

# Māori Health

ACTION PLAN 2017/18

**KIA WHAKAKOTAHI TE HOE O TE WAKA**  
WE PADDLE OUR WAKA AS ONE

## Tā Mātou Matakite

### OUR VISION

Ki te whakapakari, whakamanawa me te tiaki i te hauora mō te oranga pai o ngā tāngata o te rohe o Waitaha.

To improve, promote, and protect the health and well-being of the Canterbury community.

## Ā Mātou Uara

### OUR VALUES

- Manaaki me te whakaute i te tangata.  
*Care and respect for others.*
- Hāpai i ā mātou mahi katoa i runga i te pono.  
*Integrity in all we do.*
- Te Takohanga i ngā hua.  
*Responsibility for outcomes.*

## Ngā Huarahi Mahi

### OUR WAY OF WORKING

- Kia Arotahi atu ki ngā tāngata me te hapori.  
*Be people and community focussed.*
- Whakaatu te auaha.  
*Demonstrate innovation.*
- Kia tau ki ngā tāngata pānga.  
*Engage with stakeholders.*

**Canterbury**  
District Health Board  
Te Pōari Hauora o Waitaha

 **Pegasus**  
partner in health  
whakamanawa ki te hauora

**Te Kāhui**  
o Papaki Kā Tai



Manawhenua ki Waitaha

 **Canterbury  
Clinical Network**  
Transforming Health Care Whakanao Hauora o Waitaha

**christchurch**pho

**RURAL CANTERBURY**  
Primary Health Organisation  
Te Roopu Hauora Matua O Waitaha Tahwhenua

## Foreword

Tū tonu ngā pae maunga o Te Waipounamu, Ngā Tiritiri o te Moana. Papaki kau ana Te Tai o Mahaanui, ā, Te Tai o Marokura hoki, arā, nei rā Ngā Pākihi Whakatekateka o Waitaha.

The Canterbury District Health Board (DHB) remains committed to its role in supporting the aspiration Pae Ora for Māori, particularly in reducing the persistent health inequities exist in our Māori population. Reducing health inequity and achieving Pae Ora for Māori is a whole society effort and the Canterbury DHB has an important part to play in ensuring equity of access and outcome in the services we provide in our community.

Equity of access and outcome are multi-faceted and complex issues that require multiple and complex solutions. To that end the Canterbury DHB continues to work in partnership with our Treaty partners, Manawhenua Ki Waitaha, Māori providers, the wider Māori community, whānau Māori, providers across the Canterbury health system and indeed the whole Canterbury community, to seek Pae Ora for Māori.

The Canterbury DHB Māori Health Action Plan focuses on priority areas that show how the system is working towards Pae Ora.

A key area of focus is to encourage cultural development and capability for our staff in order to welcome Māori to Health Services.

Cultural development of staff will broaden pathways for whānau to engage in services and will aid greatly in improving health equity in our Māori population.

We seek to reduce and eliminate the health inequities that have long persisted in the Māori population as a step towards pae ora for Māori in our community.

He waka eke noa; kia whakakotahi te hoe o te waka nei.



Hector Matthews

Canterbury DHB Executive Director of Māori and Pacific Health



Wendy Dallas-Katoa

Chair of Manawhenua Ki Waitaha



John Wood

Canterbury DHB, Board Chair

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## Introduction

Our culture defines us and explains much about our world view, who we are and what we believe about the world around us.

*Were I to distil a single message [...] it would be that culture is not trivial. It is not decoration or artifice, the songs we sing or even the prayers we chant. It is a blanket of comfort that gives meaning to lives. It is a body of knowledge that allows the individual to make sense out of the infinite sensations of consciousness, to find meaning and order in a universe that ultimately has neither. Culture is a body of laws and traditions, a moral and ethical code that insulates a people from the barbaric heart that history suggests lies just beneath the surface of all human societies and indeed all human beings. Culture alone allows us to reach, as Abraham Lincoln said, for the better angels of our nature.*

*If you want to know what happens when the constraints of culture and civilization are lost, merely look around the world and consider the history of the last century.*

Wade Davis, in his book *The Wayfinders*,<sup>1</sup> discusses the complexities of humanity and how deeply our culture affects us.

As we continue on the journey to achieve health equity, cultural understanding and cultural development are ever present challenges to our thinking and planning.

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### CULTURAL DEVELOPMENT

Health equity is affected by access to health services. When individuals feel uncomfortable, misunderstood, or offended, they shy away from attending appointments or seeking medical help. They will suffer in

silence until their condition forces them to seek medical advice. Unfortunately, this approach results in late access to services and contributes to many avoidable hospitalisations, late cancer diagnoses and early preventable deaths.

Improving access can be achieved by simple things. People will feel more comfortable and more likely to attend when there are culturally-aware receptionists, sympathetic aesthetics in waiting areas and outside buildings, and whānau-friendly opening hours.

In Canterbury, we are taking opportunities to improve design as we rebuild our facilities. Burwood Hospital is a wonderful example of a well thought out, welcoming, and culturally rich place.

As the well-known whakataukī goes:

He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata.

What is the most important thing in the world? It is people, it is people, it is people.

To really make our services fully accessible we must embark on a journey of cultural development which empowers and enables all of our people to appreciate cultural difference.

We are all at different places on our journey to cultural understanding. The responsibility for progress on that journey is shared between the DHB as an employer and each employee to grow our knowledge and understanding of cultures other than one we identify with. Therefore, there is an element of personal responsibility we all must take when it comes to learning and development.

In addition, Canterbury DHB can support and encourage staff to developing an

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<sup>1</sup> Davis, Wade. *The Wayfinders: Why Ancient Wisdom Matters in the Modern World (CBC Massey Lecture)*. 2009. Toronto, Canada: House of Anansi Press.

understanding of different cultures and how people make decisions about their health.

There are key, frontline roles where it is important that staff are culturally sensitive and where individuals might not have had the opportunity for cultural development as part of their training e.g. receptionists, hospitality, administration, recruitment etc.

As we identify these key positions and include Cultural Development in the core competencies required and professional development opportunities offered, we will improve access for whānau.

A strategic approach to Cultural Development will empower all staff to develop cultural awareness and understanding. This approach will include a register of preferred courses, a reading list, more comprehensive HealthLearn modules, time off to attend courses, and recognition of new skills. Most of these things do not require any extra budget, but they do require a focused shift in thinking and a recognition of the value of a culturally developed workforce.

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## WHĀNAU ORA

This 2017/18 Māori Health Plan takes a Whānau Ora approach when discussing health equity for Māori who are under the care of the CDHB.

Whānau Ora as a holistic approach began life in 2009 after Cabinet established a taskforce to address concerns relating to individualist interventions rather than whānau-focused solutions to social service delivery.

The taskforce established that the best outcomes for Māori would be achieved if everyone involved, including NGOs, Government, funders and whānau themselves, changed to a strength-based approach, building upon the natural assets of families rather than deficit thinking focusing on their shortfalls.

Vulnerable families are often stuck in complex and high needs situations which require holistic and focused attention to bring about change. While the journey to wellness is not simple or quick, small steps can make a big difference and cumulatively bring about sustainable and significant improvement in whānau wellbeing.

It makes good sense for any organisation which is engaging with an individual or a whānau to take the time to notice the other things which make life challenging and seek to have them addressed.

For a new approach to really make a difference to whānau outcomes, the taskforce identified several actions as being necessary:

- Where in the past an agency working with an individual would only serve the needs of that person, now with a Whānau Ora approach there is recognition that as we live in whānau and communities our situations, decisions and behaviours effect those around us. As a whānau is supported to become stronger there is more capacity and skill for the whānau to support its individual members.
- Greater collaboration is necessary between agencies, including both Government and community service providers, so that agencies will work together and refer to each other depending on what a particular whānau needs and who could best provide for them.
- A strengths-based approach helps whānau identify what they are good at and care about and helps them set goals for a positive future with the use of Whānau Plans. Whānau Plans support a whānau to overcome the challenges which hold them back from reaching their potential. The Whānau Ora navigator role has been developed to work with whānau to create their Whānau Plans and to

facilitate achieving the identified goals by engaging with the relevant agencies.

Te Puni Kokiri and Whānau Ora Commissioning Agencies have distributed Government funding to initiatives which strengthen families and have also funded the employment of hundreds of Whānau Ora Navigators nationwide.

There are many inspirational stories of changed lives through the Whānau Ora approach to service delivery. Whānau Ora is much more than a “fund”, it is a strategic, economic, and sensible way to put whānau at the centre of decisions which affect them.

By allocating continued funding in the 2016/17 budget, the Government demonstrated an ongoing commitment to Whānau Ora.

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## DETERMINANTS OF HEALTH

Canterbury DHB is committed to ensuring positive Māori health outcomes and reducing inequalities. Community and Public Health (CPH) at Canterbury DHB partners with a wide range of health and non-health agencies to improve health outcomes.

