



College of Emergency
Nurses New Zealand
Ngā Ringa Ringa Aroha NZNO

Concurrent Session One

Are you ready to respond to improving health inequities from Māori, and indigenous patients within Emergency Departments of Aotearoa?

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Are you ready to respond to the Inequities within the Emergency Departments?

NATASHA KEMP | TE WHATU ORA-WHAKATANE EMERGENCY
Tuhourangi Ngāti Wāhiao, Ngāti Pīkiao, Ngāti Tamaterā.

What are Health Inequities?

Definition



- “Differences which are unnecessary, avoidable and are considered unfair and unjust” (Whitehead, 1992).

Are you Ready?

- Who?
- What?
- Why?
- How?
- 3 Areas of Consideration.



Who?

Māori have higher rates of:

- Chronic disease
- Heart disease
- Stroke
- Renal disease
- Cancers
- Shorter life expectancy of 7 years

(Regional Public Health, 2017)



What are some of those inequities?



- Triage: Māori are triaged lower than non-Māori. Resulting in longer wait times
- Māori often receive fewer investigations, imaging, analgesia and referrals to specialist care. (Curtis et al, 2020).
- Higher rate of adverse events in hospital.
- Low Māori nurse workforce in ED <8%
- Population of Māori is 15% > 20% (20 years).

Why?

- Māori Health History
- 1810 Pre- Colonisation Māori were healthy, fit and self sufficient. Māori population approx. 90,000.
- 1840 Te Tiriti o Waitangi:
- Article 1 Kawanatanga
- Article 2 Tino Rangatiratanga.
- Article 3 Equity.
- Oritetanga. To protect Māori culture, Rongoa.



Māori health history continued:



- 1840 First Colonial hospital were established.
- 1860 Land Wars led to confiscation of land.
- Population declines to 60,000.
- 1883 'Māori are dying out in a quick, easy way"
- 1896 Māori population declines to 39,000.
- A Root cause.
- In countries where Colonisation exists, the indigenous cultures have suffered. NZ is no exception (Reid & Robson, 2006).

Māori health history continued:



- 1900's Sir Apirana Ngata, Sir Maui Pomare & Sir Peter Buck.
- 1907 Tohunga suppression Act. Aim to remove Rongoa.
- 1911 Māori Nursing service is established.
- 1918 Influenza pandemic, large no of Māori died nationally.

Māori health history continued:



- 2002 He Korowai Oranga: a foundational Māori health strategy is released.
- 2010 UNDRIP reaffirms Māori support in health.
- 2020 WAI 2575, Whakamaua.
- 2022 Te Aka Whai Ora & Te Whatu Ora
- 2023 Oct CENNZ Hui. (Ministry of Health, 2017)

How can we remove these Inequities?

3 Areas for Consideration:

- 1) Our People
- 2) Our Culture
- 3) Our Māori Nursing Workforce.



1) Our People

- Triage, be fair
- Analgesia, Investigations.
- Check patients are safe for DC.
- Ensure whānau are informed of admission plans.



2) Our Culture

- Te Reo Māori
- Kawa Whakaruruhau. *Dr Irihapeti Ramsden
- Knowledge Skills Framework & Toolkit.
- Triage Manual
- Pae Ora: Hauora Model & Act.
- Te Whatu Ora & Te Aka Whai Ora
- Kaupapa services
- Work towards cultural safety



3) Our Māori nursing workforce



- Pae Ora Survey: Improve the cultural environment- ED's are not culturally safe, support Te Reo Māori, karakia, care of our tupapapaku/deceased, uphold tikanga to enable Māori to be Māori.
- Recruit & retain Māori nurses to provide a ED workforce that reflects our communities. Our Māori population is growing. Uphold Tiriti principles but also to provide cultural depth and mana to your departments, reduce the cultural loading.
- If our nursing workforce feel safe, then so will our Māori patients and whānau.

Are you ready to respond?



Our People.
Our Culture.
Our Māori Nursing Workforce.

Mauri ora.

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