

The South Canterbury District Health Board

Māori Health Plan

2015-2016



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

www.scdhb.health.nz

13 July 2015

Mr Nigel Trainor
Chief Executive Officer
South Canterbury District Health Board
ntrainor@scdhb.health.nz

Tēna koe Nigel

Approval of District Health Board (DHB) Māori Health Plan 2015/16

We are pleased to approve your Māori Health Plan for the 2015/16 period. Your staff have worked extremely hard to develop your Māori Health Plan.

The next step is for your DHB to make your Māori Health Plan publicly available on your website. Please also send the link to Raukura Maxwell who will ensure it is linked on the MYDHB website (raukura_maxwell@moh.govt.nz).

We look forward to seeing your progress in achieving the desired outcomes for the 2015/16 year. Thank you for your continued commitment to improving health outcomes for Māori.

Nā māua noa, nā



John Hazeldine
Acting Director – DHB Performance
National Health Board



Gabrielle Baker
Acting Deputy Director-General
Māori Health

Cc Murray Cleverly, DHB Board Chair – m.cleverly@scdhb.health.nz
Jenny Williams, EA to CEO – J.Williams@scdhb.health.nz

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Background

On 30 June 2010 the Cabinet Social Policy Committee decided that DHBs would be required to complete a Regional Service Plan (RSP) and a DHB Annual Plan (AP) - SOC Min (10) 15/2.

The RSP replaced the District Strategic Plan and the AP replaced the District Annual Plan. Both took effect for the 2011/12 year and continue to be the requirements for the 2015/16 year.

The existence of Māori Health Plans (MHP) is empowered by Section 6.2.1 of the 2015/16 Operational Policy Framework which states that all DHBs are required to develop and submit a Māori Health Plan to document how the DHB and the PHO will improve Māori health and reduce Māori health outcome disparities.

Clause 21.5 of SOC Min (10) 15/2 also states that APs are to include MHPs.

Māori Health Plans are documents produced by DHBs to describe how they are going to improve the health of Māori and to reduce inequalities in their district. The 2015/16 Māori Health Plan is informed by the DHB's Māori population and their health needs and the DHB's strategic objectives from its RSP and AP. The MHP template is prescribed by the Ministry of Health.

In this 2015/16 year the Ministry of Health have requested that DHB's renew their Māori Health Plans incorporating national indicators as advised by the Ministry of Health and up to two or three local indicators that reflect the specific needs of the Māori population in the district. South Canterbury DHB is not required to have indicators for Sudden Unexpected Death of an Infant (SUDI).

Introduction

The population living within the geographical boundaries of the SCDHB generally have better access to health services and enjoy better health status than the average New Zealand population.

This is true for all ethnicities living in South Canterbury but nonetheless there are still real disparities between Māori and non-Māori in relation to health outcomes from health services and ultimately life expectancy. 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 with direct input from manawhenua health representatives from Te Runanga o Arowhenua and Te Runanga o Waihao and maata waka representing Te Aitarakihi Trust Incorporated.

This 2015/16 Plan encompasses the national indicators required in all Māori Health Plans as well as an ongoing focus on improving oral health for tamariki. The number of people in South Canterbury identifying as Māori in the 2013 Census was 4,560 out of a total population of 57,600. This was a material increase of 44.2% in the Māori population from the 2006 Census. The total population increase in South Canterbury was 3,723 people or a 6.9% increase.

This Māori Health Plan that has been developed with direct input from Manawhenua health representatives from Te Runanga o Arowhenua and Te Runanga o Waihao and Te Aitarakihi Trust Incorporated representing Mataawaka.

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.

During 2015/16 the Māori Health Advisory Committee will develop a Māori Health Action Plan to inform the development of the 2016/17 Annual Plan.

Local Māori Health Profile

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 NZDep2013 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 intersectoral 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.
- Ten 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

