



-West Coast-
DISTRICT HEALTH BOARD
TE POARI HAUORA A ROHE O TAI POUTINI

West Coast District Health Board

Te Kaupapa Hauora Maori MAORI HEALTH PLAN 2012-2013



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HE MIHI

**E ngā reo, e ngā mana
Tēnā koutou katoa
Nga mate, nga aitua o koutou, ara, o matou ka tangihia e tatou i tenei wa.
Haere haere haere.
Karanga mai ki a matou e whai nei i nga taonga o nga tipuna.
He mihi whānui tēnei ki a koutou e awahi nei i tēnei kaupapa.
He putanga tēnei mahi na koutou.
No reira, e rau rangatira ma
Tēnā koutou, tēnā koutou, tēnā koutou katoa.**

1.0 PURPOSE OF THE MAORI HEALTH PLAN

The aim of this Māori health plan is to provide an overview of the West Coast District Health Board (West Coast DHB) strategies that are intended to contribute to improved Māori health outcomes for our population, and working towards the achievement of whānau ora within the West Coast DHB rohe. Our Māori health plan for 2011-2012 will be limited to the following critical themes/objectives:

- a) The Māori health components of the national health targets are clearly stated and achievable at a local level
- b) Mainstream services are aware of their obligation to meet these targets
- c) The main function of kaupapa Māori service provision is to support mainstream services in achieving targets and to supplement mainstream services in achieving this when it is more appropriate to do so. This year we intend to undertake a comprehensive review of services to Maori in the following areas maternal health cardiovascular diabetes cancer smoking cessation, and oral health. Once this is complete a focused plan of action will be undertaken to address key areas for improvement that can be achieved by a partnership approach between mainstream and Maori services.

Tatau Pounamu the Mana Whenua health advisory Committee have aligned their meetings now to the same day as CPHAC, DSAC, HAC and Audit Risk and Finance meetings in order for senior management and the Board chair to participate at Tatau Pounamu meetings. In addition the Tatau Pounamu minutes are available in the board papers and on the internet.

The West Coast DHB has statutory objectives and functions set out in the New Zealand Public Health and Disability Act 2000 and has specific objectives to improve, promote and protect the health of people and communities and for reducing health disparities by improving health outcomes for Māori and other population groups (see New Zealand Public Health and Disability Act 2000 Section 22(1)(a)-(h)).

The Act requires that DHB's take active steps to reduce health disparities by improving health outcomes for Māori. In this responsibility the West Coast DHB will continue to be guided by He Korowai Oranga; 2002 Maori Health Strategy, and Whakatātaka Tuarua Māori Health Action Plan 2006-2011.

The West Coast – Te Tai O Poutini Māori Health Profile 2008 provides an important overview of the health status of Māori on the West Coast and describes Māori health needs, comparing them to the rest of New Zealand and West Coast non-Māori. The key findings of the Māori Health Profile provide a basis for determining priorities and planning for services over the next 12 months. It indicates there is a disproportionate burden of illness for West Coast Māori compared to the rest of the population. This plan outlines measures to improve Māori health outcomes.

Investing in Māori health and especially in preventing avoidable illness and injury will reduce the overall impact on whānau and the wider society. The health and disability sector requires initiatives to build better outcomes for Māori communities grounded in Māori beliefs and knowledge. It is therefore essential that Māori are part of the decision-making processes for health and disability service development in the West Coast.

The West Coast DHB remains committed to achieving a reduction, and eventual elimination of disparities in health outcomes between Māori and non-Māori living within Te Tai O Poutini. It is intended that the reducing inequalities framework will be used to improve mainstream effectiveness when reviewing staffing or financial decisions the West Coast

DHB makes. The interface between the Maori Provider and mainstream services will be strengthened to improve pathways of care for Maori in primary and secondary services.

Implementation of the Better Sooner More Convenient Primary Care Business Plan will see the realisation of Integrated Family health Centres. This model is a more holistic model of service delivery utilising a greater range of health practitioners, including Whanau ora nurses and Kaiarataki within multi-disciplinary teams that are in turn more integrated with community and secondary health services.

Māori Provider services will be more closely aligned to the Ministry's 6 Health targets, the national priority areas for Māori and the Better Sooner More Convenient Primary Care Business plan. Linking closely with primary care providers and secondary services has the potential to improve access and outcomes for Māori accessing these services.

Māori health workforce development initiatives and programmes will continue to be supported through promotion of Māori health career pathways, health funding and scholarships, including the West Coast DHB scholarships to tertiary students and through the Ministry of Health Kia Ora Hauora programme.

Accurate Māori health information is a significant factor in the planning and monitoring of better health and disability services. The Māori Health Profile provides a benchmark from which we will continue to measure Māori health improvement and to identify gaps and inequalities in health outcomes locally.

How will we achieve this (key activities)?

- implementation of the Better, Sooner More Convenient Primary Care Strategy
- utilise Te Tai Poutini Māori Health Needs Profile and any other available information regarding Māori health to identify gaps and inequalities at a local level
- implementation of Māori Smoke free initiatives through the West Coast Tobacco Control Plan
- strong collaborative relationships with Māori community based groups (. iwi, hapu and whānau)
- obtain and utilise accurate ethnicity data and reports in order to inform effective service delivery for Māori and measure outcomes
- Māori Provider Services will be more closely aligned to mainstream primary and secondary care services to improve access for Māori
- Kaupapa Maori Nurses and Kaiarataki employed within IFHC
- Set targets and implement programmes that aim to improve maori health quality
- Implement the recommendation of the Maori Health Services review which will see improved processes and pathways within secondary services
- Work with GP practices to target Maori health priorities

