Optometry Māori Health Curriculum Framework

Whaowhia te kete mātauranga.
Fill the basket of knowledge.

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Effective January 2025

Title: Optometry Māori Health Curriculum Framework

Acknowledgements:

The *'Optometry Māori Health Curriculum Framework'* was developed for the Optometry Council of Australia and New Zealand (OCANZ) by Iwi United Engaged Limited (IUE), a Māori owned and operated business that aims to provide tikanga and kawa guided, culturally informed services that advance Māori health and well-being. The team at IUE have over 25 years of community engagement with Māori within academia, research, and clinical services across a spectrum of health care fields, including optometry and ophthalmology. They are leaders in tertiary curriculum framework development and design, having previously developed the framework for Te Tohu Paetahi Tikanga Rangatira aa-Tapuhi, Bachelor of Nursing Māori, at Manukau Institute of Technology. OCANZ would like to thank the team at IUE; Misty Edmonds, Tūwharetoa (Kaiwhakahaere Matua - CEO), Dr Kev Lamar Turepu Roos, Saami, Ngāti Toarangatira (Kaiwhakahaere Kirimana - 2IC and Contract Manager) and Stephanie Shankar, Tūwharetoa, Ngapuhi (Kaiwhakahaere Pakihi -Business Manager) for their guidance, expertise and Mātauranga, (wisdom) in the development of the Optometry Māori Health Curriculum Framework.

OCANZ would like to acknowledge the contribution of Dr Elana Taipapaki Curtis (Ngāti Rongomai, Ngāti Pikiao, Te Arawa) of Taikura Consultants Ltd. for her advice and guidance in Phase One of the Optometry Māori Health Curriculum Framework development. It was this advice that ensured the development of the Optometry Māori Health Curriculum Framework was led, informed, and grounded in Kaupapa Māori principles and Mātauranga Māori approaches to learning.

OCANZ is grateful to the members of the Optometry Māori Health Curriculum Framework Reference Group for their guidance and advice throughout the development of the Optometry Māori Health Curriculum Framework. Members of the Reference Group include:

Mrs Renata Watene (Ngā Puhi, Tainui) (Co-Chair)	Dr Andrew Collins (Co-Chair)
Professor Nicola Anstice (Ngā Puhi)	Associate Professor Anthea Cochrane
Ms Susan Kelly	Mrs Kelley Baldwin
Ms Sian Lewis*	

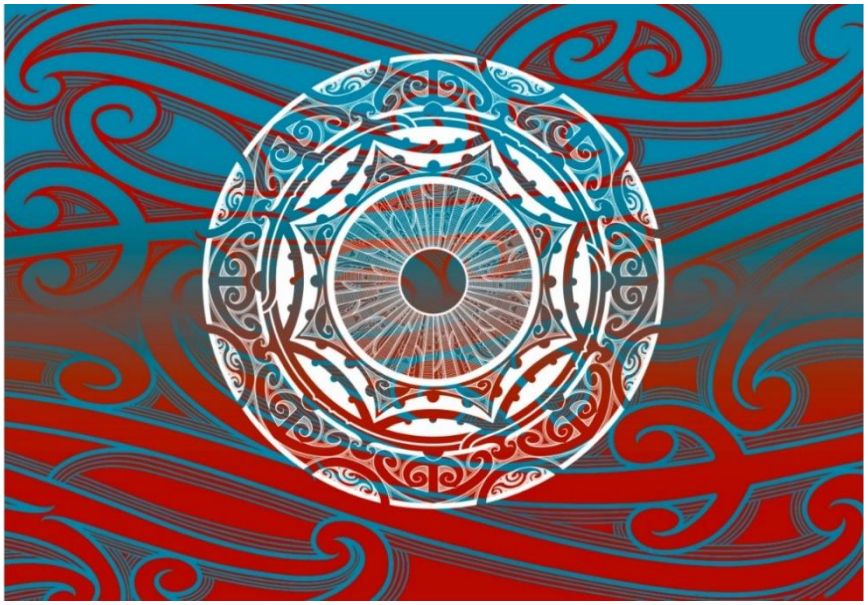
OCANZ would like to acknowledge and thank Professor Nicola Anstice (Ngā Puhi) and Mrs Renata Watene (Ngā Puhi, Tainui) for their contributions and expert advice in finalising the *Optometry Māori Health Curriculum Framework* document.

OCANZ would like to thank Graham Tipene (Ngāti Whātua, Ngāti Kahu, Ngāti Hine, Ngāti Haua, Ngāti Manu), Kaiurungi / Lead Designer, Te Wheke Moko Design Studio for the beautiful Māori design and artwork used in this document. See page 3 for more information on the artwork.

Recommended reference:

Optometry Council of Australia and New Zealand 2023, *The Optometry Māori Health Curriculum Framework.*, OCANZ, Melbourne.

* Reference Group member in Phases One and Two



Artwork by Graham Tipene Kaiurungi / Lead Designer, Te Wheke Moko Design Studio.

This artwork has been designed for the Optometry Council of Australia and New Zealand (OCANZ) by Graham Tipene (Ngāti Whātua, Ngāti Kahu, Ngāti Hine, Ngāti Haua, Ngāti Manu) using Māori design thinking and motifs that ground the work in Kaupapa Māori principles (by Māori, with Māori, for Māori). The karu o te kanohi represents the work that OCANZ and optometrists undertake by looking deep into people's eyes. The artwork is made up of five layers that have been intentionally designed and woven together to showcase Māori symbology, strength and story.

The central element of the artwork is the karu/whatu o te kanohi which is made up of three intricate layers (karu |centre, wē | middle and rāwaho | outer). Each line and curve are powerfully symbolic and representative of Māori design. See appendix two (page 38) to learn more about each design element of the 'karu o te kanohi'.

Behind the karu o te kanohi is the fourth layer, the kowhaiwhai design which represents Te Ao Hurihuri, the ever-changing world.

The fifth layer is the background colours and the blending red into blue. Red symbolises nobility in the Māori world. The blue has been used to symbolise the colour of OCANZ. It can also represent the water (sea) that flows between Australia and Aotearoa, where the three cultures (Aboriginal and Torres Strait Islander and Māori) meet.

Permission has been granted by artist Graham Tipene to use the layers / elements individually in this document and recognise the cultural significance they bring to the overall design.

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Foreword

The Optometry Māori Health Curriculum Framework has been a long and enduring project that has certainly not been without a unique set of challenges. As the first of its kind in optometry, the Optometry Council of Australia and New Zealand's (OCANZ) Indigenous Strategy Taskforce found itself at the helm of a journey that would test our resolve and creativity.

Our deepest gratitude goes to the remarkable individuals who dedicated their time and expertise to this project. To describe this project as ambitious would be a gross understatement. It spanned four years and countless hours of dedicated meetings and collaborative effort. It was fundamentally rooted in Kaupapa Māori principles and was spearheaded by Māori optometrists and Māori curriculum framework experts. Notably during this development phase, we experienced local and global phenomenon the likes of which we will not see again in our lifetimes, the COVID-19 pandemic, a national health reform in Aotearoa[1] as well as unprecedented climate change related weather events. The Optometry Māori Health Curriculum Framework was conceived during the precious moments of respite in the schedules of some of the busiest individuals I have had the privilege of working with. Our collaborative efforts united University Academic Heads, Māori and Aboriginal optometrists, Māori nurses, Māori Doctors of Philosophy and Māori and non-Indigenous academics from Aotearoa and Australia, all guided by the spirit of Kaupapa Māori. Coordinating the participation of these busy professionals from different corners of the world was a challenge, and their commitment deserves special recognition.

This ambitious project began with the formation of the OCANZ Indigenous Strategy Taskforce in December 2018 and lead by former OCANZ Executive Officer Sian Lewis, with the clear purpose of creating a transformative curriculum framework to be integrated into all tertiary education institutions across Aotearoa and Australia. From the outset, the Optometry Māori Health Curriculum Framework placed a strong emphasis on prioritising Māori learning outcomes.

The challenges we faced ranged from the seemingly simple task of scheduling meetings that accommodated the diverse schedules of the Indigenous Strategy Taskforce to the near-impossible quest for a Māori curriculum framework expert. We were searching for an individual or organisation who not only comprehended the vast scale of the project but also possessed the capacity to inform and scope the development of the Optometry Māori Health Curriculum Framework. In a nutshell, we were searching for the illusive Unicorn.

