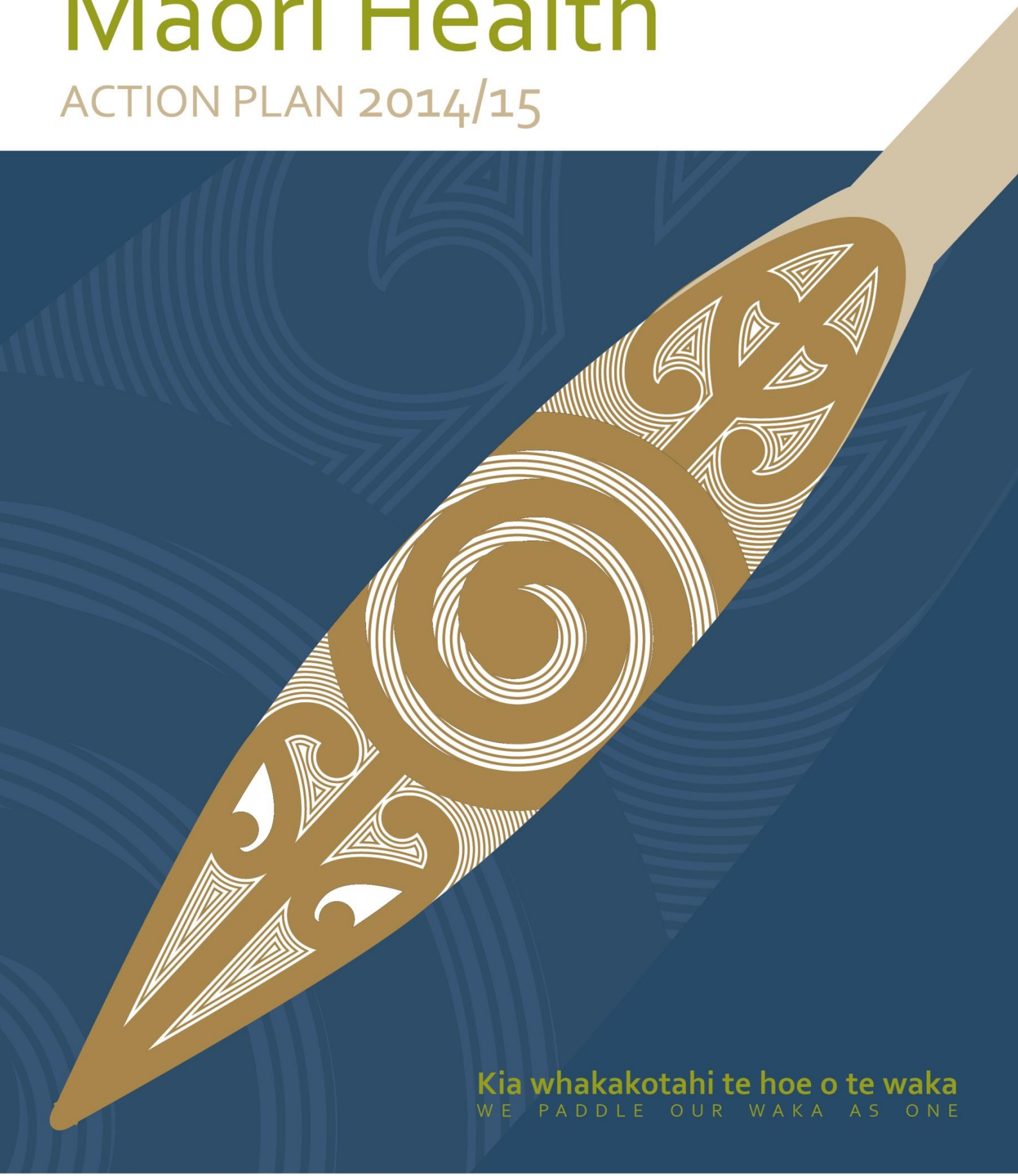
Māori Health

ACTION PLAN 2014/15



Kia whakakotahi te hoe o te waka

WE PADDLE OUR WAKA AS ONE

Pegasus partners in health kia ataahua ki te tangata

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

christchurch pho

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

Te Kāhui o Papaki Kā Tai

Manawhenua ki Waitaha

Canterbury District Health Board Te Poari Hauora ō Waitaha

Tā Mātou Matakite

OUR MISSION

Ki te whakapakari, whakamaanawa me te whakahaere i te hauora mo te orakapai o kā tākata o te rohe o Waitaha.

To promote, enhance and facilitate the health and wellbeing of the people of Canterbury.

Ā Mātou Uara

OUR VALUES

- Manaaki me te kotua i etahi atu.
  Care and respect for others.
- Hapai i a mātou mahi katoa i ruka i te pono.
  Integrity in all we do.
- Kaiwhakarite i kā hua.
  Responsibility for outcomes.

Kā Huari Mahi

OUR WAY OF WORKING

- Arotahi atu ki kā tākata meka.
  Be people and community focused.
- Whakaatu whakaaro hihiko.
  Demonstrate innovation.
- Tu atu ki ka uru.
  Engage with stakeholders.

Contents

INSIDE THS PLAN

Introduction

On 30 June 2010, an amendment was made to the New Zealand Public Health and Disability (NZPHD) Act governing DHBs. Under the amendment, DHBs must complete Regional Health Services Plans, Annual Plans and Māori Health Plans. The NZPHD Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and 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, in our case, Ngāi Tahu. This Māori Health Action Plan is prepared in accordance with this legislation[1].

Overview

This is not a strategic plan, rather, it is an Action Plan highlighting the activity that will occur across our health system in the coming year in key priority areas. The majority of these are chosen nationally and are reflected in the Māori Health Action Plan of all DHBs - a few are areas chosen locally as priorities for improving the health of Māori in Canterbury.

This Māori Health Action Plan draws principles from a number of documents. Key amongst these is the national Māori Health Strategy *He Korowai Oranga*. This plan follows the key strategies in *He Korowai Oranga* while continuing our mission to facilitate and improve the wellbeing of the people of Canterbury. The aim of *He Korowai Oranga* "Whānau ora; Māori families supported to achieve their maximum health and wellbeing" is reflected in our own action plan and in activity happening right across Canterbury.

Implementing this Plan will require a collaborative effort across the Canterbury health system. Our 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 well. This approach is linked to the DHB's vision for improving the health and wellbeing of the Canterbury population and the work of the Canterbury Clinical Network (CCN) District Alliance in keeping people at the centre of everything we do.[2]

Key Canterbury 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 Canterbury DHB, all three of the Primary Health Organisations (PHOs) in Canterbury 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.

He Oranga Pounamu (HOP): This charitable trust is mandated by Te Rūnanga o Ngāi Tahu with its key focus on strengthening Māori provider development. HOP has an established affiliated local and South Island Māori provider network. They are currently leading Te Waipounamu Whānau Ora Collective implementation.

Te Kāhui o Papaki Ka Tai: Is a Canterbury-wide Māori Health Reference Group with close links with 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: The forum enables providers to engage with the DHB's Planning and Funding division as a collective group. Members are those Māori and Pacific providers that hold Canterbury DHB health contracts.

Te Tumu Whakahaere Forum: The 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 DHBs hospital and specialist services.

Te Herenga Hauora: The South Island Māori General Managers Group is a forum for regional engagement and supports the development of cross-DHB initiatives, such as the development of 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.

[1] *This Māori Health Action Plan is a companion document to the Canterbury DHB's Annual Plan which can be found on the CDHB website: www.cdhb.govt.nz.*

[2] *The CCN is an alliance of health professionals and providers from organisations across the Canterbury health system, including the DHB as a key partner. Some actions in this Māori Health Action Plan are also deliverables in the CCN work plan.*

Maori 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 of Canterbury providers is available online at www.healthinfo.co.nz. Rural Canterbury & Christchurch PHOs also have service provider directories available on their respective websites: www.rcpho.org.nz and www.chchpho.org.nz.