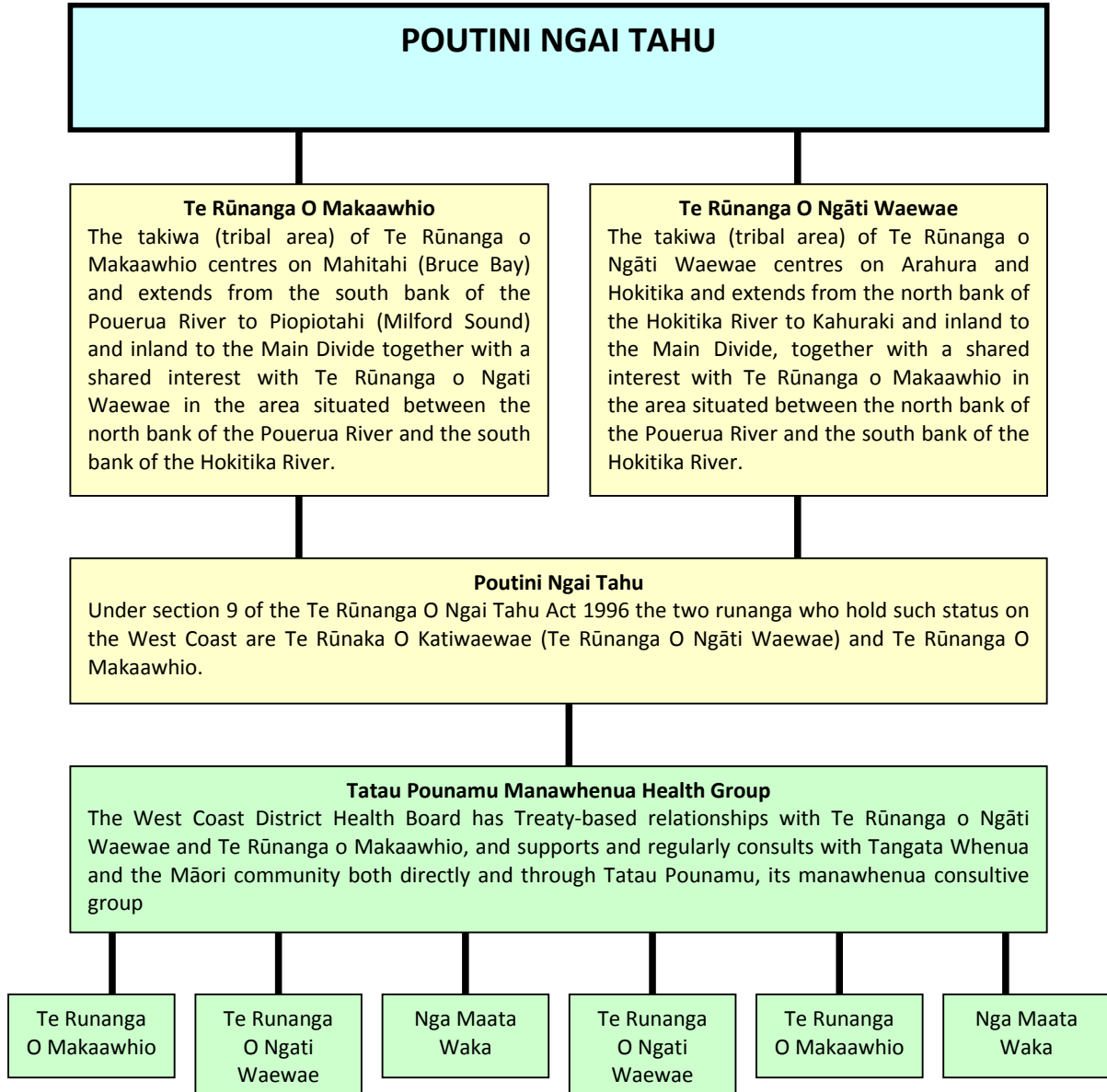
What are the key milestones?

- Employment of Kaupapa Maori Nurses and Kaiarataki in the Integrated Family Health Care Centers throughout Tai O Poutini
- Number of Māori involved in smoke free initiatives
- Memorandum of Agreement established with WCDHB Maternity services and Maori Provider
- Reorientation of Māori health services that will better fit with the kaupapa of Better, Sooner, More Convenient Health services
- Ensure effective ethnicity data collection for all patient enrolments and in collation of health care intervention records
- PHO Māori enrolment rates equal to or better than non-Māori rates for each district by June 2013
- Greater uptake of PHO programmes for Māori
- Advancement of kia ora hauora on Te Tai Poutini
- Greater uptake of scholarships by Māori

2.0 TATAU POUNAMU MANAWHENUA HEALTH GROUP

The West Coast District Health Board has Treaty-based relationships with Poutini Ngai Tahu; Te Runanga o Ngati Waewae and Te Runanga o Makaawhio. The Board encourages, supports and regularly consults with Tangata Whenua and the Māori community both directly and through Tatau Pounamu. The West Coast DHB will continue to maintain and support consultation with Māori to enable Māori to participate and contribute to strategies for more appropriate health services delivered to Māori to achieve health improvement.

Structure of Tatau Pounamu

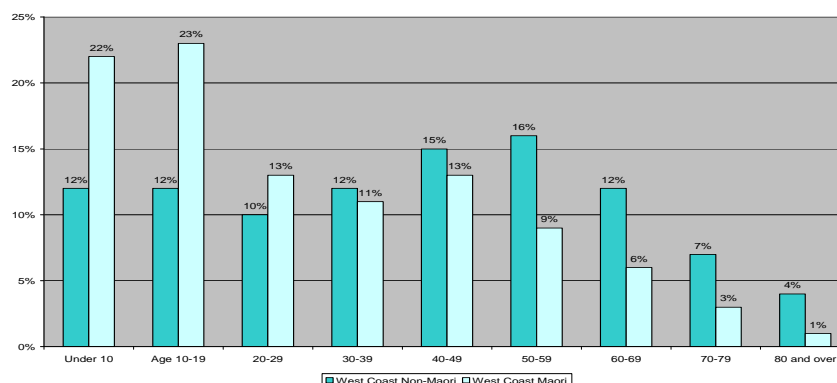


3.0 WEST COAST DHB MAORI POPULATION AND THEIR HEALTH NEEDS

The West Coast DHB has a total population of 32,900¹, of which 10% (3320) identify as Māori – an increase of 5% from the 2006 estimated resident population.

