

Canterbury

District Health Board

Te Poari Hauora o Waitaha



MAORI HEALTH PLAN

*WHAKAMAHERE HAUORA
MAORI KI WAITAHA*

2002-2006

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EXECUTIVE SUMMARY

Whakamahere Hauora Maori ki Waitaha, the Canterbury DHB's Maori Health Plan will guide the DHB's response to Maori over the next five years.

The Plan incorporates national Strategic directions, DHB Strategic Planning activities, and feedback from Maori received over the past year.

Directions 2006 and Health Gain Priority Areas – Maori Specificity

The Plan's framework is based on the creation of specific Maori linkages to the Canterbury DHB's Directions 2006 and Health Gain Priority Areas agreed by the Board in May 2002. They are also consistent with the directions signalled in the Annual and Strategic Plans, and the Statement of Intent 2002-05. The framework is fleshed out in more detail in the Maori Health Actions Section.

To implement the Plan will require a strength of purpose from the Canterbury DHB, as well as strong engagement with and support from Manawhenua Ki Waitaha, the Maori Community and providers and other key stakeholders.

Summary

Direction 1	Improving Maori health status Health Gain Priority Areas
Direction 2	Finding better ways of working
Direction 3	Working together with Maori
Direction 4	Developing Canterbury's health care workforce
Direction 5	Being a leader in Maori hospital & health care services

Direction 1 Improving Maori health status

Health Gain Priority Areas

Actions

- 1.1 Maori health status assessed through accurate collection of ethnicity data and disease management activities at primary & secondary care levels
- 1.2 Focus on CDHB Health Gain Priority Areas, including supporting population health activities
- 1.3 Maori health needs prioritised, together with Maori
- 1.4 Changes in Maori Health monitored, with Maori

Milestones

- Primary Care Maori Health Plans focus on ethnicity data collection & appropriate disease management activities in partnership with clients
- Secondary Care services identify common clients and provide integrated continuum of care in partnership with primary care and clients
- Population health activities continue to refine and develop focus on smoking, nutrition, physical activity, mental health
- Plan, implement, monitor & review increased focus on and funding of services to Maori, especially: Diabetes, Cardiovascular disease, Cancer, Child & Youth Health, Mental Health & Primary Health
- Manawhenua ki Waitaha and Maori participate in ongoing Needs Assessment and Planning & review processes
- CDHB/Iwi/Maori agree monitoring programme
- CDHB/Iwi/Maori support Maori research activities

Direction 2 Finding better ways of working

Actions

- 2.1 Develop and implement effective funding & policy frameworks with Maori input
- 2.2 Direct resources to priority areas for Maori, establishing targets in line with the budgeting process
- 2.3 Identify Maori & mainstream provider(s) who deliver effective, quality services to, and health gain for, Maori, and increase resources
- 2.4 Support *continuum of care* approach to clients & whanau
- 2.5 Work with Iwi/Maori to support Maori-led community development, in conjunction with intersectoral agencies
- 2.6 Develop Maori Health policy & quality frameworks

Milestones

- Plan, implement, monitor & review increased focus on and funding of services to Maori, especially: Diabetes, Cardiovascular disease, Cancer, Child & Youth Health, Mental Health & Primary Health
- Support in-house provider Divisions to increase focus on Maori Health, especially: Women's Health, Burwood, Cardio-Respiratory Outreach & Diabetes joint activities, Mental Health, Oral Health, Child Health, Older Person's Health and Crown Public Health's complementary population health activities
- Identify and support Maori-led community development in priority areas
- Require, implement and review Maori Health policy & quality frameworks in the CDHB and community providers

Direction 3 Working together with Maori

Actions	<p>3.1 Treaty-based relationship with Manawhenua ki Waitaha at governance and operational levels</p> <p>3.2 Breadth of relationships with Maori community, organisations and providers, & CDHB Maori staff</p> <p>3.3 Gather and disseminate Maori specific information</p> <p>3.4 Develop and evaluate innovative models of service integration</p>
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Milestones	<ul style="list-style-type: none">▪ Agree and implement a Memorandum of Understanding with Manawhenua ki Waitaha▪ Interact regularly with range of internal & external Maori community stakeholders, and circulate information▪ Seek intersectoral and health sector opportunities to develop services that will support <i>Whanau Ora</i>
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Direction 4 Developing Canterbury's health care workforce

Actions

- 4.1 Support Maori provider and workforce development
- 4.2 Support Maori staff within CDHB and community providers
- 4.3 Provide cultural training opportunities for CDHB and community provider mainstream staff
- 4.4 Influence Health/Education funders & institutions
- 4.5 Encourage Maori to choose health careers

Milestones

- Implement quality improvement & development support for Maori providers
- Implement HR Strategic Directions e.g. career pathways for Maori staff & cultural training for mainstream staff
- Productive relationships with Clinical Training Agency, Maori Provider Development Scheme, Education funders & institutions at secondary & tertiary levels
- Canterbury District attracts and retains highly skilled Maori staff

Direction 5 Being a leader in Maori hospital & health services

Actions

- 5.1 In-house provider Divisions develop priority focus on Maori Health,
- 5.2 Sustainable Maori provider development occurs
- 5.3 Quality & Accreditation programmes meet Maori requirements
- 5.4 Internal & External Maori accountability requirements are met
- 5.5 Clinical & Cultural best practice guidelines, including ethnicity data collection and Maori pathways to care are developed, implemented and evaluated

Milestones

- In-house provider priority Maori focus evident in activities, especially: Women's Health, Burwood, Cardio-Respiratory Outreach & Diabetes joint activities, Mental Health, Oral Health, Child Health, Older Person's Health [Disability] and Crown Public Health's complementary population health activities
- Sustainable Maori providers and services developed with productive funder/provider relationships evident
- Maori requirements of Quality and accreditation programmes met, with Maori involvement
- Accountability requirements fully achieved across CDHB
- Canterbury district recognised as regional and national leader in Maori services, with widespread Maori satisfaction at quality of clinical and cultural practices
- Ethnicity data accurately collected & influences service planning & funding

