and provide a career pathway for Māori students and others interested in broader health careers;
- Enhance mana and credibility;
- Provide leadership;
- To provide better, safer and higher quality health services to Māori;
- In order to bridge the gap between other health professions and health promotion as well as the gap between the Māori world view and current health convention;
- Recognise the diverse range of skills and qualifications in the health promotion workforce; and
- Be grounded in the community;
- Creates a platform for best practice.

Reservations were expressed about the following:

- A legislative framework was required;
- Professionalism might detract Māori with broad, holistic ideals and views;
- Similar exoduses of Māori occurred with the professionalism of social workers;
- May be out of reach for some Māori;

A preferred structure or approach to development was submitted which included:

- Māori for Māori & mixture (Māori and non-Māori)
- Experience and competence of members who develop these is critical;
- Members must have a passion for public health;
- Must cater for different learning styles;
- National recognised qualification needed;
- A name change may improve awareness and credibility

Do we need Generic Public Health Competencies (GPHC's)?

Participants saw the relevance of the Generic Public Health Competencies (GPHC's) but wanted to ensure the following issues were to the forefront should they be wholly adopted:

- Starting point should be Te Ao Māori – not an “add on” – should start from “within and build out”. Hauora Māori should be as important as clinical imperatives;
- Build strong foundations, drawing on cultural practice e.g. Rāhui
- Needs to uphold the health promotion conventions such as the Ottawa Charter, Treaty of Waitangi;
- Equal accountability for non-Māori working with Māori people;
- Aligned to Whānau Ora;
- Capture the essence of being iwi and hapū e.g. incorporating Tainuitanga and Kingitanga;
- Underpinned by core values, ethics, self determination and reducing inequalities priorities;
- Needs to be supported by the Ministry of Health;
- Be pitched at the right qualifications level (e.g. Cert level 4);

Issues of concern about the competencies included:

- More analysis and consultation was needed;
- Were there any cost factors for the Māori workforce?
- Who defines, assesses and monitors the competencies in relation to Māori?
- Do these competencies recognize prior learning?

Do we need to establish an alumni or other appropriate Māori public health association / forum, and/or network?

As with Auckland and Northland participants, there was general support for the establishment of some form of Māori Public Health Body or Māori professional network. Although specific details were not discussed, according to these participants the proposed body should perform the following functions:

- Provide Māori public health leadership and unity of all health functions;
- Advocate for Māori health models and philosophy – Te Ao Māori;
- Be a place of support, manaakitanga, and best practice sharing;
- Be at a high level and status;
- Set standards that DHBs adhere to;
- Have a brokering role;
- Integrate public health and provide a presence in primary care;
- Influence the health sector through lobbying, building relationships and networking;
- Establish national frameworks;
- Monitor the accountability of government health agencies;
- Provide a mandate from the community (“grassroots”) for Māori health issues and priorities;
- Be aligned to WHO, indigenous declarations, and other international health organisations.

There were suggestions of uniting or aligning some of the existing Māori public health capacity within the Health Promotion Forum and Public Health Association and other organisations. However, other considerations include:

- The right infrastructure will need to be developed;
- Funding of a body or society will need to be sustainable;
- Look at and take into consideration the establishment of similar networks;
- A consistent membership process will need to be worked through.

What are some innovative approaches to sharing Māori public health practice?

The participants saw similar innovative approaches to Auckland and Northland participants in sharing Māori health practice outlined under the following broad categories:

Media Channels

- The rise of social media e.g. Facebook, texting, websites and IPHones as essential tools of communication and engagement;
- Mass marketing and branding – it was noted that public health needs more popular, inspiring, relatable, humorous, “to be more sexy”, and appealing;
- Television, radio, global e-mails;
- Public relations, articles, print media, and publications.

Events:

- Kapa haka, drama, music;
- Wānanga, hui and conferences;
- Career road shows, promotions and expos;

Leadership;

- Role models and inspiring people;
- Fostering rangatahi and succession planning through the education system and cadetships;
- Create information packages for students;

Iwi Māori

- Through the aspirations of Iwi organisations for their uri;
- Māori leaders, role models and handpicked future leaders;
- Māori cadetships;
- Whanaungatanga.

Identify our future workforce needs (in 5 years and 30 years)?

Participants outlined the following broad future trends in order to identify the workforce needs in 5 and 30 years time:

- Greatest resource is Māori human capital and potential;
- The Māori population will be more youthful but it is also ageing which will have implications for kaumātua care and services;
- The economic recession, environmental disasters, and new diseases affecting morbidity and mortality and building sustainability will be a strong focus;
- Inequalities may widen with no major changes predicted in political ideological direction;
- Iwi involved more in health, education and social services and Te Ao Māori will be a dominant view with more Māori connected to their iwi, hapū and whānau;
- High rates of Māori unemployment may continue;
- Closer alliance between health and education in terms of service delivery;
- Health promotion moving to professionalisation;
- Increased Maori with high qualifications for all key sectors of the economy;
- Maybe less Māori providers and PHOs (if they exist at all) in the future. Funding parity may be realised for Māori providers;
- Treaty of Waitangi recognised as an important constitution and Treaty claims fully settled;
- Iwi and global indigenous economic alliances;
- Technological advances in medicine and health;
- Less people smoking but higher rates of obesity;
- Food basics and petrol may well be more scarce;
- Greater intersectorial collaboration under Whānau Ora;
- May be a return to area health board configurations;
- Different and new occupations (e.g. digital media, biotechnology);
- Education delivered in different ways;
- Increase in poverty and poor health as tax base decreases. Can New Zealand afford a funded health system?
- Insurance funded health more dominant.
- The rise of te reo Māori.

5 years

The workforce needs identified in **5 years** include:

- A workforce that reflects future demographic, health and medical service trends (increase of age related and obesity related diseases);
- A clear shared vision and national plan;
- Fundamentally improving Māori school achievement to create a pool to develop for the future;
- Increase support/resources for the career pathways of Māori students with educational and health sciences being more collaborative in the design of career pathways;
- Improved training opportunities for Māori;
- Changes in practice to improve Māori health outcomes;
- Health promotion broadening to encompass environmental and resource management;

- Integration of Te Ao Māori and health promotion and protection disciplines. The Ministry of Health needs to reflect a Māori framework that cascades throughout the sector;
- Ability to work virtually across organisations (e.g., health, councils, and within iwi);
- Able to access education and training and up skill in shorter times;
- More Māori leadership development;
- Political skills and understanding the machinery of government;
- Advocacy skills;
- Able to engage highly disengage whānau;
- Disaster planning and survival skills;
- Upskilling non-Māori to work with Māori;
- Will require a shift in thinking from non-Māori managers views of Māori health;
- A shift in resources to Māori;
- An environment of trust between stakeholders;
- Ability to do more with less. Able to work within an insurance funded setting;

30 Years

The workforce needs identified in **30 years** time:

- Highly technology savvy with skills that reflect the predicted communication channels;
- Relationships and skills to work in a global setting – with other indigenous peoples and nations;
- Self dependency knowledge and skills;
- International political skills
- Redefinition of what it is to be Māori;
- Managing inequity;
- Global leadership and management;
- Working in a highly resource competitive and resource scarcity environment.

Palmerston North

34 Participants representing the Central South of the North Island held their Hui at The Cancer Society in Papaioea, Palmerston North. With a larger number, seven groups were formed to workshop each of the topics. Their feedback was as follows:

Does the Māori health promotion workforce need to be professionalised?

Participants generally supported a move to professionalism but outlined some clear foundations on what this should look like and how it should be done as follows:

What?

- Whānau Ora or Kōtahitanga or Te Whare Tapa Whā foundation or something similar;
- Links with iwi and hapū
- Be inclusive of all;
- Kaupapa Māori working for all;
- Māori models and a Māori world view are visible;
- Be a formal recognised body – suggestion of Te Pae Maunga O Te Hau;
- Achieve a recognised tohu or qualification;
- Go back to basics – recognising the Rongoā Māori journey, etc;
- Span all aspects such as development, sports, justice, education – not just health;
- Involve a number of organisations to encourage Māori to get involved in health promotion;
- Address current disparities in pay;
- Be a flexible profession;
- Recognise prior skills and learning and be supported by the Māori workforce;
- Have a mentoring regime

How?

