



The South Canterbury District Health Board

Māori Health Plan

2016-2017



*Enhancing the health and independence
of the people of South Canterbury*

www.scdhb.health.nz



MIHI

E kā mana, e kā reo, rau rakatira mā

E mihi atu nei ki a koutou

Tēnā koutou, tēnā koutou, tēnā koutou katoa

Korōria ki te wairuataka e tauawhi nei i a tātou

Kia mihi ake ki ō tātou tini mate.

Haere hoki atu rā ki te Ruka rawa

Kia tātou te huka ora tenā rā tātou katoa

Placeholder for APPROVAL LETTER





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BACKGROUND

One of the specific purposes of the New Zealand Public Health and Disability Act is to reduce health disparities by improving the health outcomes of Māori. Each District Health Board (DHB) must aim to reduce health disparities and achieve health equity.

The existence of Māori Health Plans is empowered by Section 6.2.1 of the 2016/17 Consultation Draft Operational Policy Framework which states that all District Health Boards (DHB) are required to develop and submit a Māori Health Plan to document how the DHB and the Primary Health Organisation (PHO) will improve Māori health and reduce Māori health outcome disparities. The South Canterbury District Health Board (South Canterbury DHB) does not have a PHO; however this role is covered by Primary and Community Services.

The South Canterbury DHB Māori Health Plan is a stand-alone Plan. It is a collection of performance measures and Health Targets of particular relevance to Māori health and is informed by the recently completed Māori Health Profile along with the South Canterbury DHB's strategic direction from the South Island Health Services Plan and the South Canterbury DHB Annual Plan.

Māori Health Plans include both national performance measures developed by the Ministry of Health that are linked to the major causes of morbidity and mortality for Māori as well as local performance measures selected based on the needs of the local population. South Canterbury DHB is not required to have indicators for Sudden Unexpected Death of an Infant (SUDI).

INTRODUCTION

The people in the South Canterbury DHB area generally have better access to health services and enjoy better health status than the average New Zealand population.

There was a material increase in the number of people in South Canterbury identifying as Māori in the 2013 Census compared with the 2006 Census. Currently Māori make up 8.4% of the South Canterbury population. Generally, Māori in South Canterbury have better health than Māori across the country but their health is not as good as it is for non-Māori living in South Canterbury. Reducing these disparities continues to be a key focus of this Māori Health Plan.

This Māori Health Plan that has been developed to improve Māori health and reduce Māori health outcome disparities. Three hui stimulated Māori participation, with direct input from mana whenua health representatives from Te Runanga o Arowhenua and Te Runanga o Waihao and mātāwaka representing Te Aitarakihi Trust Incorporated.

South Canterbury DHB, and its Primary and Community Health Division strive to achieve better health and wellbeing outcomes for Māori.

South Canterbury DHB planning and development of the 2016-17 Local Māori Health Priorities has occurred in collaboration with Primary and Community providers, as well as Arowhenua Whānau Services with a strong commitment across all parties to have the South Canterbury DHB Māori Health Plan as an overarching framework that identifies shared outcomes and priority areas. The Māori Health Plan will be the basis for organisation work plans and encourages collective efforts that make a difference for whanau Māori.

The guiding principles of Pae Ora, the government's vision for Māori Health, will be firmly embedded in organisation work plans. This collaborative approach based in the principles of Pae Ora supports '*Māori to live with good health and wellbeing in an environment that supports a good quality of life*'.

Progress against this Māori Health Plan will be reported to the Māori Health Advisory Committee each quarter and an overall performance summary will be published in the DHB's Annual Report.

MAURI ORA

Healthy Individuals

– this means maximum health and wellbeing for Māori as individuals within whānau.

The concept of mauri ora captures the importance of the individual. It sets the direction for the health system to ensure that Māori, as consumers of health services have pathways to care that meet their immediate needs as well as their future needs across all stages of life.

Achieving mauri ora will mean that individuals have good health and that the health system works to ensure that the way it delivers services across the continuum, from prevention to treatment, is appropriate for Māori at all ages.

WHĀNAU ORA

Healthy Families

– this means Māori families supported to achieve their maximum health and wellbeing

The concept of whānau ora is about supporting Māori families to achieve their maximum health and wellbeing.

- Whānau ora is driven by a focus on whānau being self-managing, living healthy lifestyles and confidently participating in te ao Māori and in society.
- It is a key element of Pae Ora and is an important part of setting the foundations for healthy futures.

Each whānau is different and has a unique set of aspirations. To achieve whānau ora, the health system will work in a way that acknowledges these aspirations and the central role that whānau play for many Māori, as a principal source of strength, support, security and identity.

The health system can make a significant contribution to helping whānau to achieve these aspirations, particularly those related to their health and wellbeing. Whānau ora has been retained in He Korowai Oranga because it resonated strongly with the health and disability sector over the last decade and has led to some significant gains.

WAI ORA

Healthy Environments

– this means Māori have access to resources and live in an environment that supports a healthy life.

The concept of wai ora encapsulates the importance of the environments in which we live and that have a significant impact on the health and wellbeing of individuals, whānau and communities.

Wai ora literally refers to water, both as a resource and as an essential part of the environment that provides sustenance for life. The concept reflects the need for Māori to have access to resources and to live in environments that support and sustain a healthy life.

Achieving wai ora will mean that the environment in which Māori, and all New Zealanders, live, work and play is safe. Wai ora also focuses on ensuring Māori have appropriate access to quality housing, safe drinking water and air, and healthy food, and that we are prepared for emergency events – for example, pandemics and natural hazards such as earthquakes. Dealing with the impact of climate change on health is also a focus for the future.

Wai ora is closely linked to the traditional realms of public health. It also reminds us that addressing the determinants of health, including poverty and education, is essential to improving outcomes for Māori.

