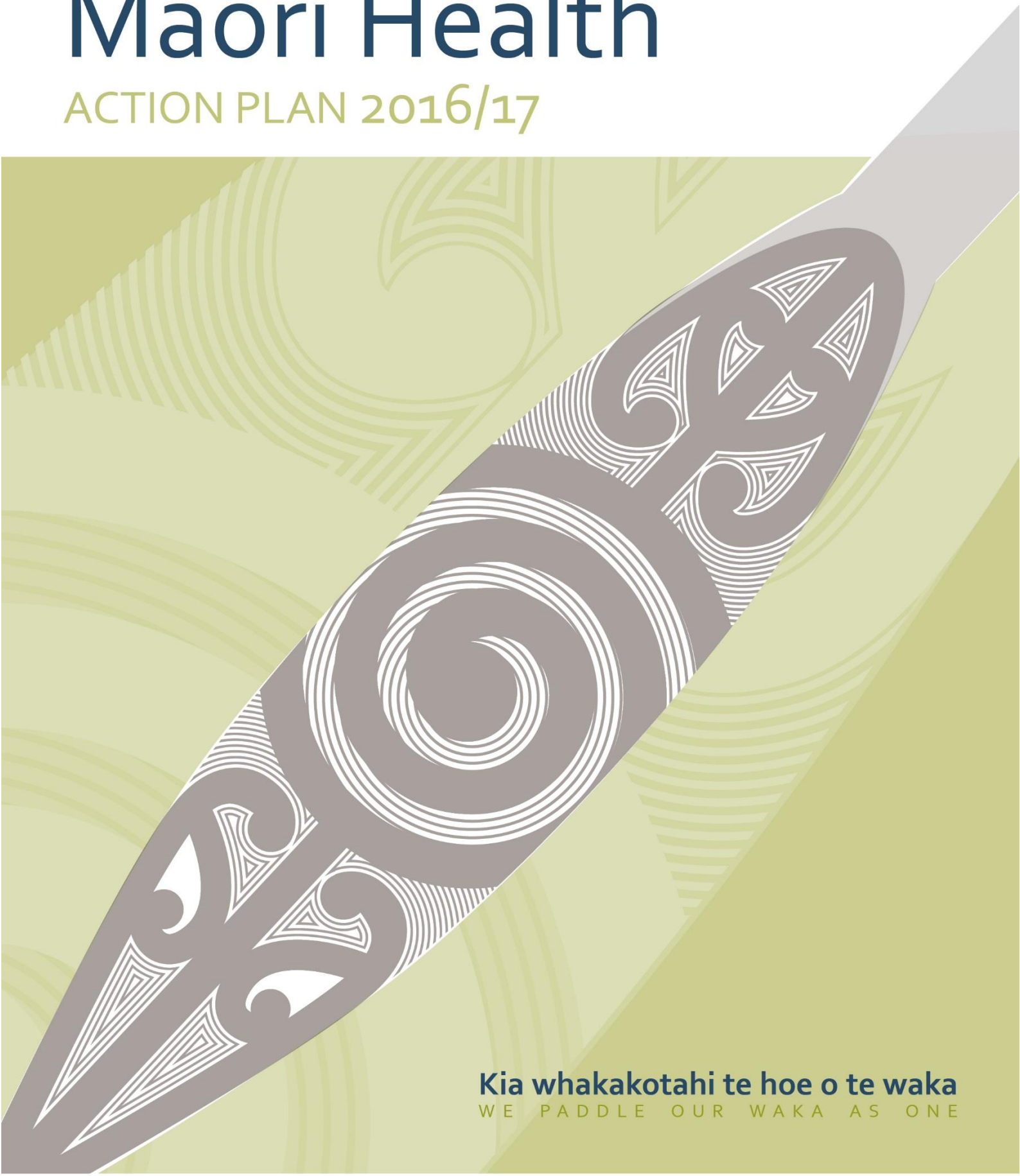
# Māori Health

## ACTION PLAN 2016/17



**Kia whakakotahi te hoe o te waka**

WE PADDLE OUR WAKA AS ONE

Pegasus partners in health kia ātawhai ki te tangata

Te Kāhui o Papaki Kā Tai

Manawhenua ki Waitaha

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Canterbury Clinical Network
Transforming Health Care. Whanau Ora ki Waitaha.

christchurch pho

RURAL CANTERBURY
Primary Health Organisation
Te Roopu Hauora Matua O Waitaha Taiwhenua

## 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.*

# Foreword

*Mai ngā pae maunga o Te Waipounamu, Ngā Tiririri o te Moana ki te Tai o Mahaanui, ā, ki Te Tai o Marokura hoki, arā, Ngā Pākihi Whakatekateka o Waitaha.*

The Canterbury District Health Board (DHB) continues to explore ways to strengthen its role in supporting the aspiration pae ora for Māori. Pae ora urges everyone in the health and disability sector to foster new ways of delivering services, to think beyond confined definitions of health and accepted delineations, to deliver on the aspiration of pae ora.

Pae ora is a holistic concept, encompassing three interconnected elements each interconnected and mutually reinforcing:

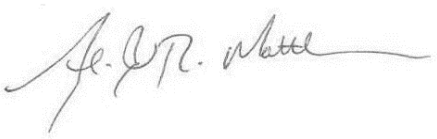
- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

As in previous years, the Canterbury DHB Māori Health Action Plan for the coming year is not a detailed plan outlining all of the services that support Māori wellbeing in Canterbury, but highlights priority areas that indicate how well the system is working towards pae ora. It continues to be a cross-system plan which has involved iwi, hāpori (community), primary and secondary services with all parties working together to achieve better outcomes for our Māori community and whānau.

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.

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

*Kia hūkere te hoe, me kia whakakotahi to hoe o to waka nei.*



**Hector Matthews**
Canterbury DHB Executive Director of Māori and Pacific Health

**Wendy Dallas-Katoa**
Chair of Manuwhenua Ki Waitaha

**Murray Cleverly**
Canterbury DHB, Board Chair

July 2016

# Contents

# Introduction

## HISTORY

When Europeans first visited our shores they found a race of people who were strong, healthy and well.

- *"...to both Cook and Banks … these people were healthy in the highest degree…compared to Europe (of the time)."*
- *"Māori domestic life was relatively free from domestic violence for children were rarely hit…"*
- *"Children were suckled until they had teeth and could walk and their parents carried them around with them…"*
- *"Fathers, like mothers, looked after the physical needs of their children and treated them indulgently. ...Banks commented that 'such health drawn from so sound principles must make physicians almost useless."*

Evidence also indicates that Māori may well have lived into their eighties and nineties during this period.[1] However, over the past 200 years since European settlement the health of the Māori population in New Zealand has deteriorated in almost every aspect.

Although Māori in Canterbury are generally healthier than in other parts of New Zealand, significant disparities remain:

- Māori are 3 times more likely to be hospitalised with chronic respiratory diseases
- 1.3 times more likely to be hospitalised from heart disease or stroke
- 2 times more likely to die from lung cancer than non-Māori.

The 2010 amendment to the New Zealand Public Health and Disability (NZPHD) Act requires the Canterbury District Health Board (Canterbury DHB) to produce a Māori Health Plan which will begin to address these inequalities and ensure Māori participation in health services and future decision making.

The Act also reiterates our responsibility to recognise and respect the principles of the Treaty of Waitangi in the health and disability support sector and our relationship with the Crown's Treaty partner Ngāi Tahu. This Māori Health Action Plan is prepared in accordance with this legislation.

[1] *Salmond A. First meetings between Māori and Europeans, 1642-1772, p 279, 422*

## 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'.

The first ten priorities reflect challenges faced by the Māori population throughout Aotearoa. Canterbury will work alongside other boards and other supporting agencies to achieve progress in these priority areas.

