

Te Ara

**Graduate Profile in Hauora Māori
for undergraduate programmes
of the Faculty of Medical and
Health Sciences**



**THE UNIVERSITY
OF AUCKLAND**

**FACULTY OF MEDICAL
AND HEALTH SCIENCES**



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June 2009

Foreword

It is with great excitement and anticipation that we mark the launch of Te Ara, the graduate profile in Hauora Māori (Māori health) for undergraduate programmes of the Faculty of Medical and Health Sciences (FMHS).

Te Ara can be translated literally as the path, track or course. It symbolises a process of identifying a common goal and mapping a course to reach that destination. We have identified the key attributes that we believe all health professionals should have with respect to Māori health; the task ahead is to guide students and staff towards achieving these outcomes. Rather than a fixed path that we intend everyone to follow, Te Ara represents a flexible course where the journey may be very different for each person taking it.

It is fitting that we launch Te Ara in conjunction with the Matariki celebrations. Matariki is the Māori name for the small cluster of stars also known as the Pleiades or the Seven Sisters, which heralds the Māori New Year. It is a time to prepare, to review the past, assess the current situation, share ideas and plan for the future. Matariki is also significant because of its use in navigation; similarly, Te Ara is about identifying where we want to be and utilising navigational points to help us get there. Moving forward we will need to review our destination and re-map our course periodically due to the changing environment in which we operate. Hence Te Ara will continue to evolve as a living document.

The development of Te Ara reflects the dedication and concerted effort of many people, and would not be possible without support from the leaders of each of the undergraduate degree programmes. Continued leadership, shared responsibility and collaborative relationships will be critical to ensure the ultimate success of this initiative.

The adoption of Faculty-wide graduate outcomes in Hauora Māori is a unique achievement, and Te Ara can also be interpreted as forging a path of excellence in indigenous health education. It positions the University of Auckland at the forefront of efforts to develop a future health professional workforce that can improve Māori health and eliminate inequalities.



Professor Iain Martin

12 June 2009



Purpose

The purpose of developing a Graduate Profile in Hauora Māori (Māori Health) is to provide a baseline for achievement within each undergraduate programme in the Faculty. This proposal acknowledges that much is being done already, and that the Te Ara will:

- promote alignment and consistency within the teaching, learning and assessment currently taking place;
- allow undergraduate programmes to share best practice and work together on future developments and their evaluation;
- prioritise future developments and workstreams to strengthen the student learning of Hauora Māori;
- enable the Faculty to provide leadership through having a shared understanding of Hauora Māori.

Background

A number of drivers, both external and internal, provide a catalyst for the organisation of Hauora Māori teaching and learning. These drivers support the development of a systematic approach to formalise the Hauora Māori curriculum and support ongoing quality improvement.

University Drivers

The University's Strategic Plan 2005 – 2012 provides a strong platform for the Faculty to take an innovative and research-led approach to the development of a Faculty profile for Hauora Māori in all its undergraduate programmes. The University is committed to "Recognising a special relationship with Māori under the Treaty of Waitangi", and through its teaching and research seeks to contribute to positive Māori development.

"This nation's history and our place in the Pacific and in the world confer much of the special character of the University. The University, through its commitment to the Treaty of Waitangi, seeks to promote Māori presence and participation, and to encourage teaching and research in a range of fields important to Māori and to New Zealand."

The plan also explicitly articulates a commitment to social justice and reducing inequalities.

"The University staff are committed to the ideal of the University as an internationally distinguished community of scholars, ... and dedicated to social and cultural development, to social justice and equity, to critical inquiry and intellectual discourse, to scientific discovery and a sustainable future, and to innovation and wealth creation."

There is an acknowledgment that development of meaningful relationships with Māori is essential in order to achieve these aspirations. The Strategic Plan states that the University will need to:

"Place greater emphasis on the development of productive and mutually supportive relationships with Māori which fulfil our obligations under the Treaty of Waitangi and promote Māori presence and participation in all aspects of University life."