- He Oranga Pounamu Charitable Trust.
- He Waka Tapu Limited.
- Purapura Whetu Trust.
- Te Awa o Te Ora Trust.
- Te Kakakura Trust.
- Te Puawaitanga Ki Otautahi Trust.
- Te Runanga o Nga Maata Waka.
- Te Tai o Marokura Charitable Trust.
- Te Whatumanawa Māoritanga o Rehua.
- Mokowhiti Ltd.

Monitoring performance and achievement

A Performance Dashboard has been established to monitor performance against the Māori Health Action Plan. This will be completed six-monthly alongside the reports on the national measures provided by the Ministry of Health's Māori Health Division and Te Tumu Whakarae also produced six-monthly.

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

The Performance Dashboard will also presented to and monitored by Manawhenua ki Waitaha, Te Kāhui o Papaki Ka Tai and the Canterbury Clinical Network (CCN) District Alliance's Māori Caucus (six-monthly).

Acknowledgement is given to the Ministry of Health's Māori Health Division and Te Tumu Whakarae for provision of a six monthly performance report against the national indicators in the Māori Health Plan which assists in local performance reporting.

An annual Māori Primary Health Care Report is also prepared and presented to the same 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 Board and the PHOs and are available on the Canterbury DHB website: www.cdhb.govt.nz.

Baselines and Targets

All of the baseline data in this Plan (unless otherwise stated) has been calculated on either the full 2012/13 year, the Calendar 2013 year or the final quarter of the 2012/13 year, to align reporting with the Canterbury Annual Plan. Graphs provide the most recent performance data in order to give the reader context as to current performance.

Canterbury's Māori Outcomes Framework

In 2013/14 members of Te Kāhui o Papaki Ka Tai Māori Health Reference Group developed an outcomes framework with the understanding that collective action and focus will make real a difference in health outcomes for Māori.

With a much wider focus than the Māori Health Action Plan - the outcomes framework is aligned to the vision of the Canterbury health system. The goals and associated deliverables are reflected in the work plans of the three Canterbury PHOs, the Canterbury DHB and the CCN District Alliance.

The Outcomes Framework does not pre-determine what action an organisation or provider will take, but helps to highlight a number of focus areas where a positive impact may be made. This may be increased engagement or uptake of services, improved quality of service delivery, reduced waiting times or better health outcomes. A mix of impact measures have been chosen to populate the Framework.

In considering the Framework and opportunities to improve health outcomes for Māori, four priority areas were identified for 2014-2015: cervical cancer screening, delivery of B4 Schools Checks, Human Papilloma Virus (HPV) immunisations and child and youth oral health. The activity planned over the coming year is outlined against these local priorities in this Action Plan. Appendix 1 provides an overview of the Framework.

The Canterbury Māori population

Approximately 37,965 people in Canterbury identified as Māori in the 2013 Census, making up 8.2% of the whole Canterbury population and 6.3% of the New Zealand Māori population. [3]

Ngāi Tahu/Kāi Tahu are the Manawhenua in Canterbury. The most common iwi affiliations are Ngāi Tahu/Kāi Tahu (31%), Ngāpuhi (11.5%) and Ngāti Porou (8.7%), though over 120 iwi are represented in Canterbury.

As with the national Māori population, Māori in Canterbury are younger compared to non-Māori and have a higher fertility rate - meaning the growth of the Māori population is faster.

- From 2006 to 2013, there was a 14% increase in the size of the Māori population, with the proportion of people identifying as Māori in the total Canterbury population increasing from 7.4% to 8.2%.
- 33.5% of the Canterbury Māori population are under the age of 15, compared to 17.5% for non-Māori.

Overall health status and access

The Canterbury population generally has a better health status than the average New Zealand population. This is true for all ethnicities living in Canterbury. Nonetheless, there are still real disparities between Māori and non-Māori in relation to health outcomes and life expectancy.

Mortality

Māori in Canterbury have a higher rate of premature death than non-Māori, although the rate is lower than Māori nationally. The leading causes of death for Māori in Canterbury are circulatory system diseases, cancer, accidents, respiratory diseases, and endocrine, nutritional/metabolic diseases (mostly Type 2 diabetes).

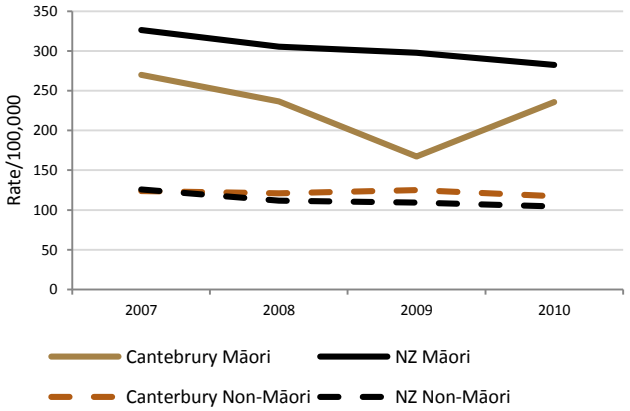
Compared to non-Māori, Māori in Canterbury are:

- More than five times as likely to die from diabetes;
- Almost twice as likely to die from accidents;
- One and a third times as likely to die from cancer;
- One and a half times as likely to die from cardiovascular or respiratory disease.

Mortality from external causes of injury is higher for Māori in Canterbury than non-Māori, particularly for deaths due to drowning, fires and accidental poisoning.

FIGURE 1: ALL-CAUSE PREMATURE MORTALITY

Canterbury Māori (<65) have a higher mortality rate than non-Māori



Source: Ministry of Health Mortality and Demographic Datasets

Health service utilisation

In terms of health service utilisation:

- PHO enrolment is lower for Māori in Canterbury than for 'Other' ethnicities. Suggesting Māori are more likely to have had an unmet need for a general practitioner.
- Spending per capita on prescriptions and laboratory testing is lower for Māori in Canterbury.
- A lower proportion of older Māori in Canterbury are living in Aged Residential Care facilities.

Hospitalisation

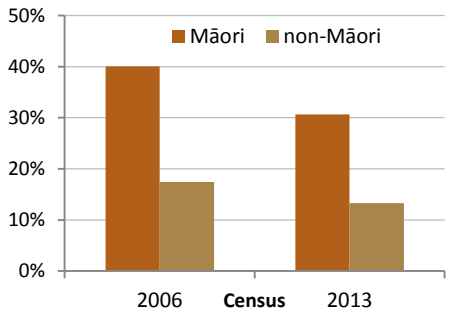
The overall rate of hospitalisation is lower for Māori than non-Māori in Canterbury, contrasting with a higher rate for Māori than non-Māori nationally. Compared to non-Māori, Canterbury Māori have:

- Higher rates of hospitalisation for pregnancy and childbirth, respiratory disease, mental and behavioural disorders and circulatory diseases.
- Lower rates of hospitalisation for injury and poisoning, and digestive system disease.

[3] Data in this section is a mix of 2013 Census data, Stats NZ data and data from the Huora Waitaha I Māori Health Profile completed in April 2010. The DHB is planning to update its Māori Health Profile in the coming year.

FIGURE 2 CURRENT REGULAR SMOKERS 2013

Smoking prevalence is higher for Māori (aged 15 years+).



Source: Statistics New Zealand 2013 Census

Disease prevention

Many of the health outcomes in which Māori in Canterbury fare worse than non-Māori are strongly associated with socio-economic status, smoking and other risk factors.

Social circumstances

In general the Canterbury population is less deprived than the overall New Zealand population. While Māori in Canterbury live in relatively less deprived areas than Māori nationally, they still live in relatively more deprived areas than non-Māori in Canterbury.

With respect to individual socio-economic indicators, Māori are more socio-economically disadvantaged. The differences in age-structure between Māori and non-Māori in Canterbury contributes to differences in socio-economic status, but Māori are also more deprived in terms of income, unemployment, educational qualifications, home ownership, household crowding and phone and motor vehicle access.

Risk factors

Māori in Canterbury have a higher prevalence of obesity and appear to have a higher prevalence of hazardous drinking and marijuana use.

