Canterbury District Health Board
Te Poari Hauora ō Waitaha

Manawhenua ki Waitaha

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

christchurch pho

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

PEGASUS HEALTH

Te Kāhui o Papaki Kā Tai

2013-14

Māori Health
Action Plan

Kia whakakotahi te hoe o te waka

"We paddle our waka as one"

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

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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 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]

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 in 2013/14 that, collectively, will improve health outcomes for our Māori population. We will regularly monitor performance against this plan, presenting progress to Te Kāhui o Papaki Ka Tai, Manawhenua ki Waitaha and our DHB Board to ensure we are improving outcomes for our Māori population.

Overview

The Canterbury population generally has a better health status than the average New Zealand population. This is true for all ethnicities living in Canterbury, but nonetheless, there are still 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 in activity happening right across Canterbury.

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 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 our population and the work of the Canterbury Clinical Network (CCN) District Alliance. [2]

Positive Progress

In spite of the system pressures following the earthquakes in Canterbury, some positive trends are emerging in terms of the health of our Māori population. With a collective approach, we aim to make even more progress in the next few years.

- *More tamariki Māori are protected from vaccine-preventable diseases.* 92% of Māori two-year-olds were fully immunised in 2011/12 - up from 89% in 2009/10.
- *More tamariki Māori are receiving a B4 School Check.* 68% of Māori four-year-olds had a B4SC in 2011/12 - up from 51% in 2009/10.
- *Tamariki Māori have better oral health.* 46% of Māori five-year-olds were caries-free (no holes or fillings) in 2011 - up from 38% in 2009.
- *More Māori are being supported to quit smoking.* 83% of hospitalised Māori smokers were offered advice and help to quit in 2011/12 - up from just 38% in 2009/10.
- *Fewer Māori are being admitted to hospital for preventable illnesses.* Avoidable hospitalisation rates for Māori (aged 0-74) have dropped to 1,863 per 100,000 - down from 2,131 in 2009/10.

Key Canterbury Māori health organisations

Manawhenua ki Waitaha: This 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

[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 across the Canterbury health system, and includes the DHB as a key partner in the alliance. Some actions in the CCN work plan are also deliverables in this Māori Health Action Plan.*

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 and the three Canterbury PHOs and the DHB.

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 and Funding division as a collective group.

Te Tumu Whakahaere Forum: Members are senior Māori health managers that sit across Canterbury DHB hospital and specialist services. 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.

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 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.

Canterbury leads the South Island regional delivery of this programme and the regional target, of enrolling 250 Māori onto recognised tertiary education health programmes, has already been achieved. By March 2013, 496 Māori in the South Island had registered with the programme.

A Collective Outcomes Framework

Over the past five months, members of the Te Kāhui o Papaki Ka Tai Māori Health Reference Group have been working together to develop a set of high-level outcomes and impacts where collective action and success will make real a difference in health outcomes for Māori. Having an agreed outcomes framework will focus the work of a number of groups and organisations across the Canterbury health system, and in doing so, will help to pool collective resources and strengths.

The outcomes framework is aligned to the vision of the Canterbury health system and will be reflected in the work plans of the three Canterbury PHOs, the Canterbury DHB (particularly its public health division – Community and Public Health) and the CCN District Alliance. The Framework does not determine what action each organisation or provider will take, but rather sets out a number of collective areas for particular attention and focus, where together we can make a positive impact. That impact may be increased engagement, access or uptake of services or improved outcomes for our Māori population, and a mixture of impact measures have been chosen to populate the Framework. There are four priority areas for collective focus in 2013/14: cervical cancer screening, B4 Schools Checks, Human Papilloma Virus (HPV) immunisations and child and youth oral health. The collective activity planned over the coming year is outlined against these local priorities.

Monitoring performance and achievement

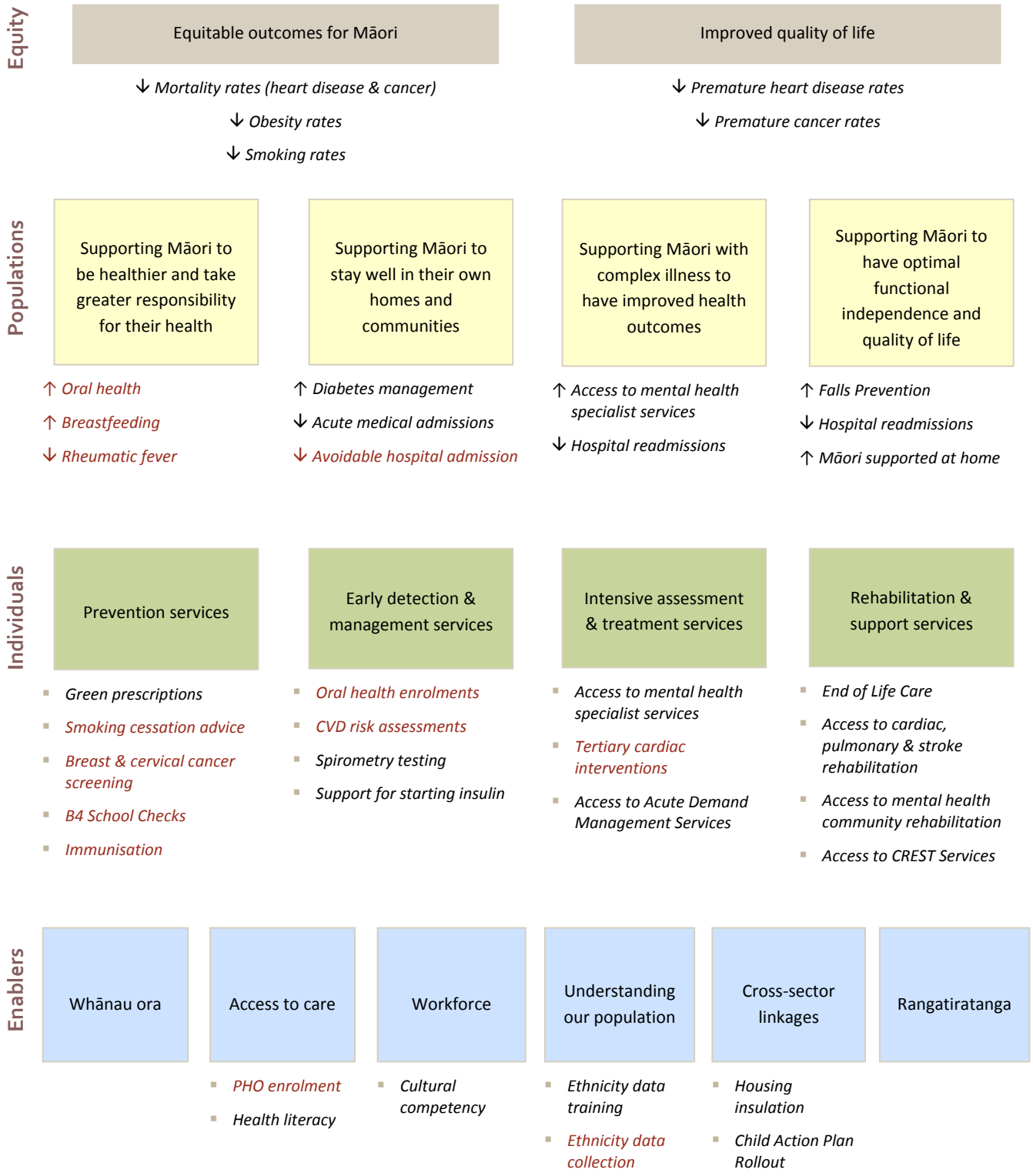
Performance against the Canterbury DHB's Māori Health Action Plan is regularly monitored by the DHB Board and its Community and Public Health Advisory Committee (CPHAC), with progress against the plan presented six-monthly. The DHB also monitors performance against the national health targets by ethnicity 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.