- A Workforce Development Plan;
- Support of the Ministry of Health;
- Leadership and organisation;
- Working smarter and reorganising existing funding;

Do we need Generic Public Health Competencies (GPHC's)?

Participants gave quite mixed feedback for the Generic Public Health Competencies (GPHCs). There was a general view that having a set of competencies for public health was better than having none; participants felt there were many implications for Māori that will need to be overcome before they would gain traction amongst Māori.

Supportive feedback included:

- Agreed with the notion of having standard competencies as a basis for common practice and training and alignment with international standards;
- It is good for Kaimahi to have a shared and common view;
- “Better than having none”;

Issues with the Competencies included:

- The competencies need to be reviewed given they were developed in 2008;
- Need to create and embed a set of non-negotiable Māori values forming the basis of NZQA courses and learning;
- Some participants believe they will not work;
- Need to have a career pathway for every staff member;
- Where does Whānau Ora fit?
- Some uncertainty as to whether they would get support from the Māori workforce;
- Too prescribed and restricts Māori approaches to public health;
- Seems they are for the benefit of the Ministry of Health;
- Putting Māori in a “box”;
- Service delivery and “āhua” of the competencies do not fit with Māori values, beliefs, world view, and customs;
- Non-Māori will be assessing and monitoring Māori practice;
- Appear not to be co-constructed with Māori;
- Funding constraints to up skill Māori;
- Not strong enough around reducing inequalities or using an equity lense (e.g. HEAT tool) in respect of each competency.

Do we need to establish an alumni or other appropriate Māori public health association / forum, and/or network?

Participants gave general support for a single Māori public health body or association to represent and drive their developmental interests. The association should take the following form:

- Be Māori-led and driven incorporating a strong Māori kaupapa and philosophy. “Mana motuhake”, defines law/lore;
- Needs to cover all of Māori health;
- Have a unique brand, tohu, name and profile;
- Be a professional body amongst other non-public health professional bodies;
- Be sustainably funded;
- Nationally recognized;
- Be independent and accountable to Māori;
- Inclusive of a wide range of Māori public health workers;
- Reduce duplication across different organisations;
- Establish unity of the Māori public health workforce;
- Strong linkages and support with iwi, hapū and whānau;
- Grassroots governance and membership;
- Be a single voice for Māori public health and Kaimahi Māori, having a single vision and mission;
- Encompass broader Māori development;

The association’s functions include:

- Influencing the health sector;

- Promoting public health amongst Māori;
- Providing effective communication of health promotion information;
- Workforce needs analysis, planning and development;
- Developing career pathways;
- Researching and developing evidence for Māori public health
- Developing Māori models and frameworks of public health practice; and
- Monitoring Māori public health risk.

What are some innovative approaches to sharing Māori public health practice?

Participants categorised a number of innovative approaches in sharing public health practice as follows:

- Developing a single Communication Plan;
- Lobbying Ministers, MPs and formal health structures and committees (e.g. CPHAC);
- Māori media and reality show formats (e.g. the biggest loser, Iron Māori), radio, documentaries, newspaper, newsletters and magazine articles;
- Māori provider presentations and conferences;
- Social media, interactive websites, blogs (e.g. TāngataWhēnua.com);
- Using technology relative to generations;
- Hui, wānanga, symposiums, sports events, and other event based activities e.g. Te Matatini;
- Iwi, hapū and whānau events;
- Through joint ventures with other like organisations;
- Re-instate Health Promotion Awards or Whānau Ora Awards, incentivizing the sharing of practice and celebrating success and rewarding provider excellence;
- Digital multi-media;
- Key messages aligned to political agenda and forum;
- A Health Promotion Expo;
- Through the new Māori professional body;
- Wānanga, university, schools, kura, and kohanga;
- Establishing a database of key Māori public health mentors, winners and champions;
- Modern marketing campaigns and techniques;
- Consultation “that gives hope”;
- Through pūrākau, stories and storytelling;
- Whakawhanaungatanga;
- Monitoring and evaluating success;

Identify our future workforce needs (in 5 years and 30 years)?

Participants outlined the following broad future trends in order to identify the workforce needs in **5 and 30 years** time. Participants saw the following broad trends affecting Māori public health in the next **5 years** as follows:

- Rationalised health system with less DHBs, PHOs and Māori health providers and organisations with broader scopes;
- Health services more accessible to Māori, however more individuals will have to become more responsible for their own health;

- Devolution of services to Iwi, more autonomy, and Iwi forming alliances to achieve their aspirations (e.g. northern tribes, Te Arawa, Tainui);
- Whānau Ora operating with more sophistication;
- Māori health professional organisation established;
- More Māori in leadership positions with greater influence;
- Impact of all treaty settlements being made to settle by 2014 meaning the rise of Māori economic power and mobilization.
- Some form of constitutional review and transformation;
- No real change in political direction (centre right) with questions over the priority of public health in the future.

Future workforce needs identified to function effectively in the next **5 years** included:

- Educational achievement for tamariki Māori a priority;
- A clear workforce plan over 5 and 30 years – Te Pai Maunga o Te Hau covering the following:
 - Capturing the vision, essence, style, creativity and vitality of Māori – “*Whāia ōu ake oranga kei karangahia tōu ake mutunga*” - Aspire to inspire before we expire
 - Needs analysis and stock take/database of public health skills;
 - Strategic priorities;
 - Move towards a workforce that reflects the Māori population;
 - Career planning i.e. competencies, recruitment, retention and succession planning;
 - Clear milestones and indicators;
 - Resourcing.
- Formation of a single Māori public health structure and agreed Māori competencies;
- Development of more leaders in Māori health either through iwi, government or politics, who are politically smart and competent managers in decision-making levels;
- Strengthen Māori in governance roles;
- Adequate funding ensuring Māori health has an equitable share that is used effectively and efficiently;
- Ability to manage political change, influence the political environment as well as emotional and resilience skills;
- More kaupapa Māori models and frameworks of health integrated in all professionals
- Strategies to reduce number of whānau moving overseas.
- Research skills;

Participants predicted the following broad trends in **30 years**:

- A level of tino rangatiratanga, with iwi Māori determining their own destiny under their own economic security;
- Healthy independent empowered whānau but also an entrenched underclass;
- Pacific Asian power and identity. Global Māori influence;
- Indigenous connections and alliances developed;
- Increase of the number of Māori in health workforce;

The workforce needs identified in **30 years** include:

- A long term inspiring vision;
- Fresh leadership from all dimensions built on the foundation of strong consistent reliable current leadership;
- Planning and early intervention;
- Kōtahitanga for organisation, mobilization, and survival;
- Education, training and entrepreneurship more vital. Flexible education infrastructure will be key;
- Building off the foundations and directions that are set now.

Wellington

13 Participants representing the voice Ngā Motu from the Wellington and Te Wai Pounamu areas met at Tapu Te Ranga Marae in Island Bay, Wellington. With a smaller number of participants four groups were formed to workshop each of the topics. Their feedback was as follows:

Does the Māori health promotion workforce need to be professionalised?

Overall, participants felt a move to professionalism was positive for the following reasons:

- a need for consistency, clear guidelines and structures and educational framework – everyone in the Māori health promotion field will be on the same page;
- national recognition;
- a need for experienced and wise experts in the workforce to develop competencies and provide assessment;
- to establish career pathways for health promoters;
- to ensure health promotion is valued a professional practice and allow it to be more transferable into other health careers; and
- a need for a national qualification in Māori health promotion with standardised assessment of practical and theory;

However, there were concerns raised which included:

- Māori health promotion needs to be clearly defined by Māori with a process on how this will be done;
- Investment in the process will be required;
- Concerns over who will set the thresholds of meeting the professional standards and monitor ongoing professional competency?

Do we need Generic Public Health Competencies (GPHC's)?

