

## Report to the United Nations Permanent Forum for Indigenous Issues

Mr chair thank you for the opportunity to present for the first time to the permanent forum on indigenous issues. I would like to introduce myself Kerri Nuku and colleagues Pari Tautari and Tracey Morgan

Our organisation represents the largest membership of Māori nurses, midwives, student nurses and health care assistants in Aotearoa New Zealand.

Māori, as other indigenous people have an equal right to the highest standards of health, and the State is responsible for ensuring this is achieved under article 24.2 of the United Nations Declaration on the Rights of Indigenous peoples.

We also acknowledge the rights of Māori under Te Tiriti o Waitangi to good health that encompasses wellness in its fullest sense including the physical, spiritual and cultural wellbeing of Māori as individuals and collectively

- However there are well documented ethnic disparities in life expectancy, the enjoyment of good health and differential health outcomes between Māori and non-Māori. We have an aging Māori population with complex co morbidities.

To respond to this change we note that the Māori health workforce is a key factor in any long-term strategy (Ministry of Health, 2006) to improve Māori health outcomes and requires dedicated development and resourcing

- However we have 2 issues that we would like the forum to note
- Workforce diversity (and the under-representation of Māori in the health workforce) and pay parity for those working within Māori and Iwi Health Provider services
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- Firstly Underrepresentation of a health workforce
  - Current New Zealand nursing workforce does not reflect the communities it services. There are 50,356 practising nurses (March 2015) in New Zealand, with only 7% (3,510) identified as New Zealand Māori.
  - In New Zealand we have a looming workforce crisis with an estimated 15,000 nurses' shortage by 2035, including a Māori nursing workforce. However Little work has been undertaken or planned to address this alarming shortage for a Māori nursing workforce

- The New Zealand Human Rights Commissioned document 'A Fair go for all' indicated that in health another form of structural discrimination is the under representation of the Māori health workforce.
- Without 'measuring the problem in a manner consistent with the epidemiological base of modern health and no confidence can be placed in a Māori health workforce strategy or in achieving health equity for Māori.
- We believe that such data is essential for the development of evidence-based strategies to address the Māori health workforce deficits which contribute to endemic and increasing systemic health disparities.

Secondly: pay equity.

- Historical issue of pay inequality amongst those working within Māori and Iwi Health provider services in 2012, the structural discrimination report noted a pay gap of up to 25 per cent between those working within Māori and Iwi health provider services and their counterparts in hospital settings. Despite years of raising this act of discrimination with New Zealand government this situation consciously continues today.

## **In Conclusion**

Such data is essential for the development of evidence-based strategies to address the Māori health workforce deficits which contribute to endemic and increasing systemic health disparities, these include:

- Incorporate high quality single data repository, data collection, analysis and evaluation of recruitment information.
- Framing recruitment initiatives within an indigenous worldview that takes into account indigenous rights, realities, values, priorities and processes.
- Government commitment to achieving indigenous health workforce equity appropriate policies systems and processes.
- Identify the barriers to indigenous health workforce development and use these to frame future recruitment initiatives

Thank you Mr Chair

Kerri Nuku

Kaiwhakahaere

New Zealand Nurses Organisation

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