*Te Pou - Māori responsive rubric

to provide guidance to MRCs for interpreting and reporting on Māori mortality



Tika

Getting the story and the interpretation right

- Provides a clear detailed analysis of Māori mortality
- Uses appropriate in-depth reviews methods to analyse inequities and access to high-quality health and social services and in equity of outcomes
- Appropriate analysis of data using ethnicity data protocols and appropriate techniques such as Māori responsive methodologies,² and utilising Māori expertise to inform the analysis



Manaakitanga

Being culturally and socially responsible

- The expertise, wisdom and input of Māori Caucus members are prioritised
- MRC members are health literate³ regarding, and provide a comprehensive understanding of, Māori mortality
- Uses a Māori health and equity lens to inform the interpretation of data



Mana

Advancing equity, self-determination, and social justice

- Recommendations are informed by the contextual analysis of Māori mortality
- Makes specific recommendations that focus on improving access to high-quality health and social services¹ and equity of outcomes
- Makes system-level and culturally responsive recommendations that will benefit Māori whānau, hapū, iwi and communities



Mahi tahi

Establishing relationships for positive change

- MRCs involve the Māori Caucus members in the planning process for the focus, data collection and analysis, and its interpretation and recommendations in a timely manner
- Establishes ongoing and meaningful relationships with relevant agencies and services to promote and guide practice changes

- Reports Māori mortality data
- Analysis of data by ethnicity but quality may be inconsistent or insufficient
- Identifies and describes some inequities for Māori
- The expertise, wisdom and input of Māori Caucus members are sought but no action is taken
- Interpretation of Māori data is limited to descriptive epidemiological reporting without a Māori health and equity lens
- Simplistic description with no Māori health and equity

- Provides information that agencies and services could act on that will benefit Māori whānau, hapū, iwi and communities
- Makes no recommendations for Māori or makes deficit-based or blaming

- Māori Caucus members' input is sought, but the MRC actioned response to advice is variable
- Consults with relevant agencies and services

- Does not report on Māori mortality, or there is inconsistent or insufficient considerations reporting by ethnicity
- recommendations
- Does not involve the Māori Caucus members
- Does not establish relationships with agencies or services

- ¹ Ministry of Health. 2004. Ethnicity data protocols for the health and disability sector. Retrieved from www.health.govt.nz/system/files/documents/ publications/ethnicitydataprotocols.pdf; Robson B, Purdie G, Cram F, et al. 2007. Age standardisation - an indigenous standard? Emerging Themes in Epidemiology 4(3). doi:10.1186/1742-7622-4-3.
- ² Te Rōpū Rangahau e Eru Pōmare. 2002. Mana Whakamārama Equal explanatory power: Mäori and non-Mäori sample size in national health surveys. Retrieved from https://www.fmhs.auckland.ac.nz/assets/fmhs/ Te%20Kupenga%20Hauora%20M%C4%81ori/docs/Equal_explanatory_
- ³ Ministry of Health. 2014. Equity for health care for Māori: A framework. Retrieved from www.health.govt.nz/system/files/documents/publications /equity-of-health-care-for-maori-a-framework-jun14.pdf.
- * This framework uses the three (of the four) tikanga-based principles in the Māori Ethical Framework published in Te Ara Tika by the Health Research Council of New Zealand.