South Canterbury District Health Board (SCDHB) is committed to the principles of Te Tiriti o Waitangi in particular in partnership and participation in planning and services and protection of Māori health and well-being.

These principles are fundamental to the values inherent in the planning and development of this Māori Health Plan which provides the strategic direction indeed the framework for health service provision in the Aoraki region.

Under Article 1 – Kāwanataka (governance) this principle provides for active partnerships with mana whenua at a governance level.

Therefore SCDHB ensures that mechanisms are in place to guarantee Māori health gains whilst reducing disparities.

Under Article 2 – Tino Rakatirataka (authority and autonomy) SCDHB ensures that mechanisms are in place to activate opportunities for Māori leadership, engagement, and participation at all levels of DHB activities.

Under Article 3 – Ōriteka (equity) SCDHB ensures that mechanisms are in place to achieve equity for Māori health. Local priorities are directly related to reducing systematic inequities in determinants of health, health outcomes and health service utilisation.

Under Article 4 – Te Riteka (customs, values and beliefs) SCDHB recognises and respects the right of Māori beliefs, values and aspirations across all DHB related activities. Furthermore protects that right in all relationships internal and external.



LOCAL MĀORI HEALTH PROFILE

Source: South Canterbury District Health Board Māori Health Profile 2015. (Robson B, et al, 2015)

SOUTH CANTERBURY POPULATION

In 2013, 4,400 Māori lived in the South Canterbury District Health Board region, 8% of the District's total population (57,600).

The South Canterbury Māori population is youthful, but showing signs of ageing. The median age in 2013 was 22.5 years. Fifteen percent of South Canterbury children aged 0–14 years were Māori, as were 12% of the District's youth aged 15–24 years. The Māori population aged 65 years and over will increase by 56% between 2013 and 2020.

WHĀNAU ORA – HEALTHY FAMILIES

Te Kupenga data is presented for four DHBs combined: South Canterbury, Canterbury, Nelson Marlborough, and West Coast. In 2013, most Māori adults (84%) from these four DHBs reported that their whānau was doing well, but 5% felt their whānau was doing badly. A small proportion (8%) found it hard to access whānau support in times of need, but most found it easy (77%).

The majority (59%) of Māori from the four DHBs thought Māori culture and spirituality was very, quite or somewhat important.

Most Māori from these DHBs (89%) had been to a marae at some time. Forty-four percent had been to their ancestral marae, with over half (56%) stating they would like to go more often.

One in twenty Māori from these four DHBs had taken part in traditional healing or massage in the last 12 months.

Eleven percent of South Canterbury Māori could have a conversation about a lot of everyday things in Te reo Māori in 2013.

WAI ORA – HEALTHY ENVIRONMENTS

EDUCATION

In 2013, 96% of children starting school had participated in early childhood education.

In 2013, 46% of South Canterbury Māori adults aged 18 years and over had at least a Level 2 Certificate, an increase since 2006 (39%). In 2013 the proportion of Māori with Level 2 was four-fifths that of non-Māori.

WORK

In 2013, 8% of South Canterbury Māori adults aged 15 years and over were unemployed, twice the non-Māori unemployment rate.

Most South Canterbury Māori adults (89%) do voluntary work.

In 2013, Māori were more likely than non-Māori to look after someone who was disabled or ill, within or outside of the home, without pay.

INCOME AND STANDARD OF LIVING

In 2013, 25% of South Canterbury children in Māori households (defined as households with at least one Māori resident) were in households with low equivalised household incomes (under \$15,172), compared to 17% of children in other households.

Among adults 18 years and over, 26% of those in a Māori household were in a low-income household, compared to 16% living in other households.

In 2013, 9% of Māori adults in South Canterbury, Canterbury, Nelson Marlborough and West Coast DHBs combined reported putting up with feeling the cold to keep costs down in the previous 12 months, 5% had gone without fresh fruit and vegetables, and 9% had postponed or put off visits to the doctor.

In 2013, 9% of Māori households had no motor vehicle, compared to 7% of other households.

Residents in Māori households were less likely to have access to most forms of telecommunications (other than telephone/landline) than those living in other households in South Canterbury: 25% had no internet, 10% no mobile phone, 21% no telephone and 2.5% had no access to any telecommunications at all.

HOUSING

In South Canterbury, Canterbury, Nelson Marlborough, and West Coast DHBs combined, the most common housing problems reported to be a big problem by Māori adults in 2013 were finding it hard to keep warm (15%), needing repairs (14%), and damp (9%).

In 2013, children in Māori households in South Canterbury were 75% more likely to live in rented accommodation than children in other households (46% compared to 26%).

South Canterbury residents in Māori households were 2.5 times as likely as others to be in crowded homes (i.e. requiring at least one additional bedroom) (10% compared to 4%).

AREA DEPRIVATION

Using the Socioeconomic Deprivation Index (NZDep) 2013 index of small area deprivation, 41% South Canterbury Māori lived in NZDep deciles 7 to 10, the four most deprived decile areas, compared to 31% of non-Māori. Only 10% lived in the two least deprived deciles (deciles 1 and 2) compared to 19% of non- Māori.

MAURI ORA – HEALTHY INDIVIDUALS

PEPI, TAMARIKI – INFANTS AND CHILDREN

On average 108 Māori infants were born in South Canterbury per year during 2009 to 2013, 17% of all live births in the DHB. Nine percent of Māori and 5% of non-Māori babies had low birth weight.

In 2013, 75% of Māori babies in South Canterbury were fully breastfed at 6 weeks.



In 2014, 99% of Māori children were fully immunised at 8 months of age, and 96% at 24 months.

In 2013, 55% of South Canterbury Māori children aged 5 years and 37% of non-Māori children had caries. At Year 8 of school, 52% of Māori children and 44% of non-Māori children had caries. Among Māori children under 15 years there was an average of 11 hospital admissions per year for diseases of the teeth and gums during 2009 to 2013.

