



Māori hauora ā-iwi competencies

Māori public health competencies

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Phase two of the project, which developed levels of competence for each competency, was funded by Te Whatu Ora.

Glossary

| | |
|------------------------|---|
| hapū | sub-tribe |
| hui | meeting |
| iwi | extended kinship group, tribe |
| kaiako | managers |
| kanohi kitea | to be seen in the community |
| kaumātua | elder |
| Kaupapa Māori | by Māori, with Māori and for Māori; informed by tikanga Māori |
| kāwanatanga | governorship |
| kītanga | sovereign power |
| kuia | elder woman |
| mana i te whenua | authority |
| mana whenua | people of the region |
| mātauranga Māori | Māori knowledge |
| mihi whakatau | formal speech of welcome |
| ōritetanga | equality |
| pōwhiri | welcome ceremony |
| pūrākau | cultural narrative/stories |
| rangatiratanga | chieftainship |
| rohe | area |
| tangata whaikaha Māori | people with disabilities |
| tangihanga | funeral and burial ceremony |
| te Ao Māori | the Māori world and world view |
| te ao tūroa | the physical environment |
| te Reo Rangatira | the chief language, the first language of Aotearoa |
| taha hinengaro | mental health |
| taha tinana | physical health/the body |
| taha wairua | spirituality |
| taha whānau | family, relationships |
| taha whenua | the land |
| te Taiao | The environment, and the planet |
| tino rangatiratanga | self determination |
| wairuatanga | spirituality |
| whakapapa | genealogy |
| whānau | extended family, family group |
| whānau ora | placing whānau at the centre of decision-making |
| whanaungatanga | relationships |

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'. 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 for the use by universities and other tertiary institutions. These were drafted with extensive feedback from three key groups: practitioners, non-governmental organisations, academics, and Manatū Hauora/Ministry of Health. The resulting competency document (Crengle, Kewene, Morgaine, & Colhoun, 2021) featured eight competency domains.

In 2022, the research team received further funding from Te Whatu Ora to expand the competency framework. The focus of this second phase was to develop the levels of competence within each of the eight competency domains using the same consultation process as for the initial work. In considering the application of these competencies, a need was identified to expand their usefulness beyond the tertiary education sector and into the workplace.

Paparahi – Foundation

To ensure te Ao Māori is actively prioritised, these competencies have been developed with te Tiriti o Waitangi, equity and cultural safety at their core.

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 refer to 'te Tiriti' (the Māori version of the Treaty), rather than 'the Treaty' (the English version). They are built on an understanding that te Tiriti is the 'foundation for good health' (Durie, 1998, p. 81). As such, te Tiriti is the overarching framework for how these competencies are to be taught, understood and applied within Aotearoa New Zealand's tertiary education institutions and workplaces.

Te Tiriti was preceded by He Whakaputanga o te Rangatiratanga o Nui Tirenī (the Declaration of Independence of New Zealand, 1935), which set the tone for the relationship of Māori with Britain. He Whakaputanga recognised the authority of the Confederation of United Tribes, asserting that kītanga and mana i te whenua in the land resided with the chiefs (*He Whakaputanga/The Declaration of Independence, 1835, 2017, pp. 8-14*). The signing of te Tiriti after He Whakaputanga may have signalled greater collaboration between Māori and Britain, but not the relinquishing of sovereignty, as confirmed by the Waitangi Tribunal (Waitangi Tribunal, 2014).

Te Tiriti o Waitangi confers rights and responsibilities for both parties, reflected in the preamble, the three written articles – kāwanatanga, rangatiratanga and ōritetanga, and the oral article – wairuatanga. In the first written article - kāwanatanga - there is an expectation of partnership and power sharing, with Māori maintaining the authority to manage their own affairs, but ceding governance. In the second article – rangatiratanga - Māori are guaranteed chieftainship over their lands, villages, all property and treasures. The third article - ōritetanga - gives assurance to Māori of all rights and protections accorded to Pākehā (New Zealand Government). The fourth article – wairuatanga – ensures freedom and protection for Māori and Pākehā to practice religion, faith and cultural customs (Reese, 2022).

Contemporary understandings of te Tiriti/the Treaty often give prominence to the underlying principles, in an acknowledgement of the different versions, as well as the context and spirit in which they were signed (*He Tirohanga o Kawa ki te Tiriti o Waitangi/The Principles of the Treaty of Waitangi as expressed by the Courts and the Waitangi Tribunal, 2001*). The Waitangi Tribunal has identified five principles of most relevance to the health sector: tino rangatiratanga, equity, active protection, options (which ‘requires the Crown to provide for and properly resource Kaupapa Māori primary health services’) and partnership (Waitangi Tribunal, 2019, pp. 163-164). Other contemporary expressions of te Tiriti with respect to health are found in hauora Māori policies, strategies and action plans (referenced at the end of this document).

This Māori hauora ā-iwi/public health core competencies document recognises that all tertiary institutions and workplaces in Aotearoa New Zealand are obliged to honour and respond to te Tiriti o Waitangi.

