

# Te Tau Ihu Nelson Marlborough

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## Maori Health Plan

**2014/15**  
**June 2014**



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# 1. EXECUTIVE SUMMARY

Tihei Mauri Ora ki te whaiao, ki te ao marama.

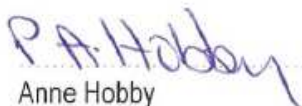
Our 2014/15 Maori Health Plan strengthens the partnership between Nelson Bays Primary Health, Kimi Hauora Marlborough PHO and the newly formed Maori health provider Te Piki Oranga with a focus towards improving health disparities for Maori living in Nelson Marlborough.

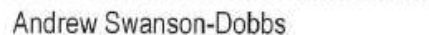
The overall focus for this plan is the continued journey to achieve the 30 year vision of '*Kia korowaitia aku mokopuna ki te korowaitanga hauora*', '*We want to wrap out future generations in a korowai of health and wellness*'.<sup>1</sup> This plan seeks greater ownership of Maori health and health inequalities, and shared responsibility to ensure there is a combined effort to create short and long term positive impact on Maori health and wellbeing outcomes.

The 2014/15 year will continue to have a focus on health target improvements to the Maori population. The plan also has a list of local priorities and the focus will be towards improving nutrition & physical activity and supporting safe and healthy home environments. There is greater alignment to the Annual Plan and reporting on Maori health disparities will now be shared between all partners who have contributed and agreed to this plan. All partners will work together to identify the key actions for each agencies and timeframes and will also adopt a process for monitoring progress in implementation.

The overall aim for this development is reduced health inequalities and to achieve Whanau Ora outcomes through working collaboratively. Introducing Whanau-Ora centred services, initially through Te Piki Oranga and then the broader community, will over the course of 2014/15 ensure there is improved access, services are appropriate and best practice is in place and services respond to whanau in a way that is culturally appropriate and accessible.

We look forward to having the evidence to demonstrate our shared success and that we are making a difference and acknowledge that some issues may take time to come to fruition.

  
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Chief Executive  
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Chief Executive  
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Chief Executive  
NMDHB

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<sup>1</sup> Nelson Marlborough Maori Health and Wellness Strategy 2008

## 2. INTRODUCTION

Our 2014/15 Nelson Marlborough Maori Health Plan strengthens the alliance framework between Nelson Marlborough District Health Board (NMDHB), Nelson Bays Primary Health (NBPH) and Kimi Hauora Marlborough PHO (KHW MPH) and Te Piki Oranga (TPO), to achieve the vision of '*Kia korowaitia aku mokopuna ki te korowaitanga hauora*', '*We want to wrap out future generations in a korowai of health and wellness*'.<sup>2</sup> By having greater ownership of Maori health and health inequalities, the responsibility will be shared by the four organisations, across the continuum of care. This group will also work with Maori and other community organisations that are part of the provider network that can have a positive impact on Maori health and wellbeing outcomes.

The 2014/15 year sees the implementation of major service delivery changes as NMDHB contracts with a new single Maori health provider, Te Piki Oranga, creating the structural and service changes needed to achieve national policy direction in terms of Whanau Ora. The overall aim for this development is to achieve Whanau Ora outcomes through working collaboratively. The achievements will be seen through implementation of Whanau Ora-centered services that seek to improve access, ensure services are appropriate, good quality management systems and best practice is in place and the services respond to whanau and are culturally appropriate.

To progress toward reaching equity of outcome for Maori, in 2014/2015 Nelson Marlborough DHB and its partners will have a focused effort on improving integration of services across the whole of system. This includes hospital services, general practice, Maori health providers and other community services. As part of the Te Piki Oranga development, clinical leadership will be developed that is a key enabler for integration to occur.

## 3. NELSON MARLBOROUGH MAORI POPULATION

### 3.1 Population Profile

The Nelson Marlborough DHB service coverage area encompasses three Territorial Local Authorities, Tasman District Council, Nelson City Council and Marlborough District Council. 8.9% of the Nelson Marlborough population are of Maori descent.

Table 1 – Maori ethnic population medium projections by regional council area. (\* 2006 baseline)<sup>3</sup>

Territorial Local Authority	2006*	2013 Actual	2016 Projected	2021 projected
Tasman District	3063 (28%)	3441 (28%)	3800 (26.5%)	4100 (26.5%)
Nelson City	3615 (33%)	4167 (34%)	5000 (35%)	5500 (35.5%)
Marlborough District	4275 (39%)	4776 (39%)	5500 (38.5%)	5900 (38%)
<b>Nelson Marlborough (Maori)</b>	<b>10,953</b>	<b>12,384</b>	<b>14,300</b>	<b>15,500</b>

Data from the Maori Health Profile 2007 and Statistics NZ identify that:

- There is an expected increase in the Maori population to 9.5% of the total population based on population projections. This still remains less than the national average of 15%.
- Maata Waka represents the largest portion of Maori living in Te Tau Ihu at about 92%.
- The highest average growth in the Maori population across the districts will be in Nelson at 2.2%, followed by Marlborough at 1.7%, and Tasman at 1.4%.

<sup>2</sup> Nelson Marlborough Maori Health and Wellness Strategy 2008

<sup>3</sup> Statistics New Zealand

- Marlborough district has the highest proportion of the total Maori population (39%), followed by Nelson, then Tasman.
- Marlborough also has the highest proportion of its total population who are Maori (11%), followed by Nelson (9%) and Tasman (7%). Overall, 9% of the Nelson Marlborough population is Maori.

The numbers of Maori enrolled within the PHOs are as follows as at 31 December 2013:

		0-14yrs	15-24yrs	25-64yrs	65+	Total Dec13	Compare total Dec12
<b>Kimi Hauora Wairau (Marlborough)</b>	<b>Maori</b>	1350	773	1890	272	4285	4,079
	<b>Total</b>	7653	4397	21480	8861	42391	
	<b>% Maori</b>	18%	18%	9%	3%	10%	
<b>Nelson Bays Primary Health (Nelson/Tasman)</b>	<b>Maori</b>	2450	1492	3265	369	7,576	7,413
	<b>Total</b>	17,926	11,044	49,536	17,025	95,531	
	<b>% Maori</b>	14%	14%	7%	2%	8%	
<b>TOTAL</b>	<b>Maori</b>	3800	2265	5155	641	11861	
	<b>Total</b>	25579	15441	71016	25886	137922	
	<b>% Maori</b>	15%	15%	7%	2%	9%	

### 3.2 Age Gender

- The age structure for Te Tau Ihu Maori and the region's total population differ significantly.
- Maori have a younger population than non-Maori. Maori living in the region have a younger age structure with 59% less than 29 years of age.
- The gender distribution for Nelson Marlborough Maori is split evenly (50%/50%).