During 2009–2013, on average there were 12 hospital admissions per year for grommet insertions among Māori children under 15 years, and one admission per year for skin infections.

On average 43 hospitalisations per year of Māori children were potentially avoidable through population- based health promotion and intersect oral actions.

Twenty-nine hospitalisations per year of Māori children were potentially avoidable through preventive or treatment intervention in primary care (ambulatory care sensitive hospitalisations, or ASH).

RANGATAHI – YOUNG ADULTS

There has been a significant decrease in the proportion of South Canterbury Māori aged 15–24 years who smoke regularly, but Māori youth smoking rates remain substantially higher than those of non-Māori.

By September 2014, 40% of Māori girls aged 17 years and 64% of those aged 14 years had completed all three doses of the human papilloma virus (HPV) immunisation.

During 2009 to 2013, there was an average of two hospital admissions per year for serious injury from self-harm among Māori youth aged 15–24 years, and one per year among Māori aged 25–44 years.

PAKEKE – ADULTS

Over half of Māori adults (56%) in South Canterbury, Canterbury, Nelson Marlborough, and West Coast DHBs combined reported having excellent or very good health in 2013, and over a quarter (28%) reported good health. One in six (17%) reported having fair or poor health.

Smoking rates among South Canterbury adults are decreasing, but remain higher for Māori (35% in 2013) than for non-Māori (19%).

CIRCULATORY SYSTEM DISEASES

On average, 28 South Canterbury Māori adults aged 25 years and over were admitted to hospital per year for circulatory system diseases (including heart disease and stroke) during 2009–2013, at a similar rate to non-Māori.

10 Māori adults per year on average were admitted for ischaemic heart disease (IHD), of whom five had acute coronary syndrome (heart attack or unstable angina). Six per year had angiography procedures, three had an angioplasty, and one per year had a coronary artery bypass and graft. There were no significant differences in rates between Māori and non-Māori.

Among South Canterbury Māori, there were five hospital admissions per year for heart failure, at a rate 2.8 times that of non-Māori.



Five Māori per year were admitted for stroke, with the rate for Māori females 2.5 times the rate for non-Māori females. Māori women were also more likely than non-Māori to be admitted for hypertensive disease.

Māori under 75 years were 69% more likely than non-Māori to die from circulatory system diseases during 2002 to 2011.

DIABETES

In 2013, 4% of South Canterbury Māori were estimated to have diabetes. Among those aged 25 years and over, 52% were regularly receiving metformin or insulin, 71% were having regular blood sugar monitoring, and 38% were being screened regularly for renal disease.

Māori men with diabetes were 3.8 times as likely as non-Māori men to have a lower limb amputated (one per year on average).

CANCER

Cancer incidence overall was not significantly different for Māori and non-Māori during 2003 to 2011. Lung, breast, cancers of the genital organs, and cancers of the digestive organs were the most commonly registered among South Canterbury Māori women. The rate of lung cancer was 5.9 times as high for Māori as for non-Māori women.

Breast screening coverage of women aged 45–69 years during the 24 months to the end of 2014 was 72% for Māori women and 80% for non-Māori women.

Cervical screening coverage of Māori women aged 25–69 years was 47% over 3 years to the end of 2014 and 56% over five years (compared to 78% and 89% of non-Māori women respectively).

Lung and breast cancer were the most common causes of death from cancer among Māori women (with mortality rates for both cancers over 3 times as high for Māori as for non-Māori).

Among South Canterbury males, cancers of the genital organs, respiratory organs, digestive organs and urinary tract were the most commonly registered for Māori. The cancer mortality rate was similar to that of non-Māori.

RESPIRATORY DISEASE

Māori aged 45 years and over were 2.3 times as likely as non-Māori to be admitted to hospital for Chronic Obstructive Pulmonary Disease (COPD) during 2009 to 2013, with an average of 10 Māori admissions per year.

Asthma hospitalisation rates were similar for Māori and non-Māori.

Māori women under 75 years were 3.2 times as likely as non-Māori women to die from respiratory disease during 2002–2011.

MENTAL DISORDERS

Māori were 38% more likely than non-Māori to be admitted to hospital for a mental disorder during 2009–2013. Schizophrenia-related disorders and substance use disorders were the most common causes of admission.

GOUT

In 2011 the prevalence of gout among South Canterbury Māori was estimated to be 4%.

Thirty-nine percent of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, just under half had a lab test for serum urate levels in the following six months.

In 2009–2013 the rate of hospitalisations for gout was 5.8 times as high for Māori as for non-Māori, indicating a higher rate of flare-ups.

ALL AGES

HOSPITALISATIONS

The all-cause rate of hospital admissions was 14% lower for Māori than for non-Māori during 2009–2013.

There was an average of 155 potentially avoidable hospital admissions per year among South Canterbury Māori, and 87 ambulatory care sensitive admissions per year.

MORTALITY

During 2008–2012, life expectancy at birth for Māori in the Canterbury Region was 80.9 years for females (2.6 years lower than for non-Māori females) and 77.2 years for males (2.8 years lower than for non-Māori males).

The all-cause mortality rate for South Canterbury Māori females during 2003–2012 was around 50% higher than the non-Māori rate, while the rate for males was similar for Māori and non-Māori.

Leading causes of death for Māori females were lung cancer, stroke, breast cancer, and COPD. Leading causes of death for Māori males were IHD, suicide, and accidents.

Potentially avoidable mortality and mortality from conditions amenable to health care were both around 40% higher for Māori than for non-Māori in South Canterbury.

INJURIES

There were 62 hospital admissions for injury per year on average among South Canterbury Māori during 2009 to 2013, at a similar rate to non-Māori.

The most common causes of injury resulting in hospitalisation were falls, exposure to mechanical forces, transport accidents, and assault.

Māori were 71% more likely than non-Māori to be admitted to hospital for assault.

