Canterbury
District Health Board
Te Poari Hauora ō Waitaha

2012-13

Māori Health

Action Plan

Our mission

TĀ MĀTOU MATAKITE

- To promote, enhance and facilitate the health and wellbeing of the people of Canterbury.
- Ki te whakapakari, whakamaanawa me te whakahaere i te hauora mo te orakapai o kā tākata o te rohe o Waitaha.

Our values

Ā MĀTOU UARA

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

Our way of working

KĀ HUARI MAHI

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

Māori Health Action Plan

Produced July 2012

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

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

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Introduction

EXPLAINING THIS PLAN

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 indicates 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.

Key Canterbury Māori health organisations

Manawhenua ki Waitaha (MkW): This is a collective of the seven Ngāi Tahu Rūnanga health representatives within Canterbury that have a treaty-based relationship with the Canterbury DHB. This group has an obligation to improve the health for all Māori in Canterbury and work in partnership with the Canterbury DHB, with some MkW members on each of the PHO boards in Canterbury. Over the coming year, MkW work with other iwi, Taura Here and Maata Waka groups to establish a Māori advisory group for the Canterbury region.

He Oranga Pounamu (HOP): The charitable trust mandated by Te Rūnanga o Ngāi Tahu with a focus on Māori provider development and with an established affiliated local and South Island Māori provider network.

Te Kāhui o Papaki Ka Tai: The Canterbury-wide Māori Health Alliance Group which sits as a work stream under the Canterbury Clinical Network District Alliance with a focus on guiding improvements in health outcomes for Māori. Te Kāhui o Papaki Ka Tai (TKOP) members include primary care, clinicians, Māori health providers, community and government agency representatives.

Canterbury Māori and Pacific Provider Forum: Members are those Māori and Pacific providers that hold Canterbury DHB health contracts. The forum enables providers to engage with the DHB's Planning & Funding division as a collective group.

Te Tumu Whakahaere: The senior Māori health managers forum that sits across Canterbury hospital and secondary care services.

Te Herenga Hauora: The South Island Māori General Managers Group.

Overview

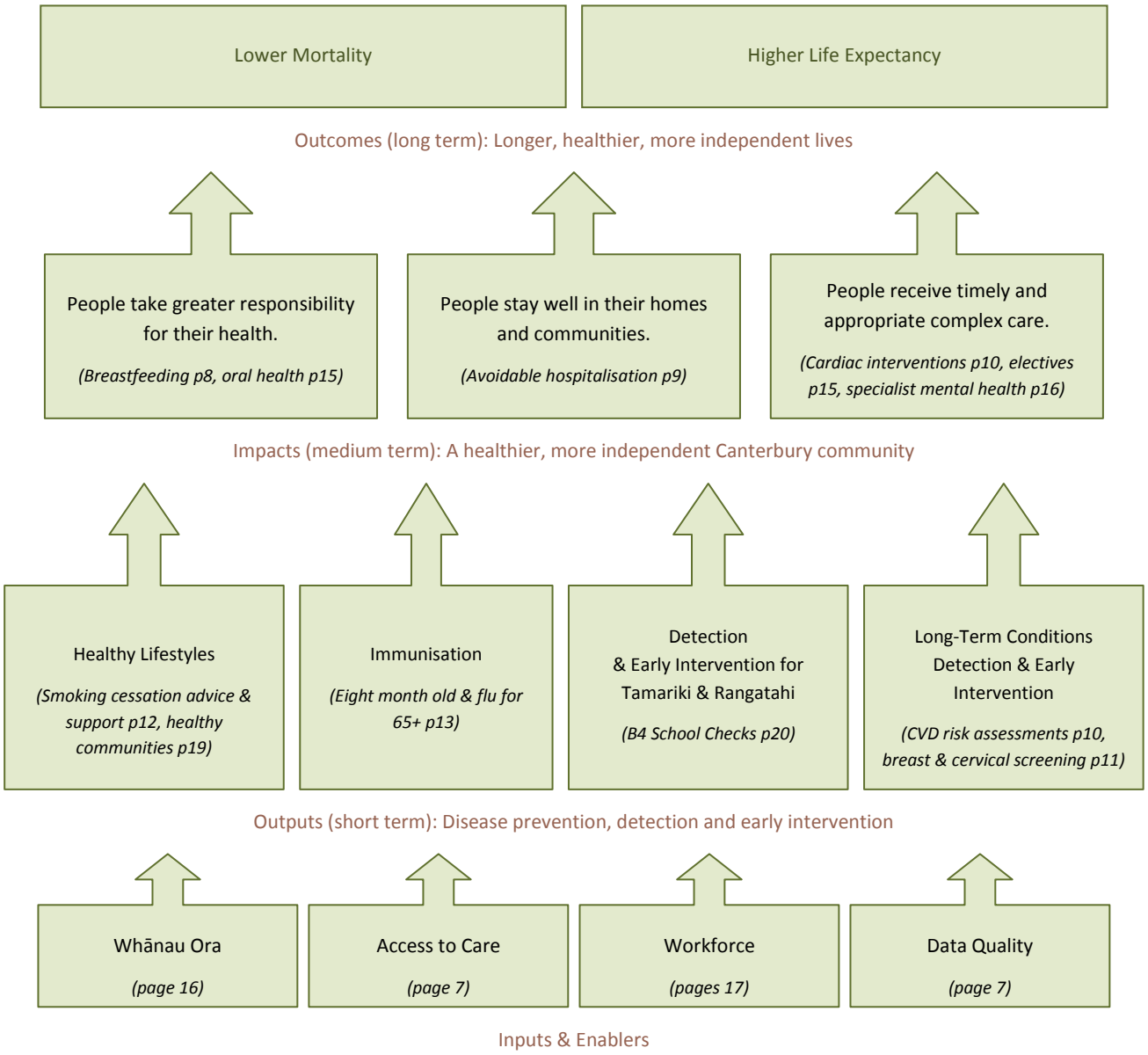
The Canterbury population generally has better access to health services and better health status than the average New Zealand population. This is true for all ethnicities living in Canterbury, but nonetheless, there are real disparities between Māori and non-Māori in relation to health outcomes and life expectancy. Māori in Canterbury tend to have better health than Māori nationally, but their health outcomes are not as good as those of the rest of the Canterbury population.

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 remaining closely linked to our mission to facilitate and improve the wellbeing of the people of Canterbury. The aim of *He Korowai Oranga* is "Whānau ora; Māori families supported to achieve their maximum health and wellbeing". This aim is reflected in our own action plan and remains the basis of action.

Implementing this plan will require a collaborative effort from across the Canterbury health system. In particular, our plans to improve health outcomes for Māori in Canterbury have a strong focus on strengthening whānau engagement in health services and in empowering whānau to take more responsibility for own care and wellbeing. This approach is linked to Canterbury's vision for improving the health and wellbeing of our population and the Canterbury Clinical Networks '*Better, Sooner, More Convenient'* initiative.

This is not a strategic plan for Māori health in Canterbury. Rather, it is an action plan bringing together the diverse range of activities occurring across our health system that will improve health outcomes for our Māori population in 2012/13. We will monitor performance against this plan and look to the other key groups that support Māori health in Canterbury to take part in improving outcomes for our Māori population.