### 3.3 Socio Economic Status

- Maori are disproportionately represented in the more deprived areas of New Zealand, including the Nelson Marlborough region.
- Maori households within Te Tau Ihu have less access to phones.
- A higher proportion of Maori in Te Tau Ihu have no qualifications than non-Maori in the area.
- Most adults are in work and have a good level of education.

### 3.4 Income

- Income has been claimed to be the most important modifiable determinant of health.
- Maori in Te Tau Ihu are less likely to earn over \$10,000 per annum than non-Maori in the region.
- Maori in Te Tau Ihu are also unlikely to earn incomes in the highest categories.
- Maori households experience difficulties earning an income and most Maori individual workers are modest earners.

### 3.5 Housing

- Housing is a basic human need and has a large impact on people's well-being and quality of life. Issues related to housing crisis, such as affordability problems, poor quality and household crowding, have many flow-on effects for people's health, education, community participation, community cohesion and safety.
- Marlborough Maori are three times more likely to live in an overcrowded house than the overall Nelson Marlborough population.

### 3.6 Life expectancy

- The life expectancy of Nelson Marlborough Maori is 78.2 years for females and 73.5 years for males indicating Maori in the region live longer than the national average. However, Maori men and women in the region still die younger than their non-Maori/non-Pacific peers in Nelson Marlborough - 2.6 years younger for men and 3.1 years for women (Wellington School of Medicine, 2001). Life expectancy for Maori compares well to non-Maori.

### 3.7 Deprivation

The 2006 deprivation profiles for Nelson Marlborough and its territorial authorities show:

- Maori are more heavily skewed towards the higher deprivation deciles than non-Maori for all three territorial authorities.
- This trend is most pronounced in the Nelson City region where 48% of Maori live in deciles 8, 9 and 10.
- However, the distribution of the local Maori population is less heavily skewed towards the higher deprivation deciles than in New Zealand as a whole (Wellington School of Medicine, 2001).

### 3.8 Leading causes of avoidable hospitalisations

The six leading causes are (in order ranked highest to lowest) for Maori 0 to 74 years of age are dental conditions; upper respiratory/ear nose and throat; angina and chest pain; asthma; pneumonia; and cellulitis.

### 3.9 Leading causes of avoidable mortality

The four leading causes are (in order ranked highest to lowest): ischaemic heart disease; lung cancer; suicide and self inflicted harm; and COPD.

### 3.10 Health service utilisation

#### Primary Care

Primary Care		
	Maori	Non Maori
Average number of GP visits per patient, per annum. (NBPH)	2.29	2.74
KHW	n/a	n/a

Secondary Care					
		Maori		Non-Maori	
		2011/12	2012/13	2011/12	2012/13
Number of outpatient attendances	number	9350	9434	149976	
	% of all attendances	6.25%	6.4%	93.75%	93.7%

Secondary Care					
		Maori		Non-Maori	
		2011/12	2012/13	2011/12	2012/13
Total outpatient attendances by health speciality (over 8% Maori attendances): number & percentage of total for specialty	Paediatric Medical	560 (14%)	586 (14%)	3,450 (86%)	3529 (86%)
	Substance Abuse detox (social)	160 (12%)	232 (14%)	1,228 (88%)	1435 (86%)
	Dental	131 (11%)	248 (13%)	1,083 (89%)	1735 (87%)
	Audiology	321 (11%)	314 (10%)	2,566 (89%)	2748 (90%)
	Respiratory		39 (10%)		352 (90%)
	Maternity Services to Mother (no community LMC)	158 (10%)	139 (10%)	1,370 (90%)	1258 (90%)
Paediatric inpatient discharges (includes IDFs)	Number		752		3727
	% of total	15.73%	16.8%	84.26%	83.2%
Tertiary cardiac inpatient discharges for NMDHB patients treated elsewhere	Cardiology - number	9	18	150	226
	Cardiology % of total	5.7%	7.4%	94.3%	92.6%
	Cardiothoracic surgery - number	7	14	135	176
	Cardiothoracic surgery - % of total	5%	7.4%	94.7%	92.6%

While there are disparities between Maori and non-Maori in terms of health status and the social determinants of health, Nelson Marlborough chooses to operate from a wellness model as opposed to an illness model. Equity is intrinsic to quality improvement. If Maori in Te Tau Ihu had equity of access, this would not necessarily result in equity of health outcome<sup>4</sup>. Nelson Marlborough services must recognise and understand why there are disparities, and set forward a programme to reduce these as part of their overall quality improvement processes.

#### 4. DEDICATED MAORI HEALTH INVESTMENT

Nelson Marlborough DHB allocates resources specifically for Maori health. There is also a number of Maori staff or programmes that support both primary and secondary care services/programmes to assist them reach or improve their service delivery to Maori. This includes activities such as cultural training, ethnicity data collection or service planning.

<sup>4</sup> Roadmap to Reducing Disparities

PHOs also provide programme resourcing and associated Maori staffing costs resources as an integral part of all programmes. In support of achievement against PHO Performance Programme indicators, an alignment of PHO resources are used to support the delivery of these goals

## **5. PRIORITISING MAORI HEALTH TARGETS FOR TE TAU IHU**

The Nelson Marlborough Maori Health & Wellness Strategic Framework sets out the 30 year vision and a framework for achieving further gains for Maori health. The Iwi Health Board and District Health Board will maintain joint kaitiakitanga/stewardship of the 30 year vision that forms the mainstay of the framework.

The development of Maori Health Plans and the establishment of national Maori health targets mean that District Health Boards will be closely monitored on their ability to reduce health disparities in the foreseeable future.