Participants gave a mixed response to the GPHC's with support for the need for competencies overall but questioned the relevancy of the GPHC's in addressing Māori ways of working in public health. The main issues were:

- Would these competencies advance Māori public health aspirations?
- Whether other Māori models had been investigated;
- Needs to come from Māori fundamentals i.e. participants felt Māori should have their own competencies;
- The definitions of competencies and qualifications is not well understood, as is the bridging required between levels of qualifications;
- Who would be the Māori voice in ongoing discussions about these GPHCs;
- The GPHC's appear to be geared toward mainstream notion of public health and learning;
- More forms of Māori leadership for Māori health is required not necessarily competencies;
- The GPHC's need to be more practical in nature with good practice exemplars

- Self review, assessment and evaluation processes are important;
- Needs to be links with other competency development such as Māori community health workers, Whānau Ora Practitioner.

Do we need to establish an alumni or other appropriate Māori public health association / forum, and/or network?

Participants were in agreement about the establishment of a Māori public health body or association for the following reasons:

- As a single voice for Māori public health;
- Māori empowered to do things for themselves
- To draw on the strengths of Māori and mainstream and to draw on leadership of iwi, people and communities;
- Advocate for the Māori workforce from a credible professional body;
- To monitor achievement of Māori outcomes;
- Influence how funding is allocated;
- Because the current institutions representing Māori interests are spread too thinly;
- To provide better co-ordination of development activities.

The many forms of the operation of an organisation were discussed and included the following points:

- A clear a sense of purpose, vision, and direction for Māori public health;
- Be a virtual network as opposed to a formal structure although a working secretariat was recommended;
- Will require sustainable funding including philanthropic donations;
- Members that have a shared kaupapa;
- More about social action and mobilisation as opposed to an elitist organisation;
- May have implications for existing mainstream institutions with Māori capacity.

What are some innovative approaches to sharing Māori public health practice?

Participants outlined the following innovative approaches in sharing practice such as:

- A single Māori public health best practice website with ongoing operational support. This may include a clearing house for project plans and papers; practice vignettes, research, digital media;
- Using social media;
- National and regional hui (general or practice specific) and wānanga;
- Mentors' and champions programme;
- Providers coming together for joint programmes for common goals;
- Whānau groups together to talk about what they are doing to improve their health and bringing people together to share their stories;
- Strengthening Relationships with other stakeholders

Identify our future workforce needs (in 5 years and 30 years)?

As with other groups, participants outlined a number of potential future trends which may have an impact on future workforce skills needed – such as:

- Scarcer resources, the continuation of financial global recession with negative implications for our economy, health, education and social outcomes;
- Settlement of historic treaty claims with increasing political power of Iwi. Strategic alliances of iwi;
- More Māori at political and decision making levels;
- Sustainability of resources, environment, self help, and green energies. Māori housing may need to change to be more sustainable;
- Māori seeking reconnection with their iwi and returning to their tribal rohe;
- The rise of Te Reo Māori;
- Technological change and rising costs of medical advances;
- A further Māori renaissance with increased pride, affiliation, identity and Māori health solutions in traditional practices such as rongoa and wairua;
- Rangatahi will be key as will their educational achievement;
- Greater collaboration and communication amongst Māori through social networking;
- Stronger focus on preventable diseases amongst tamariki;
- Improved maternal health and normalisation of breastfeeding.
- More Māori across the health workforce and more educationally qualified Māori;
- More Māori unemployed;
- The rise of global wars and terrorism, as resources become scarce.

The following workforce needs were identified in the next **5 years**:

- Gaps in the workforce identified;
- Sustainability and self sufficiency skills particularly at a whānau level;
- More action needed as opposed to “talking”;
- Young Māori educational success addressed and making progress;
- Communication skills in a modern environment;
- More flexible and rapid education and training opportunities;
- Greater seamlessness between government, provider sector and iwi, hapū, and marae
- More inspirational Māori leadership development;
- Parenting education;
- Iwi health strategies;

The following workforce needs were identified in the next **30 years**:

- Educational fundamentals;
- Global political skills;
- Self determination, self sufficiency and iwi centricity;
- Self security, self-defence, and whānau protection.

Christchurch

14 Participants representing Te Waipounamu held their Hui at the Partnership PHO premises in Shirley, Christchurch. Participants were divided into four groups to workshop the topics. Their feedback is outlined below:

Does the Māori health promotion workforce need to be professionalised?

Participants felt confident about Māori health promotion being professionalised provided the terms on which this process took place were well guided by Māori. In other words, Māori must be able to influence development, implementation and evaluation of the process. However, the move to professionalisation will need to:

- A key government agency taking responsibility for this development, e.g. Ministry of Health;
- Define Māori health promotion – it needs clarity as some regions do not have health promotion roles;
- Include wānanga and recognition and use of te reo Māori;
- Maintain a reducing inequalities focus, holistic, and Whānau Ora approach;
- Be viable;
- Include “on the job” training;
- Have a point of entry to the apprentice, e.g. using a Trade Training model;
- Develop clear career pathways;
- Link the exiting workforce and pathways to competency/up skill.
- Have open entry criteria;
- Have pathways to regulation against a recognized qualifications framework;
- Provide scholarships to assist entry;
- Be a whole sector response to growing the Māori health workforce;
- Develop of matrix of career options within Māori public health and build on the qualifications of the existing;
- Have a mentoring structure;

There were potential loses identified in the current way Māori approach public health if professionalisation was pursued - such as:

- The benefits of the organic nature of Māori work and Hauora;
- The potential to bottling or restricting of things Māori;
- The holistic approach – watering down as opposed to distilling;
- Tool to restrict Māori entry into workforce by raising the threshold for entry.
- Potential recruitment or point of entry issues i.e. academic versus community knowledge base;

Although positive gains were identified such as:

- It’s a starting point; a “stick in sand”; a key reference point;
- Need to be further educated and up skilled;
- May provide a level playing field across the workforce;
- The existing workforce could reposition themselves to support those coming through i.e. is conducive to an apprenticeship model;

- Basis to credentialise, giving recognition to the discipline of public health;
- A way of monitoring competency development;
- Ease of evaluation and linking of previous and prior qualifications.

Do we need Generic Public Health Competencies (GPHC's)?

Participants also saw positives in the GPHCs but were keen also to outline the starting point of a Māori perspective of competencies and that is that:

- Core competencies are living documents where the essential basis in respect of Māori public health is that **Whānau** are:
 - Future builders
 - Change agents
 - Provocateurs
 - Motivators

Important to participants and to their ideas around an apprentice/mentoring model was the quality of the teaching staff was essential in particular recognition of our Māori culture as an essential skill-set.

Participants felt that the role and function of the GPHCs in relation to Māori were as follows:

- Will provide a baseline level of skills, standards and qualifications to aim for as entry point to enter public health;
- It is not enough just to possess Māori skills;
- Māori now have a clear idea of what competencies and qualifications they need;
- Having identifiable qualifications provide respect and recognition with peers;
- Te Ao Māori skills, experiences, knowledge such as kaumātuaanga, tikanga, te reo, and the work of Kaimahi Māori will enhance practice.

Do we need to establish an alumni or other appropriate Māori public health association / forum, and/or network?

Participants saw value and nothing to lose in the establishing a national organisation for Māori public health. They noted a number of key functions for such an organisation:

- An Industry Training Organisation (ITO) – setting and monitoring skills development and competencies;
- Advocating, driving and championing Māori public health issues at national and government level;
- A network body.
- To advance and monitor Māori workforce development;
- To support Kaimahi Māori best practice;
- To provide unifying force and strength as a group;
- Keeping Māori aware of current initiatives and Te Ao Māori developments;
- Monitor Māori public health funding;

- Holding an annual Māori public health hui or conference;
- Having a clear communication function with members and the sector;

Participants noted some potential characteristics of how this organisation might be established and developed – such as:

- Either a structured alumni or an association of Māori health promotion kaimahi;
- Uniting and utilising the Māori capacity across public health organisations (e.g. PHA, DHBs);
- A Board made up of 50% Māori;
- Membership comprised of key Māori stakeholders;
- Regional networks representing different provinces or rohe;

What are some innovative approaches to sharing Māori public health practice?

