



TIHEI TAKITIMU
IWI MĀORI PARTNERSHIP BOARD

KAHUNGUNU HEALTH AUTHORITY

WĀNANGA | 3 July 2026

Toitōi, Hastings

Iwi ● Hapū ● Whānau ● Post-Settlement Governance Entities ● Taiwhenua ●
Hauora Māori Providers ● Iwi-Māori Partnership Boards



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KAHUNGUNU HEALTH AUTHORITY

WĀNANGA PURPOSE

- Explore and understand other indigenous self-governed health models / approaches
- Discuss and agree on an interim governance model
- Begin discussions to inform next wānanga: Oranga priorities for the Kahungunu Health Authority: future looking, innovative and inter-generational



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AGENDA

12:00pm

Whakatau

12:10pm

SESSION 1: Self-governing health models. Q&A

1:00pm

SESSION 2: Governance

2:00pm

Break

2:15pm

SESSION 3: Oranga priorities

Next steps

3:00pm

Karakia whakamutunga



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SESSION 1

**Critical Success Factors for
Effective Tribal Self-
Governance of Healthcare
in the U.S.**

American Indians and Alaska Natives *in the United States*



CRITICAL SUCCESS FACTORS FOR EFFECTIVE TRIBAL SELF-GOVERNANCE OF HEALTHCARE IN THE U.S.

PHD THESIS – MASSEY UNIVERSITY

DR. MARA ANDREWS – JUNE 2025

Reservations/Indian Land 56.2m acres (3.2% total US land area)
compared to NZ's 1.5m acres of Maori land (6% of total NZ). US
is 37 times larger than NZ

My journey to this PhD topic

- Entire career has revolved around Māori development: Māori Land Court; the Māori Trust Office; the Iwi Transition Agency; Te Puni Kokiri; Hauora Māori (P Nth, Hastings and Wellington)
- **1990s:** worked in health system and awarded a World Health Organisation (WHO) Fellowship in 1998. Went on a 9-month study tour of the USA and Canada to learn about Tribal governance and management of indigenous health services led by Native Americans (U.S.A.) and First Nations (Canada)
- **2000 - 2025:** Left health system to form an indigenous consultancy company called Kāhui Tautoko Consulting Ltd (KTCL)
- **2008:** moved to Canada & set up KTCL Canada - providing consultancy services for the indigenous First Nations organizations & Government agencies including set up of First Nations Health Authority (12 years there – office still in operation)
- **2017:** Opened office in Hawai'i and began working with Native Hawaiian Health Care systems
- **Since 1998:** Continued to follow the progress being made in self-governance and sovereignty in North America
- **2018:** Professor Sir Mason Durie encouraged me to enroll in the Massey PhD programme to share my learnings!
- **2021 – 2024:** Worked in set up and operation of Te Aka Whai Ora

As indigenous people we are all on a shared journey

“No right is more sacred to a nation, to a people, than the right to freely determine its social, economic, political and cultural future without external interference. The fullest expression of this right occurs when a nation freely governs itself”.

Joseph De La Cruz - Quinault Indian Nation,
U.S. (1937 - 2000)



A group of people, including men in traditional Native American attire and modern clothing, are dancing and playing drums in an outdoor setting. Many flags are visible in the background.

My inspiration: Tribal Self-Governance achievements in the U.S.

STATE OF OKLAHOMA

A large bison is grazing in a field of tall, dry grass. In the background, there are rolling hills, a few scattered trees, and a prominent dead, bleached tree trunk. The sky is overcast.

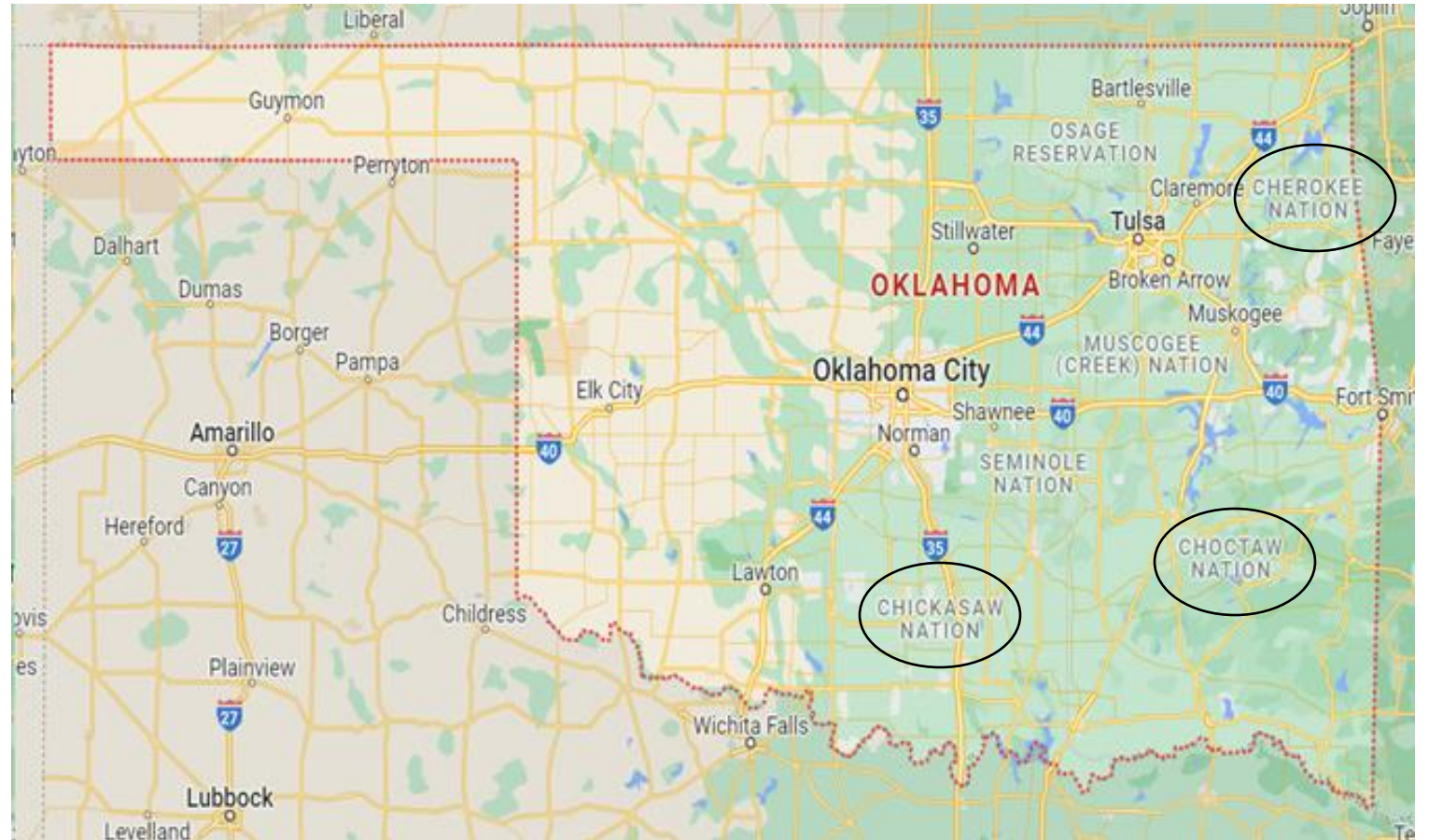
Choctaw Tribe

Chickasaw Tribe

Cherokee Tribe

Oklahoma Visit – 3 progressive Tribes

Self-governing for 30+ years



CHOCTAW NATION HQ

Oklahoma

225,000 citizens



CHOCTAW NATION ECONOMIC DEVELOPMENT

Choctaw Casino &
hotel



CHOCTAW NATION OF OKLAHOMA ECONOMIC IMPACT

\$2,519,532,303

JOB



18,152

Oklahoma jobs supported

\$838.6 Million

in wages and benefits paid to Oklahomans

COMMUNITY



\$1,613,300

contributed to cities and counties from the
Choctaw Community Partnership Fund

4.1 Million

pounds of waste recycled

EDUCATION



\$46.5 Million

in education funding

\$278 Million

paid in exclusivity fees since 2005
\$27.9 million paid in 2019 to support education

HOUSING



\$8.1 Million

in housing repairs to 1,566 households

442 Storm Shelters

installed for homeowners

HEALTH



\$259 Million

total health spend

999,893 Encounters

by patients at Health Services

CHOCTAW NATION

Choctaw community gymnasium



Elders exercise session + Crossfit + gym equipment (free to staff & Choctaw members)



Rent to own free standing homes and apartments

CHOCTAW HEALTH

All employees of Choctaw Nation



Family practices, pharmacy, dieticians, physio, laboratory, optometry, dental, radiology, podiatry, pediatrics, mental health and addictions, outpatient / day surgery – **all in one place!**

CHICKASAW NATION, Oklahoma

Approx. 70,000 citizens



Chickasaw: Education and careers focus



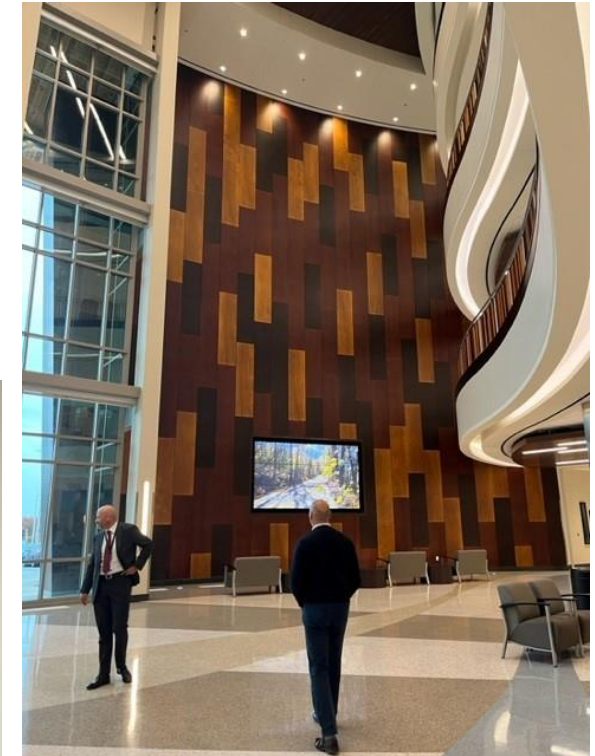
Their own STEM academy



CHICKASAW NATION Health Centre



Hospital Elevators	
Hospital Departments	Floor
Labor & Delivery / OB - Rooms 201-214	2
Surgery Center	2
Café / Okchamali's	1
Chapel	1
EMERGENCY	1
Gift Shop / ATM	1
Hospital Entrance	1
Clinic Departments	Floor
Floor 2 Clinics	2
- Dental Clinics	
- Diabetes Care Clinic	
- Orthopedic Clinic	
- Surgery Clinic	
- Women's Clinic	
Floor 1 Clinics	1
- Behavioral Health	
- Cardiology Lab	
- Laboratory	
- Pediatric Clinic	
- Pharmacy	
- Primary Care	
- Specialty Clinic	
Administration, Audiology Clinic, Eye Clinic & Residency Clinic / Aalthana are only accessible from the Clinic Elevators on Floors 1 or 2	
In Case of Fire Use Stairs Not Elevators	



CHEROKEE NATION, Oklahoma

2021 – Tribal citizen enrollment reached 400,000, making the Cherokee Nation the second largest tribe in the US after the Navajo Nation

Oversee an annual budget of over \$600 million and more than 3,000 full-time employees (excluding independent commercial entity)



Tribal Headquarters

Cherokee Health ...



Cherokee education and careers

Cherokee Medical School



Cherokee Primary School



@CherokeeCareers
*/CherokeeCareers

- Accounting/Finance/Audit
- Administration
- Business Development
- Distribution
- Human Resources
- Engineering
- Information Technology

- Legal
- Manufacturing
- Marketing/Communications
- Purchasing/Inventory
- Security/Safety
- Telecommunications

Cherokee Federal

Focuses on Federal government procurement & supply chain opportunities

- All Cherokee Federal businesses are wholly owned by the Cherokee Nation – operate in US and overseas (e.g., UAE, Dubai)
- Cherokee Nation and its businesses employ more than 11,600 people and has an annual economic impact of **\$2.16 billion** in northeast Oklahoma
- **63% of profits are re-invested in Cherokee businesses (\$92m in 2019)** for creating jobs in high growth, high potential industries, training and educating Cherokee citizens to fill jobs and promote self-sufficiency
- **37% (\$54m in 2019) of profits are invested in Cherokee programs and services** including education, housing, justice and health.

