## The New Zealand health system requires a shift from...

Pre-conceptions that Māori staff are more likely to be under-performing than non-Māori staff and therefore should be monitored more closely. Māori can end up feeling that they are characterised as problematic or taking advantage

> Being Māori, and operating from a Te Ao Māori worldview, are not valued in mainstream public health

Public Lack of value placed on Health Indigenous intelligence Units Barriers

Lack of Māori representation in influential positions

Funding imbalances that disadvantage and set Māori staff and interventions up for failure

Identified institutional racism through consistent under resourcing of Māori positions and programmes in PHU's

Organisations require Māori staff to justify their use of organisational resources or time at a much more highly scrutinised level than non-Māori

## and a shift to...

Recognising and re-engaging with Te Tiriti o Waitangi as a framework for practice & working in authentic partnership

Increasing Māori workforce especially in influential decisionmaking positions

Ensuring the right kind of competence in non-Māori staff to deliver for Māori

Support the transmission of cultural knowledge and the increase of cultural/indigenous practice capacity among Māori staff

> Growing and supporting leadership (both Māori and non-Māori)

Public Health Units **Factors for** Māori Success

Human Resources practices must reflect a Māori worldview

> Expectations at all levels of competency in PHU's in responding to needs of Māori staff and community



to Māori

Success

PRECONCEPTIONS THAT MÄORI STAFF ARE MORE LIKELY TO BE UNDER-PERFORMING THAN NON-MÄORI STAFF AND THEREFORE SHOULD BE MONITORED MORE CLOSELY. MÄORI CAN END UP FEELING THAT THEY ARE CHARACTERISED AS PROBLEMATIC OR TAKING ADVANTAGE.

## PUBLIC HEALTH UN BARRIERS TO MAOR SUCCESS

LACK OF MÄORI REPRESENTATION IN INFLUENTIAL POSITIONS

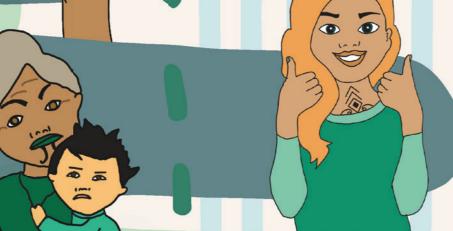
THAN NON-MAORI

**IDENTIFIED INSTITUTIONAL RACISM** THROUGH CONSISTENT UNDER **RESOURCING OF MÄORI POSITIONS AND PROGRAMMES IN PHUS** 

> BEING MÄORI, AND OPERATING FROM A TE AO MÃORI WORLDVIEW, ARE NOT VALUED IN MAINSTREAM PUBLIC HEALTH

**FUNDING ORGANISATIONS REQUIRE** MAORI STAFF TO JUSTIFY THEIR USE OF **ORGANISATIONAL RESOURCES OR TIME AT** A MUCH MORE HIGHLY **SCRUTINISED LEVEL** 

LACK OF VALUE PLACED ON INDIGENOUS INTELLIGENCE



**IMBALANCES THAT DISADVANTAGE AND** SET MÄORI STAFF AND INTERVENTIONS UP FOR FAILURE



**RECOGNISING AND RE-ENGAGING WITH** TE TIRITI O WAITANGI AS A FRAMEWORK FOR PRACTICING & WORKING IN **AUTHENTIC PARTNERSHIP** 

**HUMAN RESOURCES** PRACTICES MUST REFLECT A MAORI WORLD VIEW





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**INCREASING MAORI** WORKFORCE **ESPECIALLY IN** INFLUENTIAL **DECISION-MAKING** 

PUBLIC HEALTH UNITS

ENABLERS FOR



**ENSURING THE** RIGHT KIND OF **COMPETENCE IN** NON-MĀORI STAFF TO DELIVER FOR

MĀORI

SUPPORT THE TRANSMISSION OF **CULTURAL KNOWLEDGE** AND INCREASE OF **CULTURAL/INDIGENOUS** PRACTICE CAPACITY AMONG MÄORI STAFF



SUPPORTING

LEADERSHIP -

**BOTH MÄORI AND** 

NON-MĀORI

