

Sector Needs for Maori Health Protection in New Zealand

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Acknowledgement

He mihi tenei ki a koutou nga kaitiaki e tautoko ana te kaupapa nei. Kia kaha, kia maia, kia manawanui.

Those who made contributions to this work are acknowledged with many thanks, as are those who contribute in other ways. May our combined efforts make a difference to those we serve.

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Introduction/Background

Health Protection is a part of the Health sector where Maori continue to be under-represented at a time when major efforts are being made to build capacity and strength of the Maori Health workforce.

Research was undertaken during 2004 to better understand and explain contributing factors to the current state of Maori involvement in the health protection workforce. This involved several approaches, including employer/employee surveys, key informant interviews and review of secondary data of relevance.

By identifying and discussing current status, barriers and potential solutions – it is hoped effective decisions can be made which will lead to sustainable Maori involvement in the health protection sector.

Methodology

Quantitative and qualitative data were generated as described below, along with the inclusion of secondary data and analysis of how the results contribute to Maori health development in this sector.

Two surveys (Appendix 1) were developed and emailed to respondents for return by email or fax. The first survey, targeting Public Health Unit (PHU) managers and Medical Officers of Health (MOsH) was emailed directly to PHU Managers as listed in the Ministry of Health (MoH) directory of designated officers. It was also emailed to MOsH by requesting the Bay of Plenty MOH (Phil Shoemack) to forward it to his colleagues. The forwarded request also asked MOsH to encourage their PHU managers to complete the survey. A follow-up reminder to both postings was made after two weeks for any further returns.

The second survey, targeting those actively working with Maori health protection, was emailed to the handful of practitioners known to be involved. In both surveys, respondents were asked to forward on to others they thought could contribute, whilst indicating if they wished to be involved in further discussion.

Returned results for both surveys were collated and analyzed. Discussions (usually by phone) were held with numerous key informants identified by survey or as part of wider conversation relating to the survey content. Whilst survey questionnaires provided a background structure, discussions were unstructured and informal as felt appropriate according to a kaupapa Maori methodology. Notes were usually touch-typed during discussion where appropriate.

Secondary data relating to this topic and comparable work elsewhere was identified via literature review and further networking. Analysis was done to enable comparison with the results from this study and provide a foundation context in which to interpret findings.

Results

Seven of 26 MOsH contacted returned the first survey (27%), representing 5 health district PHUs. No PHU managers responded, except one MOH respondent who was also service director. The second survey of those involved directly in Maori health protection was returned by three of 20 people contacted (15%) including one self-completed questionnaire. Additional comments from others were gathered from separate conversations as available. A literature review and secondary data relating to comparable work was collated and analysed to enable survey results to be interpreted in an appropriate context for Maori health development.

Findings from the surveys, discussions and review of secondary data are summarized below as follows:

- A. Survey One – MOsH and PHU Managers
- B. Survey Two – Maori Health Protection Practitioners
- C. Key Informant Discussions
- D. Review of Secondary Data

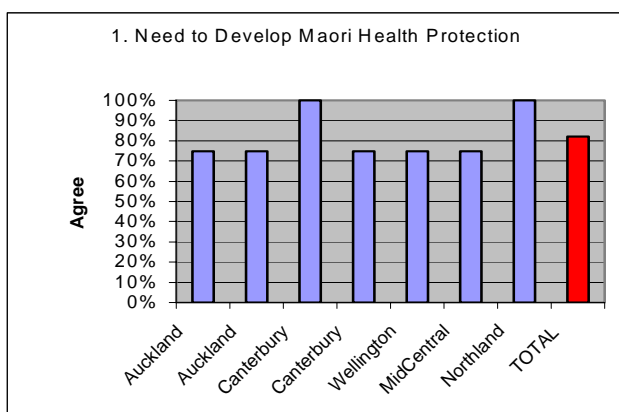
A. Survey One – MOsH and PHU Managers

The following results were achieved from the seven responses gained after Medical Officers of Health and Public Health Unit Managers were asked to complete a short email questionnaire about their views regarding Maori Health Protection. The seven responses were all from Medical Officers of Health covering 5 PHUs (one was also a PHU director).

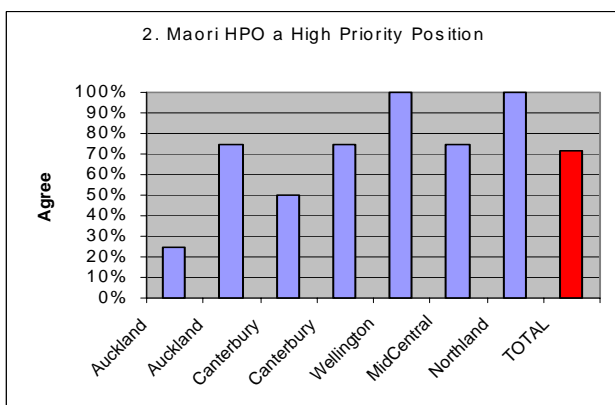
Levels of agreement for the questionnaire statements are graphed (0=strongly disagree, 25% = disagree; 50%=neutral, 75% = agree; 100% = strongly agree) with further comments made by respondents in bullet points underneath.

Survey Responses:

Q1. Our organization has specific need for the development of Maori health protection.



Q2. Appointment of a Maori health protection officer is of high enough priority to allocate a position for this purpose.