This Plan has also identified priority areas where improvement is needed for the Canterbury Māori population. These local health priorities have come from conversations with the Māori community and have been identified by our Māori health work force as they engage with whānau and observe the inequalities and barriers to access that Māori face.

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 Action 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.

## OUR KEY MĀORI HEALTH ORGANISATIONS

**MANAWHENUA KI WAITAHA** is a collective of the seven Ngāi Tahu Rūnanga health representatives within Canterbury that have a treaty-based relationship with the DHB. This group works in partnership with the DHB, the three Canterbury PHOs and many community health providers and non-government organisations to plan and take action to improve outcomes for Māori. Manawhenua ki Waitaha also works with other iwi, Taura Here and Maata Waka groups to improve outcomes for Māori in Canterbury.

**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.

**CANTERBURY MĀORI AND PACIFIC HEALTH PROVIDER FORUM** enables providers to engage with the DHB's Planning and Funding division as a collective group. This is also a forum where Providers can network and develop a collaborative working relationship.

Members are those Māori and Pacific providers that hold Canterbury DHB contracts.

**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** is the South Island Māori General Managers forum for regional engagement and supports development of cross-DHB initiatives, such as integrated pathways for whānau who must travel between DHBs for treatment. Te Herenga Hauora also provides regional oversight to Kia Ora Hauora, a national Māori health workforce development programme aimed at Māori students and current Māori health workers to promote careers in the health sector.

### COMMUNITY AND PUBLIC HEALTH

The Canterbury DHB is committed to ensuring positive Māori health outcomes and reducing inequalities. The Community and Public Health (CPH) division of the DHB works in Māori settings such as Marae, Kura and Kohanga Reo to support Māori communities to make their own healthy choices and create their own healthy environments —supporting people to stay well.

The Māori Relationship Manager employed by Community and Public Health will ensure Māori needs are identified and appropriately addressed. The role is also focused on building strong relationships with marae, rūnanga and iwi so the DHB can better support communities to improve health outcomes for Māori.

Te Pae Mahutonga is the health promotion model which guides the work of CPH and helps to ensure responsiveness to Māori and reflection of Māori needs.

### 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 or 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, whānau and community to support them in their journey towards mauri ora, whānau ora and wai ora.

### 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.

- He Waka Tapu Limited
- 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 Māori tanga o Rehua
- Mokowhiti
- Ha O Te Ora O Wharekauri Trust – Māori Community Services.

### MONITORING PERFORMANCE & ACHIEVEMENT

A Performance Dashboard has been established to monitor performance against the Māori Health Action 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.

### BASELINES AND TARGETS

All of the baseline data in this Plan (unless otherwise stated) has been calculated on either: the 2014/15 financial year; the 2015 calendar year; or the final quarter of the 2014/15 financial year, to align reporting with the Canterbury DHB's Annual Plan. Graphs have been included to highlight the most recent performance data in order to give the reader context as to current performance.

## Canterbury Māori Health Framework


### 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 reduce inequities, 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.

### 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.

### GOVERNANCE OF THE FRAMEWORK

Te Kāhui o Papaki Kā Tai and Manawhenua ki Waitaha

## 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.

## PRIORITY AREAS

There are many areas of focus that our collective actions could contribute to. It was decided that in the first instance, the areas of focus would be those where there were differentials in access or outcomes for Māori, where indicators existed that were readily measureable in order to determine progress and that a particular focus would be placed on vulnerable child and youth:

- Māori workforce development
- Rangatahi Health promotion
- Cervical screening coverage
- Child/youth oral health.

## HOW THIS FRAMEWORK WILL WORK

The partners in this framework will:

- Develop organisational work plans that are based on the framework and priority areas
- Work together to achieve the improvement in shared priority areas
- Be open to new ways of working to achieve outcomes
- 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.

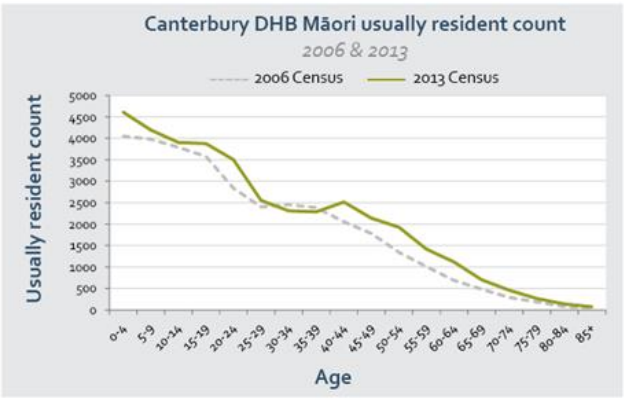
Canterbury DHB has a Māori Health Action Plan and a Public Health Plan, which are companion documents to the Annual Plan. These documents set out key actions and performance measures to improve population health and reduce inequities, including work to influence the broader determinants of health.

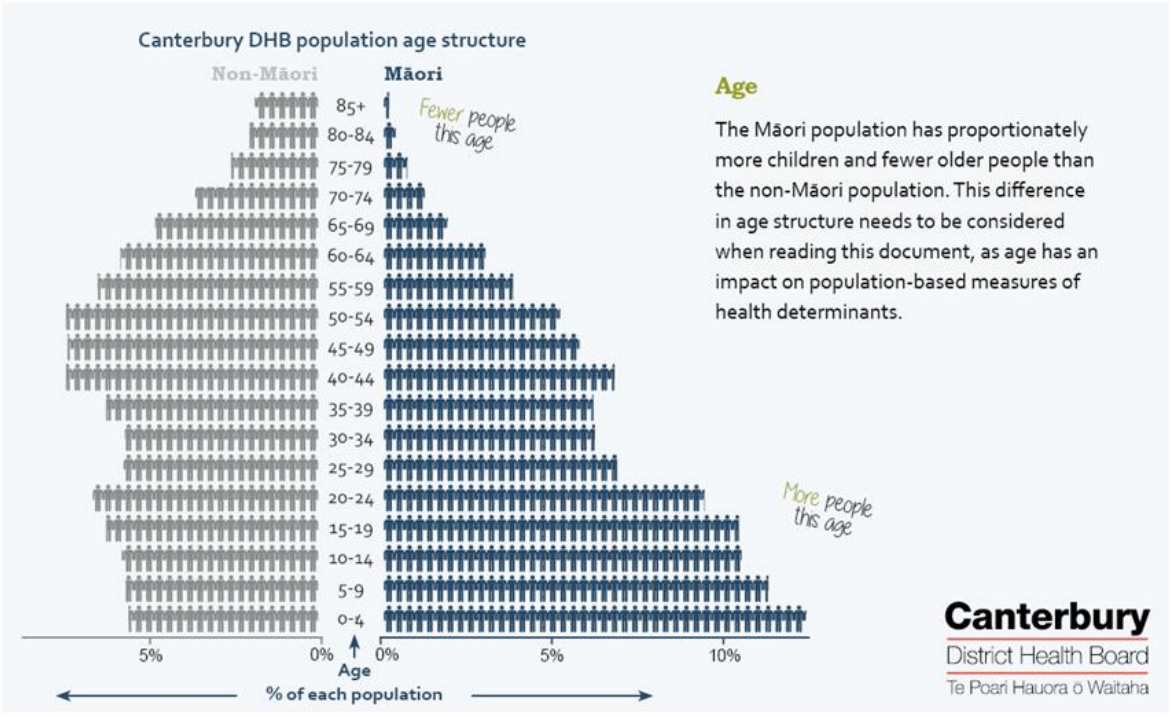

**6th largest population**

**49,680**

people identifying as Māori live in Canterbury

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




**Age**

The Māori population has proportionately more children and fewer older people than the non-Māori population. This difference in age structure needs to be considered when reading this document, as age has an impact on population-based measures of health determinants.