As you will read in the following document, we engaged the services of Dr Elana Taipapaki Curtis, which led to OCANZ appointing Iwi United Engaged Limited as our curriculum framework experts. We express our sincerest gratitude to Misty Edmonds, Dr Kev Lamar Turepu Roos, and Stephanie Shankar for providing their expertise and guidance in Phase Two and Three. Their contributions set a strong foundation for the OCANZ Optometry Māori Health Curriculum Framework Reference Group and OCANZ Bridging the Optometry Health Curriculum Frameworks Reference Group to consult and develop the final framework document.

The OCANZ Optometry Māori Health Curriculum Framework Reference Groups' work to approve the final draft was only possible due to the dedication and perseverance of Kelley Baldwin, Professor Nicola Anstice, Dr Andrew Collins, Susan Kelly, and Dr Melisa Rangitakatu. Their contributions

[1] Aotearoa is the te Reo Māori name for New Zealand and is used throughout the Optometry Māori Health Curriculum Framework document when referring to New Zealand.

towards this Kaupapa (project) were invaluable. The tedious task of finalising numerous iterations, edits, drafts and illustrations was diligently caried out until the final hour.

The Optometry Māori Health Curriculum Framework has been successfully introduced thanks to the guiding principles of whakapapa (genealogy), kotahitanga (unity and solidarity), manaakitana (support and guidance), and kaitiakitanga (stewardship and guardianship).

This is a piece of work we are immensely proud of not only for its ability to inform optometrists for generations to come but also because of our unrelenting position to support Kaupapa Māori principles and methodologies during its inception.

The Optometry Māori Health Curriculum Framework is more than a document; it signifies a resolute commitment to addressing Māori health disparities by equipping the future generations of optometrists with the knowledge and skills needed to make a difference. At a time when the means to tackle inequities in our society are a subject of debate, this document shines as a beacon of hope and a targeted strategy for narrowing the gap. It establishes expectations for future generations, emphasising the importance of understanding our shared history and collective trauma that has led us to this juncture. The onus is placed on tertiary institutions and practitioners to undertake the necessary learning, critically analyse their responsibilities as medical professionals, and embrace their pivotal role as kaitiakitanga (stewardship and guardianship), not only for Māori but for all patients from diverse backgrounds.

The Optometry Māori Health Curriculum Framework is not static but a living document with its own mauri (life force), requiring constant care and nurturing to thrive and maintain the Kaupapa Māori principles housed within it. The challenge now rests with educational institutions and individuals to accept the wero (challenge) and initiate transformative changes in our systems that will bring about meaningful, intergenerational change.

As we present the Optometry Māori Health Curriculum Framework, we hope that it serves as a source of motivation and a beacon of hope for a better future, one that is more equitable and inclusive for all. May it guide us as we strive to close the gap and work toward a society that genuinely values and respects the histories and experiences of all its members.

Ko te manu e kai ana i te miro nōnā te ngahere, Ko te manu e kai ana i te mātauranga nōna te ao

The bird that consumes the miro berry owns the forest; The bird that consumes knowledge owns the world.

Mrs Renata Watene, Ngā Puhi, Tainui,
on behalf of the OCANZ Optometry Māori Health Curriculum Framework Reference Group

Co-Chair OCANZ Indigenous Strategy Taskforce
Co-Chair, OCANZ Optometry Māori Health Curriculum Framework Reference Group

Section 1: Introduction

Tē tōia, tē haumatia

Nothing can be achieved without a plan, workforce and way of doing things.

Vision is a complex sense which has a significant impact on healthy brain development, education, and immersive interaction with the world. Ensuring vision is protected, respected, and enhanced if required, is essential in achieving Māori health goals (Samuels & Watene, 2023, p.37*).*

Māori models of health and wellbeing have always existed; however, the first model formally conceptualised and recognised by the western health system is Tā (Sir) Mason Duries' Te Whare Tapa Whā Māori Health model (Manatū Hauora, 2017). Te Whare Tapa Whā model for understanding Māori health highlights four cornerstones that work holistically to support health, balance, and wellbeing (Figure 1)[2]. These cornerstones are: Taha Tinana (physical health), Taha Wairua (spiritual health), Taha Whānau (family /social health) and Taha Hinengaro (mental health). Since its introduction in the 1980's, Te Whare Tapa Whā model for Māori health has provided the platform for a deeper understanding of Māori health needs and service delivery. OCANZ acknowledges the mana (prestige) and whakapapa (ancestral links) that Te Whare Tapa Whā framework provides to inform health models past, present, and future. It is as an essential model for guiding the development and implementation of the Optometry Māori Health Curriculum Framework.

Figure 1: Tā Mason Duries' Te Whare Tapa Whā

[2]Manatū Hauora - Ministry of Health NZ, *Overview of Te Whare Tapa Whā*. September 29, 2022. Image reproduced with permission 20 December 2023.

OCANZ works to promote and protect the eye health of the public in Aotearoa, New Zealand (hereafter referred to as Aotearoa) and Australia by setting standards which assure the quality of optometric education, training, and assessment. OCANZ is committed to working alongside First Nations peoples in Aotearoa and Australia to improve Māori eye health outcomes. A key component of this work contributes to making optometry services free of racism and inequity.

OCANZ supports equitable access and outcomes to eye care services for Māori, without stigma, racism and fear, and the right to equitable outcomes from care. OCANZ aims is to ensure that optometrists entering the workforce from universities in Aotearoa and Australia, and overseas are equipped with the knowledge, skills, and attributes to provide culturally safe care. OCANZ further supports the equitable representation of Māori in the profession through equitable access and admissions to culturally safe learning, training, and employment.

OCANZ strives to achieve this by:

- Including the knowledges and perspectives of First Nations Peoples across OCANZ accreditation and assessment functions.
- Ensuring that our Standards for optometry programs require education providers to include learning outcomes for Māori and Aboriginal and/or Torres Strait Islander Peoples health and to develop an entry-level optometry workforce that is cognisant of, sensitive and responsive to the needs and strengths of First Nations Peoples.
- Supporting education and training which increases optometrists' understanding of their own culture and cultural values and its impact on the delivery of eye care services.
- Supporting education and training to increase First Nations participation in the profession to at least population parity (OCANZ, 2020, p. 2).

1.1 Prioritising the need for an Optometry Māori Health Curriculum Framework

The 2023 OCANZ Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs Standard 2 details OCANZ expectations for *optometry programs to ensure that students can provide culturally safe care for First Nations Peoples (*OCANZ, 2023, p. 11*).* To support optometry education providers in Aotearoa and Australia to embed cultural safety for Māori into the curriculum, OCANZ identified the need to develop an Optometry Māori Health Curriculum Framework.

In 2019 OCANZ sought and received advice from Dr Elana Taipapaki Curtis (Ngāti Rongomai, Ngāti Pikiao, Te Arawa) from Taikura Consultants Ltd on an approach to develop an Optometry Māori Health Curriculum Framework. Dr Curtis provided OCANZ with comprehensive recommendations

for developing a framework, including, at a minimum, the need for the curriculum to be designed using an evidence base that reflects Māori contexts, contribution, and consultation (Curtis, 2020, p. 6). Based on these recommendations and with learnings from the development of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework released in 2018, OCANZ committed to developing the Optometry Māori Health Curriculum Framework.

1.2 Learnings from the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework

The 'Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework' was released by OCANZ in 2018 and updated to reflect the definition of cultural safety in January 2020 (OCANZ, 2020 p. 3). The Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework was designed to support higher education providers to:

…teach cultural safety as a foundation for learning about Aboriginal and/or Torres Strait Islander health, and equitable and quality eye health care for Aboriginal and/or Torres Strait Islander Australians. Cultural safety includes developing an understanding of racism as it operates at individual and institutional levels, including within the health system (Section 3.1 p, 9).

The Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework was adapted from the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework, which was released at the time the OCANZ Accreditation Standards and Evidence Guide for Entry-Level Optometry Programs were in development. OCANZ explicitly drew attention to the need to integrate cultural safety within accredited programs of study and to articulate cultural safety as required disciplinary learning outcomes. In 2018, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives generously shared with OCANZ the work they had done to adapt the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework specifically for nurses and midwives. This work was used to guide the development of the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework. Since its launch in 2018, OCANZ has supported optometry education providers to embed the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework into optometry curricula.

1.3 The pathway to creating the Optometry Māori Health Curriculum Framework

The pathway to creating the Optometry Māori Health Curriculum Framework has involved multiple phases.