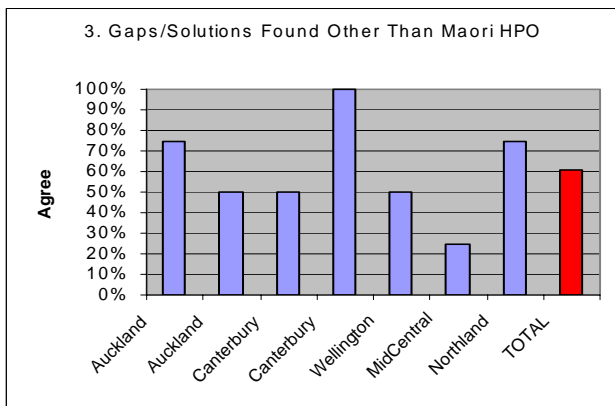


- Auckland - Have general HPO deficits which also need to be met to achieve current core contract. Also depends on who is available potentially to fill such a role. Think it's important to

have Maori within the general workforce who personally identify as Maori HPOs and develop their and others' roles rather than developing specific 'stand alone' roles

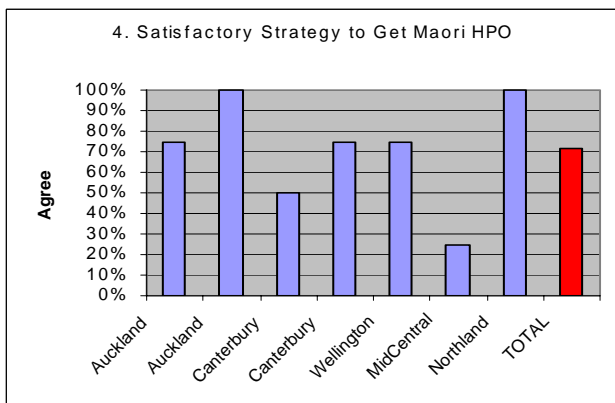
- MidCentral – Is it possible to recruit for it after Ministry made us change wording for HPO scholarship
- Canterbury - We have had a Maori Health Protection Officer in the past, but supply will never meet demand in the South Island, so Maori is considered as a preference rather than a necessity

Q3. Gaps and solutions other than employment of a designated Maori Health Protection officer have been identified or acted upon to achieve Maori health protection outcomes.



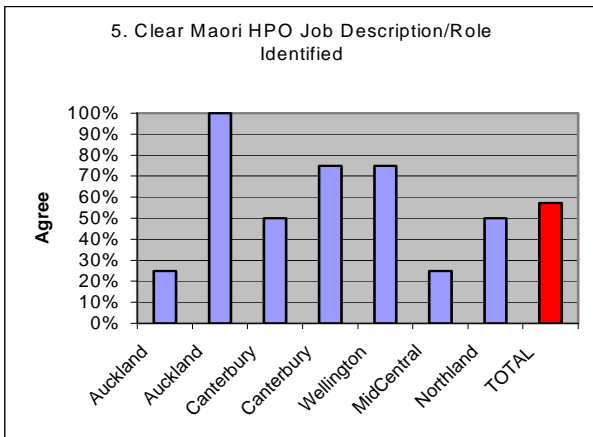
- Auckland - seeking to create and fill these positions gradually
- Canterbury – collaboration between Hauora Matakauka and Health protection, including the employment of a cultural advisor
- Wellington – work in progress, still a lot of work to be done
- MidCentral – we are examining this at present as have just acquired funding for additional HPO post

Q4. Our organisation has a satisfactory strategy to achieve the employment of a Maori Health Protection Officer.



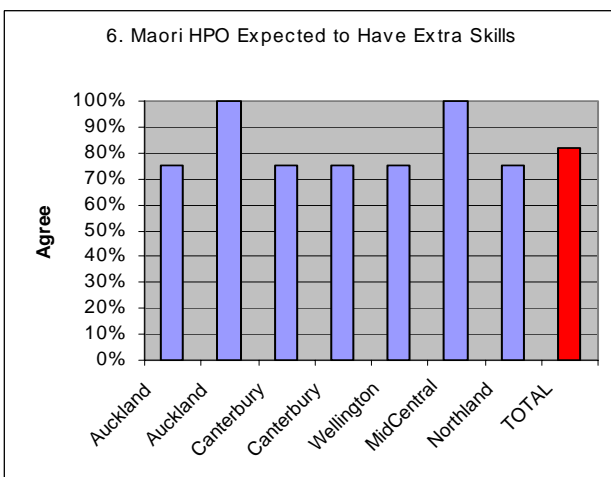
- Auckland – if one available
- Wellington – Maori HPO currently employed, not sure how things would go if that position wasn't filled
- MidCentral - as above (examining), intentions there but not operationalised

Q5. A clear job description and role has been identified for such an officer if appointed.

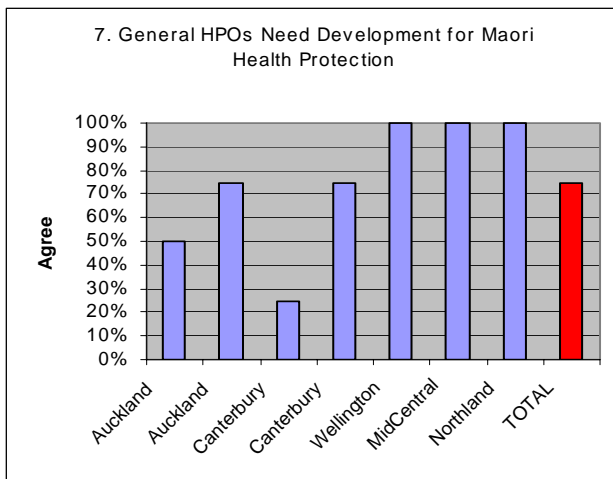


- Auckland – haven't seen one
- MidCentral – The role has, but not got a job description
- Northland – sorry, don't know (recorded answer as neutral – 50%)

Q6. A Maori Health Protection Officer would be expected to possess Maori competency additional to the full range of generic HPO abilities

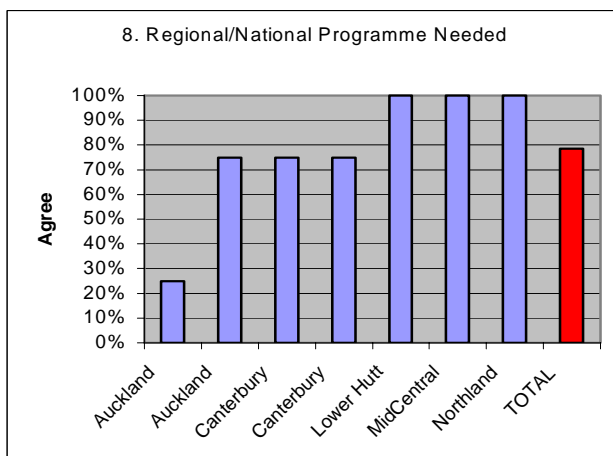


Q7. The general HPO workforce needs additional development in order to progress Maori health protection issues.