Ōritetanga - Equity

The pursuit of equity is embedded in te Tiriti o Waitangi. It is a fundamental component of public health practice today (Baum, 2016) and is foundational to the Māori hauora ā-iwi/public health competencies. In Aotearoa New Zealand significant health inequities persist between Māori and non-Māori (Ministry of Health/Manatū Hauora, 2019). The need to accelerate progress is most starkly illustrated by comparisons in life expectancy at birth and the concern that, with current trends, it could take well over another century for all Māori to achieve equity in life expectancy with those of European descent (Keene & Dalton, 2021).

Kawa Whakaruruhau - Cultural safety

Cultural safety is a key concept referred to frequently in this document, particularly with reference to research, programmes and policy. The main feature of cultural safety is its focus on power differentials and critical consciousness, requiring reflection of one's own positioning and existing power structures. Cultural safety is defined by patients and communities and can be measured by assessing achievement in health equity (Curtis et al., 2019).

In these competencies cultural safety comes in at the lowest level (level 1 – see below) with the basic expectation that everyone entering the workforce is safe. It is therefore represented in each of the competencies rather than being a standalone competency, with many of the 'I' statements reflecting elements of cultural safety.

Defining competence

A competent professional can be defined as a person who has the attributes necessary for job performance to the appropriate standard (Gonzi, Hager, & Oliver, 1990, p. 9)

According to this definition, attributes which combine to constitute a competency will likely include knowledge, skills, and attitudes. Some competencies are complex and involve many attributes, while others may be quite simple and involve only one.

Key principles in 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.

Health professional education institutions have been recognised as having a particularly influential role to play, at both the curricular and institutional level, in developing competence to address health inequities. An international consensus statement on 'Educating for Indigenous health equity' (Jones et al., 2019) has outlined a range of key principles which have wider application and have informed the development of the core Māori hauora ā-iwi/public health competencies.

Jones et al (2019) state that 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:
 - Infrastructure
 - Indigenous leadership
 - Resources

Underpinning the core Māori hauora ā-iwi/public health competencies

These core Māori hauora ā-iwi/public health competencies share a common underlying approach to hauora ā-iwi/public health with other public health competencies for Aotearoa New Zealand and Australia (Health Promotion Forum of New Zealand/Runganga Whakapiki Ake i te Hauora o Aotearoa, 2012; Public Health Association of New Zealand, 2007; Public Health Education and Research Program/PHERP, 2008; Public Health Indigenous Leadership in Education/PHILE, 2017).

Principally, these competencies are based on a definition of public health that incorporates Māori perspectives. This definition understands health to be dependent on a balance of factors, including: te taha wairua, te taha hinengaro, te taha tinana, te taha whānau and te taha whenua (Durie, 1998). The competencies also recognise the importance of te ao tūroa and te Reo Rangatira (Ministry of Health/Manatū Hauora, 2002). They acknowledge that hauora ā-iwi/public health in Aotearoa New Zealand is interconnected with the development of whānau, hapū and iwi.

Ngā whāinga – Purpose

These competencies provide a clear framework for use in hauora ā-iwi/public health teaching institutions and in the workplace. Their purpose is:

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

Ngā whāinga paetae - Uses

These competencies have been developed for use by tertiary education institutions and educators, public health practitioners, and the range of diverse organisations engaged in public health work (including government, non-governmental organisations and primary health organisations). They are released for use under a Creative Commons Licence CC BY-NC-SA.

The competencies recognise that many people, both non-Māori and Māori, who work in hauora ā-iwi/public health come to the field from a wide range of backgrounds, and their knowledge of and capabilities in Māori hauora ā-iwi/public health may vary. They, therefore, provide a framework to ensure all public health workers achieve a level of competency in Māori hauora ā-iwi/public health.

Some key uses of the Māori hauora ā iwi competencies are to:

- Assist in design of curricula (for both under- and post-graduate degrees, and continuing professional development)
- Help individuals with career planning and the identification of necessary professional development
- Help organisations to assess capacity, identify training needs, and inform planning and/or applications for funding for upskilling/professional development
- Encourage organisations to develop external relationships, as well as engage and pay for external support where appropriate (for cultural supervision, for example)
- Assist in developing job descriptions, formulating interview questions and conducting performance appraisals

Whakahāngaihia – Application

The use of these competencies within hauora ā-iwi/public health programmes and courses must be supported by the organisations and institutions within which public health practitioners learn and work. At an organisational or institutional level, they require:

- Commitment – organisations or institutions must commit to these competencies, as part of their obligation to respond to te Tiriti o Waitangi
- Leadership – organisations or institutions must lead the implementation of these competencies
- Resourcing - organisations or institutions must provide the resources required for the successful implementation and use of these competencies by Māori and non-Māori public health educators and practitioners

Other considerations for use in workplaces

In their application, organisations and kaiako need to consider the relevance of these competencies for each individual's professional development plan. The competencies sit at a level that would likely be appropriate for many hauora ā-iwi/public health practitioners who have trained through Western institutions, but will not capture the advanced level of skills of mātauranga Māori practitioners, for example (see levels below). There needs to be recognition of prior learning.