Two particular actions for Te Tiriti o Waitangi are stated:

- Promote and support excellent teaching, learning, and research for Māori intellectual and cultural advancement across all relevant disciplines.
- Develop and implement strategies to assist all staff and students to have a knowledge and understanding of Te Tiriti o Waitangi relevant to their disciplines.

Faculty drivers

One of the Faculty's Vision statements is as follows:

"Reduction of inequalities through ensuring the widest possible access for both students and staff to the Faculty of those who have the potential to succeed, and advocating through service for equity in health outcomes."

The Faculty's Strategic Objectives include:

1. "Throughout all our operations we aim to acknowledge the special relationship we have with Māori under the Treaty of Waitangi, and we are committed to supporting the principles and practices of equal opportunities for all students and staff to give them the opportunity to fulfil their potential. We want to be recognised as an organisation that is supportive of diversity – in students, staff, ethnicity and country of origin.
2. Use the service commitment of our staff to positively address issues of inequalities in health outcomes and access to health care.
3. Graduate students who meet the needs of our communities."

The vision and strategic objectives were developed through a process of collective input and consultation within the Faculty, and they challenge staff and students to be part of the solution in regard to Māori health status and eliminating ethnic inequalities in health. To date, much of this strategic vision has been expressed through Vision 20:20, which has an emphasis on recruitment, retention, support and successful graduation of Māori (and Pacific) students. The three major components of Vision 20:20 are:

- MAPAS, which has operated since 1972, as an admission pathway into FMHS programmes, and provides academic and pastoral support within courses;
- CertHSc, introduced in 1999, with the aim to bridge students into FMHS programmes;
- Whakapiki Ake Project, which aims to expose Māori to health careers and recruit Year 13 students into CertHSc.

While significant gains have been made in these areas, other aspects of the Faculty's vision remain relatively underdeveloped. One such area is the capacity and competency of staff to contribute positively to Māori health outcomes through research, teaching and service. There is also a pressing need for a more comprehensive, co-ordinated approach to Hauora Māori teaching and learning throughout the Faculty programmes.

All FMHS programmes have learning components related to Hauora Māori, but to date the development of these components has occurred largely on an ad hoc basis, as the vision of what our graduates should know and be able to achieve in Hauora Māori has never been fully articulated and negotiated. Te Ara allows each programme to build on current achievements to move towards a Faculty standard for Hauora Māori.

The FMHS also has a number of overlapping relationships with other Faculties. Having our own Faculty profile for Hauora Māori will enable us to espouse more clearly our meaning.

External drivers

There are some external drivers that are especially important in regard to the Faculty's programmes. These include the overarching policy documents relevant to the New Zealand health sector (1), and legislation relevant to the health sector and health workforce (2). Different health professional sector groups have developed, or are developing, slightly different standards in regard to Hauora Māori and its interpretation.

A further external driver is the importance of developing and articulating features of FMHS programmes that set them apart from similar programmes at other institutions. In this context the Hauora Māori profile could be positioned as a key point of difference for medical and health sciences programmes at the University of Auckland. There is significant potential for the FMHS to develop an identity as a centre of excellence, not only in Māori health but also in indigenous health and health inequalities. Given the importance of these issues in New Zealand and internationally, particularly looking to the future, this could result in considerable benefits for the Faculty and University.

Programme-specific drivers

Each of the Faculty's undergraduate programmes have responded to, or are in the process of responding to, the needs of their respective graduates for Hauora Māori teaching and learning.

Medicine

1. Internal Curriculum Review in 2002

In 2002, the undergraduate medical programme approved Hauora Māori as one of the four fundamental domains. While students complete the compulsory Māori Health Week, and attend two days of Māori health teaching in Year 4 based, other learning activities have been developed on a more variable basis (e.g. Paediatrics, case history in Medicine). Many of these opportunities in Hauora Māori are dependent on placements and other ad hoc experiences. For example, students completing the Pūkawakawa Regional-Rural programme or the Trainee Intern Year at Rotorua have gained particular experience in facets of Hauora Māori.

2. AMC Report

The 2005 AMC Medical School Accreditation Committee Report on the Faculty's Medical Programme identified the Hauora Māori domain as requiring further development as an organising structure for the curriculum, with consideration of the appointment of domain champions. The Faculty will need to address this area of concern in its Mid-term Report to AMC in 2010. Specifically, the FMHS has been asked to report on the development of a strategic plan for Māori and Pacific Island health and the means by which the Faculty will facilitate the achievement of the plan's objective.