Health Issue	Indicator (Target)	Activity																															
Data Quality	<p>More than 98% of practices are recording ethnicity in their practice registers.</p> <table border="1"> <thead> <tr> <th colspan="2">Results</th> <th>Target</th> </tr> <tr> <th>2012/13</th> <th>2013/14</th> <th>2015/16</th> </tr> </thead> <tbody> <tr> <td>98%</td> <td>98%</td> <td>98%</td> </tr> </tbody> </table>	Results		Target	2012/13	2013/14	2015/16	98%	98%	98%	<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. • Quarterly ethnicity data recording reports from Karo will be received by the Māori Advisory Committee for review. 																						
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Access to Care	<p>More than 97% of the projected Māori population is enrolled in a general practice.</p> <table border="1"> <thead> <tr> <th colspan="2">Results</th> <th>Target</th> </tr> <tr> <th>2012/13</th> <th>2013/14</th> <th>2015/16</th> </tr> </thead> <tbody> <tr> <td>72.2%</td> <td>80%</td> <td>97%</td> </tr> </tbody> </table> <p>Ambulatory sensitive hospitalisations rates per 100,000 for the age groups of 0 – 4, and 45-64 years.</p> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Result 2012/13</th> <th colspan="2">Result 2013/14</th> <th rowspan="2">Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>0-4 years</td> <td>108%</td> <td>79%</td> <td>105%</td> <td>83%</td> <td>TBC</td> </tr> <tr> <td>45-64 years</td> <td>145%</td> <td>98%</td> <td>279%</td> <td>107%</td> <td>TBC</td> </tr> </tbody> </table>	Results		Target	2012/13	2013/14	2015/16	72.2%	80%	97%		Result 2012/13		Result 2013/14		Target 2015/16	Māori	Total	Māori	Total	0-4 years	108%	79%	105%	83%	TBC	45-64 years	145%	98%	279%	107%	TBC	<p>The current primary care enrolment rates across the South Canterbury district are higher than the projected population. Therefore, we have greater than 99% of the population enrolled with a primary care provider.</p> <p>The current ethnicity data report shows that 99.54% of enrolled patients have an ethnicity recorded and 6.4% identify as Māori.</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 advise ethnicity on enrolment. • Quarterly Māori enrolment rate reports from Karo will be received by the Māori Advisory Committee for review. <ul style="list-style-type: none"> • 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 September 2014 the top three ASH admissions for Māori by conditions: <p>00 – 04 years are:</p> <ol style="list-style-type: none"> 1. Upper Respiratory & ENT infections (7 admissions, 167% of national rate/101% of national rate for other) 2. Gastroenteritis/dehydration (5 admissions, 124% of
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		<p>national rate/83% of national rate for other)</p> <ol style="list-style-type: none"> 3. Dental conditions (4 admissions, 63% of national rate/89% of national rate for other). <p>45-64 years are:</p> <ol style="list-style-type: none"> 1. Angina & chest pain (10 admissions, 293% of national rate/181% of national rate for other) 2. Cervical cancer (5 admissions) 3. Cellulitis (3 admissions, 79% of national rate/56% of national rate for other). <p>Due to the number of admissions being so small SCDHB does not believe that the above results are statistically valid. Whilst the DHB has no specific plans to address these ASH results, it will also:</p> <ul style="list-style-type: none"> • Continue to ensure our Māori Provider is known and improve links between primary care, mainstream and Māori Services to improve the responsiveness of the system to the needs of Māori and increase whānau engagement with health services; • Work with all stakeholders to facilitate continuity of care for children; and • Support seamless handover of mother and child as they move between maternity, general practice and WCTO services.
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Health Issue	Indicator (Target)	Activity																																												
<p>Child Health</p> <p>Breast milk is considered the most complete food for babies and it gives children a healthy start in life. The lack of breastfeeding is implicated in childhood obesity, the onset of Type II Diabetes later in life, and many other negative health outcomes.</p> <p>Research also shows that children who are exclusively breastfed in the early months are less likely to suffer adverse effects from common childhood illnesses like gastroenteritis, otitis media and respiratory tract infections.</p>	<p>The aim of this indicator is to focus on improving breastfeeding rates for Māori in South Canterbury.</p> <p>Percentage of babies exclusive or fully breastfed at LMC discharge.</p> <table border="1" data-bbox="528 363 1234 517"> <thead> <tr> <th colspan="2">Result Sept 2014</th> <th>Sept 2013</th> <th>Change</th> <th rowspan="2">Target June 2016</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th></th> </tr> </thead> <tbody> <tr> <td>71%</td> <td>70%</td> <td>74%</td> <td>↓ 3%</td> <td>75%</td> </tr> </tbody> </table> <p>Percentage of babies exclusive or fully breastfed at 3 months.</p> <table border="1" data-bbox="528 608 1234 761"> <thead> <tr> <th colspan="2">Result Sept 2014</th> <th>Sept 2013</th> <th>Change</th> <th>Target June 2016</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>45%</td> <td>58%</td> <td>45%</td> <td>=</td> <td>60%</td> </tr> </tbody> </table> <p>Percentage of babies receiving breast milk at 6 months.</p> <table border="1" data-bbox="528 852 1234 1005"> <thead> <tr> <th colspan="2">Result Sept 2014</th> <th>Sept 2013</th> <th>Change</th> <th>Target June 2016</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>61%</td> <td>69%</td> <td>41%</td> <td>↑ 20%</td> <td>65%</td> </tr> </tbody> </table> <p>Monitoring</p> <p>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 QIF results for breastfeeding are received from the Ministry and will be forwarded to the Māori Advisory Committee for review.</p>	Result Sept 2014		Sept 2013	Change	Target June 2016	Māori	Total	Māori		71%	70%	74%	↓ 3%	75%	Result Sept 2014		Sept 2013	Change	Target June 2016	Māori	Total	Māori			45%	58%	45%	=	60%	Result Sept 2014		Sept 2013	Change	Target June 2016	Māori	Total	Māori			61%	69%	41%	↑ 20%	65%	<p>The DHB will continue to maintain high performance by engaging in the following:</p> <p><u>Universal Activities</u></p> <ol 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 Whanau 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. The programme also runs breast feeding support groups in the district and these are available in both urban and rural areas. Maintaining BFHI accreditation, as initiation of breastfeeding is linked with continuation of breastfeeding. <p><u>Targeted Activities</u></p> <ol style="list-style-type: none"> 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. Utilise Mama Aroha Breast Feeding Talk Cards to ensure consistency of advice provided by breast feeding practitioners to mums. <p>PHO Involvement</p> <p>In South Canterbury the DHB does not have a PHO but has the Primary and Community Services division which covers the role of the PHO.</p>
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Cardiovascular Disease	<p>Percentage of the eligible population who have had their CVD risk assessed within the past five years (Health Target).</p> <table border="1"> <thead> <tr> <th colspan="2">Baseline 2011/12</th> <th colspan="2">Result 2012/13</th> <th colspan="2">Result 2013/14</th> <th rowspan="2">Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>43.0%</td> <td>44.1</td> <td>58.1%</td> <td>64.1%</td> <td>71.6%</td> <td>81.2%</td> <td>90%</td> </tr> </tbody> </table>	Baseline 2011/12		Result 2012/13		Result 2013/14		Target 2015/16	Māori	Total	Māori	Total	Māori	Total	43.0%	44.1	58.1%	64.1%	71.6%	81.2%	90%	<p>Continue with monthly targeted reports for each enrolled population (Practice) that is not achieving the target with specific reporting for the 35-44 year Maori men cohort:</p> <ul style="list-style-type: none"> • Monitor actual screening performance quarterly; • Continue to utilise the Hauora Wananga 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 health target performance by practice monthly using the Dr Info audit tool; • Each month the practice support team will work directly with practices not achieving target to recall patients as identified in the Dr Info audit; and • 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.
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<p>Percentage of high-risk patients who receive an angiogram within three days of admission ('Day of Admission' being 'Day 0').</p> <table border="1"> <thead> <tr> <th colspan="2">Results Jan – Mar 2015</th> <th rowspan="2">Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>50%*</td> <td>71.4%</td> <td>70%</td> </tr> </tbody> </table> <p>*Results for Māori relate to very small numbers. There were only two Māori patients during this baseline period requiring an angiogram.</p>	Results Jan – Mar 2015		Target 2015/16	Māori	Total	50%*	71.4%	70%	<ul style="list-style-type: none"> • Monitor and work with tertiary provider to ensure timely access to intervention for South Canterbury Māori. • SCDHB is actively involved in the review of cardiology services in the South Island. • Collection of this data for SCDHB commenced in October 2014 therefore a full year result for 2013/14 is not available as a baseline. A baseline for January – March 2015 is included. • SCDHB will monitor performance by ethnicity quarterly. 													
Results Jan – Mar 2015		Target 2015/16																				
Māori	Total																					
50%*	71.4%	70%																				
<p>Percentage of patients presenting with ACS who undergo coronary angiography and have ANZACS QI data collection completed within 30 days. (This data is not reported by ethnicity).</p> <table border="1"> <thead> <tr> <th colspan="2">Result Dec 2014 – Feb 2015</th> <th rowspan="2">Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>N/A*</td> <td>90.6%</td> <td>>90%</td> </tr> </tbody> </table>	Result Dec 2014 – Feb 2015		Target 2015/16	Māori	Total	N/A*	90.6%	>90%														
Result Dec 2014 – Feb 2015		Target 2015/16																				
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N/A*	90.6%	>90%																				
Cancer Screening	Percentage of women (Statistics NZ Census projection adjusted for	The DHB will continue;																				