NMDHB is developing a long-term Maori Health Outcomes Framework for Nelson Marlborough. The reason for doing this is to establish what information is needed, to develop a list of population indicators and link service delivery performance measures to the population outcomes sought. This will better enable NMDHB to capture and report information to the local community, NMDHB Board and the Iwi Health Board covering the life of the 30-year Maori health vision.

The environment is ripe to create the positive change across the sector. Strengthened working relationships, agreed partnerships or alliances and collaborative action to whanau will, over time, bring results that the community can take ownership of.

NMDHB indicators are used as part of the local balanced score card for Maori health with reports prepared for the Nelson Marlborough Health Alliance, PHO Boards, NMDHB Board and Iwi Health Board noting progress against these indicators. The Iwi Health Board has made it clear that for its focus will be towards strengthening the measurement of Maori health gain and creating strategic opportunities around accountabilities and ownership of results. This will be progressed in 2014/15.

The majority of indicators developed are also covered within the nation-wide indicators. Additional indicators at a local level are Maori Health Coalition integration, Programmes of Care, and Oral Health. The Alliance will meet quarterly to review progress against this plan. NMDHB Maori Health Outcomes Framework is as follows:

## **6. National Maori Health Priorities and Indicators**

### **Health System Outcomes for Maori:**

- Maori living longer, healthier and more independent lives.
- Good health and independence are protected and promoted.
- Maori receive better health and disability services.
- A more unified and improved health and disability system.
- Improved access and earlier intervention to timely treatment.
- Improved connectivity across the whole of system.
- Increased productivity and better use of financial resources.



## 6.1 Cancer

- Lower cervical cancer mortality rates for Maori women.
- Lower breast cancer mortality rates for Maori women.
- Establish a baseline for Maori bowel and prostate cancer rates.
- Improved access to cancer clinical and support services for Maori.

### Measures and Targets

Cervical Screening Coverage - proportion of eligible Maori women who have had a cervical screen in the last three years.

Cervical Screening NCSP	Actual Sept 12	Target 13/14	Actual Sept 2013	Actual 24 mths to Dec13	Target 14/15
Maori	62.1%	80%	67.9%	69%	>80%
Total	82.6%	80%	81.1%	81.6	>80%

Source: [www.nsu.govt.nz](http://www.nsu.govt.nz)

Breastscreening Coverage - proportion of eligible Maori women who have had their mammogram within the last two years

Breast Screening	Actual As at Nov 12	Target 13/14	Actual Sept 2013	Actual 24 mths to Mar14	Target 14/15
Maori	83.1%	84%	84.3%	85.8%	>80%
Other	85.3%	86%	84.4%	85.4%	>80%

Source: Breastscreen Aotearoa

Proportion of Maori patients referred urgently with a high suspicion of cancer who receives their first cancer treatment within 62 days.<sup>5</sup>

Base	Baseline July 2013-Feb 2014	2014/15 Target
Maori > 62 days tx	33%	85%
Non-Maori 62 days tx	64%	85%
Total	63%	85%

Total Maori achieving the KPI target / Total receiving treatment (Source: NMDHB BCIS)

<sup>5</sup> In 2013/14 Baseline data is being collected for the three new Cancer treatment indicators. NMDHB is implementing the information systems to report against these measures. Further information on cancer treatment timeframes will be included in the 2014/15 Maori Health Plan.

# Reducing the incidence and impact of Cancer

**Reduced rates of and deaths from cervical cancer & breast cancer among Maori women**

Incidence rates for Maori are equal to or better than those for other ethnicities

Collaborative work between General Practices, PHOs, Public Health Service and NGOs (incl Breastscreen Aotearoa) to identify women overdue & recall them for screening including: data-matching; using GP registers; & improved integration of Invitation & Recall services with screening services \*

- Integrated process for Invitation & Recall and screening services determined by 31/12/14
- Screening coverage rates at least 80% for cervical & >80% for breast screening, including for high needs enrolled women by 30/6/15

Map the patient pathway for Maori \* (Identify and address issues and barriers to access; monitor effectiveness of pathway in improving access; monitor health outcomes for Maori whanau)

- Patient journey for Maori mapped & at least 1 service improvement initiated by 31/03/15

Strengthen links between Cancer services, including Cancer Nurse Coordinator, & Maori health services & whanau, hapu and iwi/Maori \*

- Formal linkages with Cancer Nurse Coordinator by June 2015

**Reduced rates of bowel, prostate and lung cancers**

Incidence rates for Maori are equal to or better than those for other ethnicities

Develop a plan for education and professional development of the cancer team including GPs and Practice Nurses \*

- Education & Professional development plan enacted by Aug 2014

Support enrolment with and timely utilisation of General Practice (to support early diagnosis) and timely utilisation of specialist cancer services (to support better outcomes)

- Utilisation is monitored
- Monitor utilisation of cancer coordination service by Maori

Review cancer admission data for prostate, bowel & lung cancers - identify any issues for Maori in accessing services and use this information to develop a plan to improve service delivery and rectify any issues

- Baseline review completed by Dec 2014
- Action plan developed by March 2015

\* See also the NMDHB Annual Plan

**Improved access to cancer clinical and support services**

Treatment and waiting times targets are met for Maori patients \*

## 6.2 Cardiovascular Disease & Other Long-term Conditions

90% of the eligible Maori population who have had their CVD risk assessed within the past five years

CVD	Base Q2	Target 13/14	Actual at 30 Sept13	Target 14/15
<b>Maori</b>				
Nelson	59%	61%	61.5%	90%
Wairau	38.18%	40%		90%
<b>Non-Maori</b>				
Nelson			64%	90%
Wairau	30.35%	32%		90%
<b>TOTAL</b>				

70% of Maori high risk ACS patients accepted for coronary angiography will receive an angiogram within 3 days of admission.

