

CHRISTCHURCH HEART INSTITUTE/ RANGAHAU MANAWA O ŌTAUTAHI



MĀORI ENGAGEMENT STRATEGY

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The purpose of this document is to provide CHI staff with guidance and introduce a set of tools that will assist them to determine when and how to successfully engage with Iwi and Māori.

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Introduction

This document is the CHI's Māori Engagement Strategy which prescribes how CHI will move towards a future where it's business as usual for all our staff to view CHI work through a Māori responsiveness lens, and where our staff have the confidence and capability to engage with Māori in an effective, enduring and valued way.

Aim

To enable Māori engagement that ensures CHI's partnerships with iwi and Māori are enduring, effective and valued.

Outcome

Consistently successful engagement with iwi and Māori that results in better decision making, more robust and lasting solutions, and more engaged people and communities, while maintaining the relevance of CHI's role and contribution in the area of cardiovascular research excellence.

Objectives

The objective of the Māori Engagement Framework is to:

1. Provide CHI staff with a better understanding of the CHI's approach to Māori engagement
2. Help raise the cultural capability and confidence of staff to work more effectively with Māori by providing a range of tools and advice to help plan and deliver effective engagement
3. Ensure that it is practised consistently throughout the organisation so Māori receive high quality engagement in all relevant CHI operations.

Why Engage With Iwi and Māori?

Heart failure disproportionately affects Māori, who not only experience HF onset 15yrs younger than non-Māori, but suffer HF-related health loss >3-times higher, HF hospitalization rates 8-9-times higher, and HF mortality rates 3.5-times greater, than their non-Māori counterparts. The consequent inequity, economic and social burden at individual, whanau, hapū and Iwi levels are therefore significantly greater for Māori. Furthermore, in those over 55, diagnoses of AF are higher in Māori (7.3%) compared to Pasifika (4%) and non-Māori, non-Pacific (4.1%), and is on average 10 years earlier for Māori and Pasifika compared to non-Māori, non-Pacific people.

Coronary heart disease (CHD) is a leading cause of mortality and morbidity in Aotearoa, accounting for 14 deaths per day¹ and loss of >90,000 disability-adjusted life years each year.² One in twenty adults in NZ live with CHD³ with older New Zealanders and those of Māori and Pacific ancestry, particularly affected.^{4,5}

Māori have higher rates of cardiovascular mortality and morbidity than non-Māori, and life expectancy for Māori is 8-9 years less than for the general population⁴.

Māori are almost twice as likely to have diagnosed coronary artery disease, and 1.3 times more likely to have had a stroke. Age-specific coronary artery disease mortality rates are 2 to 3 times higher for Māori and Pacific peoples compared with non-Māori and non-Pacific.

Although the CHI has recently taken solid steps toward growing our internal capability and progressing its iwi and Māori relationships, this is a complex and often challenging process. Our engagements with Māori and iwi organisations are sometimes carried out in an *ad hoc* and reactive fashion, driven by CHI research funding. On occasion, this approach is unavoidable, but often it is a consequence of not having worked with iwi and hapū to develop a realistic, appropriately resourced engagement plan while the project or activity is in its planning phase.

Enabling Improved Engagement

The CHI is moving towards a future where it's business as usual for all our staff to view CHI work through a Māori responsiveness lens. As this occurs, our staff need to have the confidence and capability to engage with Māori in an effective, enduring and valued way. CHI is seeking to help raise the cultural capability and confidence of staff to work more effectively with Māori by providing a range of tools and advice to help them plan and deliver effective engagement and to ensure that it is practised consistently throughout the organisation.

The Benefits That Flow From Improved Engagement

There are many benefits we acquire as we build better relationships with iwi Māori. A real opportunity exists to form enduring and effective relationships with iwi and Māori that strengthen our partnerships and demonstrate the CHI's responsiveness to Māori in a tangible way.

As we improve our engagement with our iwi and Māori partners, we will generate benefits for CHI as a whole, by:

- Better understanding our iwi and Māori partners, their aspirations and what they seek from our partnership, and growing trust between us. We can work to develop agreed partnership views and integrate and align these into our approach and our projects.
- Providing a more consistent, coherent and effective way to engage with Māori, Mana whenua, rūnanga and Māori organisations, thereby making it more efficient and effective for all parties.
- Growing enduring, proactive and more effective relationships.
- Enabling staff to carry out Māori engagement as part of conducting their core research activities.
- Reducing the risks around ineffective engagement that may jeopardise established relationships and impact the delivery of research projects and outcomes.

These benefits will:

- have the combined effect of leading to better decision making for Māori
- reduced health risks in the community
- provide more robust and lasting solutions

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- provide a solid platform for iwi and Māori and CHI to work through difficult issues
- result in more engaged people and communities
- help maintain the relevance of CHI's role and contribution in the region.

Early and meaningful engagement does produce better quality outcomes through:

- a greater understanding of one another's expectations and aspirations
- increased opportunities to establish shared projects and partnerships
- improved processes based on an understanding of one another's priorities, expectations and available resources
- more efficient use of CHI and Māori resources
- supporting Māori expectations and aspirations to promote the wellbeing of Māori and the wider community.