Cervical	<p>prevalence of hysterectomies) aged 25–69 years who have had a cervical screening event in the past 36 months.</p> <table border="1" data-bbox="483 240 1245 488"> <thead> <tr> <th colspan="2">Baseline 2011/12</th> <th colspan="2">Result 2012/13</th> <th colspan="2">Result 2013/14</th> <th rowspan="2">Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>66.52% (PPP 20 – 69 years)</td> <td>75.8% (NCSP 25 – 69 years)</td> <td>69.50% (PPP 20 – 69 years)</td> <td>76.1% (NCSP 25 – 69 years)</td> <td>74% (PPP 20 – 69 years)</td> <td>78.7% (NCSP 25 – 69 years)</td> <td>>80%</td> </tr> </tbody> </table>	Baseline 2011/12		Result 2012/13		Result 2013/14		Target 2015/16	Māori	Total	Māori	Total	Māori	Total	66.52% (PPP 20 – 69 years)	75.8% (NCSP 25 – 69 years)	69.50% (PPP 20 – 69 years)	76.1% (NCSP 25 – 69 years)	74% (PPP 20 – 69 years)	78.7% (NCSP 25 – 69 years)	>80%	<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. An arrangement will be put in place for the laboratory to notify the DHB whenever a cervical smear is received where the women’s ethnicity is not recorded on the laboratory form; • Health promotion for cervical screening with our Māori health provider through Hauora Wananga at Arowhenua Marae. At least two hui in the calendar year will have a focus on screening programmes; • 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 and the NCSP Māori health promoter 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; and • To monitor individual primary care practice performance every quarter against the Cervical Screening target using the DR Info audit tools. 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.
Baseline 2011/12		Result 2012/13		Result 2013/14		Target 2015/16																
Māori	Total	Māori	Total	Māori	Total																	
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Cancer Screening Breast	<p>Percentage of eligible women aged 50 to 69 who have a BSA mammogram every two years using the 1 July to 30 June year.</p> <table border="1" data-bbox="483 1114 1245 1361"> <thead> <tr> <th colspan="2">Baseline 2011/12</th> <th colspan="2">Result 2012/13</th> <th colspan="2">Result 2013/14</th> <th rowspan="2">Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>80%</td> <td>81.4%</td> <td>72% (45 – 69 years)</td> <td>73.12% (45-69 years)</td> <td>82.9% (45 – 69 years)</td> <td>82.9%</td> <td>70%</td> </tr> </tbody> </table> <p>Note: updated coverage rates, which are based on the latest population figures from Statistics New Zealand, are available on the National Screening Unit website.</p>	Baseline 2011/12		Result 2012/13		Result 2013/14		Target 2015/16	Māori	Total	Māori	Total	Māori	Total	80%	81.4%	72% (45 – 69 years)	73.12% (45-69 years)	82.9% (45 – 69 years)	82.9%	70%	<p>SCDHB is currently achieving target for breast screening. Our focus in 2015 – 16 will be on maintaining this high performance by doing the following:</p> <ul style="list-style-type: none"> • Ongoing health promotion for breast screening with our Māori health provider through Hauora Wananga at Arowhenua Marae; • Continuing to monitor breast screening rates quarterly using the DR Info audit tools; and • If actual declines more than 3% in any quarter we will follow up with the individual practices to support increased practice recall and engagement with BreastScreen South.
Baseline 2011/12		Result 2012/13		Result 2013/14		Target 2015/16																
Māori	Total	Māori	Total	Māori	Total																	
80%	81.4%	72% (45 – 69 years)	73.12% (45-69 years)	82.9% (45 – 69 years)	82.9%	70%																