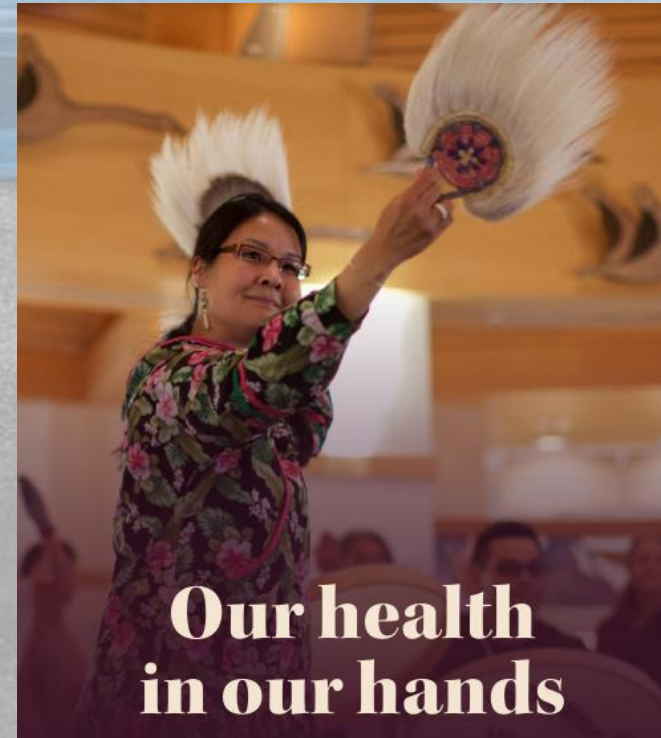


ANCHORAGE (ALASKA)

Alaska Native Tribal Health Corporation (ANTHC) – statewide Tribal entity

Alaska Native Medical Centre (ANMC) – main tribal hospital

South Central Foundation (SCF) – major primary care centre



**Our health
in our hands**

ALASKA TRIBAL HEALTH SYSTEM



Alaska Native Health System

Facts

229 Federally Recognized Tribes (Villages)

SCF:

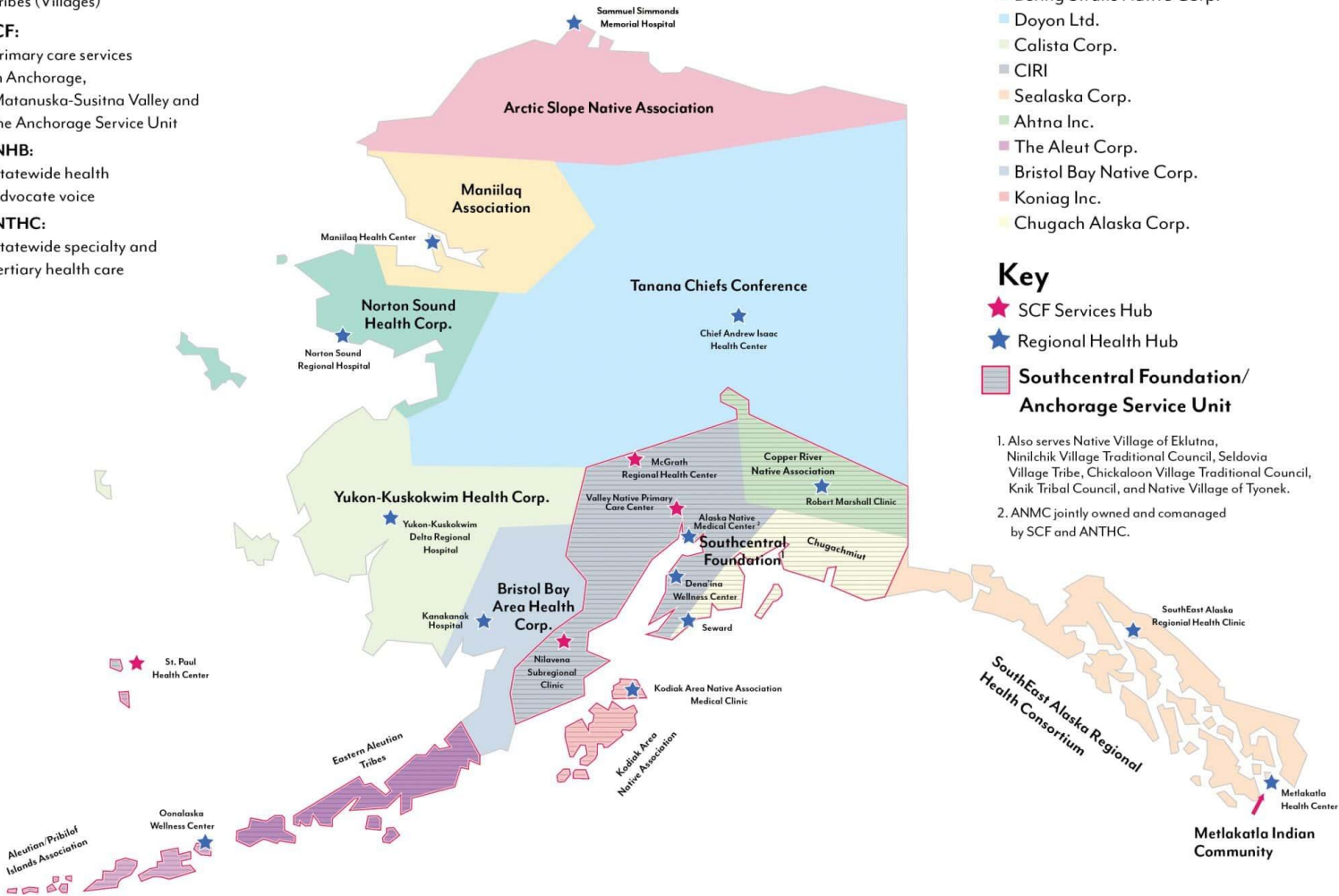
Primary care services in Anchorage, Matanuska-Susitna Valley and the Anchorage Service Unit

ANHB:

Statewide health advocate voice

ANTHC:

Statewide specialty and tertiary health care



Regional Native Corporations

- Arctic Slope Regional Corp.
- NANA Regional Corp.
- Bering Straits Native Corp.
- Doyon Ltd.
- Calista Corp.
- CIRI
- Sealaska Corp.
- Ahtna Inc.
- The Aleut Corp.
- Bristol Bay Native Corp.
- Koniag Inc.
- Chugach Alaska Corp.

Key

- ★ SCF Services Hub
- ★ Regional Health Hub

Southcentral Foundation/Anchorage Service Unit

- Also serves Native Village of Eklutna, Ninilchik Village Traditional Council, Seldovia Village Tribe, Chickaloon Village Traditional Council, Knik Tribal Council, and Native Village of Tyonek.
- ANMC jointly owned and managed by SCF and ANTHC.

ALASKA NATIVE HEALTH CAMPUS

Anchorage

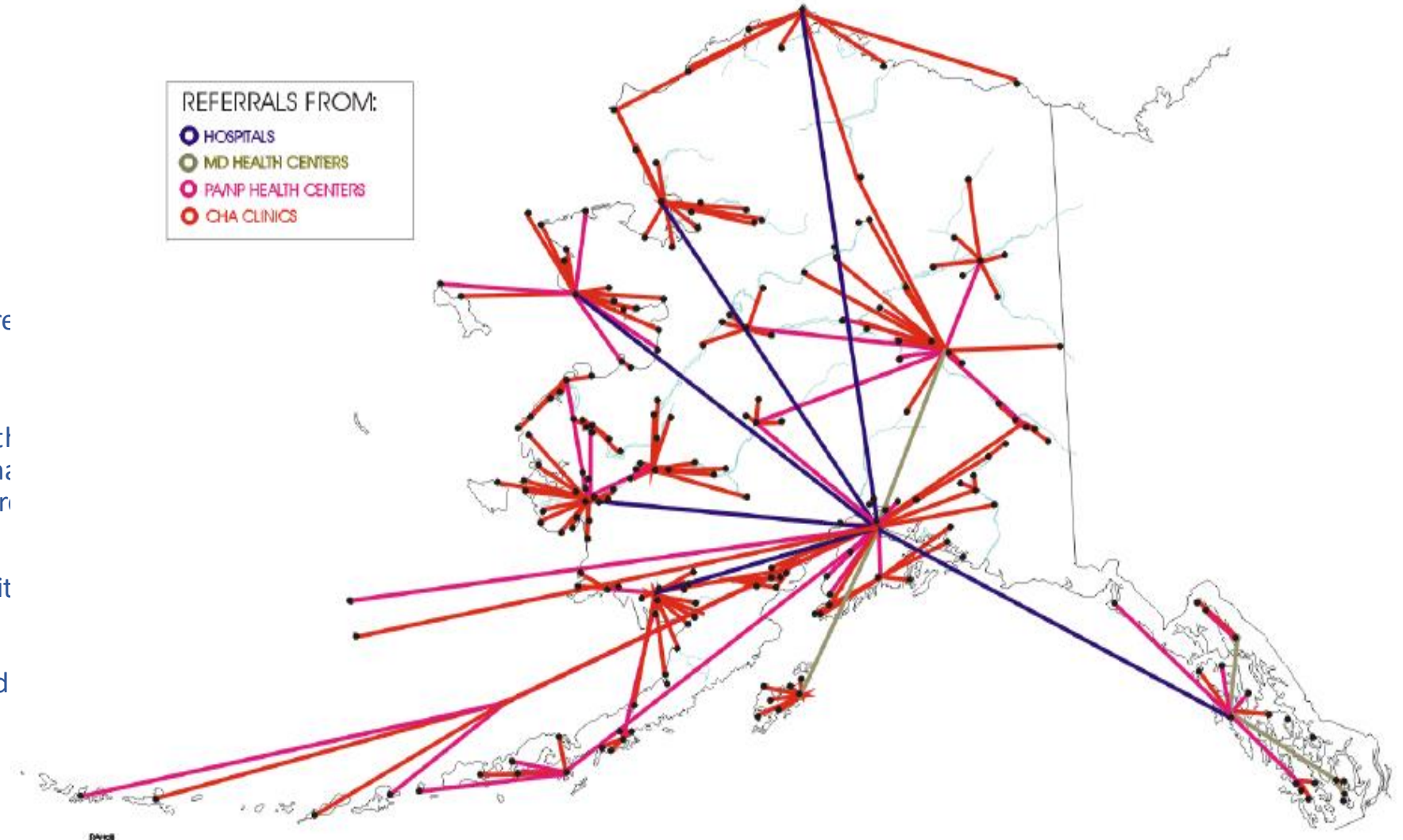


THE ALASKA NATIVE HEALTH CARE SYSTEM

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

- The Alaska Tribal Health System represents 229 Tribes through one unified compact agreement
- It covers 596,412 square miles compared with NZ 68,750 square miles.
- It serves over 175,000 Alaska Natives through its system of community health aide clinics, sub-regional clinics, regional hospitals, and the Alaska medical center (as well as over 12,000 employees).
- ANTHC is self-governing and provides its own statewide specialty medical care, construction of water, sanitation and health facilities, community health and research, information technology, and recruiting of partners.

Typical Referral Patterns



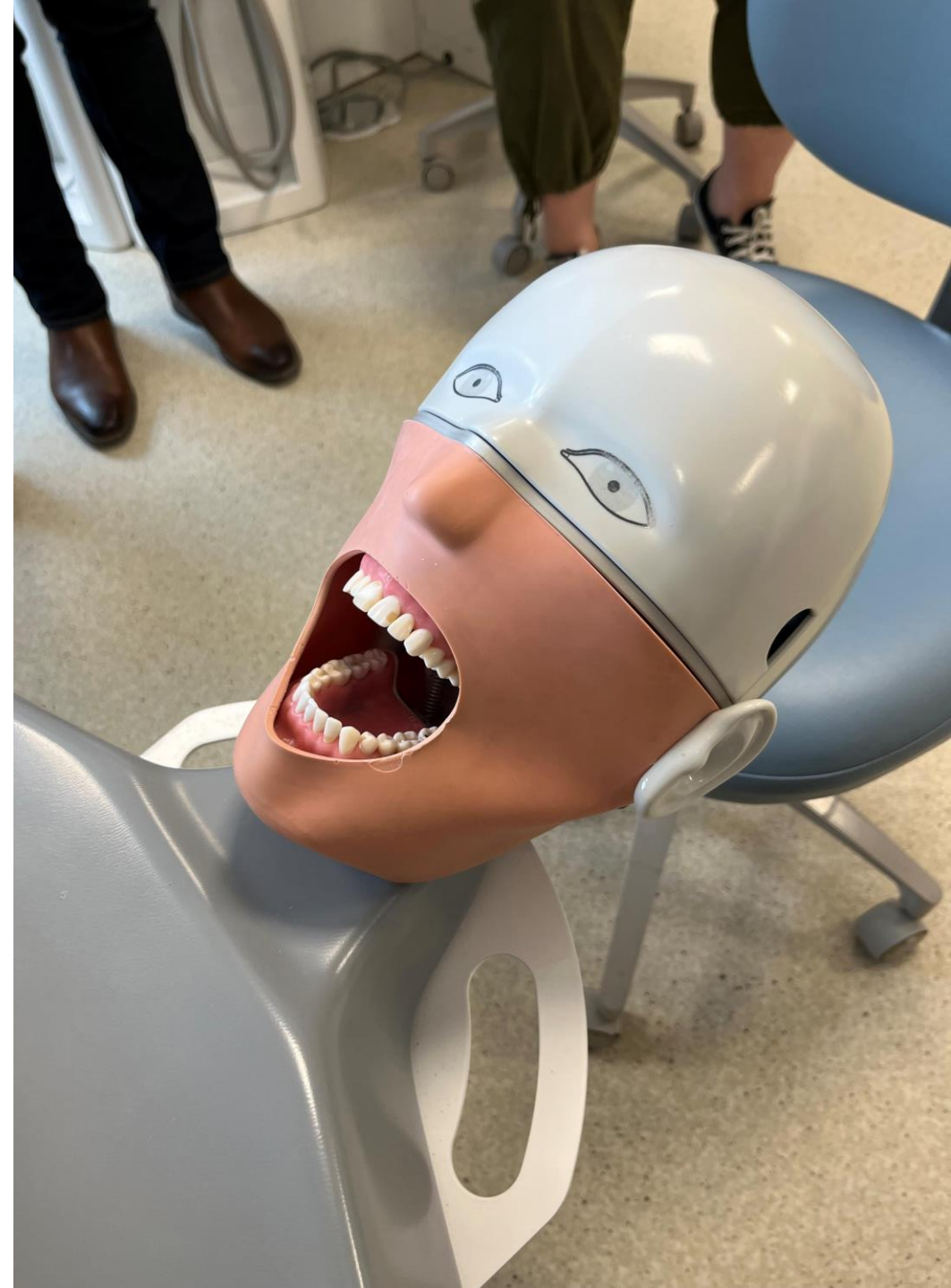


SOVEREIGNTY ACROSS DATA, INFORMATION, RESEARCH AND DEVELOPMENT

- Most health entities across Alaska share electronic health records with ANTHC. This allows data and information for all patients to be accessed and collated for analysis purposes.
- ANTHC have extensive data and research capabilities, including an Epicentre, that enable data sovereignty for their people.
- Owning and controlling their own data and research is pivotal to ANTHCs success

A Culture of Learning and Development

- Across all areas of ANTHC, there is an emphasis on learning, training and development on delivering services to Alaska Natives.
- The **Community Health Aide** training program trains local people to be the eyes and ears of the physician (CHAs conduct about half of patient care visits and provide everything related to making an assessment)
- The **Distance Learning Network** is run to allow people to train from within their communities for as long as possible. This is a vital part of ANTHC's approach to ensuring all training is culturally-based and –relevant.
- ANTHC also consistently focuses on their **workforce development**, including through a representation strategy, employee councils, succession plans, a talent bank, climb program (for entry level staff to build their skills and expertise), executive leadership program, and employment branding.