3. Issues requiring attention in the Hauora Māori domain

Work in assessment is important if the domain is to have increasing relevance as an influence on student learning. Assessment in Phase 2 for the Hauora Māori domain is largely through a global supervisor assessment, and some inconsistencies have been identified and brought to the attention of Te Kupenga Hauora Māori (TKHM). The Phase groups and Board of Studies have requested guidance on how to strengthen assessment of the Hauora Māori domain.

4. AMC Indigenous Health Developments: MDANZ Indigenous Health Curriculum Framework

This curriculum framework of the Medical Deans of Australia (MDANZ) was first published in August 2004 by the VicHealth Koori Research and Community Development Unit on behalf of the Committee of Deans of Australian Medical Schools. This has been formally approved by the AMC, so that all medical schools are required to report on the implementation of the guidelines as part of regular accreditation requirements. Development of a Faculty standard for Hauora Māori is aligned with this Framework and can even help shape and lead the evidence of its implementation.

Nursing

There are two relevant New Zealand Nursing Council standards that nurses are required to meet in their competency assessments for registration (June 2006):

- Competency 1.2
Demonstrate the ability to apply the principles of the Treaty of Waitangi/ Te Tiriti o Waitangi to nursing practice.
- Competency 1.5
Practise nursing in a manner that the client determines as being culturally safe.

The School of Nursing has been required to demonstrate how its graduates meet each of these competencies as part of the regular reviews completed by the Nursing Council. The Nursing programme has satisfied the requirements of these audits to date.

Pharmacy

The New Zealand Pharmacy Schools have been working with the Independent Māori Pharmacists' Association (Ngā Kaitiaki o Te Puna Rongoā o Aotearoa) and a cultural competency standard is likely to be approved by the Pharmacy Council in mid-2009. Currently the Pharmacy Council is conducting a number of workshops to validate the competencies, which are expected to be similar to those for nursing. The Pharmacy standards are expected to be met on entry into the profession, which also encompasses the one-year workplace internship, following the award of the degree.

Health Sciences

Although the BHSc degree does not itself qualify graduates for a profession registered under the Health Practitioners Competence Assurance Act, many graduates will work for organisations that are subject to policy and legislation that require them to address Māori health and inequalities. There has not been a formal assessment of the Māori health teaching and learning needs of BHSc graduates. While acknowledging that the Hauora Māori footprint in the revised Bachelor of Health Sciences is gradually being enhanced, further development and integration of the Māori health component is a key strategic focus for the future.

Faculty Profile

The FMHS vision for Hauora Māori is to improve the wellbeing of Māori and to contribute to the development of New Zealand by fulfilling our obligations under the Treaty of Waitangi. This will be achieved by enabling all staff and students to engage appropriately with Māori and working to eliminate ethnic inequalities in health, through the application of research into contemporary Māori health and its determinants.

Hauora Māori Learning Outcomes

In respect to Hauora Māori, graduates of the FMHS will be able to:


- Engage appropriately in interactions with Māori individuals, whānau and communities.
- Explain the historic, demographic, socioeconomic, and policy influences on health status.
- Explain how ethnic inequalities in health are created and maintained and how they may be reduced and eliminated.
- Identify approaches to reducing and eliminating inequalities including actively challenging racism.
- Explain the influence of one's own culture and that of the health system on patient and population health outcomes.
- Engage in a continuous process of reflection on one's practice and actively participate in self-audit in respect of the Treaty of Waitangi.
- Identify and address professional development needs as a basis for life-long learning about Māori health.

While these statements are explicit in terms of what students should be expected to achieve, it is anticipated that elements will be incorporated into teaching and learning in a more integrated manner. This is already happening to some extent. The learning outcomes are being used for mapping purposes in each programme in the first instance to identify gaps for future developments, and for sharing good practice among the programmes.

Rationale for Graduate Profile and Learning Outcomes

The following are explanations for why Te Ara core learning outcomes have been selected.