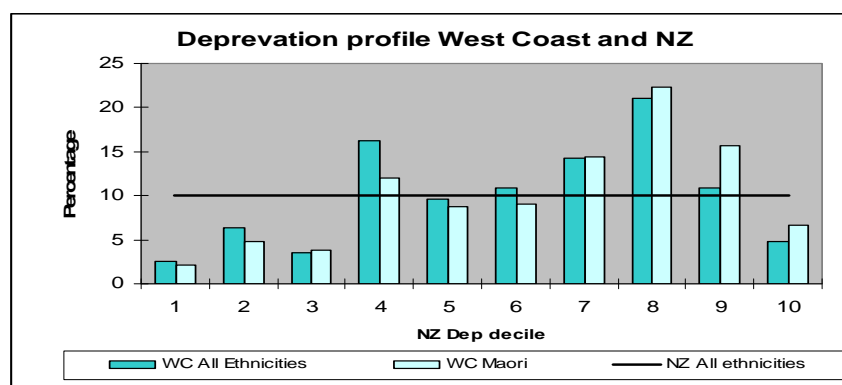
Similar to the national Māori population, West Coast Māori have a younger population age structure. Almost half of West Coast Māori (45%) are under twenty years of age, compared to 24% of non-Māori population. In contrast, 9% of Māori on the West Coast are aged 60 years and over compared to 24% of non-Māori in the same age band.

Figure 1. West Coast DHB Estimated Resident Population as at June 2011¹



In the 2006 census, the proportion of the population indicating Māori ethnicity increased across all three territorial local authorities and is highest, at 12.1%, in the Westland District, compared to 8.3% in both the Buller and Grey Districts. The Grey District accounts for the largest number of Māori residents (1,098). In comparison, the West Coast has a lower proportion of Māori (10%) relative to the total New Zealand population (14.0%).

The socioeconomic determinants of health, in part, help explain why Māori experience health inequalities across a wide range of measures particularly, life expectancy, disease burden and access to health services. West Coast Māori are under represented in higher deprivation deciles, and over represented in lower deprivation deciles when compared to the West Coast population. Further, the West Coast population is significantly over represented in the lower deprivation deciles and under-represented in higher deprivation deciles compared to the nationally rate for all ethnicities.



Summary of the West Coast Māori Population

- Māori make up 10% of the West Coast population
- The Westland district has the highest percentage of the community identifying as Māori at 12.1% in the 2006 census
- The largest number of Māori (1,098) live in the Grey District
- The West Coast Māori population is younger than the non-Māori population (Figure 1)

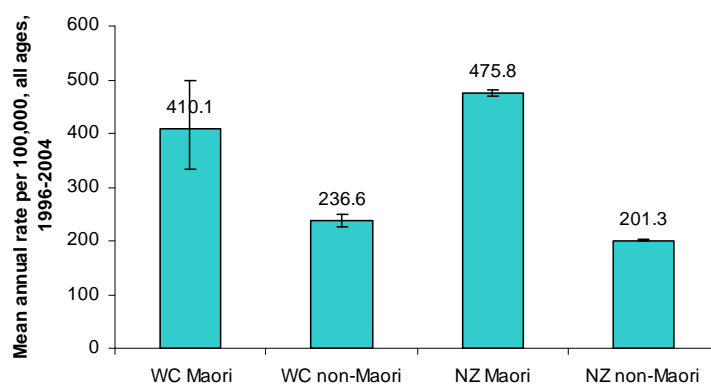
¹ Estimated Resident Population at June 2011: Statistics NZ updated November 2011

- Just over 12% of West Coast Māori indicated that they spoke Te Reo at the last Census
- West Coast Māori are significantly over-represented in the lower deprivation deciles

The West Coast Māori Health Profile

The West Coast Māori Health Needs Assessment (2008) identifies that despite West Coast Māori having a similar social economic profile to the West Coast Non-Māori they continue to have poorer overall health status. Most notably the 'all cause' mortality rate for Māori is significantly higher than for non Māori on the West Coast. When comparing with NZ Maori the 'all cause' mortality rate of 410.1 per 100,000 (334.1-498.0; 95% CI) for West Coast Maori is not statistically significant to that of NZ Maori at 475.8 per 100,000 (469.6-482.0; 95% CI).at 95% confidence interval.

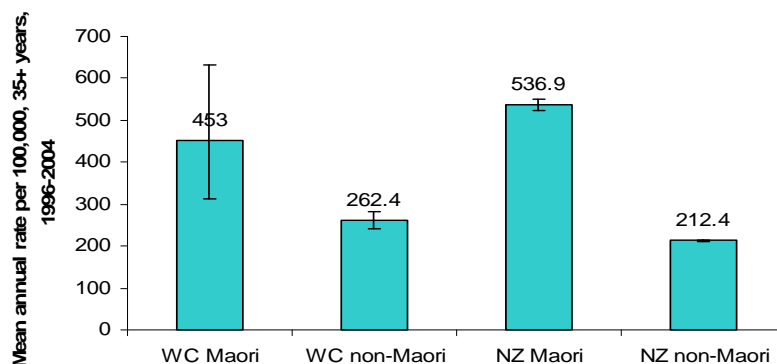
Figure 2. All-cause mortality*



Premature deaths are significantly higher, 55% of West Coast Māori die before the age of 65 compared with 20% of West Coast non-Māori. The leading causes of premature death are heart attacks and ischemic heart disease, cancers of the breast, lung and colon, chronic obstructive pulmonary disease, suicide and motor vehicle crashes.

West Coast Māori have a higher burden of cardiovascular disease, including higher mortality rates for cardiovascular disease and higher mortality and hospitalisation rates for stroke. Hospitalisation for cardiovascular and ischemic heart disease however, occur at the same rates as for non Māori suggesting that cardiovascular disease is an important area of unmet need for West Coast.

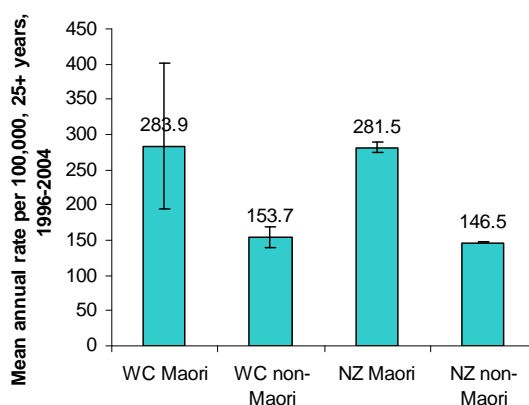
Figure 3. Cardiovascular disease mortality*



Cancer registration rates are similar for West Coast Māori and non-Māori but cancer mortality is significantly higher among Māori, suggesting a similar incidence of disease but poorer overall outcomes for Māori. Early detection including cervical

and breast cancer screening rates are currently similar for West Coast Māori and West Coast non-Māori women however, there have been significant differences in rates in the past and this continues to be an area of focus.