Organisations and kaiako also need to ensure that taking individuals through these competencies is a process that is meaningful and safe. Consideration should be given to how they are applied, who is applying them, and ensuring that support is available if needed. Multisource (also known as 360 degree) feedback is a recognised process for assessing behaviour and attitudes in the workplace through assessment by 'raters' including colleagues, managers, communities served and self. Not only does it have the potential to allay some concerns around the process of measuring competence, but can also be used to enhance culture change (Wood, Hassell, Whitehouse, Bullock, & Wall, 2006).

The competencies

There are eight competency domains in three clusters:

Foundational competencies:

1. Te Tiriti o Waitangi
2. Te reo Māori me ōna tikanga
3. Socio-political determinants of health

Overarching competencies:

4. Effective communication and engagement
5. Māori hauora ā-iwi/public health allyship for tangata Tiriti
6. Reflective hauora ā-iwi/public health practice

Practice specific competencies

7. Rangahau – Research
8. Programme planning, implementation, evaluation, and policy

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

The levels of competence

This competency document outlines three levels of competence based on the Dreyfus model of skills acquisition (Dreyfus, 2004). The model has five stages of skill acquisition ranging from novice, to advanced beginner, competent, proficient and expert, with higher levels of skill acquisition associated with more intuitive functioning.

The Dreyfus model has been applied and expanded for use in understanding the different stages of learning in public health (Koo & Miner, 2010). Other public health competency frameworks, such as the WHO-ASPHER Competency Framework for Public Health in the European Region (World Health Organization. Regional Office for Europe, 2020) use the Dreyfus model, but focus on three levels in which the greater public health workforce generally operate: competent, proficient and expert. Novice and advanced beginner levels are seen to be more relevant to students. Two additional levels (advanced expert, luminary) are defined in the expanded model. While not currently used in this document, they could potentially be used to describe the skill level of advanced Māori hauora ā iwi health practitioners, but would not apply to the non-Māori workforce.

The three competency levels used in this framework are therefore as follows:

Level one (entry level) Aligned with the ‘competent’ level of the Dreyfus model, meaning that someone at this level would recognise complexity and have moved beyond being entirely rule based in their approach to tasks. For example, they would understand context and be able to adapt their approach or tools appropriately. It is expected that most public health practitioners entering the workforce would operate at this level, acknowledging that people enter from many professions, and many would have tertiary training.

Level two (mid-level) Aligned with the ‘proficient’ level of the Dreyfus model, meaning that someone at this level would have more experience, act using intuition and analytic thinking, likely lead projects and mentor a limited number of others.

Level three (advanced practitioner) Aligned with the ‘expert’ level of the Dreyfus model, meaning that someone at this level would likely be in a leadership role with significant authority and responsibility, be involved with strategy and would perform almost entirely intuitively.

The competency levels build on each other. They have been written with the expectation that an individual operating at level 2 in a specific competency should be able to accomplish everything in levels 1 and 2, even though 'I' statements from level 1 are not repeated in level 2. Likewise, an individual operating at level 3 in a specific competency should be accomplishing everything in levels 1, 2 and 3. For example, under 'Reflective hauora ā-iwi/public health practice' we expect that practitioners in Level 1 are able to 'seek, as required, appropriate mentoring and supervision'. This automatically becomes an expectation at levels 2 and 3.

Further development for Māori hauora ā iwi competencies

There are two ways these competencies could be developed further to aid their application in the workplace. The first would be through more detailed work in environments and settings where hauora ā-iwi/public health students learn or the workforce is located. Under this option, each specific organisation or institution would need to decide on what best practice looks like in their context. The second would be to take this work further in the development of national standards which would have more specific measures for each competency statement.

Māori hauora ā-iwi/public health competencies

1. Foundational

| 1.1. Tiriti o Waitangi ¹ Be able to practise in accordance with te Tiriti o Waitangi. | | | |
|---|---|--|---|
| | Level 1 | Level 2 | Level 3 |
| A hauora ā-iwi/public health practitioner should be able to: | <p>Identify/comprehend te Tiriti o Waitangi articles and/or principles in their practice</p> <p><i>I describe in my own words the articles and principles and how they are applied within the health sector.</i></p> <p><i>I identify where the articles and principles are applied in policies and strategic documents.</i></p> <p><i>I articulate the articles and principles as they apply to me and my relationship to te Tiriti o Waitangi.</i></p> <p><i>I describe He Whakaputanga and its significance to te Tiriti o Waitangi.</i></p> | <p>Undertake Tiriti o Waitangi analysis (in/of organisations) and make associated recommendations for improvement</p> <p><i>I critique organisational documents, policies and strategies and identify where addressing te Tiriti o Waitangi is inadequate. I can make recommendations to improve.</i></p> <p><i>I actively demonstrate the articles and principles in the way in which I conduct my professional practice.</i></p> | <p>Implement te Tiriti o Waitangi articles and/or principles in policy, service and programme design, implementation, and evaluation</p> <p><i>I develop policies, service and programmes which are embedded within te Tiriti o Waitangi.</i></p> <p><i>I put Tiriti o Waitangi central to the framing, development and implementation of policy, service, or programmes.</i></p> <p><i>I am a champion for te Tiriti o Waitangi in action.</i></p> |

¹ See Paparahi – Foundation for more on how te Tiriti o Waitangi is understood and applied in these competencies.

