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Submission to the Health & Disability Review on behalf of Hāpai Te Hauora Tapui Limited

"Mā te rongo, ka mōhio; Mā te mōhio, ka mārama;
Mā te mārama, ka mātau; Mā te mātau, ka ora"

"Through listening comes awareness, through awareness comes understanding, through understanding comes knowledge and through knowledge comes life and well-being"

INTRODUCTION

1. We thank the Health and Disability System Review panel for the opportunity to provide a submission to represent the voices of the diverse communities, whānau, hapū and iwi we serve in relation to the Health and Disability system.

2. We wish to thank the Ministry of Health for their candor in reviewing the Health and disability systems, and for their foresight in seeking to ensure that our health system is best equipped to meet the needs of today's New Zealander's whilst equipping itself for the challenges of future New Zealand.

3. We recognise the broad and sweeping scope of the review, as outlined in the Terms of Reference however given our expertise as leaders in Māori Public Health, we will focus on contributing to the review in three key parts:

    - Is designed to achieve better health and wellness outcomes for all New Zealanders
    - Ensures improvements in health outcomes of Māori and other population groups.
    - Improves the quality, effectiveness and efficiency of the Health and Disability System, including institutional, funding and governance arrangements.

4. We intend that this submission will provide a culturally appropriate overlay to the Health System Review, which may assist to inform any future changes made to the Health and Disability System Strategies.

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5. Hāpai Te Hauora Tāpui Ltd (Hāpai) is the largest Māori Public Health organisation in New Zealand. We are national leaders in population health, health promotion and education, policy, advocacy, research & evaluation, and infrastructure services. We support Māori communities and whānau to play a role in decision-making on matters affecting their health and well-being.

6. As an organisation, Hāpai is committed to realising the health and well-being potential of Māori communities through working towards equitable health outcomes for whānau, hapū, Iwi and hāpori (communities). We affirm that to achieve this both the quality of service delivery and impacts of broader social determinants of health need to be addressed.

7. Established as a tripartite agreement between Te Rūnanga o Ngāti Whātua, Raukura Hauora o Tainui and Te Whānau o Waipareira, Hāpai is situated as the conduit between people and policy, utilising the strength of connection to the community to advocate and drive people led policy.

8. Given our whakapapa (heritage), Hāpai continuously operates under a collective impact model alongside our owner organisations, through the *Whānau Whānui* framework which ensures that we are constantly and consistently aligning Public Health evidence, with the expertise of communities lived experiences, in order to enhance Māori well-being.

9. In matters of Māori Public Health, we are the representative Māori Public Health body for two of the largest Iwi who hold mana whenua over Tamaki Makaurau (Collectively with a number of other affiliate Iwi and Hapū) , as well as one of the largest urban Māori Organisations in Tamaki Makaurau. Given our heritage as well as the intention of our establishment, we recognise our founding remit as the wider Tamaki Makaurau Region, which uniquely positions Hāpai to broker contracts for the benefit of Iwi Māori living in Tamaki Makaurau.

10. In response to the growing urgency for Excellency and Leadership in Māori Public Health and Infrastructure services, Hāpai has in the past six years, expanded itself to provide a number of national services, addressing the issue areas of Gambling Harm Prevention and Minimisation, Tobacco Control and Prevention of Sudden Unexpected Death in Infants.

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11. Hāpai has a long-standing history of experience within the health and disability sector, both as a supplier for contracts with the Ministry of Health, and also through our role as advocates and conduits for better health outcomes for our Māori communities.

12. In its current iteration, Hāpai holds four national service contracts across gambling harm prevention and minimisation, tobacco control advocacy and SUDI prevention and maintain our founding regional contract in Māori Public Health Leadership, as well as servicing several regional contracts in public health promotion, infrastructure and research as they arise to meet the needs of our communities.

13. Hāpai operates from the philosophy of "Oranga Tangata, Oranga Whenua" as the simulative epitome of Te Āo Māori in practice. This speaks to the inextricable connectedness of humanity to the environment in all of its facets. "Oranga Tangata, Oranga Whenua" highlights the critical interdependence that Māori people have with their environment, reflected not only in its physical manifestations of land, water, but also in human and esoteric capitals.

14. As the navigational vision of Hāpai, Oranga Tangata, Oranga Whenua informs our strategic direction, drives our mission and grounds our practice in a distinctively indigenous manner. 'Oranga Tangata Oranga Whenua' speaks to the intrinsic connection of physical and environmental health. This philosophy reflects our commitment to responding to the underlying political, social and environmental challenges that manifest in inequitable physical and mental health outcomes in our communities.