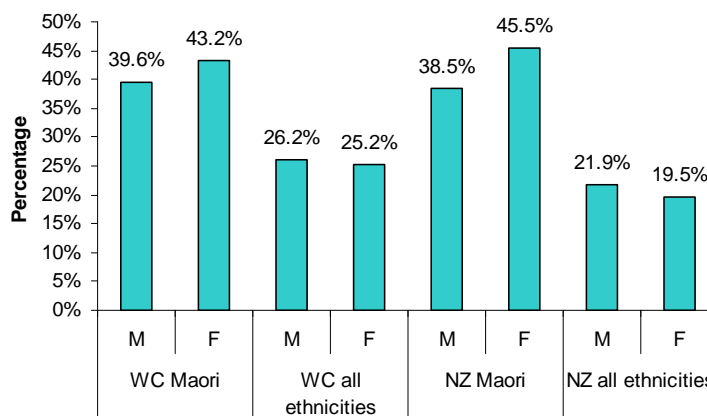
Figure 4. Cancer mortality*



Chronic Obstructive Pulmonary Disease (COPD) is a significant cause of premature death and West Coast Māori have significantly higher rates of hospitalisation for lung disease than West Coast non-Māori.

Concurrently inequalities in the preventative or protective factors against cardiovascular disease, cancer and respiratory disease continue. Smoking prevalence is considerably higher than for the total population, 42% of Māori and 25% of non-Māori West Coast residents were smokers according to the 2006 census. Further, the uptake of smoking among rangatahi Māori continues to be higher than for non Māori youth.

Figure 5. Percentage of current smokers at 2006 Census



Smoking also contributes significantly to complications of chronic conditions such as diabetes. West Coast Māori with diabetes are more likely to smoke than non Māori with diabetes, or receive drug treatment to reduce the risk of complications. There are still less Maori receiving CVD and Diabetes screening.

Māori do not appear to be over represented among suicide deaths on the West Coast, although small numbers do make it difficult to draw definitive conclusions and suicide is a contributing factor in premature deaths for Māori on the West Coast. West Coast Māori have similar rates of hospitalisation for both mental health treatment and alcohol and other drug related conditions to West Coast non-Māori. However West Coast Māori and non Māori rates are significantly higher than rates nationally.

Tamariki Māori also have a higher burden of disease. Tamariki Māori have significantly lower rate of 5 year olds with no tooth decay, compared to West Coast non-Māori. This rate has been increasing since the Māori Health Needs Assessment was completed however; there is still a significant disparity in disease rates between Māori and non Māori tamariki. Further while there is no significant difference between the rate of hospitalisation for tooth extractions between Māori and non-Māori children, the West Coast has significantly higher rates than the rates nationally.

Inequalities in the rates of preventative and protective factors such as breastfeeding, immunisation and vision/hearing testing are also evident. Māori breastfeeding and immunisation rates are increasing and the inequality gap is closing significantly..

Inequalities in access to primary treatment and chronic conditions management services also contribute to the overall poorer health of West Coast Māori. At the end of December 2011, 84% of West Coast Maori were enrolled with primary practices² Lower enrolment and access to primary care services remains an area of unmet need, despite West Coast Māori enrolments increasing year on year since the Māori Health Needs Assessment was completed there was still a difference of 8% between enrolment rates at June 2011. Further to this enrolled Māori continue to access General Practitioner and Practice Nurse services at a lower rate hence participation in screening, annual reviews, chronic conditions management and primary mental health programmes are also at lower rates.

There are also indicators that some secondary services are not meeting the needs of Māori and currently targeted Māori health services are not meeting their full potential to reduce inequalities and improve health status for Māori.

The WCDHB Māori health needs assessment identifies key areas of unmet health need on the West Coast. Namely:

- Access to primary care services
- Smoking,
- Chronic conditions management/education and prevention,
- Child health
- Mainstream service/treatment effectiveness.
- Mental health and Alcohol and Other drug

² Percentage is calculated using the 2010/2011 estimated resident population as at June 2011 provided by Statistics NZ updated on November 2011.

4.0 MAORI HEALTH PRIORITIES

Whakatataka sets out to achieve change within the District Health Boards. District Health Board activities are directed at improving Māori health rather than efforts being concentrated on ad hoc programmes and initiatives. It seeks to build on the strengths and assets within whanau and Māori communities.

There are four pathways for action:

Te Ara Whakahaere: Pathway Ahead – Implementing Whakatataka

Te Ara Tuatahi: Pathway 1 – Developing whanau, hapu, iwi and Māori communities

Te Ara Tuarua: Pathway 2 – Increasing Māori participation throughout the health and disability sector

Te Ara Tuatoru: Pathway 3 – Creating effective health and disability services

Te Ara Tuawha: Pathway 4 – Working across sectors

The pathways for action in Whakatataka 2006-2011 continue and are integral to the West Coast DHB. The four priority areas that have been identified are building quality data and monitoring Māori health, developing whanau ora-based models, improving Māori participation at all levels of the health and disability sector particularly workforce development and governance, and improving primary health care.

National priority measures include Health Targets and DHB Performance Measures shown in DHB Annual Plans that have either Māori measures or are of significance to Māori health. Regional priority measures include indicators of importance at a regional level and have been determined by Te Herenga Hauora – South Island DHB Māori Health Managers. Local priorities reflect the specific needs of Te Tai o Poutini Māori and have been developed in line with the identified areas of unmet need in the West Coast – Te Tai O Poutini Māori Health Profile and through the implementation of the Better, Sooner, More Convenient Primary Health Care Strategy.