1. Engage appropriately in interactions with Māori individuals, whānau and communities.
 - Communication problems are a significant contributor to ethnic inequalities in health care (3, 4). “Improved responsiveness requires health services to recognise the significance of culture to health and to adopt methods that actively engage patients—through appropriate language, respect for custom, the use of culturally validated assessment protocols and outcome measures” (5). Health is a collective pursuit, and health professionals do not work in isolation. To achieve Māori health gain will require health workers to engage and work collaboratively with Māori individuals, whānau, hapū, iwi and communities. There is considerable evidence that these interactions have historically been inappropriate and often exploitative, and have had adverse outcomes for Māori (6). There is therefore a need for graduates from all programmes to understand and practise the principles of appropriate engagement with Māori.
2. Explain the historic, demographic, socioeconomic, and policy influences on health status:
 - Students enter FMHS programmes with pre-existing beliefs and understandings about Māori people and about Māori health. Their explanations for poor Māori health status often come from a deficit model, in which Māori as individuals and as an ethnic group are blamed for their poor health outcomes. There is evidence that this type of discourse is prevalent in practising doctors in New Zealand (7) (and likely to be true of other health professionals). Unless these beliefs are challenged and appropriate alternative explanations are offered, many students will continue to view Māori health as a Māori problem, and will therefore fail to recognise the imperative for them to address the issues. This is likely to result in failure to actively engage with Hauora Māori teaching and learning throughout the programme, and ultimately a lack of commitment to improving Māori health and reducing inequalities (i.e. “not my problem”).
3. Explain how ethnic inequalities in health are created and maintained and therefore how they may be reduced and eliminated:
 - “The health status of every population is patterned by a great many influences in complex and layered ways that must be understood in order that health interventions can be successful” (8). Unless graduates understand this complexity and how the determinants of inequality are structured on a continuum from basic to surface causes (9), their practice in the health sector will necessarily be limited and the interventions they undertake will fail to encompass the full range of health determinants for Māori.

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4. Identify approaches to reducing and eliminating inequalities including actively challenging racism:
 - Inequalities have not arisen by accident, and they are maintained and reinforced by power structures that support the status quo (10). Without the knowledge and skills to actively challenge and overcome these systemic forces, the default position is that graduates will effectively be contributing to poor Māori health outcomes.
 - There is strong evidence that racism accounts for much of the inequality between Māori and non-Māori (11). It is necessary for all graduates to understand the different forms of racism (12), recognise racism in their professional environment, and actively challenge it.
 5. Explain the influence of one's own culture and that of the health system on health outcomes:
 - It is widely accepted that a doctor's culture and belief systems influence his or her interactions with patients and may impact on the doctor-patient relationship and health care outcomes (13). This is recognised by the Medical Council of New Zealand (14) and other professional bodies. The literature on cultural safety notes that, as a starting point, health practitioners need to understand the influence of their own culture on health care interactions (15).
 6. Engage in a continuous process of reflection on one's practice and actively participate in self-audit in respect of the Treaty of Waitangi:
 - Evidence continues to build of systematic ethnic inequalities in the provision of health care, both internationally and in New Zealand. Māori have been shown to receive poorer quality care across a range of conditions and clinical contexts (e.g.16, 17, 18, 19). While health care professionals tend not to believe that their practice is inequitable (20), evidence clearly shows that health professionals contribute to ethnic inequalities in health care (21, 22, 23).
 - One way to monitor and counter the contribution of health professionals to health care inequalities is through a process of reflection on practice and audit. Understanding and application of the audit process as an intrinsic part of clinical and public health practice, with a focus on disparities, will allow graduates to objectively assess equity of practice in an ongoing manner. An important aspect of the audit cycle is acting on any problems identified, which in this context means adjusting practice to address inequitable health service delivery.

7. Identify and address professional development needs as a basis for life-long learning about Māori health:
- Māori health theory and practice is constantly evolving based on new evidence and changing societal and health sector contexts. It is important that graduates continue to assess their own professional development needs and keep up to date with current theory and knowledge in order to most effectively address Māori health. In this context it is also critical for students and graduates to keep engaging with Māori health, renew commitments to improve Māori health and reduce inequalities, and keep relationships alive.