15. In this, we unequivocally recognise the upstream, macro level determinants of health, such as education, income, employment, and the impacts that these have on the everyday lives of New Zealanders. This echoes the empirical evidence provided by Te Āo Māori worldviews, and reiterates the need for comprehensive and cohesive cross-sector approaches to provide for a future –proofed health system.

CONTEXT

16. In order to comprehend the solutions that Hāpai will put forward in this submission, it is important to first understand the landscape against which these recommendations are contextualised.

17. Traditional Māori health systems in accordance with Te Āo Māori, were ingrained in the everyday practices of maintaining well-being. In what has been referred to as an

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unalloyed Pantocracy, or the purest form of democracy, Māori systems of operation are wholly interdependent in and of themselves.

18. The concept of *Whānau Ora* was reflected in the interactions, decisions and practices and informed by the collective well-being of whānau, hapū & iwi. Pre-colonisation, Māori health systems were centred on the maintenance of health, through consigning to the alignment of the physical, social, mental and emotional well-being of the individual in the context of their wider collective.

19. Our education system was woven into our everyday lives through the sourcing of kai, connecting to whakapapa, engaging in rituals of encounter and whānau, hapū and iwi connections. It was the interconnectedness between society, the environment, spirituality and accountability to future generations that ensured the best health and wellness outcomes for Māori.

20. As such, the demise of Māori tikanga, traditional practices and tāonga, inclusive of our traditional well-being systems, can be wholly and irrefutably attributed to deliberate acts of the crown through implementing legislation which effectively sanctioned the genocide of the Māori way of life, bringing with it, imposter tikanga of alcoholism, drug abuse, gambling harm, tobacco and whānau violence.

21. The prohibition of tohungatanga and use of rongoa Māori through the Tohunga Suppression Act (1907) as well as the attempted termination of Te Reo Māori through passing The Native Schools Act 1867 hailed the declination of traditional practices, which beget the attempted assimilation and elimination of cultural autonomy.

22. In considering the implications of the wider determinants of health, we see the failure of even western systems to maintain the integrity of Māori individual and population well-being, breaching Habeus Corpus in the passing of the West Coast Peace Preservation Act (1882), and its compatriot The Māori Prisoners Trials Act (1879), which justified such practice. Connection to place is the foremost criteria for defining indigeneity, and as such the dissociation of Māori from their lands through the New Zealand Settlements Act (1863).

23. In the contemporary landscape of New Zealand society, Te Āo Māori (the natural, living & uniquely Māori world) has been compartmentalised and in many cases decontextualized.

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The introduction of alcohol, drugs, foods and western models of health and economy into Aotearoa disrupted our traditional way of life.

24. The denigration of this seamless system of optimal health and well-being has led to intergenerational cycles of harm, a disconnect to land, people and culture, higher rates of imprisonment, increased likelihood of children being uplifted from their whānau and negative physical and mental health outcomes.

25. Colonisation in its many forms over 200 years, has contributed to the manifestation of negative health outcomes for our Māori communities. Each piece of discriminatory legislation has categorically and exponentially culminated in a gross miscarriage of justice responsible, at least in part, for inequitable health outcomes experienced by Māori in the Health system.

26. In even attempting to dream and plan for a health system that is "designed to achieve better health and wellness outcomes for all New Zealanders", we must first acknowledge the past 200 years of colonisation which has positioned the indigenous people of New Zealand in such perilous circumstances.

27. We must acknowledge these critical errors, both to ensure that such atrocities are never perpetuated in health service decisions, but also to ensure that there is a critical consciousness when making decisions to ensure that equity sits at the forefront of all health related issues.

28. Given the aforementioned backdrop, Hāpai urges that Te Tiriti o Waitangi be the starting point from which any health based conversation emerges. We fundamentally believe that a health and disability system entrenched in a worldview of interdependence - as Te Āo Māori prescribes – will unequivocally resolve many of the systemic issues which are anchoring the progression of the health and disability system, thereby hindering health equity for New Zealand.

29. Hāpai supports actions that uplifts the health and well-being of Māori in alignment with the rights and principles guaranteed to Māori with Te Tiriti o Waitangi. Hāpai acts to improve the Hauora, or well-being of Māori and non-Māori alike, cognisant that such actions align with the rights and principles articulated within Te Tiriti o Waitangi and are strengths-based in their approach. Te Tiriti in theory centralised relationships and

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affirmed the 'mana' and 'Rangatiratanga', the absolute power and autonomy of hapū, to Māori.