Base angiogram	2011/12	2012/13	13/14 (Jul-Feb)	2014/15 Target
Maori – number / percentage	85.7%	100% (8 of 8)	90% (9 of 10 )	70%
Non-Maori	88.5%	77.2% (250 of 324)	87% (159 of 183)	70%
Total		77.7% (258 of 332)	87% (168 of 193)	

# Improving the Management of Diabetes, Cardiovascular Disease & other Long term Conditions

## All Maori with CVD risk, diabetes & prediabetes receive optimal care

90% of the eligible population will have had CVD risk assessed in the last 5 years

Enhance collaboration with private sector employers, Maori organisations & other NGOs to undertake CVD risk assessments \*

Implement two funded community programmes for assessment of risk developed and agreed by 27/2/15

Men, Maori, Asian & Pacific & non-enrolled are identified for proactive screening, care & follow up \*

50% increase in screening/reviews for these populations by 30/06/15

Increase in health promotion activities related to CVD & diabetes & link these activities with smoking cessation \*

Smoking cessation included in plans by Jun 15

See also Local Priorities

Upskill Health Professionals on CVD & Diabetes screening, care & cultural competency \*

Diabetes workforce education plan developed by 30/8/14

## All Maori with other long term conditions receive optimal care

Measurement of improved diabetes outcomes using a set of clinical indicators to be developed nationally

Increase number of nurse-led clinics & support advanced nursing roles\*

20% increase in proportion of nurse-led versus doctor-led clinics by 30/6/15

Develop culturally appropriate education & self-management support for prediabetes, newly diagnosed, refresher, & insulin initiation\*

Culturally appropriate tools developed by 30/12/14

% of Maori with diabetes who receive education & support

Enhance evidence-based health pathways that support data sharing protocols and processes to ensure there is integrated care for Maori

Workforce engaged around access issues by 30/11/14

Develop a better understanding of baseline of numbers affected by respiratory conditions

Baseline of numbers affected developed by 3 June 2015

Develop supported self management and care plans for long term conditions impacting Maori - diabetes, CVD, respiratory conditions, gout

Supported self management approach utilised

Surveys show improvement in patient self-care knowledge and confidence

\* See also the NMDHB Annual Plan

## 6.3 Immunisation

95% Maori newborns enrolled in the NIR at birth. (measure NIR)

NIR	Base 13/14	14/15 Target
Maori	Collect baseline data	95%
NZE	Collect baseline data	95%
Pacific	Collect baseline data	95%
Asian	Collect baseline data	95%
Other	Collect baseline data	95%

Maori newborns are enrolled with general practice (measured at 3 months)

GP	Base 13/14	14/15 Target
Maori	Collect baseline data	98%
Pacific	Collect baseline data	98%
Other	Collect baseline data	98%

Immunisation Coverage at 8 months old

8 mth olds	Base 12 months to Dec2012	Target 13/14	Actual (12 months to 30/11/13)	Target 2014/15
Maori	83%	90%	88%	95%
NZE	89%	90%	86%	95%
Pacific	81%	90%	93%	95%
Asian	92%	NA	96%	95%
Other	81%	90%	83%	95%
TOTAL			88% (declines 6.0%)	95%

Timeliness - % of 6 week immunisations for Maori completed (measured through the completed events report at 8 weeks).

6 week imms	Base 13/14	Actual (at 31/12/13)	2014/15 Target
Maori	Collect baseline data	93%	93%
Total	Collect baseline data	92%	92%

Seasonal influenza immunisation rates in the eligible population (65 years and over)

Influenza coverage for 65+ years	Base Dec 12	Target Dec 13	Actual Dec 13	Target 14/15
KHWPHO	58.99%	60.50%	70.41 (DHB total)	>= 75%
NBPH total enrolment	67.16%	68.69%		
High need: KHWPHO	52.02%	58.50%	70.57 (DHB Total)	>= 75%
High need: NBPH	68.65%	69.65%		
Maori	To be established	65%		

# Increasing Immunisation

**High levels of immunisation coverage**

📊 95% of children are fully immunised by 8 months

**Low levels of illness from vaccine-preventable diseases**

📊 75% immunisation coverage for Maori 65+ years for influenza

## Early childhood immunisations

Strengthen the immunisation alliance governance group, including ensuring engagement with Maori \*\*

📊 Quarterly monitoring and reporting implemented

Scope provision of more mobile based services to address needs of after hours, rural & non-engaged populations \*\*

📊 Service implemented

Facilitate & increase newborn enrolment rates\*

📊 98% of Maori newborn babies are enrolled with general practice by 3 months of age

Work through outreach services (OIS) to increase the delivery of overdue vaccinations and navigation back to general practice\*

📊 % of age appropriate vaccinations for high needs groups match those of the total population

Equip and motivate health professionals to communicate effectively about immunisation \*\*

📊 Decliner rates decrease 7-10% on 2012-13 rates by 30/6/15

📄 \* See also the NMDHB Annual Plan

## Influenza immunisation

Promote the influenza immunisation to vulnerable Maori and other vulnerable people\*

📊 Promotional campaign agreed & implemented by 30/6/15

Enhance collaboration with private sector employers, Maori organisations & other NGOs to increase influenza immunisation

📊 8 clinics held in Maori settings

Explore the viability of lowering the age of eligibility of Maori with long term conditions & age-related illnesses

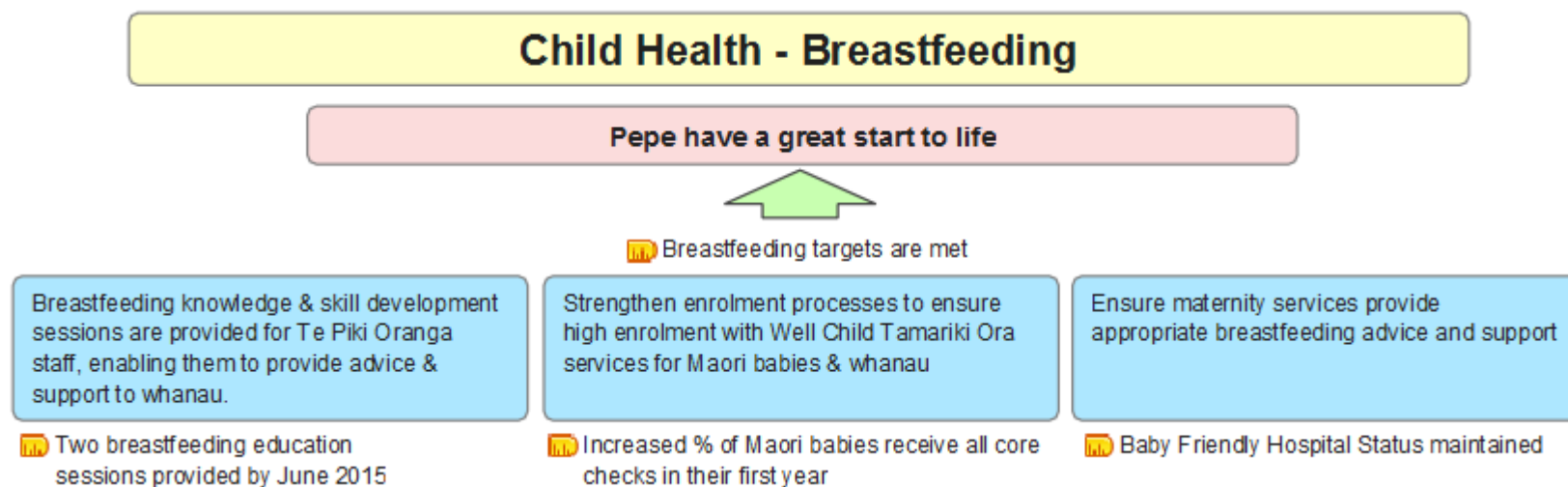
📊 Feasibility study completed by 31/12/14