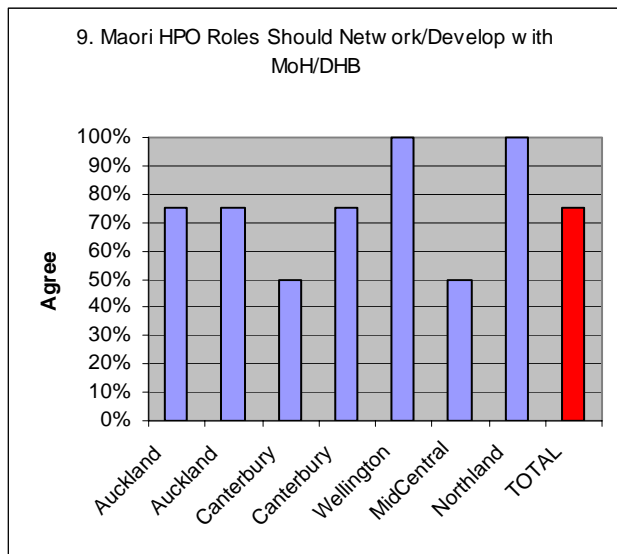
- Auckland – there is willingness but lack of capacity is more of a problem than lack of skill & interest. Prefer to see increasing rate of HPOs who are Maori with change reinforced by Maori staff and managers. Cultural training of limited effectiveness
- MidCentral – becoming more of an issue with increasing specialisation of HPOs

Q8. There should be a national/regional programme to achieve the general workforce development required to progress Maori health protection issues.



- Auckland – should be a programme to improve intakes and career opportunities for Maori – this may require review of salary structures as there are more financially attractive options for skilled young Maori
- MidCentral – would support regional rather than national as more likely to be skills based rather than theoretical and could involve local iwi

Q9. Maori HPOs should be part of a wider network with developmental roles supported by the MoH and DHBs.



- Auckland – they need personal support
- MidCentral – not clear what this means. I would see such HPOs belonging to both generic HPO networks and Maori specific ones. In this area it is not training funding that is the problem. It is either getting trainees in this area of work to develop or existing ones who wish to work here. There is the danger that we are all striving and end up pinching staff from each other (happened to us for this type of post in recent times)

Q10. Any other comments?

- MidCentral – main issue is recruiting Maori HPOs at all, especially for Wanganui. About to advertise scholarship – hoping to get a Maori recruit or someone with strong interest and understanding. Other issue would be possible isolation though we have a number of Maori staff in our various teams including Regulation
- Northland – I believe it is essential to have a health protection officer with competence in Maoritanga in an area which has a large Maori population

General Survey Notes

- At the time of survey, Maori designated as Health Protection Officers were employed in Northland, Bay of Plenty and Wellington. Maori had previously held HPO positions in Otago, Canterbury, Gisborne and Northland

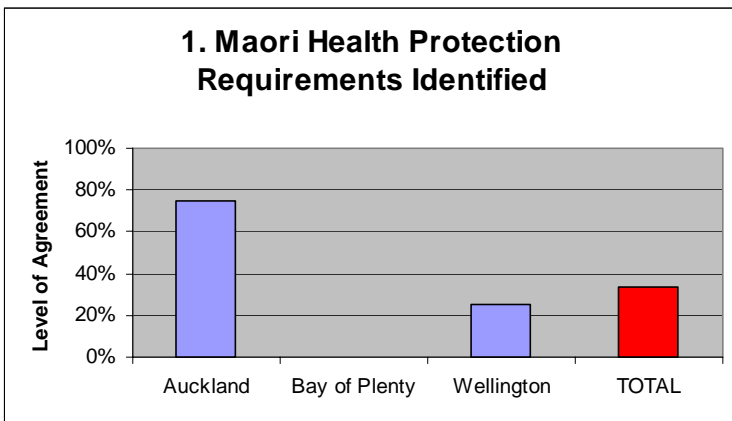
B. Survey Two – Maori Health Protection Practitioners

The following results were achieved from the three responses (one self-completed) representing 3 PHUs. Responses were gained after 20 people involved in Maori Health Protection-related work were invited to respond to an email questionnaire.

Levels of agreement for the questionnaire statements are graphed (0=strongly disagree, 25% = disagree; 50%=neutral, 75% = agree; 100% = strongly agree) with further comments made by respondents in bullet points underneath.

Survey 2 Responses – Maori Health Protection Practitioners:

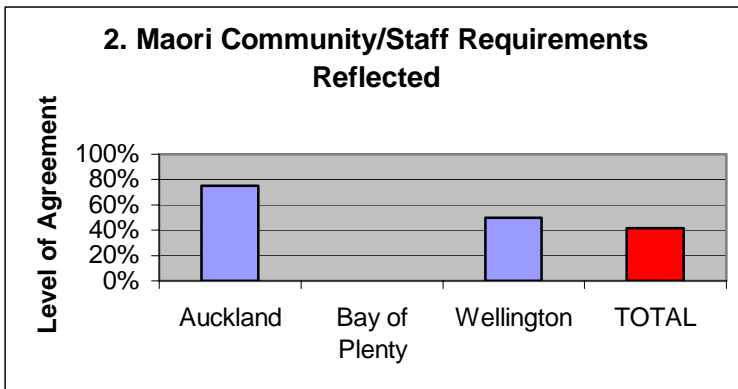
1. Our organization has identified its requirements for Maori health protection.