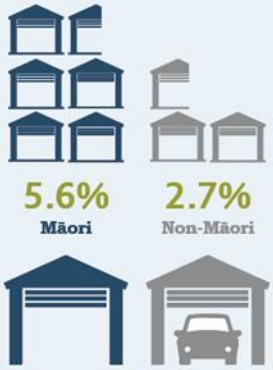
Canterbury District Health Board
Te Poari Hauora ō Waitaha

*1 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

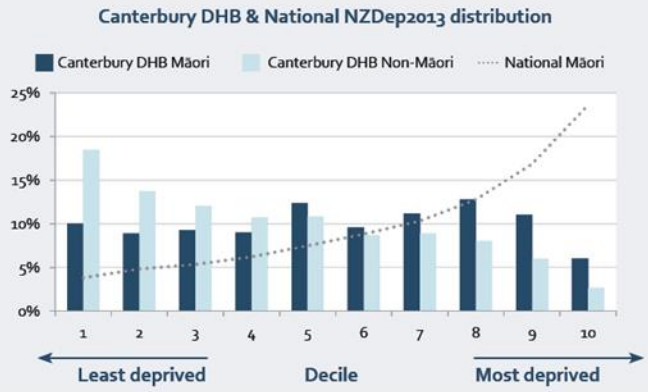
## Transport

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.



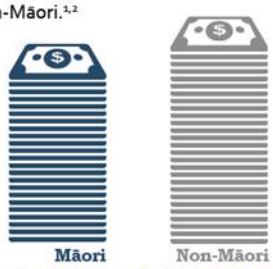

## Deprivation

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




## Income

Median income for Māori is several thousand dollars less than for non-Māori.[1,2]




**$26,900** **$30,800**

*Nationally, median income for Māori is $22,500 and for non-Māori is $29,400 [1,2]*

[1] *Aged 15 years and over.*

[2] *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.*

[3] *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).*

[4] *NZDep13 changed significantly from NZDep06, after the 2010-11 Canterbury earthquakes, and may now not represent underlying deprivation. These changes should be interpreted with caution.*

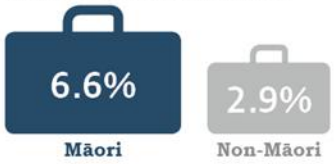
[5] *Taking into account the number of bedrooms, couples, single adults and the age and gender of children.*

[6] *Aged 20 years and over.*

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

## Unemployment

The Māori unemployment rate is more than two times that of non-Māori.[1]




*Nationally, the unemployment rate for Māori is 10.4% and for non-Māori is 4.0%[1]*

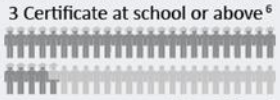
## School qualifications

**43.5%**

of Māori have an NCEA Level 3 Certificate at school or above[6]


**58.8%**

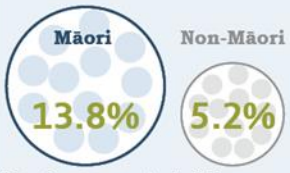
of non-Māori have an NCEA Level 3 Certificate at school or above[6]




*Nationally, 41.6% of Māori and 61.4% of non-Māori have a Level 3 certificate or above[6]*

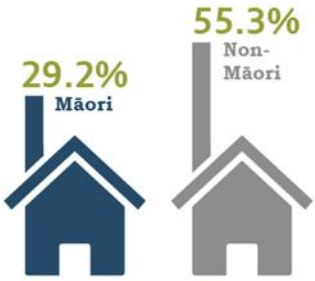
## Household crowding

Living in a crowded house is proven to increase the risk of catching and spreading serious infectious diseases.[5]




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*




## 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.[1]

*Nationally, 28.2% of Māori and 53.3% of non-Māori own, or partly own, their homes[1]*

## 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 [1]

Māori

**13.3%** of non-Māori smoke regularly [1]

Non-Māori

## Asthma

In Canterbury, Māori children[2] are 2.1 times more likely to live with a smoker than non-Māori. Māori children[3] 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[4]

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[5]

1.3 times more likely

## Lung cancer

In Canterbury, Māori are 2.4 more likely to be diagnosed with lung cancer than non-Māori

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


## Heart disease & stroke deaths

In Canterbury, Māori are 2.5 times more likely to die early from heart disease or stroke than non-Māori[6]


## Lung cancer deaths

In Canterbury, Māori are 2.5 times more likely to die from lung cancer than non-Māori

## Cervical cancer vaccination

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

**20%** less likely

## Cervical cancer screening

In Canterbury, Māori are 40% less likely than non-Māori to have had a cervical smear than non-Māori[7]

**40%** less likely

## Cervical cancer diagnosis

In Canterbury, Māori are 4.2 times more likely to be diagnosed with cervical cancer than non-Māori[8]

**4.2** times more likely

*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.*

## 2016-17 Baseline Summary Table

| FOCUS | MEASURE | BASELINES 2014/15 | | TARGET 2016/17 |
|---|---|---|---|---|
| | | MĀORI | NON-MĀORI | |
| Ethnicity data quality | Practices have implemented Primary Care Ethnicity Data Audit Tool (EDAT) | 95% | | 100% |
| | % of PHO enrolees with ethnicity 'not stated' | 0.47% | | <2% |
| Access to care | % of the Māori population enrolled with a PHO | 87% | 97% | 100% |
| Avoidable Hospital Admissions | Rate of avoidable hospital admissions for Māori 0-4 years old (per 100,000 people)[2] | 4,946 | 6132 | <5,927 |
| | Rate of avoidable hospital admissions for Māori 45-64 years old (per 100,000 people) | 3,768 | 2439 | <3,560 |
| Asthma | Asthma admission rates for children 0-4 years old | 1,101 | 922 | <1,001 |
| Child health | % of babies exclusive/fully breastfed at 6 weeks[3] | 66% | 68%[3] | ≥75% |
| | % of babies exclusive/fully breastfed at 3 months | 54% | 57%[3] | ≥60% |
| | % of babies receiving breast milk at 6 months | 53% | 66%[3] | ≥65% |
| Cancer | % of eligible Māori women aged 50-69 who have had a breast screen in the last two years [4] | 74% | 79% | ≥70% |
| | % of eligible Māori women aged 25-69 who have had a cervical screen in the last three years [4] | 55% | 76% | ≥80% |
| Smoking | % of Māori women smokefree at two week postnatal [3] | 63% | 86%[3] | ≥95% |
| Immunisation | % of Māori children fully immunised at 8 months of age | 96% | 94% | ≥95% |
| | % of the Māori population aged 65+ who have had a seasonal influenza vaccination [5] | 68% | 74% | ≥75% |
| Oral health | % of Māori children aged 0-4 enrolled in DHB funded dental services | 33% | 77% | ≥90% |
| | % of children aged 5 who are caries-free (have no holes/fillings) | 41% | 65% | ≥65% |
| Rheumatic fever | Rate of rheumatic fever in the South Island (per 100,000 people) | 0 | 0.4 | <0.2 |
| Mental health | Rates of compulsory treatment orders for Māori (per 100,000 people) | 203 | 81 | N/A |
| SUDI | Most recent five year average annualised SUDI rate (per 100 000 people) | 1.1 | 0.67 | <0.4 |
| | % of caregivers provided with SUDI prevention information | 43% | 60.3% | ≥70% |
| Workforce | Quarterly reporting on activity demonstrates positive workforce engagement with Māori | Yes | | Yes |
| Rangatahi health | % of eligible Māori girls receive dose 3 of the HPV vaccination | 28% | 40% | ≥65% |

*[2] This measure differs to that presented in the previous year, following national review of the definition. The 0-4 age band results are based off the non-standardised NZ population and the 45-64 age band results are based off the standardised indigenous population. Baseline were provided national by the Ministry of Health for the year to March 2016.*

*[3] Breastfeeding and Smoking measures and targets are aligned to the national WellChild/Tamariki Ora Quality Improvement Framework. Total population is presented as non-Māori results are not accessible and baselines are to Dec 2014.*

*[4] The baseline period for cervical screening refers to the two years at June 2015, breast screening refers to the three years at June 2015.*

*[5] Results differ from previous years - This measure now refers to Māori rather than High Needs population – baseline is Dec 2014.*

# National Māori Health Priorities

FOR NEW ZEALAND/AOTEAROA

The following priorities and associated indicators for Māori health have been identified nationally. Identified against each are the key actions and activity Canterbury is undertaking to address the priority area and reach the targets set.