The majority of work that CPH undertakes is through a social determinants approach. The social determinants of health refer to the wide range of factors that influence individual and community health. This approach recognises that there are many aspects that impact on individual and whānau health, including: housing, transport, employment, income, air and water quality, and climate change.

CPH therefore works to modify the social determinants of health, so that individuals and communities are supported to live healthier lives. This requires building partnerships with a wide range of agencies and communities, and this is the focus of CPH.

The cross sector approach CPH takes is sometimes described as ‘health in all policies’ (HiAP) since it recognises that some of the biggest population health improvements can only be created by policy decisions of agencies which may not see health as part of their responsibilities.

HiAP is a structured approach to working across sectors and communities on public policies. It promotes relationships and engages stakeholders to systematically take health into account when making policy decisions. It ensures the health and wellbeing of populations is a key focus for policy and projects across government and community sectors - including at Canterbury DHB.

The inequity between the health status of Māori and other New Zealanders is a result of differential access to the social determinants of health. Past social, cultural and economic policies that alienated whānau from their land, language and culture, and ongoing lack of progress to address them, are the primary cause of the current inequities. The social determinants approach that CPH takes aims to reduce these inequalities.

This involves working across sectors to promote access for Māori to the housing, employment, transport, environmental, and cultural resources that will support improved health outcomes. We also have significant relationships with local Iwi through Ngāi Tahu Papatipu Rūnanga and Manawhenua ki Waitaha, and work with local marae to ensure Māori can access our services at their marae.

Our relationship with Ngāi Tahu has strengthened over the past few years and we now have improved sharing of information, work on joint submissions, have a policy mapping project and hold regular Hui.

In addition, the leadership team at CPH has made a strategic decision to ensure health inequalities for Māori in Canterbury are

considered in all policy work we undertake. This ensures all our policies aim to reduce health inequities for Māori in Canterbury.

## Overview

The priority actions described in this Plan outline our commitment to address health inequality for Māori and are aligned to He Korowai Oranga and its overarching aim of 'Pae ora – healthy futures'.

This Māori Health Plan is a reflection of the needs of Māori living in Canterbury and how we might respond to them.

If we are to turn the health waka around and improve whānau health outcomes, we need to work together, train and upskill our Māori health workforce, and capture the hearts of current and future generations to make good decisions regarding their health.

This Plan has a strong focus on strengthening whānau engagement with health services, empowering people to take more responsibility for their own health and wellbeing and supporting people to stay healthy.

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### OUR KEY MĀORI HEALTH ORGANISATIONS

**Manawhenua Ki Waitaha** is a collective of the seven Ngāi Tahu Rūnanga health representatives within Canterbury and are mandated by Ngai Tahu to have a treaty-based relationship with the DHB. This group works in partnership with the DHB, the three Canterbury PHOs, other iwi and Maata Waka groups to improve outcomes for Māori in Canterbury.

Manawhenua ki Waitaha are responsible for the appointment of Māori representatives to a variety of Work streams, Service Level Alliances (SLAs) and committees as well as administering the annual CDHB Māori and Pasifika Scholarship fund.

**The Canterbury Clinical Network (CCN)** is a collective body of healthcare leaders who aim to deliver better health outcomes by exploring new service delivery approaches that provide health care in the community and closer to people's homes. Since 2009, CCN has developed new service delivery models, funding and contracting mechanisms that are based on principles of high trust, low bureaucracy, openness and transparency.

The work plans developed by CCN work streams and SLA's support both the development and delivery of this Māori Health Plan.

**Te Kāhui O Papaki Kā Tai** is a Canterbury-wide Māori Health Reference Group with close links to primary care, the DHB and the CCN District Alliance. The Reference Group has a focus on joint planning for improvements in health outcomes for Māori. Members include community care providers, primary care providers, the three Canterbury PHOs and the DHB.

**Te Tumu Whakahaere Forum** is chaired by the DHB's Executive Director of Māori and Pacific Health and supports a collective approach to Māori health across the DHB. Members are senior Māori health managers from across the DHB's hospital and specialist services.

**Te Herenga Hauora O Te Waka O Aoraki** is the South Island District Health Board Director/General Māori Health Manager's Network. Established in 2001, their purpose is to provide a forum for mutual support and development of common vision, purpose and strategic directions that continue the momentum for improved Māori health outcomes, effective Māori participation, and influence in the health sector, locally, regionally and nationally.

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REKOHU, WHAREKAURI, CHATHAM

## ISLANDS

Ngāti Mutunga o Wharekauri and Moriori Ki Rekohu have been part of Canterbury DHB since July 2015. The Chatham Islands (Rekohu /Wharekauri) have distinct isolation and service access challenges. Although the resident population of the Chatham Islands is small at 600 people, 56% are Māori. We aspire to pae ora for the people of Rekohu and will work with iwi, Te Hā o te Ora Māori Provider and community to support whānau in their journey towards mauri ora, whānau ora and wai ora.

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## MĀORI HEALTH PROVIDERS

The following is a current list of Māori Health Providers contracted by the Canterbury DHB to deliver health and social services in Canterbury. An extensive list is available online at [www.healthinfo.co.nz](http://www.healthinfo.co.nz).

- Ha O Te Ora O Wharekauri Trust – Māori Community Services.
- He Waka Tapu Limited
- Manawhenua ki Waitaha
- Mokowhiti
- Purapura Whetu Trust
- Te Kakakura Trust
- Te Puawaitanga Ki Ōtautahi Trust
- Te Rūnanga o Ngā Maata Waka
- Te Tai o Marokura Charitable Trust
- Te Whatumanawa Māoritanga o Rehua

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## MAUI COLLECTIVE

Our Māori and Pacific Providers have recently formed a collective which has employed an independent chairperson and aims to provide:

- a platform to build the capacity and capability of Māori and Pacific Providers
- a single point of contact for the health system to consult and engage with Māori and Pacific Providers
- a shared vision to improve health outcomes for whānau and pacific peoples

across providers and as a forum for Māori and Pasifika people in Canterbury

- leverage of collective purchasing power in workforce development and capacity building for Providers

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## MONITORING PERFORMANCE AND ACHIEVEMENT

A Performance Dashboard has been established to monitor performance against the Māori Health Plan. This is updated quarterly alongside the reports on the national measures provided by the Ministry of Health's Māori Health Division and Te Tumu Whakarae (see Appendix 2).

The Dashboard will be presented to the DHB's Community and Public Health Advisory Committee (CPHAC) by the Executive Director of Māori Health who will provide updates on progress against the plan.

The Performance Dashboard will also be presented to and monitored by Manawhenua ki Waitaha, Te Kāhui o Papaki Kā Tai and the CCN District Alliance's Māori Caucus (quarterly).

An annual Māori Primary Health Care Report is also prepared and presented to the same governance and leadership groups to provide progress against the Māori Health Plans of the three Canterbury PHOs. This reports covers the national activity areas presented in the Māori Health Action Plan.

Performance against the national Health Targets (included in the Māori Health Action Plan) are monitored on a quarterly basis. These reports are shared with the DHB's Board, CCN and the PHOs and are available on the Canterbury DHB website: [www.cdhb.health.nz](http://www.cdhb.health.nz).

# Canterbury Māori Health Framework



**Kia whakakotahi te hoe o te waka**  
WE PADDLE OUR WAKA AS ONE

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## BACKGROUND AND RATIONALE

Canterbury health service providers across the Canterbury health system – Canterbury DHB, PHOs and NGOs – aspire to achieving equitable health outcomes for Māori and support whānau to flourish and achieve Pae Ora – healthy futures.

Following a series of discussions and a shared desire to have a more coordinated approach to Māori health improvement in Canterbury, an overarching outcomes framework was developed in 2013 and widely socialised within the Canterbury health sector including the Canterbury Clinical Network (CCN) Alliance.

The adage '**Kia whakakotahi te hoe o te waka – we paddle our waka as one**' articulates the importance of all providers working together to achieve health equity, increase access to services and improve health outcomes for Māori in Canterbury. Paddling the waka in the same direction and in unison symbolises a collective impact across the Canterbury health system.

In 2016, the framework was reviewed by members Te Kāhui o Papaki Kā Tai and Manawhenua ki Waitaha.

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## PURPOSE

The purpose of the Canterbury Māori health framework is to provide an overarching approach that guides service providers to achieve best health outcomes for whānau Māori in Canterbury.

The framework:

- Identifies various layers of activities and strategies, shared outcomes, priority areas that contribute to the shared outcomes of equitable health outcomes and whānau rangatiratanga.
- Includes indicators that can be used to

measure progress towards and achievement of the shared outcomes

- Acts as a basis for organisational work plans.

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## THE FRAMEWORK

The framework is an outcomes framework. That is, the framework identifies the desired outcomes and key strategies will help us reach those outcomes – rather than a series of predetermined actions. The framework also identifies indicators that we can use to measure progress towards the achievement of the shared outcomes.

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## PRIORITY AREAS

There are many areas of focus that our collective actions contribute to.

The current areas of focus are those where there are differentials in access or outcomes for Māori, and where indicators exist that are readily measureable in order to determine progress.