INTRODUCTION

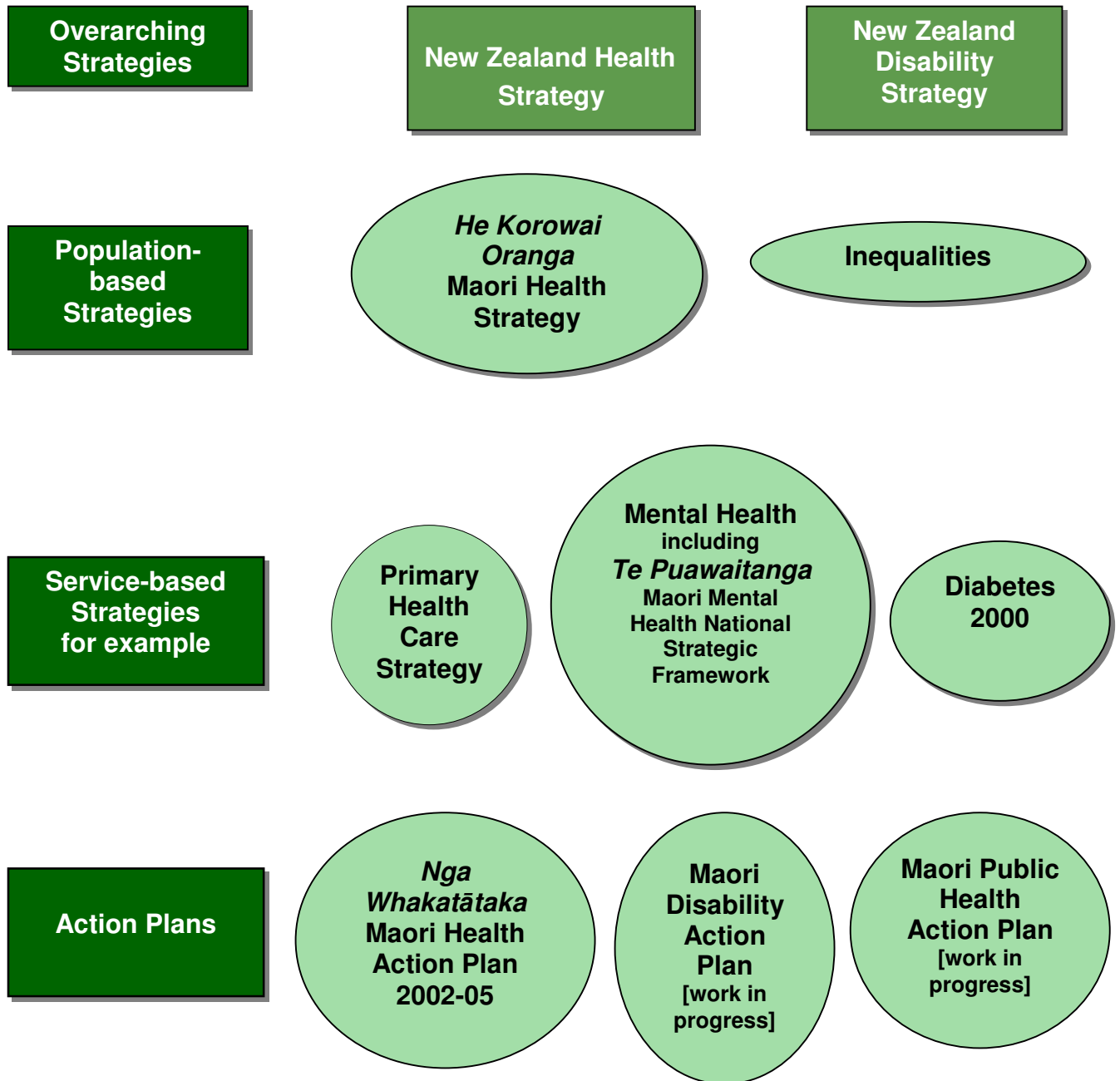
The Canterbury DHB Maori Health Plan 2002-06 aligns with the District Health Board's Strategic Plan, as well as *He Korowai Oranga*, the national Maori Health Strategy, and its Action Plan, *Nga Whakatātaka*, 2002-2005. It also draws upon the NZ Health Strategy, the NZ Disability Strategy and the Primary Health Care Strategy, and other relevant documents.

This Plan will guide the Canterbury DHB's response to Maori over the next five years. It will provide direction for activities across the whole of the DHB - within the Corporate and Planning & Funding Divisions, the Provider arm as well as community providers. The Plan belongs to the Board, internal staff and external providers and the Maori community, and reflects long-expressed Maori priorities and concerns.

To implement the Plan will require a strength of purpose from the Canterbury DHB, as well as strong engagement with and support from Manawhenua Ki Waitaha, Nga Maata Waka groups, the Maori Community and providers and other key stakeholders.

NATIONAL STRATEGIC CONTEXT

The New Zealand Health and Disability Strategies



The Canterbury DHB Maori Health Plan is consistent with the national directions.

CANTERBURY DISTRICT HEALTH BOARD

Functions

Canterbury DHB came into being on 1 January 2001, following passage of the New Zealand Public Health & Disability Act, 2000. The Act established the DHB's functions:

- a) To ensure the provision of services for its resident population
- b) To actively investigate, facilitate, sponsor and develop co-operative and collaborative arrangements with persons in the health and disability sector or in any other sector to improve, promote and protect the health of people, and to promote the inclusion and participation in society and independence of people with disabilities
- c) To issue relevant information to the resident population and other people for the purposes of (a) and (b)
- d) To establish and maintain processes to enable Maori to participate in, and contribute to, strategies for Maori health improvement
- e) To continue to foster the development of Maori capacity for participating in the health and disability sector and for providing the needs of Maori
- f) To provide relevant information to Maori for the purposes of (d) and (e)
- g) To regularly investigate, assess and monitor the health status of its population, any factors that the DHB believes may adversely affect the health status and the needs of that population for services
- h) To perform any other functions it is by or under any enactment, or authorized to perform in writing by the Minister after consultation.

Clauses d), e), and f), specifically apply to Maori.

Overarching Directions

OUR VISION	TA MATOU MATAKITE
To promote, enhance and facilitate the health and wellbeing of the people of the Canterbury District	Ki te whakapakari, whakamaanawa me te whakahaere i te hauora mo te orakapai o ka tākata o te rohe o Waitaha

VALUES

Care and respect for others
Integrity in all we do
Responsibility for outcomes

A MATOU UARA

Manaaki me te kotua i etahi
Hapai i a matou mahi katoa i ruka i te pono
Kaiwhakarite i ka hua

WAYS OF WORKING

Be people and community focused
Demonstrate innovation
Engage with our stakeholders

KA HUARI MAHI

Arotahi atu ki ka takata me ka iwi whanui
Whakaatu whakaaro hihiko
Tuu atu ki ka uru
(ratou ka takata me ka roopu e parekareka
ana mai ki a tatou mahi)