While lower than the prevalence for Māori nationally, the prevalence of smoking is higher for Māori in Canterbury, especially for females and young people. Māori women in Canterbury are almost two and a half times more likely to smoke than non-Māori; two in every five Māori women are current daily smokers.

While youth smoking is decreasing over time, more than four times as many Māori Year 10 students smoke daily than non-Māori, and a higher proportion of Māori young people are exposed to smoke at home.

Child and youth health

Together, children and young people (aged 0 to 24) make up over half (53%) of the Māori population in Canterbury (compared with 31% of non-Māori).

- Childhood immunisation coverage is similar for Māori and non-Māori in Canterbury and significantly higher than for Māori nationally.
- HPV immunisation rates are low. Improving these rates is a local priority for 2014/2015.
- Māori children in Canterbury have poorer oral health status than non-Māori and Māori living in fluoridated areas of New Zealand. Improving child and youth oral health is a local priority for 2014/2015.
- The rate of hearing test failure at school entry, and the rate of grommets insertion, is higher for Māori children than 'Others' in Canterbury. Ear, Nose and Throat infections (ENT) are also a significant driver of hospital admissions for children. Improving B4 Schools Checks coverage is a local priority for 2014/2015.[4]

Maternity

The rates of preterm birth, low birthweight and infant mortality appear higher for Māori than Europeans while the rate of breastfeeding is lower.[5] This suggests a relationship between higher risk (preterm birth and low birth weight) and lower protective (breastfeeding) factors for infants, and worse outcomes in terms of mortality. The rate of teenage pregnancy is much higher for Māori than for Europeans in Canterbury.

Chronic conditions

Incidence and mortality rates for Māori in Canterbury are, in almost all areas, lower than for Māori nationally.

However, Māori in Canterbury suffer from a significant burden of long-term conditions, with four of the five leading causes of death for Māori in Canterbury associated with chronic conditions: cardiovascular disease, cancer, respiratory disease and diabetes.

[4] *The final core Well Child/ Tamariki Ora check, which children receive at age four. The free check allows health concerns to be identified and addressed early in a child's development for the best possible start for school and later life. It includes a hearing check.*

[5] *This data is based on the NZ Child and Youth Epidemiology Service 2013 report on the Health of Children with Chronic Conditions. In this report, 'European/other' ethnicity is based on the 2006 Census information of those who identified as NZ European, New Zealander and European.*

Cardiovascular disease (CVD)

Canterbury Māori have a larger burden of CVD mortality and hospitalisation:

- For ischaemic heart disease, the mortality rate is higher for Māori in Canterbury than non-Māori, but hospitalisation rates are the same, suggesting an area of unmet need for Māori.
- Canterbury Māori have a lower rate of angioplasty and a higher rate of coronary artery bypass grafting than non-Māori, which may indicate a higher level of disease severity among Māori.
- Stroke mortality and hospitalisation rates are not significantly different for Māori and non-Māori in Canterbury, but are significantly lower than for Māori nationally.

Cancer

Canterbury Māori have a larger burden of cancer than non-Māori in Canterbury. Incidence overall for Māori is lower, but the mortality for Māori is higher, Māori with cancer are overall more likely to die from those cancers than non-Māori.

- Lung cancer incidence and mortality rates are higher for Māori than non-Māori.
- Incidence of colorectal cancer is lower for Māori, and there is no difference in the mortality rate.
- Incidence of breast cancer is the same for Māori and non-Māori, but mortality is higher for Māori.
- Cervical screening coverage rates are lower for Māori than non-Māori, suggesting an area of need. Improving cervical screening coverage rates is a local priority for 2014/2015.

Respiratory disease

Respiratory disease mortality and hospitalisation rates are higher for Māori than for non-Māori in Canterbury. This includes asthma, chronic obstructive pulmonary disease and bronchiectasis. Respiratory health is an opportunity for early intervention to improve Māori outcomes.

Diabetes

Canterbury Māori experience higher hospitalisation, mortality and complications for diabetes than non-Māori. A lower proportion of Māori in Canterbury have diabetes annual reviews and retinal screening, suggesting an important unmet need for Canterbury Māori.

Mental health

The access rates for Mental Health Services are higher for Māori in Canterbury than for non-Māori.

- The rates of hospitalisation for schizophrenia, manic episodes, bipolar disorder and psychoactive substance use disorders are higher for Māori than for non-Māori in Canterbury.
- The overall rate of hospitalisation for Māori for mental health problems is higher than the national average for psychoactive substance use and depression.

The World Health Organisation predicts that depression will be the second highest cause of death and disability globally by 2020, so this is a potential area of future focus for improving Māori health.

Impact of the earthquakes

The health profile presented in this document is based on the 2013 Census and other data collected prior to the Canterbury earthquakes.

The earthquakes have had a relatively minor effect on the size of Canterbury's population. Canterbury's population has increased by 3.4% since the previous census in 2006. The population of Christchurch was the most affected, with a two percent decrease in population since 2006. However, the Māori population in Christchurch has increased by over 2,000 people during this period.

The 2013 Census does reveal some of the impact the rebuild is having on our population. There has been an increase of 2,840 males aged between 20-29 years Canterbury since 2006, of which 510 are Māori.

However, at this stage we are not able to tell how many more people have moved into the region since the census, or predict how many more will continue to arrive, what their health will be like and how long they will stay. There is a high level of uncertainty and risk in terms of unpredicted demand.

Many of the most deprived suburbs in Christchurch that were home to a higher proportion of Māori, were the hardest hit by the earthquakes. Despite the large general population loss from these areas, particularly in the east of the city, the 2013 Census shows that many Māori are still living there. Our deprived population groups, already more vulnerable and with higher health needs, have been disproportionately affected by the quakes.

Concerning signals from international research on disaster recovery indicate an increase in risk behaviours is typical in response to stressful events. People who were more vulnerable prior to a major disaster have a

significantly increased risk of poor health post-disaster[6]. Māori are one such vulnerable population group in Canterbury.

Despite it being over three years since the February 2011 earthquake, our population still faces crowded and temporary housing, damaged heating sources, disrupted transport links and social infrastructure, uncertainty about the future and increased stress – all of which is taxing their normal resilience.

The results of the 2013 Census show that eight percent of Māori households in Canterbury are overcrowded, a rate much higher than non-Māori households. Of these, the number of Māori households that are significantly overcrowded has increased since 2006.

As well as the physical health risk caused by factors such as overcrowding and cold housing, the stress of uncertainty and ongoing issues will have a significant psychological impact on our population.

Post-disaster patterns after Hurricane Katrina indicated a substantial increase in experiences of depression, with 31% of displaced people having a mood or anxiety disorder.[7]

Addressing the increased level and immediacy of both physical and mental health need across our population is a priority for the next several years.

Now more than ever, we must support increased capacity in primary and community-based settings to continue to deliver services to our vulnerable population.

[6] Bidwell, S. 2011. 'Long term planning for recovery after disasters: ensuring health in all policies – a literature review'

[7] Wang PS, Gruber MJ, Powers RE, Schoenbaum M, Speier AH, Wells KB, Kessler RC, 2007. Mental health service use among hurricane Katrina survivors in the eight months after the disaster. Psychiatry Services 58: 1403-11

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

Objective	**Maintain the accuracy of ethnicity reporting in PHO registers.** 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.
Reporting Stream	Te Kāhui o Papaki Ka Tai
Data Source	PHO Enrolment Register and Ministry Population-Based Funding Formula
Key Stakeholders	Canterbury DHB; CCN Māori Health Caucus; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO

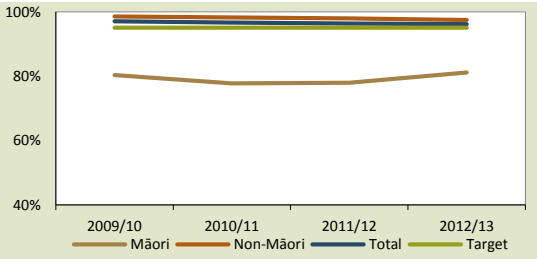
OUR PERFORMANCE STORY 2014/15

Indicator/Target

≥95% of the Māori population is enrolled with a PHO.[8]

Baseline 12/13:

Māori:	81%
Total Population :	96%
Target 14/15:	≥95%



Activity/Evidence

Both the Canterbury DHB and the PHOs are focused on ensuring complete, accurate and consistent collection and reporting of ethnicity data across the system. This is also a focus for Te Kāhui o Papaki Ka Tai and workstreams under the CCN District Alliance who are seeking to demonstrate the effectiveness of programmes.