Health Issue	Indicator (Target)	Activity																					
Smoking Cessation	<p>Percentage of pregnant Māori women who are smokefree at two weeks postnatal.</p> <table border="1"> <thead> <tr> <th colspan="2">Result Sept 2013</th> <th>Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th></th> </tr> </thead> <tbody> <tr> <td>67%</td> <td>86%</td> <td>>95%</td> </tr> </tbody> </table>	Result Sept 2013		Target 2015/16	Māori	Total		67%	86%	>95%	<ul style="list-style-type: none"> Smoking cessation worker is based in the antenatal clinic working space and available to pregnant women without an appointment. Work with Community & Public Health to develop localised health promotion focus on Smokefree Pregnancy. 												
Result Sept 2013		Target 2015/16																					
Māori	Total																						
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Immunisation	<p>Percentage of infants fully immunised by eight months of age (Health Target).</p> <table border="1"> <thead> <tr> <th colspan="2">Result 2012/13</th> <th colspan="2">Result 2013/14</th> <th>Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> <th></th> </tr> </thead> <tbody> <tr> <td>91%</td> <td>88%</td> <td>100%</td> <td>92%</td> <td>95%</td> </tr> </tbody> </table>	Result 2012/13		Result 2013/14		Target 2015/16	Māori	Total	Māori	Total		91%	88%	100%	92%	95%	<ul style="list-style-type: none"> SCDHB is currently achieving target for Maori immunisation and performance is better than for total population. SCDHB will work towards maintaining 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. 						
	Result 2012/13		Result 2013/14		Target 2015/16																		
Māori	Total	Māori	Total																				
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<p>Seasonal influenza immunisation rates in the eligible population (65 years and over).</p> <table border="1"> <thead> <tr> <th colspan="2">Baseline 2011/12</th> <th colspan="2">Result 2012/13</th> <th colspan="2">Result 2013/14</th> <th>Target 2015/16</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>59.5%</td> <td>66.79%</td> <td>40%</td> <td>68%</td> <td>69%</td> <td>68%</td> <td>75%</td> </tr> </tbody> </table>	Baseline 2011/12		Result 2012/13		Result 2013/14		Target 2015/16	Māori	Total	Māori	Total	Māori	Total		59.5%	66.79%	40%	68%	69%	68%	75%	<ul style="list-style-type: none"> 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. Fund Maori health provider to offer Influenza Immunisation on site at local marae. 	
Baseline 2011/12		Result 2012/13		Result 2013/14		Target 2015/16																	
Māori	Total	Māori	Total	Māori	Total																		
59.5%	66.79%	40%	68%	69%	68%	75%																	
Oral Health	<p>Percentage of pre-school children enrolled in the community oral health service.</p> <table border="1"> <thead> <tr> <th colspan="2">Baseline 2011</th> <th colspan="2">Result 2012</th> <th colspan="2">Result 2013</th> <th>Target 2015/16</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>39%</td> <td>67%</td> <td>34.3%</td> <td>76.7%</td> <td>28.3%*</td> <td>70.9%</td> <td>85% by Dec 15</td> </tr> </tbody> </table>	Baseline 2011		Result 2012		Result 2013		Target 2015/16	Māori	Total	Māori	Total	Māori	Total		39%	67%	34.3%	76.7%	28.3%*	70.9%	85% by Dec 15	<ul style="list-style-type: none"> *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
Baseline 2011		Result 2012		Result 2013		Target 2015/16																	
Māori	Total	Māori	Total	Māori	Total																		
39%	67%	34.3%	76.7%	28.3%*	70.9%	85% by Dec 15																	