Our Requirements are:

- Auckland – RMA (s33), MoH Frameworks (eg. Maori Policy on Public Health), Te Tiriti o Waitangi, ARPHS Strategic Plan
- Bay of Plenty – No organizational dialogue. Practitioners require broad base technical skills and the ability to straddle regulatory/technical aspects with tangata whenua perspectives and aspirations
- Wellington – Presently undertaking a project to identify how we can best deliver our health protection services to our Maori communities

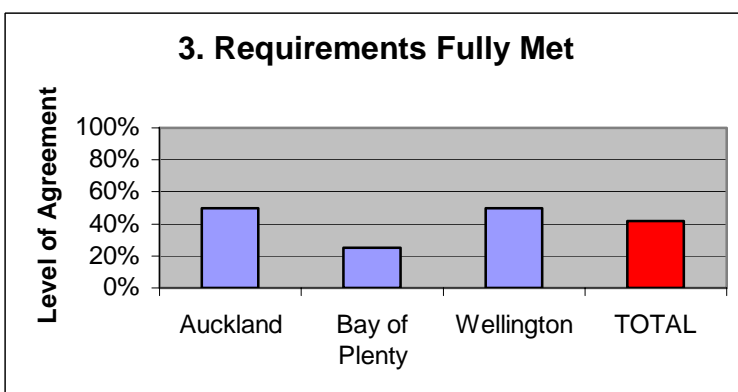
2. Requirements identified reflect the requirements of our Maori community and staff.



Comments:

- Auckland – Maori communities need to adopt a fundamental awareness of technical concepts of public health protection that align with kaupapa Maori environmental situations
- Bay of Plenty – Lack of organizational dialogue has restricted community and staff input.
- Wellington – Unknown

3. These requirements are fully met.

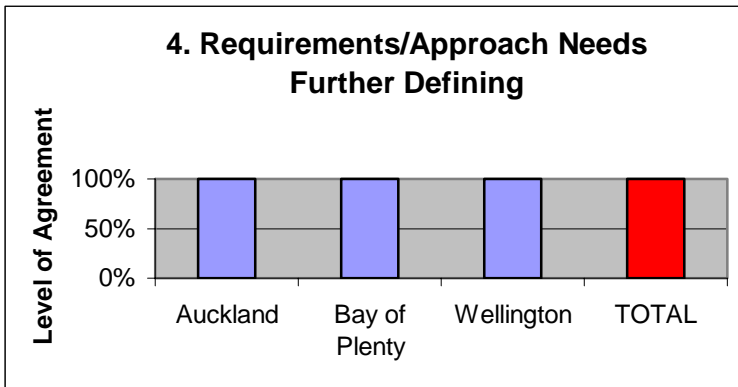


Comments:

- Auckland – Mainly from a generic perspective but with evolving Maori strategies
- Bay of Plenty – Not met

Wellington – Unknown

4. There is a need to further define our requirements and approach for Maori health protection.

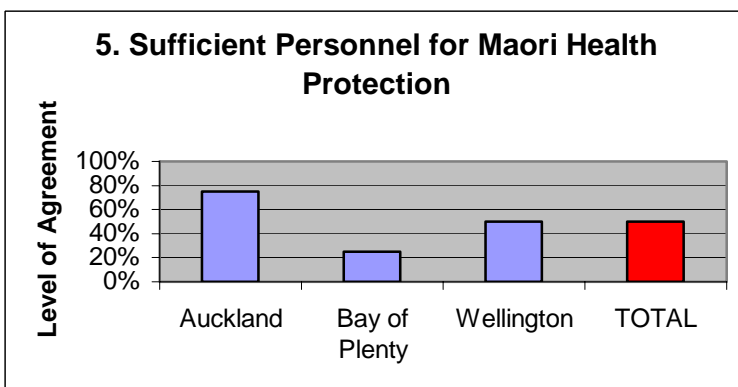


Comments:

- Auckland – Developing compatible Tikanga Best Practice with generic policies to inform non-Maori participation
- Bay of Plenty – Comprehensive discussion with internal and external stakeholders required

Resources

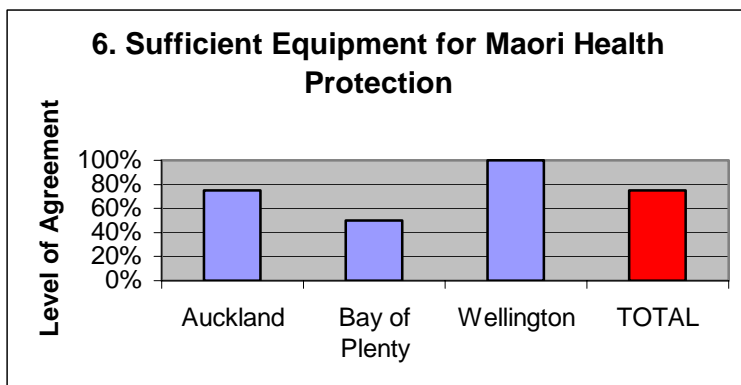
5. We have sufficient *personnel* to meet our requirements for Maori health protection.