Performance against the Canterbury DHB's Māori Health Action Plan is also monitored by Manawhenua ki Waitaha and Te Kāhui o Papaki Ka Tai, with progress against the plan presented six-monthly by the DHB's Executive Director of Māori and Pacific Health.

Performance against CCN's annual work plan (which includes a Māori health work stream) is monitored quarterly by the CCN Alliance Leadership Team and Te Kāhui o Papaki Ka Tai. An annual Māori Primary Health Care Report is also presented on progress against the Māori Health Plans of the three Canterbury PHOs.

A Performance Dashboard is being established to monitor performance against the collective impacts in the Outcomes Framework. This will be monitored six-monthly alongside the reports on the Canterbury DHB's Māori Health Action Plan.

Collective Outcomes Framework: What are we trying to achieve?[3]



Note: Red text indicates measures reflected in this plan either as national or local priorities.

[3] *For further information refer to Appendix 2 for a summary of Canterbury's Collective Māori Health Framework or to www.cdhb.govt.nz*

The Canterbury Māori population

AND THEIR HEALTH NEEDS

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.[4]

Ngāi Tahu/Kāi Tahu are the Manawhenua in Canterbury. 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 younger compared to non-Māori and have a higher fertility rate - meaning the growth of the Māori population is faster than that of non-Māori.

- 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.

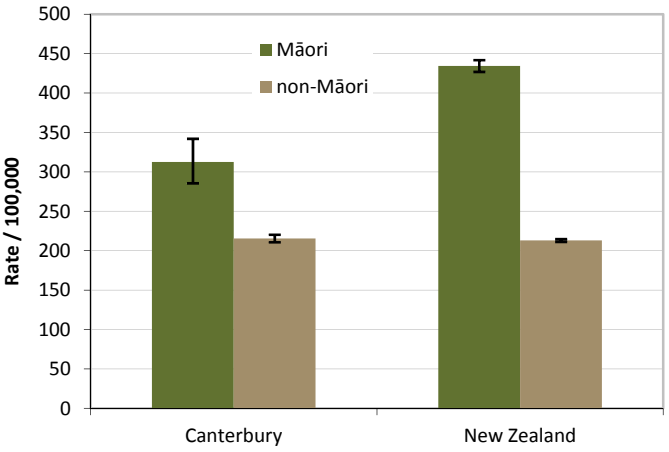
The leading causes of death for Māori in Canterbury are circulatory system diseases, cancer, accidents, respiratory diseases, and endocrine, nutritional and metabolic diseases (mostly Type 2 diabetes). For all of these, the mortality rate for Māori is significantly higher than for non-Māori.

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 third times as likely to die from cancer.
- One and a half times as likely to die from cardiovascular or respiratory disease; and

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

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.

Health service utilisation

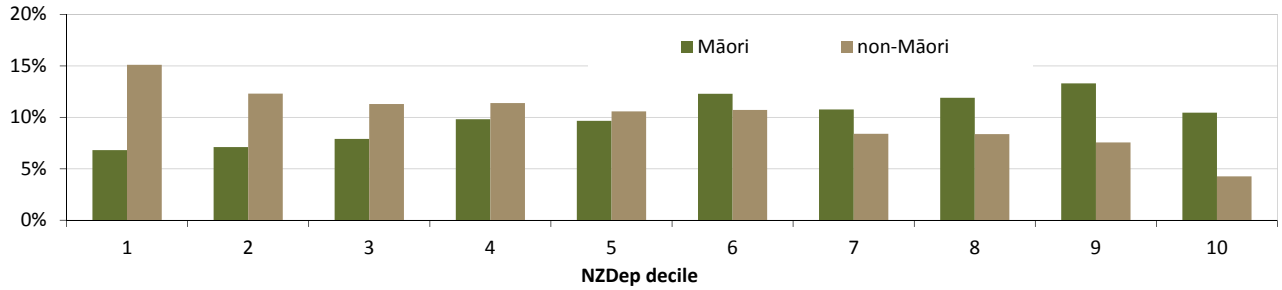
In terms of health service utilisation:

- 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.
- Spending per capita on prescriptions and laboratory testing is lower for Māori in Canterbury.
- Māori in Canterbury are under-represented in hospital activity.
- A lower proportion of older Māori in Canterbury are living in Aged Residential Care facilities.

[4] *The figures in this section are 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

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

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

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 young people are exposed to smoke at home.

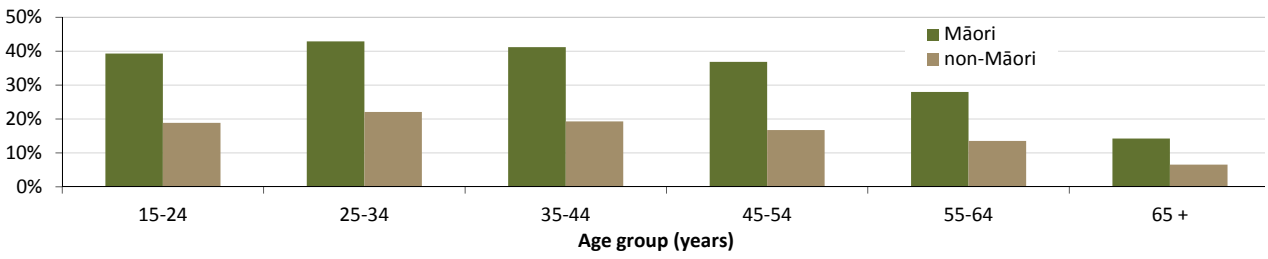
Child and youth health

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).