## Data Quality

| | |
|---|---|
| What do we want to achieve? | Improved accuracy of ethnicity reporting in PHO registers. |
| Why is this important? | Collecting robust, quality ethnicity data allows us to monitor trends and performance by ethnicity, enabling health planners, funders and providers to design and deliver services that better engage Māori to improve health outcomes and reduce inequalities. |
| Who will we work with? | Te Kāhui o Papaki Kā Tai, CCN Māori Caucus, Christchurch PHO, Pegasus Health, Rural Canterbury PHO. |

OUR PERFORMANCE STORY 2016-17

### HOW WILL WE KNOW WE'RE SUCCESSFUL?

Improved accuracy of ethnicity reporting in PHO register

### WHERE ARE WE NOW?

Primary Care Ethnicity Data Audit Tool data

**Combined Canterbury PHOs**

95% of practices (118 out of 124) completed stage 3

Level of match >90% = 81% of practices (95 out of 118)

Level of match 70-90% = 19% of practices (23 out of 118)

*Data Source: PHO Enrolment Register and EDAT Data*

### HOW WILL WE ACHIEVE THIS?

*Canterbury DHB and Canterbury's PHOs will target practices with less accurate ethnicity data for quality improvement and use the lessons learned to promote complete, accurate and consistent collection and reporting of ethnicity data across the system.*

**Q1:** Develop a three year strategy to improve compliance to ethnicity data collection protocols.

**Q1:** 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.

**Q2-Q4:** Ninety percent of identified practices will be provided with training to use EDAT benchmarking to improve quality in ethnicity data collection.

**Q3-Q4:** Common data issues identified will be fed back to PHOs and practices, and resources provided to facilitate improvement in ethnicity data collection.

**Q1-Q4:** Continue to implement regular reporting using the EDAT tool to continue to highlight other issues and opportunities to improve data quality.

**Q4:** Depending on implementation of the National Enrolment System and refresh of the Ethnicity Data Protocols, develop (or implement nationally developed) online learning tool to train new staff responsible for collecting ethnicity data, and for existing staff to maintain their skills in collecting ethnicity from whānau.

## Access to Care

| | |
|---|---|
| What do we want to achieve? | Increased proportion of Māori population enrolled in a PHO |
| Why is this important? | Quality primary health care can reduce health inequalities. If primary health care services are accessible to Māori, whānau are more likely to be enrolled, to access health services early and stay out of hospital. This is not only better for our population, but it frees up hospital resources for people who need more complex and urgent care. The partners in the Canterbury Clinical Network Alliance will work together to collectively work towards improved access to primary care for Māori and their whānau. |
| Who will we work with? | Christchurch PHO, Pegasus Health Charitable, Rural Canterbury PHO, Te Kāhui o Papaki Kā Tai, CCN Child and Youth Workstream, CCN Health of Older People Workstream, Māori and Pacific Provider Forum. |

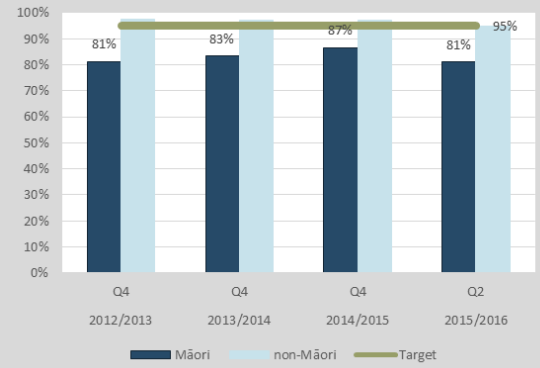
OUR PERFORMANCE STORY 2016-17

### HOW WILL WE KNOW WE'RE SUCCESSFUL?

Increased proportion of Māori population enrolled in PHOs.

### 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 service will also support increased enrolment rates.*

### 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.*

**Q1-Q4:** Improve systems to support the multiple enrolment of new-borns and their whānau across health services.

**Q1-Q2:** Standardise enrolment forms across PHOs and other services and providers to ensure consistency and best practice. All PHOs will have a standardised enrolment form by Q1 and progress of general practice rollout will be tracked through fortnightly updates.

**Q2-Q3:** Use the implementation of the National Enrolment Service as an opportunity to improve the consistency of ethnicity data in primary care, through its link to NHI number.

**Q2-Q4:** Engage with research partners to study 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:** Contribute to consultation on the refresh of the national Ethnicity Data Protocols, and prepare across the health system for implementation of new protocols when they are finalised.

*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.

**Q1-Q4:** Support PHOs to foster the implementation of the RNZCGP Foundation Standards related to the health of Māori in general practices.

**Q1-Q4:** Continue to support delivery of Treaty of Waitangi (and its application to health) training across PHOs.

*Engagement of the CCN Alliances in considering access will enable collective impact through the development of initiatives and pathways that improve access.*

**Q1-Q4:** Refresh and promote the use of He Kete Haurora Waitaha within CCN workstreams and SLAs to improve engagement of Māori in health services.

*Data Source: PHO Enrolment Register and Stats NZ Census Projections*

## Earlier Intervention | Tamariki

| | |
|---|---|
| What do we want to achieve? | Lower rates of avoidable hospitalisation for 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. Primary care is focused on improving the health of children in the Canterbury population. |
| Who will we work with? | Christchurch PHO, Pegasus Health Charitable, Rural Canterbury PHO, Te Kāhui o Papaki Kā Tai, CCN Child and Youth Workstream, CCN Integrated Respiratory Services Development Group, Māori and Pacific Provider Forum. |

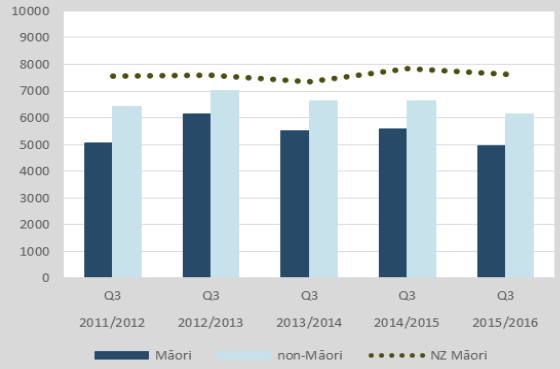
OUR PERFORMANCE STORY 2016-17

### HOW WILL WE KNOW WE'RE 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 June 2015 the top ASH conditions for Māori aged 0-4 years:

| ASH Condition | Māori | Non-Māori | NZ Māori |
|---|---|---|---|
| Upper and ENT respiratory infections | 1,282 | 2,193 | 1,422 |
| Asthma | 1,101 | 922 | 1,733 |
| Dental conditions | 903 | 832 | 1,384 |
| Lower respiratory infections | 523 | 537 | 528 |
| Gastroenteritis/dehydration | 487 | 783 | 788 |

*Asthma and wheeze admission rates for Māori children (ASH 0-4 years) taken together represent the largest cause of ambulatory sensitive hospitalisation for Māori (1,420 admissions per 100,000 for Māori and 1,022 for non-Māori).*

*Data Source: Ministry of Health National Minimum Data Set*

### HOW WILL WE ACHIEVE THIS?

*Ambulatory sensitive hospitalisations among 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. The CCN Integrated Respiratory Services Development Group (IRSDG) will monitor quarterly asthma admission rates for 0-4 year old tamariki.