1.2. Te reo Māori me ōna tikanga

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

| | Level 1 | Level 2 | Level 3 |
|---|---|--|--|
| 1. Te reo Māori A hauora ā-iwi/public health practitioner should be able to: | <p>Demonstrate a commitment to the use of te reo Māori in the work environment</p> <p><i>I am aware of the dialectal differences of te reo Māori.</i></p> <p><i>I pronounce Māori names and words correctly.</i></p> <p><i>I integrate te reo Māori vocabulary into daily activities and conversations.</i></p> | <p>Demonstrate a commitment to expanding the use of te reo Māori in the work environment</p> <p><i>I actively participate in formal and non-formal learning environments to advance the use of te reo Māori.</i></p> <p><i>I incorporate te reo Māori phrases and concepts appropriately in my work environment.</i></p> <p><i>I advocate for environments that value the use of te reo Māori.</i></p> | <p>Provide leadership for the use of te reo Māori in the work environment</p> <p><i>I am proficient in written and spoken te reo Māori.</i></p> <p><i>I demonstrate leadership in the use of te reo Māori in my organisation.</i></p> <p><i>I create opportunities for the use of te reo Māori within my organisation.</i></p> |

| | | | |
|---|--|--|--|
| <p>2. Core Māori values, concepts, tikanga Māori and mātauranga Māori</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Understand core Māori values, concepts, tikanga Māori and mātauranga Māori</p> <p><i>I can describe Māori values, concepts and tikanga Māori.</i></p> <p><i>I understand why mātauranga Māori approaches are important to my professional practice.</i></p> | <p>Demonstrate core Māori values, concepts, tikanga Māori and mātauranga Māori</p> <p><i>I participate in Māori communities in a way that is consistent with local tikanga: eg. whanaungatanga, pōwhiri, mihi whakatau, hui, tangihanga, whānau, collective decision-making and whānau ora.</i></p> <p><i>I advocate for the inclusion of mātauranga Māori in practice and planning.</i></p> | <p>Actively advocate and champion the inclusion of mātauranga Māori into practice</p> <p><i>I work in collaboration with mātauranga and tikanga Māori practitioners to centre Māori knowledge into practice.</i></p> <p><i>For Māori practitioners: I lead the implementation of tikanga, mātauranga Māori, and Māori values and concepts.</i></p> |
|---|--|--|--|

1.3. Socio-political determinants of health

Be aware of, and practise to address, the socio-political determinants of health and their impacts on health and health inequities.

| | Level 1 | Level 2 | Level 3 |
|--|---|---|--|
| <p>1. Colonisation and coloniality²</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Understand the processes of contemporary and historical colonisation</p> <p><i>I can define colonisation and decolonisation.</i></p> <p><i>I can identify contemporary manifestations of coloniality.</i></p> <p><i>I can discuss the impacts of contemporary manifestations of coloniality.</i></p> <p><i>I can provide examples of historical colonial practices.</i></p> <p><i>I can describe the impacts of those colonial practices, generally and for the specific area where I work and live.</i></p> <p><i>I can provide examples of decolonising practices and approaches using the social determinants of health.</i></p> <p><i>I can describe the key political ideologies and their impacts on Māori communities and Māori hauora ā-iwi/public health.</i></p> | <p>Critique coloniality</p> <p><i>I can critique ‘documents, and approaches’ for manifestations of coloniality.</i></p> <p><i>I can make recommendations to redress coloniality.</i></p> <p><i>I critically analyse the impact of the key political ideologies on Māori communities and Māori hauora ā-iwi/public health.</i></p> | <p>Mentor others to understand and identify the process of colonisation and coloniality</p> <p><i>I support others to understand the process of colonisation and coloniality.</i></p> <p><i>I support others to critique ‘documents and approaches’ using a decolonial lens.</i></p> <p><i>I support others to identify ‘sites of intervention’, to redress coloniality in ‘documents and approaches’.</i></p> <p><i>I support others to understand key political ideologies and their impacts on Māori communities and Māori hauora ā-iwi/public health.</i></p> <p><i>I support others to critique the impact of key political ideologies on Māori communities and Māori hauora ā-iwi/public health.</i></p> |

² Coloniality refers to the ‘continuity of colonial forms of domination after the end of colonial administrations’ (Grosfoguel, 2002, p. 205)