30. Hāpai hold that the continued and perpetual inequities in health outcomes experienced by Māori constitute a breach of Te Tiriti o Waitangi. In signing Te Tiriti o Waitangi, we hold that there would have been no foreseeable circumstance in which our tīpuna would have consented to their descendants being subjected to poorer health and social outcomes. A commitment to uphold these inherent rights of 'Rangatiratanga' in practice, in our contemporary health system is essential to begin to improve health outcomes for Māori.

31. Hāpai maintains that the recommendations put forward in this submission, if adhered to, will result in immediate improvements in the health and disability system. These recommendations are driven by the depth and breadth of experiences working within communities who experience the burden of health system in all of its excellence and inefficiencies.

32. For these considerations to be realised as lived outcomes for New Zealanders, Hāpai acknowledges that the role of public health and prevention must be prioritised and there must be cohesive contribution and interaction across all government agencies in supporting health and wellness.

33. Through submitting to this inquiry, we seek to proliferate the critical necessity of prioritising the cultural, social, economic and environmental well-being of mana whenua, whānau, hapū, iwi and hāpori Māori.

34. We have included as appendices, a subset of recommendations, which detail challenges and recommended solutions within keys issue areas for which Hāpai currently service, including alcohol, nutrition, physical activity, gambling harm minimisation, tobacco control and Sudden unexpected Death in infancy. However, the overarching issues are equally echoed across all issue areas, and thus experience the same systemic challenges.

35. Hāpai makes the following Key Recommendations to the health and disability review. Despite being borne out of identified issues within the current system, each of the below recommendations fundamentally point to solutions to take the health and disability system forward, to future proof it, and to ultimately enhance well-being for Māori and non-Māori alike – All New Zealander's.

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KEY RECOMMENDATIONS

36. **Hāpai calls for the appointment of an Associate Minister of Public Health to lead and strengthen Public Health as a core function of the New Zealand Health and Disability system.**

37. The challenge:

37.1. The New Zealand Public Health system is currently highly reactive, and for the most part unresponsive. This is, in part, due to the lack of leadership in public health, which catastrophically leads to continued investment in primary care services. Whilst this fundamentally deals with health issues as they arrive to the doors of clinics and hospitals, it is an unsustainable model which will not withstand future challenges.

37.2. We recommend an Associate Minister of Public Health be appointed to re-kindle leadership within parliamentary, government and cabinet. So much of Crown expenditure is dedicated to the provision in health services, and as such, these resources, require oversight at a level that dedicates energy to well-being, as opposed to illness.

38. Futureproofing opportunity:

38.1. We can only but reiterate the importance of having a ministerial representative dedicated to ensuring that health is treated as the maintenance of well-being as opposed to the pathogenic treatment of illness.

38.2. Hāpai views this recommendation as an essential component to prioritize improved public health outcomes. The appointment of such a minister would ensure that the Health strategy is adhering to its current cornerstone theme of 'Value and high performance' and would oversee health improvement, protection, promotion and system cohesion in public health in Aotearoa.

38.3. The appointment of a Minister to this role would further strengthen Public Health leadership, and would result in a trickle-down effect of strong population health leadership within the faculties of government.

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39. **We recommend that an inquiry for procurement of health services be established, and if required, that this trigger a reform of procurement processes in health and disability Services.**

40. The challenge:

40.1. Current health service procurement processes are reflective of an archaic health system unfit to meet the needs of New Zealanders in the 21st century. Hāpai wishes to impress that the current funding levels to Māori providers are inadequate to address the cultural and health needs of Māori.

40.2. Current 'results based' purchasing of services has not only resulted in competition for funding, but has also resulted in funding systems that are contingent on the political cycle in that a new Government can determine priorities as it sees fit for its personal agenda, with no regard for the needs of communities.

40.3. Hāpai further recognizes the cycle of dependence that health services have on government funding. Service providers are constantly operating with a "Failure is not ok" mindset. Whilst this is admirable, the catastrophic, and potentially unintended consequences of this practice is the innovation draught that accompanies such practice.

40.4. Ultimately the result for whānau is a sub-standard quality of services being constantly provided, to organisations who can meet reporting guidelines but are unable to engage with whānau. Current health providers have a complacent attitude around the vitality and livelihood of their contracts and organizations which tends to skew data when its backed by a research agenda, but also consistently fails to meet the needs of communities when initiatives that don't work for them continue to be funded.

40.5. The turn of the decade saw new funding models and 'innovative' approaches introduced into the New Zealand health System Contracting arrangements. This arrived packaged as "collective impact", "collaboration" and "co-design" models of practice.