Key focus areas are:

- Māori workforce development
- Promotion of rangatahi health
- Cervical screening coverage
- Child and youth oral health

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## HOW THIS FRAMEWORK WORKS

The partners in this framework:

- Develop organisational work plans that are based on the framework and priority areas
- Work together to achieve improvement in shared priority areas
- Undertake to have good communication and regularly report on progress
- Review the framework annually so it may be linked to the partners' plans for the following year.

# Canterbury DHB's MĀORI POPULATION

The graphs and figures on these pages present key data from the 2013 Census:

Socioeconomic deprivation, employment, income, qualifications, home ownership, household crowding, and cigarette smoking all affect people's health and are often referred to as 'broader determinants of health'. Collectively, these determinants have a greater impact on the health of a population than the health system itself.

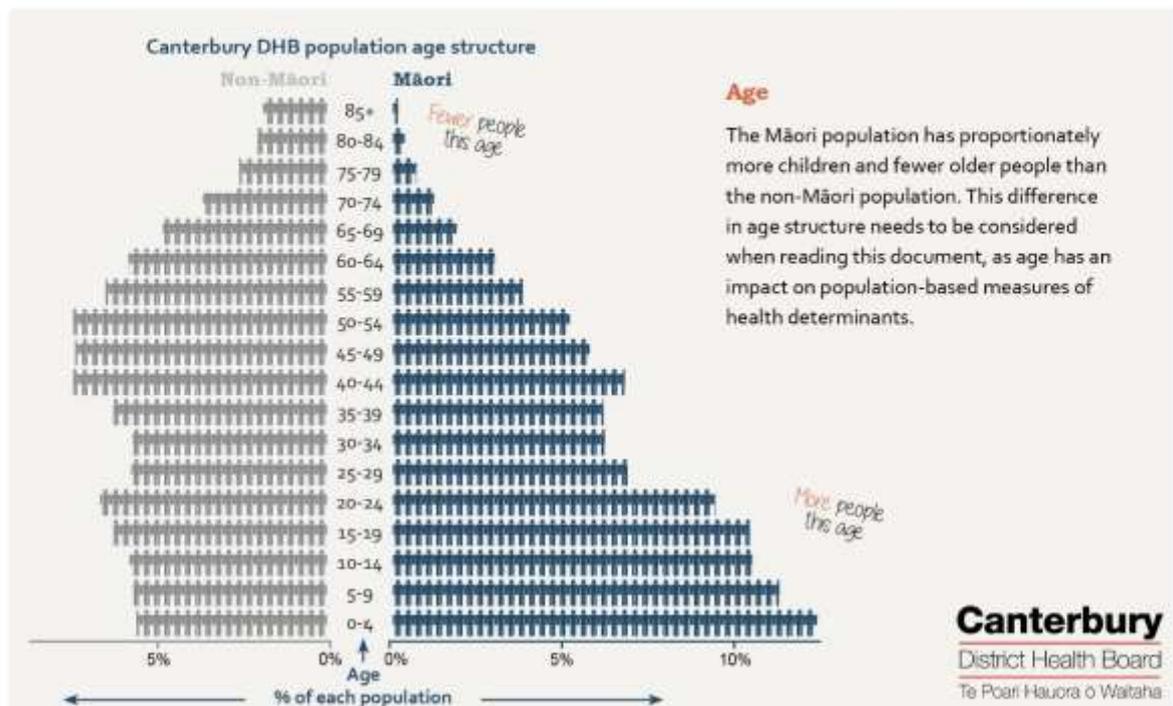
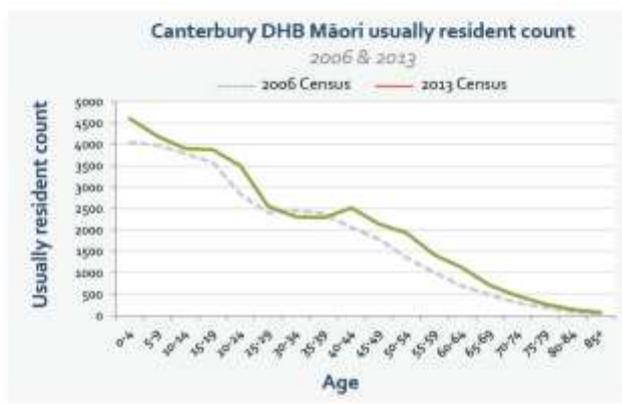
Māori generally have poorer health status than non-Māori. This health inequity can be partly attributed to the differences in access or exposure to the broader determinants of health illustrated in this document. Monitoring these differences is the first step towards addressing them.

Canterbury DHB has a Māori Health Action Plan and a Public Health Plan, which are companion documents to the Annual Plan. These documents set out key actions and performance measures to improve population health and reduce inequities, including work to influence the broader determinants of health.



**6<sup>th</sup> largest population**  
**49,680**  
people identifying as Māori live in Canterbury

While have a low proportion (9.1%) of Māori compared to the rest of the country, ranking 18th of 20 DHBs, Canterbury has the 6th largest Māori population at 49,680 people.



<sup>1</sup> These figures are projected for 2016-17 from the 2015 Statistics New Zealand Population Projections (based off the 2013 Census)

# Canterbury DHB's Areas of Inequity

## Transport

Māori are less likely to have access to a car as they're 2.13 times more likely to live in a household with no vehicle.



## Deprivation

Māori are more likely to live in deprived<sup>3</sup> areas than non-Māori. 50.5% of Canterbury Māori live in deciles 6-10 compared to 33.5% of Canterbury non-Māori.<sup>4</sup>

Canterbury DHB & National NZDep2013 distribution



## Income

Median income for Māori is several thousand dollars less than for non-Māori.<sup>5,6</sup>



## Unemployment

The Māori unemployment rate is more than two times that of non-Māori.<sup>8</sup>



## Household crowding

Living in a crowded house is proven to increase the risk of catching and spreading serious infectious diseases.<sup>9</sup>



Māori are two and a half times more likely to live in a crowded house.

*Nationally, 20.0% of Māori and 7.9% of non-Māori live in crowded homes.*

<sup>5</sup> Aged 15 years and over.

<sup>6</sup> Median income is generally a better measure than average income because income data is heavily skewed; a small number of people have very high incomes compared to the majority. Therefore median income gives a better idea of the majority of people's actual income.

<sup>7</sup> The New Zealand Deprivation Index uses census data on personal and household income, employment, qualifications, home ownership, single parent families, household crowding, and access to a car and the internet at home, to attribute a deprivation level to small geographical areas, on a scale from 1 (least deprived), to 10 (most deprived).

<sup>8</sup> NZDep13 changed significantly from NZDep05, after the 2010-11 Canterbury earthquakes, and may now not represent underlying deprivation. These changes should be interpreted with caution.

<sup>9</sup> Taking into account the number of bedrooms, couples, single adults and the age and gender of children.

<sup>6</sup> Aged 15 years and over.

Data source: Statistics New Zealand. The 'Not Elsewhere Included' ethnicity category (5.4%) was excluded from all calculations.

## School qualifications



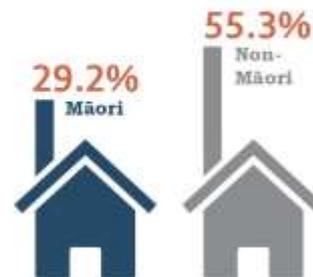
of Māori have an NCEA Level 3 Certificate at school or above<sup>10</sup>



of non-Māori have an NCEA Level 3 Certificate at school or above<sup>10</sup>



*Nationally, 41.8% of Māori and 61.4% of non-Māori have a Level 3 certificate or above.<sup>10</sup>*



## Home ownership

Rates of home ownership have been falling in NZ since 1991. Māori are less likely to own, or partly own, their homes than non-Māori.<sup>11</sup>

*Nationally, 28.2% of Māori and 53.3% of non-Māori own, or partly own, their homes.<sup>11</sup>*

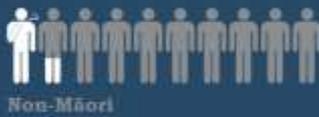
## Smoking

The biggest preventable cause of illness & death in NZ  
Smoking is a risk factor for the cancer, circulatory, and lung diseases illustrated below. Health outcomes show Māori experience significantly greater harm than non-Māori.

**30.7%**  
of Māori smoke regularly<sup>1</sup>



**13.3%**  
of non-Māori smoke regularly<sup>1</sup>



## Asthma

In Canterbury, Māori children<sup>2</sup> are 2.1 times more likely to live with a smoker than non-Māori. Māori children<sup>3</sup> are also 1.4 times more likely to be hospitalised with asthma than non-Māori.