Participants saw a number of different approaches to sharing Māori public health practice, such as:

- National hui;
- Highlighting examples and stories, and role modeling and profiling successes;
- A central website links;
- Social media, e.g. Face Book, Twitter;
- At primary health/GP practices and clinics;
- Television marketing campaigns e.g. Cervical Screening;
- Whakawhanaungatanga;
- Māori focused conferences e.g. Māori Women’s Welfare League; PHA;
- Māori Public health training forums/ groups;
- Māori staff using their skills to enhance the skills of colleagues e.g. Mihi/waiata
- Cultural and treaty workshops;
- Work place Māori networks e.g. Te Kāhui Awhina; Te Ao Mārama;
- Through Rūnaka meetings;
- Māori provider presentations and hosting public health issues between providers;
- Professional development opportunities e.g. Māori Leadership Programme;
- Electronic e-mail networks and e-learning;
- Ministry of Health funded wānanga workshops;
- Mentoring;
- Lecture series on Māori health;
- Māori analytical tool – using Māori models in assessment;
- Attending and presenting at global conferences;
- Publishing articles and Māori publications in general;
- Through indigenous health networks;
- Māori Television, iwi radio and iwi communication;
- Kapa haka events; and
- Awards.

Identify our future workforce needs (in 5 years and 30 years)?

Discussion for participants centred mainly on future workforce needs over the 5 year and 30 year timeframes. The main issue which set up the identification of workforce needs is the notion that health gains for Māori are yet to be realized, and health promotion is a significant vehicle to contribute to the lift needed to achieving these gains. According to participants the advantage of health promotion compared to medical and surgical interventions is that it is:

- Relatively low cost and intangible compared to other medical, surgical interventions;
- Organic, mobile; and less bound by convention;
- More accessible;
- Easier to transfer knowledge e.g. train the trainers;
- A larger potential workforce – e.g. influence in the community, volunteers, leaders;

However to flourish, health promotion does require:

- A structured career pathways; and
- An association structure to co-ordinate direction and development.

Participants saw the following needs realised for each timeframe:

In 5 years:

- Clear articulation of what Māori public health is and what workforce will be required to improve predicted Māori health issues in the future;
- A clear definition of role, scope, scale, influence, strategy, in contributing to self determination and rangatiratanga;
- A clear career structure with bridging and recognition of current skill-sets;
- Ability to withstand political change and apathy towards public health;
- A need to enhance the mana and reputation of Māori public health as a career;
- More Māori in the health workforce;
- Leadership determinants and succession planning clearly defined;
- Greater accessibility to the discipline of public health;
- Development of identifiable Māori tikanga and te reo competencies and recognition of the contribution of these skills in improving Māori health outcomes;
- Acknowledgement of Māori health workers knowledge/expertise with Māori;
- Greater cross health sector collegial support;
- Courses developed relevant to current/future political climate;
- Specific Māori health issues training;
- Public health workforce competencies are recognised nationally; better understood across the general population and is more relevant to the general population;
- Greater acknowledgement of the Māori public health workforce.

In 30 years:

- A consolidated, strong, proactive Māori workforce (target of at least 40% of the workforce being Māori) with a greater presence, more visibility, more influence in setting directions;
- Be able to describe the journey, the whakapapa, and recognition of the influence of the Māori public health workforce both nationally and internationally;
- A non-siloed environment – removal of professional and self imposed barriers preventing access to good health;
- The use of “cutting edge” technologies as part of public health;
- A viable career pathway for everybody;
- Validity of a public health profession;
- Iwi/hapū centred and driven with a clear linkage to iwi development and activities;
- Broadened skills (not just conventional public health skills) in all areas;
- Māori leading all Māori cultural aspects within public health and competent *i roto i te reo me ōna tikanga*;
- Recognised and highly reputable national Māori public health body;
- Active and influential Māori public health presence at key political levels (e.g. Māori representation at all levels across mental health, education, justice, local government and decision-making);
- All national bodies having a Māori voice at all levels;
- Improved attitude and respect of government towards things Māori.

Findings: Summary of Key Themes and Directions

In doing a thematic analysis of all of the Hui feedback, it was clear that there were many common views, themes and directions and relatively little opposing or disparate views. This summary section, attempts to draw together these commonalities to arrive at a consensus of direction for the Ministry.

Professionalism of the health promotion workforce

Overall participants believe that the health promotion workforce should be professionalised (in some form) for the following reasons:

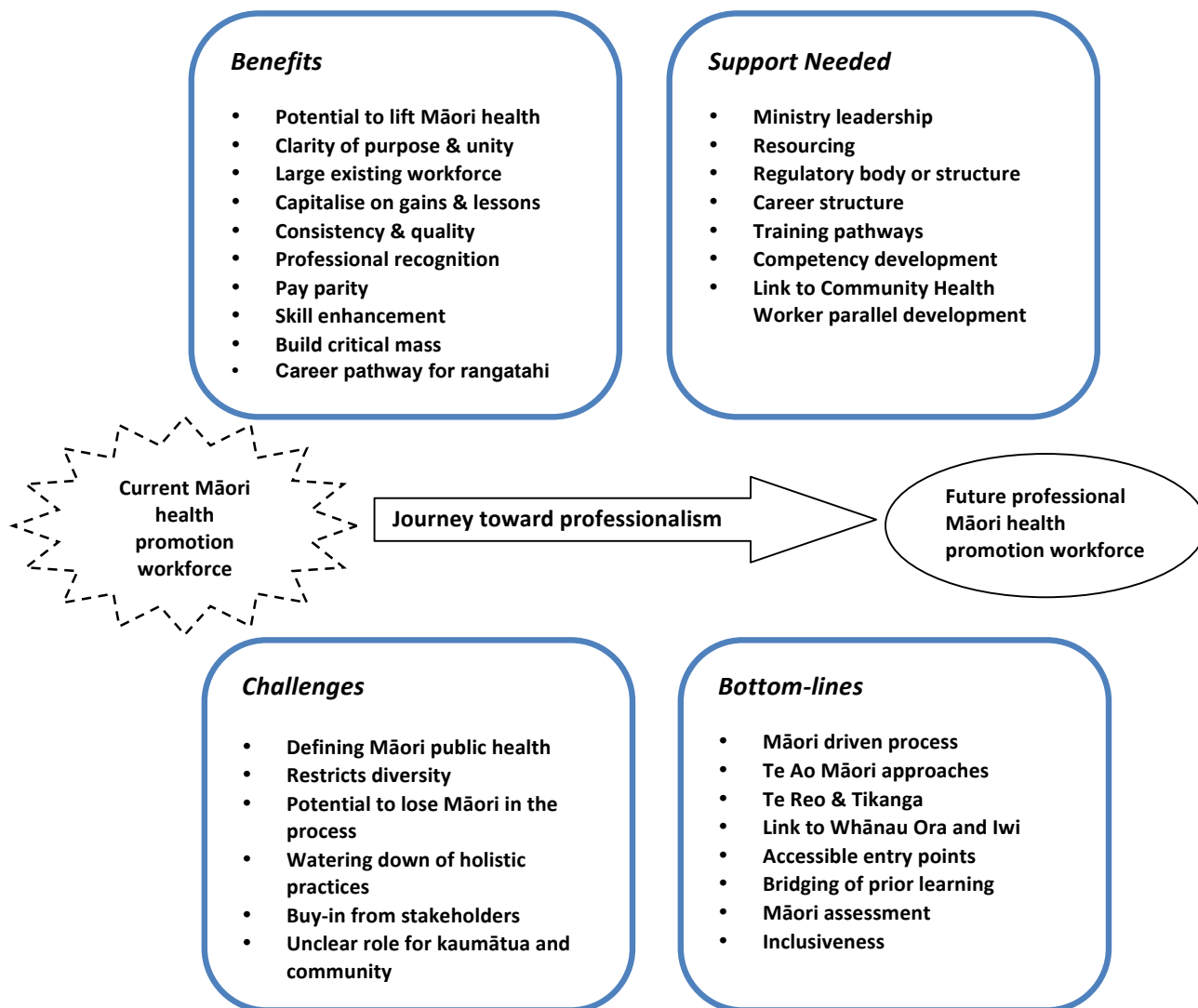
- Due to the large number of Māori in this field of health;
- The need to capitalise on the many gains made in Māori public health and an opportunity to embed Māori values, knowledge, practices, skills and competencies;
- Improve quality and health outcomes for Māori;
- Enhancement of skills;
- Create a sense of unity and accountability;
- Create a critical mass as public health issues become more challenging locally and globally; and
- Gain parity (e.g. career structure, salary) and acknowledgement from other health professions in the health system;