## 6.4 Child Health - Breastfeeding

- (a) Establish baseline and monitor rates of breastfeeding on discharge from hospital for Maori.
- (b) Establish baseline and monitor access to the Lactation consultancy service for Maori women.

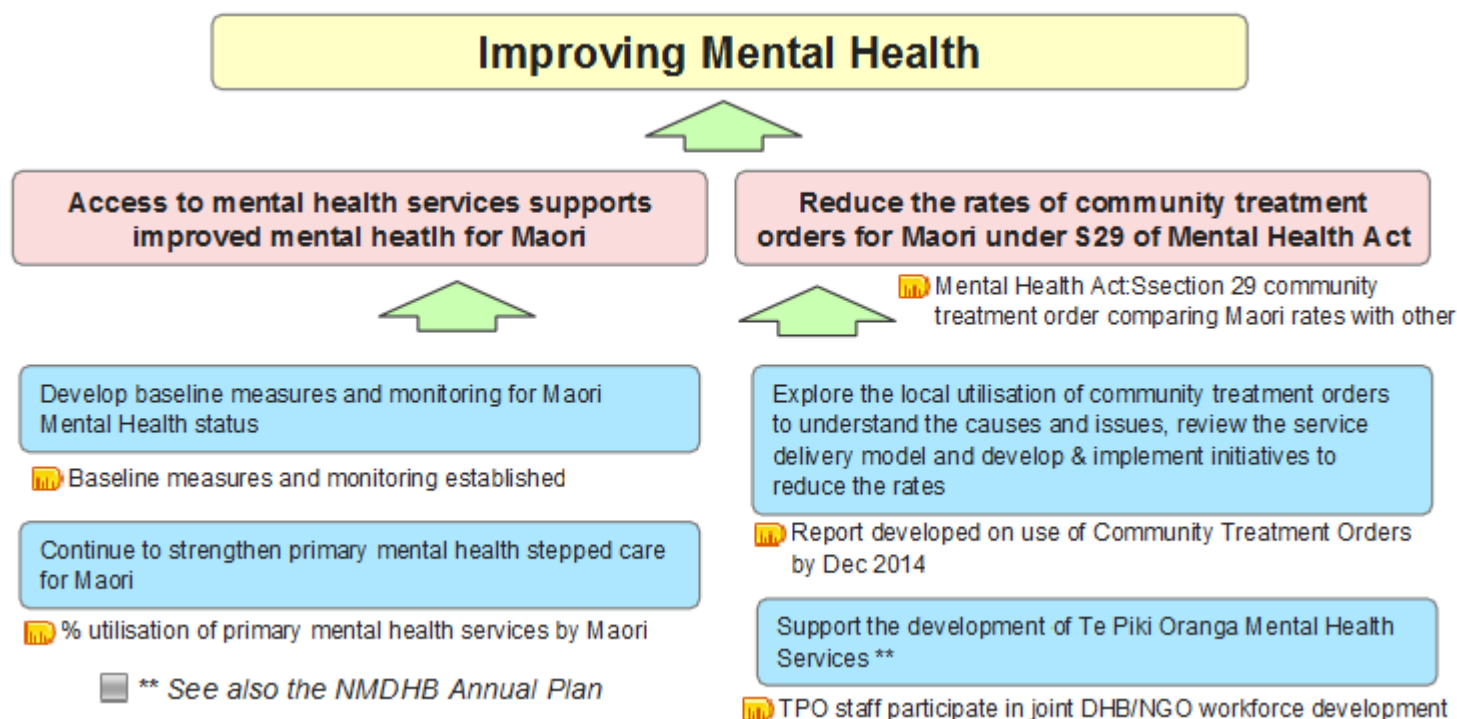
Exclusive & Full Breastfeeding rates	Base Feb 2012	Target 13/14	Actual Q2 2013-14	Target 14/15
Maori 6 weeks	60%	68%	68%	68%
Maori 3 months	54%	54%	44%	65%
Maori 6 months (exclusive, full or partial breastfeeding)	15%	59%	54%	59%
Non-Maori 6 weeks	72%	68%	74%	-
Non-Maori 3 months	60%	54%	59%	65%
Non-Maori 6 months (exclusive, full or partial breastfeeding)	22%	59%	71%	-
Breastfeeding on discharge from maternity units				establish baseline for Maori

Data source for actual rates is Plunket currently, as provided to Te Tumu Whakarae (April 2014)  
Targets for 6 weeks and 6 months no longer set in the Annual Plan.



## 6.5 Mental Health

Number of clients under S29 Community Treatment orders / Rate per 100,000 population	Base 2012/13	Target 14/15
Maori	26 people / 194 per 100,000	< 180 per 100,000
Non-Maori	82 people / 64 per 100,000	





## 6.6 Oral Health

a. Increase adolescent enrolment rates.

Year	2011 Actual	2012 Actual	2013 Actual	2014 Target	2015 Target
Total adolescent population	86.8	85%		85%	85%
Maori adolescents	n/a	n/a	n/a	85%	85%

b. Increased number of preschool enrolment rates.