## Chronic respiratory disease

In Canterbury, Māori are 3.1 times more likely to be hospitalised with chronic respiratory diseases than non-Māori<sup>4</sup>



**3.1 times more likely**

## Heart disease & stroke

In Canterbury, Māori are 1.3 times more likely to be hospitalised from heart disease or stroke than non-Māori<sup>5</sup>



**1.3 times more likely**

## Lung cancer

In Canterbury, Māori are 2.4 more likely to be diagnosed with lung cancer than non-Māori<sup>6</sup>



**2.4 times more likely**



## Respiratory disease deaths

In Canterbury, Māori are 2.7 times more likely to die early from respiratory disease than non-Māori<sup>7</sup>



## Heart disease & stroke deaths

In Canterbury, Māori are 2.5 times more likely to die early from heart disease or stroke than non-Māori<sup>8</sup>



## Lung cancer deaths

In Canterbury, Māori are 2.5 times more likely to die from lung cancer than non-Māori<sup>9</sup>

## Cervical cancer vaccination

In Canterbury, Māori are 20% less likely than non-Māori to be vaccinated against HPV, which causes cervical cancer



## Cervical cancer screening

In Canterbury, Māori are 40% less likely than non-Māori to have had a cervical smear than non-Māori<sup>10</sup>



## Cervical cancer diagnosis

In Canterbury, Māori are 4.2 times more likely to be diagnosed with cervical cancer than non-Māori<sup>11</sup>



1. Aged 15 years and over. 2. <15 years and under. 3. Aged 5 years and under. 4. Aged 45 years and over. 5. Aged 25 years and over.

6. Early deaths are those occurring before 75 years of age. 7. Aged 25-69. 8. Year 8 girls. Result reflects a cervical smear in the last 3 years.

# Canterbury's Māori health priorities

## High quality ethnicity data

What do we want to achieve?	Improved accuracy of ethnicity data collection and reporting in PHO registers.
Why is this important?	A starting point to achieving health equity is enrolment in Primary Care. At the point of enrolment, and intermittently thereafter, it is important for us to accurately record ethnicity in order to get a clear picture of who is enrolled. Additionally, this lets us estimate the number who are not enrolled. Accurate ethnicity data collection will guide us to ensure our resources are precisely placed to achieve the most effective outcomes.
Who will we work with?	Christchurch PHO, Pegasus Health PHO, Rural Canterbury PHO, Te Kāhui o Papaki Kā Tai, CCN Māori Caucus, CCN Child and Youth Work stream, CCN Health of Older People Workstream, Māori and Pacific Provider Forum.

### OUR PERFORMANCE STORY 2016-17

#### How will we know we are successful?

Improved accuracy of ethnicity reporting in PHO register

#### Where are we now?

Difference in ethnicity by NHI between Titanium and PHO register

Percentage of 0-4 year olds enrolled with the Community Dental Service

Ethnicity	Titanium (2016)	Titanium updated with PHO ethnicity (2016)
Māori	28.9	45.9
Pacific	50.5	56.0
Other	69.1	66.6
Total	61.3	62.5

#### How will we achieve this?

*Research and quarterly monitoring of enrolment rates by ethnicity will enable us to fully understand the lower enrolment of Māori in primary care.*

**Q2-Q4:** Investigate expired enrolment and post-hospitalisation enrolment to identify the pattern of Māori primary care utilisation. Design specific strategies for improving enrolment using this information.

**Q1-Q4:** Review and monitor the multiple enrolment of newborns and their whānau across health services. Support the LinKIDS service to work with whānau whose children are not enrolled with WCTO, Community Dental and PHO services.

**Q1-Q4:** Prepare across the health system for implementation of refreshed national Ethnicity Data Protocols when they are finalised, particularly where it is possible to make changes to patient managements systems.

## Enrolment in Primary Care

What do we want to achieve?	Increased proportion of Māori population enrolled in a PHO.
Why is this important?	To improve health equity we need to identify and overcome the barriers to access perceived or experienced by whānau. In our health system general practice is the first point of access for whānau. However, many Māori hesitate to go to the doctor and delay seeking care until they have a serious health issue. This may result in attendance at the emergency department and late diagnosis, which may reduce treatment options.
Who will we work with?	Christchurch PHO, Pegasus Health, Rural Canterbury PHO, Te Kāhui o Papaki Kā Tai, CCN Māori Caucus, CCN Child and Youth Work stream, CCN Health of Older People Work stream, Māui Ora Collective.

### OUR PERFORMANCE STORY 2016-17

#### How will we know we are successful?

Increased proportion of Māori population enrolled in PHOs.  
Improved accuracy of ethnicity reporting in PHO register

#### Where are we now?

Proportion enrolled in PHOs:



*Note: A number of the specific actions and the activity highlighted through this Plan focused on increasing responsiveness of services to the needs of Māori and increasing the engagement Māori and their whānau with health services will also support increased enrolment rates.*

Data Source: PHO Enrolment Register

#### How will we achieve this?

*PHOs, Kaupapa Māori Providers and Canterbury DHB will work together to promote whānau enrolment in Primary Care. Research and quarterly monitoring of enrolment rates by ethnicity will enable us to fully understand the lower enrolment of Māori in primary care.*

**Q1-Q4:** Work with LMCs and Women's and Children's Health to improve ethnicity data recording at birth. All parents will be asked to confirm their newborn's ethnicity.

**Q1-Q4:** Establish a training regime for practice staff and nurses who collect data at the point of contact with patients. Enable staff to understand why ethnicity data collection is important, what use we make of data need to know, and the most effective way to ask ethnicity questions.

- Develop, or implement a nationally developed online training tool to train staff in ethnicity data collection.
- All three PHOs will use analysis of ethnicity codes 54, 61 and 99 by practice to identify those needing greater support in quality improvement for ethnicity data collection.
- Develop an across system strategy to improve enrolment in Primary Care including engagement with Kaupapa Māori providers, secondary care, emergency department and PHOs
- Make it easy to enrol. Support development of means that avoid the need for forms and enable work to be kanohi ki te kanohi.

*Improved engagement and responsiveness of general practice teams to Māori will support increased enrolment levels.*

**Q1-Q4:** Ensure PHOs and general practices have current Māori Health Plans in place. Support PHOs to foster the implementation of the RNZCGP Foundation Standards related to the health of Māori in general practices.

## Earlier Intervention | Tamariki

What do we want to achieve?	Lower rates of avoidable hospitalisation for tamariki Māori
Why is this important?	By reducing risk factors and taking appropriate early intervention, many conditions can be prevented or managed without the need for hospital-level care. Keeping tamariki well and out of hospital is a key priority and can be achieved through early access to Primary Care and where possible addressing the wider determinants of health which lead to ongoing illness.
Who will we work with?	Christchurch PHO, Pegasus Health PHO, Rural Canterbury PHO, Community and Public Health, CCN Child and Youth Workstream, Māui Ora Collective, Te Hā – Waitaha, CanBreathe.

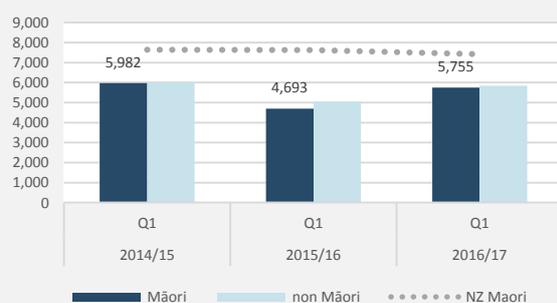
### OUR PERFORMANCE STORY 2016-17

#### How will we know we are successful?

Ambulatory sensitive (avoidable) hospitalisation rates for Māori children are at or below 5,927 per 100,000 people.

#### Where are we now?

Ambulatory sensitive hospital (ASH) admissions for Māori children aged 0-4 years-old:



In the 12 months to June 2016 the top ASH conditions for Māori aged 0-4 years (rates/100,000):

ASH Condition	Māori	Total	NZ Māori
Upper and ENT respiratory infections	1,426	2,019	1,400
Asthma (including wheeze)	1,209	1,207	1,613
Dental conditions	1,155	997	1,400
Gastroenteritis/dehydration	451	772	1,077
Lower respiratory infections	415	450	679

Data Source: Ministry of Health National Minimum Data Set

#### How will we achieve this?

ASH rates for 0-4 year old tamariki for asthma will be targeted for reduction through identification of children with problematic asthma and looking for ways to optimise their living conditions and asthma management.

**Q1-Q4:** Identify whānau with frequent asthma hospitalisation and assess their needs, including ensuring they are enrolled with a general practice. Facilitate primary care attendance for planning to address needs and ensure a current asthma action plan is understood and used.

**Q1-Q4:** Continue working with partners in Te Hā – Waitaha to prioritise cessation support for smoking parents of tamariki with asthma.

**Q1-Q4:** Asthma education by Public Health Nurses and Partnership Community Workers, particularly at marae health days, in kohanga reo and kura kaupapa Māori. Support tamariki to manage their asthma by working with schools and health providers to increase awareness and understanding of good asthma/respiratory management.

*Ambulatory sensitive admissions for 0-4 year old tamariki generally will be targeted for reduction by supporting early intervention and transition of care across the system.*

**Q1-Q4:** Develop a Kaupapa Māori pregnancy and parenting education class and culturally appropriate material to be delivered.