The journey towards professionalism should take cognisance of the following issues:

- Needs to have a clear purpose, reason and be beneficial to Māori health workers and Māori health outcomes;
- Needs to be Māori-led, self-determined, designed, implemented and monitored;
- Take into account other non-regulated parts of the health workforce with similar aspirations (e.g. Māori community health workers);
- Take into account lessons learned from similar journeys (e.g. when social workers moved to regulation there was a significant exodus of Māori social workers);
- Be linked with Whānau Ora, and whānau, hapū and iwi developments as well as global indigenous rights and movements;
- Have a clear training and career structure;
- Be totally inclusive and egalitarian (i.e. without creating health professional elitism);
- Incorporate the broad base of diversity and flexibility within Māori public health and development, recognising and building on existing skills sets and refining these over time;
- Māori health workers should not be held back by a need to improve non-Māori cultural competency or broader controls over public health workforce development.
- Be future oriented.

A small number of people believe that the status quo should remain and a greater difference could be made with the reprioritization of funding.

The diagram below further summarises the journey toward the goal of developing a professional Māori health promotion workforce by outlining the benefits, challenges, support needed and bottom-lines.



The Generic Public Health Competencies (GPHCs)

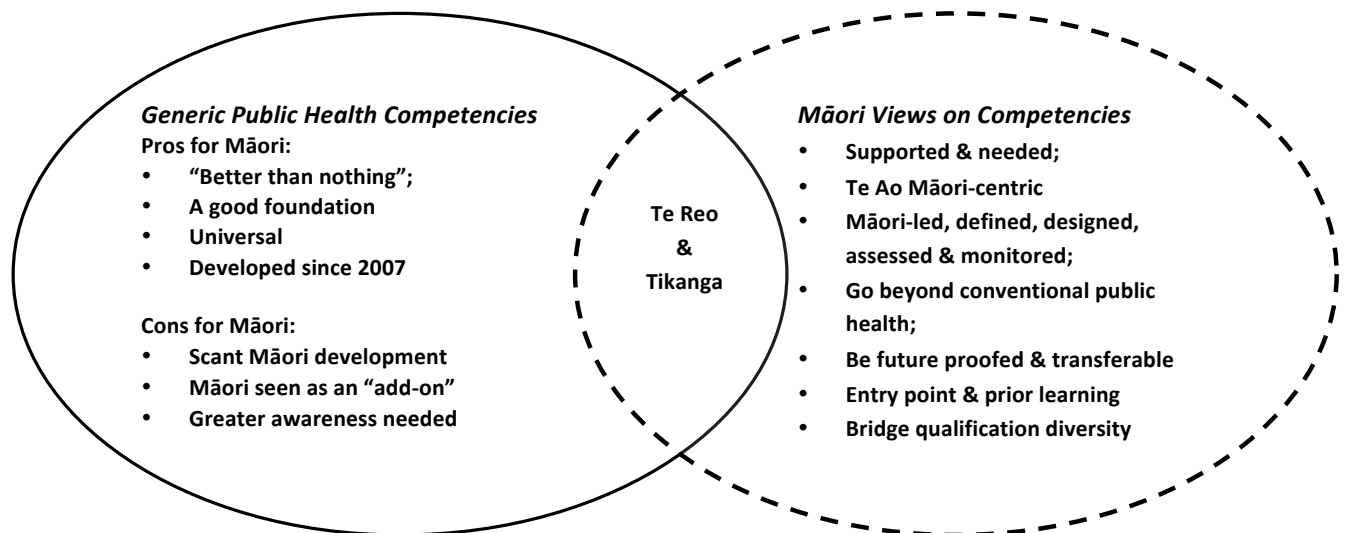
The Generic Competencies for Public Health (GPHCs) in Aotearoa, published in 2007, were reviewed by a group of Māori health promotion workers in a report called *Kaiakatanga Hauora mō Aotearoa*. This report seeks to better position the GPHCs within an Aotearoa setting; however the majority of participants did not review the report.

In summary, the following recommendations were raised about the GPHCs:

- Competency development in health promotion is supported and should be considered as baseline or a minimum standard of practice of which greater sophistication can be built;

- The current GPHC although not intended to include the broad base of Māori competencies, are scant around Māori skills, epistemology and capability. There is a strong view that Māori competencies should start from a Māori epistemology and world view and not be an “add on” to make generic competencies more culturally appropriate. The tension is ensuring that Māori epistemology is not compromised by the protection of the notion of universality (i.e. “genericness”) that underpins the competencies¹.
- Māori need to define the Māori competencies and assess skills progression against the competencies.
- The competencies need to extend beyond core health promotion conventions and include Te Ao Māori (e.g. Māori culture, development, politics, rights, approaches, tikanga, te reo, iwitanga and future aspirations).
- Be future proofed taking into account the competencies needed to manage a rapidly changing global environment and local scene including changing demography and health needs, extreme weather patterns, global warming, disasters (natural and manmade), rising water levels, complex new diseases, food and water shortages, pollution, changing technology, sustainability, stress, and poverty/inequalities.
- A clear entry point needs to be identified and mechanism for acknowledging prior learning and competencies.
- Competencies should seek to bridge the diversity of qualifications that exist amongst the Māori public health workforce.
- The Takarangi competencies and the Kaiakatanga Hauora mō Aotearoa competencies (although still under development) moves some way to reducing the cultural gap between Te Ao Māori and the generic competencies and thus may address some the concerns and issues raised.

The diagram below summarises Māori participants’ views on the GPHCs and appropriate competencies for their workforce:



¹ For example, the Te Ataarangi Educational Trust pedagogy of growing competent Māori speakers using rākau is based on Gettegno’s popularised pedagogical approach to learning languages using Cuisenaire rods. While the pedagogy is universal, Te Ataarangi is now acknowledged as a highly successful Māori led, centred, owned and developed learning system.

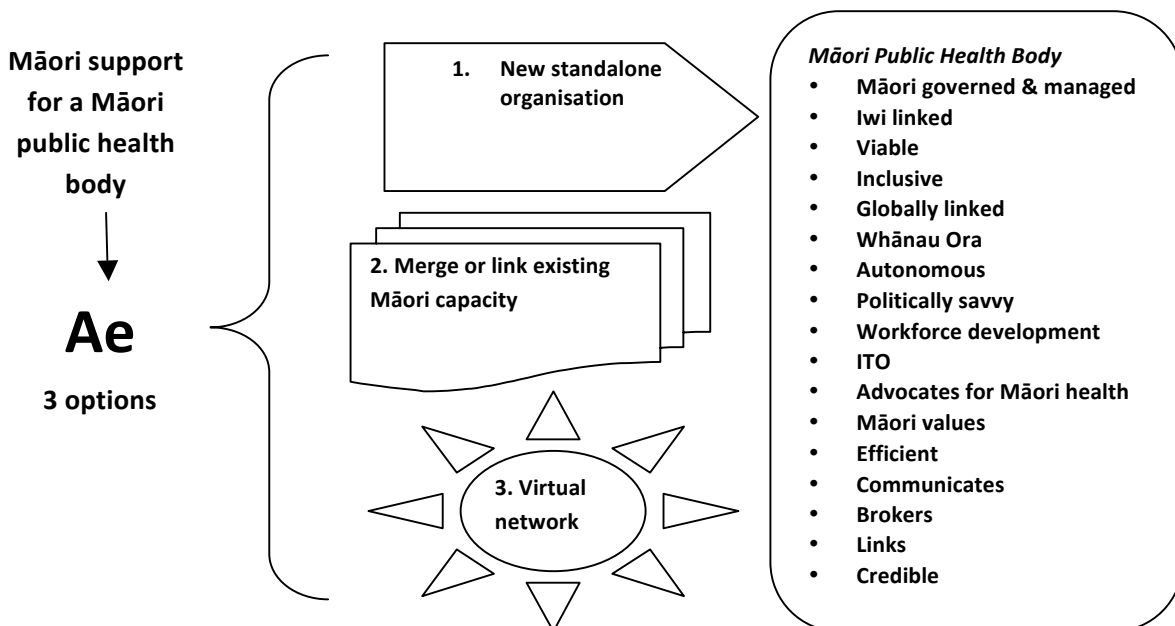
The establishment of alumni or other appropriate Māori public health association/forum, and/or network;

