Maori health: key determinants for the next twenty-five years

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Abstract

Five key factors that will impact on Maori health over the next twenty-five years are examined: demographic change, participation in society, environmental adaptation, access to te ao Maori, and policies for health. Arising from these determinants a number of implications are discussed including changes in the demographic dependency ratio as the balance between those who are either too young or too old to work alters; the extent of Maori participation in the wider society; tools for improved adaptation to modern environments; access to culture and heritage; recognition of the health impacts of government policies as well as policies and programmes developed by Maori authorities. The importance of Maori leadership and a capacity for long term planning is emphasized.

Introduction

The determinants of good health are complex so that it is not easy to comprehend the impacts of actions in one area or one sector without also considering the flow on effects in another area. While macro-economic policies for example may lead to reductions in inflation rates or interests rates, any wider economic gains may be effectively neutralised by deteriorations in health status. Increases in the rates of suicide for Maori youth could be a case in point.

An analysis of the suicide rates for the period 1957-91 showed an overall lower Maori rate; it was not until 1987 that Maori youth suicides had reached similar levels to non-Maori.[1] Even in 1985 the Maori suicide rate was substantially lower than the non-Maori rate. For the 15-24 year age group Maori male rates were less than one half the non-Maori rates (Maori 8 per 100 000, non-Maori 20 per 100 000). By 1990 Maori male rates had risen to 10 though non-Maori rates had risen even more to 35. But by 1993 the differences in youth suicide between Maori and non-Maori males had virtually disappeared, both rates being around 33 per 100 000.[2]

No single causative factor can account for the increases in Maori suicide but the deteriorating situation runs a close parallel to the rise in rates of Maori youth unemployment that in turn mirror the implementation of market driven policies and economic reform. The point is that health status cannot be separated from broader societal changes and any consideration of Maori health status in the future needs to take into account a variety of factors operating at different levels.

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For the purposes of this paper five key factors have been selected: demographic change, participation in society, environmental adaptation, access to te ao Maori, and policies for health. Trends within each of these give areas can be identified enabling some predictions to be made, however tentative, about health outcomes.

Demographic change

Maori population growth was the most striking feature of the 1991-1996 inter-census period, an increase of more than 20%, compared to a national increase of only 7%. It is a trend that will continue. Although accounting for some 15% in 1996, by 2051 the Maori ethnic population will almost double in size to close to a million, or 22% of the total New Zealand population. Even by 2006 Maori will make up a quarter of the total New Zealand school age population and more dramatically, by 2051 22% of all children in the country will be Maori.[3]

Yet though the younger age groups will continue to grow, an equally significant change will be an increase in the number of older Maori. By 2051 demographic changes will

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have resulted in a rise of the proportion of Maori elderly from the current 4% to 15%. Though still youthful, the population will have a larger cohort of over 60 year olds. AT ages 65 and over the growth is projected to be in excess of 300% so that even by the year 2001 over 6% of the total elderly population will be Maori and there will be substantial increases in the very old, that is people over the age of 75 years.[4]

These two trends, a higher proportion of Maori in the school age population and a rapidly increasing older population will have major impacts on health status. It will also mean that the dependency ratio, i.e. the relative proportion of people in the working age groups compared to those who are too young or too old to work, will change n favour of a relative reduction in workers. As well, although living longer, Maori elderly may not enjoy sufficient quality of life to able to participate fully in Maori society, or in society generally.

A survey of 400 kaumatua aged 60 years and over was undertaken from Te Pumanawa Hauora at Massey University in 1997.[5] The study found that kaumatua live active lives, physically, socially and culturally. Contact with whanau is close and responsibilities and obligations are reciprocal. Far from being isolated, three quarters of the kaumatua interviewed provided support for other whanau members as well as enjoying high levels of marae and iwi participation. Moreover they were positive about their level of health.

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In contrast, in another study involving 700 Maori households (Te Hoe Nuku Roa), the cohort aged between 40 and 60 years showed that unlike the over 60 years cohort, only 13% were native speakers (c.f. 40%) while 32% spoke no Maori at all. Similarly, in terms of participation with whanau, 17% of the 40-60 year olds reported low levels of contact with whanau and 30% had no contact at all with a marae (c.f. 9% for the over 60 year olds).[6] Moreover, their reported health status suggested a high prevalence of illness and a lack of confidence in their own sense of wellbeing.

The implication is that older Maori in future generations will no only be more numerous but can be expected to have a lower level of wellbeing, to be less ready to assume active kaumatua roles, and to carry a greater burden of disease and to have a lack of economic security, especially if their working lives have been punctuated with long periods of unemployment.