West Coast District Health Board Māori Health Plan 2012/13

4.1 NATIONAL MAORI HEALTH PRIORITIES

OBJECTIVE	ACTION/RESPONSIBILITY		EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
<i>Improved ethnicity data recording in PHO registers</i>	West Coast PHO and primary care practices ensure accurate ethnicity data collection	GM Maori Health WCPHO	Percentage of Māori enrolled in PHO's Accuracy of ethnicity in PHO registers	92% ³	100% of Maori enrolled in the primary care - PHO ⁴ by 30 th June 2013. 95%
	Ethnicity data recording training is included in Maori Health trainings based on Best Practice – MoH Ethnicity data recording and reporting	GM Maori Health WCPHO	Reducing number of enrolled people identified as 'ethnicity not stated'	N/A	Training complete by 30 th June 2013
<i>Improve Māori maternal health</i>	Implement the West Coast Breastfeeding Action Plan in conjunction with the WCPHO and Rata Te Awhina Trust	DHB WCPHO RTAT	Percentage of Māori breastfeeding at 6 weeks, 3 months and 6 months	6 weeks: 74% 3 Months 57% 6 months: 40%	74% Maori infants are fully or exclusively breast feed at 6 weeks , 57% at 3 months and 40% at 6 months

³ 2006 census population used

⁴ The denominator population to be used the calculation of this rate is the Estimated Resident Population for the WCDHB as at June 2011 from Statistics New Zealand: Maori population – 3320.

West Coast District Health Board Māori Health Plan 2012/13

OBJECTIVE	ACTION/RESPONSIBILITY		EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
	Develop systems for seamless handover of mother and child as they move from: antenatal care, maternity care, birth, Well Child/Tamariki Ora and primary care	RTAT DHB – Maternity Services and WCPHO Maori Health	Rata Te Awhina Trust, WCDHB Maternity services and primary care practices working together to improve Maori access to Tamariki Ora services	N/A	All first time Maori mums have antenatal education by 30 th June 2013 All Maori babies have timely Well Child checks by 30 th June 2013 90% of Maori new-borns enrolled with a GP or a Well Child Tamariki Ora Provider by two weeks of age by 30 th June 2013.
	Provide awareness and access for Maori to the WCPHO free lactation consultation across the West Coast District	DHB – McBreaty RTAT PHO	Evidence provided of the number of Mothers with Maori babies accessing the WCPHO lactation consultation services	N/A	25 Mothers with Maori babies referred to lactation support and specialist advice consultants in the community by 30 th June 2013?
	Provide awareness and access for Maori to the WCPHO Mum 4 Mums antenatal support group	DHB McBreaty RTAT PHO	Number of Mothers with Maori babies graduating from the WCPHO Mum 4 Mums antenatal support group	4	5Maori Mum for Mums trained by 30 th June 2013
<i>Improve Māori access to care</i>	Development of a Māori team within each IFHC that will focus on improving access and health outcomes	RTAT DHB Maori Health IFHC Implementation team	Percentage of Māori enrolled in PHOs Increased Maori enrolment and involvement in clinical programmes Maori health positions will be implemented in the Buller by October 2012 Consultation process for the implementation of Grey Maori health positions complete by Dec 2012	92%	> 95% of Maori enrolled in the primary care - PHO ⁵ by 30 th June 2013. Maori health positions will be implemented in Buller by October 2012 Consultation process for the implementation of Grey Maori health positions complete by December 2012
	Needs Assessment services	Carelink – WCDHB	Increased Kaumatua and whanau accessing	-	March 2012

⁵ The denominator population to be used the calculation of this rate is the Estimated Resident Population for the WCDHB as at June 2011 from Statistics New Zealand: Maori population – 3320.

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OBJECTIVE	ACTION/RESPONSIBILITY		EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
	supports Kaumatua and whānau to access appropriate services	RTAT	NASC services Establish baseline data		Baseline data established by Dec 2012
	Improve employee cultural competency and commitment	GM Maori Health HR	Increasing cultural competencies among all staff WCDHB WCPHO and NGO Providers Existing staff provided with training Recruitment process reflects cultural competencies	-	By June 2013 the DHB Executive Management team will have An increased emphasis to address Maori health inequalities included in their Job Descriptions Number of WCDHB employees participating in Treaty of Waitangi and any other cultural training available
<i>Reduction in the incidence, prevalence and impact of cardiovascular disease for Māori</i>	Establish the number of Maori eligible for their 5 year cardiovascular risk (CVRA) for all primary care practices and assist in developing processes that improve Maori uptake of the CVRA programme. Non attendees will be referred to the Maori health Provider and other appropriate services for follow up.	PHO, RTAT, Maori Health WCDHB	Percentage of the eligible Maori population who have had their Cardiovascular Risk assessed in the past five years,	52.4% (New Baseline) ⁶	75% of the eligible population have had their cardiovascular risk assessed by 1 July 2013 and moving to 90% over three years i.e. 90% by 31 st December 2014.
	Identify Maori at risk of CVD and refer to the WCPHO for CVRA follow up Cardio Vascular Risk Assessment Establish the number of Maori with cardiovascular disease who are not enrolled in the PHO Long	Clinical Nurse leaders WCDHB PHO, Maori Health, RTAT	Number of Maori enrolled in the Long Term Conditions Programme	6.1% of all enrolments or 101	7.6% of all enrolments or 240 by 30 th June 2013.