Over the coming year we will:

Q1-Q4: Quarterly review PHO ethnicity data reports and Māori enrolment data to ensure quality is maintained with regular monitoring through Te Kāhui o Papaki Ka Tai.

Q2: Distribute updated Māori Census data summaries and cross-referenced analysis across the sector.

Q3-Q4: Update the Hauora Waitaha I Māori Health Profile with the latest national summaries and 2013 Census Results.

Q1-Q2: Support the PHOs and general practice to implement Stage 1 to 3 of the Primary Care Ethnicity Data Quality Toolkit (EDAT) to improve ethnicity data collection and quality.

Q3-Q4: Complete the EDAT Audit Process and introduce regular reporting using the EDAT tool (once implemented) to highlight issues and opportunities to improve data quality.

[8] *This measure is a proxy measure and the DHB aims to replace this measure with one more reflective of the quality of the data being collected once the Ethnicity Data Quality Toolkit is implemented.*

Access to Care

Objective	**Promote early intervention through greater Māori engagement in primary care.** Primary care is the point of continuity in health – providing services from disease prevention and management through to palliative care. Increasing PHO enrolment will improve access to primary care services that enable early intervention and reduce health disparities between Māori and non-Māori.
Reporting Stream	Te Kāhui o Papaki Ka Tai, Māori & Pacific Health Provider Forum, Community and Public Health Advisory Committee (CPHAC)
Data Source	PHO Enrolment Register and Ministry Population-Based Funding Formula
Key Stakeholders	Canterbury DHB; CCN Māori Caucus; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO, Te Kāhui o Papaki Ka Tai

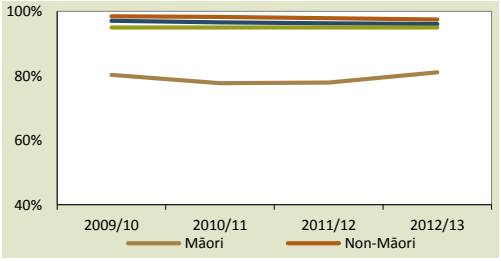
OUR PERFORMANCE STORY 2014/15

Indicator/Target

≥95% of the Māori population is enrolled with a PHO.

Baseline 12/13:

Māori	81%
Total Population:	96%
Target 14/15:	>95%



Activity/Evidence

Ensure Māori health needs and access rates are presented to CCN Workstreams and Service Level Alliances to improve consideration of Māori perspectives in the development of strategies and work plans.

Q1: Develop and provide a Kete for all CCN Workstreams and the wider health sector, to support application of the HEAT tool, Whanau Ora tool, and the Māori Health Framework in order to improve understanding of strategies to improve engagement of Māori in health services.

Q2-Q4: Support key staff to work alongside workstreams and DHB divisions to circulate the Kete and apply the tools.

Continue to support PHOs to provide cultural competency training and access to practical application tools to improve the quality of engagement and responsiveness between general practice teams and Māori patients and to lift enrolment rates.

Q1: PHOs have current Māori Health Plans in place.

Q1-Q4: Pegasus Charitable Health Ltd work with the Māori Indigenous Health Institute (MIHI) to identify ways in which the Meihana Training Model can be adopted for general practice teams and pharmacy.

Q4: Adapted Meihana programme available online.

Q4: >10 Treaty Training (and application to health) workshops provided across PHOs and community pharmacy.

Work alongside Kia Ora Hauora, He Oranga Pounamu, PHOs and the Māori Health Provider Forum to promote health as a career for Māori to improve the responsiveness of the system to the needs of Māori and increase whānau engagement with health services.

Q4: Canterbury Māori Workforce Action Plan completed.

Q1-Q4: Support the Kia Ora Hauora Programme to recruit 375 new Māori onto a health study pathway and at least 75 new Māori into first year tertiary study over the next three years.

Raise the profile of Māori Providers and improve links between primary care, mainstream and Māori services to improve the responsiveness of the system to the needs of Māori and increase whānau engagement with health services.

Q3: HealthPathways listings of Māori Health Providers expanded.

Q4: Updated directory of Māori Health Providers circulated to rural general practices and key stakeholders to increase practice staff awareness of services available.

Access to Care…

Objective	**Maintain low rates of avoidable hospitalisation for Māori of all ages.** 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.
Reporting Stream	Te Kāhui o Papaki Ka Tai, CPHAC, CCN Māori Health Caucus
Data Source	Ministry of Health
Key Stakeholders	Canterbury DHB; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO, Te Kāhui o Papaki Ka Tai, Child and Youth Workstream, Health of Older People Workstream, Māori and Pacific Provider Forum

OUR PERFORMANCE STORY 2014/15

Indicator/Target

A reduction in ambulatory sensitive (avoidable) hospital admissions for Māori (rate per 100,000 people).[10]

Population aged 0-74

Baseline 12/13:
Māori: 154%
Total Population: 91%
Target 14/15: <95%

Population aged 0-4

Baseline 12/13:
Māori 142%
Total Population: 114%
Target 14/15: <111%

Population aged 45-64

Baseline 12/13:
Māori: 170%
Total Population: 81%
Target 14/15: <95%

Activity/Evidence[9]

Continue to support the Māori Health Provider services to improve access rates to services in order to reduce avoidable hospital admissions across all age groups.

Q1-Q4: Promote Māori Health service information on HealthInfo.

Q1-Q4: Increase HealthPathways links to Māori providers and programmes to support increased engagement with services. [11]

Contribute to cross-sector initiatives to support vulnerable, unwell and at-risk pēpe and tamariki increase whānau engagement with health services.

Q1-Q4: Implement the WCTO Quality Improvement Framework for Quality Indicator 3, increasing the proportion of pēpi who receive all WCTO core contacts in their first year.

Contribute to cross-sector initiatives to support vulnerable, unwell and at-risk adults.

Q1: Work with He Oranga Pounamu and Active Canterbury to pilot a Kaupapa Māori workshop.

Q4: Work with Te Tairanga Kaumatua Network and the Health of Older People Workstream to strengthen community support services.

Q1-Q4: Work alongside general practice to identify the Māori population at-risk-of and with diabetes and improve access to programmes that support them to improve the management of their condition.

Q1-Q4: Increase referrals for older Māori to CREST services to support earlier discharge from hospital and reduce the likelihood of future admission or readmission. Base 34.

[9] Note: Actions supporting Immunisation, Breastfeeding, B4 School Checks, Cardiovascular Disease and Smoking Cessation make a significant contribution to reducing Respiratory Illness, ENT Conditions, Diabetes and Cardiovascular Disease (the top drivers of ASH rates in Canterbury for Māori). These are covered in other sections of this document.

[10] This measure is based on the national performance indicator SI1 and covers hospitalisations for 26 identified conditions including asthma, diabetes, angina, vaccine-preventable diseases, dental conditions and gastroenteritis. It is defined as the standardised rate per 100,000 population, and the target is set to maintain performance at below 95% of the national rate. There is currently a definition issue with regards to the use of self-identified vs. prioritised ethnicity, while this has little impact on total population results it is having a significant impact on Māori results against this measure. The DHB is working with the Ministry to resolve this issue.

[11] HealthPathways website contains clinically developed information and resources to help Canterbury health professionals provide care for their patients, including information on referrals, specialist advice, diagnostic tools, GP-to-GP referral and GP procedure subsidies.