Year	2011 Actual	2012 Actual	2013 Actual	2014 Target	2015 Target
Total for the pre-school population	48%	58%	73%	80%	85%
Total for Maori pre-schoolers	n/a	n/a	n/a		

c. Decayed and missing filled teeth for Year 8 children

Year	2011 Actual	2012 Actual	2013 Actual	2014 Target	2015 Target
Maori	1.38	1.23	1.64	1.0	1.0
Other	0.97	0.87	1.09	1.0	1.0
All	1.04	0.92	1.01	1.0	1.0

d. Proportion of caries free at 5 years of age.

Year	2011 Actual	2012 Actual	2013 Actual	2014 Target	2015 Target
Maori	53	40	31	60	65
Other	70	67	59	60	65
All	67	64	55	60	65

# Oral Health

## Reduced incidence of caries for Maori children

- 📊 Increase to 60% Caries free at 5 years of age
- 📊 Reduced number of decayed, missing and filled teeth (DMFT) at Year 8 of schooling

Provide advice and support to whanau to adopt healthy oral health habits - especially toothbrushing & reducing consumption of sugary drinks

- 📊 Whanau Ora plans address oral health

Ensure equitable enrolment in Community Oral Health Service (COHS) in first year of life

- 📊 Monitor pre-school COHS enrolment by Maori children

General Practices assess oral health status of children, promote oral health and link children with oral health services

- 📊 Oral health update provided to general practice teams

## Equitable utilisation of services

Promote oral health and the utilisation of oral health services through Whanau Ora plans

- 📊 Monitor utilisation of COHS services by Maori children up to Yr 8
- 📊 85% utilisation of adolescent oral health services by rangatahi

Work with education services with high Maori enrolment (including Kohanga Reo and Kura Kaupapa) to support oral health promotion and utilisation of services

- 📊 # of education settings with oral health promotion activities

## 6.7 Smoking Cessation

95% of Maori hospitalised smokers will be provided with brief advice and support to quit by July 2014 – reported quarterly.

Hospitalised smokers	Q2 2012	Target 13/14	Actual (Oct-Dec 2013)	Target 14/15
Maori	96.62%	95%	95%	95%
Total	95.98%	95%	93.5%	95%

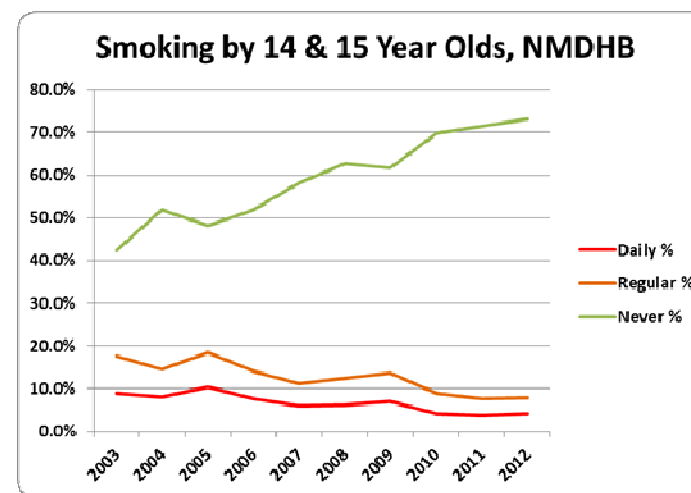
90% of enrolled Maori patients who smoke and are seen in General Practice are offered brief advice and support to quit smoking – reported quarterly

General Practice	12/13	Target 13/14	Actual (Oct-Dec 2013)	Target 14/15
KHWPFO Maori	24.29%	90%		90%
KHWPFO Non-Maori	19.48%	90%		90%
NBPH Maori	50.75%	90%	85%	90%
NBPH Non-Maori		90%		90%
TOTAL NM		90%	78%	90%

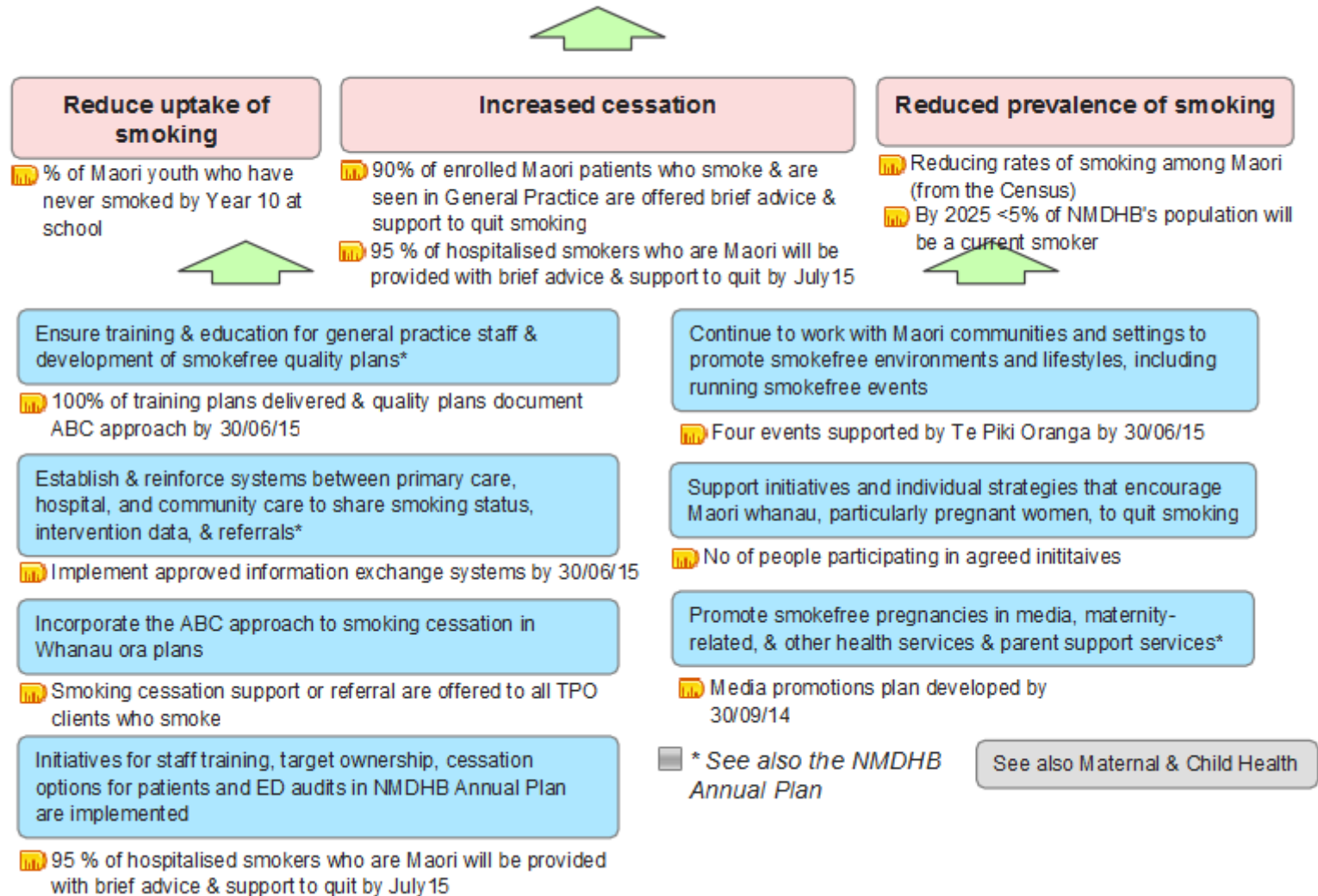
Progress towards 90% of pregnant Maori women who identify as smokers at the time surveys by Action on of confirmation of pregnancy in general practice or booking with Lead Maternity Carer are offered advice and support to quit