Phase One

Advice from Dr Curtis indicated that the development of an Optometry Māori Health Curriculum Framework required an examination of new research and policy work to inform its development and ensure the appropriate level of Māori context, consultation and contribution was included in the framework. This proposed undertaking an environmental scan, key informant interviews or workshops, and forums for Māori stakeholder contribution. OCANZ actively endorsed Dr Curtis' recommendations that the development of the Optometry Māori Health Curriculum Framework be grounded in Māori rights to tino rangatiratanga (self-determination) and rights to be actively involved in developing and determining health interventions including health professional curriculum development (Te Tiriti o Waitangi, 1840; United Nations, 2015).

Phase Two

The principles identified in Phase One were used to underpin the second phase of the framework development, which saw OCANZ engage the services of Iwi United Engaged Limited to undertake the following activities:

I. an extensive literature review, including drawing out the key information necessary to include in an Optometry Māori Health Curriculum Framework,
II. development of recommendations on the key elements of, and proposed content for, an Optometry Māori Health Curriculum Framework as the basis for consultation with key stakeholders,
III. conducting interviews/consultations with key stakeholders to obtain their views and input on the requirements of an Optometry Māori Health Curriculum Framework,
IV. make recommendations to OCANZ on the development of the Optometry Māori Health Curriculum Framework based on feedback from the literature review and stakeholder consultation.

These activities resulted in the identification of nine key elements that became the nine themes of the Optometry Māori Health Curriculum Framework.

Theme 1: Achieving an accessible eye health care service.

Theme 2: Promises broken and where to from here?

Theme 3: Unpacking equality and equity.

Theme 4: Racism, discrimination and recovering an equal partnership.

Theme 5: Kaupapa Māori approaches and other frameworks.

Theme 6: Naming the challenges – Structures, frameworks, and positionality.

Theme 7: Building a bridge – Research and suspicions.

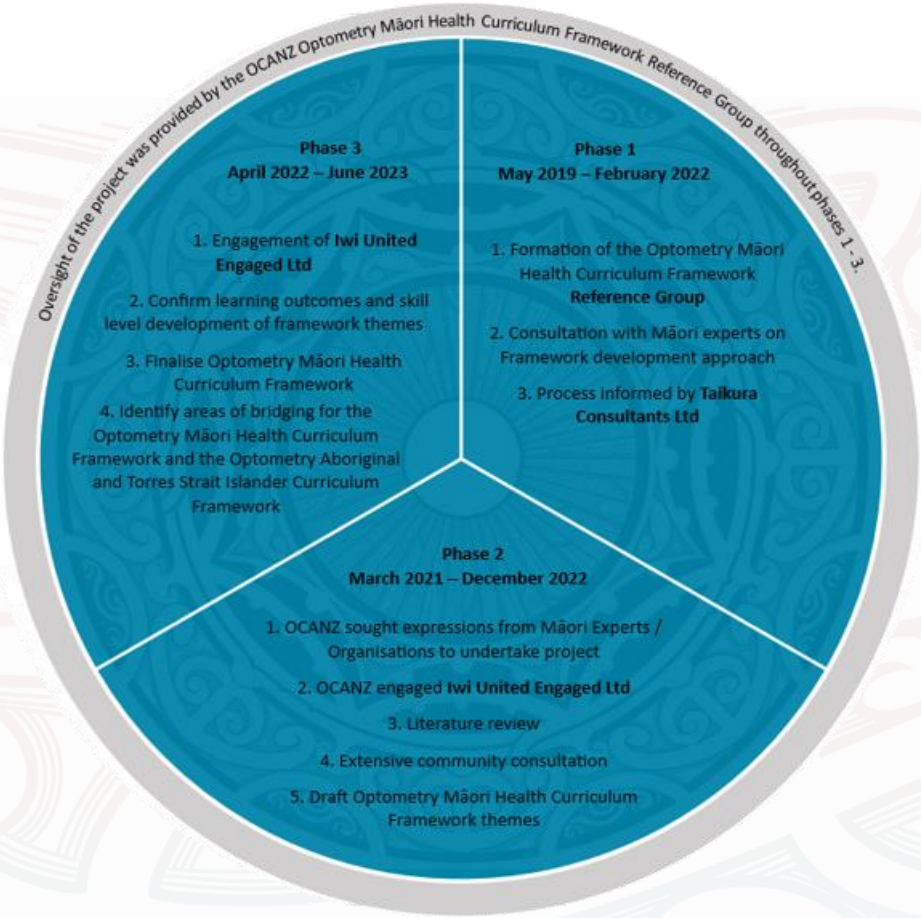
Theme 8: Kaupapa Māori in a clinical context; more clinical exposure to Māori communities.

Theme 9: Recognition of and acknowledging the Trans-Tasman relationships and traditional caretakers of the lands.

Phase Three

The final phase, culminated in the development of a comprehensive Optometry Māori Health Curriculum Framework, including 26 learning outcomes and suggested skill level development across the nine key themes. A critical outcome from Phase Two was the identification and inclusion of themes that recognise and acknowledge the Trans-Tasman relationships and traditional caretakers of the lands in Aotearoa and Australia.

Figure 2: Pathway to creating the Optometry Māori Health Curriculum Framework



1.4 Focus of the Optometry Māori Health Curriculum Framework

OCANZ accredits programs of study in both Aotearoa and Australia. The relevant OCANZ Accreditation Standard to which the Optometry Framework relates is:

> ***Domain 2**: **Cultural Safety**. The program ensures that students can provide culturally safe care for First Nations Peoples.*

This Standard requires education providers to demonstrate how the objective of culturally safe care for First Nations Peoples is being achieved in the program and is inculcated in graduates. A focus on increasing the number of First Nations optometry graduates is included (OCANZ, 2023, p. 10-11). Both Aotearoa and Australian optometry providers deliver pre-registration courses that prepare graduates for work in either Aotearoa or Australia and must meet OCANZ Accreditation Standard – Domain 2. OCANZ recognises that programs of study will vary in their degree of emphasis on different cultures based on national, state, and local priorities.

1.5 Current status of Māori eye health

Indigenous health inequity is an international crisis experienced by many nations and health systems worldwide (United Nations, 2022). Colonisation has led to the loss of land, increase in communicable disease, earlier age of mortality, and a myriad of negative social determinants of health which have echoed throughout history and still have impacts today (Reid & Robson, 2005). In Aotearoa, Māori experience poorer access to, and quality of, health care as well as substantially poorer health outcomes compared to non-Māori (Reid, 2014). Māori, alongside other Indigenous populations worldwide, experience significantly higher rates of avoidable vision impairment (Foreman et al., 2017). Disparities in ocular health outcomes between Māori and non-Māori are pervasive in the Aotearoa health system (Reid et al., 2023) with Māori experiencing higher rates of diabetic retinopathy, cataract, ocular trauma, and keratoconus when compared to non-Māori (Yoon et al., 2016; Gokul et al., 2021).

A recent review of the literature on Māori eye care found that epidemiological evidence exploring the burden of ocular diseases in Aotearoa, particularly for Māori, is lacking (Samuels & Watene, 2023). However, an analysis of the current literature offers an insight into the state of Māori eye health and the related issues (Rapata et al., 2023).

Current evidence suggests that Māori:

- have higher rates of diabetic retinopathy compared to non-Māori (Papali'i-Curtin & Dalziel, 2013).
- have higher rates of keratoconus compared with non-Māori which is further evidenced by over-representation in corneal transplant data from the New Zealand National Eye Bank (Crawford et al., 2017).
- have less access to eye examinations than non-Māori, 14% compared to 31% (Ahn et al., 2011) and less access to diabetic retinopathy care (Ramke et al., 2019).

- present less frequently for cataract services and at a younger age (10 years earlier) than non-Māori (Rapata et al., 2023, Yoon et al., 2016). When Māori do present, they tend to have more advanced cataract and worse visual acuity than non-Māori (Chilibeck et al., 2020).
- youth experience inequitable access to pre-school vision screening (Findlay et al., 2021).

Health inequities in Māori are often multifactorial and stem from colonisation, ongoing marginalisation, racism, socioeconomic status, poverty and culturally unsafe practice between health professionals and Māori patients (Samuels et al., 2023). These findings demonstrate a need to prioritise eye health services for Māori communities, and to address underlying factors such as racism and discrimination to improve delivery of culturally safe services (Espiner et al., 2021). The Optometry Māori Health Curriculum Framework introduces education in Māori principles with the goal of enhancing the cultural safety and responsiveness of optometrists in Aotearoa and Australia (Samels & Watene, 2023). The Optometry Māori Health Curriculum Framework aims to support accessible and equitable eye health services and the development of culturally safe and aware eye health practitioners.