Comments:

- Auckland – Currently 2 Maori HPO trainees, 1 Kaihautu – Maori Consultant, 1 marae food safety co-ordinator
- Bay of Plenty – dedicated resource required supported by organizational goals and participation. Many staunch Maori communities with difficult challenges requiring holistic approach

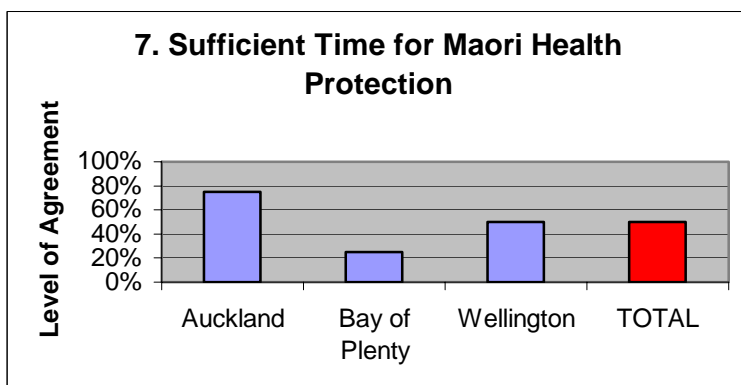
6. We have sufficient *equipment* to meet our requirements for Maori health protection.



Comments:

- Auckland – Able to share information and develop (IT) resources within the organisation
- Bay of Plenty – More targeted resource needed to support work with Maori communities

7. We have sufficient *time resource* to meet our requirements for Maori health protection.

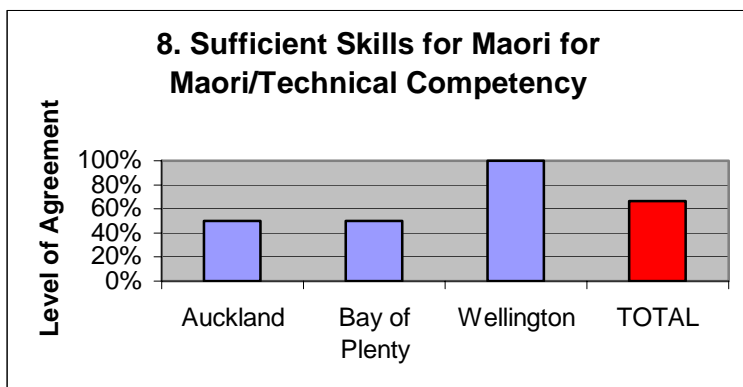


Comments:

- Auckland – Having to work within an integrated service delivery and performing other internal responsibilities may impinge on time spent on Maori health protection. However, time resource is allowable for meetings, workshops, travel to conference hui etc.
- Bay of Plenty – Job sizing for meeting requirements not done, so available time clashes with generic work whilst Maori health protection process/outcomes are not measured/valued

Competency

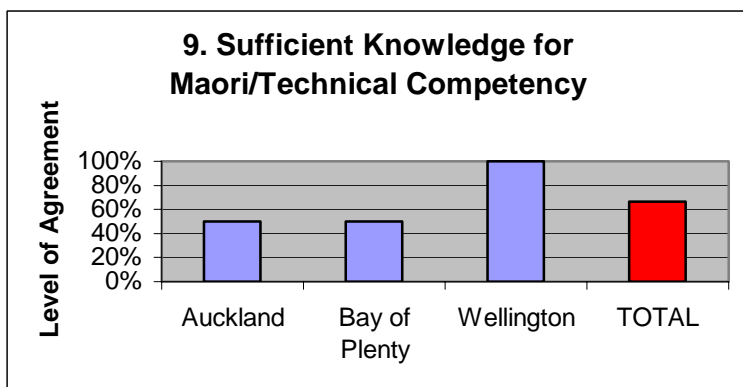
8. Our Maori HPO/other staff have sufficient skills (technical & Maori) to be competent in this work.



Key areas needed are:

- Auckland – Trainee HPOs require fulfillment of the degree for designation (1 to graduate in 2004). Skills required in aspects of tikanga. Matauranga Maori performed by specialist other than trainees
- Bay of Plenty – Competence across all HPO functions (not fully supported in the way roles are structured) – resultant gaps in being able to develop Maori interface in all areas. Opportunities to develop Maori competency sometimes restricted – autonomy, leadership and participation needs to be further supported

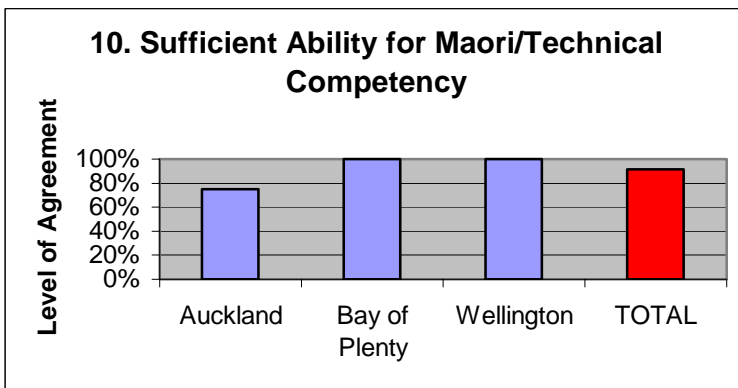
9. Our Maori HPO/other staff have sufficient *knowledge* (technical & Maori) to be competent in this work.



Key areas needed are:

- Auckland – Trainee competency in developing technical skills. For all staff – Treaty of Waitangi training & te reo. For Maori staff – waananga – whakawhanaungatanga issues (to keep it simple and get messages across). Maori health, as in te ao turoa. By using other networks to get the message out
- Bay of Plenty – As above. Knowledge/training across all HPO functions (not fully supported in the way roles are structured) – resultant gaps in being able to develop Maori interface in all areas. Opportunities to develop Maori knowledge sometimes restricted – flexibility, in depth training and participation needs to be further supported