Health Issue	Indicator (Target)	Activity																								
		calculated and compared to targets.																								
Mental Health	<p>Number of Māori under the Mental Health (Compulsory Assessment and Treatment) Act 1992: section 29 community treatment order compared to other ethnicity.</p> <table border="1"> <thead> <tr> <th colspan="2">Result 2012/13</th> <th colspan="2">Result 2013/14</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>14</td> <td>95</td> <td>6</td> <td>62</td> </tr> </tbody> </table> <p>Rate of Māori per 100,000 under the Mental Health (Compulsory Assessment and Treatment) Act 1992: section 29 community treatment order compared to other ethnicity.</p> <table border="1"> <thead> <tr> <th colspan="2">Result 2012/13</th> <th colspan="2">Result 2013/14</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>349</td> <td>181</td> <td>131 (134 – based on 2013/14 projected population)</td> <td>107</td> </tr> </tbody> </table> <p>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.</p>	Result 2012/13		Result 2013/14		Māori	Total	Māori	Total	14	95	6	62	Result 2012/13		Result 2013/14		Māori	Total	Māori	Total	349	181	131 (134 – based on 2013/14 projected population)	107	<ul style="list-style-type: none"> An audit of clinical files of Maori clients under the Mental Health Act (Sec 29 Community and Treatment Order) will be completed to identify common themes. This may identify opportunities to intervene earlier to provide treatment options before the necessity to action the Mental Health Act. Reports are received and discussed at the Mental Health Operational Management meeting. <p><i>Result for 2014/15</i> 5 (Māori) 60 (Other) 112 (Māori) 103 (Total)</p>
Result 2012/13		Result 2013/14																								
Māori	Total	Māori	Total																							
14	95	6	62																							
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349	181	131 (134 – based on 2013/14 projected population)	107																							
Rheumatic Fever	<p>Rate of hospitalisation (per 100,000 DHB total population) for acute rheumatic fever.</p> <table border="1"> <thead> <tr> <th colspan="2">SCDHB Result 2013/14</th> <th>South Island Region Baseline</th> <th rowspan="2">Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>0*</td> <td>0*</td> <td>0.4</td> <td>0.2</td> </tr> </tbody> </table> <p>* South Canterbury has not had a reported case of rheumatic fever in the last 10 years.</p>	SCDHB Result 2013/14		South Island Region Baseline	Target 2015/16	Māori	Total	Total	0*	0*	0.4	0.2	<ul style="list-style-type: none"> The region has developed the South Island Rheumatic Fever Prevention Plan which will be implemented via the SIHSP. 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 case of rheumatic fever be identified in the district a case review will occur and the Ministry provided with a quarterly 													
SCDHB Result 2013/14		South Island Region Baseline	Target 2015/16																							
Māori	Total	Total																								
0*	0*	0.4	0.2																							