Child Health

Objective	**Promote breastfeeding to give tamariki a healthy start to life.** High quality maternity services provide a key foundation for ensuring healthy families and children. In particular, ensuring new mothers can establish breastfeeding and increasing confidence levels in their ability to parent provides a positive start to life for tamariki. Breastfeeding also contributes positively to infant health and wellbeing.
Reporting Stream	Canterbury Breastfeeding Steering Group, Canterbury & West Coast Maternity Clinical Governance Committee, CPHAC, Te Kāhui o Papaki Ka Tai, CCN Māori Health Caucus
Data Source	Plunket
Key Stakeholders	Canterbury DHB; Christchurch PHO; Pegasus Health; Rural Canterbury PHO, Canterbury and West Coast Maternity Clinical Governance Committee, Child and Youth Workstream

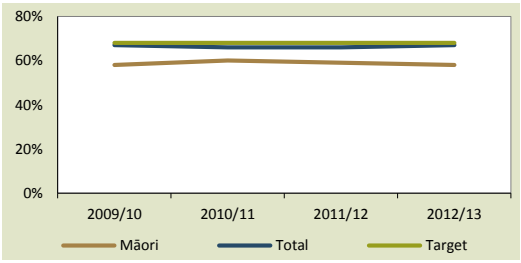
OUR PERFORMANCE STORY 2014/15

Indicator/Target

An increased percentage of tamariki are breastfed:

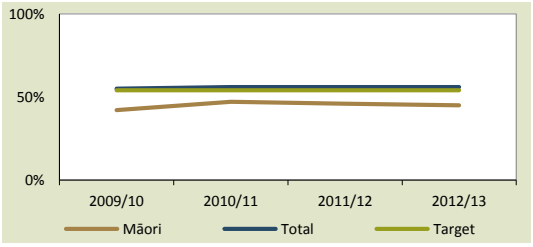
Age 6 weeks fully & exclusively breastfed

Baseline 12/13:
Māori: 58%
Total Population: 67%
Target 14/15: >68%



Age 3 months fully & exclusively breastfed

Baseline 12/13:
Māori: 45%
Total Population: 56%
Target 14/15: >54%



Age 6 months fully, exclusively and partially breastfed

Baseline 12/13:
Māori: 55%
Total Population: 66%
Target 14/15: >59%

Activity/Evidence

Through the Canterbury Breastfeeding Steering Group the DHB will strengthen stakeholder alliances, undertake joint planning and promote available services to improve breastfeeding rates amongst Māori across the whole maternity journey.

Q1: Implement internal processes to ensure every Māori mother has a breastfeeding assessment prior to hospital discharge.

Q1-Q4: Maintain Baby Friendly Hospital accreditation across all DHB facilities.

Q4: >75% of Māori babies are exclusively breastfed on hospital discharge.

Expand the variety and location of breastfeeding and parenting and pregnancy courses to better engage with high needs and at risk wāhine and improve integration of services to support breastfeeding.

Q3: Review DHB-funded pregnancy/parenting education content to better meet the needs of a wider range of wāhine Māori and younger mothers.

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

Q1-Q4: Continue to support the Kaupapa Māori Breastfeeding Advocacy Service delivered by Te Puawaitanga.

Invest in supplementary services - including Mum-4-Mum peer support and community-based lactation services to support high-need and at-risk wāhine to breastfeed.

Q4: Increased number of Māori mothers with complex breastfeeding issues are referred to lactation consultant support. Baseline: 7 mothers.

Cardiovascular Disease (CVD)

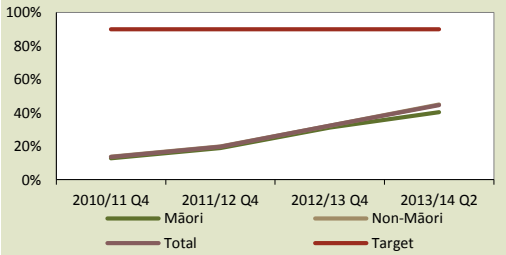
Objective	**Improve early detection and support long-term condition management amongst Māori.12** CVD includes coronary heart disease, circulation, stroke and other diseases of the heart. Māori have higher rates of CVD hospitalisations and mortality, and CVD is the leading cause of death for Canterbury Māori. CVD is strongly influenced by risk behaviours such as poor nutrition, lack of physical activity and tobacco smoking – making it a key opportunity to reduce inequalities for Māori through prevention, early intervention and condition management support.
Reporting Stream	Planning & Funding, PHOs, CPHAC, DHB Board, Ministry of Health
Data Source	PHOs, Canterbury DHB internal reporting
Key Stakeholders	Canterbury DHB; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2014/15

Indicator/Target

Quarterly increase in the percentage of the eligible Māori population having had their CVD risk assessed within the past five years.

Baseline 12/13 Q4:
Māori: 31%
Total Population: 32%
Target 14/15: 90%



70% of high-risk patients will receive an angiogram within 3 days of admission (where the day admission is day 0). [13]

Baseline 12/13: *New*
Target 14/15: 70%

95% of patients presenting with ACS who undergo angiography have completion of registry data collection within 30 days.

Baseline 12/13: *New*
Target 14/15: 95%

Activity/Evidence

Work with the PHOs to support general practice to consistently deliver and record CVD Risk Assessments (including structured discussions) and increase the number of eligible Māori who have had a CVDRA in the past five years:

Q1-Q4: Monitor dashboard reporting on progress to targets.

Q2: Complete a 'gap' analyses of the eligible Māori population not recorded as having received a CVDRA to improve improved coding and delivery of risk assessments.

Q2-Q4: Encourage general practice to engage in the delivery of additional general practice/nurse led CVD consultations after-hours or in alternative locations to reach Māori not currently engaged.

Q3: Review successful outreach programmes for Māori in other DHBs and identify opportunities to implement this activity in Canterbury.

Implement the 'Heart Failure Initiative' to assist patients, general practice and ambulance staff to safely manage heart conditions in the community where appropriate and reduce acute hospital admissions:

Q2: Review and updated the Heart Failure Healthpathway and where appropriate include Māori health provider service links.

Q2-Q4: Work with the Māori Mobile Disease State Management Services and CardioRespiratory Integrated Specialist Service (CRISS) service in the development of the 'Red Card' plan for people with heart failure.

Q4: Implement a Common Accelerated Chest Pain Pathway to reduce unnecessary hospital admissions.

Participate in the South Island Cardiac Alliance Workstream to align cardiac activity across the South Island:

Q1-Q4: Continue to implement regionally agreed protocols and pathways for patients with Acute Coronary Syndrome (ACS) to ensure prompt risk stratification, stabilisation and appropriate transfer of ACS patients.

Q1-Q4: Continue to participate in the provision and collection of data for the national Cardiac (ANZACS QI) and Cath/PCI Registers to enable monitoring of intervention rates and quality of service delivery.

[12] *The maternity journey covers pre-conception through to the first six months, and from six months onwards.*

[13] *Data will be provided and monitored for the ACS measure via the South Island Alliance Programme Office.*

Cancer

Objective	**Improve early detection and reduce the disease burden of cancer amongst Māori.** Cancer is the second leading cause of death for Māori in Canterbury and a major cause of hospitalisation. At least one third of cancers are preventable, and the impact and death rate of cancer can be reduced through early detection and treatment. Māori in Canterbury are one and a third times 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.
Reporting Stream	Canterbury & South Canterbury Cervical Screening Strategic Group, CCN Māori Health Caucus, Te Kāhui o Papaki Ka Tai, CPHAC
Data Source	BreastScreen Aotearoa Register, National Cervical Screening Programme Register
Key Stakeholders	Cervical Screening Strategic Group[14]; National Cervical Screening Programme Service; BreastScreen Aotearoa; Canterbury DHB; Christchurch PHO; Pegasus Health; Rural Canterbury PHO

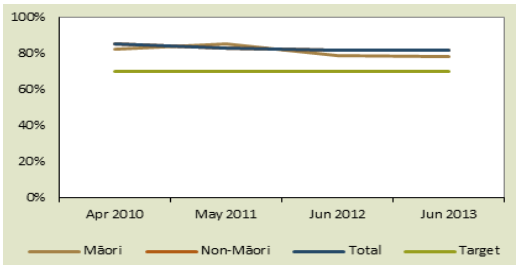
OUR PERFORMANCE STORY 2014/15

Indicator/Target

≥70% of Māori women aged 45-69 screened in the last two years under the BreastScreen Aotearoa (BSA) programme.