- Childhood immunisation coverage is similar for Māori and non-Māori in Canterbury, and significantly higher than for Māori nationally.
- However, HPV immunisation rates are low. Improving these rates is a local priority for 2013/14.
- 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. Improving child and youth oral health is a local priority for 2013/14.
- 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. B4 Schools Checks are free checks that include a hearing test and improving B4 Schools Checks coverage is a local priority for 2013/14.

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

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 are more likely to die 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. Improving cervical screening coverage rates is a local priority for 2013/14.

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, suggesting important unmet need for Canterbury Māori.

Mental health

Māori in Canterbury access mental health services more than 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 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 presented in this document is based on the 2006 Census and other data collected prior to the recent Canterbury earthquakes. The Census was delayed as a result of the February 2011 earthquake, and results from the Census completed in March 2013 will not be available until 2014. 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, and Statistics New Zealand population projections

show that the Canterbury population will be back to pre-earthquake numbers (510,000 people) by June 2013.[5]

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.

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 afterwards.[6] As the health profile on the previous pages shows, Māori are one such vulnerable population group in Canterbury.

Patterns of behaviour identified after Hurricane Katrina demonstrate a 45% increase in rates of cigarette use in the three years following the disaster.[7]

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 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 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.[8]

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

- This is not just about DHB facilities; community organisations continue to work from temporary and makeshift facilities as engineering assessments require repairs or rebuilds that disrupt service provision, stretch capacity and increase costs.

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

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

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

[7] *Jiao Z, Kakoulides SV, Moscona J, Whittier J, Srivastav S, Delafontaine P, Irimpen A, 2011. Effect of Hurricane Katrina on incidence of AMI in New Orleans three years after the storm. American Journal of Cardiology 109: 502-505.*

[8] *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 for 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 improve health outcomes and reduce inequalities.*
RESPONSIBILITY	Canterbury DHB; CCN Māori Health Workstream; Christchurch PHO; Pegasus Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

Both the DHB and the PHOs in Canterbury are focused on ensuring complete, accurate and consistent collection and reporting of ethnicity data across the system. This is also a focus for the Māori Health Workstream under the CCN District Alliance. Over the coming year, we will continue to:

Support PHOs to maintain the accuracy of ethnicity in PHO registers.

- Q1-Q4: Review and compare PHO ethnicity data for accuracy, with regular monitoring through Te Kāhui o Papaki Ka Tai.[9]
- Q1: Participate in the national RFP for the funding and implementation of a Primary Care Ethnicity Data Quality Toolkit, and support PHOs and general practice to implement the toolkits and improve ethnicity data quality. [10]
- Q2: Distribute Māori and Pacific Census data analysis across the sector.
- Q2: Complete the 'Ethnicity Data and Canterbury PHOs Report' to provide guidance in improving the completeness and accuracy of ethnicity data. [11]
- Q3: Refresh the Māori Health Profile and distribute across the sector.
- Q4: Develop and agree a PHO policy on Iwi data collection. [12]

Support primary care liaison teams to deliver training to all general practice teams on ethnicity data collection (based on CDHB ethnicity data collection policy).

- Q4: ≥3 general practice sessions on ethnicity collection delivered.

Present progress against health targets and performance measures by ethnicity, wherever possible.

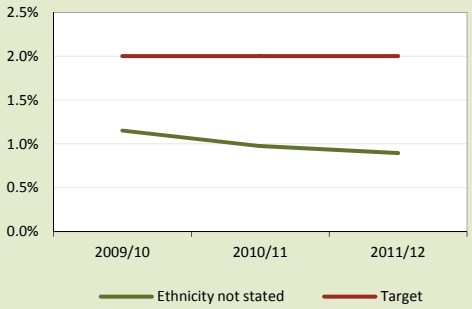
- Q1: Request ethnicity breakdowns for national data from the Ministry.
- Q4: Information for CCN work streams and SLAs includes ethnicity breakdowns.

OUTCOME

A low percentage of PHO enrolees with ethnicity 'not stated' is maintained.

Baseline 11/12: 0.9%

Target 13/14: ≤2%



[9] *Refer to the section on 'Monitoring Performance and Achievement' on page 4 for further detail on the monitoring of progress and performance against the deliverables in this Action Plan.*

[10] *This deliverable is dependent on the outcomes of the national RFP process, which is set to be run in May/June 2013.*

[11] *This report will be completed by the Community and Public Health Division of the DHB.*

[12] *This project will be led by the PHOs and Te Kāhui o Papaki Ka Tai.*

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.*
RESPONSIBILITY	Canterbury DHB; CCN Māori Health Workstream; Christchurch PHO; Pegasus Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

Support Te Kāhui o Papaki Ka Tai and PHOs to better understand Māori enrolment rates in order to identify opportunities to improve engagement with primary care.

- Q1-Q4: Review and compare PHO Māori enrolment rates with regular monitoring through Te Kāhui o Papaki Ka Tai.

Continue to support a range of PHO-based initiatives to improve Māori engagement with primary care, including community events and the use of community workers and navigators to support Māori to connect with general practice.

- Q1: PHOs have approved Māori Health Plans in place.
- Q1-Q4: Monitor implementation of PHO Māori Health Plans through Te Kāhui o Papaki Ka Tai and the DHB's Community and Public Health Advisory Committee.
- Q2: Joint venture opportunities identified for the delivery of health promotion with Māori health and mainstream service providers.
- Q4: ≥6 Māori health promotion events and marae health days delivered.

Ensure Māori health needs and access rates are presented to CCN work streams and SLAs to improve consideration of Māori perspectives in the development of strategies and work plans.

- Q4: Training provided to all CCN workstream chairs and project managers on Māori health, whānau ora and how to consistently address Māori health and wellbeing across all of their work.

Support PHOs to provide cultural competency training and access to practical application tools to improve the levels of engagement between Māori and their general practice teams.

- Q1-Q4: Support and promote the use of 'language line' for Māori.
- Q4: Deliver a cultural competency programme that includes whānau ora.
- Q4: Treaty training workshops provided to general practice.

Work in collaboration with the national workforce development programme to promote health as a career for Māori.

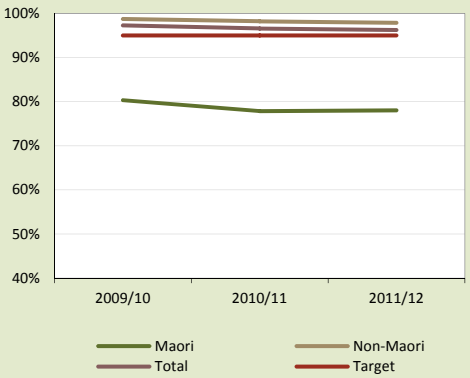
- Q1-Q4: Provide work experience opportunities and mentoring for Māori considering a career in health.[13]
- Q1-Q4: Support the e-Pūtaiao and e-Mentoring online education programmes.
- Q2: Agree new regional targets for the national Kia Ora Hauora programme.
- Q4: ≥10 local scholarships awarded to Māori students in health-related study.