Intervention Logic: What are we trying to achieve?



Monitoring performance and achievements

Performance against the Canterbury DHB's Māori Health Action Plan is regularly monitored by the DHB Board and its Community and Public Health Advisory Committee (CPHAC), with progress against the Māori Health Action Plan presented on a six-monthly basis. These reports are available on the Canterbury DHB website: http://www.cdhb.govt.nz/corpbrd/.

Performance against the Canterbury DHB's Māori Health Action Plan is also monitored by Manawhenua ki Waitaha, with progress against the Plan presented by the DHB's Executive Director of Māori and Pacific Health on a six-monthly basis.

Performance against Canterbury Clinical Network's annual work plan (which includes a Māori health work stream) is regularly monitored by the CCN Alliance Leadership Team, with progress against the work plan presented quarterly. The CCN Māori Health Work Stream (Te Kāhui o Papaki Ka Tai) also receives quarterly reports on progress. The DHB and the three Canterbury PHOs are active members of the CCN Māori Health Work Stream. [1]

[1] *The Canterbury Clinical Network (CCN) is an alliance of health professionals and providers from right across the Canterbury health system, and includes the DHB as a key partner in the alliance. Together, we are implementing the CCN 'Better, Sooner, More Convenient' business case. A number of the actions in the CCN work plan are also deliverables in the DHB's Māori Health Action Plan.*

The Canterbury Māori population

AND THEIR HEALTH NEEDS[2]

Approximately 33,417 people in Canterbury identified as Māori in the 2006 Census, making up 7.2% of the whole Canterbury population and 5.9% of the New Zealand Māori population. This group was composed of 13,629 people who indicated only Māori ethnicity and 19,788 who indicated Māori ethnicity among others.

Ngāi Tahu/Kāi Tahu are the Manawhenua for the Canterbury region. The most common iwi affiliations are Ngāi Tahu/Kāi Tahu (29%), Ngāpuhi (11.1%) and Ngāti Porou (8.9%), though over 120 iwi are represented in Canterbury.

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

- From 2001 to 2006, there was a 16% increase in the size of the Māori ethnic group, with the proportion of people indicating Māori ethnicity in the total Canterbury population increasing from 6.7% to 7.2%. By 2021, Māori are predicted to make up 9.2% of the total Canterbury population.
- 34.5% of the Canterbury Māori population is under the age of 15, compared to 18% for non-Māori.
- The proportion of the Māori population in Canterbury that is aged over 65 years is projected to double from 3.3% in 2006 to 6.6% in 2021.

Overall health status and access

In general, Māori in Canterbury have better health than Māori nationally, but still have poorer health than non-Māori in Canterbury.

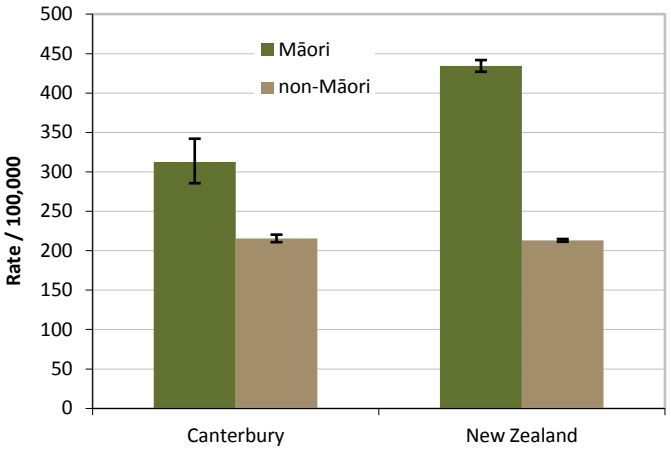
Mortality

All-cause mortality is significantly higher for Māori than non-Māori in Canterbury, but lower than that for Māori at the national level, where there is a greater difference between Māori and non-Māori.

The leading causes of death for Māori in Canterbury are circulatory system diseases, cancer, accidents, respiratory diseases, and endocrine, nutritional and metabolic diseases (mostly Type 2 diabetes). For all of these, the mortality rate for Māori is significantly higher than for non-Māori.

FIGURE 1 ALL-CAUSE MORTALITY, CANTERBURY AND NZ, 2000-2004[1]

Canterbury Māori have a higher mortality rate than non-Māori.



Source: Te Rōpū Rangahau Hauora a Eru Pōmare

Compared to non-Māori, Māori in Canterbury are:

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

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.

Hospitalisation

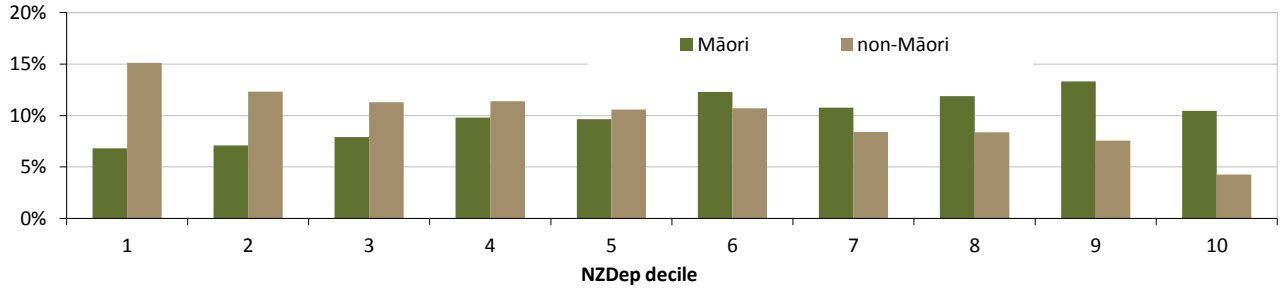
The overall rate of hospitalisation is lower for Māori than non-Māori in Canterbury, in contrast to a higher rate for Māori than non-Māori nationally. Māori in Canterbury also have lower rates of hospitalisation than Māori nationally, both overall and for every major cause. Compared to non-Māori, Canterbury 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.

[2] *Much of the following is drawn from Hauora Waitaha – A Profile of Māori in Canterbury (2010, Dr Matthew Reid, CDHB).*

FIGURE 2 CANTERBURY DEPRIVATION PROFILE 2006

Māori in Canterbury live in relatively more deprived areas than non-Māori.



Source: Statistics New Zealand 2006 Census

Health service utilisation

In terms of health service utilisation:

- PHO enrolment is lower for Māori in Canterbury than for 'Other' ethnicities. Māori are more likely to have had an unmet need for a general practitioner.
- Māori in Canterbury are under-represented in hospital activity.
- 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.

Disease prevention

Many of the outcomes for which Māori in Canterbury fare worse than non-Māori have a strong association with socio-economic status, as well as with smoking and other risk factors.

Social circumstances

Māori in Canterbury live in relatively more deprived areas than non-Māori, but in relatively less deprived areas than Māori nationally. The general Canterbury population is also less deprived than the New Zealand population.

With respect to individual socio-economic indicators, Māori are more socio-economically disadvantaged compared to non-Māori in Canterbury. The differences in age-structure between the two populations contribute to differences in socio-economic status, but Māori in Canterbury are more deprived than non-Māori in terms of factors such as 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 than non-Māori and appear to have a higher prevalence of hazardous drinking and marijuana use.