Simply put, given all the reasons outlined above, iwi, rūnanga and Māori engagement is "a good thing to do."

From the Māori Point of View, These Reasons Include:

- a way to exercise kaitiaki responsibilities
- a desire to care for the whānau, hapū and Iwi
- being able to assist with developing long term relationships
- it's more effective to involve Māori in the front end of processes than at the litigation phase once decisions have been made (collaborative input rather than reactive opposition)
- information sharing and dialogue often enables problems to be overcome sooner.

From the CHI's Point of View, These Reasons Include:

- Māori are an important sector of our community who are more likely to suffer heart disease.
- Māori culture is a New Zealand treasure – integrating it into health practices, benefits the community and the health system as a whole.
- Good relationships with Māori can make CHI activities easier and produce more effective sustainable research outcomes.
- Māori can be strong allies for health protection.
- A good working relationship between the CHI and Māori groups strengthens CHI while supporting the wellbeing of Māori, and supporting their ability to exercise their kaitiaki responsibilities.

General Engagement Through Research Planning Processes

The CHI works on a wide range of heart related research that requires some form of Māori and/or iwi engagement, most funding weight at present is weighted at 20%.

Early engagement provides better opportunities for joint decision making, helps CHI to make sure our research planning is effective, and promotes, in the medium to long term, more efficiency through collaboration and better outcomes for Māori.

Nonetheless, there are still some instances where CHI engagement with Māori and iwi organisations is carried out in an *ad hoc* and reactive manner driven by CHI research deadlines and priorities, and revealing a lack of understanding of iwi paradigms/worldviews. Very occasionally, this approach is unavoidable, but usually it is a consequence of not having an overarching engagement strategy and a process for implementing it.

As a trusted partner, it is up to us to honour the agreements we have made and avoid, wherever possible, short-cutting our agreed engagement protocols (and potentially damaging our relationships).

The greater the trust between the partners, the more agile the relationship is to deal with the unavoidable.

Understanding of and Alignment With Te Ao Māori Perspectives

Given the CHI's obligation as a partner to act reasonably and in good faith, and the potential for te ao Māori and, within it, mātauranga Māori to deliver benefits for Māori individuals, whānau, hapū and iwi, it is essential that the CHI finds ways to embrace these in its processes and culture.

Currently, however, mātauranga Māori is not well understood by the CHI and not easily integrated into the CHI's processes.

CHI's Iwi and Māori Engagement Spectrum

It is important to note that as the level of engagement increases:

- the importance to iwi increases – therefore the more important the outcomes of a project are to iwi, the higher the level of engagement should be
- the complexity of the decision-making process increases
- the effort required by all parties increases
- the length of time required for engagement processes increases
- the investment (time, resources and relationship) required from all parties increases
- the CHI's decision-making power and control over outcomes decreases

Understanding Kawa and Tikanga

It is important to know about and to respect tikanga (customs) and kawa (protocols/rules) when engaging with Māori and especially when you are visiting a marae. This is a prerequisite for developing relationships based on mutual respect, co-operation and goodwill. The marae is a very special place to Māori. It's a place where they can come together to celebrate special occasions. It's a meeting place where people can talk, pray or weep for their dead. It's a place where they can look after their guests.

Māori see a marae as a home. It is their tūrangawaewae, a place where they know they belong. Each iwi has its own particular kawa (protocols/rules) that it follows on the marae, although many things are similar. If you don't know what kawa you need to observe, ask the people of the marae you will be visiting. They decide the kawa and what meetings are held on the marae and who should be involved. They also get the marae ready for guests.

Identified CHI Māori Stakeholders

Canterbury District Health Board covers an area of the East Coast of the South Island from Kaikoura District in the north, to Ashburton District in the south, as well as the Chatham Islands ¹. It also provides Cardiovascular services to Timaru Hospital.

Iwi

1. Te Rūnanga o Ngāi Tahu
2. Te Rūnanga o Rāpaki
3. Taumutu Rūnanga
4. Wairewa Rūnanga
5. Te Rūnaka o Koukourarata
6. Ngāi Tūāhuriri Rūnanga
7. Ōnuku Rūnanga
8. Te Rūnanga o Arowhenua
9. Te Rūnanga o Kaikōura
10. Mana Whenua ki Waitaha

Taurāhere

11. Rehua Marae & Kaumatua group
12. Ngā Maatawaka ki Ngā Hau e whā & Kaumatua group
13. Te Arawa Waka Ki Ōtautahi
14. Te Puawaitanga ki Ōtautahi Trust
15. Te Rūnaka Ki Ōtautahi O Kai Tahu Trust - Te Kakakura Trust
16. Hakatere Marae
17. Te Aitarakihī Trust

Māori Organisations

18. Māori Women's Welfare League
19. Te Kaunihera Māori o Aotearoa - New Zealand Māori Council
20. Te Tai o Marokura
21. Whare Tiaki

Māori Health Providers

22. He Waka Tapu
23. Arowhenua Whānau Services
24. Te Puawaitanga ki Ōtautahi Trust
25. Purapura Whetu Trust
26. Waitaha Primary Health

¹ <https://www.cdhb.health.nz/about-us/>