OUTCOME

An increased percentage of the Māori population is enrolled with a PHO.[14]

Baseline 11/12: Māori 78%; Total Population 96%

Target 13/14: ≥95%



[13] *This initiative is driven through Rural Canterbury PHO.*

[14] *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…

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.*
RESPONSIBILITY	Canterbury DHB; CCN Child and Youth Health Workstream; Christchurch PHO; Pegasus Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

Work with PHOs, under Te Kāhui o Papaki Ka Tai, and through the CCN Child and Youth Health Alliance to identify opportunities to reduce ambulatory sensitive (avoidable) hospital admissions (ASH) for Māori.

- Q1: Review ASH rates for Canterbury and confirm the top five conditions for Māori (all ages) to identify opportunities to focus effort and resource.
- Q2: Circulate the ASH report to key forums and alliance workstreams to raise awareness of performance and issues and identify targeted actions.
- Q2: Performance dashboard established against the Canterbury Māori Health Framework to support discussion and monitoring of outcomes.
- Q1-Q4: Monitor local ASH admissions rates quarterly to support targeted service planning, monitor performance and drive improvement in service access to reduce avoidable hospital admissions.

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

- Q2: Establish a mobile nurse position based at University of Canterbury Medical Centre to target Māori students.[15]
- Q4: Increased HealthPathways links to Māori providers or programmes. [16]
- Q4: Updated directory of Māori Health Providers circulated to general practice and key stakeholders to increase practice staff awareness of services available.

Contribute to cross-sector initiatives to support vulnerable, unwell and at-risk pēpe and tamariki under 6 and increase whānau engagement with health services.

- Q1-Q4: Maintain the child asthma pathways on HealthPathways to support general practice to appropriate support and refer children with asthma.
- Q1-Q4: Increased number of 'high need' referrals made to Warm Families to reduce ENT infections amongst young children - base 192 referrals.
- Q2: Complete a stocktake and gap analysis of all DHB-funded services for vulnerable pregnant women, children and parents to inform future planning.
- Q4: Established a South Island Maternal Depression Pathway to support new mothers to care for themselves and their babies.
- Q4: 100% of Māori babies referred to WellChild services on hospital discharge.
- Q4: 100% of Māori under six have access to free afterhours GP care.

Adopt a stepped care model to enhance primary mental health services for young Māori and identify health issues earlier to improve health outcomes for youth.

- Q1: 100% of Decile 1-3 schools, teen parent units and alternative education facilities have School-Based Health Services (SBHS) in place.
- Q4: 100% of Year 9 students in SBHS receive HEEADSSS assessments.

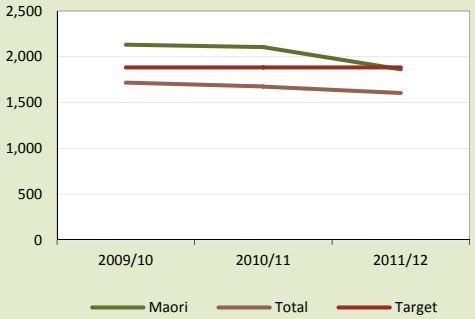
OUTCOME

A reduction in ambulatory sensitive (avoidable) hospital admissions for Māori (rate per 100,000 people): [18]

Those aged 0-74

Baseline 11/12: Māori 1,863; Total Population 1,603

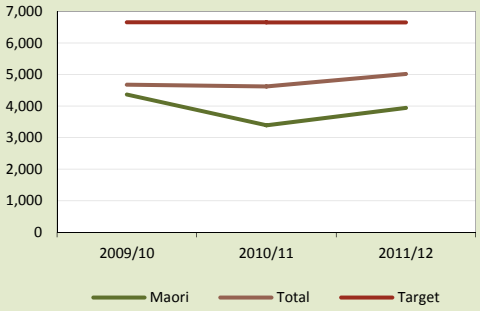
Target 13/14: <1,883 (<95% of national rate)



Those aged 0-4

Baseline 11/12: Māori 3,945; Total 5,021

Target 13/14: <6,656 (<118% of national rate)



[15] *This initiative is being supported by the Christchurch PHO.*

[16] *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.*

[18] *This measure is based on the national DHB 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 for Canterbury, and the targets are set to bring Māori rates in line with other ethnicities in Canterbury.*

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

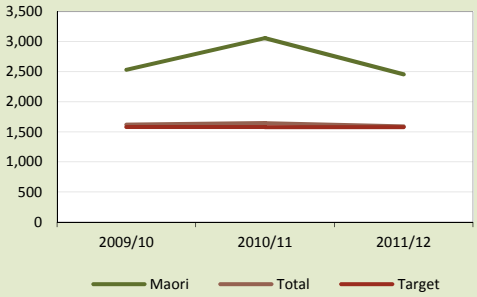
- Q1: Introduce a 'risk of admission algorithm' into general practice to indentify and support vulnerable people and those at risk of admission/readmission.
- Q2-Q3: Deliver two 'Healthy Christchurch Hui' to raise health awareness.
- Q1-Q4: Invest in the development of a tailored respiratory programme for Māori in collaboration with Māori providers (respiratory conditions are among the most prevalent ASH conditions in Canterbury for Māori).
- Q4: Increased number of Māori access community sleep assessments and community spirometry testing – baseline established Q1.[17]
- Q1-Q4: Increase use of the Ambulance Referral Pathway and Acute Demand Management Service to safely support patients in the community (with a focus on COPD patients over winter months) – baseline established Q1.[17]
- Q1-Q4: Increase referral of older Māori to CREST services to support earlier discharge from hospital and reduce the likelihood of future admission or readmission – baseline established Q1.[17]
- Q1-Q4: Increase referral of older Māori to the Falls Prevention Programme after discharge to reduce further falls – baseline established Q1.[17]

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.

Those aged 45-64

Baseline 11/12: Māori 2,455; Total Population 1,590

Target 13/14: <1,578 (<95% of national rate)



[17] *Baselines will be established for access to programmes using age standardisation to ensure equity of access for the Maori population. Measuring just the total numbers accessing the programme is not enough to determine whether Maori are being effectively supported.*

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.*
RESPONSIBILITY	Canterbury Breastfeeding Steering Group; Canterbury DHB; CCN Child and Youth Health Workstream; Christchurch PHO; Pegasus Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

Through the Canterbury Breastfeeding Steering Group, strengthen stakeholder alliances, undertake joint planning and promote available services to improve breastfeeding rates amongst Māori. 19

- Q1-Q4: Monitor local breastfeeding data to identify issues and under performance and support future service planning and improved delivery.
- Q1: Request continued access to national breastfeeding data from the Ministry of Health to enable performance benchmarking and to identify where additional support is needed.
- Q2: Establish a breastfeeding referral pathway on HealthPathways to help health providers refer mothers to the most appropriate level of support.
- Q3: Maintain 'Baby Friendly Hospital' accreditation in DHB maternity facilities.
- Q4: ≥85% of Māori mothers having established breastfeeding on hospital discharge – base 89%.