ANTHC operates all PUBLIC HEALTH for Native Alaskans



CRAFT

I want to help my loved one enter substance abuse treatment



Critical Incident Stress Management (CISM)

The ANTHC CISM (Critical Incident Stress Management) team of trained staff and behavioral health providers is standing by to support your mental health and well-being. You can reach out to CISM at any time. All communication is confidential.



Domestic and Sexual Violence Prevention Resources

You are not alone when facing domestic and sexual violence. ANTHC's Domestic Violence Prevention Program partners with multiple statewide and regional partners to identify resources for the help you may need. This website is a safe, secure space. If you are in need of immediate assistance, call the domestic violence crisis line at 800-799-SAFE (7233) or 911.



Domestic Violence Prevention

Prevention of domestic violence and sexual assault among Alaska Native people



Resources



Substance Misuse Prevention

Working with Tribes to prevent substance misuse



Suicide Prevention

Promoting suicide awareness and providing powerful education and prevention services for Alaska Native communities

HEALTHY PEOPLE & PREVENTION



Vaping Prevention Resources



Tobacco Prevention & Control

Training and technical assistance to tobacco prevention programs



Injury Prevention

Committed to reducing injuries among Alaska Native people



HIV/STD Prevention Program

Promoting sexual health and healthy relationships among Alaska Native people



Helmets On

Always wear a helmet when riding an ATV, snow machine, motorcycle or bicycle



Health Promotion & Disease Prevention

Promoting healthy and traditional lifestyle practices for prevention of chronic disease



Elder Outreach

Providing special, personal services and support to our valued Alaska Native Elders



Diabetes

Setting high goals and low blood sugar levels



Congenital Sucrase-Isomaltase Deficiency (CSID)

ANTHC's CSID Program provides education, resources, and support for patients, caregivers, and health care providers.



Cancer Program

Partnering for cancer prevention, screening and early detection, and survivorship



Boating Safety

Boating safety tips from ANTHC

ALASKA NATIVE MEDICAL CENTRE (TERTIARY HOSPITAL)

- Governed by Alaska Natives
- Specialty clinics
- Infusion centre/dialysis
- Cancer treatment & screening
- Specialised staff, nurse and doctor ratios
- Referral systems and a common EHR
- Travel and accommodation for patients and families (hotel on site)
- Co-location of services with SCF.

Kaweka strategy?



ALASKA NATIVE MEDICAL CENTRE (TERTIARY HOSPITAL)

Provides the usual expected specialist services under native Alaskan governance

WATER REGION	
Departments	Floor
 Administration	1
 Admitting	1
 Cardiology	1
 Enrollment	1
 Family Birthing	2
 Pediatric Inpatient Rooms	2
 Medicaid Travel	1
 Neurosurgery	1
 NICU	2
 Pharmacy	1
 Rehabilitation	1
 Volunteer Services	1
 Patient Rooms 263 - 266	2
 Patient Rooms 417 - 432	4
 Patient Rooms 517 - 532	5
 Cafeteria	1
 Espresso	1
 Quayana House	1
 Patient Experience	1

MOUNTAIN REG	
Departments	
	Critical Care
	Dental
	Emergency
	ENT & Audiology
	Imaging
	Laboratory
	Orthopedic
	Progressive Care
	Surgery - Same Day
	Surgery Clinic
	Urology
	Patient Rooms 401 - 416
	Patient Rooms 501 - 516
	Craft Shop
	Patient Housing at ANMC
	Rotunda

SOUTH CENTRAL FOUNDATION (SCF)

- SCF is an Alaska-Native owned **PRIMARY HEALTH** care organization serving nearly 60,000 Alaska Natives living in Anchorage and the surrounding villages
- SCF is the largest of the Alaska regional health corporations
- SCF began in 1984 providing dentistry, optometry, community health representatives and injury control services - expanded in 1987 to include substance abuse treatment
- Expanded to include Traditional Healing Clinic in the Primary Care facility
- Funded by Indian Health + 3rd party revenues (e.g. insurance claims)



Traditional
Healing
Centre



PRIMARY CARE CENTER

1st FLOOR



Traditional Healing
Customer Service
Laboratory & Cafe
WIC
Pharmacy
Audiology

2nd FLOOR

Pediatrics
Pediatric Specialty Services
Medical Services
Administration &
Empanelment



Primary Care Clinics
Learning Kitchen
Radiology
Conference Rooms
Elevators
Parking Garage

Southcentral Foundation

RADIOLOGY



Ultrasounds



X-rays



Mammograms



Bone Density scans



PHOENIX (ARIZONA)

A tall saguaro cactus stands prominently in the center of a desert landscape. The cactus has a single main trunk with two arms extending outwards. The ground is covered in dry, yellowish-brown grass and small, scrubby bushes. The sky is a clear, pale blue.

Gila River Indian Community (GRIC)
Gila River Health Corporation (GRHC)

GILA RIVER INDIAN COMMUNITY (GRIC)

- GRIC reservation has a land area of 583,749 square miles and has over 11,000 citizens
- GRIC are a self-governing tribe with its own telecom company, solar electric utility, industrial park and water supply



GRHC main hospital



A FULLY SOVEREIGN TRIBAL SYSTEM

- GRIC operate **Gila River Health Corporation (GRHC)** which seeks to be the premier Native American healthcare delivery system that serves the lifelong needs of their people.
- The Health Corporation offer a full range of medical and health services to their people through its various medical centres, elders care centre
- GRIC operate its own:
 - **criminal justice department** (own police chief, tribal police force, SWAT team, canine unit and special investigations unit, and judicial system) with full jurisdiction on their land.
 - **fire and emergency** department
 - **Cultural heritage centre** and archive whereby precious ancestral artefacts, documents and history are stored safely and displayed proudly and managed by Tribal citizens
 - **Economic enterprises** and businesses
 - **Education** system



GRIC Culture & Heritage Centre

*"We prefer to tell
our own history"*



Mohegan Tribe (Connecticut)

Governance Center





Governance departments

Tribal Council +
Council of Elders

Health
Courts

Public safety (police /
fire)

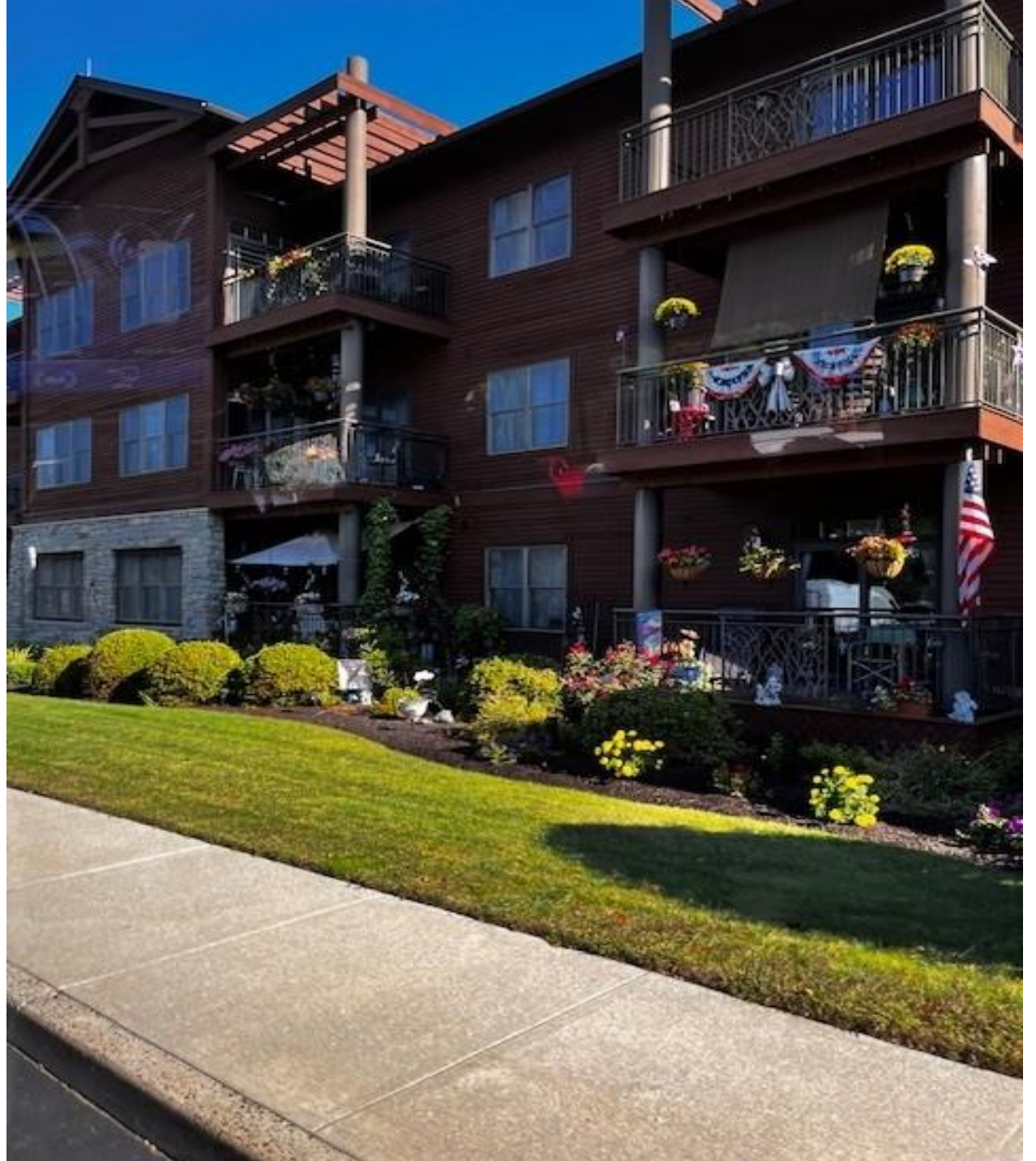
Library & archives
Land management
Health & human
services – including
care & protection



MOHEGAN TRIBE (Connecticut)

Elders Lodge and Assisted Living

- 1 and 2 BR independent apartments and some with assisted living (1-2 hours support each day)

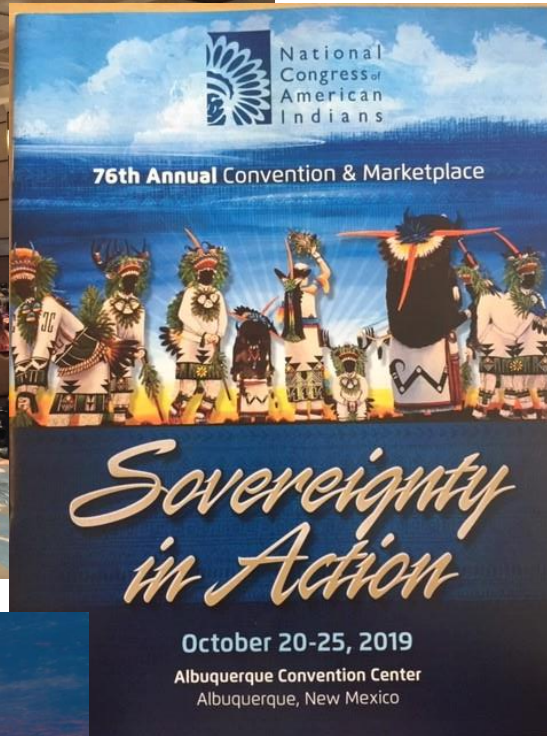


Some of the U.S.
Tribes / sites I
have been
humbled to visit
since 1999

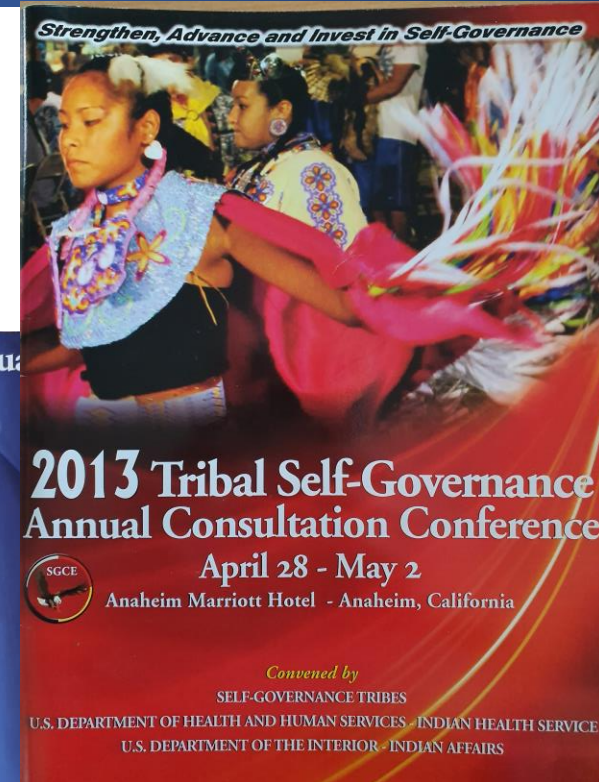
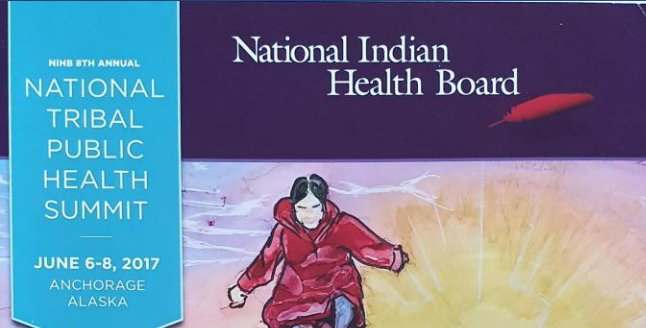
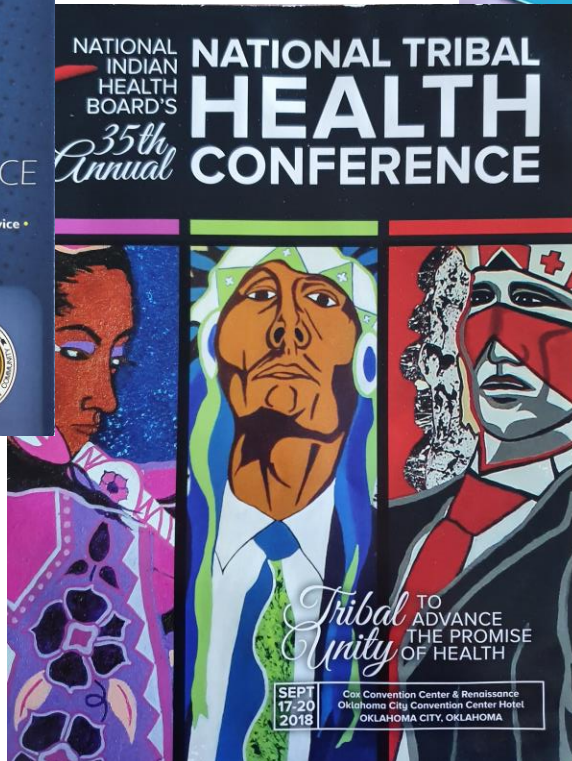
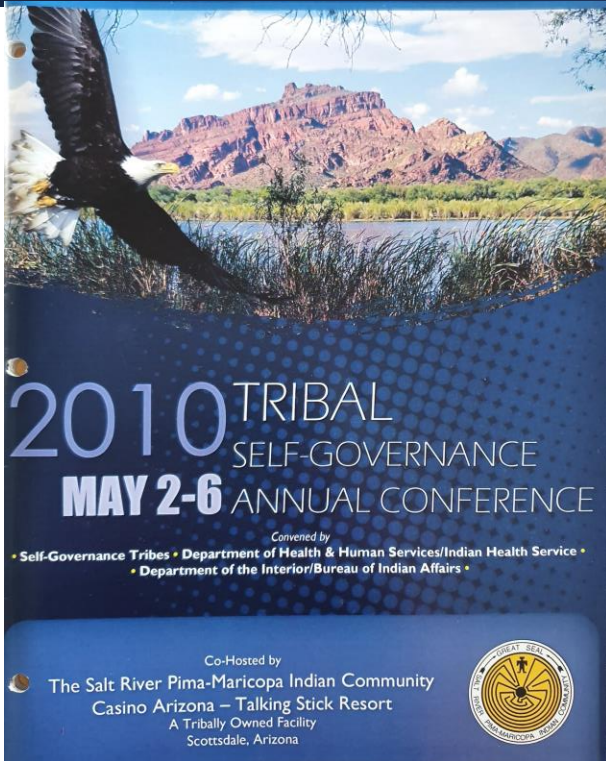
(120+ site visits excluding
Canada)