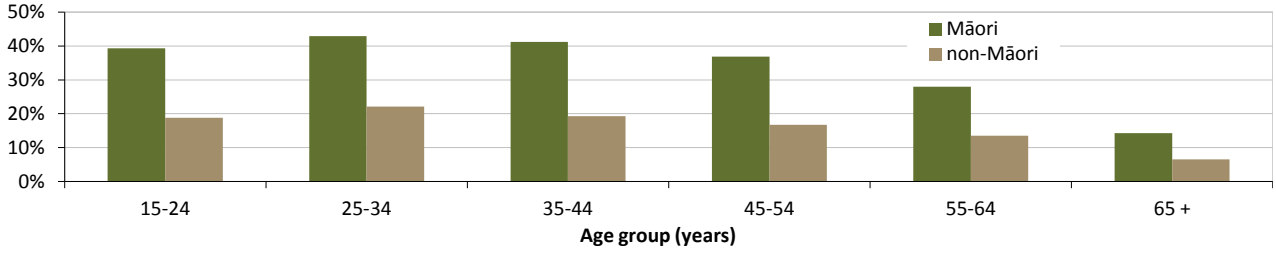
The prevalence of smoking is also higher for Māori in Canterbury than non-Māori, especially for females and young people, but lower than for Māori nationally. Māori women in Canterbury are almost two and a half times more likely to smoke than non-Māori; two in every five Māori women are current daily 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 than non-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 (54.6%) of the Māori population in Canterbury (compared with 32.3% of non-Māori).

FIGURE 3 CURRENT REGULAR SMOKERS IN CANTERBURY BY AGE GROUP (AGE-STANDARDISED) 2006

Smoking prevalence is higher for Māori than non-Māori, especially for young people.



Source: Statistics New Zealand 2006 Census

- Immunisation coverage is similar for Māori and non-Māori in Canterbury, and significantly higher than for Māori nationally.
- Māori children in Canterbury have poorer oral health status than non-Māori in Canterbury and Māori living in fluoridated areas of New Zealand, but better than Māori living in other non-fluoridated areas nationally.
- The rate of hearing test failure at school entry, and the rate of grommets insertion, is higher for Māori children than 'Others' in Canterbury.

Maternity

The rates of preterm birth, low birthweight and infant mortality appear higher for Māori than Europeans, while the rate of breastfeeding is lower. 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

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 endocrine/nutritional/metabolic diseases such as diabetes.

Cardiovascular disease (CVD)

Canterbury Māori have a larger burden of CVD mortality and hospitalisation, but less than for Māori nationally.

- 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 the rates for Māori in Canterbury are significantly lower than for Māori nationally.

Cancer

Although incidence and mortality from cancer are lower for Māori in Canterbury than nationally, 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. In Canterbury:

- Lung cancer incidence and mortality rates are higher for Māori than non-Māori.
- Incidence of colorectal cancer is lower for Māori, but 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.

Māori in Canterbury with various forms of cancer seem therefore to die more frequently from those cancers than non-Māori. In keeping with this, cervical screening coverage rates are lower for Māori than non-Māori, suggesting an area of unmet need for Māori.

Respiratory disease

Respiratory disease mortality and hospitalisation rates are higher for Māori than non-Māori in Canterbury, but lower than for Māori nationally. 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, but lower than Māori nationally. A lower proportion of Māori in Canterbury have diabetes annual reviews and retinal screening than non-Māori, suggesting important unmet need for Canterbury Māori.

Mental health

Māori in Canterbury access mental health services more than non-Māori, but at a level lower than the target set by the Mental Health Commission (based on population and prevalence estimates).

- 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 similar in Canterbury and nationally, but lower for schizophrenia and higher 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 on the previous pages is based on data collected prior to the recent Canterbury earthquakes. The following supplementary information seeks to reflect the impact of the earthquakes on our population to date.

The earthquakes have had a relatively minor effect on the size of Canterbury's population. PHO population data shows that the number of people enrolled at a general practice has fallen less than 2% since February 2011. These post-quake general practice enrolments are consistent with a study into predicted population movement following a major disaster.[3]

However, we are not able to predict the impact the rebuild will have on our population: how many people will move into the region, whether they will bring families, 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.

In addition, international literature on disaster recovery indicates that those who were vulnerable prior to a major natural disaster have an increased risk of poor health afterwards.[4] As the health profile on the previous pages shows, Māori are one such vulnerable population group in Canterbury.

Many of the most deprived suburbs in Christchurch, which were in many cases home to a higher proportion of Māori, were the hardest hit by the earthquakes. Our deprived population groups, already more vulnerable and with higher health needs, have been disproportionately affected by the quakes.

As aftershocks continue and the colder winter months approach, our population faces crowded and temporary housing, damaged heating sources, disrupted transport links and social infrastructure, unemployment, uncertainty about the future and increased stress – all of which is taxing their normal resilience.

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

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

We also need to acknowledge the significant service disruption that will occur as we begin to make invasive structural repairs across all of our damaged facilities. The repair schedule will stretch our resources and put pressure on our workforce as we temporarily relocate and move services from site to site.

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

[3] *Dr Tom Love, Population movement after natural disasters: a literature review and assessment of Christchurch data, Sapere Research Group, April 2011.*

[4] *Bidwell, S, Long term planning for recovery after disasters: ensuring health in all policies – a literature review, CDHB – Community & Public Health, 2011.*

National Māori health priorities

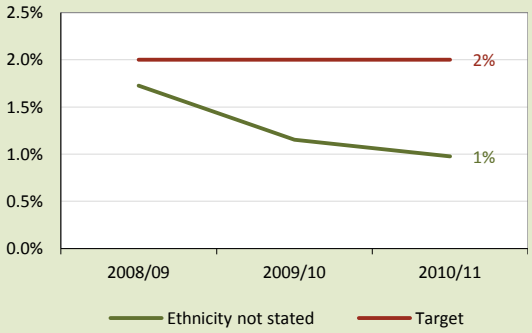
FOR NEW ZEALAND/AOTEAROA

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

Data quality

Objective: Improve the accuracy of ethnicity reporting.

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 improve health outcomes and reduce inequalities.