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

- Q3: Work collaboratively with pregnancy and parenting education providers to review courses provided to better meet the needs of a wider range of wāhine.20

Invest in supplementary community-based breastfeeding services to support high-need and at-risk wāhine to breastfeed.

- Q4: Increase the number of volunteer mothers engaged in Mum-4-Mum peer support training - base 44.
- Q4: Increase proportion of mothers referred to lactation support in community who are Māori - base 6%.[21]

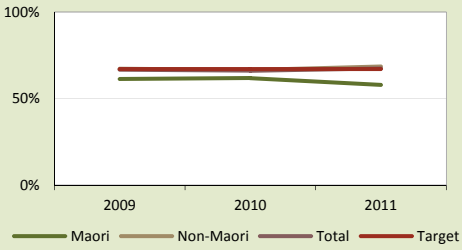
OUTCOME

An increase in the percentage of tamariki exclusively and fully breastfed: [22]

Age 6 weeks

Baseline 2011: Māori 58%; Total Population 67%

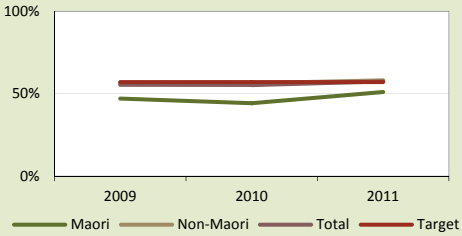
Target 13/14: ≥67%



Age 3 months

Baseline 2011: Māori 51%; Total Population 57%

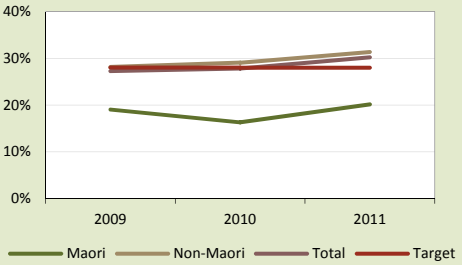
Target 13/14: ≥57%



Age 6 months

Baseline 2011: Māori 20%; Total Population 30%

Target 13/14: ≥28%



[19] *The Canterbury Breastfeeding Steering Group is a cross-sector group of health professionals and providers, including the DHB.*

[20] *Service specifications for pregnancy and parenting courses are being review nationally by the Ministry of Health – local timeframes are dependent on completion of the national review.*

[21] *The proportion represents 39 of 650 referrals made in 2011/12.*

[22] *Breastfeeding data has been received annually from the Ministry for calendar years (includes Plunket only and 2011 results are for the July-December 2011 period only). The aim is to maintain or improve performance above the national targets.*

Cardiovascular Disease (CVD)

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. 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.*
RESPONSIBILITY	Canterbury DHB; Christchurch PHO; Pegasus Health; Rural Canterbury PHO; Community and Public Health

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

Support general practice to consistently apply and record CVD risk assessments (including structured discussions) and increase the number of eligible Māori who have had a CVD risk assessment in the past five years.

- Q1-Q4: Monitor CVD risk assessment rates quarterly against the national health target and PHO Performance Programme to support improved engagement and service delivery.[23]
- Q1: Begin recording and reporting CVD structured discussions.
- Q2: Demographic data on Māori enrolled in general practices reviewed to better target Māori patients at risk of long-term conditions.
- Q2: 1 large group CVD education session delivered to general practice.

Continue to invest in programmes that help improve overall health and wellbeing and reduce CVD risk factors, including Green Prescription (Be Active) Programmes, Appetite For Life and ABC Smoking Cessation Programmes.

- Q1: Investigate opportunities to link with 'One Heart Many Lives' Programme.
- Q4: Increase in Māori referred for Green Prescriptions - base 140 clients.
- Q4: Increase in Māori-specific Appetite for Life - base 9 Māori courses.
- Q4: ≥30% of people access cardiac rehabilitation after an event.

Review CVD pathways to identify gaps in earlier interventions and opportunities to enhance outcomes for Māori.

- Q1-Q4: Maintain direct GP access to exercise tolerance testing to support CVD risk assessment and improved CVD management.
- Q2: Review CVD patient outcomes at secondary care level.
- Q4: Refresh the primary/secondary cardiology patient pathway to support an integrated approach to CVD management.

Support the implementation of the Regional Cardiac Services Plan to improve the quality of tertiary and specialist care for patients with cardiac conditions.

- Q1-Q4: Implement regionally agreed protocols and clinical pathways for patients with Acute Coronary Syndrome (ACS).
- Q1-Q4: Monitor intervention rates regionally via the Cardiac Workstream.
- Q4: Implement the Cardiac ANZAC QI Register.

Note: Smoking cessation and other forms of prevention are covered in other sections.

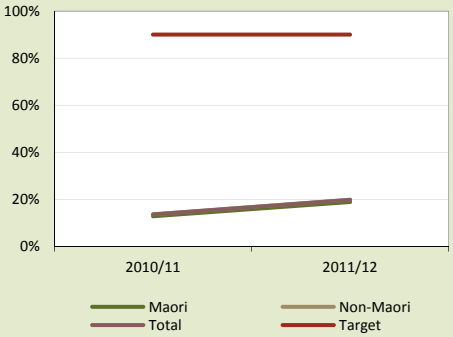
Further detail on the DHB's strategies and plans to increase CVD risk assessments and achieve the national health target can be found in the DHB's 2013/14 Annual Plan. This document is available from the DHB's website at www.cdhb.govt.nz.

OUTCOME

An increase in the percentage of the eligible Māori population having had their CVD risk assessed in primary care within the past five years.[24]

Baseline 11/12: Māori 19%; Total Population 20%

Target 13/14: 90%



High-risk ACS patients accepted for coronary angiography receive an angiogram within 3 days of hospital admission.[25]

Baseline 11/12: new

Target 13/14: 70%

Patients presenting with ACS who undergo coronary angiogram are captured on the ANZAC QI Register.