Section 2: Development of the Optometry Māori Health Curriculum Framework

Mā te kimi ka kite, Mā te kite ka mōhio, Mā te mōhio ka mārama
Seek and discover. Discover and know. Know and become enlightened.

2.1 Kaupapa Māori approach to engaging with Māori communities.

Engaging with Māori communities and expert stakeholders in Phase Two was fundamental to ensuring a Kaupapa Māori approach[3] to identifying key elements and issues that informed the development of the learning outcomes presented in the Optometry Māori Health Curriculum Framework. Moreover, this engagement supported robust discussions and ensured the development of the Optometry Māori Health Curriculum Framework was underpinned by Kaupapa Māori framework principles to ensure the content of the Optometry Māori Health Curriculum Framework was developed by Māori, for Māori, with Māori. OCANZ would like to thank the following organisations and individuals that participated in the consultation component of Phase Two. These include:

- Manukau Institute of Technology: Te Tohu Paetahi Tikanga Rangatira aa-Tapuhi, Bachelor of Nursing Māori (Kaiako and tauira)
- Manukau Institute of Technology Faculty of Health and Counselling: Whaea Te Inuwai Elia, Kaiaawhina, Tainui (Kiingitanga)
- Kia Aroha College: Haley Milne, Principal, and onsite Whānau Health Centre clinicians
- Dr Jason Turuwhenua, Auckland Bioengineering Institute, University of Auckland
- Associate Professor Jacqueline Ramke, Dr Joanna Black, Veeran Morar (Optometrists), School of Optometry and Vision Science, University of Auckland
- Professor Jennifer Craig and Dr Alex Muntz (Research Fellow), Department of Ophthalmology, University of Auckland
- Jade Chase, Chief Advisor (Māori), Ministry of Health
- Mahitahi Trust: Raewyn Allen (CEO)
- National Hauora Coalition
- Papakura Marae
- Taonga Education Centre Charitable Trust

[3] Kaupapa Māori is the systematic organisation of beliefs, experiences, understandings, and interpretations of the interactions of Māori people, upon Māori people, and Māori peoples upon their world.

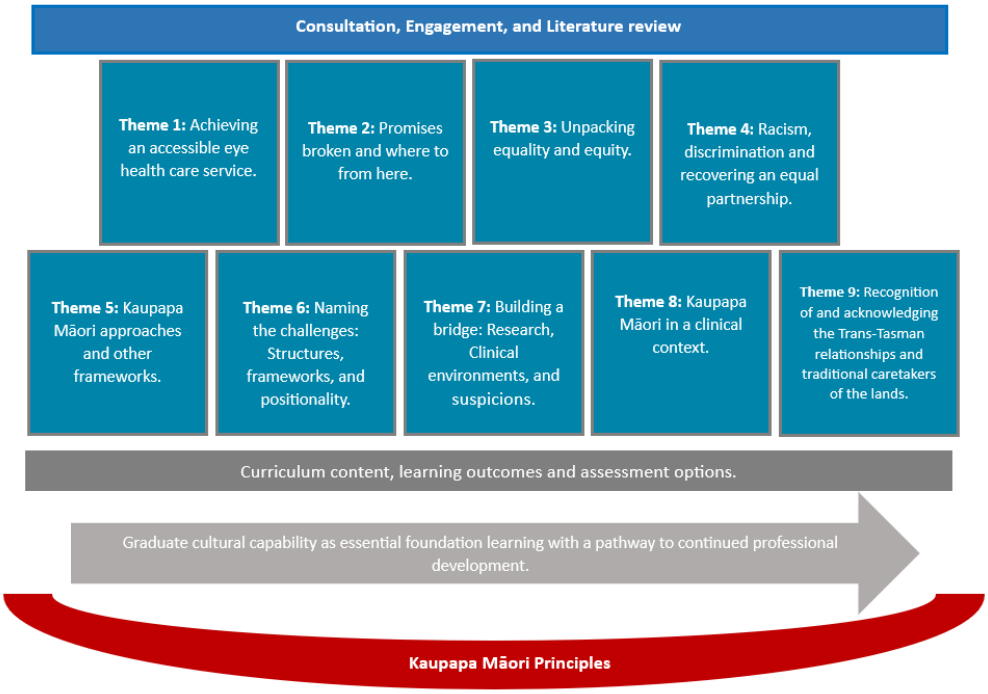
2.2 Literature review

A critical undertaking in Phase Two was an extensive literature review that highlighted key information to inform the development of the Optometry Māori Health Curriculum Framework. The literature review examined 46 key reference sources, including academic articles, policies, frameworks, and publications to identify and inform the development of the nine themes and content included the Optometry Māori Health Curriculum Framework. This work was essential in ensuring the content and learning outcomes for the Optometry Māori Health Curriculum Framework met the standards for best practice in Māori health education.

2.3 Curriculum content, primary learning outcomes and assessment options

The Optometry Māori Health Curriculum Framework themes and approaches to learning are summarised in Figure 2. The dark red arc represents the Kaupapa Māori principles which underpin the Framework. The nine themes that sit above this arc represent required curriculum content, learning outcomes and assessment options that orient optometry graduates towards the development of the graduate cultural capabilities necessary to create culturally safe experiences for Māori clients, whānau (family) and colleagues. The blue criteria at the top of the figure denotes Phase Two data collection that provided the evidence base to support and inform the elements of each of the nine curriculum themes. This component highlights the extensive research and Kaupapa Māori that underpins the Optometry Māori Health Curriculum Framework.

Figure 3: Summary of the Optometry Māori Health Curriculum Framework



Primary learning outcomes

The format of the learning outcomes in the Optometry Māori Curriculum Health Framework was designed to complement the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework and are based on the progressive levels of skill level development from:

- Novice: Information about matters relating to this theme; Remembering, comprehending
- Intermediate: Upskilling in this theme; Applying, analysing
- Entry to Practice: Practical skills and hands on engagement with this theme; Evaluating, creating.

Table 1 summarises the themes contained in the Optometry Māori Curriculum Health Framework and correlates the themes to the associated number of learning outcomes and level of skill development.

Table 1: ***Framework themes, number of learning outcomes and skill level development***

Themes	# of Learning outcomes	Skill level development
Theme 1: Achieving an accessible eye health care service	3	1 - N 2 - I
Theme 2: Promises broken and where to from here	4	2 - N 2 - I
Theme 3: Unpacking equality and equity	6	1 - N 5 - I
Theme 4: Racism, discrimination and recovering an equal partnership	3	2 - N 1 - ETP
Theme 5: Kaupapa Māori approaches and other frameworks	2	1 - I 1 - ETP
Theme 6: Naming the challenges: Structures, frameworks, and positionality	2	1 - I 1 - ETP
Theme 7: Building a bridge: Research, Clinical environments, and suspicions	2	1 - N 1 - I
Theme 8: Kaupapa Māori in a clinical context	2	2 - ETP
Theme 9: Recognition of and acknowledging the Trans-Tasman relationships and traditional caretakers of the lands	2	1- N 1 - ETP
Total	**26**	**8 – N** **12 - I** **6 – ETP**

Note: (N) = Novice, (I) = Intermediate and (ETP) = Entry to Practice.

Approaches to assessment

The approaches to assessment included in Table 3 have been titled as 'Potential assessment approaches' to emphasise these are **suggestions only.** Other approaches not listed here can be used and there is **no requirement** to use all options for a single learning outcome. The range of assessment approaches are not prescriptive or intended to limit innovative assessment practice.

Section 3: Relationship to the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework

Kāhore taku toa i te toa takitahi, he toa takitini.

We cannot succeed without the support of those around us.

3.1 New themes identified

The nine themes identified through Phase Two were reviewed against the three themes in the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework. While there are significant differences in the examples and content, it was felt that the Optometry Māori Health Curriculum Framework could be presented in a similar final format to the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework with alignment of learning outcomes across the two Frameworks where appropriate. Moreover, there was strong support for the progressive skill development approach applied in the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework, which has been shown to also work well in the Māori context (Iwi United Engaged Limited, 2021). For this reason, the Optometry Māori Health Curriculum Framework includes nine themes and 26 learning outcomes with progressive skill level development from Novice, to Intermediate, and Entry to Practice (Table 2).