574 Tribes across the US ... *the collaboration is inspirational despite their diversity*



Some of the many conferences I attended where I listened, learned, gathered intelligence & built relationships



Seeing and experiencing all of these Tribal developments since 1999 led to me asking myself “*how did they achieve all of this?*”

PhD focus ...

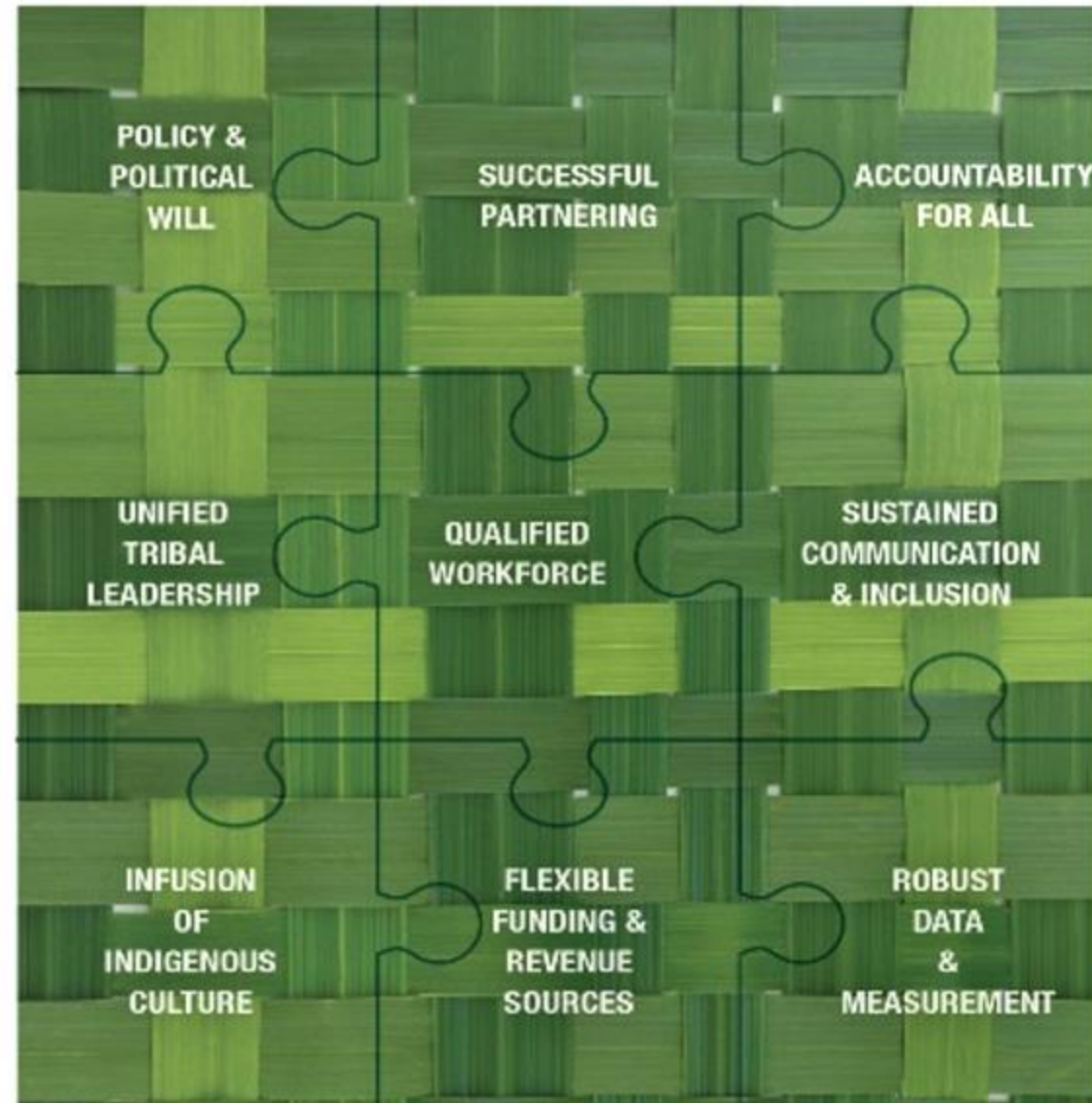
In 2019, this led to my hypothesis that there are **nine critical success factors** that led to Tribes successfully taking over former Federal Government services for their communities ... and simultaneously expanding their other social, cultural and economic developments

My research proposed
**NINE CRITICAL SUCCESS
FACTORS FOR EFFECTIVE
TRIBAL SELF-
GOVERNANCE:** *the
research sought to
validate these factors*

*This framework (2019) emerged
from 20 years of:*

- *Observations & discussions at
many Tribal conferences 1999
- 2019*
- *Literature analysis*
- *Document analysis*
- *Multiple site visits to Tribes,
regional and national
organisations 1999 - 2019*

9 CRITICAL SUCCESS FACTORS FOR A TRIBAL SELF-GOVERNANCE SYSTEM IN HEALTH



1. POLICY & POLITICAL WILL

Dual focus:

(1) Critical for Tribes themselves to have the political will and Tribal mandate from their citizens to enter into a TSG arrangement (since it is optional for Tribes):

Tribal citizens need to support their leaders to enter into TSG arrangements. Tribal leadership may determine that they do not want to be exposed to the risks of managing healthcare, or they may simply have other priorities

(2) Critical to have the appropriate policy platform and political will of Government politicians to facilitate the pathways for TSG by Tribes to support their aspirations

Government's adoption of TSG policy (Nixon, 1970) and enactment of associated legislation (Indian Self-Determination and Education Assistance Act 1975 or ISDEAA) has created policy environment of the Federal government. Favorable Indian policy and the legislation permits transfer of government programs to Tribes if and when they so choose.



Tribal leaders at a Senate Committee Hearing making submissions

The US Tribal Self-Governance Policy

The goal of the US Self-Governance policy is to *“permit an orderly transition from Federal domination of programs and services to provide Indian Tribes with meaningful authority, control, funding, and discretion to plan, conduct, redesign, and administer programs, services, functions, and activities (or portions thereof) that meet the needs of the individual Tribal communities”*.

Compact Agreements are contracts between sovereign nations / governments

Under the original 1975 Self-Determination / Self-Governance legislation, Self-Governance has two basic parts:

- the transfer of the responsibility for managing Federal programs (and funds) that serve Indians from existing service providers to the Tribes, and;
- providing Tribes with the broad authority to redesign Federal programs and reallocate Federal resources to more effectively and efficiently meet the needs of Tribal communities through **COMPACT** agreements

*“Under Self-Governance, Tribal capacity expands, knowledge and recognition of local issues increases, and greater community engagement results. Self-Governance encourages Tribal governments to exercise greater control over their planning and budgeting processes to meet local needs. Tribal citizens become more involved in the governing process and the identification of local needs and accountability of Tribal governments improves”.
(SGECTC Submission, 2018)*

“it sees the further the movement away from pervasive Federal control and towards Tribal autonomy. It brings jobs to Tribal communities and builds Tribal administrative capacity, but Tribes also exercise self-determination through economic development, cultural activity, language revitalization, and other aspects of nation-building” (Strommer & Osbourne, 2014)

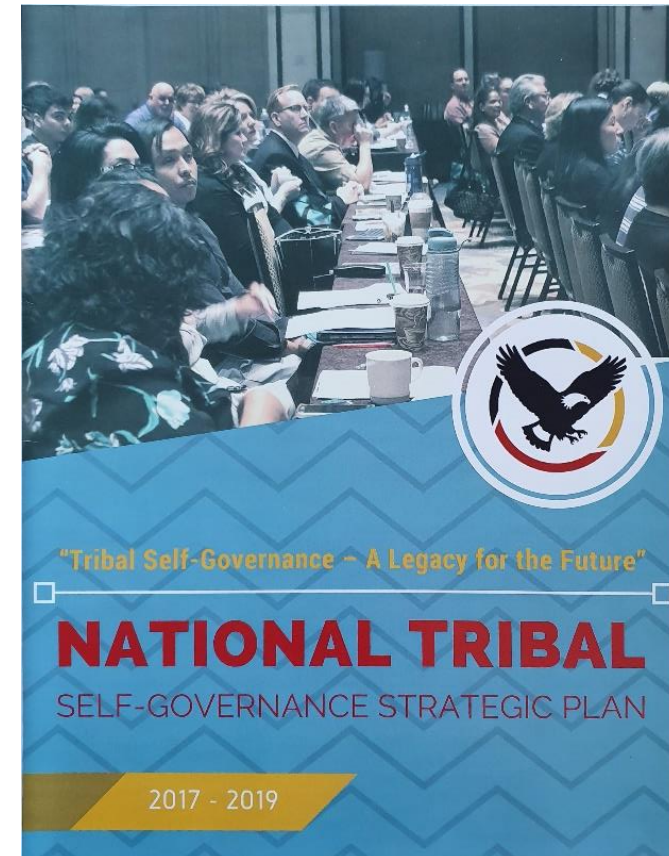
“What self-governance is, in a nutshell, it is empowering the Tribe. It is recognizing our sovereignty as a government and recognizing our rightful place as a government within the family of the American political system.

We were contractors back in the 1970s and 1980s and into the 1990s. In the 1990s, when self-governance emerged, now we asked the Federal Government start recognizing the Tribes as governments

2. UNIFIED TRIBAL LEADERSHIP

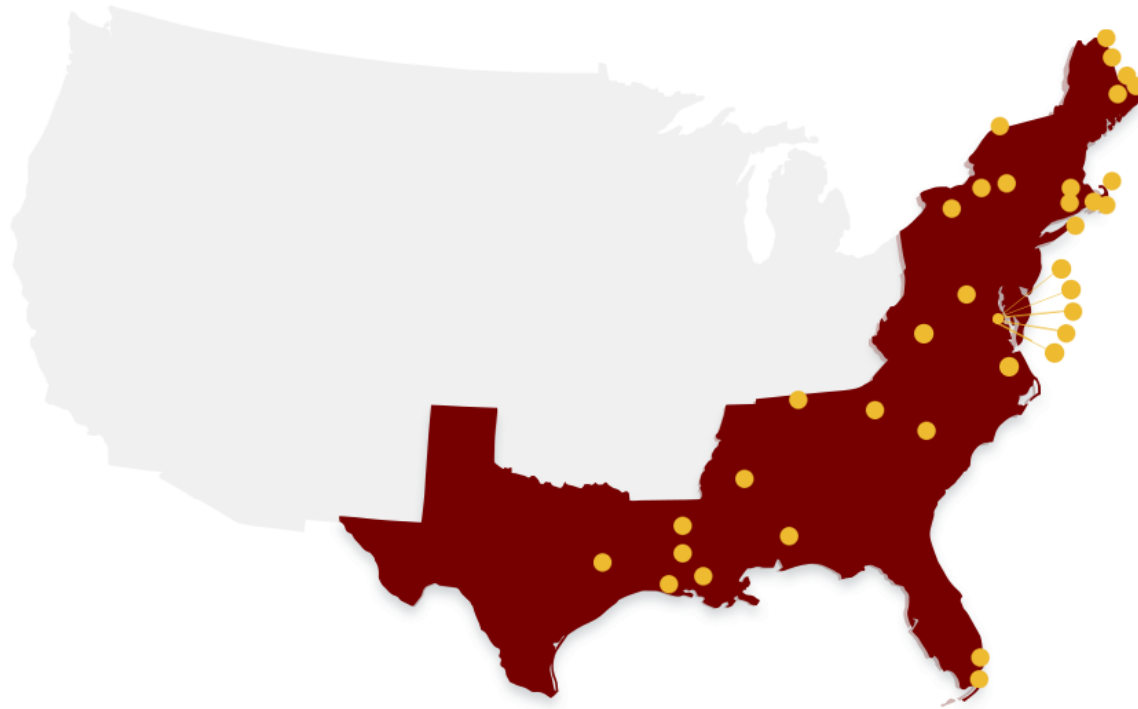


- Many Tribal collective structures across the U.S. **nationally, regionally and locally** which support coordination and unity (also offering opportunities for achieving economies of scale by sharing capacity, professional / technical services, and technology)
- Examples: Alaska Native Tribal Health Consortium (ANTHC), United Southern & Eastern Tribes (USET), Northwest Portland Area Indian Health Board
- Each of these national and regional entities have operated for several decades and have been able to **sustain** their inter-Tribal relationships
- Working together to bring about and implement change, is achieved when Tribal leaders are able to speak with one voice
- **GOAL OF UNITY** – to create the legislative and policy environment to enable Tribes to opt in to self-governing their own affairs; workforce development; policy & advocacy; sharing best practice



EXAMPLE – regional collaboration

United South & Eastern Tribes (USET)



- Established in 1969 (56 years)
- USET is a non-profit, inter-Tribal organization serving thirty-three (33) Tribal Nations
- USET is dedicated to:
 - Advocacy for sovereignty policy and legislation
 - enhancing the development of Tribal Nations
 - improving the capabilities of Tribal governments
 - improving the quality of life for Indian people through a variety of technical and supportive programmatic services.