**Q1-Q4:** Work with LMC, Oral Health, WCTO and General Practice to support whānau whose children are not enrolled with these services through the LinKIDS service.

**Q1-Q4:** Support earlier intervention and continuity of care for children, explore opportunities for tamariki arising from establishment of Oranga Tamariki and continuing development of the Canterbury Children's Teams.

## Earlier Intervention | Adults

What do we want to achieve?	Lower rates of avoidable hospitalisation for Māori adults
Why is this important?	By reducing risk factors and taking appropriate early intervention, many conditions can be prevented or managed without the need for hospital-level care. Keeping people well and out of hospital is a key priority; not only is it better for our population, but it frees up hospital resources for people who need more complex and urgent care.
Who will we work with?	Christchurch PHO, Pegasus Health PHO, Rural Canterbury PHO, CCN Community Services SLA, CCN Pharmacy SLA, CCN Integrated Respiratory Services Development Group (IRSDG), CCN Integrated Diabetes Services Development Group (IRSDG), Māui Ora Collective.

### OUR PERFORMANCE STORY 2016-17

#### How will we know we're successful?

Ambulatory sensitive (avoidable) hospitalisation rates for Māori adults are at or below 3,560 per 100,000 people.

#### Where are we now?

Ambulatory sensitive hospital (ASH) admissions for Māori aged 45-64 years-old:



For the year to end June 2016 the top ASH conditions for Māori aged 45-64 years old (rates/100,000):

ASH Condition	Māori	Total	NZ Māori
Angina and chest pain	851	863	1,434
COPD	762	194	871
Cellulitis	321	173	683
Myocardial infarction	297	226	454
Pneumonia	196	169	541

Data source: Ministry of Health National Minimum Data Set

#### How will we achieve this?

Through the CCN Alliance will work on reducing ASH for adults by improving access to health services.<sup>2</sup> Links between primary care and other mainstream services and Māori services will be improved in order to ensure the responsiveness of the health system to the needs of Māori and increase whānau engagement with health services.

**Q1-Q4:** The CCN Community Services SLA will investigate ways to improve access to community services for Māori through engagement with Te Kāhui o Papaki Kā Tai, with quarterly monitoring of InterRAI assessments by ethnicity.

**Q1-Q4:** The CCN Pharmacy SLA will implement a public awareness campaign to make information available to the Māori community about services available at the pharmacy. The SLA will collaborate with Māori providers to include pharmacy-led marae-based education, screening and self-management strategies for patients with mental health and chronic conditions, and to deliver Medication Use Review and Medicine Therapy Assessment at marae and other settings.

**Q1-Q4:** CCN IRSDG will support community, marae and provider teams with clinical knowledge of respiratory health through workshops, attendance at health days, and clinics, and support Respiratory Service staff to undergo cultural competency training. IRSDG will monitor access to spirometry testing, sleep assessments, the Better Breathing programme, and specialist services by ethnicity. IRSDG will collaborate with Māori providers to deliver outreach respiratory clinics in culturally appropriate settings.

**Q1-Q4:** CCN IDSDG will support community, marae and provider teams with clinical knowledge of diabetes through workshops, attendance at health days, and clinics, and support Diabetes Service staff to undergo cultural competency training. IDSDG will update, deliver and evaluate clinics, workshops and education programmes for Māori with diabetes in culturally appropriate ways and in settings that meet their needs. Monitoring of HBA1c results data for Māori, referrals to Māori diabetes nurse and health worker, and education programmes run for Māori clients.

**Q1-Q4:** Increase the number of Māori attending available prevention services such as Green Prescription and Appetite for Life. Wider support in the health system for health promoting activities (e.g. Pae Ora City to Surf, Tripounamu) will be explored.

**Q1-Q4:** Explore joint working opportunities with other government agencies and non-government organisations to improve access to services, such as with Te Pūtahitanga o Te Waipounamu.

<sup>2</sup> Levesque, J.F., M.F. Harris, and G. Russell, Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health*, 2013. 12: p. 18

## Child Health | Breastfeeding

What do we want to achieve?	Support new mothers to breast feed for at least six months.
Why is this important?	New mothers who establish breastfeeding, bond well with their babies and increase in confidence to parent well. Breastfeeding contributes to infant health, reduces childhood illness and protects against obesity later in life.
Who will we work with?	Christchurch PHO, Pegasus Health, Rural Canterbury PHO, Canterbury and West Coast Maternity Clinical Governance Committee, Te Puawaitanga Ki Ōtautahi Trust, Plunket, CCN Child and Youth Workstream.

### OUR PERFORMANCE STORY 2016-17

#### How will we know we're successful?

75% of pēpe are exclusive/fully breastfed at LMC discharge.

60% of pēpe are exclusive/fully breastfed at 3 months.

65% of pēpe are receiving breast milk at 6 months.

#### Where are we now?

##### Percentage exclusive/fully breastfed at LMC discharge:



##### Percentage exclusive/fully breastfed at 3 months:



##### Percentage exclusive/fully breastfed at 6 months:



Data source: WCTO Quality Improvement Framework Reports

#### How will we achieve this?

*Through the Canterbury Breastfeeding Steering Group strengthen stakeholder alliances, joint planning will be undertaken to promote available services to improve breastfeeding rates amongst Māori across the entire maternity journey.*

**Q1-Q4:** Promote early enrolment by wāhine with Lead Maternity Carers. Monitor gestation at enrolment to track progress. Work with WCTO providers to improve data.

**Q1-Q4:** Monitor internal processes that ensure every Māori mother has a breastfeeding assessment prior to hospital discharge to improve breastfeeding initiation rates.

**Q2-Q3:** Review current breastfeeding promotion and support activities for Māori, and implement improvements based on the review.

*The variety and location of pregnancy and parenting courses will be expanded to better engage with high needs and at risk wāhine and improve integration of services to support breastfeeding.*

**Q1-Q4:** Support Child and Youth work stream to develop a Kaupapa Māori antenatal service.

**Q1-Q4:** Continue to contract Te Puawaitanga to deliver Mama to Mama peer support program to help train mothers to become qualified Breastfeeding Peer Support Counsellors to promote and support breastfeeding amongst their peers in their local communities.

*Supplementary services and community-based lactation services will be developed, to support high-need and at-risk wāhine to breastfeed.*

**Q4:** Continue to improve identification of wāhine with complex breastfeeding issues and refer to a lactation consultant.

# Cancer

What do we want to achieve?	Improve the health outcomes for Māori who are diagnosed with cancer through early detection.
Why is this important?	Cancer is the second leading cause of death for Māori with at least one third of cancers being preventable. Māori in Canterbury are one third more likely to die from cancer, even though incidence of cancer overall is lower for Māori than non-Māori. This suggests an area of unmet need for Māori and highlights the importance of cancer screening to ensure early detection and treatment.
Who will we work with?	National Cervical Screening Programme Service, ScreenSouth, Christchurch PHO, Pegasus Health, Rural Canterbury PHO, Te Waipounamu Māori Leadership Group for Cancer, He Waka Tapu, Bowel Cancer Screening implementation group.

## OUR PERFORMANCE STORY 2016-17

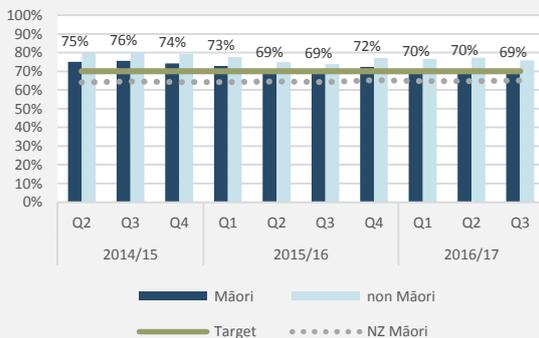
### How will we know we're successful?

70% of eligible Māori women aged 50-69 have had a breast screen in the last two years.

80% of eligible Māori women aged 25-69 have had a cervical screen in the last three years.

### Where are we now?

Percentage of Māori women aged 50-69 screened in the previous 24 months under the BSA program:



Percentage of Māori women aged 25-69 screened in the previous 36 months under the NCSP:



### How will we achieve this?

Work with ScreenSouth to improve processes around cervical and breast screening pathways for wāhine Māori

**Q1-Q4:** PHOs identify four General Practices per quarter with high proportion of Māori enrolled and high numbers of women overdue for their cervical smear for implementing a package provided by ScreenSouth including:

- Contact wāhine for enrolment and appointments
- Provide vouchers for women to take along to smear taker if General Practice not appropriate
- Provide transport for wāhine if necessary
- Provide support and education to practice staff
- Follow up screening issues and feedback to ScreenSouth.

**Q1-Q4:** ScreenSouth will change their process for management of breast screening DNA and DNR women to ensure opportunities are not missed to make contact with Māori women.

**Q1-Q4:** ScreenSouth will change the way it liaises with General Practice, bringing it in line with health promotion activities.

**Q1-Q4:** ScreenSouth will develop Eastgate Mall as a breast screening and cervical screening site, and continue collaboration with He Waka Tapu on their Worksite Hauora clinics.