Baseline 12/13: Māori: 78%
Total Population: 82%

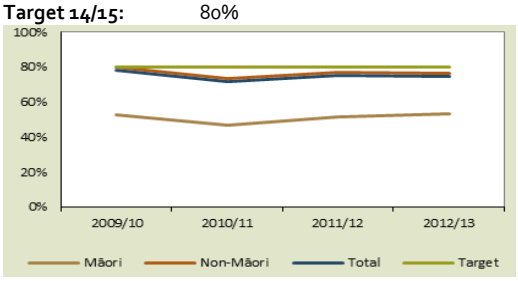
Target 14/15: >70%



80% of Māori women aged 25-69 screened in the last three years under the National Cervical Screening Programme.[15]

Baseline 12/13: Māori: 53%
Total Population: 75%

Target 14/15: 80%



Activity/Evidence

Through the Canterbury & South Canterbury Cervical Screening Strategic Group, strengthen stakeholder alliances, review pathways and encourage general practices to place special focus on screening wāhine Māori for cervical and breast cancer as a high-priority group.

Q1: Work with National Cervical Screening Programme (NCSP) and PHOs to datamatch the eligible enrolled population to gain a comprehensive list of women who are five years overdue for their cervical smear.

Q2: Identify and design actions (alongside primary care) to pro-actively contact Māori women overdue for their cervical smear.

Q1-Q4: Gather best practice information from other DHBs and share with the sector to identify opportunities to improve wāhine Māori engagement with screening programmes.

Q2-Q4: Investigate the feasibility for a mobile colposcopy clinic for high risk Māori women as a strategy to address colposcopy DNA rates for Māori women.[16]

[14] *The Cervical Screening Strategy Group is an integrated group representing primary care, PHOs, regional NCSP services, colposcopy services and the Canterbury and South Canterbury DHBs.*

[15] *The NCSP recently changed the age group for which they report cervical screening coverage. Results prior to 2011/12 are for the 20-69 age group, while results from 2011/12 are for the 25-69 age group.*

[16] *An application to Health Research Council is being submitted to establish a mobile colposcopy clinic as a pilot project.*

Smoking

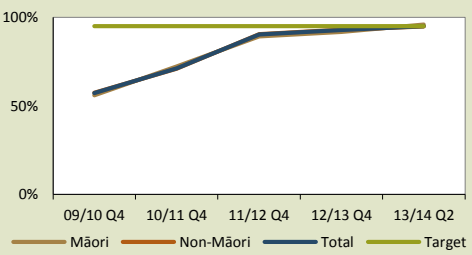
Objective	**Reduce the prevalence of smoking and smoking-related harm amongst Māori.** Tobacco smoking contributes to a number of preventable illnesses and long-term conditions, resulting in a large burden of disease. In addition to the high public cost of treating tobacco-related disease, tobacco and 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.
Reporting Stream	Planning & Funding, PHOs, CPHAC, DHB Board, Ministry of Health
Data Source	Canterbury DHB (hospitalised smokers); PHOs (primary care smokers)
Key Stakeholders	Canterbury DHB; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO; Community and Public Health

OUR PERFORMANCE STORY 2014/15

Indicator/Target

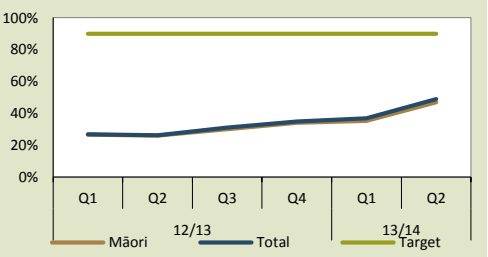
95% of hospitalised Māori smokers are provided with advice and help to quit.

Baseline 12/13 Q4:
Māori: 92%
Total Population: 93%
Target 14/15: 95%



Quarterly increased percentage of current Māori smokers enrolled in a PHO provided with advice and help to quit. [17]

Baseline 12/13 Q4:
Māori: 34%
Total Population: 35%
Target 14/15: 90%



Activity/Evidence

Contribute to the work of Smokefree Canterbury to ensure an integrated approach towards Smokefree Aotearoa by 2025.

Q1-Q4: Continue to promote Auahi Kore (Smokefree) environments to reduce exposure to second-hand smoke including Kohanga Reo, marae and workplaces.

Q2: Updated Canterbury DHB Tobacco Control Plan in place.

Support PHOs in the implementation of the ABC smoking cessation programme to increase the number of smokers offer support and advice and to reduce smoking rates. [18]

Q1-Q4: Monthly monitoring of performance against the target.

Q2: Share secondary care ABC data with the PHOs to identify Māori enrolled patients that are yet to receive Help to Quit.

Q2: Review successful outreach programmes in other DHBs and identify opportunities to implement these activities in Canterbury.

Q1-Q4: Expand the use of advanced IT tools to prompt and capture ABC activity include Text-2-Remind and appointment scanners and practice-level coaching to improve the recording of interventions.

Q3-Q4: Provide ABC and tikanga based cessation training to Māori health workers to increase the ABC interventions provided.

Q4: 3 tikanga based cessation training courses delivered.

Refine delivery of ABC programmes in hospital settings to increase the number of smokers offer support and advice and reduce smoking rates.

Q1-Q4: Maintain weekly feedback reports on performance; continue to undertake audit analysis where no intervention is recorded and follow-up with staff to improve performance and systems.

Q1-Q4: Maintain a Training Calendar for Smokefree education to staff (from the ABC team) and support e-learning modules.

Q4: >250 staff received ABC training.

Provide targeted community-based cessation support for Māori.

Q1-Q4: Work alongside Smokechange, Aukati KaiPaipa and Pacific Quit Coaches to provide targeted community based cessation support to Māori and whanau.

Q4: >240 Māori enrolments in Aukati KaiPaipa.

Q1-Q4: Work with Lead Maternity Carers to provide advice and support to Māori women to stop smoking.

Q4: 86% of mothers smokefree at two weeks post-natal.

[17] *Data is provided by the PHO Performance Programme. Results may vary slightly from the health target results.*

[18] *The ABC Strategy involves Asking whether the patient smokes, offering Brief advice to quit and referring the patient to Cessation support.*

Immunisation

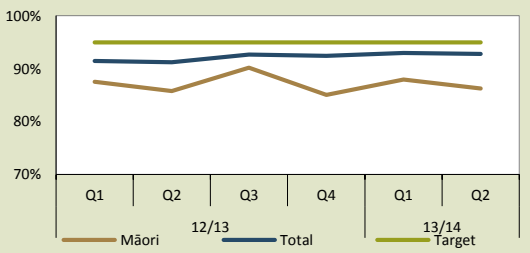
Objective	**Increase immunisation amongst vulnerable Māori population groups to reduce the prevalence and impact of vaccine-preventable diseases.** Immunisation provides protection not only for individuals, but for the whole population by reducing the incidence of diseases and preventing them from spreading 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).
Reporting Stream	Immunisation Service Level Alliance, Te Kāhui o Papaki Ka Tai, CCN Māori Health Caucus, CPHAC
Data Source	National Immunisation Register (childhood immunisation); PPP Programme (flu vaccinations)
Key Stakeholders	Canterbury DHB; CCN ISLA; Immunisation Provider Group; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO, Te Puawaitanga, Te Tai o Marokura

OUR PERFORMANCE STORY 2014/15

Indicator/Target

95% of eight-month-olds are fully immunised.[19]

Baseline 12/13 Q4:
Māori: 85%
Total Population: 92%
Target 14/15: 95%



75% of the eligible population (aged 65+) have had a seasonal influenza vaccination. [20]

Baseline 12/13 Q2:
Māori: 70%
Total Population: 75%
Target 14/15: 75%

Activity/Evidence

Through the CCN Immunisation Service Level Alliance (ISLA) strengthen clinical leadership across the system and work toward ensure 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 enrolments of newborns.