On average, one Māori per year died from injuries during the decade 2002 to 2011, at a similar rate to non-Māori.

NATIONAL MĀORI HEALTH PRIORITIES – MANDATORY

HEALTH ISSUE	INDICATOR (TARGET)				
Ethnicity Data Quality	Accuracy of ethnicity reporting in PHO registers				
	Results			Target	
	2012/13	2013/14	2014/15	2015/16	2016/17
	98%	98%	99.93%	99.9%	98%
	Note: 15/16 result Q2				
ACTIVITY					
<p>Using the Dr Info practice audit tool has seen a marked improvement in ethnicity recording. SCDHB will continue with:</p> <ul style="list-style-type: none"> • Quarterly ethnicity data audit for every general practice; • Quarterly data improvements where Māori ethnicity is not recorded as 1st ethnicity; and • Quarterly data improvements where no ethnicity is recorded; and • Quarterly ethnicity data recording reports from Karo will be received by the Māori Health Advisory Committee for review. <p>Targeted Activities</p> <p>Primary and Community Services will transition all practices to National Enrolment Service linking into NHI database to improve ethnicity data.</p>					

HEALTH ISSUE	INDICATOR (TARGET)				
Access to Care (PHO Enrolments)	Percentage of the Māori population enrolled in a general practice.				
	Results			Target	
	2012/13	2013/14	2014/15	2015/16	2016/17
	72%	80%	78%	76.55%	85%
	Note: 15/16 result Q3 Note: Q2 result is 74.8% population projections for 15/16 are 200 higher than previous				
ACTIVITY					
<p>The projected Māori population for South Canterbury for is 3843(based on the 2013 Census) Primary Care will aim to register 85% of this projected Māori population by June 2017.</p> <ul style="list-style-type: none"> • Health professionals working in or contracted by the DHB will continue to work with Māori clients to support them to enrol with a local GP and to appropriately identify ethnicity on enrolment. • SCDHB Director Māori Health will work with Arowhenua Whānau Services (AWS) to ensure that all clients registered with AWS are enrolled with the PHO. • SCDHB Director Māori Health, Primary Care and AWS will plan and implement a service improvement initiative to respond to the data match result if required. 					



HEALTH ISSUE	INDICATOR (TARGET)							
Access to Care (Ambulatory Sensitive Hospitalisations)	Ambulatory sensitive hospitalisations rates per 100,000 for the age groups of 0-4, and 45-64 years.							
	Results						Target	
	12 months to	March 2014		March 2015		March 2016		2016/17
		Māori	Total	Māori	Total	Māori	Total	
	0-4 years	2931	3608	4561	3908	3793	4424	4424
	45-64 years	5058	3362	4334	2918	3311	2745	2745
Note: Ministry advises a jointly agreed (by District Alliances) System Level Measure Improvement Plan, including improvement milestones will be provided at the end of Q1 2016/1, as per DHB Annual Plan								
ACTIVITY								
<ul style="list-style-type: none"> • Develop a jointly agreed by Primary Care Interim Alliance, system level improvement plan including improvement milestones by the end of Quarter 1, 2016/17. • Monitor quarterly data reports for ASH admissions and follow up any trends (too low or too high) that show up in the reports. • Review individual ASH related admissions to identify any systematic and practice issues where better primary care may have avoided the admission. • ASH rates vary throughout the year. Local concern is that Māori ASH admissions tend to be lower than expected. However, with a low population count we need to be careful when interpreting statistical data. For the year to end June 2015 the top three ASH admissions for Māori by conditions are: <p>00-04 years:</p> <ol style="list-style-type: none"> 1. Dental Conditions – 1,552 compared to 887 for other, (9 admissions compared to 25 admissions for other). 2. Respiratory infections – upper and ENT – 862 compared to 852 for other, (5 admissions compared to 24 admissions for other). 3. Gastroenteritis/dehydration – 690 compared to 1,420 for other, (4 admissions compared to 40 admissions for other). <p>45-64 years:</p> <ol style="list-style-type: none"> 1. Angina & chest pain – 1,000 compared to 1,111 for other (8 admissions compared to 176 admissions for other). 2. Respiratory infections – COPD – 875 compared to 126 for other, (7 admissions compared to 20 admissions for other). 3. Respiratory infections – pneumonia – 375 compared to 139 for other, (3 admissions compared to 22 admissions for other). <p>Due to the number of admissions being so small SCDHB does not believe that these results are statistically valid. The DHB, in partnership with AWS and St Johns will:</p>								

- Continue to raise the profile of the Māori Provider, improve links between primary care, mainstream and Māori services to improve the responsiveness to the needs of Māori and increase whānau engagement with health services;
- In partnership with Arowhenua Whānau Services, St Johns Ambulance Service and the Emergency Department, Primary Care will develop integrated, comprehensive treatment plans for complex Māori patients with a long-term condition.
- Work with all stakeholders to facilitate continuity of care for children.
- Support seamless handover of mother and child as they move between maternity, general practice and WCTO services.
- Quarterly ASH reports will be received by the Māori Health Advisory Committee.

HEALTH ISSUE	INDICATOR (TARGET)																												
Child Health	<p>Percentage of babies exclusive or fully breastfed at LMC discharge.</p> <table border="1"> <thead> <tr> <th colspan="6">Results</th> <th>Target</th> </tr> <tr> <th colspan="2">March 2014</th> <th colspan="2">Sept 2014</th> <th colspan="2">Dec 2015</th> <th>2016/17</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> <th></th> </tr> </thead> <tbody> <tr> <td>75%</td> <td>70%</td> <td>71%</td> <td>71%</td> <td>51%</td> <td>64.6%</td> <td>75%</td> </tr> </tbody> </table> <p>Note: Result July-December 2015 (Data Source: WCTO Quality Improvement Framework Indicator Report)</p>	Results						Target	March 2014		Sept 2014		Dec 2015		2016/17	Māori	Total	Māori	Total	Māori	Total		75%	70%	71%	71%	51%	64.6%	75%
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<p><u>Universal Activities</u> the DHB will continue to strive to meet targets by engaging in the following:</p> <ul style="list-style-type: none"> • Ensuring every mother has a breastfeeding assessment which checks that correct latching is 																													

achieved and transfer of milk is occurring prior to discharge to ensure feeding is established and likely to be sustained. Where the assessment indicates additional ongoing support is required a specific breastfeeding referral will be sent to the most appropriate breastfeeding services e.g. DHB Breast Feeding Advisor, Arowhenua Whānau Services or Plunket. Continuing to support Well Child Tamariki Ora providers to support mothers to establish and maintain breastfeeding.