**Q1-Q4:** Work with ScreenSouth and PHOs to identify practices with high Māori enrolment to check coverage rates and make plans to address identified gaps by contacting women.

**Q1-Q4:** Investigate strategies for improving the timeliness of colposcopy.

**Q1-Q4:** Work with Southern Cancer Network to support the Māori Cancer Pathway Project, and review and develop a plan to increase uptake of cervical screening among young Māori (Te Waipounamu Māori Leadership Group Priority area).

Work with the Bowel Cancer Screening implementation group in Canterbury to ensure planning includes a focus on achieving equitable outcomes for Māori.

**Q3-Q4:** Ensure that equity of participation for Māori is a key priority in the planning for implementation of the Bowel Cancer Screening programme in Canterbury.

Data Source: BreastScreen Aotearoa Register, National Cervical Screening Register DHB Reporting

## Smoking

What do we want to achieve?	Reduced prevalence of smoking and smoking-related harm among Māori.
Why is this important?	Tobacco smoking contributes to a number of preventable illnesses and long-term conditions, resulting in a large burden of disease. In addition to the high public cost of treating tobacco-related disease, tobacco and poverty are inextricably linked. In some communities, a sizeable portion of household income is spent on tobacco, resulting in less money being available for necessities such as nutrition, education and health. Tobacco control remains the foremost opportunity to rapidly reduce inequalities and improve Māori health.
Who will we work with?	Christchurch PHO, Pegasus Health Charitable, Rural Canterbury PHO, Community and Public Health, Lead Maternity Carers.

### OUR PERFORMANCE STORY 2016-17

#### How will we know we're successful?

95% of Māori women are smokefree at two week postnatal

5% of people who smoke in Canterbury enrol with a stop smoking service.

4-week CO-validated quit rate is at or above 50%

#### Where are we now?

Percentage of Māori women who are smokefree at two week postnatal:



#### Enrolment in stop smoking services

- Baselines to be established

#### 4-week CO-validated quit rate

- Baselines to be established

#### How will we achieve this?

Access to smoking cessation services will continue to be enhanced through Te Hā – Waitaha, with a strong focus on Māori, Pacific people and pregnant women as priority groups.

**Q1-Q4:** Te Hā – Waitaha will continue to develop its intensive, multi-session behavioural support for people to stop smoking through a central Hub and stop smoking practitioners based in organisations in the community.

Ensure Te Hā – Waitaha has a specific focus on smokefree newborns (SLM: Proportion of babies who live in a smoke-free household at six weeks postnatal).

**Q1:** Te Hā – Waitaha will ensure pregnant wāhine and their whānau have early engagement to offer stop smoking support, and will offer an incentive scheme to encourage motivation toward stopping smoking.

**Q2-Q3:** Strengthen the relationships with LMCs and Midwives to encourage referral of wāhine who smoke during any antenatal, delivery or postnatal admissions. Extend this to peripheral primary birthing units.

**Q2:** Provide resources and education to LMCs to enable them to have the complex discussion with pregnant women who are smoking.

**Q3-Q4:** Work with WCTO and general practice to provide information and referral support across the system.

**Q1:** Engage with Kimihia Parents' College and Karanga Mai Parents' College to offer direct stop smoking service support to teen parents.

Data Source: WCTO Quality Improvement Framework Reports

## Immunisation | Tamariki

What do we want to achieve?	Increased immunisation rates amongst Māori children.
Why is this important?	Immunisation provides protection not only for individuals, but for the whole population by reducing the incidence of diseases and preventing them from spreading to vulnerable people or population groups. While Canterbury has high immunisation rates for both Māori and non-Māori, these high rates must be maintained or improved in order to prevent or reduce the impact of preventable diseases such as measles or pertussis (whooping cough).
Who will we work with?	CCN Immunisation SLA, Immunisation Provider Group, Christchurch PHO, Pegasus Health Charitable, Rural Canterbury PHO, Te Puawaitanga, Te Tai o Marokura, Ngā Maata Waka, Rehua Marae, National Immunisation Register Team, Missed Events Service and Outreach Immunisation Service

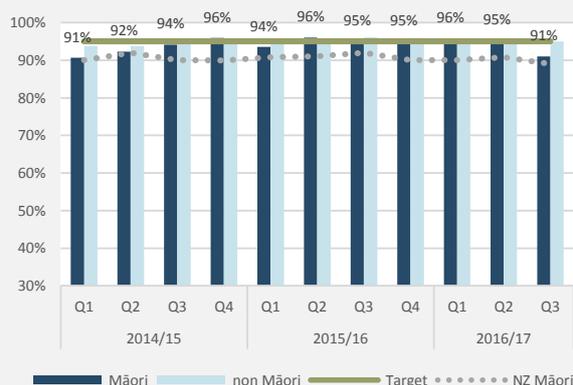
### OUR PERFORMANCE STORY 2016-17

#### How will we know we're successful?

95% of eight-month-olds are fully immunised.

#### Where are we now?

Percentage of eight month old babies fully immunised:



Data Source: National Immunisation Register (childhood immunisation)

#### How will we achieve this?

Through the CCN Immunisation SLA strengthen clinical leadership across the system and work toward ensuring equity across the provision of Immunisation Services.

**Q1-Q4:** Support and maintain systems for seamless communication and handover between maternity, general practice and WCTO services and support the multiple enrolment of new-borns, to overcome barriers to timely immunisation of late enrolment.

**Q1-Q4:** 99% of new-borns are enrolled on the NIR at birth.

**Q4:** 98% of new-borns are enrolled with primary care by 3 months of age.

**Q1-Q4:** Continue to use the NIR to monitor immunisation coverage at DHB, PHO and general practice level, circulating performance reports to encourage maintenance of high coverage.

**Q1-Q4:** Continue to use the NIR to identify unvaccinated Tamariki and ensure referral to Missed Event Service and if necessary, Outreach Immunisation Services.

**Q1-Q4:** Support the Missed Events and Outreach Immunisation Service to locate tamariki who are not up to date with their vaccinations.

**Q1-Q4:** Strengthen connections with the Māori Health Provider Network and the Immunisation SLA to promote the importance of the timeliness of vaccinations to better reach Māori populations.

**Q1-Q4:** Continue Māori representation on the Immunisation Service Level Alliance.

**Q1-Q4:** Continue to review and monitor opt offs and declines within our Māori population, and work with practices with large number of declines.

**Q4:** 95% of 8 month old pēpe are fully vaccinated.

**Q4:** 95% of 2 year old tamariki are fully vaccinated.

**Q4:** 95% of 4 year old tamariki are fully vaccinated.

## Immunisation | Adults

What do we want to achieve?	Increased immunisation rates amongst vulnerable Māori population groups.
Why is this important?	Immunisation provides protection not only for individuals, but for the whole population by reducing the incidence of diseases and preventing them from spreading to vulnerable people or population groups. While Canterbury has high immunisation rates for both Māori and non-Māori, these high rates must be maintained or improved in order to prevent winter illness resulting in hospitalisation.
Who will we work with?	CCN Immunisation SLA, Immunisation Provider Group, Christchurch PHO, Pegasus Health Charitable, Rural Canterbury PHO, Te Puawaitanga Ki Ōtautahi Trust, Te Tai o Marokura, Ngā Maata Waka.

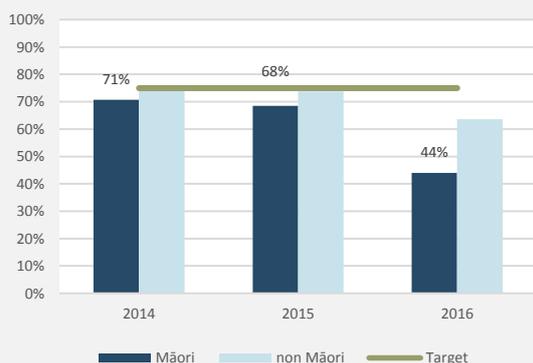
### OUR PERFORMANCE STORY 2016-17

#### How will we know we're successful?

75% of the eligible population (aged 65+) have had a seasonal influenza vaccination.

#### Where are we now?

Percentage of the eligible population aged 65+ who have had a seasonal influenza vaccination:



Data Source: Canterbury PHOs – National Immunisation Register (flu vaccine)

#### How will we achieve this?

*Continue development of the annual influenza plan, involving promotion of influenza vaccination to all Māori, with a focus on those 65 years old and over, those with chronic health conditions and pregnant wāhine.*

**Q2-Q3:** Work with PHOs to identify Māori eligible for the subsidised influenza vaccination and recall them to general practice.

**Q1-Q4:** Monitor PHO reports on flu vaccination rates for people aged 65+ by ethnicity to focus on uptake by Māori.

**Q1- Q4:** Work with Te Puna Oranga and other providers of services to kaumātua to promote and deliver vaccinations to kaumātua.