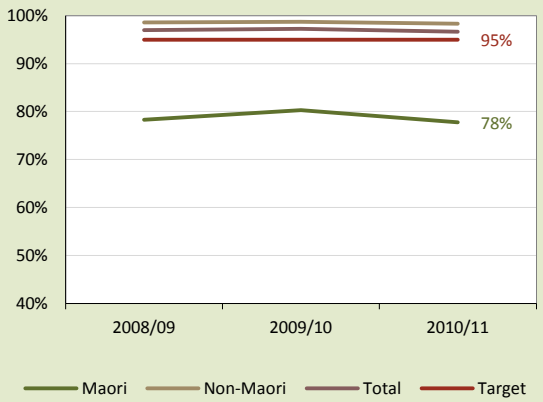
Actions 2012/13	Evidence
Both the DHB and the PHOs in Canterbury are focused on collecting and maintaining good quality ethnicity data. Over the coming year, we will continue to: ▪ Regularly review and compare PHO ethnicity data for accuracy, with monitoring through the Canterbury Clinical Network's Māori Health Work Stream (TKOP).[5] ▪ Follow up with any PHO with more than 2% of their population 'Not Stated'. ▪ Present progress against health targets and non-financial performance measures by ethnicity, wherever possible. ▪ Complete a paper on the rationale for ethnicity data collection to engage people across the system in the positives and possibilities of good data collection by Q2. ▪ Engage primary care liaison teams in delivering a programme of training for frontline administrators to improve ethnicity data capture by Q4. ▪ Establish cross-system policies on ethnicity data collection for new programmes by Q4.	Percentage of PHO enrolees with ethnicity 'not stated'. **Actual 10/11**: 1% **Target 12/13**: >2% 

[5] *Refer to the section on 'Monitoring Performance and Achievement' on page 2 for further detail on the monitoring of progress and performance against the deliverables in this Action Plan.*

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.

Actions 2012/13	Evidence
Post-quake population movement has had an adverse effect on PHO enrolment rates. To re-engage our population, we will: ▪ Regularly monitor PHO enrolment data, with particular focus on Māori enrolment, and identify any changes in the proportion of the population enrolled with primary care to better understand the true extent of enrolment issues. ▪ Ensure PHOs have approved Māori Health Plans in place and monitor the implementation of these - with an annual review of process against the collective plans by TKOP in Q3. ▪ Continue to support a range of PHO-based initiatives to improve Māori enrolment, including community events to promote engagement with health services and the use of community workers and navigators to support Māori to connect with general practice. ▪ Improve linkages between LMCs, Tamariki Ora providers and general practice to increase enrolment of tamariki – aiming for 90% of newborn babies (<2 weeks) to be enrolled with a GP or WellChild/Tamariki Ora provider by Q4. ▪ Continue to provide cultural competency training and access to practical application tools to improve the levels of engagement between Māori and their general practice teams – with 6 sessions of cultural training delivered to general practice teams by Q4.	The percentage of the population enrolled in a PHO. [6] **Actual 10/11**: 78% **Target 12/13**: 95% 

[6] *Not all people who identify as Māori on their Census identify as Māori when they enrol with a general practice, so it is impossible to accurately measure if all Māori are enrolled with a PHO.*

Access to care... continued

Objective: Promote early intervention through greater Māori engagement in primary care.

Actions 2012/13	Evidence
To continue to maintain our low rates of avoidable hospitalisation for Māori across all age groups, we will: ▪ Regularly monitor ASH admissions, following up on any trends and identifying areas of significance for Māori to support future service planning and delivery. ▪ Complete and present a service mapping scan of the current level of need and service utilisation to support improved planning across the system by Q1. ▪ Begin providing training in the use of the 'Whānau Ora Tool' to Chairs of the CCN Work Streams to improve consideration of Māori perspectives in the development of strategies and work plans by Q2. ▪ Invest in the development of responsive programmes to better meet the needs of Māori with advice from the TKOP and the Māori and Pacific Provider Forum. ▪ Support the establishment of integrated family health centres to enable multidisciplinary teams to deliver care and support closer to people own homes and communities. ▪ Continue to expand the range of HealthPathways agreed between general practice and hospital specialists to ensure that patients receive the right care at the right time and reduce unnecessary hospital admissions and waiting times - with 470 integrated patient pathways in place by Q4.[7] ▪ Raise the profile of Māori Providers by engaging them in the HealthPathways work and increasing the number of referral pathways that have links to Māori providers beginning in Q2. ▪ Invest in the development of tailored respiratory programmes for Māori and support the Integrated Respiratory Service to continue to collaborate with Māori Health providers. (Respiratory conditions are among the most prevalent ASH conditions in Canterbury.) *Note: Prevention initiatives supporting nutrition, physical activity, healthy housing, immunisation, breastfeeding and smoking cessation are covered in other sections.*	Ambulatory sensitive (avoidable) hospital admissions rate for Canterbury vs. NZ rate for: [8] ▪ those aged 0-4; ▪ those aged 0-74; and ▪ those aged 45-64. **Actual 10/11**: new; new; new **Target 12/13**: ≤95%; ≤95%; ≤95% *Data is sourced from MoH, and ethnicity data has not yet been supplied following a recent revision of the measure by MoH.*

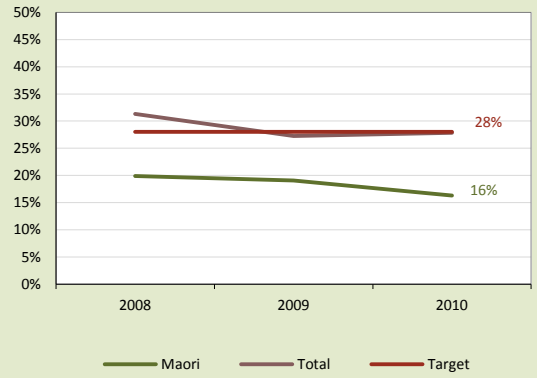
[7] *The HealthPathways website www.healthpathways.org.nz contains clinically developed information and resources to help Canterbury health professionals through consistent, patient-centred pathways across the primary/secondary sectors, including information on referrals, specialist advice, diagnostic tools, GP to GP referral and GP procedure subsidies.*

[8] *Avoidable or 'ambulatory sensitive' hospital (ASH) admissions are based on admissions for 26 conditions (e.g. asthma, diabetes, angina and chest pain, vaccine-preventable diseases, gastroenteritis). Data is dependent upon availability from MoH, and ethnicity data has not yet been supplied following a recent revision by MoH of the measure.*

Maternal 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.

Actions 2012/13	Evidence
▪ Support the Canterbury Breastfeeding Steering Group to take a lead in strengthening stakeholder alliances, undertaking joint planning, promoting available services and monitoring achievement against the Breastfeeding Action Plan.[9] ▪ Complete and present a service mapping scan of current services and service utilisation to the Breastfeeding Steering Group to improve planning across the system by Q1. ▪ Track breastfeeding rates provided annually by the Ministry of Health, and combine with local breastfeeding data to identify areas of significance for Māori and support future service planning and delivery. ▪ Establish a breastfeeding referral pathway (on HealthPathways) to help providers refer mothers to the most appropriate level of support by Q1. ▪ Invest in supplementary services to support breastfeeding, including peer support and lactation services that are accessible and appropriate for high-need and at-risk wāhine - with 580 mothers referred to community-based lactation consultants by Q4. ▪ Invest in training volunteer mothers to provide Mum 4 Mum breastfeeding peer support in communities and workplaces - with 50 mothers trained by Q4. ▪ Support increased LMC and Tamariki Ora input into educating and encouraging wāhine to breastfeed. ▪ Support the implementation of a 'whole of system' approach to maternity services in Canterbury, including standardisation of information provided to wāhine on the care of newborns and the importance of breastfeeding, by Q3. ▪ Work collaboratively with pregnancy and parenting education providers to review the courses provided in order to better meet the needs of a wider range of women – with 30% of pregnant women accessing DHB-funded pregnancy and parenting education courses by Q4. ▪ Continue to achieve 'Baby Friendly Hospital' accreditation across all CDHB maternity facilities.	The percentage of infants exclusively and fully breastfed at 6 months.[10] **Actual 10/11**: 16% **Target 12/13**: 28% 

[9] *The Canterbury Breastfeeding Steering Group is a cross-sector group of health professionals and providers including the DHB which meets every two months to review progress and discuss issues.*

[10] *Breastfeeding data for the national SI7 measure is received annually from the Ministry for calendar years, from Plunket only.*

Cardiovascular disease (CVD) & diabetes

Objective: Improve early detection and support long-term condition management amongst Māori.