10. Our Maori HPO/other staff have sufficient *Ability* to be competent in this work.

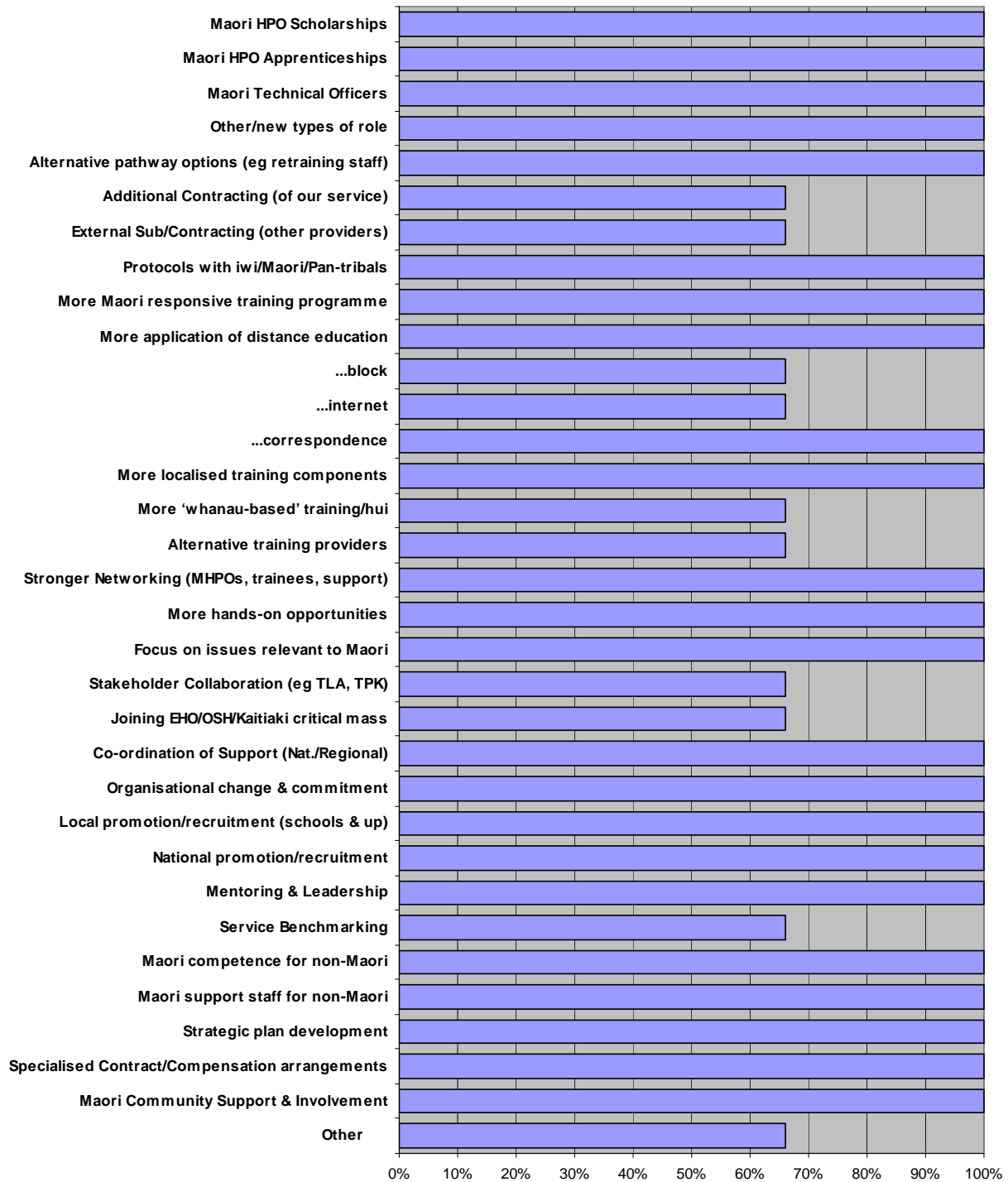


Key areas needed are:

- Auckland – Developing generic/Maori approaches to problem solving
- Bay of Plenty – Further support/opportunity to work at the cutting edge of Maori/generic interface is required
- Wellington – Te reo, knowledge of whakapapa and technical knowledge

11. I think the following options should be pursued to best address our current gaps in capacity and ongoing requirements for Maori health protection. (see graph over)

Options to Pursue for Maori Health Protection



Level of Support

Other comments:

- Auckland – The demand for Maori HPOs is high but the market resource is very small. Enhancing strategies to encourage the recruitment and retention of students to train and become designated is an ongoing major priority. Collaborative work relations between Maori and generic HPOs, other Maori staff, trainees and respective stakeholder management groups can be strengthened. It is imperative however that these processes provide leverages for matauranga Maori to be acknowledged, maintained and implemented by Maori personnel. Environmental health education should be made aware at middle school level.
- Auckland - Much of the recent mahi our service has focussed on is about the interface between the generic and kaupapa Maori accountabilities. In the 2004-2007 Strategic Plan, we have in place an integrated approach to public health, i.e. health promotion and health protection all in one. In some ways it supports us as kaimahi Maori, but the process puts an extra burden on our workloads. We are now in the right timeframe to develop a Tikanga Best Practice Policy for Public Health, which is the viewpoint from which Maori HPO development has been answered

General Survey Notes:

- The poor response rate limits the accuracy/validity of the results
- Of the three respondents, most comments came from Auckland and Bay of Plenty, being very different areas with very different needs, making it more difficult to build an accurate picture
- Auckland comments came more from a policy/advisory-focussed role compared with Bay of Plenty being a more fieldwork-focussed role.

Discussion & Findings

Survey 1 - PHU Managers/MOsH

The following indications are provided from the 7 returns representing 5 PHUs:

QUESTION 1 – There is specific need (82%) across all PHUs to develop Maori health protection

QUESTION 2 – The priority to allocate a Maori HPO position (71%) is offset by limited availability of Maori HPOs and capacity priorities elsewhere – there seems to be some resignation that nothing further can be done. Some concerns exist about singling out Maori-specific (which contradicts a later finding that Maori HPOs are expected to have different skill sets). Differences of opinion exist within organizations – consensual views/strategy may not have been reached

QUESTION 3 – Alternatives to employing a Maori HPO (61%) for current needs appear to be mostly in the early or planning stages, with only one response fully satisfied with alternatives to achieving Maori health protection outcomes. Options range from the drawing board, gradual filling of the roles to collaboration with Maori services.