Q4: >95% of newborns enrolled on the NIR at birth.

Q1-Q4: Continue to use the NIR to monitor immunisation coverage at DHB, PHO and general practice level, circulating performance reports to maintain coverage and identify unvaccinated tamariki.

Q1-Q4: Supporting the Outreach Immunisation Services and Te Puawaitanga to locate tamariki who are not up to date with their vaccinations.

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

Q3: Implement the DHB Immunisation Promotional Plan 'Immunise for Life' to profile the importance of immunisation at all ages.

Q1-Q4: Maintain focus on Influenza Vaccination by the Immunisation Steering Committee with monitoring of uptake and progress.

Q2-Q3: Continue to promote influenza vaccination to all Māori, with a focus on those 65 and over.

Q2-Q3: NIR Team supports general practice to record provision of influenza vaccinations on the NIR.

[19] Data for the new eight-month-old immunisation health target is not available prior to the 2012/13 year. The Canterbury DHB result for Quarter 3 2012/13 was 90% for Māori and 93% for the total Canterbury eight-month-old population.

[20] Influenza data is provided via the PHO Performance Programme and baseline is for the October-December 2013 period.

Rheumatic Fever

Objective	**Reduce rheumatic fever rates in the South Island.** 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. This may require heart valve replacement surgery, and in some cases, premature death may result. Māori children and young people are more likely to get rheumatic fever, and raising awareness and supporting people to manage their illness can improve outcomes for Māori.
Reporting Stream	Canterbury Rheumatic Fever Network, South Island Service Level Alliance Programme Office
Data Source	Canterbury DHB
Key Stakeholders	Canterbury DHB; South Island Regional Alliance; Community and Public Health, Māori and Pacific Health Provider Network

OUR PERFORMANCE STORY 2014/15

Indicator/Target

Maintain low rates of rheumatic fever in the South Island.

Baseline 12/13: 0.7 per 100,000
Target 14/15: <0.3 per 100,000[21]

Canterbury rheumatic fever notifications (initial attack)

	2012/13	2013/14
Māori	2	0
Non-Māori	3	4
Total	5	4

Activity/Evidence

Continue to strengthen health outcomes for rheumatic fever patients in Canterbury through implementation of the Regional Rheumatic Fever Plan.

Q1-Q4: Continue to support the Canterbury Rheumatic Fever Network to monitor provision of services and support for Māori identified with rheumatic fever.[22]

Q1-Q4: Support the implementation of a South Island Regional Rheumatic Fever Prevention and Management Plan through the South Island Public Health Workstream.

Q1-Q4: Continue to review all Māori identified with rheumatic fever on an annual basis and provide a review and lessons learnt summary for any new cases identified during the year.

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

[21] Because of the very low numbers of rheumatic fever cases, South Island DHBs do not have individual rheumatic fever targets. Instead, the South Island DHBs are taking a regional approach, outlined in the South Island Regional Health Services Plan.

[22] This network comprises of a Paediatrician, Medical Officer of Health, Rheumatic Fever Liaison Nurse, Adult Infectious Disease, Cardiologist, Community and Hospital Dental staff, Planning and Funding.

Mental Health

Objective	**Improve health outcomes for the Māori population by assisting services to enhance service quality and responsiveness.** Canterbury is experiencing an increased demand for mental health services. Our system has been responding to meeting the needs of tangata whaiora and their whanau, who are having to cope with the additional stressors of a post-earthquake environment.
Reporting Stream	Mental Health Leadership Workstream, Te Kāhui o Papaki Ka Tai. CCN Māori Health Caucus, CPHAC
Data Source	Ministry of Health PRIMHD
Key Stakeholders	Canterbury Mental Health Leadership Workstream, Specialist Mental Health Services, PHOs, Community-based NGOs, Māori and Pacifica NGO Mental Health and Addiction Collective

OUR PERFORMANCE STORY 2014/15

Indicator/Target

Establish an understanding of the drivers behind CTO rates.[23]

Baseline 12/13: 185 per 100,000

	Number of clients under s29	Rate per 100,000 population
Māori	77	185
Non-Māori	378	81

Activity/Evidence

Through the Mental Health Leadership Workstream strengthen clinical leadership across the system to improve the mental wellbeing of Māori.

Q2: Complete a review of existing tangata whaiora HealthPathways and identify strategies to strengthen pathways and relationships.

Q3: Engage Specialist Mental Health Services in the Canterbury Māori Health Outcome Framework to identify strategies and initiatives to improve outcomes for Māori.

Q4: Ensure Māori health providers are listed on HealthPathways for the new mental health pathways being developed (Child & Youth and Single Point of Entry (SPOE)).

Q4: Work with Specialist Mental Health Services to better understand the differences between Māori and non-Māori Compulsory Treatment Order (CTO) rates.

[23] *PRIMHD data as provided by the Ministry of Health.*

Local Māori health priorities

FOR CANTERBURY/WAITAHA

In addition to those priorities already identified at a national level, four areas of focus were identified as collective priorities under the Māori Health Outcomes Framework. There were many areas where collective activity could lead to improvements, but these were areas where there were clear inequities in access or outcomes, where baselines existed in order to determine progress and where there was a particular focus on vulnerable children and youth. Cervical screening has already been covered (page 12). The other three priorities; B4 School Checks, HPV immunisation and oral health—are set out below. Identified under each is the key activity planned to improve performance and reach the targets set.

Oral Health

Objective	**Improve oral health for tamariki and rangatahi.** 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.
Reporting Stream	Oral Health Virtual Service Level Alliance, Te Kāhui o Papaki Ka Tai. CCN Māori Health Caucus, CPHAC
Data Source	Canterbury DHB School and Community Dental Services [21], Te Kāhui o Papaki Ka Tai, CCN Maori Health Caucus, Community and Public Health Advisory Committee
Key Stakeholders	Canterbury DHB; Christchurch PHO; Pegasus Health; Rural Canterbury PHO; Te Herenga Hauora

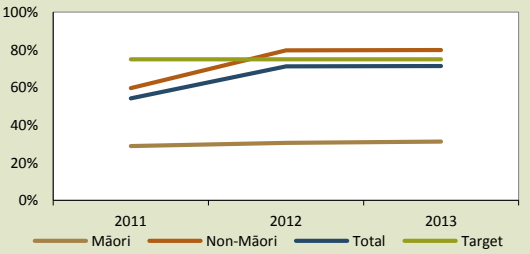
OUR PERFORMANCE STORY 2014/15

Indicator/Target

75% of preschool children (0-4) enrolled in school and community dental services: [24]

Baseline 2013: Māori 31%
Total Population: 71%

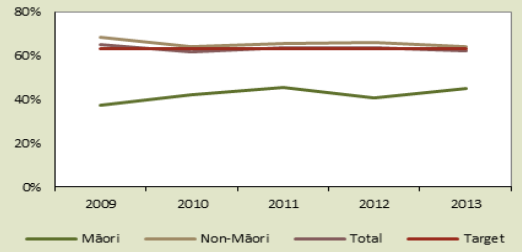
Target 2014/15: 75%



63% of children caries-free (no holes or fillings) at age 5.

Baseline 2013: Māori 31%
Total Population: 71%

Target 2014/15: 75%



Activity/Evidence

Work with Tamariki Ora providers and general practice to identify tamariki most at risk of tooth decay and support them to maintain good oral health and access preventive care:

Q1-Q4: Implement the Aranui High School adolescent clinics with the aim to engage more rangatahi Māori in oral health services.

Q1-Q4: Work with practice and public health nurses to ensure that tamariki with level 2 to 6 dental decay are referred to the community dental service.

Q4: >86% of tamariki with level 2 to 6 dental decay are referred.

Q2: Work with LMC, and Tamariki Ora providers to streamline referrals through to community dental.