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. Diabetes can lead to CVD, amputation, blindness and kidney failure. Diabetes rates are increasing, and Māori rates are about three times higher than other New Zealanders'. Canterbury Māori are over five times more likely to die from Type II diabetes than non-Māori.

Both CVD and diabetes are strongly influenced by risk behaviours such as poor nutrition, lack of physical activity and tobacco smoking. Prevention, early intervention and management support can reduce inequalities and the burden of these long-term conditions amongst Māori.

Actions 2012/13

- Establish a baseline population who have had a CVD Risk Assessment in the last five years by Q1.
- Encourage Canterbury's PHOs to achieve targets for the CVD and diabetes components of the PHO Performance Programme, with focus on Māori as a high-need group.[11]
- Monitor CVD risk assessment rates against the national health target and PHO Performance Programme (quarterly), and identify areas of significance for Māori to support future service planning and delivery.[12]
- Invest in the development of responsive programmes to better meet the needs of Māori through the TKOP and Long-term Conditions Work Streams – with a stratified risk assessment approach agreed by Q2.
- Support people to attend cardiac and stroke rehabilitation to regain independence after an acute event - with a CVD education session delivered to general practice by Q3.
- Support the development of new diabetes packages of care that will promote better diabetes management, improve referrals pathways and provide education for Māori newly diagnosed with diabetes by Q1.

Note: Prevention initiatives supporting nutrition, physical activity and smoking cessation are covered in other sections.

Evidence

The percentage of the eligible population receiving CVD risk assessments in primary care.[13]

	Actual 10/11	Target 12/13
	12.8%	75%

	Māori	Non-Māori	Total
10/11	12.8%	13.7%	13.7%

- Review the cardiology patient pathway between primary and secondary care to support integrated CVD management and improve service access and delivery by Q2.
- Support the monitoring of intervention rates and implement regionally agreed pathways to improve equity of access - with two regional cardiac HealthPathways agreed by Q4.

The number of tertiary cardiac interventions.

	Māori	Non-Māori	Total
08/09	10	232	242
09/10	9	266	275
10/11	9	252	261

[11] *The PHO Performance Programme (PPP) is a national programme designed to improve the health of enrolled populations and reduce inequalities in health outcomes. Improvements in performance against a set of national indicators result in incentive payments to PHOs.*

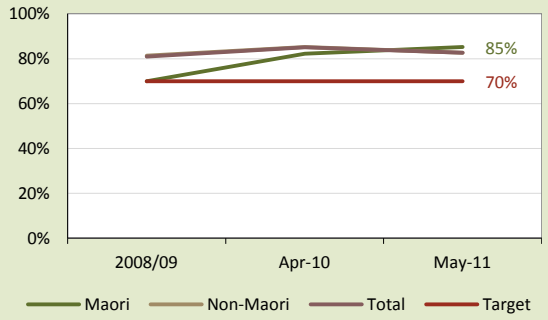
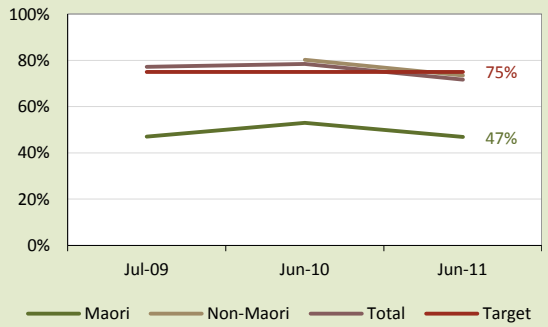
[12] *CVD risk assessment rates are publicly reported quarterly to the Board and the Ministry.*

[13] *This will be reported as part of the new 'More heart and diabetes checks' national Health Target.*

Cancer

Objective: Improve early detection and reduce the disease burden of cancer amongst Māori.

Cancer is the second highest 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 than non-Māori, 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.

Actions 2012/13	Evidence
▪ Monitor cancer screening rates for the national programmes, and identify areas of significance for Māori to support future service planning and delivery - both annually against national screening data and quarterly against local PHO Performance Programme Data.[14] ▪ Encourage Canterbury's general practices to place special focus on screening wāhine Māori for cervical and breast cancer as a high-priority group and support interaction between PHOs and organisations such as He Waka Tapu and screening providers to encourage the participation of wāhine Māori in screening programmes. ▪ Support the newly established Cervical Screening Strategic Group to take a lead in strengthening stakeholder alliances, undertaking a review of the current cervical screening pathway and monitoring performance against cervical screening targets. ▪ Develop a process to facilitate improved coordination between services by Q1. ▪ Agree a Cervical Screening Communications Plan by Q1. ▪ Engage key stakeholders and consumer groups in identifying a system approach to improve cervical screening rates (particularly for priority women) by Q2. ▪ Develop data sharing and reporting protocols and a process for reviewing data quarterly to assess progress against targets by Q2. ▪ Amend and publicise the HealthPathway for women to access cervical screening services by Q2. ▪ Invest in community-based promotion to educate, recruit and retain women into the cervical screening programme and overcome barriers such as embarrassment, finances and transport. *Note: Cancer prevention initiatives supporting nutrition, physical activity and smoking cessation are covered in other sections.*	The percentage of women aged 45-69 screened under the BreastScreen Aotearoa (BSA) programme.[15] **Actual 10/11**: 85% **Target 12/13**: >70%  The percentage of women aged 20-69 screened under the National Cervical Screening Programme (NCSP).**Error! Bookmark not defined.** **Actual 10/11**: 47% **Target 12/13**: 75% 

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

[15] *Breast and cervical screening data is subject to availability from the national screening programmes.*

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.

Actions 2012/13

- Support Auahi Kore (Smokefree) public places, such as schools, early childhood centres, Kohanga Reo and marae.
- Carry out controlled purchase operations to identify retailers selling tobacco products to minors and provide education to retailers to increase compliance rates.

Continually improve the implementation of ABC in our hospitals:[16]

- Provide ongoing ABC training for staff including 'train the trainer' approaches and the e-learning module, to support clinicians to change behaviours.
- Support the monitoring and feedback processes, including weekly dashboards, weekly monitoring by DONS and charge nurses, coding department feedback and ward audits. [17]
- Explore ways to support Māori smokers to transition from hospital to community-based cessation programme by Q3.

Support the implementation of ABC in primary care.