Baseline 11/12: new

Target 13/14: 95%

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

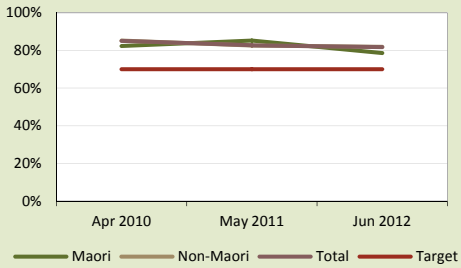
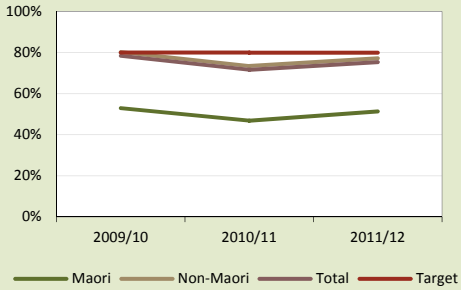
[24] *Canterbury's largest PHO has been participating in the CVD risk assessment programme for just two years rather than five, and it will take some time to catch up to the rest of the country.*

[25] *Implementation of the ANZACS QI Register is dependent on national contracts being agreed. Data will be provided for the ACS measure via the South Island Alliance until the ANZACS Register is up and running.*

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.*
RESPONSIBILITY	Cervical Screening Strategic Group; NCSP Service; BreastScreen Aoteroa; Canterbury DHB; Christchurch PHO; Pegasus Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE	OUTCOME
Through the 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.[26] ▪ Q1-Q4: Report progress against breast and cervical screening targets and the cervical screening project (six monthly) to CCN Alliance Board and Te Kāhui o Papaki Ka Tai, and seek assistance to improve engagement in the programmes. ▪ Q1-Q4: Support community events to raise awareness of the benefits of the breast screening and cervical screening programmes. ▪ Q1: Cervical Screening Communications Plan implemented to lift the profile of cervical screening in Canterbury. ▪ Q1: Best practice information gathered from other DHBs and shared with the sector to identify opportunities to improve wāhine Māori engagement with screening programmes. ▪ Q1: Identify general practices not meeting targets so that PHOs can work with them to support their invite/recall processes. ▪ Q2 Review the regional coordination of the National Cervical Screening Programme to identify opportunities to improve engagement with the service. ▪ Q2: Six-monthly forums held for cervical screening stakeholders to identify progress and best practice initiatives in cervical screening. ▪ Q2: Agree and implement methodology for the 'proactive' follow-up of women identified as five years overdue for a cervical screen. ▪ Q3: HealthPathways and Health Info updated with current cervical screening information and advice. ▪ Q4: Progress against targets and plan reported to CDHB Board, with proposal on key areas of activity for following year. *Note: Cancer prevention initiatives supporting nutrition, physical activity and smoking cessation are covered in other sections.*	An increase in the percentage of Māori women aged 45-69 screened in the last two years under the BreastScreen Aotearoa (BSA) programme.[27] **Baseline 11/12:** Māori 79%; Total Population 82% **Target 13/14:** ≥70%  An increase in the percentage of Māori women aged 25-69 screened in the last three years under the National Cervical Screening Programme (NCSP).[28] **Baseline 11/12:** Māori 51%; Total Population 75% **Target 13/14:** 80% 

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

[27] *Breast and cervical screening data is subject to availability from the National Screening Programmes. Breast Screening data comes from BreastScreen Aotearoa and Cervical Screening data comes from National Cervical Screening Programme.*

[28] *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 for 2011/12 are for the 25-69 age group.*

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.*
RESPONSIBILITY	Canterbury DHB; Christchurch PHO; Pegasus Health; Rural Canterbury PHO; Community and Public Health

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

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

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

Undertake controlled purchase operations to ensure tobacco retailers comply with existing and new smokefree legislation.

- Q4: ≥90% of tobacco retailers are compliant with legislation.

Support implementation of the ABC smoking cessation programme across all health settings to reduce smoking rates. [29]

- Q1: Identify and support Māori smokefree champions to inspire others.
- Q1-Q4: Work with LMCs and cessation providers to ensure smoking cessation interventions are provided to pregnant wāhine Māori who smoke.
- Q1-Q4: Work with PHOs and general practice to ensure Māori ABC smoking cessation interventions are recorded by enhancing documentation, implementing IT tools, dashboards and advanced forms and providing practice support to encourage recording of interventions.
- Q1-Q4: Provide ongoing support via the DHB's Smokefree Coordinator to PHOs and general practice liaison teams to support the monitoring of performance and sharing of effective systems and initiatives.
- Q1-Q4: Work with DHB services to increase the percentage of Māori women in Christchurch Hospital maternity services offered ABC - base 80%.
- Q1-Q4: Monitor ABC rates in all settings - including weekly dashboards, ward audits and monitoring of individual department and PHO performance.[30]

Provide ongoing ABC staff training - including 'train the trainer', ABC process guidelines and promotion of e-learning to support ABC - and support pharmacists and LMCs to provide brief advice, NRT and referrals to cessation.

- Q4: Minimum of 4 ABC training sessions are delivered in primary care.
- Q4: ≥60% of community pharmacies are delivering ABC.

Provide targeted community-based cessation support to Māori to stop smoking.

- Q4: ≥200 Māori enrol with the Aukati Kaipaipa smoking cessation programme.
- Q4: ≥7,000 Canterbury residents seek cessation support from Quitline.

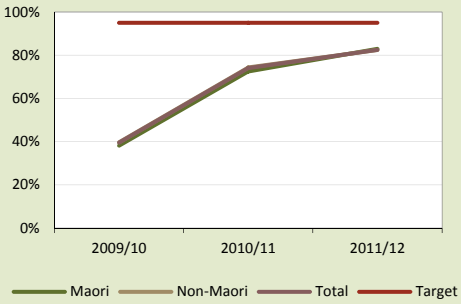
Note: Further detail on the DHB's strategies and plans to reduce smoking rates and achieve the national health target can be found in the DHB's 2013/14 Annual Plan and Public Health Action Plan. Both of these documents are available from the DHB's website at www.cdhb.govt.nz.

OUTCOME

An increased percentage of hospitalised Māori smokers are provided with advice and help to quit.

Baseline 11/12: Māori 83%; Total Population 83%

Target 13/14: 95%



An increased percentage of current Māori smokers enrolled in a PHO provided with advice and help to quit.