⁶ Baseline data from MoH Maori Health Plan Summary of Indicators for the Maori Population – July 2012

West Coast District Health Board Māori Health Plan 2012/13

OBJECTIVE	ACTION/RESPONSIBILITY	EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
<p>Term conditions Management (LTCM) programme and assist in developing processes to increase uptake of this programme</p> <p>Hold outreach clinics aimed at the Maori population who have or are at risk of developing long term conditions</p>	<p>PHO, RTAT, WCDHB Cardiology team</p>	<p>Number of outreach clinics held</p>		<p>3 Outreach Clinics conducted by February 2013</p>
<p>Review number of Maori who are referred to, attend and complete Cardiac rehabilitation programmes</p> <p>Maori Provider prioritise Maori enrolment in cardiac rehabilitation programmes</p> <p>Maori Provider work with the Cardiac Nurse Specialists to ensure an exit management plan is in place at the conclusion of the Cardiac rehabilitation programme</p>	<p>Cardiac Nurse Specialist WCDHB Cardiology /Maori Health/WCPHO</p> <p>RTAT/WCDHB Cardiology</p> <p>RTAT/WCDHB Cardiology</p>	<p>Analysis, review of data and baseline data of Maori who are referred to, attend and complete Cardiac Rehabilitation Programmes is established.</p> <p>Number of Maori enrolled in Oranga Pai and other Cardiac rehabilitation programmes</p> <p>Number of Maori referred to Oranga Pai and Green Prescription</p>	<p>New</p>	<p>Baseline data established by December 2012? Or 30th June 2013?</p> <p>100% of Maori are offered access to cardiac rehabilitation programmes after an acute event by 30th June 2013.</p>
<p>Continued Maori involvement in a multi disciplinary cardiovascular team – Heart and Respiratory Team.</p>	<p>RTAT IFHC Kaupapa Maori Nurses/WCDHB Maori Health</p>	<p>Maori objectives and measures are incorporated into Cardiac planning and funding processes</p>		<p>Ongoing at least 4 meetings per year</p>
<p>The Maori health provider work with and support iwi hapu me whanau to develop</p>		<p>Number of Maori in established initiatives including Waka Ama and other healthy life styles initiatives for</p>		<p>Waka Ama Association and district clubs established by July 2013</p>

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OBJECTIVE	ACTION/RESPONSIBILITY		EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
	<p>initiatives such as Waka Ama and Te whare Oranga Pai initiatives with the aim of improving the health and well being of Maori.. Setting a good platform for healthy lifestyles</p>		<p>Maori 3 hui are held promoting healthy life styles</p>		<p>3 Hui to promote healthy lifestyle by 30th June 2013?</p>
<p><i>Improvements in the impact and incidence of diabetes for Māori</i></p>	<p>Kairaraki and Kaupapa Maori Nurse work to support GP Practices to increase the number of eligible Maori to access Annual Diabetes Review.</p>	<p>RTAT/PHO</p>	<p>Percentage of Māori people who have an annual review of their diabetes</p>	<p>59%</p>	<p>70% of Māori people who have an annual review of their diabetes by 30th June 2013.</p>
	<p>Outreach clinics are held targeting Maori who have or are at risk of developing Long Term Conditions</p>	<p>RTAT /PHO</p>	<p>Percentage of Maori with diabetes who complete a diabetes annual review and have a HbA1c level equal to or less than 64% at their annual diabetes review</p>	<p>66%</p>	<p>80% of Maori with diabetes who complete a diabetes annual review will have satisfactory or better diabetes management by 30th June 2013 (defined by having HBA1c level equal to or less than 64% at their annual diabetes review)</p>
	<p>Work with WCPHO to complete a full evaluation of previous PHO strategies in this area to identify successful programmes or gaps.</p>	<p>DHB Maori Health/Clinical Manager PHO</p>	<p>Percentage of Maori who have had their Annual Diabetes review and have had retinal screening or an ophthalmologist examination within the last two years of the check</p>	<p>71%</p>	<p>90% Maori who have had their Annual Diabetes review and have had retinal screening or an ophthalmologist examination within the last two years of the check</p>
	<p>Promote Maori enrolment in the PHO Long Term</p>	<p>RTAT/Primary Care Practices</p>	<p>WCPHO DAR and HbA1c rates by practice for Maori and non-Maori) are established</p> <p>Maori representation in the Local Diabetes Team ensuring Maori</p>		

West Coast District Health Board Māori Health Plan 2012/13

OBJECTIVE	ACTION/RESPONSIBILITY		EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
	Condition Management Programme		objectives and measures are incorporated into planning and funding initiatives		
<i>Reduce the incidence and impact of cancer Reduce inequalities with respect to cancer</i>	Improve Maori referral rates to the Breast Screen Aotearoa	National Screening Programme – DHB to Monitor	Percentage of eligible Maori women receiving Breast screening examinations	78.8% (New Baseline) ⁷	Breast screening cancer rate for eligible Maori women is consistent or above national average of which the national target is 70%.
	Improve Maori referral rates to the National Cervical Screening Programme	WCPHO GP practices/RTAT	Increase in the percentage of eligible Maori women receiving cervical screening in the last 3 years	53%	75% of eligible Maori women receiving cervical screening by 30 th June 2013 increasing to 80% by 31 st December 2014.
	Improve integration between Maori Cervical Screening Registered Nurse and Primary care services	WCPHO GP practices/RTAT/WCDHB Maori Health	Increase in referrals to the WCDHB Maori Cervical Screening service		
	PHO, DHB and Maori Health Provider work together to improve uptake of cervical screening for Maori				
<i>Improve patient pathways</i>	Primary healthcare workers ensure newly diagnosed Maori have access to navigation services and are supported to access other services available.	WCPHO/RTAT	Increased Number of Maori supported to access navigation services	47	50 newly diagnosed Maori with Cancer supported to access navigation services and other services available by 30 th June 2013.
	Continue to improve appropriate patient links to	Oncology Specialist/PHO Nurse	A robust system is in place for identification of newly diagnosed cancer patients to		

⁷ Baseline data from MoH Maori Health Plan Summary of Indicators for the Maori Population – July 2012