Pregnant Women	13/14	Actual (Oct-Dec 2013)	Target 14/15
Maori	Collect baseline data	95.5%	90%
Total	Collect baseline data	94.6	90%

Smoking rates for Year 10 Students from the Smoking and Health (ASH)

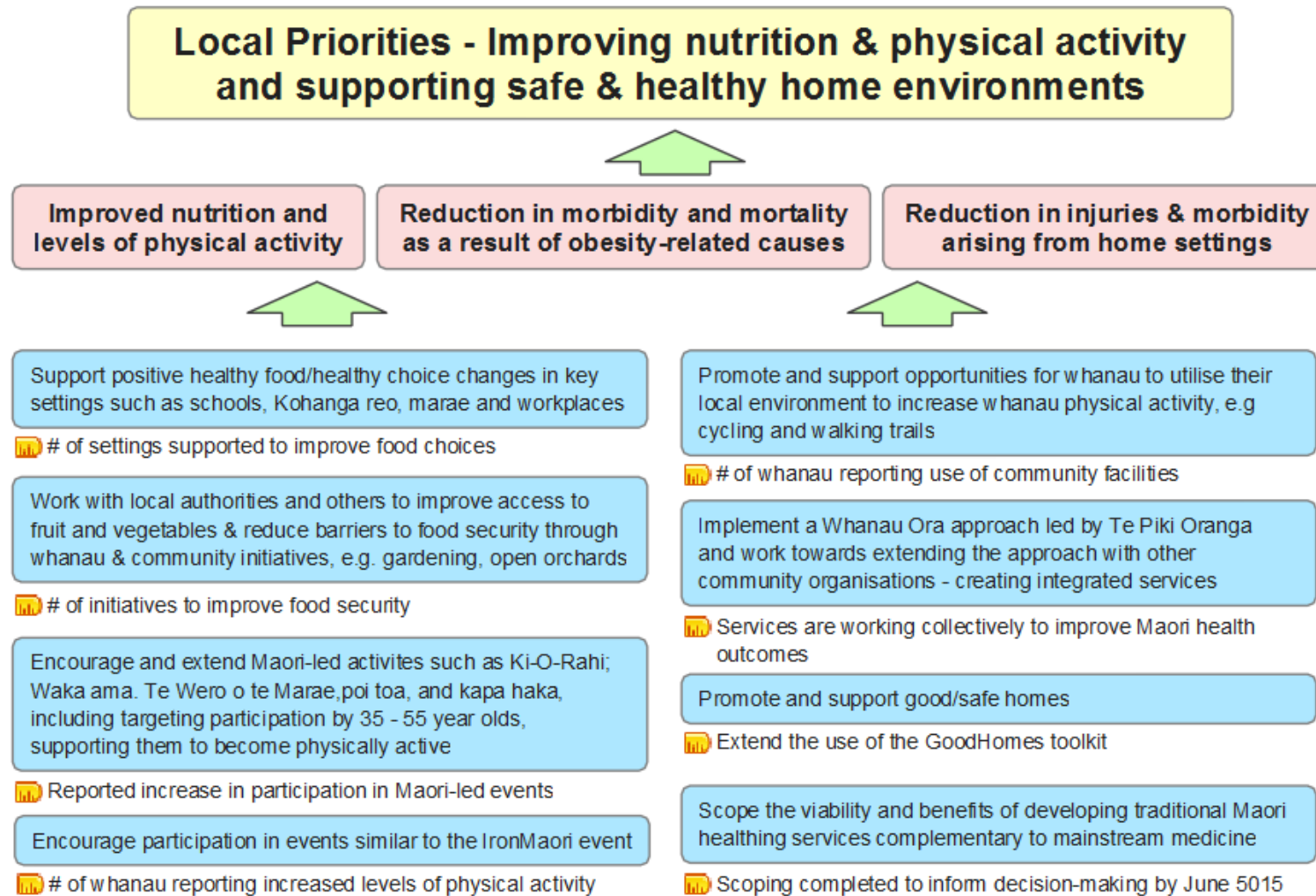


# Reducing Smoking prevalence



## 7. Local Priorities

### 7.1 Nutrition & Physical Activity / Safe & Healthy Homes



## 7.2 Maternal & Child Health

### Antenatal Care

- (a) Number Maori whanau who attend antenatal classes.  
 (b) Measure the percentage of Maori women accessing DHB funded parenting and pregnancy education.

Antenatal class attendance	Develop baseline for 13/14	Actual	Target 14/15
Maori	Collect baseline data		
Non-Maori	Collect baseline data		

### Smokefree pregnancies

- (c) 90% of Maori pregnant women who identify as smokers at the time of confirmation of pregnancy in general practice or booking with an LMC are offered advice and support to quit.