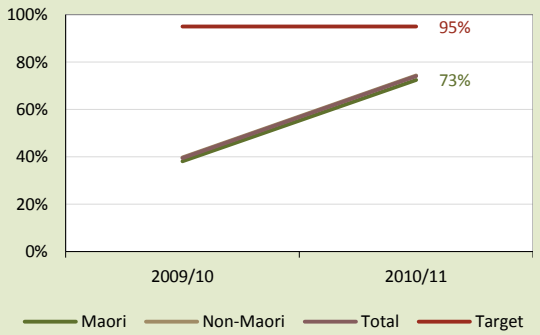
- Establish smokefree leaders and champions in each PHO.
- Explore the use of dashboards tools for PHOs and the DHB to monitor and provide feedback on activity by Q1.
- Work with PHOs to develop resources and provide training for GP teams on documenting smoking status and providing cessation advice and support - with 4 large group ABC training sessions delivered in primary care by Q4.
- Provide training to support pharmacists to provide brief advice, NRT and referrals to cessation support – with 60% of community pharmacy staff completing ABC learning by Q4.
- Provide targeted community-based cessation support to Māori through the Aukati Kaipaipa cessation programme - with 200 people enrolled with the programme by Q4.

Support the implementation of ABC in community settings:

- Work with general practice and LMCs to ensure processes to systematically provide pregnant women with ABC by Q1.
- Promote the use of NRT to support effective cessations in a variety of settings and ensure people badly affected by the quakes have easy access to cessation support and NRT.

Evidence

The percentage of hospitalised smokers who are provided with advice and help to quit.	Actual 10/11	Target 12/13
	73%	95%



The percentage of current smokers enrolled in a PHO who are provided with advice and help to quit.	Actual 10/11	Target 12/13
	na	90%

Data is dependent upon availability from MoH, and confirmed ethnicity data has not yet been supplied.

The percentage of women who identify as smokers at the time of confirmation of pregnancy who are provided with advice and help to quit.	Actual 10/11	Target 12/13
	new	90%

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

[17] *ABC rates for across all setting are publicly reported quarterly to the Board and the Ministry.*

Immunisation

Objective: Increase immunisation amongst vulnerable Māori population groups to reduce the prevalence and impact of vaccine-preventable diseases.

Immunisation can prevent a number of diseases and is a very cost-effective health intervention. 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).

Actions 2012/13

- Regularly monitor immunisation rates against the national health target, and identify areas of significance for Māori to support future service planning and delivery.[18]
- Support the CCN Immunisation Service Level Alliance to lead improvements in the quality of immunisation services, monitor performance and ensure a 'whole of system' approach to immunisation.
- Refine the Immunisation Reporting Programme to enable NIR Administrators to provide more direct support to general practice, improve the accuracy of reporting and better locate unvaccinated tamariki by Q1.
- Expand immunisation reporting to include PHO-level Coverage Reports to identify gaps in service delivery by Q1.
- Refocus the missed events coordinators to support the timely vaccination of 8-month-old tamariki.
- Invest in a coordinated promotion programme for all immunisation events to raise public awareness, increase coverage and reduce declined rates – beginning Q1.
- Improve linkages between LMCs, Tamariki Ora providers and general practice to increase enrolments and coverage – with an immunisation promotion course for non-vaccinators delivered in Q2.
- Use Te Puawaitanga outreach services to locate and vaccinate hard-to-reach tamariki.
- Invest in (and widely promote) free flu vaccinations for those under 18, as well as for those over 65.
- Investigate and identify ways of improving flu vaccine uptake for older Māori by Q2.
- Identify and implement opportunities to link HPV immunisation with other vaccination programmes to improve delivery and vaccination rates - aiming for 46% of young women receiving HPC Dose I by Q4.
- Use the secondary care immunisation programme to vaccinate and promote immunisation for unvaccinated tamariki and older people who present at hospital.

Evidence

The percentage of eight-month-olds who are fully immunised.[19]	Actual Q4 11/12	Target 12/13
	81%	85%

This is a new measure. The following data is for quarter 4 2011/12 (April to June 2012).

	Māori	Non-Māori	Total
Q4 11/12	81%	92%	91%

The percentage of the eligible population (aged 65+) who have had a seasonal influenza vaccination.	Actual 2011	Target 12/13
	67%	75%

	Māori	Non-Māori	Total
2011	67%	71%	71%

[18] *Immunisation rates are publicly reported quarterly to the Board and the Ministry.*

[19] *This will be reported as part of the newly redefined 'Increased immunisation' national health target.*

Regional Māori health priorities

FOR THE SOUTH ISLAND/TE WAIPOUNAMU

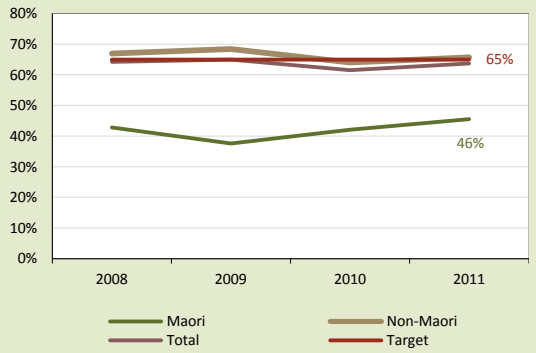
Working collaboratively, the five South Island DHBs have identified the following priorities for Māori health in the South Island region, in addition to those identified nationally. Identified for each are the key actions and activity Canterbury is undertaking to address the priority area and reach the targets set.

Oral health

Objective: Improve oral health for tamariki and rangatahi.

Regular dental care has lifelong health benefits. As less than 5% of children in Canterbury have access to fluoridated water, prevention and education initiatives are essential to good oral health. Good oral health also indicates early contact with effective health promotion and reduced risk factors, such as poor diet.

Māori children are three times more likely to have decayed, missing or filled teeth. Oral health therefore presents an opportunity to reduce inequalities and improve the targeting of those most in need.

Actions 2012/13	Evidence
▪ Monitor oral health measures against the national DHB performance targets annually, and identify areas of significance for Māori to improve service delivery. [20] ▪ Work with the other South Island DHBs to implement a regional oral health promotion campaign targeting Māori whānau to increase engagement with oral health services. ▪ Work with Tamariki Ora providers and general practice to identify tamariki most at risk of tooth decay and support their whānau to maintain good oral health and access preventive care – aiming for 66% of children (0-4) being enrolled in DHB-funded oral health services by Q4. ▪ Investigate and implement alternatives to the current service model for adolescents to engage more young people in oral health services (particularly those at low decile schools) – aiming for 75% of all eligible adolescents to access DHB-funded dental care. ▪ Work with Partnership Health and the University of Otago to pilot a nationally-funded project to improve tooth brushing by rangatahi not engaged in work or education (through provision of free toothbrushes and paste and txt reminders). ▪ Lead the national project to standardise all DHBs on a centralised electronic oral health record.	The percentage of children caries-free (no holes or fillings) at age 5.[21] **Actual 10/11**: 46% **Target 12/13**: 65% 

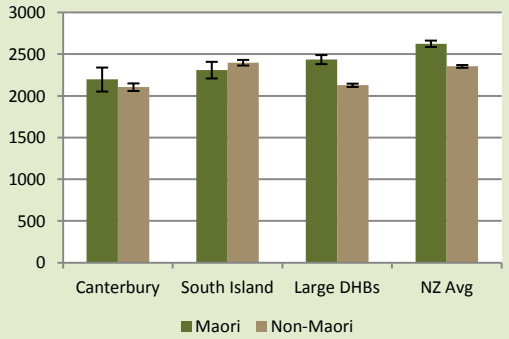
[20] *Oral health measures are reported publicly in the DHB's Annual report and reported to the Ministry on an annual basis.*

[21] *Oral health data for the national PP11 measure is collected against school year data and reported annually on calendar years.*

Elective surgery

Objective: Ensure Māori receive equitable access to elective surgery.