40.6. Whilst the jargon became inclusive in all forms, what remains stagnant are the procurement processes, which continue to drive divides between innovation and

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better health outcomes for communities, at the behest of individual organizational success.

40.7. Our public health approaches are siloes, and fail to take into account the needs of the service users engaging in a compartmentalized system. New Zealand's funding systems place a higher priority on primary health care and being an ambulance at the bottom of the cliff, rather than addressing things through good public health practices and positive health promotion.

41. Futureproofing Opportunity:

41.1. In light of these challenges experienced by Health Service Providers, and given that the entire health and disability system is being reviewed, we see it as timely that the Ministry of Health consider new and innovative ways to spend Public health money for the best outcomes for whānau, hapū, iwi and communities.

41.2. The reformation of procurement processes will also allow for the development of service level agreements which transcend sectors and allow for genuine and authentic collective impact models to emerge. Furthermore, taking a multi-disciplinary approach will ensure resources are sustainably invested in individuals and whānau as their needs arise, and not as the contract prescribes.

41.3. We suggest an increase in investment into public health that uses prevention, protection and promotion strategies to alleviate unsustainable pressure on the current health system. Investing in the public health system works to address both service delivery challenges and simultaneously addressing broader social determinants of health.

42. **Hāpai advocates for the re-investment into Whānau Ora, taking on a "clean slate" approach, and implementing Whānau Ora against the original intention of model, in alignment with the underpinning values of a Māori Worldview.**

43. The Challenge

43.1. For almost a century, experts, academics, radicals and communities have labored to qualify a Māori worldview, frameworks and practices against the supposed gold-standard of Western-derived empirical and scientific evidence of "health", to little or no avail.

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43.2. The resulting outcome has been poor health outcomes for Māori and swaying, yet disgraceful statistics of rampant health inequities in our utopic Aotearoa. When the concept of whānau Ora was introduced to New Zealand, it was not without its challenges, one being that whānau did not know what was best for them.

43.3. Some of the key challenges since the inception of the "Whānau Ora Program" has been the intense skewing, through procurement and commissioning, as well as the founding of the program on Western paradigms and the fact that Whānau Ora was conceived as a program, as opposed to a model of practice grounded in Te Āo Māori.

43.4. These fundamental flaws effectively rendered Whānau Ora incapable of facilitating whānau autonomy, and reduced its efficacy to that of "Provider Ora". Such action, and inaction in this space has resulted in the often harmful operative of an imposter tikanga within and across sectors of Aotearoa, whereby the word "Whānau Ora" has been scapegoated for failing to place whānau at the center, and providers continue to operate under the guise of whānau Ora in their own individual interests.

44. Futureproofing opportunity:

44.1. The recent announcement of the Budget, whereby investments were made in Whānau Ora, indicates that the government continue to recognize Whānau Ora as an asset within the Health system.

44.2. The Health and Disability review offer up perfect timing to re-calibrate our practices of Whānau Ora, and to re-lens this model away from 'provider-ora', thereby shifting Rangatiratanga back to whānau.

44.3. This requires the Ministry and Providers to take a critical step backwards, to recognize that whānau members are the drivers of change in their own whānau, and to resource and facilitate that navigational relationship accordingly.

44.4. Fundamentally this would require an extensive investment in the broader model of whānau Ora, coupled with robust support endorsing strategies that prioritize Māori understandings of health and well-being within whānau, hapū, iwi and hāpori Māori (e.g. Atua Matua Framework as a responsive Māori physical activity practice). As a conduit to facilitate the rebirth and regeneration of whānau Ora against its original intent.

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44.5. We further recommend the allocation of funding to rehabilitation services that utilize Whānau Ora approach to disrupt the inequitable intergenerational cycle of harm and intergenerational trauma

45. **Hāpai further advocates that Whānau Ora be implemented from strategic level through to service delivery in the Health System, and flawlessly as medical programs of health are implemented.**

45.1. Hāpai recognizes and endorses the application of Whānau Ora across the health & public health sector as it is a cross-sectorial approach that works with the complexity and multiplicity of challenges that whānau face. It is an inclusive approach to providing whānau and family centered services and opportunities to all New Zealanders.

45.2. We recognises that it is a well-developed system however currently, it's not implemented efficiently. We understand that the flexibility of Whānau Ora is off-putting for Government Agencies as they question the validity and robustness of the approach.