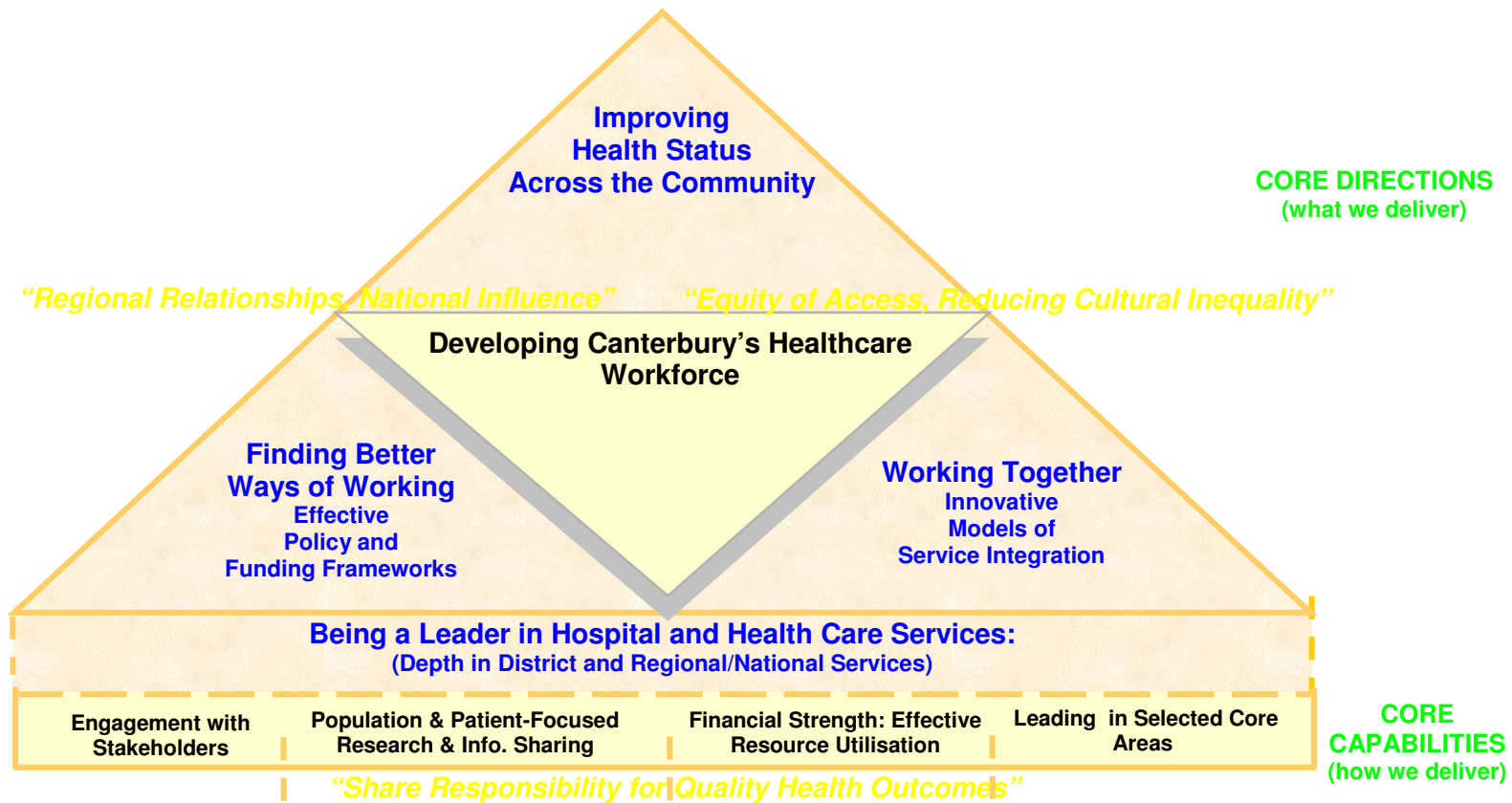
Strategic Directions

- | | |
|--------------------|---|
| Direction 1 | Improving health status across the community |
| Direction 2 | Finding better ways of working: effective funding & policy frameworks |
| Direction 3 | Working together: innovative models of service intergration |
| Direction 4 | Developing Canterbury's health care workforce |
| Direction 5 | Being a leader in hospital and health care services: depth in district, and regional and national services |

CDHB: Directions 2006

To promote, enhance and facilitate the health and well-being of the people of the Canterbury district

STRATEGIC INTENT
(our constant purpose)



Maori Health Plan Values

The core Maori values that underpin this Plan are:

Two way communication	Facilitation of Maori Participation
 <p data-bbox="610 974 867 1003">Taki Toru Pattern</p>	 <p data-bbox="1239 974 1487 1003">Patikitiki Pattern</p>
Commitment to Action	Recognition of all Maori
 <p data-bbox="630 1572 867 1602">Nihiniho Pattern</p>	 <p data-bbox="1149 1572 1487 1602">Purapurawhetu Pattern</p>

Maori Health – A Strategic Priority

Introduction

Maori Health is a strategic priority for the government and for the Canterbury DHB. Around 30,000 Maori live in Canterbury, the ninth largest Maori population in New Zealand. In line with national trends, Maori experience significant, often complex, health and social issues. The CDHB is committed to working to achieve positive improvements in outcomes.

This Plan focuses on action rather than justification for action. Evidence of Maori health disparities is well known and compelling. From the Plan outline, projects and activities will be developed that, over time, will provide evidence of Maori health gain. The Plan is unlikely to result in “quick fixes”; there will be successes and failures, as there are in any venture. The keys to success will be sustained energy, resources and commitment by the Board, Maori communities and other key stakeholders, such as providers and agencies.

Strategic Planning Processes

The Canterbury DHB undertook an extensive Strategic Planning process during 2001-02. The outcome was the Board’s agreement in May 2002 to five Strategic Directions - Directions 2006 – and Health Gain Priority Areas.

These will largely shape the Board’s operational priorities over the next five to ten years as well as the Maori Health priorities and this Plan’s action pathways. They also reflect the pathways in *He Korowai Oranga* and *Nga Whakatātaka*, and other national Maori Health documents.

Directions 2006

Direction 1	Improving health status across the community
Direction 2	Finding better ways of working: effective funding & policy frameworks
Direction 3	Working together: innovative models of service integration
Direction 4	Developing Canterbury’s health care workforce
Direction 5	Being a leader in hospital and health care services: depth in district, and regional/national services

Health Gain Priority Areas

Maori Health

Child & Youth Health

Primary Care

Mental Health

Disease Prevention & Management:

Diabetes; Cardiovascular Disease; Cancer.

Other Important Areas of Work

The Board in the Strategic Plan, has also acknowledged other important areas of work that the Canterbury DHB is engaged in, many of which will also impact on Maori, including:

- Disability Support Services
- Older Person's Health
- Waiting Lists
- Smoking cessation
- Pacific Health
- Oral Health
- Rural Health.

Summary

Canterbury DHB will pro-actively address Maori Health disparities to aim to minimize their impact on the Maori population over time. Resources will be dedicated to achieve:

- benefits from Maori engagement, participation and influence
- improvements in Maori Health outcomes
- service responsiveness to Maori.

This Plan provides a framework for the Canterbury DHB's activities. It enables recent Maori Health gains to be built upon, with a 5-10 year future planning horizon.

The Plan has been developed from a wide range of input. The contributions of Ngai Tahu through Manawhenua ki Waitaha, and Maori through the community consultation process, Te Korowai Atawhai (the CDHB Maori Mental Health Team), Women's Health Division and Maori providers, are acknowledged.

Maori Health Strategic Directions

The Canterbury District Health Board's Maori Health Strategic Directions are simple and direct. They comprise a Vision, a Strategic Goal, identification of consistent strategic issues that must be addressed, and then create specific Maori linkages to the Canterbury DHB's Strategic Plan: Directions 2006 and Health Gain Priority Areas. The Maori specificity is then developed further in the Action Plan through a series of inter-linked projects that will be undertaken across the DHB's sphere of influence.

Vision

Whanau Ora

Maori families supported to achieve their maximum health and wellbeing

This vision is consistent with that expressed in *He Korowai Oranga*, the national Maori Health Strategy.

Strategic Goal

An inclusive pathway to Maori health and wellbeing, that affirms Maori approaches and improves Maori outcomes.

This strategic goal indicates the complexity and multi-faceted approach necessary to make progress towards achieving improvements in Maori health and wellbeing.

Strategic Issues

These strategic Maori issues have been consistently raised in Maori forums as focal points to be addressed in order to take Maori health forward. Canterbury DHB's response is indicated:

- 1. Treaty of Waitangi***
- 2. Maori participation in health planning, service provision and the workforce***
- 3. Effective, culturally appropriate and high quality services***
- 4. Monitoring Maori health outcomes***
- 5. Working across sectors.***

1. ***Treaty of Waitangi***

Canterbury DHB supports *He Korowai Oranga's* description of the government's commitment to the Treaty of Waitangi:

Partnership

Working together with iwi, hapu, whanau and Maori communities to develop strategies for Maori health gain and appropriate health and disability services

Participation

Involving Maori at all levels of the sector in decision-making, planning, development and delivery of health and disability services

Protection

Working to ensure Maori have at least the same level of health as non-Maori, and safeguarding Maori cultural concepts, values and practices

Canterbury DHB recognises that working within a Treaty of Waitangi Framework will ensure that its activities have a strong foundation from which to develop. The Framework will also support the development of Canterbury DHB's relationship with Manawhenua ki Waitaha, and its relationships with other Maori.

2. ***Maori participation in health planning, service provision and the workforce***

2.1 *Internal Maori participation*

The Canterbury DHB has incorporated the roles of Taua and Kaumatua into the organisational structure. These roles challenge the DHB to uphold and respect the mana of these positions by fully committing itself to prioritizing Maori health. The Taua and Kaumatua play prominent roles in the development of effective relationships between the CDHB and the Maori communities, including Manawhenua ki Waitaha, and within the DHB itself.