Table 2: ***Overview of OCANZ Optometry Health Curriculum Frameworks themes***

Optometry Māori Health Curriculum Framework themes	Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework themes
Theme 1: Achieving an accessible eye health care service	Theme 1: Integrating cultural safety into reflective practice and professionalism
Theme 2: Promises broken and where to from here	
Theme 3: Unpacking equality and equity	
Theme 4: Racism, discrimination and recovering an equal partnership	Theme 2: History and diversity of Aboriginal and/or Torres Strait Islander peoples, the post-colonial experience and implications for population health and health care practice
Theme 5: Kaupapa Māori approaches and other frameworks	

Theme 6: Naming the challenges: Structures, frameworks, and positionality	
Theme 7: Building a bridge: Research, Clinical environments, and suspicions	Theme 3: Delivery of culturally safe eye health care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations, and communities
Theme 8: Kaupapa Māori in a clinical context	
Theme 9: Recognition of and acknowledging the Trans-Tasman relationships and traditional caretakers of the lands	

3.2 Trans-Tasman theme

Of note, Theme 7: *Building a bridge: Research, Clinical environments, and suspicions* and theme 9: *Recognition of and acknowledging the Trans-Tasman relationships and traditional caretakers of the lands* have been identified as themes with Trans-Tasman application and therefore relevance to the *Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework*. OCANZ view these themes as 'bridging' themes for the two Frameworks in Aotearoa and Australia.

Theme 7 encourages reflection on how one's own culture is influenced by majority cultures in Aotearoa and/or Australia and how the dominant culture impacts suspicions of minority cultures when engaging in bridging programmes.

Theme 9 recognises that Māori and Aboriginal and/or Torres Strait Islander Peoples in Aotearoa and Australia, have a shared colonial trauma that precedes the current inequities observed within communities. The theme highlights the similarities and, importantly, the differences that exist for each peoples.

It is essential to know and acknowledge the local/traditional mana whenua (Aotearoa) and custodians of Country (Australia) and maintain appropriate respect and recognition of regional cultural practice and processes.

3.3 Alignment of Graduate cultural capabilities

The Optometry Māori Health Curriculum Framework has adapted and aligned the five graduate cultural capabilities in the Optometry Aboriginal and Torres Strait Islander Health Curriculum. These capabilities strongly support the three articles of Te Tiriti o Waitangi and the current modern

principles: tino rangatiratanga (self-determination), equity, active protection, partnership, and options. The capabilities are:

- **Respect:** Recognise Māori ways of knowing, being and doing in the context of history, culture, and diversity, and affirm and protect these factors through ongoing learning in health care practice.
- **Communication:** Engage in culturally appropriate, safe, and sensitive communication that facilitates trust and the building of respectful relationships with Māori.
- **Safety and quality:** Apply evidence and strengths-based best practice approaches in Māori health care.
- **Reflection:** Examine and reflect on how one's own culture and dominant cultural paradigms, influence beliefs about and interactions with Māori.
- **Advocacy:** Recognise that the whole health system is responsible for improving Māori health. Advocate for equitable outcomes and social justice for Māori and actively contribute to social change.

Table 3: Curriculum content themes, learning outcomes, skill development level and assessment options recommended for optometry students.

Content	Content description	Learning outcomes addressed	Skill development level	Potential assessment approaches
THEME 1 Achieving an accessible eye health care service	▪ Introduction of mātauranga Māori (Māori knowledge); Introduction of Te Ao Māori (the Māori worldview) principle/s and applications; ▪ Adopt Te Ao Māori and adapt principles of one's practice to achieve partnership-based outcomes; ▪ Adopt and adapt learning principles and outcomes over the entire experience of didactic and practical learning.	**1.1** Demonstrates an understanding of one's own positionality and privilege in relation to access to healthcare and social services and how these shape one's worldview.	Novice	Reflective journal; short answer/multiple choice questions; oral presentation; short essay.
		1.2 Describe socioeconomic and societal barriers that influence access to healthcare services and social determinants of health for Māori.	Intermediate	Reflective journal; problem scenario; case study; individual/group oral presentation; clinical placement problem reflection; research paper
		1.3 Describe mātauranga Māori and frameworks-of-health approaches to health care that address social determinants of health.	Intermediate	
THEME 2 Promises broken and where to from here?	▪ This content requires previous introduction to the importance of mātauranga Māori as well as reflective identification of personal bias and perceptions; ▪ The ongoing effects of colonisation impact on oranga Māori (wellbeing) and health care delivery for Māori; ▪ Further introduction of Te Ao Māori principles and applications;	**2.1** (a) Describe Te Tiriti o Waitangi (Treaty of Waitangi), its articles, its principles and purpose in defining the organisation of the country of Aotearoa as a partnership.	Novice	Reflective journal; short answer/multiple choice questions; oral presentation; short essay
		2.1 (b) Compare current demographic, health indicators and statistical trends for Māori.	Novice	
		2.2 (a) Analyse the impact of historical events on Māori access to and engagement with health services, and the implications for suspicions/challenges around building trust and relationships within Māori whānau (family) and communities.	Intermediate	Problem scenario; case study; group work/presentation; clinical placement problem reflection;

Content	Content description	Learning outcomes addressed	Skill development level	Potential assessment approaches
	▪ What does Bridging Two Worlds (Māori and non-Māori) mean within the context of a partnership, context of communities, context of accessibility and privilege; ▪ Deficit framing in media/research/ practice/perception and the impact on Māori health, engagement with systems, and suspicions of powers.	**2.2** (b) Analyse the strengths and limitations of current population health policies/strategies for Māori health.	Intermediate	research paper; data based- project.
THEME 3 Unpacking equality and equity	▪ Personal identity and bias as applied to privilege, rights, responsibilities, and partnership. ▪ What aspect of self is shared with Māori and other communities? ▪ Where is the partnership strengthened in identifying common threads of experience? ▪ Next introduction of Te Ao Māori principle and applications. There is a preference in health care to drive needs-based programmes forward, and the concept of "special treatment" is misconstrued as "unfair"	**3.1** (a) Discuss the history of Aotearoa's majority Western cultural and political practices. Explain how these practices have defined contemporary health systems.	Novice	Short answer/multiple choice questions; individual/group oral presentation; short essay
		3.1 (b) Identify clinical practice and service delivery factors that impact Māori, including recognition of colonialism, and being Māori as a default, normal state of being. Who is best served?	Intermediate	
		3.1 (c) Describe the historical development of Māori community-controlled health services and health sector initiatives, and the roles of Māori health professionals.	Intermediate	
		3.2 (a) Critically examine the culture of optometry and the broader health system in terms of their effect on Māori health service experiences. Who informs the Māori experience?	Intermediate	Reflective journal; critical essay; research paper; data-based project; design

Content	Content description	Learning outcomes addressed	Skill development level	Potential assessment approaches
	and exclusive at the cost of meritocracy and defined quality levels. Health professionals' role as Tiriti (Treaty) partner through 3C's* at all levels of healthcare health services. This builds a strength-based approach to culturally safe services, programmes, and policies. *The 3C's: Consultation, collaboration, and co-design.	**3.2** (b) Examine the role of optometrists in developing eye health population health programmes in a culturally safe and collaborative manner.	Intermediate	strategy/project; individual/group oral presentation; peer assessment; portfolio
		3.2 (c) Identify and discuss strategies for personal and professional advocacy that do not add to the status quo or ongoing issues of discrimination and racism including ideas for leadership and resilience in working with health system challenges to cultural safety, such as partnerships with Māori health professionals and community leaders.	Intermediate	
THEME 4 Racism, discrimination and recovering an equal partnership	Suspicions are again addressed here. The reason and historical context for low levels of engagement with equity-centred practice.	**4.1** (a) Demonstrate an understanding of one's own culture and how that influences personal biases, perceptions, comparisons, and practices.	Novice	Reflective journal; short answer/multiple choice questions; oral presentation; short essay
		4.1 (b) Discuss and examine different forms of racism, the concept of white privilege, one's own positioning in terms of white privilege and the social determinants of health for Māori.	Novice	
		4.2 Demonstrate knowledge and self-reflective skills in creating culturally safe interactions with others (e.g., Māori whānau and communities).	Entry to Practice	Demonstration; role play; design strategy/project; group/individual oral presentation; portfolio; simulation; clinical placement-based project; self-evaluation