West Coast District Health Board Māori Health Plan 2012/13

OBJECTIVE	ACTION/RESPONSIBILITY	EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
	providers and NGO support services from first contact with Oncology	Navigator/Hospital Kaiawhina WCDHB/CDHB	ensure better direct support to patients and their whanau through an improved interface with Maori Health and other NGO Providers	
<i>Decrease the uptake of smoking for Māori and increase Maori uptake of cessation services</i>	Implementation of the West Coast Tobacco Control Plan 2011-2014	WCDHB Smokefree Co-ordinator/CPH Aukati Kai paipa/PHO/Hospital Kaiawhina/RTAT	<p>Maori targets within West Coast Tobacco Control Plan 2011-2014 are implemented and are as follows:</p> <ul style="list-style-type: none"> - Increased number of smokefree pregnancies - Reduced smoking rate among Maori - 15% of all Maori smokers access smoking cessation support services on an annual basis - All Maori health workers are trained in ABC - Smokefree champions are identified and in place to assist cessation services by 30th June 2013. - Maori is a key priority group within the WCTCP - Number of people enrolled in the Aukati Kai paipa 	<p>Reduced smoking rate for Maori Mothers during pregnancy by 20%</p> <p>70% of Maori women who identify as smokers at the time of confirmation of quit smoking during their pregnancy by June 2013</p> <p>Reduction in the Maori smoking rate by 20% by 2014</p> <p>Aukati KaiPaipa will be provided to >100 clients</p>
	Maori targeted through the ABC programme	PHO/GP Practices/PHO & DHB Smoking Cessation Co-ordinators	Increased Percentage of Maori current smokers enrolled in a PHO provided with advice and help to quit	N/A
	Explore ways to support Maori smokers to transition from hospital into a community-based cessation programme	AKP/DHB Kaiawhina/DHB Smoking Cessation Practitioner/DHB Maori Health DHB Clinical Leader/DHB	<p>More Maori Hospitalised smokers provided with advice and help to quit</p> <p>10% of DHB cessation services are targeted towards Maori.</p>	76%
				<p>90% of Maori current smokers enrolled in a PHO provided with advice and help to quit by 30th June 2013.</p> <p>95% of Maori Hospitalised smokers provided with advice and help to quit by 30th June 2013.</p> <p>10% of DHB cessation services are targeted towards Maori by 30th</p>

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OBJECTIVE	ACTION/RESPONSIBILITY	EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
	Maori women who identify as smokers at the time of pregnancy are provided with advice and support to quit	Kaiawhina/AKP/RTAT/Maori health DHB	Progress is made towards providing 90% of Maori women who identify as smokers at the time of confirmation of pregnancy advice and support to quit.	June 2013. Progress is made towards providing 90% of Maori women who identify as smokers at the time of confirmation of pregnancy advice and support to quit during 2012/13.
	All Kaiawhina are trained to provide smoking cessation advice to Māori	PHO Smokefree Co-ordinator/WCDHB Smokefree Co-ordinator/Maori health WCDHB	Maori Provider health workers are trained and are providing brief advice to clients	95% of Maori Hospitalised smokers provided with advice and help to quit by 30 th June 2013?
	Aukati Kai Paipa provider and smoke free staff; <ul style="list-style-type: none"> ▪ Provide support for Maori to quit smoking ▪ Support Maori Health providers to deliver the ABC intervention, leading to an increase in uptake of smoking cessation services. ▪ Work with secondary and primary care to increase Maori referrals to smoking cessation services 	AKP/DHB Kaiawhina/DHB Smoking Cessation Practitioner/DHB Maori Health	Strategies are in place for improving Maori access into smoking cessation programmes including <ul style="list-style-type: none"> - Coastquit - Aukati KaiPaipa - DHB Cessation services 	Aukati KaiPaipa will be provided to >100 Maori clients by 30 th June 2013
<i>Increase Immunisation levels for Māori</i>	Outreach clinics are held aimed at targeting Maori immunisation	RTAT/Outreach Immunisation services	Outreach services targeting Maori are promoted and referrals increased Percentage of Maori two year olds fully	90% 3 Outreach clinics held in 2012/2013 95% of Maori 2 year olds fully

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OBJECTIVE	ACTION/RESPONSIBILITY		EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
			immunised		immunised by 30 th June 2013.
	Kaiarataki and Kaupapa Maori Nurse works with Outreach Immunisation service where appropriate to improve access for Maori in NZDep 9 & 10 areas	RTAT/Outreach Immunisation services	8 month old Maori children will be fully immunised with the 3 primary vaccinations scheduled at 6wks, 3 & 5 months of age	71.4% (New Baseline) ⁸	85% of all eight month olds will be fully vaccinated by July 2013 and 90% by July 2014 and 95% by December 2014
	Kaiarataki and Kaupapa Maori Nurse works with PHO in the delivery of seasonal influenza immunisation services	RTAT/PHO General Practices	Percentage of Maori over 65 who have been immunised for influenza is captured through improved ethnicity data collection.	60.9%	75% of high needs population are immunised for seasonal influenza by 30 th June 2013.
	Survey of Maori parents to determine service acceptability	DHB Maori Health	Survey undertaken and report produced with recommendations		Survey completed and results available by March 2013
<i>Support Māori workforce development to improve the capability of services</i>	Increased number of West Coast Maori participating in the Kia ora Hauora Programme Maori Scholarship Awards promoted more widely		Number of West Coast Maori enrolled in the Kia ora Hauora programme	13	50
			Percentage of Maori awarded West Coast DHB scholarships in 2012/ 2013	25% 6	25% 6
			Maori health provider staff will undertake Pataki Uara through Te Rau Matatini to gain specific expertise around the provision of whanau ora based services		25% of Rata Te Awhina staff will undertake Pataki Uara training

⁸ Baseline data from MoH Maori Health Plan Summary of Indicators for the Maori Population – July 2012

4.2 REGIONAL MAORI HEALTH PRIORITIES

OBJECTIVE	ACTION	EVIDENCE
<i>Review all elective surgery (Including cardiology & oral health) data to determine whether Māori access rates in Te Waipounamu is comparable to national targets</i>	Review elective surgery data by DHB in Te Waipounamu to determine bench mark threshold	Elective surgery data reviewed by DHB in Te Waipounamu
	Establish baseline data and definitions for future monitoring	Baseline data and definitions are established for future monitoring
	Determine if access to elective services is comparable to Te Waipounamu Māori & Non-Māori populations	Benchmark for 2012/2013 Māori elective surgery rates established
	Determine if access to elective services by Māori in Te Waipounamu is comparable to national rates	Comparisons developed against national rates
<i>Increase the number of Māori children aged five who are caries free</i>	Measure the percentage of Māori children accessing school dental health services across Te Waipounamu	Percentage of 5 year olds dental caries free Oral health promotional activities delivered to Māori Nutritional health promotional activities delivered to Māori
<i>Māori Mental Health</i>	Improve pathway planning for Māori Mental health service delivery across the region	Establish baseline data using PRIMHD
	Māori accessing mental health services receive a comprehensive service that supports their health and wellbeing	Measure in 2012/13 the level of access by Māori to all mental health services
<i>Whanau Ora</i>	Develop a process that notifies Māori health workers at other DHB's of Māori patient transfers	Level of care for Māori whanau transferred from their base hospital is tracked
	Track the level of care given to Māori whanau transferred from their base hospital to another hospital in Te Waipounamu	Establish baseline data using NHI and IDF's to establish transfer rates Measure in 2012/2013 the level of access by Māori to tertiary services
<i>Māori Health Workforce Development</i>	Develop a network of course and development programmes for Māori Service Providers management staff	Baseline data established on the regional Māori Health Provider NGO targeting:
	Develop a governance programme for Māori Service Providers' trustees/directors	<ul style="list-style-type: none"> • Governance • FTE load • Occupation
	Review national and local primary health care databases for Māori workforce (PHO, NGO sector)	Measure workforce trends in 2012/2013