45.3. However whānau well-being looks, feels and is dynamically different for every whānau therefore the system that serves that whānau, should be the same. It is exactly why Whānau Ora, when fully supported not only ethically but financially, works in our communities. In practice – whānau have a broad spectrum of needs and goals, from crisis intervention through to more aspirational intentions across multiple well-being domains.

45.4. Whānau Ora utilizes 'navigators' to guide whānau to identify these aspirations, develop whānau plans and to build capacity to address the wide spectrum of needs that their whānau face. Ensuring the successful implementation of Whānau Ora will align with the current Health strategy's theme of 'People powered', 'Closer to home' and 'Value and high performance.

45.5. We acknowledge that there needs to be robust and standardized training for navigators so that they are efficiently equipped in resource and knowledge capacities to work with diverse whānau needs. It is concerning to us as a Māori public health organization that Te Puni Kōkiri's Whānau Ora 2018 review highlighted that Whānau Ora is not being seen on the contract/service delivery

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level and we see this stems, in part, from the fact that Whānau Ora has minimal presence in the current Health & Disability System strategies.

45.6. As highlighted in Te Puni Kōkiri's Whānau Ora 2018 review, Whānau Ora is directly responsive to the changing social, global and technological context that is highlighted in the terms of reference as being a challenge for the current health system.

45.7. Whānau Ora responds to these developing complexities as it is whānau that ultimately determine their health and well-being aspirations and is contextually relevant to their experiences and environment.

45.8. The need for better implementation of Whānau Ora aligns also with our community voices who expressed the need to feel heard, feel respected, and have meaningful engagements that are people centered and that whānau are viewed as experts over their own health and well-being. These responses reflect the essence of self-determination that is Whānau Ora.

45.9. Māori knowledge, experiences and voices are prioritized when public health and promotion decisions are being made, (e.g. reducing gambling outlets, restricting alcohol advertising etc.)

45.10. Responsive workshops, education programs and campaigns in communities that empower Māori knowledge sources as they relate to particular health issues (e.g. empowering traditional Māori food practices)

46. **Hāpai advocates for a full review of legislation to ensure that it adequately reflects the views of the current New Zealand society in which we live, and further lenses itself towards a health-based approach, as a mechanism of enhancing access to well-being.**

47. The Challenge:

47.1. In accordance with The World Health Organization definitions of access, it can be ascertained that, at varying levels in the health systems that these constantly constitute barriers to accessing health and disability services.

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47.2. Of the three definitions; accessibility and affordability were strongly expressed by our community voice as being a priority to ensure barriers are mitigated and access is afforded to all of our whānau.

47.3. Transparency and accountability of health professionals was a key component of acceptable healthcare relationships and treatment. Our whānau want open-communication based on the notion of reciprocity. Our communities also want an environment where health professionals can acknowledge when they are wrong and be open to learning from whānau.

47.4. This is reflective of 'acceptability' and ensuring our whānau feel that health services are appropriate and responsive to their needs. Additionally, improving general people and communication skills was highlighted by our communities as a priority for health professionals to focus on.

48. Futureproofing opportunity:

48.1. Hāpai recommend that a full sweep review be instituted across New Zealand legislation to ensure that we repeal any archaic pieces of law that are founded on discrimination and continue to contribute to an undercurrent of discrimination and racism in New Zealand.

48.2. Hāpai sees that this would be successful if coupled with a mandatory curriculum that educates current health clinicians about systematic inequalities and inequitable experiences within the health system on whānau Māori; stemming from the impacts of colonization in Aotearoa.

48.3. At a regulatory level, Hāpai calls for a review of disability terminology, recognizing that 'whānau hauā' reflects the uniquely inclusive and empowering Māori world-view, and further advocates that regulations and practices are grounded in a Te Tiriti based framework.

49. **Te Tiriti partnership based appointment within all governmental entities.**

49.1. Hāpai would like to highlight our concern that the review panel has no Māori representation, with a sub-set panel appointed for Māori after establishment of the 'mainstream' panel. We are concerned that the Māori voice will ultimately be

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filtered through a non-Māori worldview. This reflects the power dynamics that contribute to the health disparities between Māori & non-Māori

49.2. We see that the balance should be that Māori sit as equal in the design, implementation and administration of the health system right from the beginning of the process.

49.3. Hāpai reiterates that Te Tiriti o Waitangi be the starting point from which any health based conversation emerges. We fundamentally believe that a health and Disability system entrenched in a worldview of interdependence -as Te Āo Māori prescribes – will unequivocally resolve many of the systemic issues which are anchoring the progression of the health and disability system, thereby hindering health equity for New Zealand.