Fields

To achieve Te Ara, curricula should ideally encompass four important fields. These fields have been developed to align with the graduate learning outcomes, and represent a logical way of structuring Hauora Māori teaching and learning to contribute to achievement of the learning outcomes. They explain more fully the dimensions that underpin Te Ara, and indicate what ideal learning resources should encompass. It is acknowledged that some of these represent activities, some content and some process – that should not detract from this more futuristic view of developing the learning resources for the profile.

Mana Taketake - Indigenous Issues

- a. Indigenous Rights
- b. Treaty of Waitangi
- c. Introduction to Te Ao Māori

Te Iwi Māori - Population

- a. Ethnicity and Ancestry
- b. Demography
- c. Māori Health Status
- d. The Determinants of Inequality

Tikanga Whakaruruhau - Quality and Safety

- a. Cultural Competence
- b. Racism
- c. Interprofessional Practice and Learning
- d. Self-Reflection

Tikanga Kawa - Practice

- a. Communication
- b. Self-audit
- c. Research
- d. Lifelong Learning

Why these fields?

The US Society of General Internal Medicine Health Disparities Task Force recommends that health disparities curricula address three areas of racial and ethnic health disparities and focus on the following specific learning objectives (24):

1. examining and understanding attitudes, such as mistrust, subconscious bias, and stereotyping, which practitioners and patients may bring to clinical encounters;
2. gaining knowledge of the existence and magnitude of health disparities, including the multifactorial causes of health disparities and the many solutions required to diminish or eliminate them; and
3. acquiring the skills to effectively communicate and negotiate across cultures, languages, and literacy levels, including the use of key tools to improve communication.

These three broad areas map approximately to fields 3 (Tikanga Whakaruruhau), 2 (Te Iwi Māori) and 4 (Tikanga Kawa) respectively. The additional field 1 (Mana Taketake) takes into account the indigenous dimension of Māori health and also the socio-political context in Aotearoa New Zealand (e.g. the Treaty of Waitangi).

Other Explanatory Points

Core versus programme-specific outcomes and fields

TKHM acknowledges that much is already being accomplished within individual programmes and courses (e.g. Māori Health Week, Quality and Safety, Population Health 111). The learning outcomes and fields outlined above will enable the Faculty to bring a more comprehensive and systematic approach to what is already being done.

Some programmes are not currently covering what would be regarded as part of the core, which represents what are considered to be the desirable attributes for all graduates. It is expected that negotiation will occur in order to align curricula with Te Ara, taking into consideration what is appropriate and achievable within each programme. Similarly, it is anticipated that each programme will also negotiate additional components that are key to the programme and which should be incorporated, but which are non-essential in others. This will allow a comprehensive core component as well as supplementary content to support individual programmes, while ensuring a coherent Faculty profile.

TKHM believes it can develop a core profile for the Faculty's schools as well as work with them and their respective professional groups, when necessary, so that each professional group is satisfied that its standards are met in the design of learning resources and delivery of our curricula. While there may be slightly different standards required for different professional groups, they will be underpinned by core material.

Pedagogical approach

An important component of the achievement of Te Ara is the pedagogical approach that will be adopted. Historically, the Faculty's schools have relied upon TKHM to be champions, advisers and negotiators, and the onus has been on TKHM staff to design and deliver all Māori health teaching. An important step in implementing the Faculty's profile for Hauora Māori will be a shared responsibility rather than an overdependence on TKHM staff. This has already begun. It is intended that the Hauora Māori graduate profile will:

- allow TKHM to develop a stronger set of learning resources for all programmes, with some supportive service delivery at carefully planned points;
- encourage all teaching staff on undergraduate programmes to use, refer to and build on the learning resources; and
- act as a catalyst for staff development across the FMHS and create significant opportunities for shared learning and ongoing (inter)professional education.

Current Developments in the Hauora Māori Curriculum

A number of key developments are either underway or being planned with respect to the Hauora Māori curriculum, which broadly align with the proposed FMHS Hauora Māori profile. Examples of these are provided below.