Content	Content description	Learning outcomes addressed	Skill development level	Potential assessment approaches
THEME 5 Kaupapa Māori approaches and other frameworks.	Fundamentals of Te Ao Māori and mātauranga Māori are understood prior to this material	**5.1** Identify and examine responses to personal and professional policies, codes, and legislation by expressing them as part of a Kaupapa Māori framework.	Intermediate	Reflective journal; problem scenario; case study; individual/group oral presentation; clinical placement problem reflection; research paper
		5.2 Demonstrate strategies that enable ongoing self-reflection and adaptation of Kaupapa Māori methods in a professional context.	Entry to Practice	Demonstration; role play; design strategy/project; group/individual oral presentation; portfolio; simulation; clinical placement-based project; self-evaluation
THEME 6 Naming the challenges: Structures, frameworks, and positionality	This theme expands on the previous learnings of Themes 1, 2, 3 and 4. Strong subplots are found in socioeconomic status, colonisation, health outcomes, strategies explored to address structural changes in delivery of services and design of culturally responsive workforce policy. Requirements for Te Ao Māori and mātauranga Māori place in society as	**6.1** Describe challenges in understanding one's own culture and responses to racism. Reflect on how these challenges match one's understanding of Te Ao Māori and Te Tiriti o Waitangi principles, mātauranga Māori and relate to students' worldview and applications to practice.	Intermediate	Reflective journal; problem scenario; case study; individual/group oral presentation; clinical placement problem reflection; research paper
		6.2 Demonstrate knowledge and skills in creating culturally safe interactions with guides and directions coming from frameworks outside of mainstream modelling (e.g., Kaupapa Māori frameworks) for health and clinical practice.	Entry to Practice	Demonstration; role play; design strategy/project; group/individual oral presentation; portfolio;

Content	Content description	Learning outcomes addressed	Skill development level	Potential assessment approaches
	normal and default to build associations across the challenges that are faced in (not just) the healthcare settings of Australian and Aotearoa.			simulation; clinical placement-based project; self-evaluation
THEME 7 Building a bridge: Research, Clinical environments, and suspicions	Foundational material for this Theme is built in Themes 2 and 4.	**7.1** Describe how one's own culture is influenced by majority cultures in Aotearoa and / or Australia and how the dominant culture impacts suspicions of minority cultures when engaging in bridging programmes.	Novice	Reflective journal; individual/group oral presentation; short essay
		7.2 Review and analyse effective/defective framing of one's own identity and worldview, and compare this to portrayals of First Nations Peoples in Aotearoa and / or Australia (e.g., Māori, Bedegal, Arrernte, Dagoman, Amangu, Gadigal, First Nations of the South East, First Peoples of the River Murray and Mallee Region, Jawoyn, Kaurna, Larrakia, Ngadjuri, Ngarrindjeri, Ramindjeri, Warumungu, Wardaman, Yolngu people, Eastern Maar Country, Turrabal, Jaggera, Yuin, Ngunnawal people, Woiworung Wadawurrung Country, Noongar) across news, film, social media, and public opinion.	Intermediate	Reflective journal; Case studies; individual/group oral presentation;
THEME 8 Kaupapa Māori in a clinical context.	Describe the application of Kaupapa Māori frameworks within the ophthalmic context using the 3C's.	**8.1** Explain how previous learning outcomes apply to the 3 Cs of consultation, collaboration, and co-design.	Entry to Practice	Demonstration; role play; design strategy/project; group/individual oral presentation; portfolio; simulation; clinical

Content	Content description	Learning outcomes addressed	Skill development level	Potential assessment approaches
				placement-based project; self-evaluation
		8.2 Describe how the 3 C's can be applied in a clinical context of practice (engaging with whaiora (seekers of health), patients, clients, community members) and ways to incorporate the 3Cs into Kaupapa Māori frameworks, methods, and applications in clinical practice.	Entry to Practice	Reflective journal; Design strategy/project; group/individual oral presentation; research successful strengths-based initiatives and identify critical success factors; create poster; simulation; clinical placement experience
THEME 9 Recognition of, and acknowledging, the Trans-Tasman relationships and traditional caretakers of the lands.	In any locality of practice, find out who the mana whenua (Aotearoa) and Traditional custodians of Country (Australia) are, and maintain appropriate respect and recognition with regional cultural practice and processes.	**9.1** Discuss and examine appropriate forms of identifying, engaging, and acknowledging mana whenua and/or Traditional custodians of Country.	Novice	Short answer/ multiple choice questions; case studies; individual/group oral presentation; simulation
		9.2 Identify and examine current optometry structures that health services have in place. Determine the structures' abilities to address Māori and /or Aboriginal and Torres Strait Islander health care, eye care, wellness.	Entry to Practice	Case studies; individual/group oral presentation; clinical placement portfolio project

Section 4: Glossary of terms

He waka eke noa

We are all on this journey together.

Glossary	
Word / phrase	**Meaning**
Amangu	Amangu are the Aboriginal Yamatji people of the mid-western region of Western Australia, Australia.
Arrernte	The Eastern and Central Arrernte people live in Central Australia, their traditional land including the area of Alice Springs and East MacDonnell Ranges, Australia.
Dagoman	The Dagoman are a group of Aboriginal peoples whose traditional lands are in the Northern Territory of Australia.
Eastern Maar Country	The Eastern Maar people are the Aboriginal peoples whose traditional lands are in the south-western part of the state of Victoria, Australia.
Kaupapa Māori	A set of principles and ideas that act as a foundation for action. Kaupapa Māori knowledge is the systematic organisation of beliefs, experiences, understandings and interpretations of the interactions of Māori people upon Māori people and Māori peoples upon their world.
Kaupapa Māori frameworks	Frameworks developed by Māori, for Māori, with Māori.
Mana whenua	The mana held by local people who have 'demonstrated authority' over land or territory in a particular area, authority which is derived through whakapapa links to that area.
Mātauranga Māori	Māori systems of knowledge and wisdom.
Ngunnawal people	The Ngunnawal people are the Aboriginal peoples and traditional custodians of the Canberra region of Australia.
Oranga Māori	The cloak of wellness.

Glossary	
Word / phrase	**Meaning**
	Also means survivor, food, livelihood, welfare, health, living.
Taha Hinengaro	Mental health The capacity to communicate, to think and to feel mind and body are inseparable. Thoughts, feelings, and emotions are integral components of the body and soul.
Taha Tinana	Physical health The capacity for physical growth and development. Good physical health is required for optimal development. For Māori the physical dimension is just one aspect of health and well-being and cannot be separated from the aspects of mind, spirit, and family.
Taha Wairua	Spiritual health The capacity for faith and wider communication. Health is related to unseen and unspoken energies. A traditional Māori analysis of physical manifestation of illness will focus on the wairua or spirit, to determine whether damage here could be a contributing factor.
Taha Whānau	Family/Social health The capacity to belong, to care and to share where individuals are part of a wider social systems. Understanding the importance of whānau (family) and how whānau can contribute to illness and assist in curing illness is fundamental to understanding Māori health issues.
Te Ao Māori	The Māori World includes (but is not limited too): Te Reo Māori – Māori language Tikanga Māori – protocols and customs
Te Tiriti o Waitangi	Treaty of Waitangi **Note:** the te Reo Māori (Te Tiriti) and English language (The Treaty) versions are not exact translations. The modern context requires the

Glossary	
Word / phrase	**Meaning**
	Waitangi Tribunal to "decide issues raised by the differences between them": https://www.waitangitribunal.govt.nz/treaty-of-waitangi/meaning-of-the-treaty/
Wadawurrung	The Wadawurrung nation are the Aboriginal people of the Kulin Nation whose traditional land includes the area near Melbourne, Geelong, and the Bellarine Peninsula in the state of Victoria, Australia.
Whaiora	Health, soundness, wellbeing.
Whakapapa	A line of descent from one's ancestors. Genealogy, ancestry, or familial links.
Whānau	Family Includes physical, emotional, and spiritual dimensions and is based on whakapapa.
Whenua	Land, roots, ground, or country.
Woiworung	The Woiworung are the Aboriginal people of the Kulin Nation and are from the central Victorian region of Australia.
Yuin	Yuin are the Aboriginal people from the South Coast area of New South Wales, Australia.

Section 5: References

Kia Mau ki nga mahi toi.
Hold steadfast to creativity.

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Appendix 1:

Comparison of aligned learning outcomes between the Optometry Māori Health Curriculum Framework and the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework

(N) = Novice, (I) = Intermediate and (ETP) = Entry to Practice.