CONCLUSION

50. Hāpai welcomes the opportunity to speak to this submission kanohi ki te kanohi as an oral submission.

51. We once again thank the Health and Disability Review panel for the opportunity to contribute to this very important kaupapa as it pertains to the needs of our whānau, hapū, iwi and communities.

Nāku noa, nā,

Selah Hart
Chief Executive Officer
Hāpai Te Hauora Tapui Limited

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APPENDIX

Gambling

52. Social determinants including high deprivation and high psychological stress continue to be major predictors of gambling harm. Therefore, Hāpai supports a cross sector approach that helps to address the root cause of gambling and other co-morbidities including alcohol, tobacco and other drugs.

53. Supporting whānau and individuals into clean healthy homes, ensuring whānau have fair and equitable access to health care, and amongst other things ensuring children and young people are fed nutritious food, will make huge contributions to creating a system that is efficient, maintains the integrity of whānau, and ensures that individuals aren't exposed to the kinds of conditions that push people into harmful addictive behaviours. This can be achieved through the robust implementation of Whānau Ora in our health system.

54. While providing whānau with the means to strengthen protective factors is important, removing barriers is equally important. We know that those struggling financially can look to gambling as a way out. But gambling is not a viable or safe form of income, and those most likely to use gambling in this way can least afford to do so, spending pre-allocated budgets to fund gambling activities.

55. The over-saturation of gambling venues within Māori and Pacific communities, many of whom also represent the lowest decile communities in NZ, is extremely concerning. Availability of pokie machines in these communities has been directly correlated with gambling harm. Despite this pokie venues maintain high numbers in our most vulnerable communities.

56. As in the wider health system, Māori approaches to health continue to be positioned as alternatives that the health sector and health professionals merely have to account for. The continued alienation of Māori world views shows in low Māori access to health care, and borders on negligence.

57. Māori systems of care need to be resourced and they need to be centred, both at a strategic and delivery level. In the context of public health, health messages need to be

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developed by Māori for Māori, allowing whānau to see that the health system is for them and not merely another system of assimilation purporting to be working in their best interests.

58. Supporting whānau decision making is also an essential aspect of this system review. This involves first and foremost understanding that whānau arrive with their own knowledge and experiences that should not be put to one side. Whānau should be supported as the ultimate drivers of change, with their knowledge and experiences at the centre.

59. This system review should further support whānau and communities to shape the landscapes within which they live, including getting rid of gambling venues if necessary. A system review that purports to support whānau development should support any legislative change that looks to increase the democratic rights of whānau and communities, and in turn take a greater role in determining their own health and well-being.

Nutrition & Physical Activity

60. In terms of Nutrition & Physical Activity, Hāpai Advocates for macro level changes that address broader structural gaps rather than adhering to the traditional micro-level interventions that largely focusses on individuals changing their behavior. This approach typically ignores the environmental, political, financial and social inequities that maintain unhealthy outcomes for Māori communities.

61. Hāpai recommends the implementation of a taxation system which penalizes industry and retailers of foods and drinks which lack nutrition, otherwise known as a sugar tax. This proposed taxation system, is however, contingent on the simultaneous implementation of subsidization system for healthy food products.

62. There is substantial evidence of the burden of diet related diseases and illnesses among our Māori communities therefore it is essential that legislation does not further adversely affect those most vulnerable. Ensuring that tax revenue attained from unhealthy food & drink taxation is spent on implementing interventions back into lower socio-economic communities will actively work towards mitigating the presence of disparities.

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63. We also advocate for the reformulation of the food industry that ensures food ingredients are regulated i.e. removal of high levels of salt, sugar and saturated fats from foods. This aligns with the intention of creating healthier food environments and removing options that (are often the most affordable & accessible) from our lower socio-economic communities.

64. Hāpai recommends the application of 'Whānau Ora' in our Health System as whānau will be better supported and empowered to make healthier choices that work for their whānau in terms of diet and physical activity. This approach means the Health System's role is to ensure information is relevant and accessible and whānau can then make decisions that realise their whānau-specific aspirations. This will ultimately encourage our people to be conscious consumers that maximise their engagement in their own health and well-being decisions.

65. We know that if our Health System actively engages in Whānau Ora responses to health problems then Māori frameworks will be more appropriately accessible and applicable for our whānau. As an example, the 'Atua Matua' Framework is an environmentally based Māori concept that can move health models from a mainstream (often deficit) framework to a living ancestral framework.