Q4: Purapura Whetu will explore practical and simple ways of improving children's general health, oral health and their behaviour in the school setting through the creation and promotion of a sugar-free school environment for Canterbury schools with high populations of Māori.

Q4: He Oranga Pounamu in partnership with the Dental School, Otago University and Charity Hospital will host final year students in Christchurch in order to improve access by Māori to dental services.

[24] *Oral health data is collected against school year data and reported annually.*

B4 School Checks

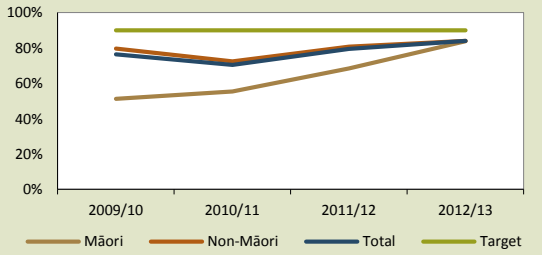
Objective	**Provide children with developmental checks that support early intervention to reduce health issues that negatively affect children's wellbeing and development.** A focus on child health is an investment in the future wellbeing of our population, as poor health in childhood can lead to poorer health into adulthood and have a significant impact on health long-term. We will work together to identify vulnerable tamariki and wrap services around them to give them the best possible start to life. The B4 School Check is the final core Tamariki Ora check, which children receive at age four. It is free, and includes vision, hearing, oral health, height and weight. The check allows health concerns to be addressed early in a child's development, giving him/her the best possible start for school and later life. B4 School Check uptake is lower amongst Māori in Canterbury, so it also presents an opportunity to reduce inequalities.
Reporting Stream	CCN Māori Health Caucus, Te Kāhui o Papaki Ka Tai, CPHAC
Data Source	Ministry of Health
Key Stakeholders	Canterbury DHB; B4 Schools Checks Clinical Advisory Group; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO, Child and Youth Workstream

OUR PERFORMANCE STORY 2014/15

Indicator/Target

90% of tamariki (aged four) are receiving B4 Schools Checks.

Baseline 12/13:
Māori: 84%
Total Population: 84%
Target 14/15: 90%



Activity/Evidence

Monitor access to referred services following B4 School Checks and implement actions to expedite service delivery.

Q4: Work with Hearing and Vision Technicians to identify tamariki who are not attending an early childhood education centre to ensure they are having their hearing and vision tested.

Q1-Q4: Work with practice and public health nurses, and ECE providers to identify and engage tamariki who have not had a B4 School Check.

HPV Immunisation

Objective	**Increase HPV immunisation rates to reduce the prevalence and impact of vaccine-preventable diseases.** 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.
Reporting Stream	Immunisation Service Level Alliance, Te Kāhui o Papaki Ka Tai, CCN Māori Health Caucus, CPHAC
Data Source	National Immunisation Register
Key Stakeholders	Canterbury DHB; CCN Immunisation Service level Alliance; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2014/15

Indicator/Target

60% of eligible Māori girls receive dose 3 of the HPV vaccination programme.[25]

Baseline 2013:

Māori:	49%
Total Population:	43%
Target 14/15:	60%

Activity/Evidence

Through the CCN Immunisation Service Level Alliance (ISLA) strengthen clinical leadership across the system and work to ensure equity across the provision of Immunisation Services.

Q1-Q4: Monitor immunisation rates and work with Te Kāhui o Papaki Ka Tai and other key groups to identify ways to reach Māori whanau.

Q1-Q3: Maintain the HPV Programme in a primary care setting at 11 year old events and promote HPV School-based programme in year 11.

Q3: Evaluate the secondary school HPV programme to determine equity of service provision between Māori and non-Māori and provide recommendations to the ISLA to improve uptake.

[25] *The baseline is the percentage of girls born in 1996 receiving dose 3 by the end of 2012. Canterbury's programme is slightly different to others nationally as it is primary care rather than school based.*

Appendix 1

Canterbury Māori Health Framework 2013-2015

KIA WHAKAKOTAHI TE HOE O TE WAKA | *We Paddle Our Waka As One*

Background and rationale[26]

Canterbury health service providers from across the Canterbury District Health Board (CDHB), Primary Health Organisations (PHOs) and Non-Government Organisations (NGOs) aspire to achieving equitable health outcomes for Māori and support Māori families to flourish and achieve their maximum health and wellbeing. In addition, the CDHB and PHOs are required to have formal plans for improving Māori health.

Although each organisation is striving to contribute to these aspirations, there have been barriers to achieving their goals. One of these is that while we are on the same boat, there has not been a strong sense that we are all paddling in the same direction. To date, plans have not been coordinated and there has been limited collective effort to achieve shared outcomes.

Following a series of discussions between the CDHB and PHOs, a strong commitment has developed between these parties to have an overarching framework that identifies shared outcomes and priority areas, acts as a basis for organisation work plans and encourages collective efforts that make a difference for Māori and their whānau.

Purpose

The purpose of the Canterbury Māori Health Framework is to establish shared outcomes, shared priority areas, shared language and common understanding - so that we can better achieve our goal of health equity for Māori by all paddling the waka in the same direction and in unison.

Governance of the framework

Te Kāhui o Papaki Ka Tai and Manawhenua ki Waitaha.

Partners in the framework

In the first instance, the partners in this framework are those that are required by legislation to have a Māori health plan: the CDHB and its Community and Public Health division, and the Primary Health Organisations (Rural Canterbury PHO, Christchurch PHO and Pegasus Health). The intention is to be fully inclusive and to widen this partnership to include other partners.

Related plans

- Canterbury DHB Māori Health Action Plan 2013/14.
- Canterbury Clinical Network Plan 2013-2016.
- Rural Canterbury PHO, Christchurch PHO and Pegasus Health Māori Health Plans.
- Community and Public Health (CDHB) Māori Health Plan.

The framework

The framework is an outcomes framework. That is, the framework identifies the various layers of activities and strategies that contribute to our shared outcomes of equitable health outcomes and improved quality of life for Māori. The framework also identifies indicators that we can use to measure progress towards the achievement of the shared outcomes (see below for a diagram of the framework).

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 a particular focus would be placed on vulnerable child and youth:

- HPV immunisation coverage;
- B4 School Check coverage;
- Cervical screening coverage; and
- Child/youth oral health.

How this framework will work

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; and
- Review the framework annually so it may be linked to the partners' plans for the following year.

[26] *The full framework can be found at www.cdhb.govt.nz.*

Canterbury Māori Health Framework

Kia whakakotahi te hoe o te waka

WE PADDLE OUR WAKA AS ONE

Appendix 2

Abbreviations

ABC	An approach to smoking cessation requiring health staff to **A**sk about smoking status, to give **B**rief advice to all smokers to stop smoking and to provide evidence based **C**essation support for those who which to stop smoking
ACS	Acute Coronary Syndrome
ASH	Ambulatory sensitive hospitalisation
CCN	Canterbury Clinical Network
CDHB	Canterbury District Health Board
CPHAC	Community and Public Health Advisory Committee
CRISS	CardioRespiratory Integrated Specialist Services
CTO	Compulsory Treatment Order
CVD	Cardiovascular disease
CVDRA	Cardiovascular disease risk assessments
DHB	District Health Board
DMFT	Decayed, missing or filled teeth
DNA	Did not attend
ECE	Early Childhood Education
EDAT	Primary Care Ethnicity Data Quality Toolkit
ISLA	Immunisation Service Level Alliance
hbA1c	Glycerated haemoglobin
HEAT	Health Equity Assessment Tool.
MIHI	Māori Indigenous Health Institute
MoH	Ministry of Health
NCSP	National Cervical Screening Programme
NIR	National Immunisation Register
PHO	Primary Health Organisation
SPOE	Single Point of Entry
WCTO	Well Child/Tamariki Ora

Māori Health Action Plan

Produced July 2014

Canterbury District Health Board
PO Box 1600, Christchurch
www.cdhb.health.nz

ISSN: 2230-424X (Print)
ISSN: 2230-4258 (Online)