**BECAUSE THERE IS
STRENGTH IN UNITY**

Our motto grew out of a recognition among our founding member Tribal Nations that some form of unity between themselves would facilitate their dealings with the federal government. As the organization has grown to include 33 diverse member Tribal Nations, the motto continues to serve as the foundation of our work today.

UNIFIED TRIBAL LEADERSHIP continued

NATIONAL INSTITUTIONS

NATIONAL CONGRESS OF AMERICAN INDIANS (NCAI)
Political (all Tribes) 1944

NATIONAL INDIAN HEALTH BOARD (NIHB) Technical – health specific
1972

SELF-GOVERNANCE COMMUNICATION & EDUCATION TRIBAL CONSORTIUM (SGCETC)
Focuses on supporting Self-Governing Tribes

NATIONAL COUNCIL FOR URBAN INDIAN HEALTH (NCUIH)
For 36 Urban Indian programs across US
1998

National Indian Child Welfare Assn (NICWA)
1978

National Indian Justice Center (NIJC) 1983

National Indian Education Assn (NIEA)
1969

Assn of American Indian Higher Education (AIGHEC) 1973

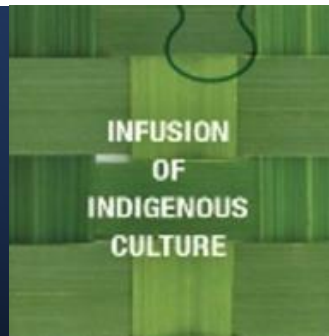
Other specialised national entities

NCAI President Fawn Sharp making “State of Indian Nations” speech 2020



NATIONAL CONGRESS OF AMERICAN INDIANS (NCAI) – structured national Tribal entity		
	NCAI COMMITTEES	SUBCOMMITTEES (if any)
1	EXECUTIVE COMMITTEE	-
2	ECONOMIC, FINANCE AND COMMUNITY DEVELOPMENT COMMITTEE	- Housing (including updates from National American Indian Housing Council) - Economic Development, Finance and Employment - Transportation and Infrastructure - Technology and Telecommunications
3	LAND AND NATURAL RESOURCES COMMITTEE	- Energy and Mineral Policy - Environmental Protection and Land Use (including National Weather Service; Climate Action Task Force and Presidential policies on climate) - Trust Lands, Natural Resources and Agriculture (including protection of Tribal wild horses and Forests)
4	HUMAN RESOURCES COMMITTEE	- Health - Education (including updates from National Indian Education Association and American Indian Higher Education Consortium; Bureau of Indian Education) - Child and Family Welfare (including update on TANF – Temporary Assistance for Needy Families – funding; Tribal Child Welfare Training opportunities; Adoption and Foster Care Reporting system) - Disabilities - Elders
5	VETERANS COMMITTEE	Includes discussions on National Native American Veterans Memorials and inequities to access to Veterans services by Native American veterans
6	LITIGATION AND GOVERNANCE COMMITTEE	- Jurisdiction and Tribal Government (including UNDRIP update; Sovereign immunity legislation; Opioid Litigation update) - Tribal Gaming - Human, Religious and Cultural Concerns - Taxation - Public Safety and Justice (including updates from the Department of Homeland Security about the safety of Americans domestically; Federal Emergency Management updates in times of crisis; Red Cross update and Active Threat Events including update from Counter-Terrorism presenters)
7	RULES AND CREDENTIALS COMMITTEE	-
8	RESOLUTIONS COMMITTEE	-

- Tribes do this to express and live their culture across the continuum of health care because it is who they are; it is the expression of their identity; and it is an expression of their sovereignty
- Through language, cultural protocols, program design and delivery, displaying flags of sovereignty, using traditional methods for structural organization and relationship management (e.g., traditional ways of dispute resolution) – all Tribes have applied the cultural lens in ways that work best for them
- Essential that Tribal identity, sovereignty and authority is maintained whether operating one-on-one or collectively at a regional or national level



3. INFUSION OF INDIGENOUS CULTURE

EXAMPLES: Native Languages

- Native American languages in the U.S. have succumbed to linguicide over time (Interpreters and Translators Inc. 2020). Approximately 300 languages were spoken in the U.S. before colonialism. Today, approximately 167 indigenous languages are spoken in the U.S., and it is estimated that only 20 of these languages will remain by 2050. Navajo is the most spoken Native American language, with 170,000 speakers.
- The Tuba City Regional Health Care Corporation (TCRHCC) in the Navajo territory is an example of one Tribally governed health entity serving around 75,000 native people that has a dedicated Office of Culture and Language Resources. They have 60+ Health Care Interpreters / fluent speakers throughout the hospital
- Choctaw Nation School of Language (Chahta Anumpa Aiikhvna) – 60 employees
- Tribally owned Heritage Centers

Southcentral Foundation: Traditional Healing Clinic



Navajo Nation Council Chambers: **Mural of their history around the walls**



FLEXIBLE FUNDING & REVENUE SOURCES

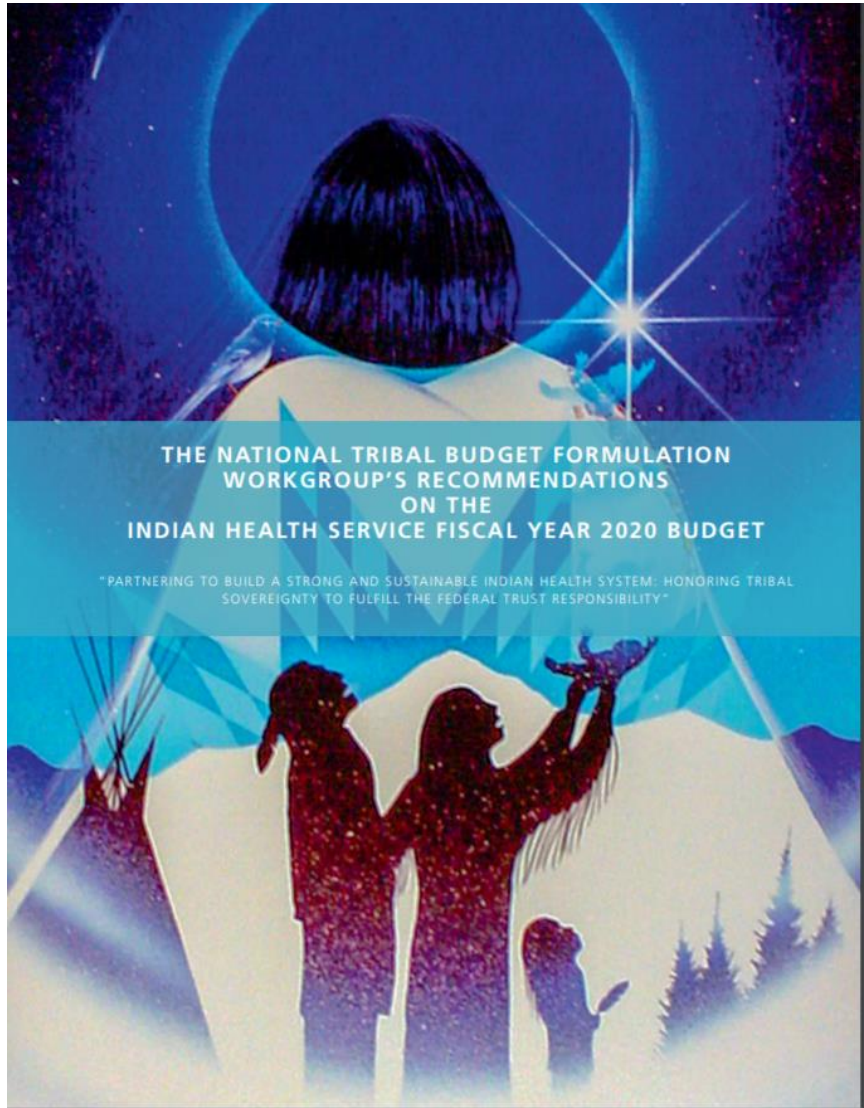
4. FLEXIBLE FUNDING & REVENUE SOURCES

Funding as a Federal Trust Responsibility: The basis for advocacy for an equitable budget by Tribes is at its core based on the **Federal Trust responsibility**, the promise to provide health services to American Indians. It is not simply an equity issue. It is about the keeping of promises made in Treaties.

The **National Tribal Budget Formulation Workgroup** describes this well:

The Federal promise to provide Indian health services was received in good faith by our ancestral Tribal leaders to lay the foundation for peaceful co-existence of our great nations.

By giving up Tribal lands, the United States were able to prosper and build great wealth, leaving First Americans to try to build a life as domesticated nations in land reserves carved out by the President. Since the earliest days of the Republic, all branches of the Federal government have acknowledged the nation's obligations to the Tribes and the special Trust relationship between the U.S. and American Indians and Alaska Natives. The U.S. assumed this responsibility through a series of treaties with Tribes, exchanging compensation and benefits for Tribal land and peace.



Underfunded Indian Health Service means underfunded Self-governing Tribal health

- This issue remains one of the most critical for self-governing Tribes in the U.S. and is not yet fully resolved
- A **National Tribal Budget Formulation Workgroup** was formed by the IHS and Tribal leaders (since the late 1990s)
- In 2004-2005, the workgroup completed a historic piece of work when they developed the first comprehensive Needs Based Budget (NBB) for the Indian Health Service which estimated that the financial gap between the current budget at the time was **\$19 billion**
- Federal appropriations for the Indian Health Service at the time amounted to \$2,130 per person in 2005, while Government spent \$5,200pp for the Veterans Administration; and \$4,000 pp for the Bureau of Prisons.
- By 2017 this equity gap had become **\$32 billion**
- By fiscal year 2022 the workgroup identified that the budget gap for the Indian Health Service was at **\$48 billion**

House Allocates \$31.2 Billion to Indian Country With Passing of American Rescue Plan



Announced on Native News Online on the 10th of March 2021 the American Rescue Plan (Covid-19) awarded **\$31.2 billion** to Native American and Alaska Native Tribes

It was the largest amount of money ever allocated for American Indian/Alaska Native programs in history.

5. QUALIFIED WORKFORCE

For Tribal Self Governance to be effective, the leadership and front-line workforce needs to be well-qualified and informed.

- **Building capacity of Tribal leaders:** Development of knowledge and competencies of Tribal leaders is a constant strategy. Tribal Attorneys educating leaders on the legislation that impacts on health care delivery. Technical advice and support for Tribal and urban health leaders is also provided by or available from organizations such as the NCAI, SGCETC, NIHB and NCUIH. Leaders are provided with tools, written submissions, and policy papers to give them advice or to prepare them for giving testimony at hearings for instance.
- **Tribally-led leadership development programs:** Tribes themselves have also developed initiatives to help improve the capability of their Tribal workforces. The Alaska Native Tribal Health Consortium (ANTHC) for instance developed leadership programs to help grow their Alaska Native leaders (Alaska Native Executive Leadership Program (ANELP) developed with the Alaska Pacific University), Pathways to Leadership and Leadership Excellence through Determination (LEAD), Self-Governance, and Communications Education Tribal Consortium (SGCETC) provides training and education in self-governance.
- **Building the frontline healthcare workforce:** The ANTHC also worked with academic institutions to develop three unique and specific health aide programs tailored for Alaska Native workers who work primarily in rural and remote communities of Alaska – the Community Health Aide Program (CHAP), the Dental Health Aide Therapists (DHAT) and Behavioral Health Aides (BHA).

QUALIFIED WORKFORCE –
ANTHC example of front
line roles designed by
indigenous people for
working with indigenous
people

Community Health Aide Program

The Community Health Aide Program (CHAP) consists of a network of approximately 550 Community Health Aides/Practitioners (CHA/Ps) in over 170 rural Alaska villages. CHA/Ps work within the guidelines of the *Alaska Community Health Aide Manual* (CHAM) in assessing and providing emergent, acute, and chronic care to residents of their respective communities. Alaska CHA/Ps are the front line of healthcare in their communities.

Dental Health Aides

Alaska's Tribal Health System educates and employs four levels of Dental Health Aides. DHA's provide increased access to oral health care services at Tribal Health Organizations in Alaska and in American Indian communities throughout the United States.

Behavioral Health Aide

Behavioral Health Aide/Practitioners use a combination of Western and traditional-based practices to provide behavioral health prevention, treatment and recovery services to Alaska Native populations in rural Alaska.

QUALIFIED WORKFORCE— leadership and governance

The Udall Center for Studies in Public Policy's

NATIVE NATIONS INSTITUTE

We envision a world where all Indigenous Peoples exercise their inherent sovereignty through strong self-governance.

Project on Indigenous Governance and Development

Sovereignty Matters

When Native nations make their own decisions about what development approaches to take, they consistently out-perform external decision makers on matters as diverse as governmental form, natural resource management, economic development, health care, and social service provision.

Culture Matters

Successful economies stand on the shoulders of legitimate, culturally grounded institutions of self-government. Indigenous societies are diverse; each nation must equip itself with a governing structure, economic system, policies, and procedures that fit its own contemporary culture.

Institutions Matter

For development to take hold, assertions of sovereignty must be backed by capable institutions of governance. Nations do this as they adopt stable decision rules, establish fair and independent mechanisms for dispute resolution, and separate politics from day-to-day business and program management.