QUESTION 4 – Most organisations believe they have a satisfactory strategy to achieve employment of a Maori HPO (71% agreement). Options are constrained by unavailability of recruits - resignation to this fact may leave organisations feeling they're doing all they can. When combined with other findings that most believe the MoH/DHBs should be supporting development, it seems PHUs are doing all they are prepared to do, despite it not being very successful overall.

QUESTION 5 – There is limited clarity (57%) over job description and role if a Maori HPO is appointed. Variance exists between/within organisational understandings about this.

QUESTION 6 – Most (82%) expect a Maori HPO to have Maori as well as a full range of generic HPO competency.

QUESTION 7 – There is agreement (75%) the general HPO workforce needs additional development in order to progress Maori health protection issues. Lack of capacity, pressure from increasing specialisation and limited effectiveness of cultural training highlighted as issues.

QUESTION 8 – There is support (79%) for a national/regional programme to progress Maori health protection issues. Suggestions include targeted Maori recruitment and retention, reviewed salary structure and more practical regional focus involving iwi.

QUESTION 9 – There is agreement (75%) Maori HPOs should be networked more widely and have developmental roles supported by the MoH and DHBs. Comments include the need for personal support and localized enrolment without having to compete for staff.

QUESTION 10 – Recruitment and support (from isolation) continue to be highlighted as well as the ongoing need for Maori populations to have Maori-competent HPOs

In summary, Maori health protection remains a significant issue for MOsH/PHUs – barriers include availability of Maori HPOs, competing for recruits, lack of capacity in generic staff, restrictive salaries/career opportunities and isolation. The PHU survey suggests most are doing what they can or are prepared to do to address Maori health protection needs, with some expectation of further national/regional development support. Identified gaps however are not filled, and alternative strategies are mostly at early/less-defined stages. Whilst Maori HPOs are expected to have Maori competence, and generic workforce is expected to develop in order to address Maori health protection needs, variance exists over how practical this is in terms of available staff and capacities. It could be argued there is insufficient priority for Maori health in the health protection sector.

Survey 2 – Maori Health Protection Practitioners

The following indications are provided from the 3 returns representing 3 PHUs:

QUESTION 1 – Requirements for Maori health protection are generally under-identified with 33% indication that organizations have identified their Maori health protection requirements. Difference in PHU focus ranges from MoH/policy requirements, interface with tangata whenua and better delivery of current service to Maori.

QUESTION 2 – Maori community and staff requirements are not fully reflected in the Maori health protection requirements identified by PHUs. Wide variance between PHU opinion exists resulting in an average 42% agreement that Maori community/staff requirements are included – the additional comments re-enforce there is significant room/need for improvement.

QUESTION 3 – The Maori health protection requirements identified are being less than half met. An average 42% agreement that requirements are being met, along with additional comments indicates insufficient development.

QUESTION 4 – There is unanimous (100%) agreement from all PHUs that Maori health protection requirements need to be further defined. Maori and generic stakeholders need to be targeted.

QUESTION 5 – There is only 50% agreement (i.e. neutral) that sufficient personnel are available for Maori health protection requirements. Different regions require different approach and organisational support – insufficient data to properly match resource with identified need.

QUESTION 6 – There is generally (75%) sufficient equipment for Maori health protection requirements. However, the resource accessible to larger regions like Auckland contrasts with the need for more targeted resources in smaller areas. How well the equipment is made available/used may vary depending on further development of the Maori health protection discussion.

QUESTION 7 – There is neutral (50%) agreement that sufficient time resource is provided for Maori health protection. The variance between Auckland (75%) and Rotorua (25%) might be clarified by the subsequent comments showing Auckland's focus on ability to attend meetings/workshops (no Maori HPO designated at present) compared with Bay of Plenty lack of job sizing for actual field-work for regulatory tasks.

QUESTION 8 – Maori HPOs generally (75%) have sufficient skills (technical & Maori) to be competent in Maori health protection work.

QUESTION 9 – Maori HPOs generally (75%) have sufficient knowledge for Maori and Technical competency. This result is skewed by the variance between Wellington (100%) and others (50%) – perhaps because Wellington Maori HPO has been the longest serving, whilst other areas are still trying to develop for the needs in their areas (which vary greatly).

QUESTION 10 – Maori HPOs believe they have sufficient ability (92%) to be competent in Maori health protection work.

QUESTION 11 – Maori HPOs think a wide variety of options should be pursued to best address current gaps for Maori health protection. A reluctance to exclude options reflects the early developmental stage of the sector without a set way of doing things – hence all or any methods remain an option.

General survey comments:

The small sample numbers make generalizations difficult to sustain.

Conclusions:

Whilst sample size was small, it is clear Maori health protection as a work area is in great need of extra attention, however, it may be that this takes less priority than other work areas.

There is wide variance and little cohesiveness within and between organizations with regards to needs and strategies for Maori health protection. Whilst there is willingness and interest in a variety of initiatives, little has been done.

Maori health protection officers and those doing such work feel they have skills, ability and knowledge to be competent, however there needs to be more investment by PHUs to identify and support inclusive and effective approaches to Maori health protection.

References:

Background material and references used to inform this research paper are contained in Webber, C. (2004). Maori HPO Scoping Paper, Web-published report available at: www.angelfire.com/me/manakupu or from cwebber@xtra.co.nz

Survey 1 - Maori HPO Mini-Survey – PHU Managers/Medical Officers

Kia ora

As part of ongoing work into health protection workforce development, your response to the following would be much appreciated. This mini-survey is targeted at Medical Officers of Health and PHU Managers.

For further information contact Chris Webber 0274 353-755.