Tahi Takao is the Kaumatua, and a member of the DHB's Executive Management Team. Tahi Takao is Tuhoe, and well-respected in the Canterbury Maori community. He co-ordinates the DHB's cultural responsiveness, and the CDHB Maori staff whakawhanaungatanga development through Te Ao Marama, the staff group that meets monthly.

Ruahine Crofts is Taua, and Ngai Tahu no Tuahuriri. She has leadership roles in Te Kahui Taumata and Te Kahui Pou Hauora Maori, extensive community and cultural knowledge, and provides cultural leadership for Mental Health Division and Te Korowai Atawhai, Te Ao Marama, Women's and Older Person's Health Divisions.

Together with the Taua, he is a member of Te Kahui Pou Hauora Maori, that supports the Maori Mental Health staff. With the Taua and the Chief Executive, Tahi Takao leads Te Kahui Taumata, a senior group responsible for

ensuring that the Canterbury DHB recognises and respects the principles of the Treaty of Waitangi and actively works to improve the health status of Maori.

In 2001, the DHB created the position of Manager, Maori Health. The position objectives include areas of responsibility arising from activities within the Funding & Planning division, as well as the Provider arm of the Canterbury DHB.

Maori participation also occurs through the Canterbury DHB-wide staff forum [Te Ao Marama] and within each Division of the In-house Provider.

2.2 *Maori Community Participation*

The Canterbury DHB engages with *Manawhenua ki Waitaha*, the group representing the seven Ngai Tahu runaka in Canterbury, and supported by Ngai Tahu Development Corporation.

A Memorandum of Understanding will be negotiated between the two groups to formally express their Treaty-based relationship.

Governance and operational relationships are proposed. *Manawhenua ki Waitaha* has indicated that its top priorities, apart from formally expressing the relationship, are:

- Maori Needs Assessment
- Monitoring CDHB performance
- Ethnicity data collection
- Services to meet Maori priority needs
- Resources for Maori Health
- Intersectoral activities, led by Health

The Canterbury DHB is also working with Nga Maata Waka groups to identify the most appropriate operational relationships.

The Canterbury DHB also holds quarterly consultation hui with the Maori community, and meetings with other Maori groups or providers as required. The Canterbury DHB recognises He Oranga Pounamu as the Ngai Tahu mandated Maori Development organisation in Te Waipounamu and will work with He Oranga Pounamu and its affiliated and sub contracted providers.

2.3 *Maori Service Provision*

Most Maori provider contracts devolve to the Canterbury DHB by 1 July 2002. Maori provider services cover population, community, primary and mental health. A few Maori contracts have been retained by the Ministry of Health, such as Rongoa, Public Health and Disability contracts.

The Canterbury DHB works with all Maori providers in Canterbury.

Hauora Matauraka, the Maori division of Crown Public Health, becomes part of the Canterbury DHB from 1 July 2002, although funding responsibility and overall accountability remain with the Ministry of Health. Hauora Matauraka plays an important role in the provision of health information, education and promotion to Maori, and in its complementary role to other Maori providers.

2.4 *Maori Workforce Participation*

A Canterbury DHB staff ethnicity survey in 2002 found that 127 staff in the in-house provider identified as Maori. Although the overall response rate was only about 50%, the survey identified that Maori comprise a very small proportion of the more than 7,000 staff. The survey will be repeated annually, alongside the culture survey. A stocktake of Maori staff in community providers [Maori and mainstream] will occur during 2002-03.

A concerted focus on recruitment, development and retention of the Maori health workforce in Canterbury is therefore a key strategic direction for this Plan. This work will be undertaken in conjunction with secondary and tertiary training providers, and Maori community organisations. Recruiting Maori into clinical and non-clinical roles at pre- and post-entry levels requires a long term planning horizon that needs to transcend any health re-structures. In addition, more Maori staff need to be recruited into policy and planning roles throughout the CDHB.

Without a sustainable Maori workforce, Maori health development will be correspondingly limited.

3. *Effective, culturally appropriate and high quality services*

All providers, including the CDHB provider arm, have contractual requirements relating to responsiveness to Maori. Monitoring programmes will ensure that these requirements are being met. Audit and review activities will incorporate Maori components and Maori auditors as appropriate.

The CDHB provider arm is committed to accreditation, using Quality Health New Zealand's HAPNZ programme as the vehicle. The accreditation programme contains Maori aspects, and meeting these needs will be a priority.

All providers will be expected to ensure that their staff have the opportunity to receive appropriate training to better meet Maori needs, and that Maori staff have career pathways developed with their involvement.

4. *Monitoring Maori health outcomes*

Appropriate needs assessment, monitoring and measurement systems will be incorporated into the Canterbury DHB's activities so that progress in achieving Maori health outcomes will be able to be identified, and corrective actions put in place when and where necessary. These systems will be a fundamental building block for the CDHB. *Manawhenua ki Waitaha* have identified these systems as high priorities, as well as accurate ethnicity data collection systems and processes to ensure planning and review purposes can be achieved.

5. Working across sectors

He Korowai Oranga and *Nga Whakatātaka* envisage a leadership role for the health and disability sector across the whole of government and its agencies to achieve the aim of *Whanau Ora* by addressing the broad determinants of health.

Manawhenua ki Waitaha fully support this approach and expect to see the Canterbury District Health Board take a leadership role working across sectors and influencing their planning and funding directions at district, regional and national levels.

Maori Participation – Canterbury Health Board

Governance Level Relationships

Canterbury District Health Board ↔ Manawhenua ki Waitaha [Ngai Tahu]

Memorandum of Understanding to be agreed

2 Maori Board members
2 Maori members on Committees
[Disability Services Advisory Committee,
Community & Public Health Advisory Committee,
Hospital Advisory Committee]

Operational Relationships

Canterbury District Health Board – Manawhenua ki Waitaha [Ngai Tahu]

Canterbury District Health Board – Nga Maata Waka groups

Canterbury District Health Board – Maori Community
Quarterly Consultation Meetings

Te Kahui Taumata

Advisory Komiti to the CEO
[CDHB senior management & Maori representatives]

Planning & Funding Division

Maori Providers

Provider Funding & Relations

In- House Provider Relationships

MENTAL HEALTH	WOMEN'S HEALTH	BURWOOD	CHRISTCHURCH HOSPITAL	OLDER PERSON'S HEALTH	ASHBURTON & COMMUNITY HEALTH SERVICES
Te Kahui Pou Hauora Maori	Cultural Advisory Komiti	Komiti Kaiwhakahaere & Komiti Whakaruruhau	Whanau Accommodation Komiti Cultural Advisory Komiti [in progress]	First Kaumatua Hui held	Maori Advisor position in motion

Te Ao Marama
[monthly Maori CDHB Staff Forum]

(a) Resourcing and Monitoring the Plan

Resourcing and Monitoring are overarching determinants for the Action Pathways. Substantively addressing these two key aspects will determine whether success is achievable.

RESOURCING	
ACTIONS	<ul style="list-style-type: none">➤ Canterbury DHB to identify a Maori budget based on baseline of <u>all</u> Maori provider/Maori service funding➤ Canterbury DHB to set targets to increase funding to Maori service-related initiatives over the next 3 years➤ Maori Health and Whanau Ora included as key criteria in DHB prioritization, resource allocation and disinvestments decisions➤ Manager, Maori Health to acquire staff and operational budget resources to support CDHB-wide developments
MONITORING	
ACTIONS	<ul style="list-style-type: none">➤ Canterbury DHB and Iwi/Maori will establish mechanisms to enable Iwi/Maori to participate in monitoring the DHB's performance in implementing Maori Health objectives➤ Canterbury DHB establish monitoring programme that meets its internal and external accountabilities

(b) Maori Health Directions

This section provides the framework within which the Maori Health Plan will be implemented. Project plans will support the Actions, Milestones and Projects, and enable a robust approach to apply.