**Q1-Q4:** Community and Public Health will continue working alongside Community Energy Action to encourage referral of vulnerable people to services to improve housing quality. Contribute to cross-sector initiatives to resolve housing issues, focusing on whānau with asthma.

**Q1-Q2:** Prioritise cessation support for smoking parents of tamariki with asthma in establishment of Stop Smoking Canterbury (see Smoking section).

**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 support.

*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:** Support seamless handover of mother and child as they move between maternity, general practice and WCTO services, including oral health and new-born hearing screening.

**Q1-Q4:** Support earlier intervention and continuity of care for children, explore opportunities for tamariki arising from implementation of Healthy Families and Children's Teams.

## Earlier Intervention | Adults

| | |
|---|---|
| What do we want to achieve? | Lower rates of avoidable hospitalisation for 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 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 Charitable, Rural Canterbury PHO, Te Kāhui o Papaki Kā Tai, CCN Child and Youth Workstream, CCN Integrated Respiratory Services Development Group, Māori and Pacific Provider Forum. |

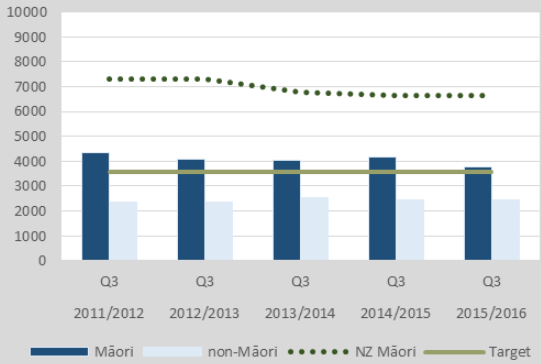
OUR PERFORMANCE STORY 2016-17

### 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.[6]

### WHERE ARE WE NOW?

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




For the year to end June 2015 the top ASH conditions for Māori aged 45-64 years old:

| ASH Condition | Maori | Others | NZ Māori |
|---|---|---|---|
| Angina and chest pain | 841 | 832 | 1,352 |
| Myocardial infarction | 233 | 215 | 450 |
| COPD | 691 | 147 | 809 |
| Cellulitis | 378 | 153 | 654 |
| Gastroenteritis/dehydration | 201 | 158 | 352 |

*Data source: Ministry of Health National Minimum Data Set*

### HOW WILL WE ACHIEVE THIS?

*The CCN Alliance will work on reducing ASH for adults by improving access. It will ensure Māori are prioritised in a comprehensive approach to access to services.*[7]

**Q1-Q4:** Monitor quarterly data reports for ASH admissions by ethnicity and follow up any trends via Te Kāhui o Papaki Kā Tai to identify systematic issues amenable to change.

**Q1-Q4:** Ensure PHO programmes aimed at improving access meet the needs of Māori. The CCN Community Services SLA will develop patient pathways to increase access to culturally appropriate options for Māori.

**Q1-Q4:** CCN IDSDG will support activities/health events targeting Māori with COPD, for example at Aranui AFFIRM. Assist clients of Māori providers to engage with clinics and health promotion workshops. Support Māori providers and their clients to access respiratory self-management education. Monitoring of respiratory services COPD referrals

**Q1-Q4:** Address cost as an access barrier by facilitating transport and the use of discretionary funds for the purchase of health-related services.

*Links between primary care and mainstream 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:** CCN IDSDG will encourage increased referrals for Māori to programmes that improve overall health, and reduce diabetes risk factors.

**Q1-Q4:** Increase the number of Māori attending available prevention services such as Green Prescription and Appetite for Life. Monitoring of HBA1c results data for Māori, referrals to Māori diabetes nurse and health worker, and education programmes run for Māori clients.

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

*6 This measure differs to that presented in the previous year, following a national review of the definition. The results are based off the standardised indigenous population. Baselines were provided nationally by the Ministry of Health for the year to March 2016.*
*7 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. |

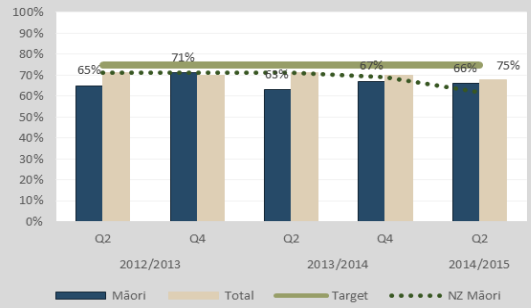
## OUR PERFORMANCE STORY 2016-17

### HOW WILL WE KNOW WE'RE SUCCESSFUL?

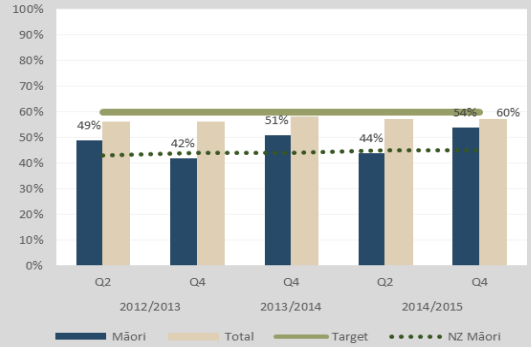
- 75% of pēpe are exclusive/fully breastfed at LMC discharge.
- 60% of pēpe are exclusive/fully breastfed at 3 months.
- 65% of pēpe are receiving breast milk at 6 months.

### WHERE ARE WE NOW?

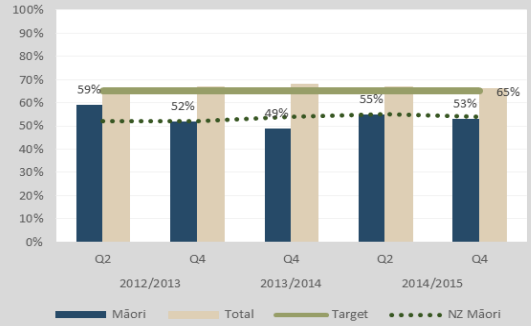
Percentage exclusive/fully breastfed at LMC discharge:




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. Improve quality of data from WCTO providers.

**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-Q2:** Work with new provider of DHB-funded pregnancy/parenting education to review content, and implement improvements by Q3 to ensure they better meet the needs of a wider range of Māori wāhine and younger mothers.

**Q1-Q4:** Continue to promote the use of Mama Aroha Talk Cards to Lead Maternity Carers and WCTO providers.

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

**Q4:** Continue to improve identification and referral of wāhine with complex breastfeeding issues who are referred to lactation consultant support.