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| <p>2. Historical trauma</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Understand historical trauma</p> <p><i>I can describe and define historical trauma.</i></p> <p><i>I can describe the manifestations of historical trauma in whānau, hapū and iwi.</i></p> | <p>Heal historical trauma</p> <p><i>I can identify public health strategies or approaches that support whānau and communities to address historical trauma.</i></p> | <p>Advance understanding about historical trauma and healing</p> <p><i>I support others to understand the process, impacts and opportunities for addressing historical trauma for whānau, hapū and iwi.</i></p> |
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| <p>3. White privilege, racism and the effects of these on the social determinants of health, health status and outcomes, inequities, experiences of illness, and access to and through health and disability services</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Understand white privilege, racism and discrimination</p> <p><i>I can define white privilege.</i></p> <p><i>I can describe different forms of racism and discrimination.</i></p> <p><i>I can give examples of how white privilege, racism and discrimination impacts the social determinants of health, health status and outcomes, inequities, experiences of illness, and access to and through health and disability services.</i></p> <p><i>I can give examples of anti-racist interventions and approaches.</i></p> <p><i>I can identify levers to address institutional racism in my work environment.</i></p> | <p>Critically analyse and intervene with anti-racist activities</p> <p><i>I actively address interpersonal white privilege, racism, and discrimination when it occurs in my work environment.</i></p> <p><i>I can instigate and implement anti-racist activities in my practice.</i></p> <p><i>I actively address institutional racism when it occurs in my work environment.</i></p> <p><i>I advocate for organisational and system level change to address white privilege and racism.</i></p> | <p>Lead anti-racist and anti-discriminative activities</p> <p><i>I support organisations I work with to recognise the impacts of white privilege, racism, and discrimination on the social determinants of health.</i></p> <p><i>I support organisations to reorientate their policies and practices to address white privilege, racism, and discrimination.</i></p> <p><i>I actively participate in initiatives to address racism in the health and disability systems.</i></p> |
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| <p>4. Te Taiao /planetary health</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Demonstrate an understanding of te Taiao and Māori approaches to planetary health</p> <p><i>I can describe Māori concepts relating to te Taiao.</i></p> <p><i>I can identify the structural factors that drive climate change and planetary health.</i></p> <p><i>I can discuss the impact of climate change and planetary health on Māori equity and health and wellbeing.</i></p> <p><i>I can describe Māori and Indigenous solutions to address planetary health.</i></p> | <p>Demonstrate a commitment to te Taiao and Māori approaches to planetary health</p> <p><i>I can identify Māori public health strategies that address planetary health and wellbeing.</i></p> <p><i>I can critically analyse public health policies and programmes to assess their impact on te Taiao and Māori health and wellbeing.</i></p> <p><i>I advocate for Indigenous solutions to the structural factors that affect planetary health.</i></p> | <p>Actively advocate and champion te Taiao and Māori/Indigenous solutions for planetary health</p> <p><i>I create opportunities for and support Māori public health strategies that address planetary health and wellbeing.</i></p> <p><i>I work in partnership with Māori experts in te Taiao/plantary health to centre Māori knowledge into policy and practice.</i></p> <p><i>I influence organisational values and practices to align with Māori and Indigenous concepts of te Taiao and planetary health.</i></p> |
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2. Overarching

| 2.1. Effective communication and engagement | | | |
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| Be able to engage and communicate with a range of Māori groups (whānau, hapū, iwi, NGOs, urban Māori ³). | | | |
| | Level 1 | Level 2 | Level 3 |
| <p>1. Relationships</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Form relationships that engender trust and are mutually beneficial</p> <p><i>I understand who the mana whenua are in the community I am working with.</i></p> <p><i>I understand the power and resources my organisation has.</i></p> <p><i>I understand my role and responsibilities, and the reciprocity that exists in my relationships.</i></p> <p><i>I communicate and collaborate with humility and respect.</i></p> <p><i>I act ethically and with integrity.</i></p> | <p>Demonstrate open, receptive and reflective engagement practices.</p> <p><i>I understand the whakapapa and pūrākau of the people I am working with.</i></p> <p><i>I understand what my organisation has to bring and offer when working in collaboration with a range of Māori groups.</i></p> <p><i>I follow the approaches led by Māori groups and organisations I work with.</i></p> <p><i>I understand the importance of kanohi kitea in maintaining relationships.</i></p> | <p>Actively advocate and champion respectful and reciprocal relationships</p> <p><i>I support others in my organisation to be aware of and understand the dynamic nature of the community.</i></p> <p><i>I use my skills, experience, and organisational resources to support the priorities of Māori groups I am working with.</i></p> <p><i>When I am invited to participate in projects by the community, I freely share my skills and experience.</i></p> |

³ Māori people living in urban areas outside the rohe of their hapū or iwi

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| <p>2. Health literacy</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Identify and manage effective communication for health literacy</p> <p><i>I articulate Māori approaches to health literacy.</i></p> <p><i>I recognise Māori community knowledge, strengths, and approaches to health literacy.</i></p> <p><i>I use inclusive, accessible, and appropriate forms of communication.</i></p> <p><i>I understand the role of health organisations and health workers in creating demands for health literacy that affect communities and individuals.</i></p> | <p>Communicate in ways that enhance community health literacy</p> <p><i>I advocate for the inclusion of Māori approaches to health literacy.</i></p> <p><i>I participate with Māori colleagues and community to develop community health literacy.</i></p> <p><i>I use inclusive, accessible, and appropriate forms of communication to encourage community engagement in health literacy.</i></p> <p><i>I ensure that the health literacy demands in my own practice are aligned with the health literacy of the communities I work with.</i></p> | <p>Work in collaboration with Māori to support the development of critical health literacy</p> <p><i>I ensure Māori are included in the development of critical health literacy practice in my organisation.</i></p> <p><i>I participate with Māori colleagues and community to develop critical health literacy.</i></p> <p><i>I use my skills and organisational resources to support and implement Māori approaches to health literacy.</i></p> <p><i>I mentor others to develop their skills in health literacy practice.</i></p> <p><i>I ensure that the health literacy demands embedded within my organisation are aligned with the health literacy of communities my organisation works with.</i></p> |
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2.2. Māori hauora ā-iwi/public health allyship for tangata Tiriti