Optometry Māori Health Curriculum Framework themes	Optometry Māori Health Curriculum Framework learning outcomes	Alignment with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework learning outcomes
THEME 1 Achieving an accessible eye health care service	1.1 Demonstrates an understanding of one's own positionality and privilege in relation to access to healthcare and social services and how these shape one's worldview **(N)**	1.1a Demonstrate an understanding of one's own culture and how that influences and shapes one's worldview. **(N)** 1.1 (b) Discuss and examine different forms of racism, the concept of white privilege, one's own positioning in terms of white privilege and the social determinants of health for Aboriginal and/or Torres Strait Islander Australians. **(N)** 1.2b (b) Analyse how one's own worldview and positioning in relation to white privilege impact on health care delivery and outcomes for Aboriginal and/or Torres Strait Islander clients. **(I)**
	1.2 Describe socioeconomic and societal barriers that influence access to healthcare services and social determinants of health for Māori **(I)**	2.1 (b) Describe how colonisation has impacted the contemporary health situation of Aboriginal and/or Torres Strait Islander Australians. **(N)** 3.1 (a) Discuss the history of Australia's dominant Western cultural and political paradigm, and how this characterises the contemporary health system. **(N)**

Optometry Māori Health Curriculum Framework themes	Optometry Māori Health Curriculum Framework learning outcomes	Alignment with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework learning outcomes
		3.1 (b) Identify clinical practice and service delivery factors that impact on Aboriginal and/or Torres Strait Islander clients, including identification of Aboriginality. **(N)**
	1.3 Describe mātauranga Māori and frameworks-of-health approaches to health care that address social determinants of health. **(I)**	2.1 (a) Describe the diversity of Aboriginal and/or Torres Strait Islander peoples and cultures; and identify cultural values and practices important to consider in the health context. **(N)** 3.1 (c) Describe the historical development of Aboriginal and Torres Strait Islander community-controlled health services and health sector initiatives, and the role of Aboriginal and/or Torres Strait Islander health professionals. **(N)**
THEME 2 Promises broken and where to from here	2.1 (a) Describe Te Tiriti o Waitangi, its articles, its principles, and purpose in defining the organisation of the country of New Zealand as a partnership. **(N)**	
	2.1 (b) Compare current demographic, health indicators and statistical trends for Māori. **(N)**	2.1 (c) Compare current demographic, health indicators and statistical trends for Aboriginal and/or Torres Strait Islander Australians with non-Indigenous Australians. **(N)** 3.1 (d) Describe eye health concerns that occur more frequently for Aboriginal and/or Torres Strait Islander Australians. **(N)**

Optometry Māori Health Curriculum Framework themes	Optometry Māori Health Curriculum Framework learning outcomes	Alignment with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework learning outcomes
		2.1 (b) Describe how colonisation has impacted the contemporary health situation of Aboriginal and/or Torres Strait Islander Australians. **(N)**
	2.2 (a) Analyse the impact of historical events on Māori access to and engagement with health services, and the implications for suspicions/ challenges around building trust and relationships within Māori whānau and communities. **(I)**	2.2 (a) Analyse the impact of historical events on Aboriginal and/or Torres Strait Islander peoples' access to and engagement with health services, and the implications for building trust and relationships with diverse Aboriginal and/or Torres Strait Islander individuals, families, and communities. **(I)**
		2.2 (b) Analyse the strengths and limitations of current data collection and reporting, and population health policies/strategies for Aboriginal and Torres Strait Islander health. **(I)**
THEME 3 Unpacking equality and equity	3.1 (a) Discuss the history of Australia's and New Zealand's majority Western cultural and political practices. Explain how these practices have defined contemporary health systems. **(N)**	3.1 (a) Discuss the history of Australia's dominant Western cultural and political paradigm, and how this characterises the contemporary health system. **(N)**
	3.1 (b) Identify clinical practice and service delivery factors that impact Māori, including recognition of colonialism, and being Māori as a default, normal state of being. Who is best served? **(I)**	3.1 (b) Identify clinical practice and service delivery factors that impact on Aboriginal and/or Torres Strait Islander clients, including identification of Aboriginality. **(N)**
	3.1 (c) Describe the historical development of Māori community-controlled health services and health sector initiatives, and the roles of Māori health professionals. **(N)**	3.1 (c) Describe the historical development of Aboriginal and Torres Strait Islander community-controlled health services and health sector initiatives, and the role of Aboriginal and/or Torres Strait Islander health professionals. **(N)**

Optometry Māori Health Curriculum Framework themes	Optometry Māori Health Curriculum Framework learning outcomes	Alignment with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework learning outcomes
	3.2 (a) Critically examine the culture of optometry and the broader health system in terms of their effect on Māori health service experiences. Who informs the Māori experience? **(I)**	3.2 (a) Critically examine the culture of optometry and the broader health system in terms of their impact on Aboriginal and/or Torres Strait Islander people's health service experiences. **(I)**
	3.2 (b) Examine the role of optometrists in developing eye health population health programmes in a culturally safe and collaborative manner. **(I)**	3.2 (c) Examine the role of optometrists in developing eye health population health programs in a culturally safe and collaborative manner with Aboriginal and/or Torres Strait Islander colleagues, organisations, and community members. **(I)**
	3.2 (c) Identify and discuss strategies for personal and professional advocacy that do not add to the status quo or ongoing issues of discrimination and racism. Including ideas for leadership and resilience in working with health system challenges to cultural safety, such as partnerships with Māori health professionals and community leaders. **(I)**	3.2 (d) Identify and discuss strategies for personal and professional advocacy, leadership, and resilience in working with health system challenges to cultural safety, including in partnership with Aboriginal and/or Torres Strait Islander health professionals and leaders. **(I)**
THEME 4 Racism, discrimination and recovering an equal partnership	4.1 (a) Demonstrate an understanding of one's own culture and how that influences personal biases, perceptions, comparisons, and practices. **(N)**	1.1 (a) Demonstrate an understanding of one's own culture and how that influences and shapes one's worldview. **(N)** 1.2 (b) Analyse how one's own worldview and positioning in relation to white privilege impact on health care delivery and outcomes for Aboriginal and/or Torres Strait Islander clients. **(I)**

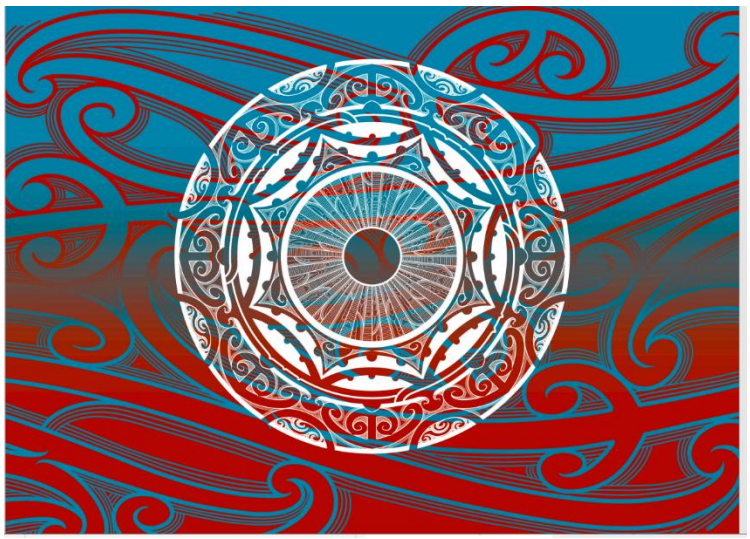
Optometry Māori Health Curriculum Framework themes	Optometry Māori Health Curriculum Framework learning outcomes	Alignment with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework learning outcomes
	4.1 (b) Discuss and examine different forms of racism, the concept of white privilege, one's own positioning in terms of white privilege and the social determinants of health for Māori. **(N)**	1.1 (b) Discuss and examine different forms of racism, the concept of white privilege, one's own positioning in terms of white privilege and the social determinants of health for Aboriginal and/or Torres Strait Islander Australians. **(N)**
	4.2 Demonstrate knowledge and self-reflective skills in creating culturally safe interactions with others (e.g., Māori whānau and communities). **(ETP)**	1.3 (a) Demonstrate knowledge and skills in creating culturally safe interactions with Aboriginal and/or Torres Strait Islander individuals and family members. **(ETP)** 1.3 (b) Demonstrate strategies that enable ongoing self-reflexivity in a professional context. **(ETP)** 2.3 Incorporate strategies for delivering health care and designing population health and health workforce policy that builds trust and relationships with diverse Aboriginal and Torres Strait Islander individuals, families, and communities. **(ETP)**
THEME 5 Kaupapa Māori approaches and other frameworks.	5.1 Identify and examine responses to personal and professional policies, codes, and legislation by expressing them as part of a Kaupapa Māori framework. **(I)**	1.2 (a) Identify and examine responses to racism personally and professionally, and available policies, codes, and legislation for addressing racism in health care contexts. **(I)**