# Cancer

| | |
|---|---|
| What do we want to achieve? | Improve the survival rate of women who are diagnosed Breast and Cervical 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? | Cervical Screening Strategic Group, National Cervical Screening Programme Service, ScreenSouth, Christchurch PHO, Pegasus Health, Rural Canterbury PHO, Te Waipounamu Māori Leadership Group for Cancer, He Waka Tapu. |

## OUR PERFORMANCE STORY 2016-17

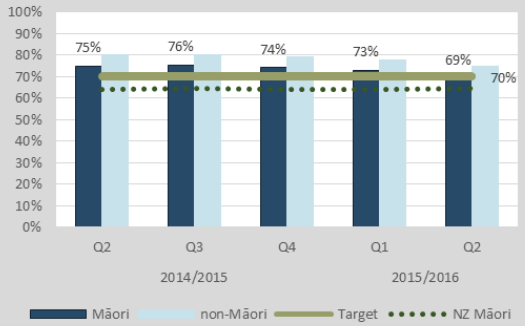
### HOW WILL WE KNOW WE'RE SUCCESSFUL?

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

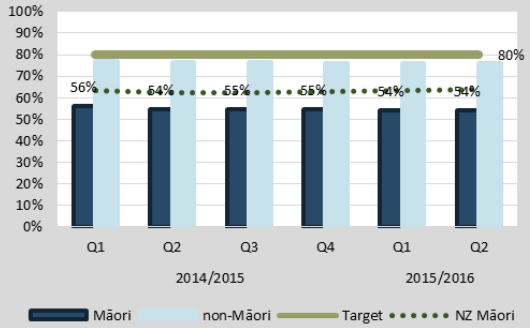
80% of eligible Māori women aged 25-69 have had a cervical screen in the last three years.

### 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 the screening pathway with*

**Q2:** Re-establish quarterly meetings of the Cervical Cancer Screening Strategic Group to identify opportunities to support ScreenSouth working collaboratively with providers, and strengthen recall and referral processes between providers.

**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 voucher 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
- Provide feedback to ScreenSouth.

**Q1-Q4:** Work with ScreenSouth to enhance work of register team providing recall systems for General Practices and smear takers. Include postal/text message invitations to women, and phone call/text message reminders 24 hours before screening appointment.

**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:** Primary Care Liaison to include cervical screening discussions alongside breast screening.

**Q1-Q4:** Support promotion of breast and cervical screening at marae and health events.

**Q1:** Commence monitoring of breast screening rates via the MHAP dashboard and distribute to key stakeholders.

**Q1-Q4:** Work with Southern Cancer Network to support the Maori 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).

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

*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 amongst 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. |

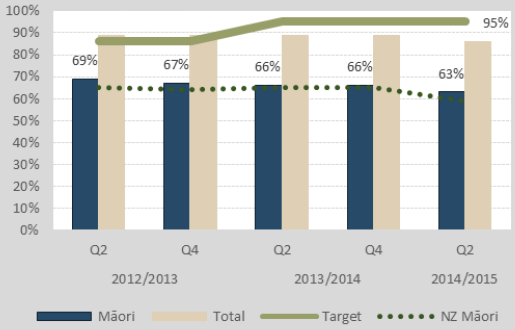
OUR PERFORMANCE STORY 2016-17

### HOW WILL WE KNOW WE'RE SUCCESSFUL?

95% of Māori women are smokefree at two week postnatal.

### WHERE ARE WE NOW?

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




*Data Source: WCTO Quality Improvement Framework Reports*

### HOW WILL WE ACHIEVE THIS?

*Access to smoking cessation services will be significantly enhanced through a whole of system approach – Stop Smoking Canterbury. This approach has a strong focus on Māori and pregnant women as priority groups.*

*Stop Smoking Canterbury will ensure pregnant wāhine and their whānau have early engagement to offer stop smoking services, and will offer an Incentive Programme and group support to encourage cessation.*

**Q1-Q2:** Transition to new contract for stop smoking services, including development of the Stop Smoking Canterbury Hub. This Hub will provide a simple, electronic, single point of referral to service delivery for intensive stop smoking services, and resources for the whole system to enhance workforce development and quality improvement.

**Q2:** Update consumer information to promote services and also debunk some myths about auahi kore. Review the content of Pregnancy and Parenting Education classes with Plunket, to ensure current information is provided.

**Q2-Q3:** Focus particularly on strengthening relationships with LMCs in the community, and Maternity in Christchurch Women's Hospital to encourage referral of wāhine who smoke during any antenatal, delivery or postnatal admissions. Extend this to peripheral primary birthing units. The Hub will also provide referral and information across the system to WCTO provider and general practice.

**Q2-Q3:** Provide education sessions in LMC practices, with 3rd year CPIT midwifery students, and at a meeting of the Canterbury West Coast Branch of the NZ Council of Midwives. Focus on up-skilling midwives in ABC and referring.

**Q3-Q4:** Engage with Kimihia Parents' College and Karanga Mai Parents' College to offer direct stop smoking service support to teen parents.

# 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. |

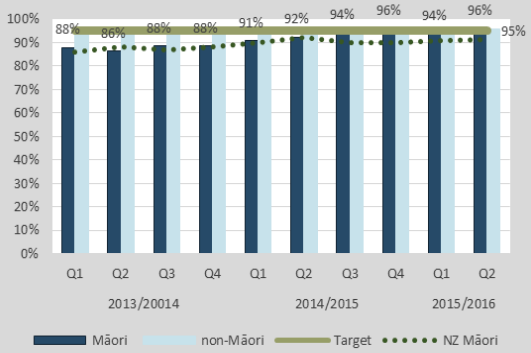
## OUR PERFORMANCE STORY 2016-17

### 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:




### 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:** 100% 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 Outreach.

**Q1-Q4:** Support the 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:** 90% of 4 year old tamariki are fully vaccinated.

*Data Source: National Immunisation Register (childhood immunisation)*

## 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. |

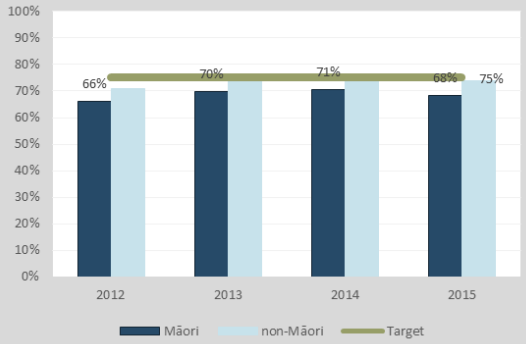
OUR PERFORMANCE STORY 2016-17

### 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:




### 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 subsided 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:** Review the findings of the Community and Public Health Research into why Māori may not be accessing the Seasonal Influenza Vaccine.

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

# Rheumatic Fever

| | |
|---|---|
| What do we want to achieve? | Maintenance of low rheumatic fever rates. |
| Why is this important? | In a small number of people, an untreated Group A streptococcal sore throat develops into rheumatic fever, where their heart, joints, brain and skin become inflamed and swollen. This inflammation can cause rheumatic heart disease, where there is scarring of the heart valves sometimes requiring valve replacement surgery, and in some cases, premature death may result. It is more common among people where living conditions are poor (eg overcrowding, damp). Māori tamariki and rangatahi are more likely to get rheumatic fever, and raising awareness and supporting people to manage their illness can improve outcomes for Māori. |
| Who will we work with? | South Island Regional Alliance, Community and Public Health, Māori and Pacific Health Provider Network. |

## OUR PERFORMANCE STORY 2016-17

### HOW WILL WE KNOW WE'RE SUCCESSFUL?

Rates of rheumatic fever in the South Island are below 0.2 per 100,000.

### WHERE ARE WE NOW?

Rate per 100,000 population of new confirmed cases of rheumatic fever in South Island:

| | 2012/13 | 2013/14 | 2014/15 |
|---|---|---|---|
| Māori | 0.00 | 3.28 | 0.00 |
| Non-Māori | 0.21 | 0.42 | 0.21 |

*Data Source: Canterbury DHB Community and Public Health Data*

### HOW WILL WE ACHIEVE THIS?

*Support implementation of the South Island Regional Rheumatic Fever Plan to ensure best practice management of sore throats, diagnosis and management of rheumatic fever and its complications.*

**Q1-Q4:** Ensure people with sore throats are managed according to best practice guidelines available on HealthPathways, including a graded response based on clinical criteria and according to risk grouping (including Māori and Pacific ethnicity, younger age, socioeconomic and housing circumstances, and previous history).