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

| | Level 1 | Level 2 | Level 3 |
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| A hauora ā-iwi/public health practitioner should be able to: | <p>Understand allyship, to support and strengthen Māori hauora ā-iwi/public health</p> <p><i>I can identify the diversity within Māori communities eg hapū, iwi, tangata whaikaha Māori, LGBTQ+.</i></p> <p><i>I understand my role as an ally.</i></p> <p><i>I understand the importance of having Māori perspectives heard and considered.</i></p> <p><i>I understand the importance of secure cultural identity as a protective factor.</i></p> | <p>Act as a good ally of Māori to support and strengthen Māori hauora ā-iwi/public health</p> <p><i>I seek a mandate to speak as an ally.</i></p> <p><i>I advocate for diversity of Māori in leadership roles.</i></p> <p><i>I amplify diverse Māori voices.</i></p> <p><i>I ensure diverse Māori perspectives are heard and considered.</i></p> <p><i>I advocate for kaumātua and kuia cultural leadership to be resourced appropriately within my organisation.</i></p> <p><i>I ensure tikanga is recognised in my organisation and is practiced.</i></p> | <p>Advocate for Māori health and hauora ā-iwi/public health outside of the health sector</p> <p><i>I influence the redistribution of resources in my own organisation and external funders to support and uplift Māori hauora ā-iwi/public health activities and initiatives.</i></p> <p><i>I actively seek out opportunities in which to support Māori inclusion and advancement.</i></p> |

2.3. Reflective hauora ā-iwi/public health practice

Be able to reflect on personal, organisational, and societal beliefs and values, and how they impact on personal practice, organisational systems, and social constructs.

| | Level 1 | Level 2 | Level 3 |
|--|---|---|---|
| A hauora ā-iwi/public health practitioner should be able to: | <p>Understand personal, organisation, and societal beliefs and values</p> <p><i>I am able to answer 'Ko wai au?'</i></p> <p><i>I articulate my personal beliefs, values, and worldviews, recognising my own privilege.</i></p> <p><i>I recognise my own biases and how they may influence my practice when working with Māori and Māori communities.</i></p> <p><i>I reflect on my organisation's beliefs and values and implications they have for our work with Māori communities.</i></p> <p><i>I reflect on historical and current societal beliefs and values and the implications they have for our work with Māori communities.</i></p> <p><i>I seek, as required, appropriate mentoring and supervision. This includes cultural supervision.</i></p> <p><i>I recognise moments of learning and reflect on what can be improved.</i></p> | <p>Incorporate the outcomes of their reflections in their personal practice and professional development plans</p> <p><i>I critically reflect on my practice when working with and for Māori and Māori communities.</i></p> <p><i>I participate in appropriate professional development opportunities to improve my practice with Māori and Māori communities.</i></p> <p><i>I participate in organisational system improvements, informed by reflective practice, to improve outcomes for Māori.</i></p> <p><i>I participate in local and national action, informed by reflective practice, to improve outcomes for Māori.</i></p> | <p>Demonstrate leadership in reflective practice</p> <p><i>I model critical reflective practice.</i></p> <p><i>I support colleagues to reflect on their own limitations and barriers for inclusive practice.</i></p> <p><i>I lead organisational systems improvements and change informed by reflective practice, to improve outcomes for Māori.</i></p> <p><i>I lead advocacy at a local and national level, informed by reflective practice, to improve outcomes for Māori.</i></p> |

3. Practice

The practice competencies are designed to be applied with reference to a person’s specific role within hauora ā-iwi/public health. For example, if a public health practitioner is engaged in programme work, many of the research competencies may not be relevant. However, some will be (like those concerned with critiquing and utilising research) and so kaiako will need to consider all ‘I’ statements carefully when mapping out an individual’s professional development plan.