- SCDHB funds Plunket to coordinate the Breast Feeding Works Programme. This funding is used to employ a coordinator who recruits volunteers as peer counsellors and matches these women to breast feeding mothers to provide ‘mother to mother’ support. The programme has been fortunate enough to recruit a Māori mother to fill one of these peer support roles who sits as a consumer representative on the DHB Maternity Quality & Safety Programme Steering Group. The programme also runs breast feeding support groups in the district and these are available in both urban and rural areas.
- Maintaining Baby Friendly Hospital Initiative accreditation, as initiation of breastfeeding is linked with continuation of breastfeeding.
- Continue to support the South Canterbury Breastfeeding Action Group including providing ongoing coordination for initiatives such as the ‘Big Latch On’ and ‘Breast Feeding Welcome Here’ initiative.
- Link the benefits of breastfeeding to DHB Childhood Obesity initiatives.

Targeted Activities *the DHB will continue to strive to meet targets by engaging in the following:*

- Continue to strengthen the partnership between LMCs and our Māori Health Provider (Arowhenua Whānau Services), Tamariki Ora nurse to promote access to free support (to maintain full and exclusive breast feeding beyond six weeks) as outlined in the updated South Canterbury Breast Feeding Handbook which is provided to parents at ante natal classes. This Breast Feeding Booklet contains information relating to support Arowhenua Whānau Services can provide.
- Utilise revised Mama Aroha Breast Feeding Talk Cards to ensure consistency of advice provided by breast feeding practitioners to mums.
- Finalise the SCDHB Baby Friendly Community Initiative policy statement.
- Continue preparation for BFCI Framework accreditation.

The Māori health provider reports to the DHB, breastfeeding rates by age group every quarter. The report includes actual numbers and percentage of babies enrolled with the Tamariki Ora service. WCTO results for breastfeeding are received from the Ministry and will be forwarded to the Māori Advisory Committee for review.

HEALTH ISSUE	INDICATOR (TARGET)		
Cardiovascular Disease	Percentage of Māori men in the PHO aged 35-47 years’ who have had their CVD risk recorded within the past five years.		
	Results		Target
	2014/2015	2015/2016	2016/2017
	80.9%	56.3%	90%
Note: 2015/2016 %age is for the age group Māori men 35-44			
ACTIVITY			
Continue with monthly targeted reports for each enrolled population (Practice) that is not achieving the			

target with specific reporting for the 35- 74 year Māori men cohort:

- Monitor actual screening performance quarterly;
- Continue to utilise the Hauora Wanaka programme to educate whānau about the importance of visiting their primary care practice or the Māori health provider to have their CVDRA completed;
- Contracted Māori health provider continues to complete CVDRA for named individuals that Primary Care practices have not been able to engage;
- The DHB will continue to monitor CVDRA performance by practice monthly using Karo reporting;
- Each month the practice support team will work directly with practices not achieving target to recall patients as identified in the Karo report;
- Māori patients who do not respond to general practice recall will be advised that they will be referred on to Māori provider for outreach follow up; and
- Quarterly Māori men CVDRA reports from Karo will be received by the Māori Health Advisory Committee for review.

HEALTH ISSUE	INDICATOR (TARGET)						
Cancer Screening (Cervical)	Percentage of women (Statistics NZ Census projection adjusted for prevalence of hysterectomies) aged 25–69 years who have had a cervical screening event in the past 36 months.						
	Results						Target
	2013/14		2014/15		2015/2016		2016/17
	Māori	Total	Māori	Total	Māori	Total	
	57.8%	77.2%	61.2%	78.7%	62.1%	78.0%	80%
Note: Source NCSP coverage (%) of women aged 25–69 years in the three years ending 31 March 2014, 2015 and 2016, by ethnicity and District Health Board.							
ACTIVITY							
The DHB will continue:							
<ul style="list-style-type: none"> • To ensure that ethnicity data is being collected accurately and included in the Cervical Smear laboratory request forms to ensure improvements in the accuracy of the Cervical Screening performance reporting. Primary Care will continue to work with laboratory services to capture and record ethnicity for cervical smears by providing this from the Primary Care Register on request. Health promotion for cervical screening with our Māori health provider through Hauora Wanaka at Arowhenua Marae. At least two hui in the calendar year will have a focus on screening programmes/women’s health; • To recall women from past cervical smear clinics held at the marae when they are next due for their smear; • To support General Practices to link with the Māori health provider AWS who will endeavour to support the individual woman to attend for her smear either at the known GP or an alternative smear taker of the woman’s choice such as the Māori health provider; • To monitor individual primary care practice performance every quarter against the Cervical Screening target. All practices not achieving target will be required to develop an improvement plan; • Improvement plans will require referral on to the NCSP Māori health promoter after third recall attempt. The DHB will monitor referrals to NCSP through the NCSP Manager; • Māori women who do not attend for colposcopy at the DHB are followed up multiple times utilising 							

other providers including their GP and Māori Health provider to make contact with and provide support to the women to attend the appointment. Where Māori women requiring a colposcopy is unable to be located i.e. has moved out of the district then the DHB advises the National Screening Unit via Solution Plus; and

- Quarterly Māori cervical screening reports will be received by the Māori Health Advisory Committee for review.