**Q1-Q4:** Continue to facilitate effective follow up of people who have been identified with rheumatic fever by ensuring notification of cases. This will include ensuring notification forms are available in primary and secondary care through HealthPathways.

**Q1-Q4:** Continue to prevent relapse and complications for people who have had rheumatic fever through the provision of services and support, including free primary care services (funded quarterly visits and antibiotic injections, and dental care), and secondary care services.

**Q1-Q4:** Provide a review and lessons learnt summary for any new cases identified during the year.

**Q4:** Review all Māori identified with rheumatic fever on an annual basis.

**Q4:** Meet with the Māori and Pacific Health Provider Forum to provide an annual update on rheumatic fever developments in Canterbury.

*The South Island Regional Rheumatic Fever Plan is available online through the South Island Alliance website: www.sialliance.health.nz*

# Oral Health

| | |
|---|---|
| What do we want to achieve? | Improved oral health for tamariki and rangatahi. |
| 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, 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

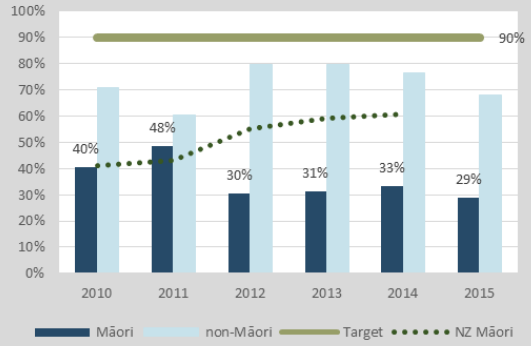
### HOW WILL WE KNOW WE'RE SUCCESSFUL?

95% of preschool children aged 0-4 are enrolled in school and community oral health services (COHS).

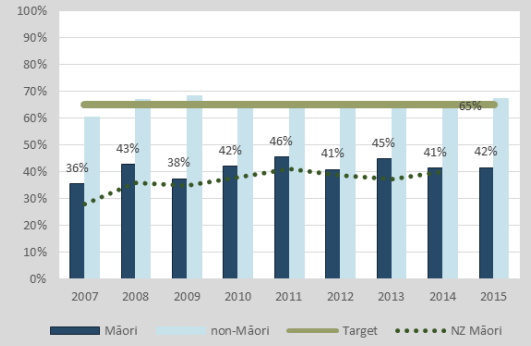
65% of children are caries-free at age 5 (no holes/fillings).

### 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*

### HOW WILL WE ACHIEVE THIS?

*Increase enrolments in the Community Oral Health Service (COHS).*

**Q1-Q4:** Ensure that new enrolment details are loaded into COHS's Information Management System on receipt. Monitor quarterly data of numbers of children by age and ethnicity and compare Māori enrolments to targets.

**Q1-Q4:** Continue to work with WCTO providers to ensure that 98% of new-born pēpe are enrolled with COHS by 3 months of age. This will be achieved by tightening the referral process to WCTO and linking closer with the NIR Team.

*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:** Work with WCTO providers to streamline referrals of high risk children to COHS. High risk children will be referred at the latest by 10 months of age and seen within their first year of life.

**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 COHS. Evidence will be: >86% of tamariki with level 2 to 6 dental decay are referred.

**Q1-Q4:** Review the evaluation of the Aranui High School adolescent clinics to determine the health outcomes for rangatahi Māori seen within this service, and identify the viability of extending to other schools.

**Q4:** 98% of new-born pēpe are enrolled with COHS 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. |

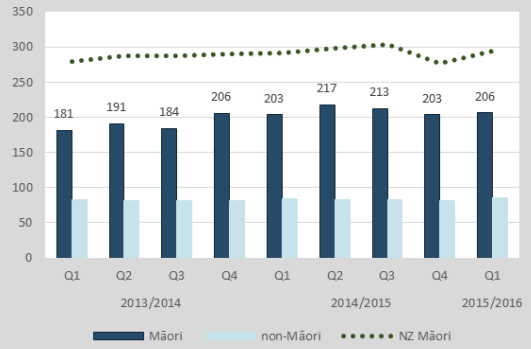
## OUR PERFORMANCE STORY 2016-17

### HOW WILL WE KNOW WE'RE SUCCESSFUL?

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

### WHERE ARE WE NOW?

Rate of Compulsory 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:** 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-Q4:** Work with Primary Mental Health and within the Mental Health Alliance a pathway that includes involving general practice in the process but enables direct referral from Māori and Pacific health providers to BIC Services.

**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:** 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.

# Sudden Unexpected Death in Infancy (SUDI)

| | |
|---|---|
| What do we want to achieve? | Decreased deaths from SUDI. |
| Why is this important? | The loss of a baby is a tragedy for whānau. Sometimes SUDI is preventable and we should do everything we can to keep babies safe and empower parents. |
| Who will we work with? | CCN Child and Youth Workstream, Well Child Tamariki Ora providers, PHOs, Community-based NGOs. |

## OUR PERFORMANCE STORY 2016-17

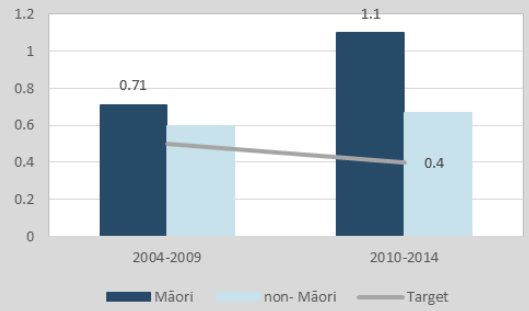
### HOW WILL WE KNOW WE'RE SUCCESSFUL?

Rates of SUDI are below 0.4 per 1,000 live births

70% of caregivers are provided with SUDI information at Well Child Tamariki Ora Core Contact 1

### WHERE ARE WE NOW?

Rate of SUDI per 1,000 live births:




Caregivers provided with SUDI information at Well Child Tamariki Ora Core Contact 1:

| Māori | Non- Māori | Target |
|---|---|---|
| 43% | 60% | 70% |

*Data Source: Ministry of Health*

### HOW WILL WE ACHIEVE THIS?

*Canterbury DHB, and all Canterbury PHOs and providers, will have consistent safe sleep policies implemented, and staff are trained in SUDI prevention.*

**Q1-Q4:** Include safe sleep practice in the training of all new staff who are employed to work in an environment where there are babies and young children.

**Q1:** Ensure safe sleep practice is implemented in healthcare facilities by regularly monitoring during health and safety checks. Ensure staff tasked with health and safety responsibilities include safe sleep practice in their training.

**Q1:** Ensure Kaupapa Māori providers, WCTO workers and LMCs have the knowledge and skills to provide consistent verbal and written advice on SUDI prevention to wāhine and whānau.

**Q1-Q4:** Review pregnancy and early parenting education for pregnant wāhine and whānau to ensure it incorporates consistent safe sleep practice, breastfeeding and alcohol- and smoke-free health literacy.

**Q1-Q4:** Promote early enrolment with LMCs and WCTO providers, with quality improvement activities to promote checking of pēpe safe sleep environment in the first week. Service providers support the provision of safe sleeping environments for all infants, at all times and places.

**Q4:** Develop a HealthPathway that enables health workers to access a safe sleep space (such as wahakura or pēpi-pod) for whānau with pēpe in their first year, and referral for stop smoking support.