| 3.1 Rangahau – Research | | | |
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| Be able to undertake culturally safe ⁴ research and evaluation that contributes to Māori advancement and/or reducing inequities. | | | |
| | Level 1 | Level 2 | Level 3 |
| <p>1. Cultural safety and health equity</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Assess research/evaluation for its benefit to Māori, its contribution to Māori health equity, and for cultural safety</p> <p><i>I can describe Māori centred and/or equity focussed research/evaluation.</i></p> <p><i>I use a health equity lens when assessing research/evaluation.</i></p> <p><i>I utilise guidelines for best practice research/evaluation (for example, the CONSIDER statement).</i></p> <p><i>I utilise ethnicity data protocols for the health sector.</i></p> | <p>Design research/evaluation that benefits Māori, contributes to Māori health equity, and is culturally safe</p> <p><i>I am engaged in research/evaluation that contributes to Māori health equity.</i></p> <p><i>I ensure that my research/evaluation is beneficial to Māori.</i></p> <p><i>I design culturally safe, Māori centred and/or equity-focussed research/evaluation.</i></p> <p><i>I apply the principles of Māori data governance and sovereignty in my research/evaluation work.</i></p> | <p>Demonstrate leadership in research/evaluation that benefits Māori, advances Māori health equity, and is culturally safe</p> <p><i>I lead the use of Māori centred and/or equity focussed research/evaluation within my organisation.</i></p> <p><i>I ensure organisational structures support Māori-centred and/or equity focussed research/evaluation.</i></p> <p><i>I actively promote research/evaluation that advances Māori health and equity.</i></p> |

⁴ 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

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| | <p><i>I understand the complexities involved in the collection and use of ethnicity data.</i></p> <p><i>I understand the principles of Māori data governance and sovereignty and where they apply.</i></p> <p><i>I consider how research/evaluation findings and outputs are shared with Māori communities and other relevant organisations.</i></p> | <p><i>I can critique the use of ethnicity data in publications and public health programmes.</i></p> <p><i>I ensure research/evaluation findings and outputs are shared with Māori communities and other relevant organisations.</i></p> | <p><i>I support others to design culturally safe, Māori centred and/or equity-focussed research/evaluation.</i></p> <p><i>I support others to ensure that the principles of Māori data governance and sovereignty are applied in public health research/evaluation.</i></p> <p><i>I lead initiatives to improve the quality of ethnicity data.</i></p> <p><i>I take a leadership role in ensuring research/evaluation findings and outputs are shared with Māori communities and other relevant organisations.</i></p> |
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| <p>2. a) Kaupapa Māori research/evaluation (Māori practitioners)</p> <p>A Māori hauora ā-iwi/public health practitioner should be able to:</p> | <p>Understand the different approaches to Kaupapa Māori research/evaluation</p> <p><i>I can describe the foundations of Kaupapa Māori research/evaluation.</i></p> <p><i>I can describe current approaches to and processes of Kaupapa Māori research/evaluation.</i></p> <p><i>I recognise when research/evaluation is consistent with Kaupapa Māori approaches and processes.</i></p> <p><i>I can articulate my potential role and responsibilities with and for Kaupapa Māori research/evaluation.</i></p> | <p>Undertake Kaupapa Māori research/evaluation</p> <p><i>I include Kaupapa Māori approaches into the design of my research/evaluation.</i></p> <p><i>I incorporate Kaupapa Māori evidence into my work.</i></p> | <p>Demonstrate leadership in the use of Kaupapa Māori research/evaluation</p> <p><i>I lead the use of Kaupapa Māori research/evaluation within my organisation.</i></p> <p><i>I ensure organisational structures support Kaupapa Māori research/evaluation.</i></p> <p><i>I lead Kaupapa Māori research workforce development in my organisation.</i></p> |
| <p>Kaupapa Māori research/evaluation (non-Māori practitioners)</p> <p>A non-Māori hauora ā-iwi/public health practitioner should be able to:</p> | <p>Understand the different approaches to Kaupapa Māori research/evaluation</p> <p><i>I can describe Kaupapa Māori research/evaluation.</i></p> <p><i>I can articulate my potential role within Kaupapa Māori research/evaluation.</i></p> | <p>Collaborate in Kaupapa Māori research/evaluation</p> <p><i>I recognise when research/evaluation is consistent with Kaupapa Māori approaches and processes.</i></p> <p><i>I work as part of a team on Kaupapa Māori research/evaluation projects led by Māori researchers and/or Māori community, if invited.</i></p> | <p>Demonstrate a commitment to supporting Kaupapa Māori research/evaluation</p> <p><i>I ensure organisational structures support Kaupapa Māori research/evaluation.</i></p> <p><i>I create opportunities for Kaupapa Māori scholarship in my organisation.</i></p> |