## Oral Health

What do we want to achieve?	Improved oral health for tamariki and rangatahi. Higher levels of enrolment for Māori Children in the Community Dental service.
Why is this important?	Regular dental care has lifelong health benefits. It also indicates early contact with effective health promotion and reduced risk factors, such as poor diet. Tamariki Māori are three times more likely to have decayed, missing or filled teeth. Oral health therefore presents an opportunity to reduce inequalities and better target those most in need.
Who will we work with?	TransAlpine Oral Health Steering Group, Community Dental Service, Christchurch PHO, Pegasus Health Charitable, Rural Canterbury PHO, Te Herenga Hauora, Plunket, Well Child Tamariki Ora providers, Te Puawaitanga Ki Ōtautahi Trust, Ngā Maata Waka.

### OUR PERFORMANCE STORY 2016-17

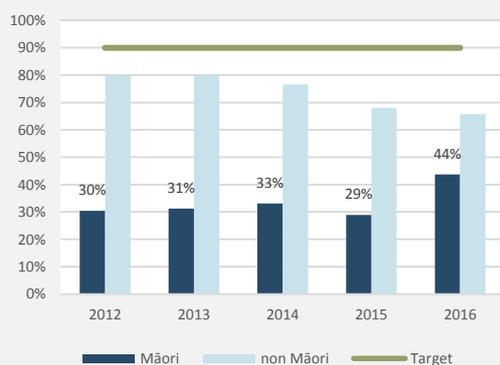
#### How will we know we're successful?

90% of preschool children aged 0-4 are enrolled in school and community oral health services (COHS).

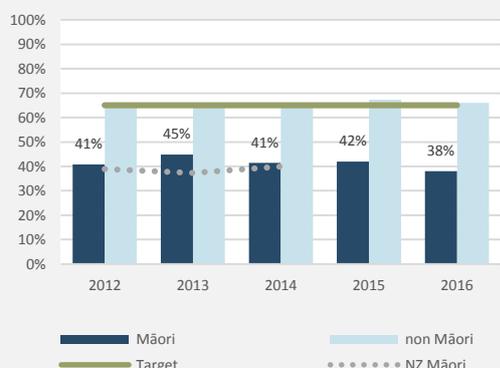
66% of children are caries-free at age 5 (no holes/fillings).

#### Where are we now?

Percentage of preschool children aged 0-4 enrolled in school and community oral health services:



Percentage of children aged 5 caries-free (no holes or fillings):



Data Source: Canterbury DHB School and Community Dental Services. Note: national results ceased to be reported from 2014.

#### How will we achieve this?

*Increase enrolments in the Community Dental Service (CDS).*

**Q1-Q4:** Work with LinKIDS to ensure that multiple enrolment process is working.

**Q1-Q4:** Work with LinKIDS to develop a process around identifying children new to our DHB and ensuring they are enrolled with CDS.

**Q1-Q4:** Continue to work with WCTO to provide Oral Health education and information to parents, and referral high risk children to COHS.

*Work with WCTO providers and primary care to identify tamariki most at risk of tooth decay and support them to maintain good oral health and access preventive care.*

**Q1-Q4:** Ensure practice and public health nurses, as part of the B4 School Check have training in "Lift the Lip", to ensure that tamariki with level 2 to 6 dental decay are referred to the CDS. Evidence will be: >86% of tamariki with level 2 to 6 dental decay are referred.

**Q4:** 98% of new-born pēpe are enrolled with CDS by 3 months of age.

**Q4:** >86% of tamariki with level 2 to 6 dental decay (identified at their B4SC) are referred.

## Mental Health

What do we want to achieve?	Improved health outcomes for Māori with mental health and addiction issues.
Why is this important?	Māori are almost three times as likely to be treated under a Community Treatment Order as non-Māori. To address this disparity we must first understand what the drivers are.
Who will we work with?	CCN Mental Health Workstream, Specialist Mental Health Services, PHOs, Community-based NGOs (He Waka Tapu, Purapura Whetu, Te Kakakura Trust), Māori and Pacifica NGO Mental Health and Addiction Collective.

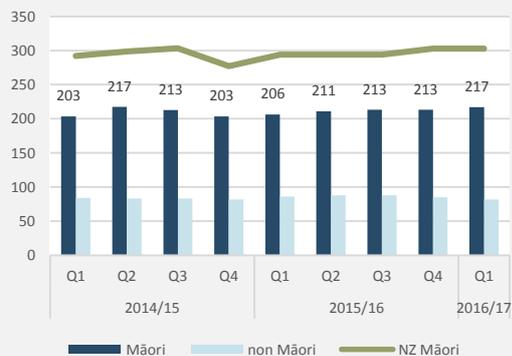
### OUR PERFORMANCE STORY 2016-17

#### How will we know we're successful?

We will have established an understanding of the drivers behind Community Treatment Order rates.

#### Where are we now?

Rate of Community Treatment Orders – per 100,000 people:



Data Source: Ministry of Health PRIMHD

#### How will we achieve this?

*Specialist Mental Health Services (SMHS) will continue to use the Canterbury Māori Health Framework to better understand the experience of tangata whaiora and identify strategies and initiatives to improve outcomes for Māori.*

**Q1-Q4:** Work with primary mental health, general practice, and the CCN Mental Health Workstream to identify ways of working that will successfully engage Māori with mental health and AOD issues in primary care settings.

**Q1-Q4:** Continue to review and refine existing as well as new tangata whaiora HealthPathways to enhance collaboration and integration between communities, primary, and secondary services.

**Q1-Q4:** Ensure continued complete and accurate representation of and information about Māori mental health providers on HealthPathways to assist navigation across the health sector.

**Q1:** Establish a process to ensure that all Māori under the Mental Health Act have involvement of a pukenga atawhai from the CDHB Specialist Mental Health Service and/or are engaged with a Māori mental health NGO provider.

**Q1:** Ensure that Pukenga Atawhai are present with clinicians at the first presentation to ensure appropriate engagement with tangata whaiora.

**Q1-Q4:** Ensure a comment is made on all reports done by responsible clinicians about who is involved in the care of each tangata whaiora for the purpose of the Mental Health Act and audit the completion of this.

**Q1:** Using a whakawhānaungatanga approach, improve the interface contact between SMHS, Te Korowai Atawhai and Kaupapa Māori and Pacific community providers and Whānau Ora Navigators to strengthen the knowledge and use of wider community supports for tangata whaiora.

**Q2:** Ensure Pukenga Atawhai workforce capability improved with Tipu Ora Hauora qualifications successfully completed by seven current staff.

**Q3-Q4:** Review ethnicity data collection, audit processes and accuracy of current service reporting.

**Q1-Q4:** Collaborate with Māori, Pacific and NGO Providers to include pharmacy-led marae-based education, screening and self-management strategies for patients with mental health and chronic conditions.

## Māori Health Workforce Development

What do we want to achieve?	The ongoing development of a Māori health workforce who reach their potential in working for better health outcomes for Māori.  A cultural development strategy for the Canterbury health workforce.
Why is this important?	Health equity is largely effected by access to health services. When individuals feel uncomfortable, misunderstood or offended they shy away from attending appointments or seeking medical help and will suffer in silence until their condition forces them to seek medical advice. Unfortunately this strategy results in late access to services and contributes to poor ASH rates, late cancer diagnosis and early preventable deaths.  Approachability, acceptability, availability and appropriateness are the characteristics to welcome access.
Who will we work with?	People and Capability Team, Kaupapa Māori Providers, Training institutions, CCN, PHO's

### OUR PERFORMANCE STORY 2016-17

#### How will we know we're successful?

Quarterly reporting on activity demonstrates positive workforce engagement with Māori including:

- Kaupapa Māori providers access available professional development.
- A cultural development strategy is developed for the workforce of the Canterbury health system.
- Increased numbers of Māori entering the health workforce.
- DHB Knows and understand the ethnicity mix of the employed workforce

#### How will we achieve this?

*Through a collaboration with People and Capability we will aspire to develop a cultural development strategy which may include the following actions:*

- Identify and include cultural development in the professional development plans of key frontline roles, where culturally sensitive staff members are important and who might not have received cultural development as part of their training e.g. receptionist, hospitality, administration

*Ensure a wide range of cultural development training is available for all DHB staff and is encouraged at all levels.*

- Develop a cultural development strategy and a policy to empower all staff to develop cultural awareness and understanding, including a list of preferred courses, a reading list, and time off to attend courses, and recognition of new skills.

*Work with HealthLearn to develop resources*

- Develop induction modules that are interesting, culturally relevant and accurate.
- Develop or commission a series of comprehensive cultural development modules encompassing: karakia, tikanga, tapu - noa, kai, whānau, hygiene, body function, death etc.

*Strengthen the current Māori workforce.*

Recruiting for diversity:

- Employment panels for key positions have a Māori representative
- Key competencies include cultural competency for frontline positions
- Continue to administer a scholarship program for Māori students
- Support Māori health students to have placements with Kaupapa Māori services e.g. NETP

Encourage Māori and Pacific people into health as a career:

- Continuing to lead the regional delivery of the Kia Ora Hauora Māori Workforce Development Service and invest in Māori and Pacific Health Scholarships
- Promote the Hauora Māori unregulated workforce development fund to Māori staff to encourage professional development
- Record data of employee ethnicity, maintain database and contact details of Māori workforce.