Targeted Activities *the DHB will continue to strive to meet targets by engaging in the following:*

- Arowhenua Whanau Service will form a collaborative relationship with the new regional cervical screening provider (Screen South Ltd); and
- Arowhenua Whanau Service will work with Screen South to use the new NCSP PHO data match report to identify women and practices that need support to increase coverage for Māori women.

HEALTH ISSUE	INDICATOR (TARGET)						
Cancer Screening (Breast)	Percentage of eligible women aged 50 to 69 who have a Breast Screen Aotearoa (BSA) mammogram every two years.						
	Results						Target
	2013/14		2014/15		2015/16		2016/17
	Māori	Total	Māori	Total	Māori	Total	
	83% 45-69 years)	83% 45-69 years)	73.6%	79.1%	78.6%	79.6%	70%
Note: 15/16 result Q3				Results for Q2 77.2% 79.6%			
ACTIVITY							
SCDHB is currently achieving target for breast screening. Our focus in 2016 – 17 will be on <i>maintaining this high performance by doing the following:</i>							
<ul style="list-style-type: none"> • Ongoing health promotion for breast screening with our Māori health provider through Hauora Wanaka at Arowhenua Marae; • Continuing to monitor breast screening rates quarterly using BSA reports; • If actual declines more than 3% in any quarter we will follow up with individual practices to support increased practice recall and engagement with Breast Screen South; • Quarterly Māori breast screening reports will be received by the Māori Health Advisory Committee for review; and • Ongoing engagement with Breast Screen South. 							

HEALTH ISSUE	INDICATOR (TARGET)			
Smoking Cessation	Percentage of pregnant Māori women who are smoke free at two weeks postnatal.			
	Results			Target
	March 2014	Sept 2014	March 2015	2016/17

	Māori		Māori	Total	Māori	Total		
	65%	83%	57%	81%	63%	86%	95%	

ACTIVITY

- Smoking cessation worker is based in the antenatal clinic working space and available to pregnant women without an appointment.
- Continue to work with Community & Public Health to develop localised health promotion focus on Smoke free Pregnancy.
- Run a trial with Lead Maternity Care midwives and Continuity of Care midwives to conduct opportunistic screening for smoking at each interaction utilising a CO2 monitor.
- Hapū Māmā uses a holistic approach to supporting Māori pregnant women. Community and Public Health will explore the evidence for effective programmes that support Māori pregnant women.

HEALTH ISSUE	INDICATOR (TARGET)
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Immunisation Percentage of infants fully immunised by eight months of age (Health Target).

Results						Target
2013/14		2014/15		2015/16		2016/17
Māori	Total	Māori	Total	Māori	Total	
100%	92%	89.5%	91.9%	93%	91%	95%
Note: 15/16 result Q3			Results for Q2 88% 92%			

ACTIVITY

SCDHB is currently achieving target for Māori immunisation and performance is better than for total population.

- SCDHB will work to maintain this high performance by ensuring the Outreach Nurse/Immunisation Co-ordinator tracks all overdue tamariki at 8 weeks, 15 weeks and 4 months.
- The Outreach Nurse will immunise overdue tamariki in the home where appropriate.
- In partnership with AWS the Director Māori Health will explore a culturally safe approach to reduce immunisation decline rates amongst Māori.

HEALTH ISSUE	INDICATOR (TARGET)
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Immunisation Percentage of the eligible population (65 years and over) immunised against influenza annually.

Results						Target
2013/14		2014/15		2015/16		2016/17
Māori	Total	Māori	Total	Māori	Total	
69%	68%	67.7%	67.3%	58.98%	69.08%	75%
Note: 15/16 result Q1			Results for Q2 unavailable			

ACTIVITY

- Ensure seasonal influenza campaign is widely promoted to Māori.
- Monitor influenza immunisation rates quarterly Apr-Jun and Jul-Sep each year and feedback to general practice.
- Primary Care, Māori health providers and general practices actively promote seasonal flu immunisation.
- Māori health provider to offer Influenza Immunisation on site at local marae.

HEALTH ISSUE	INDICATOR (TARGET)				
Rheumatic Fever	Rate of hospitalisation (per 100,000 DHB total population) for acute rheumatic fever.				
	Results				Target
	2014		2015		2016
	SCDHB		South Island		0.2
	Māori	Total	Total	Māori	
0	0	0.4	0	0	N/A
<p>Note: Link to the "South Island Rheumatic Fever Prevention And Management Plan". For Nelson-Marlborough, West Coast, Canterbury, South Canterbury and Southern DHBs . For the period 20 Oct 2013 – 30 June 2017</p> <p>http://www.sialliance.health.nz/UserFiles/SouthIslandAlliance/File/PDFs/SI%20Rheumatic%20Fever%20Prevention%20Management%20Plan.pdf</p>					

ACTIVITY
<p>"Patients with a history of rheumatic fever receive monthly antibiotics not more than five days after their due date. Annual audit of rheumatic fever secondary prophylaxis coverage reported to the Ministry in Q4 2016/17" (Refer Annual Plan, p30. 2.3.5 Reducing Rheumatic Fever)</p> <ul style="list-style-type: none"> • The region has developed the South Island Rheumatic Fever Prevention Plan which will be implemented via the SIHSP. SCDHB remains committed to the implementation of this Plan. • The South Island Public Health Partnership continues to provide a surveillance function for rheumatic fever and plays a facilitative role in ensuring each DHB has mechanisms in place to ensure the Rheumatic Fever Prevention and Management Plan is being implemented as intended. • The SCDHB will notify any cases to Community and Public Health and will deliver on actions specified in the South Island Rheumatic Fever Prevention Plan. • Should a new or recurrent case of rheumatic fever be identified in the district a case review will occur and the Ministry provided with a quarterly report on actions taken and lessons learned. • Develop an Aoraki Health Pathway and provide education to guide general practice in the management of those patients with a history of rheumatic fever transferring into the district and presenting in primary care.