Leadership Matters

Nation building requires leaders who introduce new knowledge and experiences, challenge assumptions, and propose change. Such leaders, whether elected, community, or spiritual, convince people that things can be different and inspire them to take action.

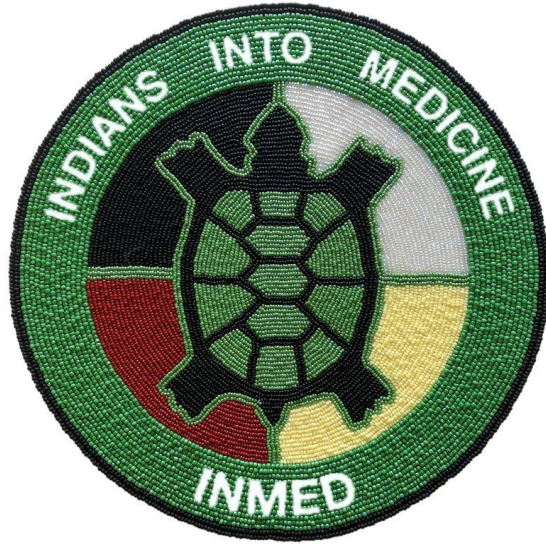


THE UNIVERSITY OF ARIZONA

NATIVE NATIONS INSTITUTE

Founded by the Udall Foundation
& the University of Arizona

Example workforce programmes



INMED was established at North Dakota University to address the need for health professionals to serve reservation populations

The program is located where American Indian health needs are the greatest. American Indian populations on the 24 reservations in North Dakota, South Dakota, Montana, Wyoming, and Nebraska are among the most underserved in the country

The University of North Dakota (UND) also developed the **Recruitment & Retention of American Indians into Nursing (RAIN)** program

The RAIN program provides academic support and assistance to American Indian students seeking a nursing degree from pre-nursing through to doctorate level

The RAIN program has been operating for 30 years



6. SUCCESSFUL PARTNERING

- Partnerships already occur at many levels with Tribes and are constructed to accelerate and advance Tribal priorities by bringing partners together who have influence, resources, and expertise. Partnerships:
 - exist **between individual Tribes** or collectively when they come together regionally. This mechanism often allows for larger Tribes to support smaller ones.
 - exist **between Tribes and various Federal agencies** for different projects, as well as with the local State Governments where Tribes are located
 - exist **between Tribes and academic institutions**
 - exist **between Tribes and non-profit and philanthropic organizations** who operate in the Tribal coverage area and who provide additional benefits for Tribal citizens
 - exist **between Tribes and the private sector** including suppliers such as health technology businesses or law firms.

Tribes cannot undertake the Tribal Self Governance role alone so need partners. Critical because Tribes do not have the resources to create and employ the entire gamut of specialized skills that are needed to govern complex health care. Tribes select **loyal, respectful and reliable** partners who share the desire to advance their sovereignty as Tribes

SUCCESSFUL PARTNERING continued



HARVARD UNIVERSITY
Native American Program



NPAIHB
Indian Leadership for Indian Health

Northwest Portland Area Indian Health Board Tribal Youth Delegates 2022-2023

Applications for Tribal Youth Delegates

NPAIHB are now accepting applications through **May 31, 2022**

New Applicants: https://www.surveymonkey.com/r/RBZ_GPHD

Continuing Applicants: <https://www.surveymonkey.com/r/HZJ9SBM>



43 Tribes working together

MAY 2021

Building Health Equity With Tribal Nations

*The National Budget Formulation Workgroup's
Recommendations on the Indian Health
Service Fiscal Year 2023 Budget*

Tribal & IHS partnership

7. SUSTAINED COMMUNICATION & INCLUSION



- A vital element of self-governance is the ability of **Tribal leadership to stay informed** so that they can perform their roles adequately.
- **Email systems** are used for regular email communiqué to Tribal organizations and other stakeholders from the national organizations such as NCAI, NIHB and SGCETC
- The SGCETC shares key documents such as **submissions and testimony** which Tribal leaders have given at Senate and Congressional hearings.
- Maintain a **central calendar** identifying dates for TSG conferences, Advisory Group meetings, TSG Senate, Legislative and Congressional hearings, and training sessions
- **Indian Health Service communications** (Advisory Committees or topic-specific working groups e.g., the Budget Formulation Working Group, use of Director 'Listening Sessions' with Tribal leaders (no agenda), Tribal Consultation Policy, Dear Tribal Leader letters, Blogs, social media

SUSTAINED
COMMUNICATION and
INCLUSION continued
... use of social media

@TribalGovWorks

Follow @TribalGovWorks on Twitter



ChoctawNationOK
@choctawnationOK



Retweeted by TribalGovWorks

Tribal elder Wilson Roberts is Choctaw Proud. He takes every opportunity he can to talk to others about the Choctaw culture and how far the Tribe has come. Learn the whole story at togetherweremore.com. #togetherweremore #TWM

Photo from @TribalGovWorks on Twitter on choctawnationOK at 4/6/23 at 8:05AM



The Muscogee Nation
@MuscogeeNation



Retweeted by TribalGovWorks

Principal Chief David Hill has introduced a new program, the Tribal Grave House Assistance Program. The program will begin 10/1 and provides \$500 to a Muscogee family towards the purchase of supplies to construct a grave house for their loved one. Unanimously passed



Center for Indian Country Development



Retweeted by TribalGovWorks

Our #WhatWorks series highlights successful community development efforts that offer practical approaches to consider. In our latest, learn how Red Lake Nation effectively used #NMTCS to expand an essential retail and food center. bit.ly/3WtPxio



Cherokee Nation
@CherokeeNation



Retweeted by TribalGovWorks

The Cherokee Nation is taking another step toward #foodsovereignty for Cherokee citizens through a demonstration project with the @USDA. This will allow the tribe to use local ground beef and chuck roast from our 1839 Cherokee Meat Co. in our food distribution program.

— SELF-GOVERNANCE COMMUNICATION AND EDUCATION TRIBAL CONSORTIUM —



8. ROBUST DATA AND MEASUREMENT



Tribal Data Capacity: NCAI developed a white paper (2018) on Tribal Data Capacity as a broad issue. While not health-specific, the issues raised in this paper are very relevant to the TSG environment::

“Like other nation states, AI/AN Tribes are decision-making entities that need reliable information for planning and development. Tribes still rely on incomplete or inadequate data about their citizens and resources. The lack of reliable planning data is only one symptom of the data gap in Indian country”

NCAI paper affirms that the demand for **Indigenous data sovereignty**, that is, the right of a nation to govern the collection, ownership, and application of its own, is a growing effort.

Health Information Technology (HIT): Robust Tribal data is needed by self-governing Tribes on health issues for functions like advocacy for policy and funding, or measuring health service utilization, health impacts and health outcomes. IHS and Tribes are working together to develop a nation-wide HIT strategy.

ROBUST DATA & MEASUREMENT continued

NEWS

Navajo Nation receives \$50M for internet infrastructure

by: [Jordan Honeycutt](#)

Posted: Aug 31, 2022 / 03:10 PM MDT
Updated: Aug 31, 2022 / 04:49 PM MDT



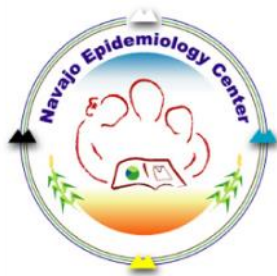
NEW MEXICO (KRQE) – The Navajo Nation has been awarded \$50M in federal funding for 63 projects to boost high-speed internet infrastructure. The money will go towards the construction of 11 new telecommunication towers and 204 miles of new fiber installations and wireless broadband equipment.

- **Reporting to Government:** NCAI produced a policy advice paper (NCAI 2017) for Tribal leaders stating that a *“Tribe’s collection and maintenance of data at its own initiative for its own purposes should be the primary focus of any analysis of Tribal data capacity”* NCAI conducted an analysis on the volume of data and time that Tribes spend to meet Federal reporting requirements and determined to reduce this burden.
- **A Tribal Solution to Self-Governance Reporting:** The Tribal Data Exchange (TDE) is designed to meet the minimum dataset for self-governance (Chickasaw, 2015). The TDA is an existing Tribal data system which is able to meet budget formulation, fund distribution, program management, and reporting needs of Tribes.
- **Population Health Measures – Government and Tribal:** A Baseline Measures Workgroup was formed in 1994 to develop and recommend a set of baseline measures for AI/AN communities and they presented their final report in 1996. The workgroup developed six categories including 150 measures (smaller centers do not report as much as larger centers)
- **Research Projects:** Since 2001, the Native American Research Centers for Health (NARCH) initiative, administered by the National Institutes of Health and the Indian Health Service, has funded numerous Tribal academic research partnerships. The NARCH initiative goals are to increase the capacity of Tribes and academic centers to conduct research, reduce distrust and provide training to reduce health disparities in AI/AN communities while also building Tribal research capacity and oversight.

ROBUST DATA AND MEASUREMENT continued

Tribal Epidemiology Centers (TECs): Tribal Epidemiology Centers (TECs) commonly known as Epicenters. These were established by legislation and are funded by the IHS and the National Institutes of Health. TECs play a critical role in building public health capacity among AI/AN communities and provide a variety of public health services including data dissemination, surveillance, applied epidemiological studies, training, responses to public health emergencies, technical assistance, and disease control and prevention activities. TECs also support national public health goals by working to improve data for GPRA (Government Performance and Results Act) reports.

THERE ARE 12 NATIONALLY RECOGNIZED TRIBAL EPIDEMIOLOGY CENTERS



- For Tribes who are self-governing, there are **multiple stakeholders** to whom they must account:
 - Tribal leadership is accountable to their citizens to maintain their trust and faith in the leadership & to report their achievements and use of Tribal resources
- Tribes who belong to **collective entities** are **accountable to each other** according to the various Constitutions and Rules that they operate under
- **Regional and National entities** are **accountable to their Tribal members** and must communicate, report out and seek their input to decision-making and direction
- Tribes are also accountable to their funders, both the IHS and others who provide resources
- The IHS is also **accountable as a federal agency** and their main body of oversight is the Senate Committee on Indian Affairs (SCIA) as well as the Government Accountability Office (GAO)
 - There is much evidence within the archives of the SCIA of reports, submissions, hearings, reviews, and legislative activities initiated by the SCIA which are all aimed at constantly improving the accountability of the IHS to government and to Tribal citizens



9. ACCOUNTABILITY FOR ALL

RESEARCH VALIDATION PROCESS: 2021 - 2023

Interviews with member participants

Further literature reviews

Further observations

Further document reviews

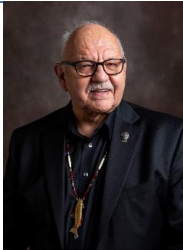
ACKNOWLEDGE 10 ALASKA NATIVE & NATIVE AMERICAN LEADERS

These 10 leaders contributed immensely to my PHD Thesis as interviewees (Member participants)