## Rangatahi health

What do we want to achieve?	Better short and long term health outcomes for rangatahi.
Why is this important?	The Māori population is younger and live shorter lives. Decisions such as taking up smoking, having a baby, choosing whether to be immunised or choosing a career path are often made in youth, yet have an impact on the rest of our lives. Investment into rangatahi has short and a long term benefits.
Who will we work with?	CCN Child and Youth Workstream, CCN Immunisation SLA, Christchurch PHO, Pegasus Health Charitable, Rural Canterbury PHO.

### OUR PERFORMANCE STORY 2016-17

#### How will we know we're successful?

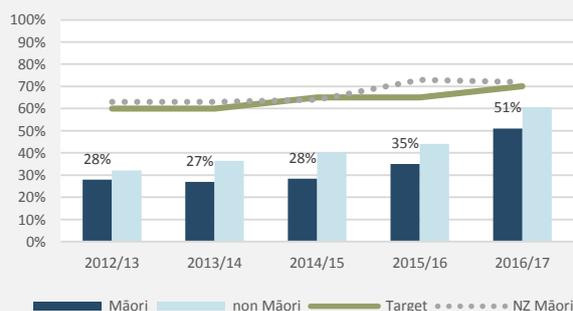
75% of eligible Māori girls receive dose 3 of the HPV vaccination.

Fewer Māori youth take up smoking.

Fewer unintended pregnancies.

#### Where are we now?

Percentage of eligible Māori girls receiving dose 3 of the HPV vaccination, end of Dec 2015:



Data Source: National Immunisation Register

#### How will we achieve this?

*Rangatahi health will be promoted through actions to enhance youth access to health services, promote HPV vaccination and sexual health, reduce smoking, and improve health literacy.*

##### HPV immunisation

**Q1-Q4:** Support the Immunisation SLA to provide a culturally acceptable and appropriate HPV school based programme for Māori year 8 students

##### Sexual health

**Q1-Q4:** An interagency advisory group will be established for sexual and reproductive health (including consumers, LMCs/WCTO/Mama and Pepe, Whānau Ora, primary and secondary services). Collaborate with Kaupapa Māori providers to undertake a stocktake and review the effectiveness of the current responses, and develop targeted response to the high number of young Māori wāhine who experience unintended pregnancy and motherhood in their teenage years.

**Q1-Q4:** Provide training and education to primary health providers to increase knowledge, understanding and sensitivity towards sexual and gender diverse tamariki, rangatahi and their whānau.

**Q1-Q4:** Support Māori providers to have access to professional training in youth friendly, culturally competent contraceptive choice discussion.

##### Smoking:

**Q1:** Te Hā – Waitaha will develop and implement a youth-oriented stop smoking support programme.

##### Health literacy

**Q1-Q4:** Work with Rehua marae to include Rangatahi Health day at the Marae as part of their marae-based health promotion for whānau.

# Appendix 1: Glossary

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## HE KUPU MĀORI

awa	river, stream
hā	breath
hapū	sub tribe/ kinship group
	pregnant
hauora	health, wellness, fitness
hui	gathering, meeting
ingoa	name
iwi	tribe, nation, kinship group
kai	food, meal
kanohi ki te kanohi	face-to-face
karakia	ritual chants, say grace, pray
kaumātua	respected elderly person
kia ora	be well
	greeting, hello
koroua	respected older people
katua	father, parent, uncle
kātua	parents
kāuiui	weary, sick, fatigued, unwell
kaunga	mountain
mihi	greet, pay tribute to
oranga	living, health, wellbeing
pātai	question, enquiry
pēpē / pēpi	baby
rūnanga	council or collective of representatives, assembly
takiwā	district, area, region
tamariki	children
tangata	person
tāngata	people
whaea	mother, aunt, aunty
whānau	family, community, birth

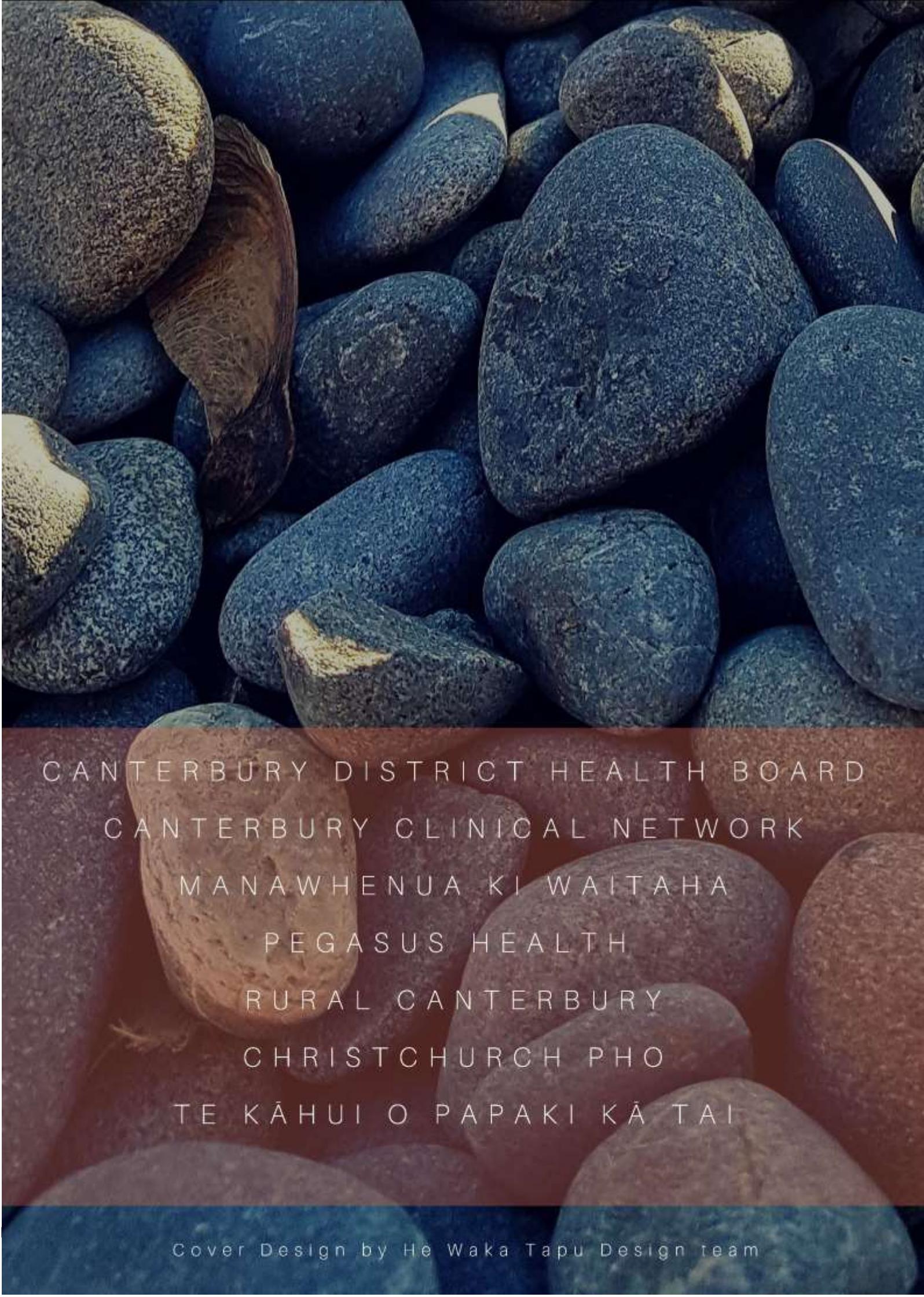
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## ABBREVIATIONS

ABC	An approach to smoking cessation requiring health staff to Ask, give Brief advice, and facilitate cessation support
AP	Annual Plan
ARF	Acute rheumatic fever
ASH	Ambulatory sensitive hospitalisation
CCN	Canterbury Clinical Network
COPD	Chronic obstructive pulmonary disease
DHB	District Health Board
DMFT	Decayed, Missing or Filled teeth
DNA	Did not attend
EDAT	Ethnicity Data Audit Tool
ENT	Ear Nose and Throat
HEAT	Health Equity Assessment Tool
IDSDG	Integrated Diabetes Services Development Group
IRSDG	Integrated Respiratory Services Development Group
NSU	National Screening Unit
PHO	Primary Health Organisations
RNZCGP	Royal New Zealand College of General Practitioners
SLA	Service Level Alliance







CANTERBURY DISTRICT HEALTH BOARD  
CANTERBURY CLINICAL NETWORK  
MANAWHENUA KI WAITAHA  
PEGASUS HEALTH  
RURAL CANTERBURY  
CHRISTCHURCH PHO  
TE KĀHUI O PAPA KĀ TAI

Cover Design by He Waka Tapu Design team