HEALTH ISSUE	INDICATOR (TARGET)						
Oral Health	Percentage of pre-school children enrolled in the community oral health service.						
	Results				Target		
	2013		2014		2015		2016/17
	Māori	Total	Māori	Total	Māori	Total	95%
	28.3%	70.9%	29.5%	69.8%	38.1%	82.4%	
Note: 15/16 result Q3					Only Reported in Q3		

ACTIVITY

It is believed that the ethnicity reporting and data capture in the oral health service is under representative of Māori enrolment. The triple enrolment form introduced in late 2014 is expected to address this issue however this will not be evident until the 2015 year result.

- B4SC continues to ensure that 100% Māori are enrolled by school age.
- New enrolment details are loaded into Titanium (COHS's Information Management System) on receipt. Data are extracted quarterly and numbers of children by age and ethnicity are calculated and compared to targets.

HEALTH ISSUE	INDICATOR (TARGET)						
Mental Health	Number of Māori under the Mental Health (Compulsory Assessment and Treatment) Act 1992: section 29 community treatment order relative to other ethnicities.						
	Results						
	2012/13		2013/14		2014/15		2015/16
	Māori	Total	Māori	Total	Māori	Total	Data not available until end of year
	14	95	6	62	5	60	
	Rate of Māori per 100,000 under the Mental Health (Compulsory Assessment and Treatment) Act 1992: section 29 community treatment order compared to other ethnicities.						
	Results						
	2012/13		2013/14		2014/15		2015/16
	Māori	Total	Māori	Total not	Māori	Total	Data not available until end of year
	349	181	134	107	112	103	
Rates for 2012/13 were based on MoH projected population data which was higher than the actual population. Rates for 2013/14 are based on 2013 Census data.							
ACTIVITY							
An audit of clinical files of Māori clients under the Mental Health Act (Sec 29 Community and Treatment Order) was completed during 2015. Due to the very low number of Māori patients no themes or trends were able to be identified. All patients are referred to the Māori Mental Health Team.							
<ul style="list-style-type: none"> • Continue to monitor access rates for Māori into the Mental Health Service. • Reports are received and discussed at the Mental Health Operational Management meeting. 							

LOCAL MĀORI HEALTH PRIORITIES

HEALTH ISSUE	INDICATOR (TARGET)				
<p>Risk-Taking Behaviours in Rakatahi</p> <p>Definitions Rakatahi: 12-24 years</p> <p>Risk-Taking Behaviours: Refers to the tendency to engage in activities that have the potential to be harmful or dangerous to self and/or other.</p>	Number of Rakatahi accessing Alcohol and Other Drug Services				
	Results				
	Māori 12 – 24 (Living in SC)	July 2014 to June 2015		July 2015 to March 2016	
		Māori	Total	Māori	Total
	SCDHB AOD service	32	tab	21	tab
	Note: Data is collected from www.ajexus.com				
	Number of Rakatahi presentations at Timaru Hospital Emergency Department for alcohol related and other drugs incidents (Developmental measure).				
	Results				
	Māori 12 – 24 (Living in SC)	July 2014 to June 2015		July 2015 to March 2016	
		9 attendances (9 individuals)		10 attendances (8 individuals)	
Note: Excludes secondary involvement i.e. where attendance results from another's alcohol or drug use.					
Number of Rakatahi presentations at Emergency Department for assault (Developmental measure)					
Results					
Māori 12 – 24 Years (Living in SC)	July 2014 to June 2015		July 2015 to March 2016		
	11 attendances (11 individuals)		5 attendances (4 individuals)		
Note: Flags an ED attendance which results from a confirmed or suspected involvement in an assault.					
ACTIVITY					
Reduce risk taking behaviour by Rakatahi.					
Universal activities					
<ul style="list-style-type: none"> • Nurse for Youth in Alternative Education Settings is already in place, – with nurse run health clinics occurring. • Youth Health weekly clinic. • Twice-weekly sexual health clinic. • Free under-25 sexual health consultations in General Practices. • Gateway assessments. • Family Violence Intervention screening. • Alcohol screening in ED and General Practice. 					
Target activities					
<ul style="list-style-type: none"> • Arowhenua Whānau Services provide mental health and AOD services for youth and Rakatahi. • SCDHB Māori mental health community workers - cultural Assessment, HONOS and Strengths Care Plan and “Focus on Recovery” programme. • Adventure Development: Youth (12 – 20 year olds) Alcohol and Drug Service provides a short 					

program designed to reduce harm caused by alcohol/drugs.

Data

To inform planning for 2017 / 2018

- Baseline data collected for 2016/17 to inform target setting for 2017/18 for Rakatahi accessing addiction services and for presentations to ED for alcohol and other drug related incidents and assault
- Establish a developmental measure for acute SAATS assessments.

