

Finding the indigenous voice

Maori and clinical
guidelines





Finding Nemo

How I got here.....

Dr Paparangi Reid, Maori cardiovascular advisory group

Dr Harry McNaughton, Stroke Foundation of New Zealand

Stroke



Clinical stroke

Maori health, Te ORA

Research

Whanau experience

Atrial fibrillation



Asthma



Teresa Olsen, Tu Kotahi Maori Asthma Society

Lesson One

Too many hats.....

Lesson one – networks!

Can not speak for everyone

Who to turn to for help, to ask for input, to disseminate to

Nemo's dad



Quality of evidence

Kaupapa Maori research (Linda Smith)

- Maori controlled
- Prioritising Maori from margin to centre
- Rejects victim blame theories
- Addresses power
- Promotes action and change

Examples

- Distribution gap, outcome gap, gradient gap
- Level of cardiac intervention for Maori
- Maori services
- Equal explanatory power

Lesson 2 – leaving the comfort zone



Outcomes

- Relevant
- Whanau, hapu, iwi based
- Intent
- Monitor

Relevant - statistics

- Stroke – twice rate, 10 years younger, more disabled
- AF - mortality rates for chronic rheumatic heart disease and CHF 8-9 times higher
- Asthma in children –less likely to be prescribed preventer, no action plan, poor education

Whanau, hapu, iwi

Self determination at all levels

- Governance
- Research
- Workforce
- Service provision

Intent – clinically and culturally safe

Tokenism

Culturally sensitive

Culturally appropriate

Culturally competent

Cultural safety – Irihapeti Ramsden

Monitor

Collect accurate ethnicity data

Audit tools

‘if it’s not working why not and do something about it’

Lesson 3 – the journey