Baseline 11/12: unavailable by ethnicity

Target 13/14: 90%

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

[29] *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.*

[30] *ABC rates are also publicly reported quarterly to the CCN, CDHB Board and the Ministry of Health and are published on the DHB's website and in local newspapers.*

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). Canterbury also has specific issues as a result of the earthquakes. With families shifting around the city as houses are repaired and rebuilt, recalling and locating children is challenging. We will continue to invest in a missed events coordinator and Māori outreach service (Te Puawaitanga) to help identify and locate children who have not been immunised.*
RESPONSIBILITY	Canterbury DHB; CCN ISLA; Immunisation Provider Group; Christchurch PHO; Pegasus Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE	OUTCOME
Through the CCN Immunisation Service Level Alliance (ISLA), strengthen stakeholder alliances, review pathways and encourage general practices to place special focus on delivering immunisations to Māori as a high-priority group.[31] ▪ Q1-Q4: Monitor immunisation rates and support Te Kāhui o Papaki Ka Tai, general practice and outreach coordinators to identify areas of underperformance to support improved delivery.[32] ▪ Q2: Provide practice-level and PHO-level coverage reports to identify and address gaps in immunisation coverage. Link maternity, general practice and WellChild/Tamariki Ora (WCTO) services to locate children and support enrolment of newborn tamariki with general practice. ▪ Q4: 95% of all newborns are enrolled on the NIR at birth. ▪ Q4: 85% of all six-week-olds are fully immunised. Focus Outreach Services (including Te Puawaitanga) on locating and vaccinating hard-to-reach children and reducing inequalities for tamariki Māori. ▪ Q1: Employ a Missed Event Coordinator to locate unvaccinated tamariki. ▪ Q1-Q4: Identify the immunisation status of tamariki in hospital and link with the DHB's NIR team to provide missing immunisations. Implement the DHB Immunisation Promotional Plan 'Immunise for Life' to raise awareness of the importance of vaccination. ▪ Q4: Participate in Immunisation Week. ▪ Q4: 95% of all two-year-olds are fully immunised. Promote and provide free seasonal flu vaccinations for under-18s, as well as older Māori and pregnant wāhine. ▪ Q1-Q4: Free pertussis vaccinations are provided for pregnant wāhine. ▪ Q1-Q4: 40% of young Māori under 18 receive free flu vaccinations. ▪ Q1-Q4: 75% of Māori aged over 65 receive free flu vaccinations. ▪ Q1-Q4: Support PHOs to report and monitor flu vaccination rates for people aged 65+ by ethnicity to focus on uptake by Māori. ▪ Q1-Q4: During flu season share PPP vaccine up-take and coverage monitoring reports with Te Kāhui o Papaki Ka Tai and ISLA to proactively identify issues and opportunities to make improvements.	An increase in the percentage of eight-month-olds who are fully immunised.[33] **Baseline 11/12:** new **Target 13/14:** 90% An increase in the percentage of the eligible population (aged 65+) who have had a seasonal influenza vaccination. **Baseline 11/12:** unavailable by ethnicity 69% of the 'high-needs' population **Target 13/14:** 75% *Data is dependent upon availability from MoH, and ethnicity data has not yet been supplied. The high-needs population is defined as PHO enrolees who are Māori, Pacific and/or NZDep decile 9 or 10.* *Note: Further detail on the DHB's strategies and plans to increase immunisation rates and achieve the national health target can be found in the DHB's 2013/14 Annual Plan. This document is available from the DHB's website at www.cdhb.govt.nz.*

[31] *The Immunisation Service Level Alliance is an integrated group representing primary care, PHOs, Immunisation Providers, Public Health and the DHB and sits under the Canterbury Clinical Network District Alliance.*

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

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

Rheumatic Fever

OBJECTIVE	Reduce rheumatic fever rates in the South Island. *In a small number of people, an untreated strep 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 - leading to heart valve replacement surgery, and in some cases, premature death. 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.*
RESPONSIBILITY	Canterbury DHB; South Island Regional Alliance; Community and Public Health

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

Review rheumatic fever pathways in Canterbury and identify opportunities to improve linkages between services and outcomes for patients.

- Q1: Canterbury rheumatic fever champion and key leads identified.
- Q1: Rheumatic fever patient pathway available on HealthPathways, with links to the Heart Foundation website and resources.
- Q1-Q2: Support the development of a South Island Regional Rheumatic Fever Prevention Plan through the South Island Public Health Workstream.
- Q1-Q4: All Māori identified with rheumatic fever in Canterbury have their condition reviewed annually.
- Q1-Q4: Rheumatic fever cases in Canterbury are reviewed six-monthly by Community and Public Health to identify any trends or service issues.
- Q1-Q4: The South Island Public Health Workstream monitors rheumatic fever cases regionally, including trends and case-by-case reviews.

Note: Further detail on strategies and plans to reduce rheumatic fever rates can be found in the South Island Regional Health Services Plan 2013/14. This document is are available from www.sialliance.health.nz.

OUTCOME

A reduction in the number of new rheumatic fever cases in the South Island.

Baseline 11/12: Māori 0 cases; Total 1 case

Target 13/14: N/A [34]

Canterbury rheumatic fever notifications (initial attack)

	2009/10	2010/11	2011/12
Māori	1	2	0
Non-Māori	0	1	1
Total	1	3	1

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

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 is already covered above (page 14). 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.

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.*
RESPONSIBILITY	Canterbury DHB; B4 Schools Checks Clinical Advisory Group; Christchurch PHO; Pegasus Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

Support the B4 Schools Checks Clinical Advisory Group to closely monitor access, referrals patterns and the growth and development of the B4 School Check service.

- Q1-Q4: Monitor B4 School Check rates against the national target, and support Te Kāhui o Papaki Ka Tai to identify areas of significance for Māori to support future service planning and delivery.[35]
- Q1-Q4: Support Tamariki Ora providers to implement 'early additional contacts' to improve health outcomes for the most vulnerable tamariki (0-122 days old).
- Q1-Q4: Incorporate the WCTO Quality Improvement Framework to reduce unnecessary variation in delivery of WCTO/B4SC services.[36]
- Q4: Fewer Māori tamariki (aged 0-4) admitted to hospital with avoidable conditions - base 3,945 per 100,000.

Support general practice to focus on tamariki Māori as a priority group.

- Q1: Implement PHO-level monitoring and forecast reporting (focused on high-needs tamariki) to support improved B4SC delivery.
- Q1-Q4: Support PHO mobile engagement teams to improve B4 School Check uptake amongst tamariki Māori.

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

- Q4: 100% of tamariki referred following a B4SC are seen before their fifth birthday.

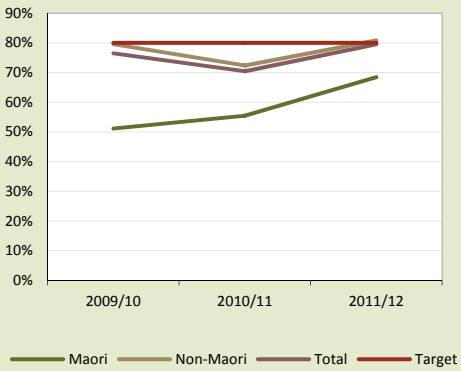
Note: Initiatives supporting breastfeeding and childhood immunisation, as well as oral health and disease prevention, are covered in previous sections.

OUTCOME

An increased percentage of tamariki (aged four) are receiving B4 Schools Checks.