HEALTH ISSUE	INDICATOR (TARGET)																															
<p>Inequity of health status of Māori men.</p> <p>According to the Taneora Men’s Health coalition Māori men fare poorly compared with other New Zealanders on a number of health indicators:</p> <p>The death rate for Māori males is approximately twice that of non-Māori males.</p> <p>Leading causes of death for Māori men include cardiovascular disease, cancer, diabetes and respiratory disease.</p> <p>Māori men are 1.5 times more likely to be current smokers than men in the total population.</p>	<p>Reducing risk factors, such as obesity, poor diet, smoking and alcohol consumption.</p> <p>Increase enrolments in Primary Care</p> <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="4" style="text-align: left;">Results</th> </tr> <tr> <th style="text-align: center;">Māori enrolled in Primary Care</th> <th style="text-align: center;">Total Māori Enrolled</th> <th style="text-align: center;">Total Māori Population</th> <th style="text-align: center;">%</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">3,718</td> <td style="text-align: center;">4,850</td> <td style="text-align: center;">77%</td> </tr> </tbody> </table> <p>Note: Data is as at April 2016, the number and estimated percentage of the total population (based on StatsNZ population projections) who are enrolled in a PHO by ethnicity. (developmental)</p> <p>Number of eligible Māori men accessing CarePlus.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="5" style="text-align: left;">Results</th> </tr> <tr> <th rowspan="2" style="text-align: center;">Māori Men Accessing Care Plus</th> <th colspan="2" style="text-align: center;">@ June 2015</th> <th colspan="2" style="text-align: center;">@ March 2016</th> </tr> <tr> <th style="text-align: center;">Māori</th> <th style="text-align: center;">Total</th> <th style="text-align: center;">Māori</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">174</td> <td style="text-align: center;">2867</td> <td style="text-align: center;">198</td> <td style="text-align: center;">2,983</td> </tr> </tbody> </table> <p>Note: Data is (developmental)</p>	Results				Māori enrolled in Primary Care	Total Māori Enrolled	Total Māori Population	%		3,718	4,850	77%	Results					Māori Men Accessing Care Plus	@ June 2015		@ March 2016		Māori	Total	Māori	Total		174	2867	198	2,983
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ACTIVITY																																
<ul style="list-style-type: none"> • Work with Arowhenua Whānau Services to ensure that at least one hui is held annually targeting Māori Men’s health. • Make Men’s Health education resources available at local marae. • Arowhenua Whānau Services will promote health information through workplaces for example: shearing gangs, Sanford’s, freezing works, and Fonterra. • Arowhenua Whānau Services promoting enrolments and regular health checks with primary health care providers. • Review national Prostate Management Guidelines to inform planning for 2017/18. 																																



HEALTH ISSUE	INDICATOR (TARGET)
<p>Older Persons Health Literacy</p> <p>Health Literacy: The degree to which individuals can obtain, process and understand health information and services they need to make appropriate health decisions.</p>	<p>Individuals and whānau can obtain process and understand health materials.</p> <p>Number of attendees at Health of the Older Person’s Hui</p> <p>Number of Carers receiving support</p>
ACTIVITY	
<p>The DHB will assume that most individuals and whānau will at times have difficulty understanding and applying complex health information, and work on ways to make it less difficult. The focus will be on effective action to ensure individuals and whānau are able to make informed decisions, and can access and navigate appropriate, quality and timely health services.</p> <p>Universal activity</p> <ul style="list-style-type: none"> • AWS support older persons and their whānau to develop and understand care plans. • AWS support older persons and their whānau to understand prescribed medication and its proper use. <p>Targeted activity</p> <ul style="list-style-type: none"> • Promote and coordinate action to raise awareness of, and build skills in health literacy practice among the health workforce and across the health system. • Primary Care providers undertake training in effective health literacy communication (evidence-based) methods as a core part of professional development. • Programme for carers of people with Alzheimer’s. • Annual hui focusing on older person’s health. • Annual hui held for carers. 	

APPENDIX 1 GLOSSARY OF TERMS

ACS	Acute Coronary Syndrome
ANZACS - QI	A web-based system to support clinical quality improvement in secondary care Cardiology practice and to better understand the relevant population health profile within regions and nationally.
AP	Annual Plan
ASH	Ambulatory Hospital Admission
AWS	Arowhenua Whānau Services
BFCI	Baby Friendly Community Initiative
BFHI	Breast Feeding Hospital Initiative
BSA	BreastScreen Aotearoa is New Zealand's free national breast screening programme for women aged between 45 and 69.
B4SC	Before School Check
CO2	Carbon dioxide
COHS	Community Oral Health Services
CVD	Cardio Vascular Disease
CVDRA	Cardio Vascular Disease Risk Assessment
DHB	District Health Board
DMFT	Decayed, Missing, Filled Teeth
DNA	Did Not Attend
FSA	First Specialist Appointment
GP	General Practitioner
LMC	Lead Maternity Carer
MHP	Māori Health Plan
MoH	Ministry of Health
NCSP	National Cervical Screening Programme
PHO	Public Health Organisation
RSP	Regional Service Plan
SCDHB	South Canterbury District Health Board
SIHSP	South Island Health Services Plan
SUDI	Sudden Unexpected Death in an Infant
WCTO	Well Child Tamariki Ora

APPENDIX 2 LETTER OF SUPPORT

Primary Care Interim Alliance
CA Primary & Community Services
South Canterbury District Health Board
Private Bag 911
Timaru 7940

24 May 2015

To Whom it May Concern

APPROVAL OF SOUTH CANTERBURY DISTRICT HEALTH BOARD MAORI HEALTH PLAN 2016-2017

Members of the Primary Care Interim Alliance (PCIA) hereby advise that we have been consulted and confirm that we support the SCDHB Maori Health Plan 2016-2017 as it currently stands.

Signed by the members of the PCIA:

Allison Ross
PN Dee Street Medical Centre



Dagmar Crosby
GP Wood Street Surgery



Michelle Bridwin
Practice Manager, Accasi Medical &
Hassall Street Surgery



Bruce Small
Chief Primary Care Medical Officer,
SCDHB



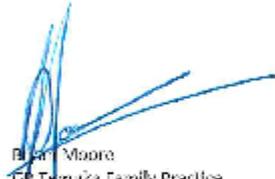
Jana Urosnahan
Director of Nursing & Midwifery,
SCDHB



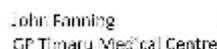
Sharon Hansen
NP Temuka Health Care



Blair Moore
GP Temuka Family Practice



John Fanning
GP Timaru Medical Centre



Tim Gardner
GP High Country Health



Carleen Crow-Thomson
Practice Manager
Dee Street Medical Centre



Kim Carter
PN Wood Street Surgery