Participants were generally in support of developing an appropriate Māori public health association/network to represent their interests, however there were diverse views on how this should happen. These views included:

- In the immediate term and at a practical level, a single Māori association, voice and developmental body were desired. However, there was a clear rider that it must be focused on workforce development objectives, add value to health workers and be of benefit to Māori overall. This might be achieved by:
 - A new standalone Māori-led public health association; or
 - Merging existing Māori capacity to form a new association/forum; or
 - A single underpinning Māori hard or virtual network across existing organisations allowing their identity to be maintained (e.g. Tautoko PHL).

The principle was not to create new organisations for the sake of it; not to overlook existing capacities or create organisational competition; or to fund new infrastructure in a recession.

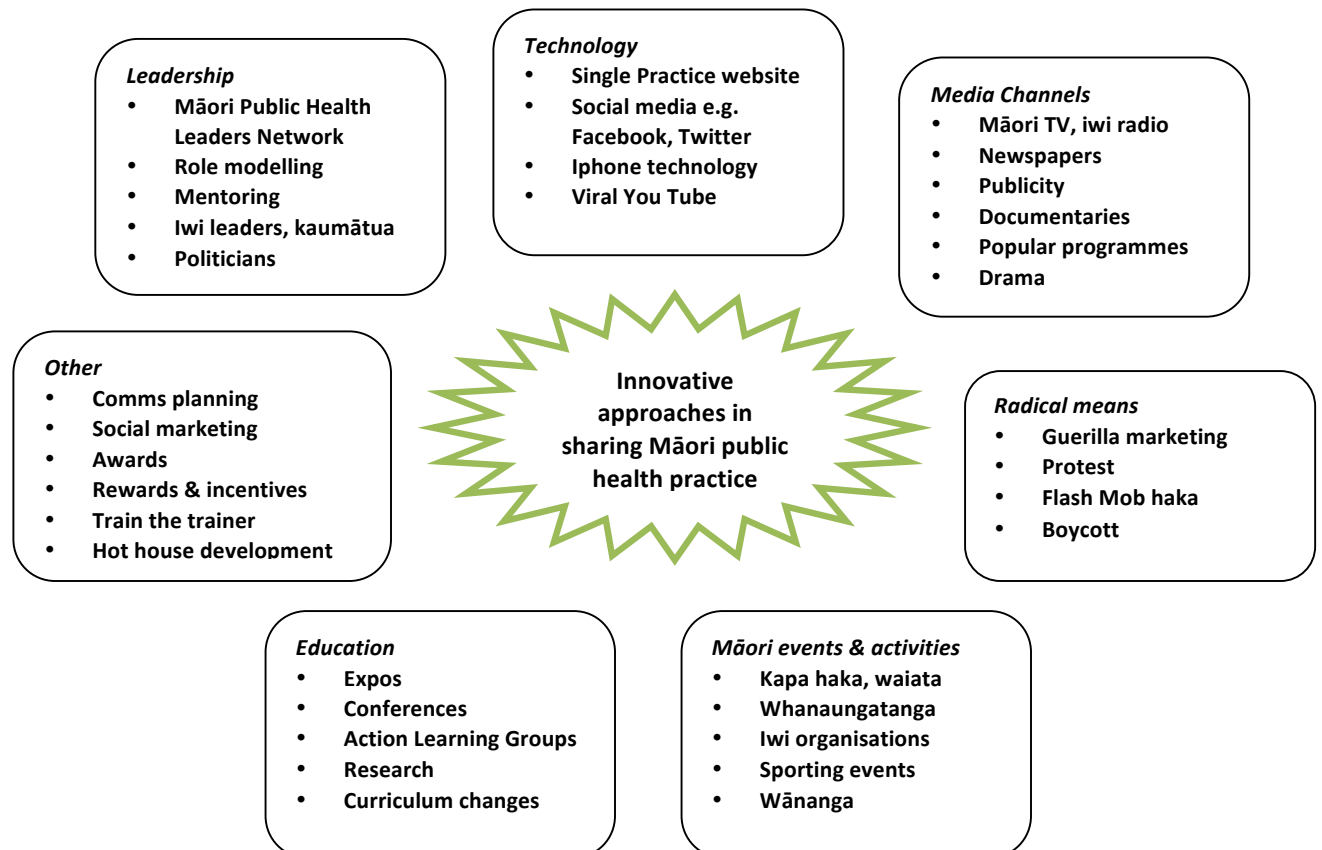
- In the longer term the following recommendations about how the association/network might run were offered including:
 - Being totally inclusive of all Māori public health, community and whānau ora workers, irrespective of level of qualifications;
 - Incorporating health, education, social development, justice and Māori development;
 - Be viable and sustainable and not beholden to political whims;
 - Autonomous and self determining;
 - Greater emphasis and integration with Iwi organisations (i.e. integrated with Iwi aspirations for the health and wellness of their uri); and
 - Linked to global health organisations e.g. WHO, United Nations, etc.



Innovative approaches to sharing Māori public health practice

There were a number of different and innovative ways of sharing public health practice identified. These included:

- A Māori public health and leadership website featuring best practice exemplars, best evidence synthesis, and forum for discussion and sharing ideas;
- Normal media channels e.g. e-mails, newsletters, newspaper features, social marketing, Māori television and iwi radio, and “kumara vine”;
- Television shows, comedy, multi-media, and advertising campaigns (e.g. Like Minds);
- Whanaungatanga;
- Through wānanga, hui, conferences and other fora;
- Through the Māori Public Health Leaders’ Network and Action Learning Groups;
- Through Iwi and Māori community leaders;
- The use and leveraging of social media (e.g. Face Book, etc.), cell phones (e.g. texting) and internet video such as You Tube;
- Role modeling;
- Action Learning Groups – as part of a network;
- Through the education system from teacher training to curriculum development;
- Through haka, waiata, mōteatea and other kapa haka type activities;
- Through sports and social clubs; and
- More radical approaches were also noted such as: guerilla marketing, protest, boycott, political activity, flash mob haka, viral e-mail and video campaigns.



Future workforce needs

Participants saw a range of broad future trends, which may have an impact on workforce, needs in 5 years and 30 years time. In summary these include the following:

- The rising influence of globalism;
- Inequalities widen through global economic recession and austerity measures;
- New and more frequent disease pandemics as viruses mutate and resist medicines;
- Scarcer resources and competition for those resources, such as food, water, energy, and land;
- Frequent large scale disasters through the effects of global warming, pollution, extreme earthquakes, nuclear mismanagement;
- The burden of an ageing population;
- A shrinking tax payer base and there smaller health system and public service;
- Our political system is likely to more unstable;
- Clinical and medical advancements;
- Technology shifts;
- Community mobilisation will be heavily social media driven;
- Iwi having more economic, political and social strength as treaty claims are settled;
- A growing Asia Pacific identity as our demography changes;
- Te Reo and Tikanga development and use becoming more normal; and
- Greater sub-cultural and cross-cultural tribalism.