66. 'Atua Matua' ensures that communities (whānau, hapū and iwi districts) have the ability to be self-determining and can apply dialectal variances and iwi-specific matauranga to the model. The dynamic difference in this health model is that Māori environmental knowledge and connection comes first and health and physical activity benefits are incidental outcomes of increased environmental engagement. Atua Matua is an attempt to recognise the historical connection that Māori have to their environment in the form of Atua Māori, tipuna and kaitiaki.

67. As acknowledged by the World Health Organisation, connecting to nature is an essential element of maintaining positive mental well-being. By further resourcing and implementing such a framework in public health, would ensure that not only physical activity programmes would be culturally responsive but they would be a living expression of Rangatiratanga working to dismantle long-standing impacts of colonisation on not only physical health but mental health and well-being. This approach ensures that iwi-specific health related knowledge is kept intact as the framework can be populated with those iwi-specific interpretations; showcasing the diverse potential pathways to understand and engage in the natural world through whakapapa.

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SUDI – Sudden Unexplained Death in Infancy

68. While SUDI rates have reduced in recent years, vast inequities remain across population groups. Just like what we see in our other issue areas, differential access to health determinants underlies why Māori and Pacific communities disproportionately experience SUDI. Given that Māori are over-represented in incidences of poverty and experience poorer health outcomes, we advocate for the implementation of Māori specific targets to ensure that the Crown is being held accountable to our communities which are inequitably impacted by SUDI.

69. Māori babies are 5 to 6 times more likely to pass as a result of SUDI than other population groups. This means that current systems need to urgently address the broader systemic issues of institutional racism within the various sectors impacts whānau Māori and our tamariki mokopuna. Factors such as poverty, poor quality housing, lack of social support, barriers in the health care system are commonly interwoven in the stories of whānau who have experienced SUDI.

70. While immediate action and changes need to occur, rather than addressing SUDI risk factors in isolation, our service advises that systematic issues which impact the health of specific populations. Through re-aligning our services to one which centralises concepts of whānau ora and mokopuna ora, we realise the strength and opportunity to ground work within te ao Māori as we seek to influence change more broadly in the SUDI and maternal health sector.

71. There is a need for culturally relevant services that address the current gap in the maternal health sector. This will ensure Māori parents are able to develop positive identities as both parents and as Māori. We know that it is essential to reaffirm Māori ancestral knowledge that inform our traditional birthing and healing practices as this will ensure best health outcomes for whānau, hapū and iwi. We advocate for a system that fosters reconnections linking whānau back to their hapū & iwi as we know that through accessing whakapapa, whānau can access the health support that is relevant to them. Culturally relevant programmes like wananga hapū (kaupapa Māori pregnancy wananga) bring services to whānau in one space, a space that is safe and positive for Mama and their whānau. We

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know by increasing the prevalence of such wananga we can foster positive relationships with communities and ensure accessible and appropriate health care for Māori.

72. Through the implementation of Whānau Ora, we will be able to centralise whānau-centered goals within services as opposed to agency-centered goals. Through knowing what is happening within wider whānau structures, we can better inform our engagement with individuals. We know that limited funding is a challenge that many Māori organisations face who are doing meaningful work in this space. Capacity and resourcing therefore limits the scope of change that organisations can have, which is problematic, especially in the SUDI space.

73. As expressed throughout our submission already is a need for Matauranga Māori to be recognised just as valid as mainstream medical models of healthcare, rather than inferior to. The notion of 'empowerment' was expressed in our engagements with communities as being imperative to a cohesive healthcare system where Māori are empowered to engage in Māori health therapies and be experts in their own health decisions.

Alcohol

74. In New Zealand, of those who had consumed alcohol in the past year, Māori were more likely to drink hazardously than non- Māori. The current government actions to reduce alcohol related harm has seen a decrease in drinking rates, however hazardous drinking continues to increase. We know that Government approaches to reducing harm related to alcohol use needs to be compassionate, innovative and acknowledge that it is a public health issue in order to address the complexities of this hazardous drinking culture.

75. We acknowledge, cognisant with the 2015 to 2020 National Drug Policy, the importance to introduce resources and services that ensure people-centred interventions that respond to community needs as effectively as possible. Existing liquor licenses (on & off) currently contribute towards alcohol related harm in our community, a change in the process of licensing will assist in reducing alcohol related harm within the community.

76. In New Zealand, children are also exposed to alcohol marketing on an average of 4.5 times a day, and 5 times a day for Māori and Pacific children. This exposure occurs in homes, licensed venues such as supermarkets as well as sporting events. Exposure of alcohol to our children in childhood leads to increased alcohol related burden in the future. Alcohol

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marketing contributes to the worldwide burden of alcohol-related harm. In New Zealand, alcohol contributes to 800 deaths and costs the country over $5 billion per year. We believe that the cost made through alcohol marketing and advertising should be put towards reducing the cost of alcohol-related harm to society.