POPLHLTH 111 course

Aside from a small number of medical students who come into the programme under graduate entry, all students entering the Faculty undergraduate programmes complete the course POPLHLTH 111 in their first year. The Māori health component of this course has been strengthened for 2009, together with a revision of learning outcomes, content, teaching methods and assessment, to align more closely with Te Ara.

Māori Health Week

Māori Health Week is an interprofessional learning activity that is compulsory for Year 2 medical, nursing and pharmacy students. The learning experiences are intended to provide an opportunity for students from different professional backgrounds to learn together in order to reflect on Māori health, how Māori health issues are addressed by health services and the role and impact of health professionals in Māori health. Significant revision of Māori health week learning outcomes and teaching processes occurred for 2008, and further refinements are being made for 2009.

As an example of how Māori health week has been modified to align with the proposed Hauora Māori profile, the revised learning outcomes are as follows:

Te Ao Māori (The Māori World)

- Describe the purpose and basic process of a pōwhiri
- Pronounce basic Māori words correctly

The Determinants of Inequality

- Explain how ethnic inequalities in health are created and maintained and therefore how they may be reduced and eliminated
- Reflect on professional roles and the impact these have on Māori health and wellbeing

Interdisciplinary Learning

- Engage in effective inter-professional team communication and problem solving

BHSc

The revised BHSc includes a new Stage 2 course for 2009 (Equity and Inequalities in New Zealand Health) and a new Stage 3 course in Māori Health that will be offered in 2010. These are both being led by TKHM and will result in enhanced Māori health teaching and learning in the BHSc. There are also significant opportunities to develop this further in other courses, including a stage 3 internship course.

Cultural competence learning resource

TKHM currently has a University Teaching Improvement Grant to develop a cultural competence learning resource that could be used across a range of FMHS programmes with both staff and students. The resource will be interactive, using clinical scenarios with associated self-directed or facilitated learning activities. It is expected that a pilot of this resource will be conducted with Trainee Interns of the medical programme in the latter quarter of 2009.

Assessment in clinical attachments

Work to improve the quality of assessment of Hauora Māori in clinical attachments is a major priority. Funding has been received from Ako Aotearoa for a project to identify the most appropriate assessment methods and accompanying staff development processes to effectively and systematically assess the Hauora Māori domain in workplace settings in healthcare professional programmes.

CDAMS Critical Reflection Tool

The FMHS has been involved in the piloting of the CDAMS Critical Reflection Tool. The purpose of this tool is to encourage internal reflection for those involved in the implementation of indigenous health in Medical Schools. This includes consideration of progress towards the implementation of the Curriculum Framework, as well as indigenous student recruitment, retention and support initiatives.

Implementation

The Faculty approved the Hauora Māori profile at its meeting in February 2009, giving high-level support to its implementation. Implementation of the profile will acknowledge and build on current achievements.

The project team in TKHM is now working with each undergraduate programme to map their curricula against the Hauora Māori learning outcomes and fields, to identify gaps for future resource and curriculum developments and opportunities for sharing good practice. Once this is completed, the team will have discussions with each to negotiate a core Hauora Māori profile for each programme and the incorporation of a set of Hauora Māori learning outcomes.

TKHM will also support undergraduate programmes to identify the professional development needs of their staff, especially in terms of teaching and learning resources and assessment, building on the experience gained from the current projects (University of Auckland Teaching Improvement Grant and Ako Aotearoa). The findings from the projects being completed with the grant from Ako Aotearoa in particular will help inform the optimal design of future professional development resources.

Additional notes

- a. The profile is focused on the Faculty's undergraduate degree programmes. It is intended that this work will be extended to incorporate postgraduate programmes in the future.
- b. Dr Rhys Jones, Te Kupenga Hauora Māori, has nearly completed the writing of a paper that underpins the Faculty's interpretation of Māori Health and the core learning activities in the undergraduate programmes.

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Heather Baker, Senior Lecturer and Deb Rowe, Lecturers, Nursing Programme
Dr Jeanne Reeve, Lecturer, and Dr Janet Clinton, Senior Lecturer, Bachelor of Health Science Programme