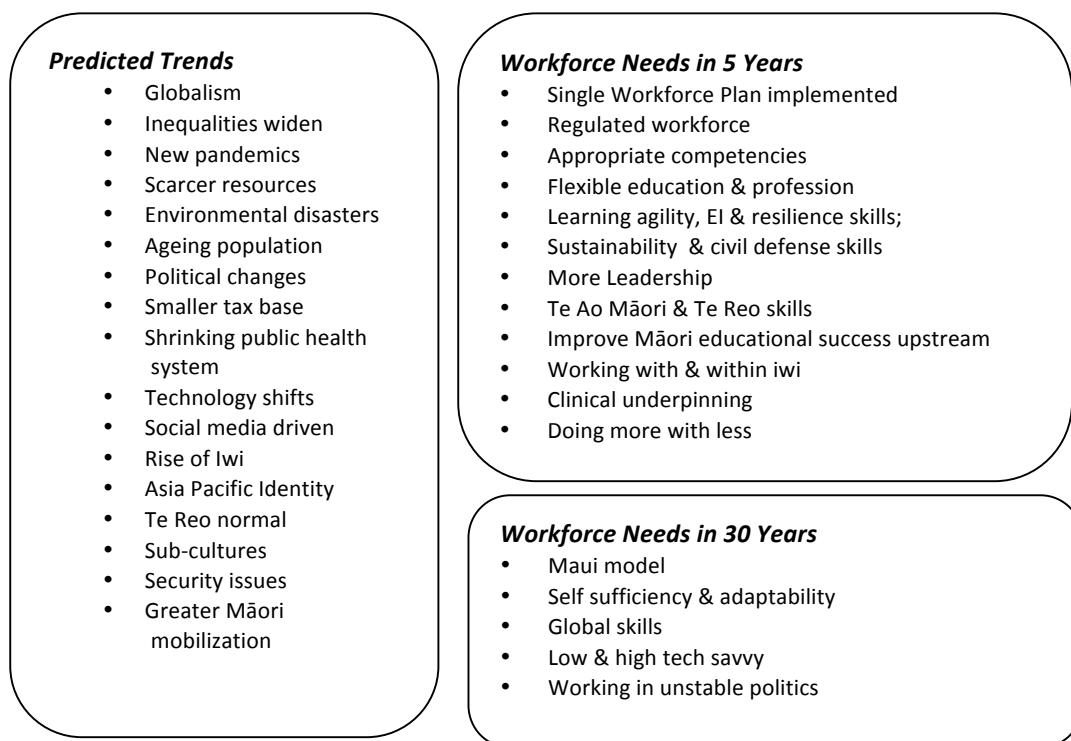
The workforce needs in **5 years** time include:

- A clear Māori workforce development strategy implemented;
- A regulated workforce with clear career pathway and structure;
- A Māori specific health promotion qualification;
- More Māori pursuing health protection careers;
- More flexible and accessible learning and training environments e.g. e-learning, wānanga, noho marae;
- A critical mass of Māori public health leaders;
- Greater learning agility, emotional intelligence and the ability to source and synthesize information;
- Greater co-ordination of public workforce development activities;
- Identification and promotion of the profession in school career counseling;
- A more flexible and innovative profession moving across health, education, social development, justice, iwi and global concerns;
- A stronger clinical and technical underpinning;
- A sustainability focus; and
- The ability to rapidly respond, adapt and build health infrastructure in health epidemics and post disasters to protect populations and communities (i.e. civil defense).

The workforce needs in **30 years** time include:

- The development of the “Maui model” of health representing a clear identifiable Pacific indigenous approach to health promotion and protection. In some ways moving on from the Ottawa Charter view of health promotion;
- Being highly adaptable and resilient in any given crisis situation;
- Global outlook and local application driven and vice versa;
- Skills to build water, food, and energy sovereignty for communities;
- Ability to work within an iwi or sub-cultural context;
- Low tech and high tech savvy;
- Be self sufficient;
- Ability to work within an unstable political context;

The diagram below further summarises all these points:



Alignment of Priorities

The Table below sets out the Ministry's eight priorities and the summary of feedback from participants. Overall the general views of participants align to the priorities; however some of the Ministry's goals and actions may require more work and expansion.

<i>Ministry's Priorities</i>	<i>Māori public health workers views</i>
1. Māori public health career pathways.	<ul style="list-style-type: none"> • Māori public health needs to be defined. • Career pathways and structure needed from rangatahi, training, to the workforce and through to succession planning. • Education needs to be more flexible and accessible. • New communication technologies should be explored e.g. social media, marketing.
2. Māori cultural competencies and the generic public health competencies	<ul style="list-style-type: none"> • Competencies are supported in general. • Māori competency development should be Māori led, designed, implemented and monitored. • Be future-proofed.
3. Professionalising the Māori public health workforce	<ul style="list-style-type: none"> • Professionalism supported in general for the benefit of the workforce and health outcomes. • Standards and quality is key. • Should be Māori conceptually based. • Minimum level point of entry supported. • Should be inclusive. • Ministry supported.
4. Developing of Māori public health networks	<ul style="list-style-type: none"> • Single Māori public health body/network supported with workforce development functions. • Innovative approaches to sharing public health practice come in many forms.
5. Mentoring	<ul style="list-style-type: none"> • Mentoring regimes and apprentice models for Māori public health is supported.
6. Providing support for the Māori public health workforce in mainstream organisations;	<ul style="list-style-type: none"> • Building numbers in the Māori workforce a priority and is more Māori in leadership roles throughout the health sector. • Not be held back from developing.
7. Developing whānau, hapū, iwi and Māori communities; and	<ul style="list-style-type: none"> • Iwi and hapū are critical to the future of Māori public health in terms of ownership, leadership, community development and engagement of whānau.
8. Māori public health workforce intelligence	<ul style="list-style-type: none"> • A single Māori Public Health Plan was supported. • A stock take and database of workforce skills is supported.

List of Participants

Auckland/Northland

28 Participants attended the Hui held at the Liggins Institute, Greenlane Clinical Centre, Auckland DHB, in Auckland on 18 April 2011:

<i>Participants</i>	<i>Provider</i>
Lorelle George	Harbour PHO
Georgia Grant-Mackie	AUT Student in Health Promotion
Taiawa Harawira	Ezekiel 33 Trust
Lee-Cherie King	Te Ora o Manukau
Joseph Liava'a	East Tāmaki Healthcare
Layla Lyndon-Ponga	Ngā Manga Pūriri
Roselin Laban Tāwhara	AHRT Ngā Hauora o Whangatauatia
Jude Manuel	BSCM
Nicola Martin	The Heart Foundation Trust
Leonie Matoe	Te Hotu Manawā Māori
Bronwyn Mōrunga	Northland DHB
Tania Papali'i	Northland DHB
Roslyne Peters	Te Hā Oranga
Shiree Pihama	Auckland Council IFCM
Sharon Pihema	Tairāwhiti DHB
Tania Rāwiri	Northland DHB
Amiria Rereti	Auckland Regional Public Health Service
Hayley Schischka	Auckland DHB
Hūhana Seve	Northland DHB

<i>Participants</i>	<i>Provider</i>
Gaylene Sharman	Te Puna Manano
Wiki Shepherd-Sinclair	Auckland Regional Public Health Service
Aroha Sinclair	Auckland Regional Public Health Service
Rocky Tahuri	Te Puna Manawa Healthwest
Heisala Tamahaga	Dental Health Educator
Peter Thomas	Hāpai Te Hauora Trust
Gary Thompson	Northern Cancer Network
Airini Tukerangi	Ōāhuru Consulting
Megan Tunks	Hāpai Te Hauora Trust

A written e-mail submission was received from **Denis Ewe** of **Hāpai Te Hauora Trust**.