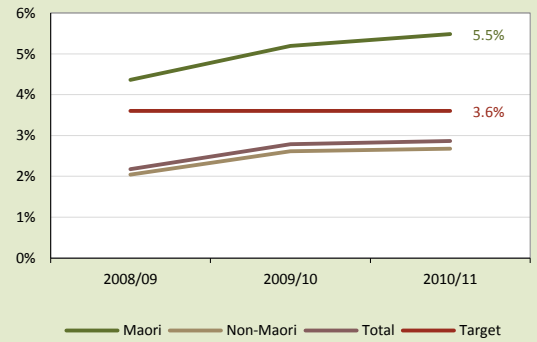
Elective services are non-urgent procedures and operations that improve people's quality of life. In delivering elective surgical services, we need to ensure equitable access across Te Waipounamu and between population groups.

Actions 2012/13	Evidence (Information Only Indicator)
▪ Continue to work with the other South Island DHBs to review whether Māori have equitable access to elective surgery. ▪ Having established baselines, investigate service-level data to identify areas of inequitable access, and opportunities to address any such inequities by Q2. ▪ Participate in the South Island Electives Workstream and support delivery of the regional work plan – beginning Q1. ▪ Work with the other SI DHBs to agree a regional production plan to identify regional capacity and forecast 'hot spots'. ▪ Collectively ensure equitable access across Te Waipounamu. ▪ Support delivery of increased volumes where South Island delivery is below national intervention rates.	Access to elective surgery. 

Mental health

Objective: Improve mental health status and care for Māori.

Mental illness significantly affects a person's quality of life, and mental health access rates in Canterbury suggest a higher burden of mental illness amongst Māori. Our system of mental health is based on a recovery approach for people with serious mental illness. We aim to provide a balance of specialist hospital services and community-based care, with increased collaboration between providers, service users and their families/whānau.

Actions 2012/13	Evidence
▪ Regularly monitor access rates against the national DHB performance targets, and identify areas of significance for Māori to support future service planning and delivery. ▪ Support investment in a tiered approach to the delivery of mental health and addictions services to ensure early intervention and increased access and support for rangatahi. ▪ Invest in quake-related mental health services to support people during Canterbury's recovery and ensure delivery of regional services - 4,000 people accessing brief intervention counselling in primary care. ▪ Participate in the South Island Regional Alliance and support the implementation of the Regional Mental Health Plan. ▪ Lead the development of regional standards of care, screening tools and admissions criteria to ensure consistency and quality of care across Te Waipounamu beginning Q1. ▪ Identify workforce, education and supervision opportunities to build regional capacity and support continuity of care when transferring patients between regional services.	The percentage of adults (20-64) accessing specialist mental health services in hospital or community settings.[22] **Actual 10/11**: 3.6% **Target 12/13**: 5.5% 

[22] *This includes both our DHB Specialist Mental Health Services, and also specialist mental health services provided by NGOs submitting NHI additional reporting. Non-specialist mental health services, such as brief intervention counselling in primary care, are not included.*

Whānau ora

Objective: Ensure that Māori and their whānau are supported to achieve Whānau Ora.

Whānau Ora is an inclusive approach to providing services and opportunities that empowers whānau as a whole, rather than focusing separately on individual whānau members and their problems. Services should have a positive impact on the holistic health and wellbeing of the person and their family/whānau, and transitions between services should ensure seamless and consistent care. This requires multiple agencies to work together with whānau, rather than separately with individual whānau members.

Actions 2012/13	Evidence	
▪ Work with the other South Island DHBs to support and monitor the programmes of action of each Whānau Ora collectives and providers in Te Waipounamu. ▪ Ensure DHB representation on the Te Waipounamu Whānau Ora Regional Leadership Group. ▪ Support the Whānau Ora collectives to move into Phase 2 of the national programme and develop Whānau Ora models.	Each Whānau Ora provider and/or collective has an approved programme of action.	**Target 12/13** Q1
	Each Whānau Ora provider and/or collective has a Whānau Ora model developed.	**Target 12/13** Q4

Workforce development

Objective: Ensure that Māori service providers have strong management and governance.

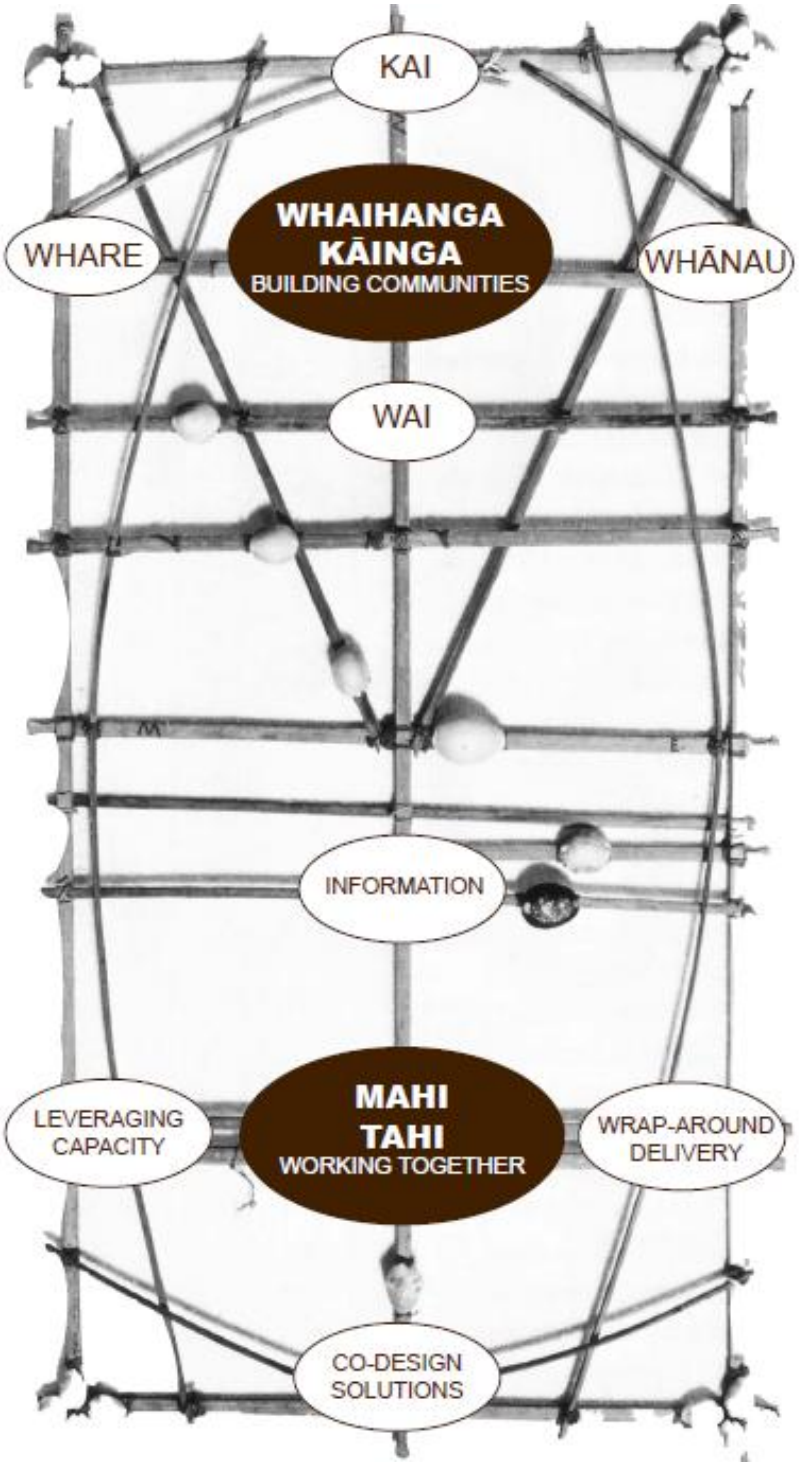
It is important to support Māori service providers to develop and maintain a high and current skill base, including strong management and governance skills. This ensures that they are best able to provide quality health and disability services to Māori.