3.2 Programme planning, implementation, evaluation, and policy

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

| | Level 1 | Level 2 | Level 3 |
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| <p>1. Cultural safety and health equity</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Assess hauora ā-iwi/public health policies and programmes to ensure they are mana enhancing, equity focussed and culturally safe</p> <p><i>I am familiar with equity and cultural safety tools and frameworks that have been developed and socialised in Aotearoa/NZ.</i></p> <p><i>I am able to use the equity and cultural safety tools and frameworks that have been developed and socialised in Aotearoa/NZ to assess hauora ā-iwi/public health policies and programmes.</i></p> <p><i>I critically analyse policy and hauora ā-iwi/public health programmes and policies and evaluation tools to ensure they achieve equity and are non-discriminatory in their intended outcomes, and do not have harmful unintended outcomes.</i></p> | <p>Plan and implement hauora ā-iwi/public health policy and programmes that are mana enhancing, equity focused and culturally safe</p> <p><i>I use equity and cultural safety tools and frameworks that have been developed and socialised in Aotearoa/NZ to inform planning, implementation, and evaluation of hauora ā-iwi/public health policies and programmes.</i></p> <p><i>In designing and implementing hauora ā-iwi/public health programmes and policies, I ensure that they achieve equity and are non-discriminatory in their outcomes, and do not have harmful unintended outcomes.</i></p> <p><i>I use appropriate Indigenous and Māori health and policy frameworks to guide the design and implementation of hauora ā-iwi/public health policies.</i></p> | <p>Demonstrate leadership in planning and implementing hauora ā-iwi/public health policy and programmes that are mana enhancing, equity focused and culturally safe</p> <p><i>I support others to ensure that equity and cultural safety tools and frameworks that have been developed and socialised in Aotearoa/NZ are used to inform the planning, implementation, and evaluation of all hauora ā-iwi/public health policies and programmes.</i></p> <p><i>I advise on how hauora ā-iwi/public health programmes and policies can achieve equity and be non-discriminatory in their outcomes, and do not have harmful unintended outcomes.</i></p> |

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| | <p><i>I use appropriate Indigenous and Māori health and policy frameworks to guide me in my analysis of hauora ā-iwi/public health policies.</i></p> <p><i>I understand what it means to work collaboratively with Māori communities and relevant Māori NGOs, organisations and agencies in the development, implementation, and evaluation of policy and hauora ā-iwi/public health programmes for Māori identified priorities.</i></p> <p><i>I can identify appropriate strength-based approaches in hauora ā-iwi/public health policies and programmes.</i></p> | <p><i>I work collaboratively with Māori communities and relevant Māori NGOs, organisations and agencies in the development, implementation, and evaluation of policy and hauora ā-iwi/public health programmes for Māori-identified priorities.</i></p> <p><i>I use appropriate strength-based approaches in hauora ā-iwi/public health policies and programmes.</i></p> | <p><i>I support others to ensure that appropriate Indigenous and Māori health and policy frameworks always guide the design and implementation of hauora ā-iwi/public health policies.</i></p> <p><i>I actively seek new opportunities for my organisation to work collaboratively with Māori communities and relevant Māori NGOs, organisations and agencies in the development, implementation, and evaluation of policy and hauora ā-iwi/public health programmes for Māori identified priorities.</i></p> <p><i>I actively promote the use of appropriate strength-based approaches in hauora ā-iwi/public health policies and programmes.</i></p> |
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| <p>2. ReMāorification and Indigenisation, decolonising⁵ and antiracist practice</p> <p>A hauora ā-iwi/public health practitioner should be able to:</p> | <p>Assess hauora ā-iwi/public health policies and programmes to ensure they demonstrate decolonising and antiracist practice</p> <p><i>I am familiar with decolonisation and antiracist frameworks and tools.</i></p> <p><i>I critically analyse policy and hauora ā-iwi/public health programmes and policies and evaluation tools to ensure they are decolonising and antiracist.</i></p> | <p>Plan and implement hauora ā-iwi/public health policy and programmes that are decolonising and antiracist</p> <p><i>I use decolonisation and antiracist tools in programme and policy development and implementation.</i></p> | <p>Demonstrate leadership in planning and implementing hauora ā-iwi/public health policy and programmes that are decolonising and antiracist</p> <p><i>For non-Māori practitioners: I provide opportunities and resources for Māori to practice reMāorification⁶/Indigenisation within my organisation and its activities.</i></p> <p><i>For Māori practitioners: I lead reMāorification/Indigenisation activities in my organisation.</i></p> <p><i>I lead anti-racist programmes and policies within my organisation.</i></p> <p><i>I support training in antiracism for my organisation.</i></p> |
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⁵ 'a long-term process involving the bureaucratic, cultural, linguistic and psychological divesting of colonial power' (Tuhiwai Smith, 1999, p. 98)

⁶ 'ReMāorification was the promise of a created space where we, as the indigenous people, could determine the space, the content, the practice, according to our own autonomy and independence' (Cairns, 2020)

Hauora Māori policies, strategies and action plans:

Ministry of Health/Manatū Hauora. (2014). *The Guide to He Korowai Oranga – Māori Health Strategy*. <https://www.health.govt.nz/system/files/documents/publications/guide-to-he-korowai-oranga-maori-health-strategy-jun14-v2.pdf>

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Te Puni Kōkiri/Ministry of Māori Development. (2019). *The Crown's Strategy for Māori Language Revitalisation 2019 - 2023*. <https://www.tpk.govt.nz/en/o-matou-mohiotanga/te-reo-maori/crowns-strategy-for-maori-language-revitalisation>

Relevant tools and frameworks

Came, H, O'Sullivan, D, McCreanor, T, (2020) Introducing Critical Tiriti Policy Analysis: A new tool for anti-racism from Aotearoa New Zealand, *European Journal of Public Health*, 30(S5), ckaa165.674. Retrieved from <https://doi.org/10.1093/eurpub/ckaa165.674>

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