77. We know that by restricting the exposure of alcohol advertisement and marketing to children it will have a significant effect on alcohol consumption and alcohol-related harm.

Drugs and the upcoming referendum

78. Hāpai believe that the harms surrounding drugs extends to the consequences of unsafe drug use. These include the impacts of legislation, stigma and income on the well-being and rights of whānau, hapū and iwi, as well as individuals and communities.

79. Considering this, Hāpai believes that there are two drug-related harms that contribute to poor health outcomes for Māori populations and are able to be influenced by structural changes:
    - Poor health effects due to unsafe drugs.
    - Long-term intergenerational harm to communities due to incarceration.

80. Currently in New Zealand, all drug use and supply except alcohol, tobacco and medication are prohibited. This has led to, as discussed in Regulation - The Responsible Control of Drugs 2018 report, the war on drugs failing.

81. Prohibited drugs are untaxed and unregulated. This presents the potential harm for suppliers to set the prices to maximise profit, and those who have control of the market have power. There is an opportunity for the government to shift this power back to the communities being harmed by this unregulated drug market.

82. More potent forms of drugs such as higher percentage spirits, higher concentrations of methamphetamine and synthetic cannabis are being produced and supplied unregulated into the communities. These drugs are not designed for safe use. The lack of regulation holds no supplier accountable to the health effects that these drugs could cause.

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83. One major harm that the current drug policy fails to address that inequitably impacts Māori populations is the harm due to incarceration. The New Zealand justice system targets Māori at all stages of contact, from biased police discretion through to harsher convictions to lesser crimes. Māori make up only 15% of the population in New Zealand however we make up over 50% of our male prison and 60% of our female prison populations. Young people are more likely to be incarcerated due to drug charges, disrupting their future life trajectory at vital stage of their lives. The intergenerational effects of incarceration for Māori is concerning, particularly because the protective social factors (often afforded to non-Māori) are inaccessible to Māori.

Disability

84. As previously expressed throughout this submission, Māori in general fare worse off than non-Māori in many aspects of material well-being and quality of life. Whānau hauā fare worse than other Māori in these aspects;

85. Māori living with a disability can leave whānau hauā particularly vulnerable to poorer socioeconomic outcomes. Whānau hauā have challenges that their non-Māori counterparts do not; relating to the ongoing impacts of colonization and the contemporary manifestations of oppression including discrimination arising from racism.

86. Traditional Māori perspectives of 'disability' or 'impairment' were diverse and can be explored though the interpretation of korero tuku iho, traditional myths and legends. Whānau Hauā, like all members of traditional Māori society had their own responsibilities within the whānau, hapū and iwi context, they were Hau Tipua or Extraordinary beings, having an impairment meant that other senses had an extraordinary level of excellence.

87. Our korero tuku iho acknowledges that one of our Atua - Tāwhirimātea, was kāpo or blind, but perceived as one of the most powerful of our Atua Māori. Our traditional views of 'disability' or 'impairment' recognise that whānau hauā contributed to the development and prosperity of the whānau, hapū and iwi.

88. Whānau identify the individual within the wider whānau context. The term hauā is a reference to the diverse winds of Tawhiri-mātea, 'hau' meaning winds and 'ā' meaning the urge or drive that propels the wind. This speaks to the need to maintain or achieve balance in a turbulent environment, describing a 'unique difference'.

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89. Whānau hauā describes the individual within the wider whānau context and recognises that the difference is not individualistic, but within whole the whānau. This term does not seek stigmatise, but comes from an Ao Māori perspective that speaks to the inclusive, non-segregated view of 'disability' or 'impairment' traditionally held by Māori.

90. In order for whānau hauā to be whānau ora, there needs to be recognition that we have our own systems of healing that lie within whānau themselves. For whānau hauā to thrive, they need to be suitably equipped and supported to care for their whānau. The Whānau Ora framework in its current iteration has missed the fact that the only integrating factor is whānau.

91. There is a need for terminology that reflects our uniquely Māori world-view to be recognised. The term hauā has been misrepresented in official sources and is defined as crippled or lame. We have our own uniquely Māori perspectives with respect to disability and impairment, and our terminology reflects this. This needs to corrected, as it is misrepresentative of whānau hauā, to define our terminology in such a way is discriminatory and deficient in nature.