Participation in society

A second area that will impact on Maori health status in the future is the extent to which Maori will be able to participate fully in society It is now well recognised that health cannot be separated from socio-economic circumstances. In short, good health is dependent on the terms under which people participate in society and on the confidence with which they can access justice, or sport and recreation, or a meaningful job, or, an adequate household income, or most important, quality education and the school of their choice.

Schools in New Zealand do not have a good record when it comes to Maori children. Even by 1997 over a third of all Maori children still left school without any qualification.[7] Their futures will predictably include higher levels of poor health and a greater likelihood of adopting risk-laden lifestyles. Unless there is a substantial improvement in that record, the health of three or four generations of Maori will be compromised. As it is, on present trends some 60,000 Maori under the age of 15 years can expect to leave school without a qualification. They and their descendants will bear the scars of that predicament and their health will suffer.

Closing the Gaps is a current Government policy that aims to reduce the disparities that divide Maori and non-Maori. It is a Cabinet initiative and comes after a fifteen year period during which Maori unemployment, especially youth unemployment, has soared. In some ways *Closing the Gaps* contradicts the government's other approach, capacity building. *Closing the Gaps* focuses on Maori deficits using non-Maori as the benchmark while *capacity building* emphasises Maori self determination and strengthening Maori society. The balance between a deficit model of Maori development and a model of positive development needs to be struck towards the positive end if real progress is to be made; otherwise there is a risk that policies for Maori will be formulated on the basis of being a marginalised minority.

In any event the distinction between the two approaches is not always clear. It became blurred for example when the Government declared its intention to auction second and third generation radio frequency spectrums. Maori members of the Government were adamant that one quarter of the spectrum should be offered to Maori, initially on the basis that the Waitangi Tribunal had recognised the spectrum as a developmental property right to which Maori were entitled.[8] The previous National Government had simply dismissed the claim but under pressure the current Labour Government awarded a spectrum share to Maori not because it was a property right but because it was one way in which the disparities between Maori and non-Maori could be reduced. Leaving aside the question of property rights and whether the Government decision negated the fundamental issues of ownership, access to technology and to the new knowledge economy is vital if Maori participation in society is to be based on future realities rather than outdated views of Maori as labourers, tied to either the service industries or agricultural sector.

The terms under which Maori will participate in society will also be a function of the constitutional position that Maori will occupy in Aotearoa/New Zealand. In turn that will depend on how the Treaty of Waitangi is recognised, not simply in terms of the settlement of grievances, or of reducing socio-economic disparities, but in relationship to governance and the future development of the country Clarification of the Maori constitutional position will be even more urgent should New Zealand move to become a republic.

Environmental adaptation

Good health will also depend on the nature and quality of the interaction between people and the surrounding environment; a recognition of the fact that the human condition is intimately connected to the wider domains of Rangi (the sky parent) and Papa (the earth parent). The close association of Maori to their rivers, lands, waahi tapu, forests and seas, has a number of implications for health. A clean environment impacts positively on healthy growth and development; the availability of food resources hinges on a bountiful environment; and clean water has always been, and will continue to be vital to good health.

In the past, Maori adaptation to the natural environment gave rise to extensive indigenous knowledge and custom. But environmental adaptation during the next century will require different emphases First it will be necessary to identify the most relevant environment. It is unlikely that te ao turoa, the natural environment will remain the only significant environment within which Maori will live. Over the next fifty or more years for example the worlds of knowledge and technology may become the most important environments. Beyond that it may be the cosmic environment that dominates human development, or the genetic environment, or oceanic environments, or even the virtual environment. The land, forests, oceans, rivers and mountains will not cease to have special meaning. But good health could well depend on getting to know quite different environments from those that challenged earlier generations in Aotearoa

Even in the past two hundred years there is evidence that Maori have not adapted well to the environments and the lifestyles that characterise modern living. Balance and perspective has yet to be reached on red meat, alcohol, drugs, and cholesterol rich dairy products. If synergy had been achieved, then diabetes, liver disease, lunch cancer, and heart disease would not be the causes of so much suffering. In short the environment of cheap abundance has not been tamed. Lifestyle changes offer opportunities for gains in health; but it is not simply a case of giving up smoking, or drugs, or alcohol. The adoption of healthy lifestyles requires Maori to make a much more definitive attempt to come to grips with the new environments and develop active rules for copies. In the previous millennium when early Maori voyagers arrived in Aotearoa an elaborate code, based on the laws of tapu and noa, was established to augment health and safety in an often unfriendly environment. An equivalent code to guide conduct in the new environments has yet to be endorsed by Maori leaders.