Smoking in Pregnancy	Develop baseline for 13/14	Actual (Oct-Dec13)	Target 14/15
Maori	Collect baseline data	95.5	90%
Non-Maori	Collect baseline data	94.6	90%

### B4 School Check Coverage

- (d) At least 80% of Maori children receive a B4 School Check before their 5th birthday

B4 School Checks	Base (6mths to Dec2012)	Target 13/14	Actual (as at 28 Feb 2014)	Target 14/15
Maori	70.5%	80%		90%
Non-Maori	91%	80%		90%

# Maternal and Child Health

Mothers, pepe and their whanau are supported to stay well and thrive

Maori women access pregnancy & parenting education

90% of Maori pregnant women who smoke are offered advice and support to quit

90% of Maori 4 year olds receive a B4 School Check

Implement the Maternal and Child Health Integration Pilot Project - involving Maori health services so whanau are supported to engage with maternity & child health services \*

- 75% of women register with an LMC by week 12 of their pregnancy
- 90% of eligible pregnant women are enrolled/registered with primary care by the third trimester

Support mothers & whanau in leading healthy lifestyles during and after pregnancy - .e.g. smokefree, good nutrition, alcohol & drug free

- Whanau ora plans include healthy lifestyle advice & actions
- Smoking cessation options are offered to all pregnant Maori women who smoke

Implement the Well Child/Tamariki Ora Quality Framework local action plan - ensuring that Maori children benefit from the WCTO services \*

- WCTO QIF indicators improve for Maori children
- 90% of Maori 4 year olds receive a B4SC

Promote safe sleep practices among Maori whanau, including the promotion of pepe-pods

- Number of pepe-pods used

Implement national guidelines for the screening, diagnosis and management of gestational diabetes, once released

- Guidelines implemented when released by Ministry of Health

\* See also the NMDHB Annual Plan

## 7.3 Enablers

### Access to services

The number of Maori enrolled in PHOs (as reported by PHOs) divided by number of total Maori in NMDHB service area (as defined by Census Stats NZ 2013 figures)

Enrolments	Baseline	Target 13/14	Actual	Target 14/15 (2013 Census count of Maori ethnicity)
NBPH	7,413 (7.8%)	7,561	7576	7608
KHW PHO	4,079 (9.6%)	4,160	4285	4776
<b>Total</b>	<b>11,492</b>	<b>11,721</b>	<b>11,861</b>	<b>12384</b>

### Accuracy of ethnicity reporting in PHO registers

% of enrolments with valid ethnicity recorded	Baseline	Target 2013/14	Actual (Dec 2013)	Target 14/15
NBPH	98.69%	100%	99.7%	100%
KHW PHO	97.62%	100%		100%
<b>Total</b>	<b>97.5%</b>	<b>100%</b>		<b>100%</b>

Note: for those where an ethnicity is not recorded may include some patients who have declined to state their ethnicity

### 95% data accuracy for ethnicity data collected in the hospital.

New NHI registrations with non-specific ethnicity	Baseline	Target 2013/14	Actual (3mths Sept-Nov13)	Target 14/15
NMDHB		<5%	0%	0%



### Ambulatory Sensitive Hospitalisations

A decrease in ASH rates for 0-4 year olds. (identified in Section 5.2)

ASH rates	Base (to Sep 2012)	Target 13/14	Actual (to Dec 2013)	Target 14/15
Maori 0-4 years	121%	≤105%	155%	<95%
Total population 0-4 years	112%	≤112%	91%	<95%
Maori 45-64 years	90%	≤90%	172%	<95%
Total population 45-64 years	52%	≤52%	60%	<95%
Maori 0-74 years	65%	≤65%	138%	<95%
Total population 0-74 years	76%	≤76%	75%	<95%

Conditions that drive the ASH rates for Maori are as follows:

- 0 – 4 years: Dental, Upper Respiratory & ENT, Asthma, Gastroenteritis/ Dehydration, Dermatitis and Eczema.
- 45 – 64 years; Angina and Chest Pain, Cellulitis, Congestive Heart Failure, Myocardial infarction, Pneumonia and Epilepsy.
- 0 to 74 years; Dental, Upper Respiratory and ENT, Asthma; Gastroenteritis/ Dehydration, Pneumonia.

# Enablers for improving Maori Health Outcomes

**Systems and processes are in place that support the monitoring of and improvement in Maori health outcomes**

- Reduction in Ambulatory Sensitive Hospitalisations (ASH) through improved access to preventive & primary care services
- Accurate ethnicity data recording facilitates collation of population health information
- The Maori health workforce has the capacity and capability to deliver the best possible health gains for Maori
- Maori contribute to decision-making on & the delivery of health and disability services



**Access to Services/  
Reducing ASH**

Encourage and support enrolment with general practice/ PHOs

- 98 % of Maori population enrolled in PHOs

Encourage and support timely engagement with general practice and other services

- Improving performance on ASH rates for Maori across all age groups

Ensure Maori with asthma / respiratory conditions are referred to healthy homes project

- # houses retrofitted for Maori families

■ See also Oral Health

**Data Quality/  
Monitoring**

Explore viability of implementation of Primary Care Ethnicity Data Audit Tool for PHOs & Te Piki Oranga

- Viability determined

Review & evaluate the use of Results Based accountability (RBA) in the NMDHB Maori Health contract and redevelop performance measures \*

- Performance measures reviewed

Continue to improve the quality of DHB Ethnicity data collection

- 0% of new NHI registrations by NMDHB have a non-specific ethnicity

■ \* See also the NMDHB Annual Plan

**Workforce Development**

Review and streamline He Taura Tieke or similar tool for assessing cultural safety within DHB and PHO/primary care

- Review and confirm the tool to use

Encourage primary care participation in cultural training

- % of practices maintaining Cornerstone Accreditation

Survey the Maori workforce within the district to develop baselines on skill mix, expertise and resource allocation

- Maori workforce information collated to inform the workforce development plan

Develop a joint NMDHB, PHO & TPO Maori Health workforce action plan

- Joint workforce action plan by 30 June 2015

**Involvement**

Increase collaboration and partnership between Te Piki Oranga and the Top of the South Health Alliance

- Formal linkages in place

Ensure there are mechanisms in place to ensure there is a Maori perspective in all planning and service development

- Maori representation on key workstreams and service alliances