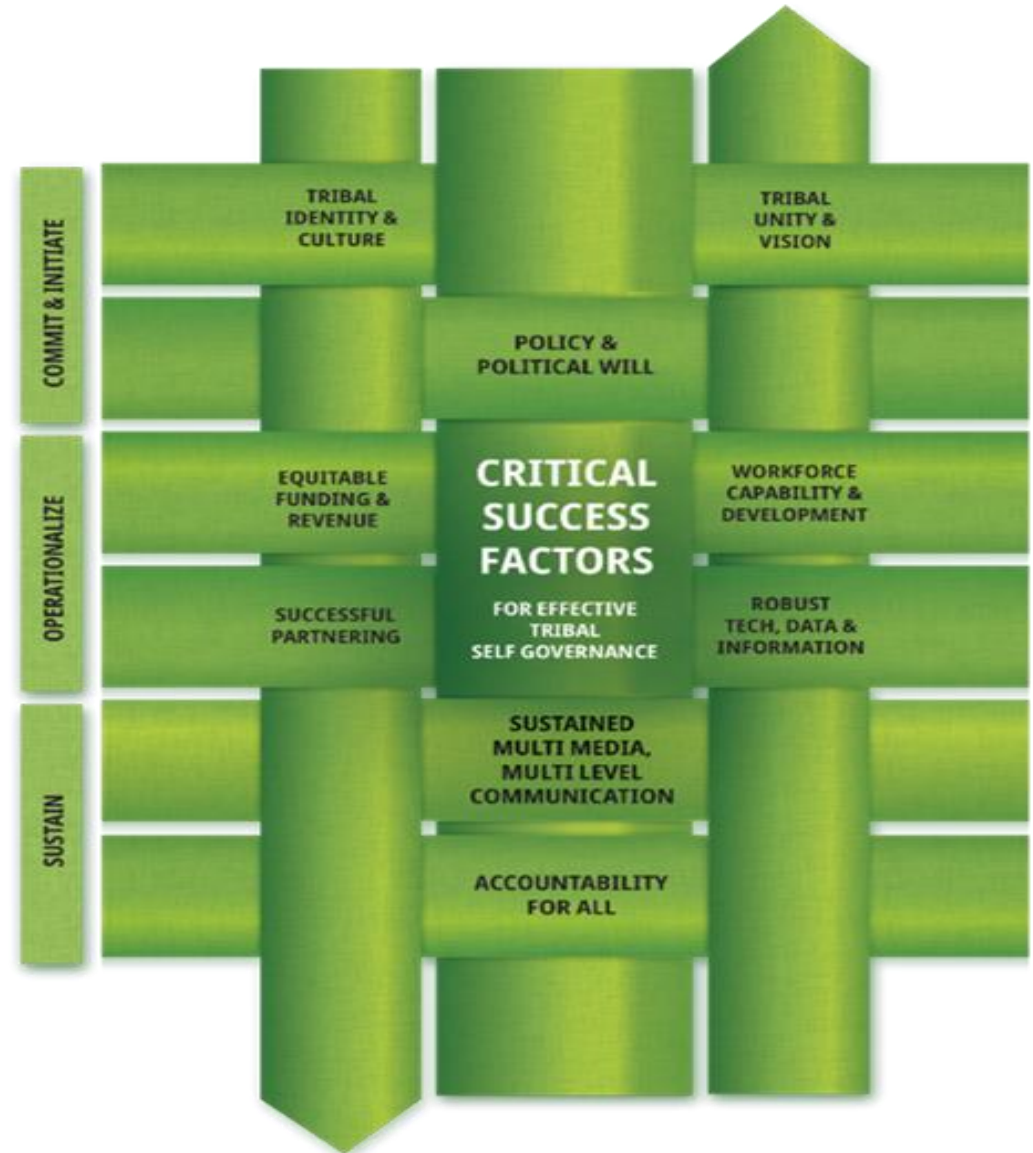
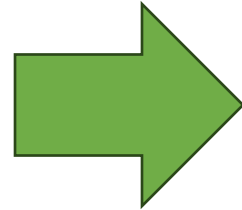
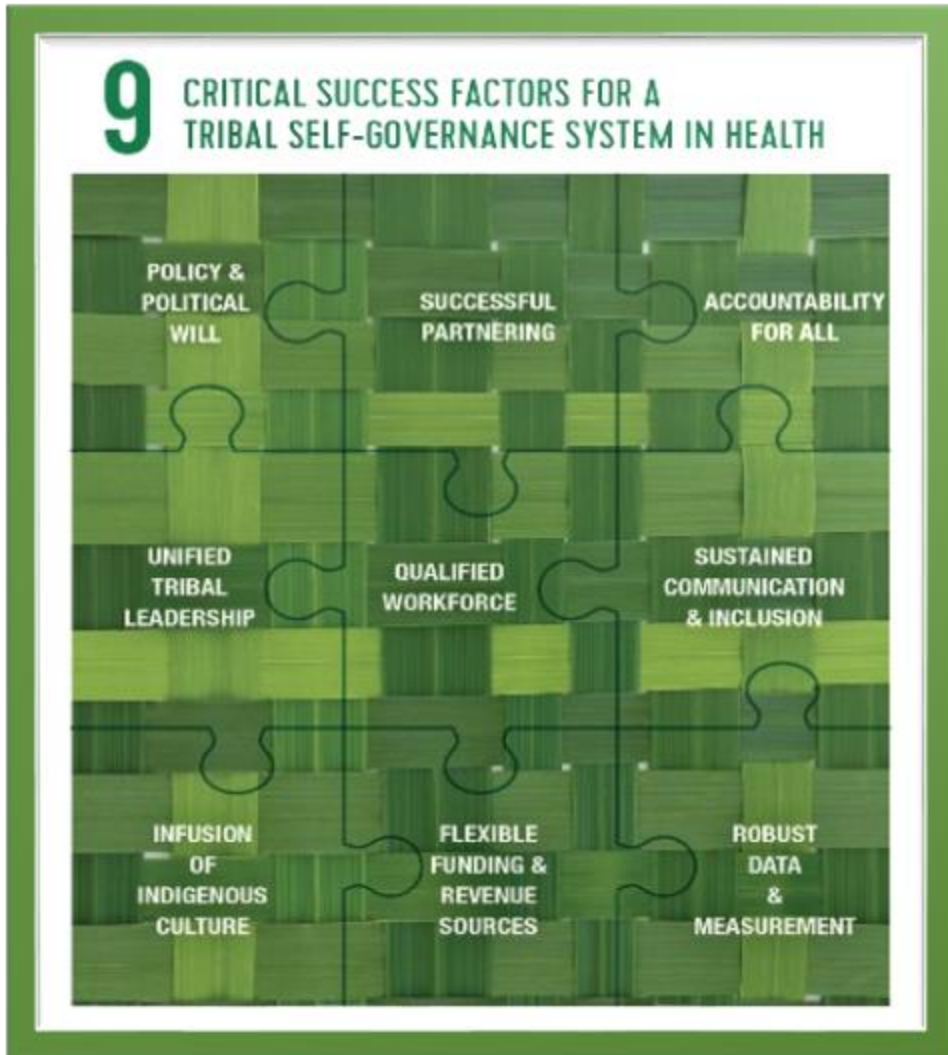
They shared honest, pragmatic and authentic views on my proposed 9 factors and all gave support to them – however prioritised & sequenced them

Many other Tribal, government, legal and private consultant leaders also contributed – through the knowledge they shared during the course of my learning

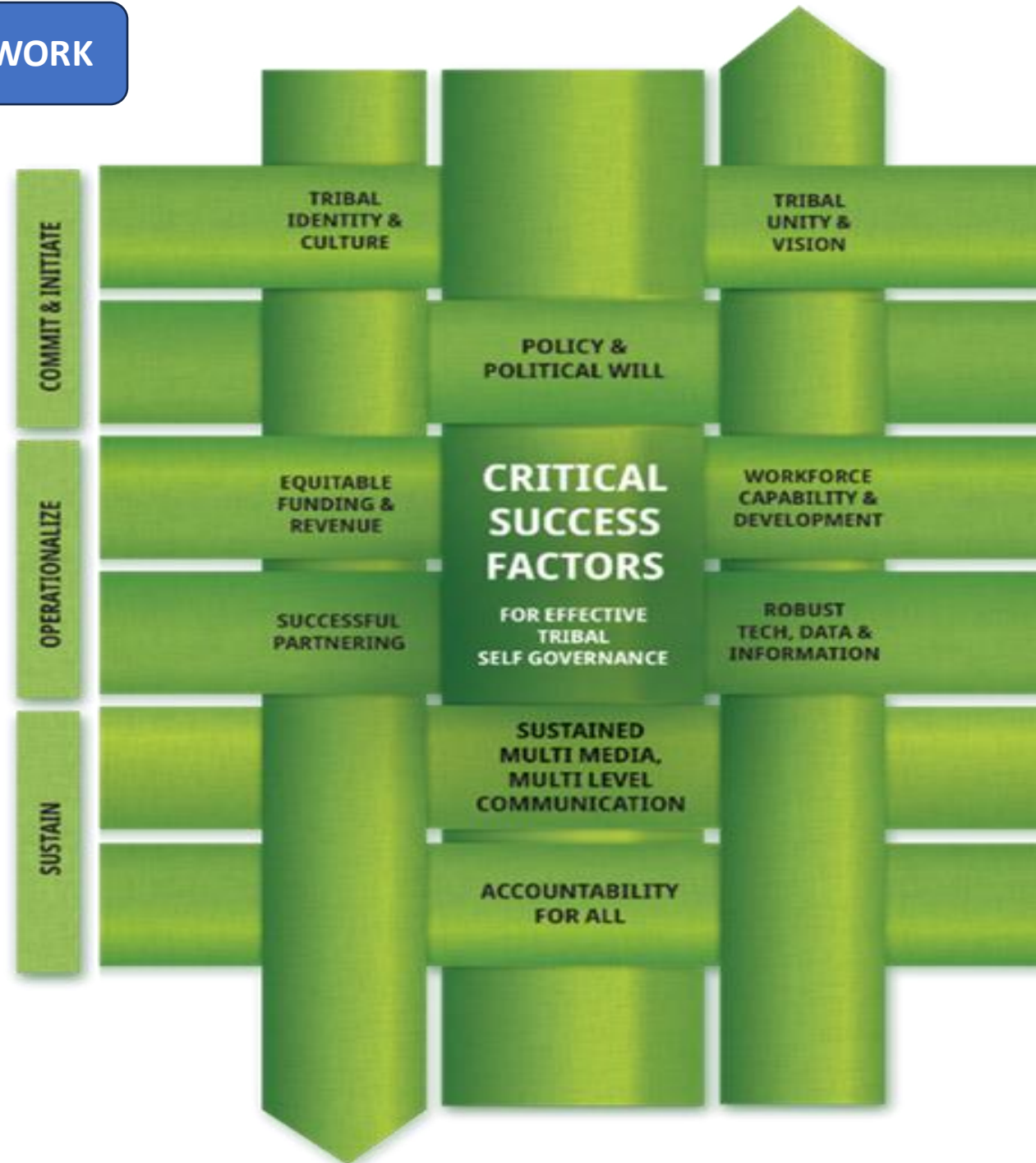
I thank all of them for sharing so much

		
Chief Lyn Malerba, Mohegan Tribe. Photo credit: United Southern and Eastern Tribes (USET) (www.usetinc.org)	Kiteki Carroll, Executive Director of United Southern and Eastern Tribes (USET) in Nashville. Photo credit: https://nativenewsonline.net/opinion/dear-america/	Director of Indian Health Service: Rear Admiral Michael Weeahkee. Photo credit: Indian Health Service (www.ihs.gov)
		
Stacey Bohlen, Executive Director, National Indian Health Board	Carolyn Crowder, Inupiat name Kingaluq, Tribal member of the Nome Eskimo Community. Alaska Native	Jim Roberts, VP Intergovernmental Affairs, Alaska Native Tribal Health Consortium.
		
Jay Spaan, Executive Director Self-Governance Communications and Education Tribal Consortium.	Benjamin Smith, Deputy Director, Indian Health Service.	Geoffrey Strommer, Partner, Hobbs, Straus, Dean & Walker, Portland.
	Chairman Ron Allen, Jamestown S’Klallam Tribe, Washington State and member National Tribal Self-Governance Advisory Group (NTSAG)	

After validation – updated the framework

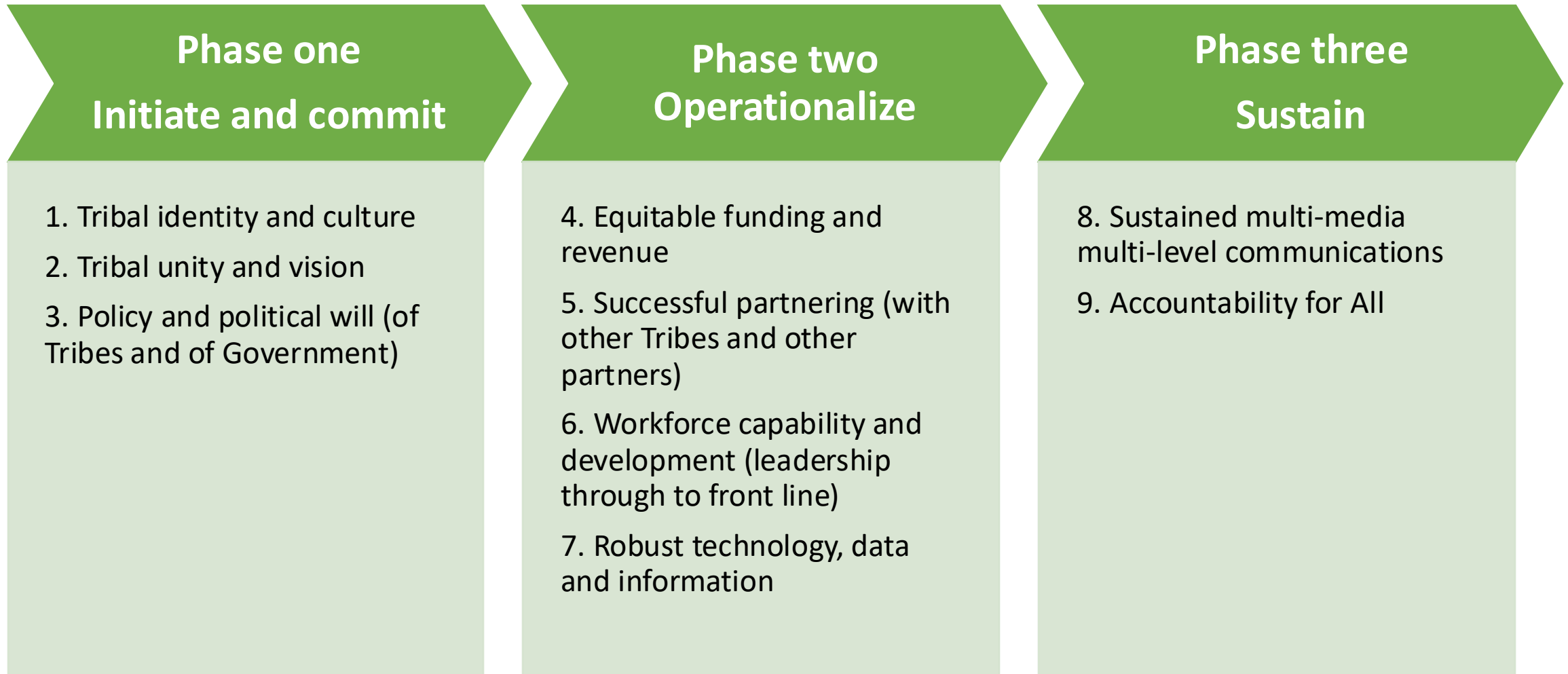


UPDATED FRAMEWORK



- The validation process:
 - Affirmed the 9 critical success factors
 - Updated the descriptors
 - Added **SEQUENCING** of the factors in the framework - three phases when implementing TSG:
 - Commitment to TSG and initiation
 - Operationalizing TSG
 - Sustaining TSG

Fluid journey – but generally the ‘ideal’ sequence is ...



Q: Do Māori have grounds for self-governing health care through the “sacred compact”?

*Through the 1840s, officials and missionaries soothed Māori fears by arguing that the Treaty/Te Tiriti was a compact (agreement) between the Queen and the Māori people. During the northern war, Henry Williams printed 400 copies of Te Tiriti (in te reo) and spent many days explaining to Māori groups that, because it was ‘**a sacred compact**’, neither the Queen nor the Governor would allow any ‘tinihanga’ (tricky business). At major meetings, George Grey (arriving as Governor in late 1845) repeated the Treaty promises and said they would be kept.*

Orange, 1989: The Story of a Treaty

*I dream of the creation of a Māori
owned and led “Hauora Māori”
system in Aotearoa – where we all
belong to a cohesive, connected &
progressive collaboration to
advance whānau, hapu, Iwi &
Hauora Māori partners*

Our USA indigenous relations
offer us many lessons to help
advance governance of our
Hauora Māori system – we
just need to unlock our own
potential for the benefit of
all.

Ngā mihi nui



SESSION 2

GOVERNANCE

(Page 3)

IWI-LED SYSTEMS EXPRESS RANGATIRATANGA

- Across generations, Māori have maintained and reasserted **expressions of rangatiratanga** through political movements, cultural revitalisation, tribal leadership, community organisation, legal advocacy and the development of Māori-led institutions and services.
- Today, iwi, hapū, Māori organisations and Māori-led enterprises continue to demonstrate increasing **leadership, capability and economic strength** across multiple sectors.
- Many Māori institutions have developed **sophisticated approaches to governance, service delivery, environmental stewardship, education, investment and cultural revitalisation**.
- Alongside this - many public (Crown) systems and institutional arrangements remain grounded in **structures that were not designed to reflect Māori authority**, values or aspirations.