Access to Te Ao Maori

Good health depends on many factors, but among indigenous peoples the world over, cultural identity is considered to be a critical prerequisite. Deculturation has been associated with poor health whereas acculturation has been linked to good health. A goal of health promotion therefore is to promote security of identity. In turn that goal requires the facilitation of Maori entry into the Maori world. It is a sad commentary that perhaps more than one half of Maori children and adolescents have very inadequate access to the Maori world

Land alienation for example is so common that fewer than one half of all Maori have any ongoing links with tribal land; nor regular access to a marae. So it s with language. In the 1996 Census, only a quarter of Maori men and women were able to have a conversation in Maori about a number of everyday things; the most fluent were those aged 65 years and over and the least fluent were among the 20-39 year olds.[9] And Maori in the northern part of the North Island were generally more fluent than those living further south.

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In addition there are also reduced opportunities for cultural expression and cultural endorsement within society's institutions. As a result too many Maori are unable to have meaningful contact with their own language, customs, or inheritance, while too few institutions in modern New Zealand are geared towards the expression of Maori values let alone language.

Access to supportive and reliable whanau is a fundamental gateway to te ao Maori. Whanau development warrants greater attention and the investment of more resources. While tribal (iwi and hapu) development has been a Government focus since the 1980s, benefits have not often been felt at whanau levels; however, that is where the greatest influence on children and adolescents comes from and that is where the adoption of positive lifestyles and a strong sense of identity is shaped. More than any other single institution whanau have the potential to convert risk and threat into safety, security, and the realisation of human potential. Conversely, not only do dysfunctional whanau impede entry into te ao Maori but they can create health risks for their

members, contributing to poor health rather than to positive wellbeing.

Health policies

Over the past decade there have been radical and fundamental shifts in health policy, increasingly towards deregulation and a user pays system. While the impacts have created problems in accessing health services, there have also been some advantages for Maori, especially in the delivery of health services. A dramatic increase in the number of Maori health providers and the establishment of community focused services, alongside hospital based services has enabled Maori to adopt new strategies for health. For the most part these services have returned a sense of Maori ownership to health and have been associated with increased health awareness and greater Maori participation in health decision making. Although there is no evidence that there has been a parallel improvement in health status, the new health policies appear to recognise Maori health as a priority health gain area and have affirmed culture as a critical determinant of health.

Second, Maori health will depend to a large extent on the level of positive Maori participation in the wider New Zealand society.

The allocation of resources to health will largely decide where the emphasis is placed. While most health spending is still focused on hospitals, there has been a significant shift towards increased expenditure on primary health care. In the long term that move has some promise for Maori; early intervention offers opportunities for secondary prevention – tackling health problems before complications develop and while cures can still be effected. But the other area where gains can be made is linked to self-management; enabling people to asset greater control over their own health including the management of disorders such as diabetes, asthma and more importantly managing lifestyle so that avoidable disorders are actually avoided.

Planning ahead

There are a number of implications for planning arising from demographic change, participation in society, environmental adaptation, access to te ao Maori, and policies for health.

First, the change in the dependency ratio between those in the working age groups and those who will be either too young or too old to work, must be actively managed. This is particularly true in respect of the large elderly cohort that will change the Maori profile over the next 25-40 years. A need for a greater range of health services for elderly and a wider range of skills among Maori health providers will be needed. In addition the economic aspects of caring for larger numbers of elderly must be taken into account along with active preparation for the roles they might play within Maori society. The task of planning for an ageing Maori society lies as much with runanga, Maori urban authorities, and whanau, as with Government and requires a longer term approach than the more usual three year planning cycle. But unless there is a deliberate planning process, the health problems that will accompany the rise in the numbers of older Maori will be handled in a fragmented and disjointed way with consequent inequities and reduced opportunities for kaumatua to contribute positively to hapu, whanau, and the many Maori communities that will make up the Maori world.

Second, Maori health will depend to a large extent on the level of positive Maori participation in the wider New Zealand society. At present the overall level of participation is low and participation in education and the economy is especially low. Unless the situation changes, Maori health status in 25 years time will be the same or even worse, no matter how many Maori health providers. While Closing the Gaps may bring some benefits, structural changes are also needed and high among them is the question of the Maori constitutional position.

Almost certainly New Zealand's constitutional arrangements will change within the next 25 years. In that process recognition of the Treaty of Waitangi as a constitutional foundation will by no means be a forgone conclusion although it is likely to be a starting point for Maori. It may, however, be only one starting point alongside indigenous rights and the democratic rights of all New Zealanders. In any event, in anticipating the future health status of Maori, active planning for constitutional change is probably as important as planning for a new wave of elderly. At heart is the question of Maori survival as Maori and the capacity to take a proactive health leadership and development.