Direction 1	Improving Maori health status Health Gain Priority Areas
Actions	<ol style="list-style-type: none"> 1 Maori health status assessed through accurate collection of ethnicity data and disease management activities at primary & secondary care levels 2 Focus on CDHB Health Gain Priority Areas and population health activities 3 Maori health needs prioritised, together with Maori 4 Changes in Maori Health monitored, with Maori
Milestones	<ul style="list-style-type: none"> ▪ Primary Care Maori Health Plans focus on ethnicity data collection & appropriate disease management activities in partnership with clients ▪ Secondary Care services identify common clients and provide integrated continuum of care in partnership with primary care and clients ▪ Population health activities continue focus on smoking, nutrition, physical activity, mental health ▪ Plan, implement, monitor & review increased focus on and funding of services to Maori, especially: Diabetes, Cardiovascular disease, Cancer, Child & Youth Health, Mental Health & Primary Health ▪ Manawhenua ki Waitaha and Maori participate in ongoing Needs Assessment and Planning & review processes ▪ CDHB/Iwi/Maori agree monitoring programme ▪ CDHB/Iwi/Maori support Maori research activities
Key Internal Relationships	<ul style="list-style-type: none"> ▪ GM Planning & Funding– Needs Assessment, Funding & Provider Relations, & Reporting, Audit, Maori Health ▪ GM Finance & IS; Chief Operating Officer; GM Public Health

Key Projects

1 Ethnicity Data Collection

- WAVE project key priority to be incorporated into CDHB IS Strategy, due February 2003
- Pilot projects at Women's Health Division and Burwood Hospital
- Maori providers' collection of ethnicity data
- Primary Care Maori Health Plans – monitoring of ethnicity data collection
- Monitoring programmes

2 Disease Prevention and Management Priorities

- Christchurch Hospital – project to identify common clients and more effective ways of working between Cardio-Respiratory Outreach and Diabetes Services and primary/community services
- Maori Disease State Management nursing service re-launch
- Scoping and implementation of Cardiovascular Diseases, Diabetes, Cancer initiatives for service developments

3 Health Gain Priority Areas

- Primary Care Maori Health Plans – monitoring of Disease Management identification; monitoring of Maori utilisation
- Involvement with Primary Healthcare Organisation to ensure PHO's actively meet service and health needs of Maori in Canterbury
- Mental Health – implementation of *Te Puawaitanga*, Maori Mental Health National Strategic Framework, and other mental health frameworks, as well as continued implementation of Mental Health Blueprint and Tuutahitia te Wero (Mental Health Workforce Development Plan)
- Scoping and implementation of Child & Youth Health initiatives for service developments

4 Planning & Funding of services

- Manawhenua ki Waitaha and Maori participate in ongoing Needs Assessment, planning, monitoring & review processes
- Work with Ministry of Health, Public Health, and Crown Public Health/Hauora Matauraka to ensure population health activities continue focus on smoking, nutrition, physical activity, mental health and link to health gain priority area activities. Evaluation activities will be incorporated to measure impact on Maori

- Plan, implement, monitor & review increased focus on and funding of services to Maori, especially: Diabetes, Cardiovascular disease, Cancer, Child & Youth Health, Mental Health, Primary Health, Older Persons Health and Disability services, together with Iwi/Maori [indicative budget in 2. above]

5 Research

- CDHB and University of Otago School of Medicine place high priority on quality Maori research activities, and requirement that Maori involved in reviewing research and research applications.

Direction 2	Finding better ways of working
Actions	<p>2.1 Develop and implement effective funding & policy frameworks with Maori input</p> <p>2.2 Direct resources to priority areas for Maori, establishing targets in line with the budgeting process</p> <p>2.3 Identify Maori & mainstream provider(s) who deliver effective, quality services to, and health gain for, Maori, and increase resources</p> <p>2.4 Support <i>continuum of care</i> approach to clients & whanau</p> <p>2.5 Work with Iwi/Maori to support Maori-led community development, in conjunction with intersectoral agencies</p> <p>2.6 Develop Maori Health policy & quality frameworks</p>
Milestones	<ul style="list-style-type: none"> ▪ Plan, implement, monitor & review increased focus on and funding of services to Maori, especially: Diabetes, Cardiovascular disease, Cancer, Child & Youth Health, Mental Health & Primary Health ▪ Support in-house provider Divisions to increase focus on Maori Health, especially: Women's Health, Burwood, Cardio-Respiratory Outreach & Diabetes joint activities, Mental Health, Oral Health, Child Health, Older Person's Health and Crown Public Health's complementary population health activities ▪ Identify and support Maori-led community development in priority areas ▪ Require, implement and review Maori Health policy & quality frameworks in the CDHB and community providers
Key Relationships	<ul style="list-style-type: none"> ▪ GM Planning & Funding– Needs Assessment, Funding & Provider Relations, & Reporting, Audit, Maori Health ▪ Chief Operating Officer, and divisional General Managers ▪ GM Finance & IS ▪ Corporate Solicitor

Key Projects

1 *Effective Funding Frameworks*

- As Direction 1, but focus on community providers service, workforce and provider development. The projects will involve Maori and mainstream providers and an effective working relationship with He Oranga Pounamu, the Maori Development Organisation Te Waipounamu. Canterbury DHB is the lead DHB, on behalf of itself, West Coast, South Canterbury, Otago and Southland District Health Boards for He Oranga Pounamu. Memorandum of Understanding and Protocol govern these activities.

2 *Maori Health Policy & Quality Frameworks*

- Develop comprehensive CDHB, divisional and service policy and quality frameworks that provide direction, impetus and accountability for the CDHB to address Maori Health issues, and meet contractual and accreditation programme standards
- The Cultural Advisory Komiti will support Women's Health Division to monitor policy development and implementation and hold annual policy consultation hui with the Maori community
- The Komiti Kaiwhakahaere and Komiti Whakaruruhau will support Burwood Hospital's Maori Advisor to implement and monitor the Quality Plan for Maori on an ongoing basis
- Christchurch Hospital is supported to complete the development of its Cultural Plan, and then begin implementation, as part of its Accreditation programme
- Community providers have contractual obligations to develop Maori policy and quality frameworks and responses that are required from national, regional or district levels and monitored by CDHB
- CDHB Monitoring, audit and review programmes contain appropriate Maori elements and ensure providers, including the CDHB provider arm, meet their Maori contracted responsibilities e.g. ethnicity data collection, Maori health plans
- Maori providers participate in quality improvement programmes
- Quality staff have appropriate cultural training and Maori accountabilities and seek Maori perspective on all CDHB policies being developed or reviewed
- Te Herenga Hauora o te Waka o Aoraki [South Island DHB Maori Management staff] maintains oversight of Maori contract clauses and acts as kaitiaki of Maori review/audit tools and processes