Optometry Māori Health Curriculum Framework themes	Optometry Māori Health Curriculum Framework learning outcomes	Alignment with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework learning outcomes
	5.2 Demonstrate strategies that enable ongoing self-reflection and adaptation of Kaupapa Māori methods in a professional context. **(ETP)**	1.3 (b) Demonstrate strategies that enable ongoing self-reflexivity in a professional context. **(ETP)** 1.3 (c) Incorporate anti-racist, social justice and affirmative action approaches in health care practice that address the social determinants of health for Aboriginal and/or Torres Strait Islander Australians. **(ETP)**
THEME 6 Naming the challenges: Structures, frameworks, and positionality	6.1 Describe challenges in understanding one's own culture and responses to racism. Reflect on how these challenges match one's understanding of Te Ao Māori and Te Tiriti o Waitangi principles, mātauranga Māori (Indigenous Cultures) and how the resources relate to students' worldview and applications to practice. **(I)**	
	6.2 Demonstrate knowledge and skills in creating culturally safe interactions with guides and directions coming from frameworks outside of mainstream modelling (e.g., Kaupapa Māori frameworks) for health and clinical practice **(ETP)**	3.3 (a) Apply principles and practices of cultural safety in clinical practice and service delivery. **(ETP)** 3.3 (b) Demonstrate strengths-based strategies for building partnerships with Aboriginal and/or Torres Strait Islander health professionals, organisations, and communities in delivering eye health services, and designing and implementing eye health population health programs. **(ETP)** 3.3 (c) Demonstrate strategies for personal and professional leadership, lifelong learning, and resilience in working with health system challenges to cultural safety, including in partnership with Aboriginal and/or Torres Strait Islander health professionals and leaders. **(ETP)**

Optometry Māori Health Curriculum Framework themes	Optometry Māori Health Curriculum Framework learning outcomes	Alignment with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework learning outcomes
THEME 7 Building a bridge: Research, Clinical environments, and suspicions	7.1 Describe how one's own culture is influenced by majority cultures in Aotearoa and / or Australia and how the dominant culture impacts suspicions of minority cultures when engaging in bridging programmes. **(N)**	1.1 (a) Demonstrate an understanding of one's own culture and how that influences and shapes one's worldview. **(N)**
	7.2 Review and analyse effective/defective framing of one's own identity and worldview and compare this to how portrayals of First Nations Peoples in Aotearoa and / or Australia (e.g., Māori, Arrernte, Bedegal, Dagoman, Amangu, Gadigal, First Nations of the South East, First Peoples of the River Murray and Mallee Region, Jawoyn, Kaurna, Larrakia, Ngadjuri, Ngarrindjeri, Ramindjeri, Warumungu, Wardaman, Yolngu people, Eastern Maar Country, Turrabal, Jaggera, Yuin, Ngunnawal people, Woiworung Wadawurrung Country, Noongar) across news, film, social media, and public opinion. **(I)**	
THEME 8 Kaupapa Māori in a clinical context.	8.1 Explain how previous learning outcomes apply to the 3 Cs of consultation, collaboration, and co-design. **(ETP)**	1.3 (a) Demonstrate knowledge and skills in creating culturally safe interactions with Aboriginal and/or Torres Strait Islander individuals and family members. **(ETP)**
	8.2 Describe how the 3 C's can be applied in a clinical context of practice (engaging with whaiora - seekers of health: patients, clients, community members) and	

Optometry Māori Health Curriculum Framework themes	Optometry Māori Health Curriculum Framework learning outcomes	Alignment with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework learning outcomes
	ways to incorporate the 3Cs into Kaupapa Māori frameworks, methods, and applications in clinical practice. **(ETP)**	
THEME 9 Recognition of and acknowledging the Trans-Tasman relationships and traditional caretakers of the lands.	9.1 Discuss and examine appropriate forms of identifying, engaging, and acknowledging mana whenua and / or Traditional custodians of Country. **(N)**	
	9.2 Identify and examine current optometry structures that health services have in place. Determine the structures' abilities to address Māori health care, eye care, wellness. **(ETP)**	

Appendix 2: OCANZ Māori Artwork



Artwork by Graham Tipene (Ngāti Whātua, Ngāti Kahu, Ngāti Hine, Ngāti Haua, Ngāti Manu), Kaiurungi / Lead Designer, Te Wheke Moko Design Studio.

This artwork has been designed for the Optometry Council of Australia and New Zealand (OCANZ) by Graham Tipene (Ngāti Whātua, Ngāti Kahu, Ngāti Hine, Ngāti Haua, Ngāti Manu) using Māori design thinking and motifs that ground the work in Kaupapa Māori principles (by Māori, with Māori, for Māori). The karu o te kanohi represents the work that OCANZ and optometrists undertake by looking deep into people's eyes. The artwork is made up of five layers that have been intentionally designed and woven together to showcase Māori symbology, strength and story.

The central element of the artwork is the karu/whatu o te kanohi which is made up of three intricate layers (karu |centre, wē | middle and rāwaho | outer). Each line and curve are powerfully symbolic and representative of Māori design. See appendix two (page 38) to learn more about each design element of the 'karu o te kanohi'.

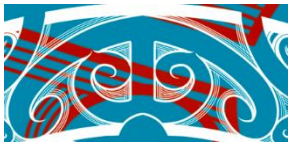
Behind the karu o te kanohi is the fourth layer, the kowhaiwhai design which represents Te Ao Hurihuri, the ever-changing world.

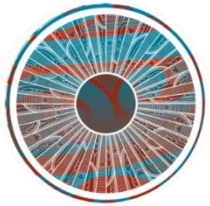
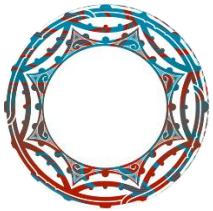
The fifth layer is the background colours and the blending red into blue. Red symbolises nobility in the Māori world. The blue has been used to symbolise the colour of OCANZ. It can also represent the water (sea) that flows between Australia and Aotearoa, where the two cultures (Aboriginal and Torres Strait Islander and Māori) meet.

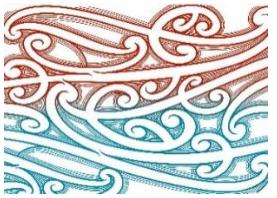
Māori artwork – symbology

Kupu Māori	English Translation	Pattern Example
Pupil centre karu		
Pākati	Ladder-looking design, line work represents defending your pā or in this case your visual health.	
Whārua (Valleys) & Maunga (Mountains)	Triangles represent land mass and are symbols for the navigation of high points and low points that we all traverse in our lives.	
Whārua	Valleys: Pointing toward from the centre	
Maunga	Mountains: Pointing away from centre	

Kupu Māori	English Translation	Pattern Example
Unaunahi	Fish Scale - half circles represent being able to gather fish and feed whānau (family), which is symbolic of nurturing all who come within our orbit.	
Te Ara a Tawhaki / The Path or Tawhaki	Long lines represent the pursuit of excellence and knowledge – a historical reference to Tawhaki who wondered why birds could fly and he couldn't. He unsuccessfully followed the bird's path to attain the knowledge to fly.	
Niho Taniwha	Taniwha teeth: Notches – strength through adversity. Things are going to be hard, but you get through it.	
Pupil middle wē		
Koru	Fern frond represents the plant and growth. This growth is unique to the individual and can be spiritual, emotional physical. This symbol is a direct connection back to plants and whenua (land).	

Kupu Māori	English Translation	Pattern Example
Kaperua	A curved pattern like an eyebrow. It symbolises knowledge.	
Whakarare	Thick line with notches runs all the way around symbolises change and disruption and also asks “how will you navigate changes?”	
Pupil Outer rāwaho		
Mangōpare	Hammerhead shark which represents strength.	
Mangōpare	Additional mangōpare around the outside which represents tuakana/teina looking after of the older person by(?) the younger person (?).	

Kupu Māori	English Translation	Pattern Example
Ngutu Kaka	The passing down of verbal knowledge.	
Five layers of the full image		
karu	pupil centre	
wē	Pupil middle	

Kupu Māori	English Translation	Pattern Example
rāwaho	Pupil outer	
kōwhaiwhai	Traditional Indigenous lattice-work | Māori pattern which represents Te Ao Hurihuri - the ever-changing world	
kahurangi and whero	Blue and red background colours