The third implication is that good health requires adaptation to the environment so that there is harmony between people and the world in which they live. In earlier times Maori were well adapted but the old environment has changed with less reliance on the natural elements and more dependence on technological and consumer environments. Adaptation has become increasingly ad hoc; both balance and synergy have been sacrificed for short term rewards with alternating excesses and deficiencies. There is no question of ignoring the new worlds or turning back the clock to pre-technological and pre-market times. But there is a need to develop a code for living that is consistent with Maori values yet able to take full account of modern environments.

The customary codes for living hinged on the application of the laws of tapu. Unfortunately there has been no serious extension of those laws, or the values that underpin them, to

ease adaptation to new environments and as a consequence Maori lifestyles have become increasingly normless. While modern health promotion offers sensible guidelines, what is needed is a wider context within which adaptation to new environments can be realised. There is a challenge here for kaumatua and tohunga, not simply to re-invoke the old laws that were useful in dealing with the natural environment, but to extend the principles behind those laws so that reducing smoking, avoiding excesses of alcohol and drugs, eating sensibly, and driving carefully can become incorporated in a Maori world view that makes sense to modern times.

The fourth implication for future health planning is linked to the third but focused more specifically on ensuring that future generations of Maori have secure access to their own heritage. Whanau have a critical role to play, since whanau are the gatekeepers to te ao Maori. Whanau development must be an active process that leads to enhancement of whanau capacities so that the legacy of past generations can be actually lived in a tangible way. Most Maori land is whanau land; most marae hinge on the participation of whanau; most opportunities for speaking Maori arise within the context of the whanau, and whanau bear the ultimate responsibility for the care of the young, and the old. To the extent that whanau have enormous potential to contribute to gains in Maori health, there is a cade for whanau planning and development to receive greater encouragement than it does at present.

A programme for rehabilitating difficult to manage children and adolescents. Matua Whangai went someway in that direction but it was concerned primarily with containment of risk and there was a lack of any sense of positive whanau development. What is needed now are planning guidelines for whanau so that questions of culture and heritage, economic resources (especially land), caring and sharing, can be addressed in a deliberate and proactive manner by whanau.[10]

Instead policies relating to housing, justice, sport and leisure, employment, incomes, will have a greater overall effect on health.

The fifth implication is linked to health policies. Primary health care, early intervention, and lifestyle modification are sound investments for gains in Maori health.[11] So too is the allocation of resources that are commensurate with the work that needs to be done. But in planning for future needs greater energies are also needed to bring health sector developments closer to the broader arenas of Maori development, and vice-versa.

Big advances in health will probably not come from the health sector alone or from narrowly framed health policies. Instead policies relating to housing, justice, sport and leisure, employment, incomes, will have a greater overall effect on health.[12] At present the health impacts of those policies are largely unmeasured. Until health impact assessment becomes a core aspect of all policy formulation then the effects of monetary policies or education policies or welfare policies on health will be largely ignored. Health impact assessment measures are needed and they should take into account aspects of health that have particular significance for Maori. Health impact assessment is one way of ensuring that policies across all sectors contribute to gains in health or at the very least do not undermine health status. Health impact assessment also has implications for the policies adopted by iwi, hapu, and other Maori organisations, a reminder that gains in Maori health are as much related to Maori strategies as they are to health services or Government strategies

As tino rangatiratanga (Maori autonomy and self determination) becomes a reality, there will be an escalating need for health impacts to be considered as part of Treaty settlements, runanga activities, the distribution of tribal benefits, and the relationships that may up modern Maori networks. The challenge now is for Maori planners to take health impact assessment seriously, recognising that health services by themselves will not make huge differences seriously, recognising that health services by themselves will not make huge differences to Maori health. On the other hand, Maori leadership and Maori driven policies at whanau, hapu, community, or iwi levels will have increasingly critical roles to play in the advancement of Maori health.

Conclusion

Good health requires sound planning over a long period of time and the capacity of Maori to plan ahead in a comprehensive manner is essential for improvements in Maori health. It would be shortsighted to assume that planning for health should be a function of the health sector or the sole responsibility of Government. Unless Maori are actively leading that process then the focus will remain tied to sectors and largely outside Maori frameworks; opportunities for substantial advancement will be lost. In fact, however, there is very little long term planning being undertaken by Maori. Most energy is spent coping with crises, or responding to Government initiatives, or researching the past for the settlement of claims. Planning well ahead for an ageing population, or for establishing the Maori constitutional position, or reshaping the laws of tapu to provide for better adaptation to modern times and new lifestyles, or creating strong and vibrant whanau in order to gain better access to te ao Maori, or assessing the impacts of tribal policies on health, awaits serious Maori input If capacity building is to be about the future, then a Maori planning capacity must be created so that over the next 25 years a comprehensive approach to health and other challenges can be addressed in a coordinated way.

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HE WHAKATAUAKI

Ruia taitea, kia toitu, ko taikaka.

Discard the unnecessary (outer shell) and cultivate the best in life.