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IWI MĀORI PARTNERSHIP BOARD

WE AREN'T ALONE IN THIS QUEST FOR RANGATIRATANGA

(Page 3)

- Across the world, indigenous peoples are continuing to strengthen practical expressions of sovereignty (self-governance, economic development, cultural revitalisation, data capability, environmental stewardship and **nation-building**)
- Many indigenous peoples came into contact with colonisers long before Aotearoa (in some cases 200-300 years before), so have experiences that we can learn from as they rebuild their sovereign nations.
- Indigenous nations globally are increasingly demonstrating that forms of indigenous authority and self-determined development can be exercised within diverse political and legal environments.
- Rangatiratanga reflects an intergenerational vision for strengthened Māori authority, capability and self-determined development within Aotearoa and beyond.

THE PATHWAY TOWARD STRENGTHENING RANGATIRATANGA WILL REQUIRE ... (Page 4)

- **visionary and collective leadership** (acting for the benefit of all and not just individual institutions)
- **long-term strategic investment** (financial, human and infrastructure)
- **shared infrastructure and capability** (to achieve efficiencies through economies of scale)
- **policy, legal and research expertise** (using Māori advocacy, political influence and Māori-generated evidence)
- **indigenous data sovereignty and intelligence capability** (building the ability to argue Crown analysis through Māori-interpreted analysis)
- **strategic communications and narrative leadership** (taking greater control of the narrative to tell our story in a way that educates and informs whānau Māori and wider public)
- **sustained collaboration across iwi, hapū, Māori organisations and communities** (unity is strength – division is counter-productive and weakens our voice)



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GUIDING PRINCIPLES FOR A GOVERNANCE FRAMEWORK

(Page 4)

- **Rangatiratanga / Sovereignty** Every decision made by the KHA is grounded in the Iwi's inherent right to self-govern
- **Cultural Alignment** Cultural teachings, traditional healing practices, and community values guide leadership, care delivery, and policy development.
- **Community Accountability** The KHA is accountable to the community it serves.
- **Health Equity** The KHA is committed to eliminating health disparities and addressing the social, economic, and environmental factors that influence hauora.
- **Data Sovereignty** A Kahungunu hauora system owns, governs, and controls all hauora-related data.
- **Holistic Wellness** health is multidimensional
- **Transparency between governance and operations** The KHA acknowledges that political roles need to have an appropriate separation from operational roles
- **Intergenerational Responsibility** Decisions made today must support the health and wellness of future generations.



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RESPONSIBILITIES

(Page 11)

POLITICAL / GOVERNANCE

- Strategic Direction
- Policy Oversight
- Fiscal Stewardship
- Risk Management
- Quality Oversight

TECHNICAL / OPERATIONAL

- Operational Management
- Service / Programme Implementation (e.g. Providers)
- Reporting & Accountability

WHĀNAU VOICE

- Whānau voice mechanisms are created or included to ensure that the KHA remains grounded in whānau and community needs, tikanga and lived experiences
 - patient experience, service quality, and access to care
 - youth and kaumatua who offer unique perspectives that help shape policies
- culture, language, and traditional healing practices advice

CURRENT SPHERE OF INFLUENCE

(Page 12)

What we could do “inside the system” and external to it

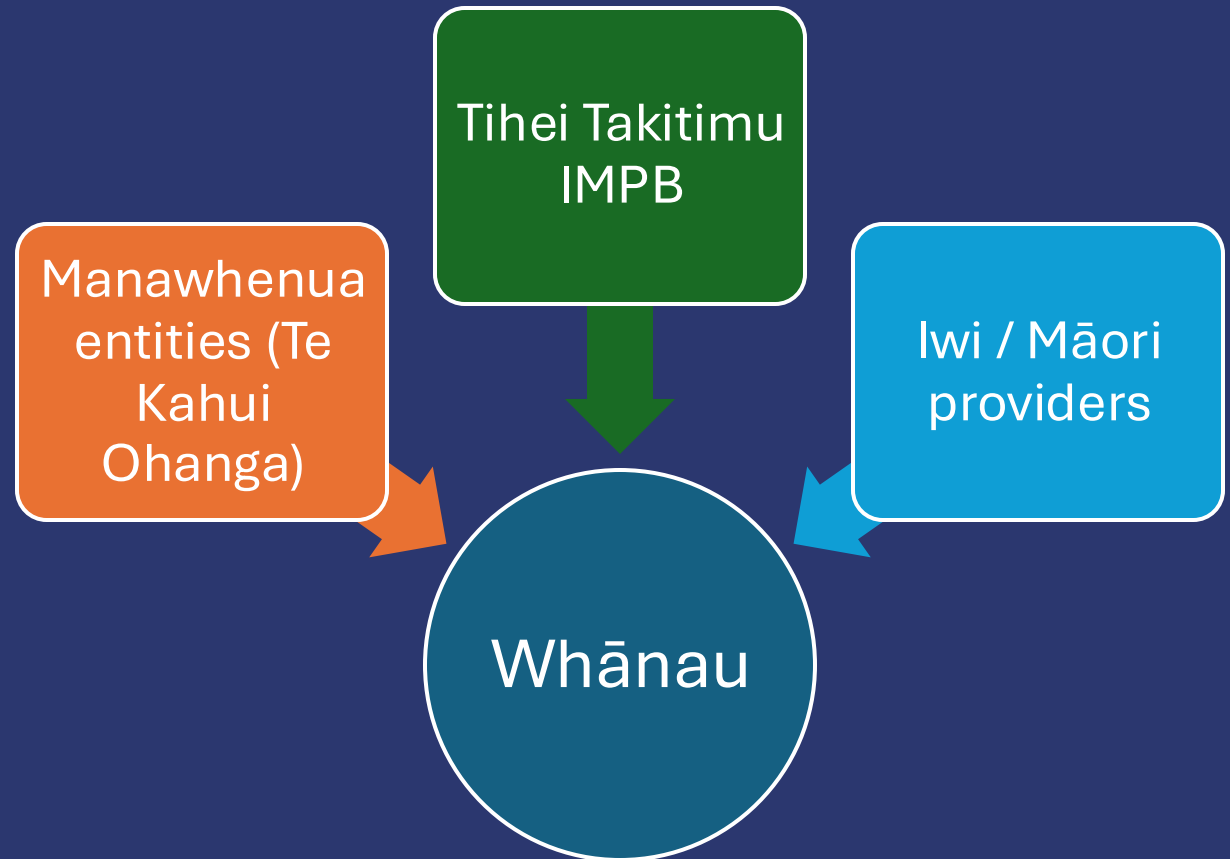


OPTIONS FOR AN INTERIM K.H.A.

Option A (Page 13)

Option A — Status quo

Status quo - informal collaboration that would loosely be referred to as a Kahungunu Hauora Authority “forum”



Option B

(Page 15)

Option B – Manawhenua endorsement of Tihei Takitimu as an interim KHA governing Board

In this model, the manawhenua entities may endorse members of the governing board of the Kahungunu Health Authority (KHA) from an existing entity.

Tihei Takitimu project sponsors could also consider an interim establishment board reporting to the Tihei Takitimu IMPB Board as a subcommittee - as one option to keep reporting and relationships in tact:

Option C

(Page 16)

Option C: Manawhenua endorse a new KHA Hauora board of technical / operational entities

Te Kāhui Ohanga – an existing forum of manawhenua entities – to endorse a collective of the IMPB and providers to be the (interim) board for the Kahungunu Health Authority. Te Kāhui Ohanga would remain responsible for political advocacy based on the technical advice of the interim KHA made up of the IMPB and Māori providers.

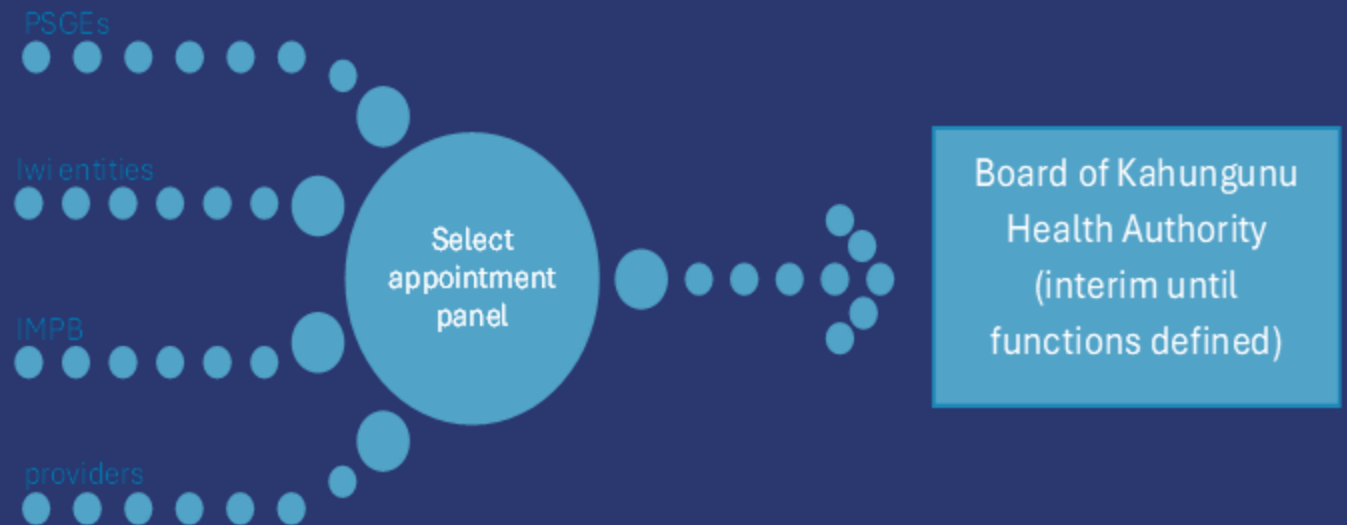


Option D

(Page 17)

Option D — Independent Health Authority Board

This model establishes the KHA as a new autonomous entity where new governors could apply for roles and be appointed by a selected committee made up of hauora and manawhenua representatives.

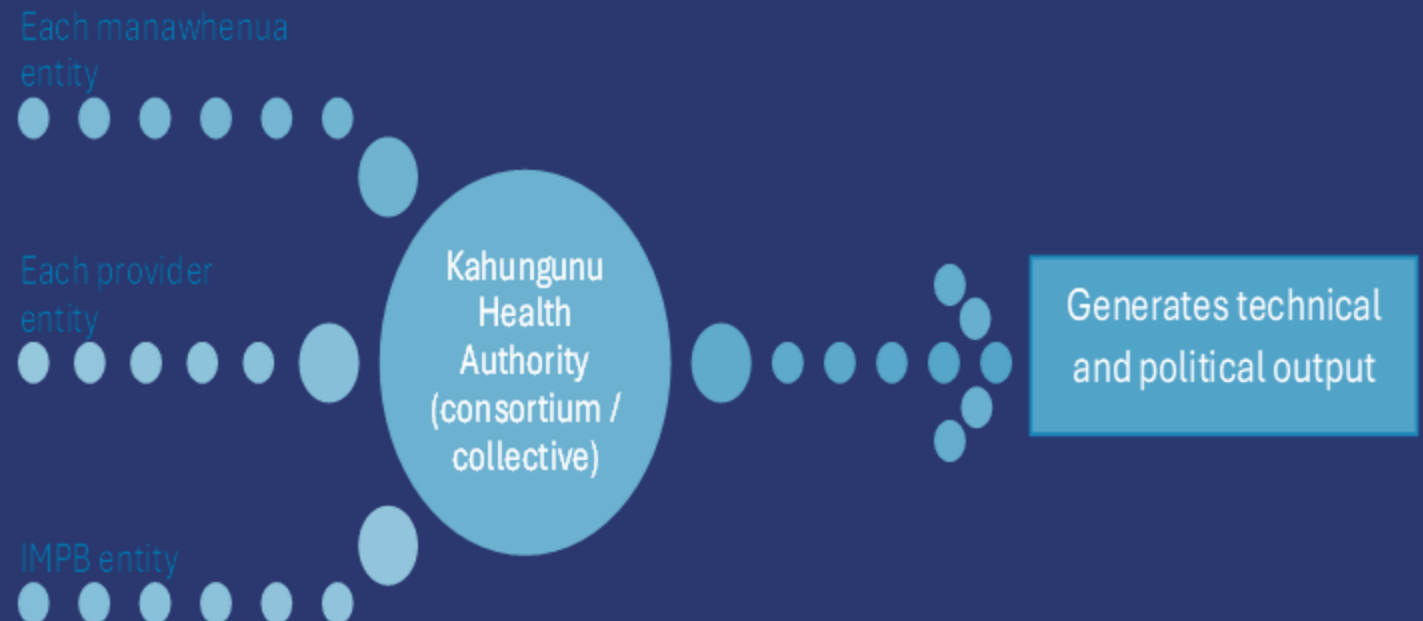


Option E

(Page 18)

Option E — Consortium Governance Model

Under this model, multiple entities collaborate to form a regional Kahungunu Health Authority. Each manawhenua, provider and IMPB entity appoints delegates to a governing assembly, ensuring shared decision-making and inclusive representation.



**Any other
ideas?**

**What option / model
resonates the most?**

(Page 18)

SESSION 3

Next phase of work

ORANGA PRIORITIES

- Desk-based review of IMPB Community Health Plan, research documents, studies
- Other evidence that highlights **Oranga** priorities as defined by whānau across the district in health, social, educational and other Oranga impact areas
- Priority needs and aspirations generated by whānau that all stakeholders have (Annual Reports, media, etc)
- Priorities from a '**Mokopuna Futures**' lens – what kind of Oranga ecosystem will our mokopuna face in the future and how could a KHA prepare for, and anticipate the positive and negative impacts?
- What unique directions / initiatives do other indigenous nations have undertaken in a self-governing environment that align with an Oranga perspective?
- **Options paper**: “Form follows function” – when the focus and functions are clear, the entity should “design” around that



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IWI MĀORI PARTNERSHIP BOARD

SESSION 3

Your thoughts?

ORANGA PRIORITIES

- What ADDITIONAL important perspectives, evidence and process should be used to identify Oranga Priorities of whānau?