Health Issue	Indicator (Target)	Activity
		report on actions taken and lessons learned.

Local Priorities

Health Issue	Indicator (Target)	Activity								
Oral health	<p>Reduce rate of decayed, missing or filled teeth for tamariki Māori.</p> <p>Mean DMFT score at Year 8.</p> <table border="1"> <thead> <tr> <th colspan="2">Result 2013 Baseline</th> <th rowspan="2">Target 2015/16</th> </tr> <tr> <th>Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1.33</td> <td>1.08</td> <td>105%</td> </tr> </tbody> </table>	Result 2013 Baseline		Target 2015/16	Māori	Total	1.33	1.08	105%	<ul style="list-style-type: none"> South Canterbury DHB develops and adopts a formal position on drinking water fluoridation. Every Māori child who is referred to secondary services for oral health services is also referred to the Oral Health promoter for support to modify diet intake. Every Māori child who has a tooth extracted or filled is referred to the Oral Health promoter for support to modify diet intake.
Result 2013 Baseline		Target 2015/16								
Māori	Total									
1.33	1.08	105%								
Improved health for >65 year Māori	<p>We have a small number of Māori in the district >65 years (circa 175 individuals). This population is at greatest risk of poor medication management including polypharmacy and compliance issues which can be detrimental to well-being.</p>	<ul style="list-style-type: none"> Complete a polypharmacy review on at least 50% of Māori >65 years (approx. 88 individuals or average of 5 per general practice). 								
Did Not Attend (DNA) for FSA	<p>A small number of Māori patients are referred to a Specialist for assessment but do not attend their FSA appointment at all. The FSA appointment is key to diagnosis and treatment planning so it is critical that patients have this FSA appointment. Because we are dealing with a small population we will be monitoring actual numbers rather than percentages.</p> <table border="1"> <thead> <tr> <th colspan="2">Result 2012/13 & 2013/14 Baseline</th> <th rowspan="2">Target 2015/16</th> </tr> <tr> <th colspan="2">Māori</th> </tr> </thead> <tbody> <tr> <td colspan="2">30</td> <td><5</td> </tr> </tbody> </table>	Result 2012/13 & 2013/14 Baseline		Target 2015/16	Māori		30		<5	<ul style="list-style-type: none"> Booking office to flag all Māori FSA referrals who do not attend their FSA appointment. Increased effort to connect with these patients to rebook their FSA appointment. Where unsuccessful in getting the patient to attend, after three DNAs refer on to the Cultural Advisor for support to track the patient. Where patients advised they do not wish to attend their FSA the referring practitioner is formally notified.
Result 2012/13 & 2013/14 Baseline		Target 2015/16								
Māori										
30		<5								

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
BFHI	Breast Feeding Hospital Initiative
BSA	Breast Screening Aotearoa
B4SC	Before School Check
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