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OBJECTIVE	ACTION	EVIDENCE
	Strengthen the existing Māori Health and Disability workforce through improving access to training	Align and implement Kia Ora Hauora Māori – Health Careers Programme. Promote Health Workforce New Zealand (HWNZ), Hauora Māori Training Programme across the Southern District.
	Review Te Waipounamu Māori Health & Disability Workforce Development Plan 2006 – 2011, Our Health Workforce Today and the Future.	Te Herenga reviewing Te Waipounamu Māori Health & Disability Workforce Development Plan 2006 – 2011.

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4.3 LOCAL MAORI HEALTH PRIORITIES

OBJECTIVE	ACTION	EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
<i>Reduce Health inequalities for Māori living on Tai Poutini</i>	Implement the Better Sooner More Convenient plan including Kaiawhina and Kaupapa Maori Nurses working within Integrated Family Health Systems to increase enrolments and access	Reduction on Ambulatory Sensitive Hospital Admissions for Maori This evidence will include data captured at a district level that will compare non-Māori and Māori ASH admissions	Age 0-4: 86.1% Age 45-65: 119.2% Age 0-74: 95.5%	0-4 < 95 % 45-65 <95 % 0-74 <95%
		Percentage of Māori with diabetes who completed a diabetes annual review and who have an Hba1c equal to or less than 64% at their annual diabetes review.	66%	80% of Maori with diabetes who complete a diabetes annual review will have satisfactory or better diabetes management by 30 th June 2013 (defined by having HBA1c level equal to or less than 64% at their annual diabetes review)
<i>Improve the effectiveness and responsiveness of mainstream services</i>	Maori Health Planning and Review of Services completed and recommendations agreed.	A plan for the implementation of the recommendations of the review is developed.	N/A	Maori health Planning and Review Implementation plan developed by June 2013
	Support mainstream staff to understand culturally appropriate approaches through the provision of Te Pikorua and Tikanga recommended Best Practice training.	Number of DHB staff who have completed Te Pikorua and Tikanga recommended Best Practice training	101	240 DHB staff completed Te Pikorua and Tikanga Recommended Best Practice training by 30 th June 2013?
		Increasing number of Maori enrolled in LTC management programme	6.1% of all enrolments or 101	7.6% of all enrolments or 240 by 30 th June 2013.
	Work with general practice staff to increase awareness of the Māori health	Maori health care plans are developed and available by June 2013		

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OBJECTIVE	ACTION	EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
	plan and to develop processes that aim to improve Maori health outcomes in 2012/2013			
<i>Transformation of our West Coast health system to create an integrated people centred family service that effectively meets the needs of whanau using the whanau ora approach</i>	Reconfigure Maori Health Provider/Services to align with Better, Sooner More Convenient Healthcare and Whanau Ora.	Existing contracts with Maori Health Provider are aligned with the Better Sooner More Convenient Health care Business Case by October 2012 in the Buller, December 2012 in the Grey district and June 2013 in the Westland district.	N/A	See Evidence
	Support Mainstream services to deliver more effectively to Maori through improved collaboration with the Maori Health Provider	8 month old Maori children will be fully immunised with the 3 primary vaccinations scheduled at 6wks, 3 & 5 months of age	71.4% (New Baseline)	85% of all eight month olds will be fully vaccinated by July 2013 and 90% by July 2014 and 95% by December 2014
		Percentage of eligible Māori who have their CVD risk assessed (in the last five years	52.4% (New Baseline)	75% of the eligible population have had their cardiovascular risk assessed by 1 July 2013 and moving to 90% over three years i.e. 90% by 31 st December 2014.
		Percentage of hospitalised Māori patients who smoke are offered advice to help quit	76%	95% of Maori Hospitalised smokers provided with advice and help to quit by 30 th June 2013.
		A reduction in inequalities between Tamariki Maori and the total population dental caries free at age 5 - % of Maori 5 years caries free	36% ⁹	65% of 5 year old Maori children caries free by 31 st December 2013
		Percentage of discharges for elective surgery for Māori		
		Appointment of Maori Advisory Committees in each IFHC district to ensure local Maori engagement in		

⁹ Caries free for the 2010 Calendar Year.

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OBJECTIVE	ACTION	EVIDENCE	ACTUAL 2010/11	2012/13 TARGET
	developing services that impact on Maori			
	Kaupapa Maori Nurses in partnership with other providers will work with whanau to develop wrap-around services tailored to their needs	Collaborative initiatives aimed at improving Maori health are initiated by the Maori Health Provider and are in place by 30 June 2013		
<i>Work together to support the implementation of the national Te Puni Kokiri led Whānau Ora initiative.</i>	Participate in the assessment of the regional Te Waipounamu Business Case and Programme of Action (Phase 1 of the national initiative).	The Programme of Action is approved by Q1.		
<i>Implement Whanau Ora through the provision of integrated services</i>	Participate in the Whānau Ora Regional Governance Group to monitor and support the implementation of the collective Plan of Action.			
	Support the Whānau Ora collective to move into Phase 2 of the national programme and develop their Whānau Ora model.	The Whanau ora model is approved by Q4.		
	Identify opportunities for the introduction of Integrated Contracting across government agencies to support the implementation of the Whānau Ora model	Integrated contract is in place with the Maori Provider by June 2013		