Hamilton, Bay of Plenty & Taranaki

20 Participants attended the Hui held at Te Kōhao Health Centre, Dey Street, Hamilton, on 19 April 2011:

<i>Participants</i>	<i>Provider</i>
Joanne Aoake	Midlands Health NZ
Jean Batt	Lakes DHB
Tiana Bennett	Western BOP PHO
Shirleyanne Brown	ALAC
Kathy Grace	Poutiri Trust
Reihana Haggie	Careerforce
Jacqui Henry	Population Health, Waikato DHB
Kerri Huaki	Population Health, Waikato DHB
Denise Kingi	Te Kōhao Health

<i>Participants</i>	<i>Provider</i>
Hinenui Knock	Taranaki DHB
Donna Leatherby	Toiora Health Lifestyles
Thomas Maniapoto	Te Rapuora
Brian MacKenzie	
Denis McLeod	Toiora Healthy Lifestyles
Fungai Mhlanga	HMS Trust
Maraea Nikora	Population Health, Waikato DHB
Josie Rapana	Te Hauora o Ngāti Haua
Tiana Te Keeti	Toi te Ora, BOPDHB
Adele Tierney	Poutiri Trust
Bella Tuau	Population Health, Waikato DHB

A set of minutes of a meeting held at Waikato DHB of Kaimahi Māori was received and incorporated into the findings. The attendees included:

- **David Brown**
- **Irene Clarke**
- **Jacqueline Henry**
- **Kerri Huaki**
- **Lyn King**
- **Clarke Koopu**
- **Maraea Nikora**
- **Nichola Te Kiri**
- **Bella Tuau**

Palmerston North

34 Participants attended the Hui held at The Cancer Society of NZ Central Districts Division, Te Papaioea, Palmerston North on 4 April 2011:

<i>Participants</i>	<i>Provider</i>
Ashleigh Ahipene	Rangitāne o Tāmaki-nui-ā-rua
Julie Beckett	Mid Central DHB
Gevana Dean	Synexe
Paddy Jacobs	Mid Central DHB
Riripeti (Rihi) Karena	Whangānui Regional PHO
Skye Kimura	Mid Central DHB
Clem Maloney	Whangānui DHB
Moana Mataira	Mid Central
Lydia Mātenga	Te Kōtuku Hauora o Rangitīkei/Ngāti Apa
Kelly-Ann McLean	Te Oranganui Iwi Health
Desiree McLean	Whangānui DHB
Marguerite McGuckin	Mid Central DHB
Pania Millar	Whangānui DHB
Tāwehi Munro	Hawke's Bay DHB
Gaylene Nēpia	Ngāti Apa
Richard Orzecki	Mid Central DHB, Board member
Hira Paurini	Mid Central DHB
Richie Pere	Central PHO
Doris Peeti	Rangitāne o Tāmaki-nui-ā-rua
Nicky Poona	Wairārapa DHB
Sarah Pore	Mid Central DHB
Hine Pōtaka	Whangānui DHB

<i>Participants</i>	<i>Provider</i>
Sandy Ranginui	Te Oranganui Iwi Health
Aria Reweti	Whangānui DHB
Honoria Ropihā	WE Ltd
Piri Rurawhe	Whangānui Regional PHO
Andrea Rūtene	Wairārapa DHB
Donna Sayer	Muaūpoko Tribal Authority
Kelly Stephenson	Rangitāne o Tāmaki-nui-ā-rua
Rob Tamihana	Whakapai Hauora
Olly Taukamo	Whangānui DHB
Sue Taylor	TTCL
Keri Hori Te Pā	Muaūpoko Tribal Authority
Bronson Wharehinga	Te Taiwhēnua o Heretaunga

Wellington

13 Participants attended the Hui held Tapu Te Ranga Marae, Island Bay, Wellington held on 5 April 2011:

<i>Participants</i>	<i>Provider</i>
Shane Bradbook	Regional Public Health, Hutt Valley DHB
Tane Cassidy	HSC
Leah Clark	Regional Public Health, Hutt Valley DHB
Katherine Clarke	Public Health Directorate, Ministry of Health
Maria Hakaraia	Capital & Coast DHB
Karen Jacobs	PHARMAC
Ria Julian	Healthcare NZ
Lorraine Nelson	Kāi Tahu ki Otago Ltd

<i>Participants</i>	<i>Provider</i>
Pariri Rautahi	SHORE/Whāriki
Sonya Rimene	Royal Plunket Society
Keriata Stuart	Public Health Association
Jacob Taiapa	Te Puāwai Tapu
Ludmilla Vlassoff	Capital & Coast DHB

Christchurch

14 Participants attended the Hui held at the Partnership Health Canterbury PHO, Shirley, Christchurch on 3 May 2011:

<i>Participants</i>	<i>Provider</i>
Wendy Dallas-Katoa	Iwi/Health Promotion Forum
Karena Hart	CPH, Canterbury DHB
Cazna Luke	Mokowhiti Ltd
Rodger Māngai	Southern DHB
Gail McLauchlan	CPH, Canterbury DHB
Moana-o-Hinerangi	Christchurch PHO
Carol Penfold-Green	Partnership Health Canterbury PHO
Wayne Smith	RCPHO
Ted Te Hae	CPH, Canterbury DHB
Adrian Te Patu	Tangiweto Associates
Elsa Mere Tuck	CPH, Canterbury DHB
Robyn Wallace	CPH, Canterbury DHB
Eru Waiti	CPH, Canterbury DHB
Maryanne Wilson	Partnership Health Canterbury PHO

Total Participants

A total of **109** Participants attended the five Think-tank Hui as below:

<i>Region</i>	<i>Numbers</i>
Auckland/Northland	28
Hamilton, Bay of Plenty & Taranaki	20
Palmerston North	34
Wellington	13
Christchurch	14
Sub- TOTAL	109
Written Feedback	10
TOTAL	119

References

Digital Indigenous.Com Ltd (2008) Ministry of Health Māori Leadership in Public Health Think Tank Workshop Summary Report. Unpublished report for the Ministry of Health

Cook L & Hughes, Hughes R (2009) *Recognising the Need for Wider Public Sector Reform Alongside the New Arrangements for Leading the Public Health Sector*. Unpublished report.

Hauora.com (2009) *Māori Public Health Workforce Action Plan*. Unpublished document for the Ministry of Health.

Ministry of Health (2011) *Te Uru Kahikatea*, Ministry of Health.

Appendix 1

AGENDA

Regional Think Tank Hui with Māori Public Health Stakeholders

4 April 2011 at Addis House, Cancer Society, 135 Ruahine Street, Palmerston North




















5 April, 2011 Venue TBC Wellington

18 April, 2011 at Tamaki-Makau-Rau Room, ARPHS, Level 3 Cornwall Complex, Greenlane Hospital, Auckland

19 April 2011 at Board Room, Te Kohao Health, 180 Dey Street, Hillcrest, Hamilton

9am – 3pm

Time	Item	Whom
8.45am	<i>Coffee / Tea available</i>	
9.00am	Welcome (Karakia & Mihi)	Grant / Trevor
	Setting the Scene	Tania
9.30am	Professionalisation of the Health Promotion Workforce <ul style="list-style-type: none"> • Scope • Benefits and relevance for Maori • Preferred Structure • Recommendations for enhancement / improvements 	Trevor
10.30am	<i>Morning Tea</i>	
10.40am	Future Workforce Needs: <ul style="list-style-type: none"> • What are they? 	Trevor
11.10am	Generic Public Health Competencies: <ul style="list-style-type: none"> • Role and function 	Grant
11.40am	Innovative Approaches to Sharing Maori Public Health Practice:	Tania
12.15pm	<i>Lunch</i>	

12.45pm	Establishment of Maori Network: <ul style="list-style-type: none"> • Kaupapa • Forum or network • Membership • Structure 	Grant
1.45pm	Creating the future of Public Health for Māori <ul style="list-style-type: none"> • Key messages and solution. 	Tania
2.45pm	Summary:	
<p>Reading Papers for Hui (please click and print copies):</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center; margin: 5px;">  3491\Write a Report </div> <div style="text-align: center; margin: 5px;">  11101 Communication </div> <div style="text-align: center; margin: 5px;">  9692 Oral </div> <div style="text-align: center; margin: 5px;">  23380 Safe Practice </div> <div style="text-align: center; margin: 5px;">  25987 Pasifika </div> </div> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center; margin: 5px;">  Pan Core 6 Comm </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 1 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 2 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 3 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 4 </div> </div> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center; margin: 5px;">  PH Draft Std 5 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 6 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 7 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 8 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 9 </div> </div> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center; margin: 5px;">  PH Draft Std 10 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 11 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 12 </div> <div style="text-align: center; margin: 5px;">  PH Draft Std 13 </div> </div>		