Actions 2012/13	Evidence	
▪ Work with the other South Island DHBs to develop a network of courses and development programmes for Māori service providers' management staff and a governance programme for Māori service providers' trustees/directors. ▪ Lead the regional delivery of the national Kai Ora Hauora Māori Workforce Development Service in Te Waipounamu to increase the overall number of Māori working in the health sector – aiming for >250 Māori studying regionally. ▪ Provide local scholarships to Māori students who wish to undertake health-related study in primary care – with up to 6 scholarships allocated by Q4. ▪ Support the Māori and Pacific Provider Forum's clinical leadership team as a collaborative partnership across all services and raise awareness amongst mainstream providers of the capacity and capability of Māori health providers. ▪ Progress the reorientation of Canterbury's Māori and Pacific services to improve service delivery and utilisation of Māori and Pacific funding with progress underway by Q1. ▪ Support internal reorientation of NGO service delivery approaches to reflect Whānua Ora models. *Support and monitor the delivery of the Kia Ora Hauora Māori workforce development programme in the South Island region.*	Establish a provider development programme for Māori service providers to support strong management and governance.	**Target 12/13** Q3

Local Māori health priorities

FOR CANTERBURY/WAITAHA

In addition to those priorities already identified at a national and regional level, Canterbury's Māori and Pacific Provider Forum has identified the following local priorities for Māori health service improvement in Canterbury. Identified for each are the key actions and activity Canterbury is undertaking to address the priority area and reach the targets set.



Whaihanga kāinga – Building healthy, vibrant, connected communities

Objective: Create environments that support Māori to take more responsibility for their own health and wellbeing and address the determinants that negatively affect health outcomes.

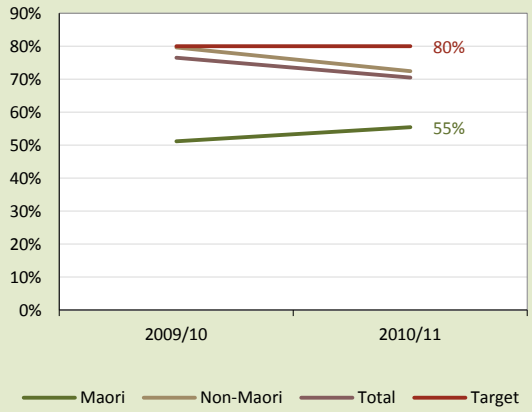
Many of the outcomes for which Māori fare worse than non-Māori in Canterbury have a strong association with socio-economic status and lifestyle risk factors. These issues can be addressed by building vibrant, connected communities that support whānau to improve their wellbeing through healthier choices and access to healthy homes, kai and wai.

Actions 2012/13	**Evidence**	
▪ Facilitate community action that enables Māori to adopt and maintain healthier lifestyles, including good nutrition and physical activity. ▪ Provide community-based programmes that help Māori improve their cooking and nutrition skills. ▪ Promote the Health Promoting Schools programme, which targets schools with a high proportion of Māori children – with 70% of priority schools supported by Q4. ▪ Take particular account of new Resource Management Act applications that may affect drinking water quality and maintain water quality targets. ▪ Support Whānau Ora services to have a stronger prevention focus including the provision of housing insulation to reduce respiratory disease. ▪ Support community initiatives such as the He Oranga Pounamu community hui (at least 4 per annum) and the 'Healthy day at the pā' initiative (at least 4 per annum). *Note: Prevention initiatives supporting breastfeeding, smoking cessation, immunisation and good oral health are covered in previous sections.*	A regular programme of Healthy Christchurch hui is developed.	**Target 12/13** Q2

Mahi tahi – Working together for our tamariki and rangatahi

Objective: Enable early intervention and responsive, targeted care to reduce health issues that negatively affect children and young people's wellbeing and development and improve longer-term health outcomes.

Children and young people make up over half of the Māori population in Canterbury. A focus on child and youth health is an investment in the future wellbeing of our population, as poor health in childhood can lead to poorer health into adulthood. Risk and protective factors and social patterns established in childhood and adolescence have a significant impact on health long-term. We will work together to identify vulnerable tamariki and rangatahi and wrap services around them to give them the best possible start to life.

Actions 2012/13	Evidence
▪ Regularly monitor B4 School Check rates against the national target, and identify areas of significance for Māori to support future service planning and delivery.[23] ▪ Support the B4 Schools Check Clinical Advisory Group to closely monitor access, referrals patterns and the growth and development of the service. ▪ Support PHOs to focus on Māori tamariki as a priority group including the use of community support workers to engage Māori and Pacific families and implement PHO-level monitoring and forecast reporting (focused on high-needs children) to support B4SC delivery by Q2. ▪ Support Tamariki Ora providers to implement Early Additional Contacts to improve health outcomes for the most vulnerable children (0-122 days old). ▪ Use PHO mobile engagement teams to improve B4 School Check uptake amongst Māori, Pacific and Quintile 5 children. ▪ Develop a service for vulnerable tamariki and rangatahi incorporating Gateway Assessments and other complementary services – with 100% of children referred by CYF receiving Gateway Assessments by Q2. ▪ Support the provision of the CDHB Child and Family Safety Services and implement recommendations from the annual audit of the programme. ▪ Support implementation of zero-fee GP visits for tamariki under six - with 75% of the population under 6 having access to free afterhours care by Q4. *Note: Initiatives supporting breastfeeding and childhood immunisation, as well as oral health, disease prevention, mental health and addictions services for tamariki and rangatahi are covered in previous sections.*	The percentage of children (aged four) receiving B4 Schools Checks.[24] **Actual 10/11**: 55% **Target 12/13**: 80% 

[23] *B4 School Check rates are reported to the CDHB's CPHAC committee publicly every two months and to the Ministry on a quarterly basis.*

[24] *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.The B4SC Programme began in Canterbury in March 2009.*


our health system