Direction 3 Working together with Maori

Actions	<ul style="list-style-type: none">3.1 Treaty-based relationship with Manawhenua ki Waitaha at governance and operational levels3.2 Breadth of relationships with Nga Maata Waka groups, Maori community, organisations and providers, & CDHB Maori staff3.3 Gather and disseminate Maori specific information3.4 Develop and evaluate innovative models of service integration
Milestones	<ul style="list-style-type: none">▪ Agree and implement a Memorandum of Understanding with Manawhenua ki Waitaha▪ Agree the scope of relationships with Nga Maata groups in Canterbury▪ Interact regularly with range of internal & external Maori community stakeholders, and circulate information▪ Seek intersectoral and health sector opportunities to develop services that will support <i>Whanau Ora</i>
Key Relationships	<ul style="list-style-type: none">▪ Canterbury District Health Board, Chair & members▪ Chief Executive & Executive Management Team▪ Kaumatua & Taua▪ Te Kahui Taumata▪ GM Planning & Funding

Key Projects

1. ***Treaty Based Relationship with Manawhenua ki Waitaha***
 - Conduct a robust treaty based relationship with Ngai Tahu through the Manawhenua ki Waitaha
2. ***Maori Engagement Processes***
 - Undertake regular, comprehensive engagement processes with Nga Maata Waka groups, Maori communities, organisations and providers, including CDHB Maori staff
 - Further develop forum for whanaungatanga and cultural development for Maori staff working within the provider arm and Hauora Matauraka, Crown Public Health
 - Provide comprehensive means of disseminating information to Maori about CDHB activities, e.g. CDHB publications, website, print and radio media, as well as face to face meetings
 - Support national and regional Maori leadership activities, e.g. Tumu Whakarare and Te Herenga Hauora o te Waka o Aoraki

3. *Holistic, intersectoral approaches to achieve Whanau Ora*

- Develop relationships with other funders who contract with Maori health and disability service providers, or train Maori health staff, e.g. CYFS, DWI, NZ Police, ACC, Housing, Te Puni Kokiri, Ministry of Health, including Clinical Training Agency, other District Health Boards, Ministry of Education, City and District Councils, through existing or new networking opportunities e.g. Social Policy Integration Network, Healthy Christchurch project, and Needs Assessment Panel
- Identify opportunities for planning and working together with providers and other funders and jointly funding projects on an insectorial basis in order to better achieve Maori health outcomes that will meet the *Whanau Ora* vision.

Direction 4 Developing Canterbury's health care workforce	
Actions	4.1 Support Maori provider and workforce development 4.2 Support Maori staff within CDHB and community providers 4.3 Provide cultural training opportunities for CDHB and community provider mainstream staff 4.4 Influence Health/Education funders & institutions 4.5 Encourage Maori to choose health careers
Milestones	<ul style="list-style-type: none"> ▪ Implement quality improvement & development support for Maori providers ▪ Implement HR Strategic Directions e.g. career pathways for Maori staff & cultural training for mainstream staff ▪ Productive relationships with Clinical Training Agency, Maori Provider Development Scheme, Education funders & institutions at secondary & tertiary levels ▪ Canterbury District attracts and retains highly skilled Maori staff
Key Relationships	<ul style="list-style-type: none"> ▪ GM Planning & Funding ▪ GM Human Resources ▪ GM Finance & IS ▪ Chief Operating Officer and the Divisional General Managers

Key Projects

1. ***Maori Provider & Service Development***

- Stocktake Maori provider capacity and capability through provider review process and provide appropriate development support
- Effectively influence the Maori Provider Development Scheme, Maori health scholarships and Clinical Training Agency contract and implement within the CDHB
- Support the development of Maori services within mainstream especially within the provider arm
- Increase the resources available for Maori providers and Maori workforce development, including through application of the CDHB Prioritisation principles [Refer also Directions 1 & 2]

2. *Maori Workforce Development*

- Identify Maori health & disability workers in Canterbury district on an ongoing basis and incorporate into a workforce database
- Influence the recruitment, development and retention of Maori staff within Maori and mainstream providers, particularly the provider arm
- Initiate and support recruitment activities aimed at Maori school leavers and Maori considering re-entering the workforce, e.g. recruitment drives, work programmes, cadetships, scholarships, career planning & support, support for enrolled nurse programme, involvement of Maori staff in Leadership Development programme
- Ensure cultural oversight is available through Kaumatua and Taua
- Implement CDHB HR Strategic Directions, February 2002 e.g. career pathways for Maori staff
- Develop productive relationships with Clinical Training Agency, Maori Provider Development Scheme, Education funders & institutions at secondary & tertiary levels
- Promote and support the presence in the provider arm of groups such Te Ao Marama and Te Korowai Atawhai and facilitate provider and wider Maori staff hui
- Promote and support the increase in Maori positions in the provider arm, especially at Christchurch, Christchurch Women's and Burwood Hospitals
- Promote and support the development of Te Korowai Atawhai into two arms: cultural training and consultancy and mental health service provision
- Planning and Funding to maintain and monitor contractual and accountability requirements for Maori workforce development applicable to all providers, including monitoring and audit

3. *Mainstream Workforce Development*

- Implement CDHB HR Strategic Directions, February 2002 ensuring effective corporate, divisional and service induction programmes, and ongoing availability of Maori specific training
- Influence the development of responsive mainstream staff through appropriate recruitment practices and cultural training opportunities so all staff can meet Maori competency criteria

Direction 5 Being a leader in Maori hospital & health services

Actions

- 5.1 In-house provider Divisions develop priority focus on Maori Health,
- 5.2 Sustainable Maori provider development occurs
- 5.3 Quality & Accreditation programmes meet Maori requirements
- 5.4 Internal & External Maori accountability requirements met
- 5.5 Clinical & Cultural best practice guidelines, including ethnicity data collection and Maori pathways to care are developed, implemented and evaluated

Milestones

- In-house provider priority Maori focus evident in activities, especially: Women's Health, Burwood, Cardio-Respiratory Outreach & Diabetes joint activities, Mental Health, Oral Health, Child Health, Older Person's Health [Disability] and Crown Public Health's complementary population health activities
- Sustainable Maori providers and services developed with productive funder/provider relationships evident
- Maori requirements of Quality and accreditation programmes met, with Maori involvement
- Accountability requirements fully achieved across CDHB
- Canterbury district recognized as regional and national leader in Maori services, with widespread Maori satisfaction at quality of clinical and cultural practices
- Ethnicity data accurately collected & influences service planning & funding

Key

- Chief Executive and Executive Management Team

Relationships

Key Projects¹

1. **Monitoring**

- Ensure that all CDHB and SISSAL monitoring policies and practices incorporate a Maori focus and Maori unless otherwise indicated. This includes:
 - ❖ Performance monitoring - quantitative
 - ❖ Audit
 - ❖ Review
 - ❖ Evaluation
 - ❖ Quality improvement programmes
 - ❖ Purposeful relationship management
 - ❖ Epidemiological information
 - ❖ Research activities – quantitative and qualitative.
- Influence the development of the CDHB Information Strategy and the CDHB's information data capture and reporting priorities.
- Maori provider reviews conducted
- Mainstream providers' [including provider arm] capability to meet Maori requirements audited
- Monitoring of the accurate collection of ethnicity data by provider arm [inpatient and outpatient activities] and other contracted providers, especially general practice
- Monitoring provision of primary care Maori health plans
- Encouragement of Maori research and evaluation to measure progress in achieving desired Maori health outcomes

2. **Accountability**

- Ensure the CDHB meets its formal accountability requirements with respect to Maori, including:
 - ❖ Crown Funding Agreement
 - ❖ Strategic Plan
 - ❖ Statement of Intent
 - ❖ Annual Plan
 - ❖ Consultation processes.
- Support the Chief Executive's Key Performance Indicator accountability for Maori Health development
- Support the agreement and performance of Specific Key Performance Indicators for Maori Health development between the Chief Executive and members of the Executive Management Team

¹ Note that a number of related projects exist in earlier Directions, and are not repeated here.