**Q1-Q4:** Focus on stop smoking with pregnant women and new mothers in the establishment of Stop Smoking Canterbury (see Smoking section).

# Local Māori Health Priorities

## 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 greater understanding and cultural awareness among the mainstream workforce. |
| Why is this important? | Māori health inequality requires equitable access to health services. It is important that whānau feel engaged in health services and that these services are responsive to them. Approachability, acceptability, availability and appropriateness are the characteristics to welcome access. |
| Who will we work with? | Our Māori Health workforce often deal with high and complex needs, this demands specific skills and competencies. Kaupapa Māori Providers require opportunities for professional development. Ensuring our Māori workforce reach their potential will positively impact on Māori health outcomes. |

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.
- The mainstream workforce demonstrate cultural competency.
- Increased numbers of Māori entering the health workforce.

### HOW WILL WE ACHIEVE THIS?

*Create a more approachable, acceptable, available, and appropriate health service in Canterbury by:*

- Improving cultural understanding across all levels of the mainstream health workforce.
- Ensuring cultural competency training is available for all DHB staff and is encouraged at all levels.

*Strengthen the current Māori workforce by:*

- Making all professional development training in the DHB available to Kaupapa Māori providers.
- Supporting Mokowhiti to encourage rangatahi to take up health as a career.
- Continuing to administer a scholarship program for Māori students.
- Supporting Māori Health students to have placements with Kaupapa Māori services.

*Encourage Māori and Pacific people into health as a career by:*

- Continuing to lead the regional delivery of the Kia Ora Hauora Māori Workforce Development Service and invest in Māori and Pacific Health Scholarships
- Work with our tertiary education partners to reduce the barriers for Māori and Pacific people enrolling in health programmes.
- Promote employment opportunities and training to Māori staff who are working in menial positions but would like to train for greater employment options.
- Improve the recording of staff ethnicity data to understand our workforce and develop Māori and Pacific leaders.
- Provide access to the Health Workforce NZ Hauora Māori funding pool to support Māori staff in our health system to study and upskill.

# 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?

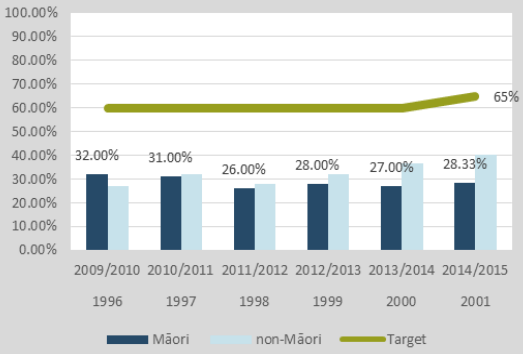
60% of eligible Māori girls receive dose 3 of the HPV vaccination.

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 2014:




*Data Source: National Immunisation Register*

### HOW WILL WE ACHIEVE THIS?

*Rangatahi health will be promoted through actions to promote HPV vaccination and sexual health, reduce smoking initiation, 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 girls

**Q1-Q4**: Monitor immunisation rates and work with the Immunisation SLA and Te Kāhui o Papaki Kā Tai and other key groups to identify ways to reach higher numbers of Māori whānau.

**Sexual health**

**Q1-Q4:** Maintain free access to sexual health and contraceptive advice to under 21 year olds, and monitor utilisation rates with Te Kāhui o Papaki Kā Tai.

**Q1-Q4:** Continue provision of low cost access to emergency contraception, and the most effective forms of long-acting reversible contraceptives.

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

**Smoking initiation:**

**Q1-Q4:** Community and Public Health promote a message of 'Stop Before You Start' through the Health Promoting Schools team.

**Health literacy**

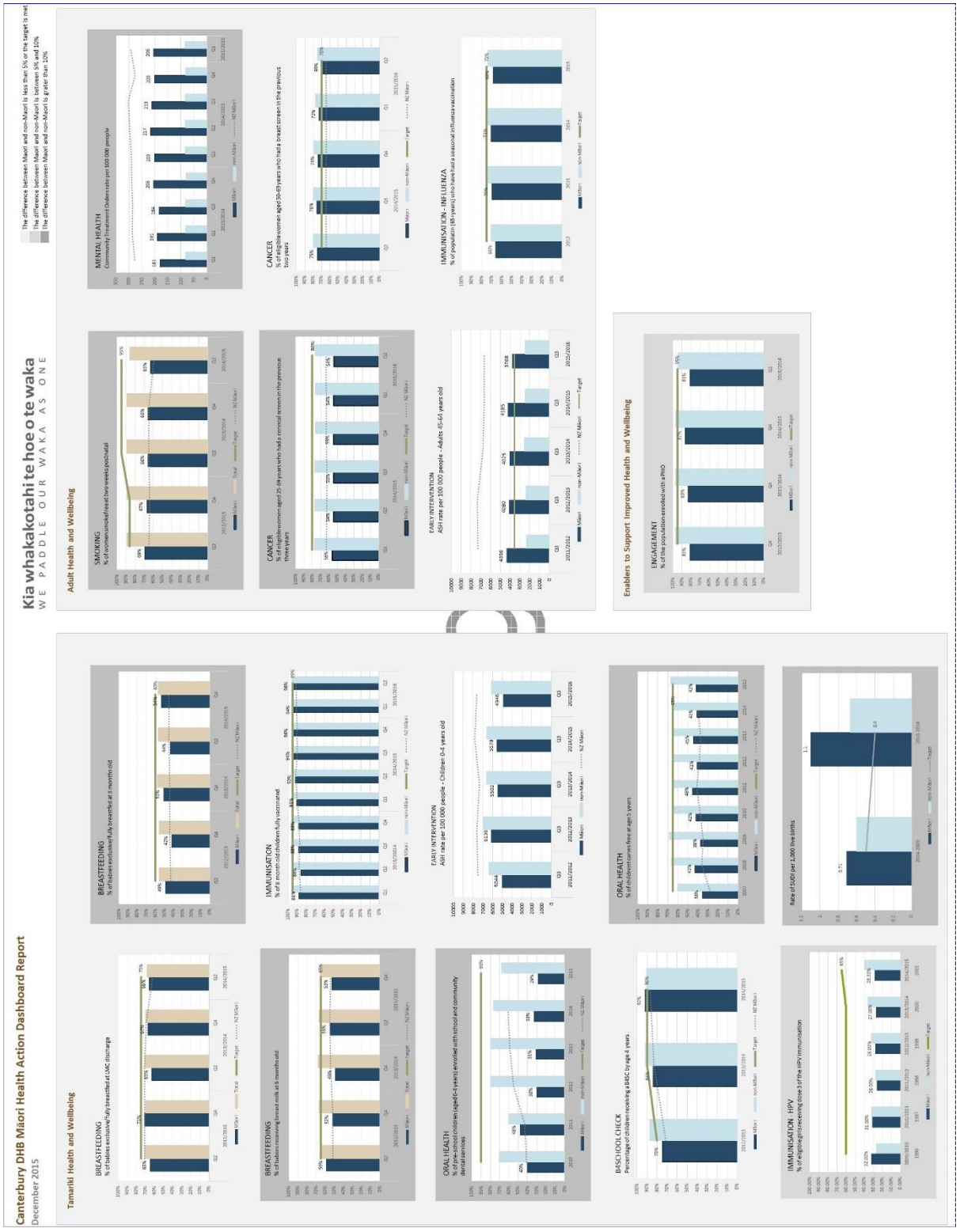
**Q1-Q4:** Facilitate the establishment of marae-based health promotion for whānau through Kaupapa Māori providers that enhances rangatahi health literacy.

# Appendix 1: Glossary

## 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 |

# Appendix 2: Māori Health Dashboard



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