Baseline 11/12: Māori 68%; Total Population 80%

Target 13/14: 80%



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

[36] *The WCTO Quality Framework is currently under development with the Ministry of Health, and timeframes are dependent on MoH.*

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.*
RESPONSIBILITY	Canterbury DHB; CCN Immunisation Service level Alliance; Christchurch PHO; Pegasus Health; Rural Canterbury PHO

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

Through the Immunisation Service Level Alliance, strengthen stakeholder alliances, review pathways and encourage general practices to place special focus on delivering HPV immunisations to Māori as a high-priority group.

- Q1-Q4: Monitor immunisation rates and support Te Kāhui o Papaki Ka Tai, general practice and outreach coordinators to identify areas of underperformance to support improved delivery.
- Q1-Q4: Support active pre-call programmes for HPV to increase uptake.
- Q1-Q4: Link 11-year-old and HPV immunisation events to increase uptake.

Implement the DHB Immunisation Promotional Plan 'Immunise for Life' to raise awareness of the importance of vaccination.

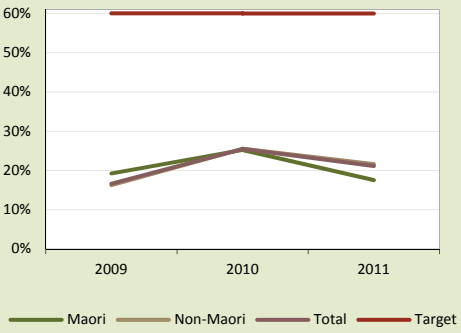
- Q1-Q4: Deliver hui to inform whānau and rangatahi on the benefits of the HPV immunisation programme.
- Q4: Participate in Immunisation Week to encourage immunisation.

OUTCOME

An increase in the percentage of 12-year-old Māori girls receiving dose 3 of the HPV vaccination programme.

Baseline 2011: Māori 18%; Total Population 21%

Target 13/14: 60%



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.*
RESPONSIBILITY	Canterbury DHB; Christchurch PHO; Pegasus Health; Rural Canterbury PHO; Te Herenga Hauora

OUR PERFORMANCE STORY 2013/14

ACTION /EVIDENCE

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.

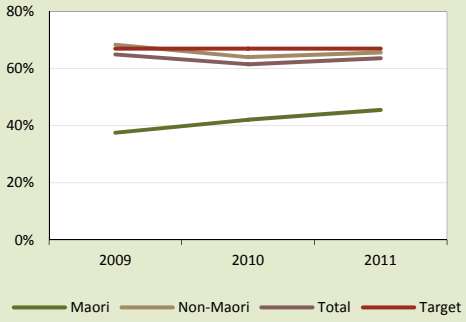
- Q1-Q4: Monitor oral health results against national DHB performance targets, and identify areas of significance for Māori to improve service delivery.[37]
- Q1-Q4: Work with the other South Island DHBs through Te Herenga Hauora to implement a regional oral health promotion campaign targeting Māori whānau to increase engagement with oral health services.
- Q1-Q4: Develop and implement a whole-of-DHB Oral Health Promotion Plan.
- Q1-Q4: Work with the Community Dental Service to identify barriers to timely recall and develop strategies to support caries-free teeth.
- Q1-Q4: Implement alternatives to the current service model for adolescents to engage more rangatahi Māori in oral health services.
- Q1-Q4: Increase coordination between dentists and the DHB Dental Services, utilising HealthPathways and Electronic Shared Care Record.

OUTCOME

An increase in the percentage of children caries-free (no holes or fillings) at age 5.[38]

Baseline 2011: Māori 46%; Total Population 64%

Target 13/14: 65%



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

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

Appendix 1

Māori Health Providers in Canterbury

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 at www.canterbury.webhealth.co.nz. Rural Canterbury and Christchurch PHOs also have service provider directories available on their 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 Maoritanga o Rehua.
- Mokowhiti Ltd.

Appendix 2

Canterbury Māori Health Framework 2013-2015 [39]

"Kia whakakotahi te hoe o te waka" – "We paddle our waka as one"

Background and rationale

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.[40] 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

- CDHB 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.

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

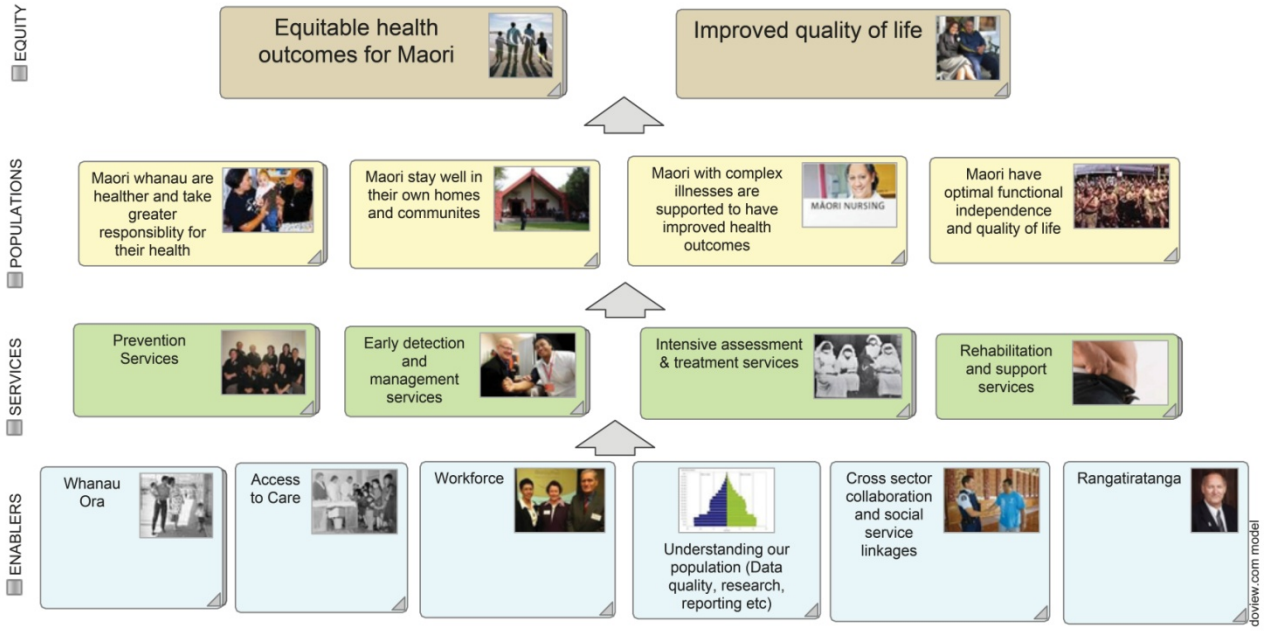
[40] *He Korowai Oranga: Māori Health Strategy http://www.health.govt.nz/publication/he-korowai-oranga-maori-health-strategy.*

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.

Canterbury Māori Health Framework




our health system