APPENDIX 1 STATEMENT OF INTENT 1 JULY 2002 – 30 JUNE 2005

MAORI OBJECTIVES

DIRECTION 1: IMPROVING HEALTH STATUS ACROSS THE COMMUNITY		
YEARS 1, 2, 3: 2002-05		
OBJECTIVE	MEASUREMENT	TARGET
Improve Maori Health status by increasing Maori contribution in decision-making and participation in health services delivery	Implement Maori Health Plan	Refine and implement the Maori Health Plan in consultation with Maori. Identify priorities for provision of quality health services, funding of such services and workforce planning
FUNDING FUNCTION OBJECTIVES		
YEARS 1,2,3: 2002-05		
OBJECTIVE	MEASUREMENT	TARGET
Improve the health status of Maori so that they can enjoy the same health status as other New Zealanders, through effective funding decisions, that ensure quality accessible and appropriate services	Improve accessibility and appropriateness of services for Maori	Continue to implement programmes, processes and services identified in a plan including options to increase cultural responsiveness of existing services
	Develop processes and linkages with Maori to improve participation of Maori at all levels of decision-making	Continue to consult regularly with Maori community, and in particular, develop a formal relationship with Ngai Tahu through Manawhenua ki Waitaha.
		Incorporate a Maori perspective at every level of Canterbury DHB decision-making processes [including Planning & Funding, community providers and in-house provider] as identified in the Maori Health Plan

IN-HOUSE PROVIDER OBJECTIVES

(A) CHRISTCHURCH HOSPITAL

YEARS 1,2,3: 2002-05

OBJECTIVE	MEASUREMENT	TARGET

(B) OLDER PERSON'S HEALTH

YEARS 1,2,3: 2002-05

OBJECTIVE	MEASUREMENT	TARGET
To ensure patients are provided with a quality specialty health service which best meets the needs of older people within our region	Improve delivery of culturally safe care for Maori patients through implementation of relevant aspects of the Canterbury DHB Maori Health Plan	

(C) WOMEN'S HEALTH

YEAR 1: 2002-03

OBJECTIVE	MEASUREMENT	TARGET
To increase focus on the cultural appropriateness of all services, particularly for Maori	Work progressing on implementing guidelines contained within the Maori Policy Register	Positive feedback at annual Hui

YEAR 2: 2003-04

OBJECTIVE	MEASUREMENT	TARGET
To increase focus on the cultural appropriateness of all services, particularly for Maori	Review work implementing guidelines contained within Maori Policy Register. Continue consultation with Maori re appropriateness of services within WHD. Implement relevant aspects of CDHB Maori Action Plan	Positive feedback at annual Hui Ongoing

YEAR 3: 2004-05

OBJECTIVE	MEASUREMENT	TARGET
Contribute to improve health status of Maori	Implement relevant aspects of CDHB Maori Action Plan	Ongoing

(D) BURWOOD HOSPITAL		
YEAR 1: 2002-03		
OBJECTIVE	MEASUREMENT	TARGET
Improve access of Maori children to Public Health nursing	Appointment of Maori Public Health Nurse	December 2002
YEAR 2: 2003-04		
OBJECTIVE	MEASUREMENT	TARGET
Achieve re-accreditation with Quality Health NZ under new Standards [including Maori Quality Plan]	Complete self-assessment Resurvey	January 2004 March 2004
(E) MENTAL HEALTH		
Objectives include:		
<ul style="list-style-type: none"> ▪ To continue integration with other providers and agencies including Maori ▪ To remain a leader in Maori mental health services in partnership with Tangata Whenua 		
YEAR 1: 2002-03		
OBJECTIVE	MEASUREMENT	TARGET
Begin co-ordinated workforce projects for South Island as part of Mental Health Workforce Development Plan	Projects delivered on time and within budget	Project management
YEAR 2: 2003-04		
OBJECTIVE	MEASUREMENT	TARGET
Support Maori mental health community based initiatives	Increase size of Maori community provision development	Services of community Maori health providers expanded
(F) SCHOOL & COMMUNITY DENTAL SERVICE		
Objectives include:		
<ul style="list-style-type: none"> ▪ To improve the oral health of Maori. 		

APPENDIX 2 HUMAN RESOURCES STRATEGIC DIRECTIONS

Strategy 1	Leading professionals
Strategy 2	Learning and growing people
Strategy 3	Develop initiatives that ensure CDHB and provider have the workforce(s) to support a changing health environment
Strategy 4	Develop innovative recruitment strategies to attract workforce
Strategy 5	Employee development strategies
Strategy 6	Support and participate in government initiatives to address workforce issues
Strategy 7	Work jointly with other DHB's on workforce issues
Strategy 8	Working with unions
Strategy 9	HR policies which support development
Strategy 10	Occupational health and safety

APPENDIX 3 MAORI IN CANTERBURY – 2001 CENSUS

	Kaikoura	Hurunui	Waimakariri	Selwyn	Banks Peninsula	Ashburton	Christchurch
Resident population	3,483	9,885	36,903	27,312	7,833	25,446	316,227
Change since 1991	+210 (6.1%)	+966 (9.8%)	+9,027 (24.5%)	+5991 (21.9%)	+849 (10.8%)	+741 (2.9%)	+27,513 (8.7%)
Maori	498 (15%)	516 (5.4%)	2,430 (6.8%)	1,572 (5.9%)	573 (7.6%)	1,179 (4.7%)	21,960 (7.1%)
European	3,033 (91.6%)	9,276 (97.1%)	34,659 (96.3%)	25,353 (95.2%)	7,233 (96.1%)	24,312 (97.0%)	275,084 (89.5%)
Median age	40.1	39.2	37.4	35.2	40.7	39.5	35.5
> 65 years	534 (15.3%)	1,311 (13.3%)	4,503 (12.2%)	2,274 (8.3%)	1,098 (14.0%)	4,173 (16.4%)	43,332 (13.7%)
< 15 years	696 (20.0%)	2,304 (23.3%)	8,712 (23.6%)	6,444 (23.6%)	1,515 (19.3%)	5,325 (20.9%)	61,134 (19.3%)
Tertiary qualification *	558 (24.4%)	1,869 (28.2%)	7,008 (28.2%)	6,222 (33.0%)	2,322 (41.6%)	4,413 (25.1%)	73,590 (32.8%)

	Kaikoura	Hurunui	Waimakariri	Selwyn	Banks Peninsula	Ashburton	Christchurch
No formal qualifications *	840 (27.6%)	2,067 (31.2%)	7,968 (32.0%)	4,689 (24.9%)	1,239 (22.2%)	6,387 (36.3%)	58,467 (26.1%)
median income	\$15,600	\$16,800	\$18,400	\$21,000	\$18,600	\$18,400	\$17,600
annual income < \$20,000 *	60.2%	57.3%	53.1%	48.2%	52.8%	53.5%	54.7%
annual income > \$50,000 *	8.3%	7.8%	9.2%	12.0%	12.8%	8.1%	9.5%
unemployment rate	4.0%	3.8%	4.4%	3.3%	4.8%	3.3%	6.8%
households with no telephone	54 (4.3%)	117 (3.2%)	294 (2.2%)	132 (1.5%)	72 (2.3%)	213 (2.1%)	3,111 (2.6%)
households with internet access	357 (28.4%)	1,089 (29.6%)	4,602 (34.7%)	3,804 (42.1%)	1,317 (42.7%)	2,943 (29.6%)	45,078 (38.0%)

* People aged 15 years and over

APPENDIX 4 OVERVIEW OF MAORI HEALTH, CANTERBURY

Maori population and socio-demographic characteristics

[From the CDHB Needs Assessment, 2001]

A Introduction

Improving the population's health means focusing on those factors that most influence health. There is clear evidence that key factors include:

- genetic inheritance
- age
- gender
- ethnicity
- income (financial security)
- education
- employment
- housing
- a sense of control over life circumstances
- access to health care services
- health-related behaviours (smoking, alcohol, illicit drugs, exercise, diet, sleep, safe sex)

Improving the health of the Canterbury population is not just the health sector's responsibility. The health sector plays a key role, with the potential to reduce health inequalities through improved focus on prevention and management of chronic diseases, and through health promotion and primary care.