NEEDS:

1. Our organisation has specific need for the development of Maori health protection.

strongly disagree disagree neutral agree strongly agree

COMMENTS _____

2. Appointment of a Maori health protection officer is of high enough priority to allocate a position for this purpose.

strongly disagree disagree neutral agree strongly agree

COMMENTS _____

3. Gaps and solutions other than employment of a designated Maori Health Protection officer have been identified or acted upon to achieve Maori health protection outcomes.

strongly disagree disagree neutral agree strongly agree

COMMENTS _____

RESPONSES:

4. Our organisation has a satisfactory strategy to achieve the employment of a Maori Health Protection Officer.

strongly disagree disagree neutral agree strongly agree

COMMENTS _____

5. A clear job description and role has been identified for such an officer if appointed.

strongly disagree disagree neutral agree strongly agree

COMMENTS _____

6. A Maori Health Protection Officer would be expected to possess Maori competency additional to the full range of generic HPO abilities

strongly disagree disagree neutral agree strongly agree

COMMENTS _____

OTHER:

7. The general HPO workforce needs additional development in order to progress Maori health protection issues.

strongly disagree disagree neutral agree strongly agree

COMMENTS _____

8. There should be some sort of national/regional programme to achieve the general workforce development required to progress Maori health protection issues.

strongly disagree disagree neutral agree strongly agree

COMMENTS _____

9. Maori HPOs should be part of a wider network with developmental roles supported by the MoH and DHBs.

strongly disagree disagree neutral agree strongly agree

COMMENTS _____

10. Any other comments?

Name/Position: _____

Organisation: _____

I would like further involvement in this discussion (Y/N)

Contact for follow-up: _____

Kia ora rawa atu – please return comment to chris.webber@bopdhb.govt.nz or fax 07 346-0105

Survey 2 - Requirements & Capacity for Maori Health Protection - PHU/Maori HPOs

Kia ora

As part of ongoing work into health protection workforce development, your response to the following would be much appreciated. This mini-survey is targeted at those involved in Maori Health Protection (including PHU Managers, Maori HPOs, trainees, others). For further information contact Chris Webber 0274 353-755.

Requirements:

1. Our organisation has identified its requirements for Maori health protection.

strongly disagree disagree neutral agree strongly agree

Our Requirements are: _____

2. Requirements identified reflect the requirements of our Maori community and staff.

strongly disagree disagree neutral agree strongly agree

COMMENTS: _____

3. These requirements are fully met.

strongly disagree disagree neutral agree strongly agree

COMMENTS: _____

4. There is a need to further define our requirements and approach for Maori health protection.

strongly disagree disagree neutral agree strongly agree

COMMENTS: _____

Resources

5. We have sufficient *personnel* to meet our requirements for Maori health protection.

strongly disagree disagree neutral agree strongly agree

COMMENTS: _____

6. We have sufficient *equipment* to meet our requirements for Maori health protection.

strongly disagree disagree neutral agree strongly agree

COMMENTS: _____

7. We have sufficient *time resource* to meet our requirements for Maori health protection.

strongly disagree disagree neutral agree strongly agree

COMMENTS: _____

Competency

8. Our Maori HPO/other staff have sufficient *skills* (technical & Maori tasks) to be competent in this work.

strongly disagree disagree neutral agree strongly agree

Key Areas needed are: _____

9. Our Maori HPO/other staff have sufficient *knowledge* (technical & Maori) to be competent in this work.

strongly disagree disagree neutral agree strongly agree

Key areas needed are: _____

10. Our Maori HPO/other staff have sufficient *Ability* to be competent in this work.

strongly disagree disagree neutral agree strongly agree

Key areas needed are: _____

11. I think the following options should be pursued to best address our current gaps in capacity and ongoing requirements for Maori health protection

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Maori HPO Scholarships | <input type="checkbox"/> Focus on issues relevant to Maori |
| <input type="checkbox"/> Maori HPO Apprenticeships | <input type="checkbox"/> Stakeholder Collaboration (eg TLA, TPK) |
| <input type="checkbox"/> Maori Technical Officers | <input type="checkbox"/> Joining EHO/OSH/Kaitiaki critical mass |
| <input type="checkbox"/> Other/new types of role | <input type="checkbox"/> Co-ordination of Support (Nat./Regional) |
| <input type="checkbox"/> Alternative pathway options (eg retraining staff) | <input type="checkbox"/> Organisational change & commitment |
| <input type="checkbox"/> Additional Contracting (of our service) | <input type="checkbox"/> Local promotion/recruitment (schools & up) |
| <input type="checkbox"/> External Sub/Contracting (other providers) | <input type="checkbox"/> National promotion/recruitment |
| <input type="checkbox"/> Protocols with iwi/Maori/Pan-tribals | <input type="checkbox"/> Mentoring & Leadership |
| <input type="checkbox"/> More Maori responsive training programme | <input type="checkbox"/> Service Benchmarking |
| <input type="checkbox"/> More application of distance education
(<input type="checkbox"/> block, <input type="checkbox"/> internet, <input type="checkbox"/> correspondence) | <input type="checkbox"/> Maori competence for non-Maori |
| <input type="checkbox"/> More localised training components | <input type="checkbox"/> Maori support staff for non-Maori |
| <input type="checkbox"/> More 'whanau-based' training/hui | <input type="checkbox"/> Strategic plan development |
| <input type="checkbox"/> Alternative training providers | <input type="checkbox"/> Specialised Contract/Compensation arrangements |
| <input type="checkbox"/> Stronger Networking (MHPOs, trainees, support) | <input type="checkbox"/> Maori Community Support & Involvement |
| <input type="checkbox"/> More hands-on opportunities | <input type="checkbox"/> Other |

Any other comments regarding gaps in capacity and/or training/recruitment requirements/solutions?

Name/Position: _____

Organisation: _____

I would like further involvement in this discussion (Yes No)

Contact for follow-up: _____

Kia ora rawa atu – please return to chris.webber@bopdhh.govt.nz, Box 1858 Rotorua, fax 07 346-0105