At the same time, health funders and providers must develop appropriate linkages with local territorial authorities, and other government agencies responsible for issues which influence health, such as housing, employment, education, and so on. The health sector must also develop strong relationships with communities, Treaty of Waitangi partners, and with non-government organisations that also play a crucial part in contributing to the health of the community.

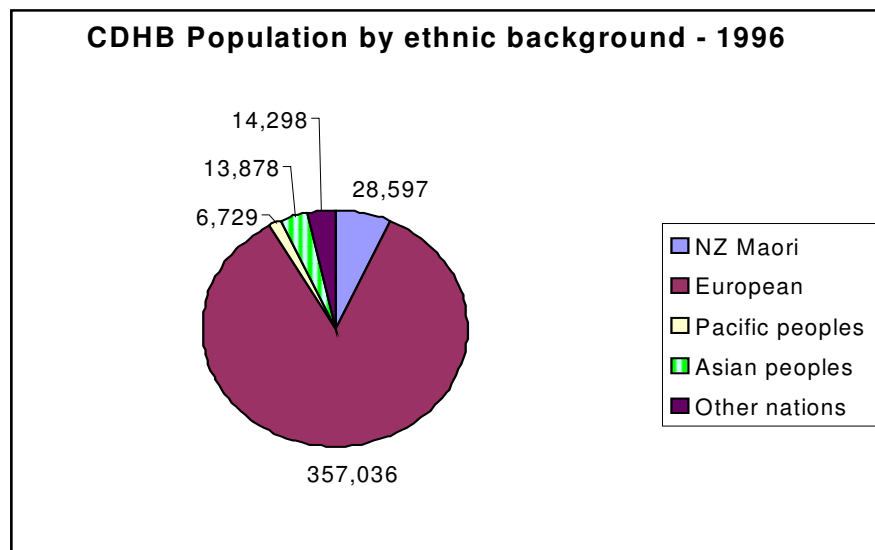
Effective action to improve the health of the people of Canterbury relies on strong relationships between the public, all parts of the health sector, and wider sectors of society such as government agencies, local government, and the local community.

B Maori Health

Improvements in Māori health status are critical, given that Māori, on average, have the poorest health status of any group in New Zealand. The New Zealand Health Strategy, Primary Care Strategy and *He Korowai Oranga* all acknowledge the importance of prioritising Māori health gain and development by identifying a need to reduce and eventually eliminate health inequalities that negatively affect Māori.

The Canterbury DHB has the ninth largest Māori population of any DHB. Addressing Maori health priorities is essential to improve the health of Canterbury DHB Maori population.

Life expectancy is the most commonly used and overarching measure of health status. Māori life expectancy is considerably less than that of other ethnic groups in New Zealand. Māori males have about 8 years less life expectancy than non- Māori males, and Māori females have 9 years less life expectancy than non- Māori females. Even though Māori are far more likely to live in the most deprived areas of New Zealand, reduced life expectancy is not completely due to deprivation, as shown by the fact that European men and women living in the most deprived areas have longer life expectancies than Māori men and women living in the least deprived areas. This highlights that health disparities exist across all levels of socioeconomic status between Māori and other ethnic groups.



C *Maori health status*

The poor collection of ethnicity impedes a complete view of Maori health status in Canterbury. What is known, however, demonstrates that Maori have a similarly poor health status to other Maori throughout New Zealand.

C1 **Smoking**

Tobacco control is a major issue for Māori in terms of health, equity, economic status and cultural identity. Approximately 39 % of Maori smoke. Particularly worrying are the numbers of young Maori women who continue to smoke. Almost 50% of Māori women between the ages of 20 and 24 years, smoke. Smoking has a serious negative impact on Māori health. About 31% of Māori deaths are attributable to tobacco use. It is estimated that 14-15% more Māori would survive middle age if no Māori smoked after the age of 35 years.

Tobacco use is likely to contribute to higher Māori rates of lung cancer, heart disease, sudden infant death syndrome, glue ear, respiratory infections, and damaging effects of diabetes.

C2 **Cardiovascular [Heart] Disease**

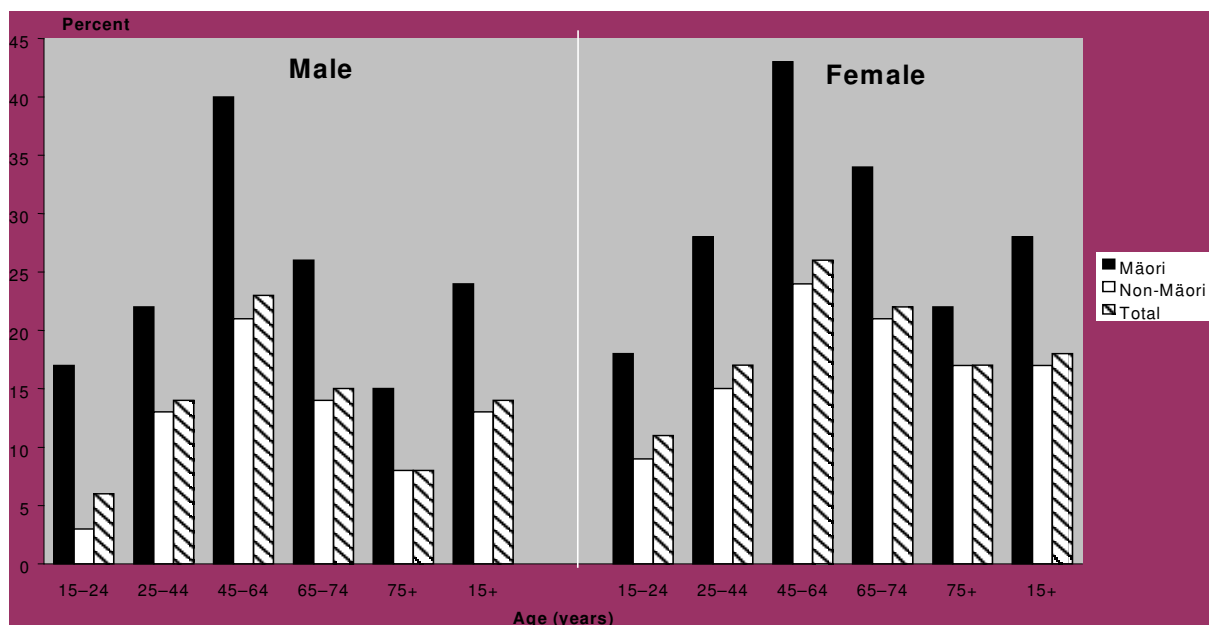
Ischaemic heart disease, in which nutrition plays a major role, is the leading cause of death for both men and women in Canterbury, as it is in the rest of New Zealand.

Males have over twice the rate of hospitalisations than females and Māori have the highest rates of mortality for all categories of cardiovascular disease. Although Māori men have a higher mortality rate from coronary artery disease they have a lower hospitalisation rate than the European male population.

C3 **Obesity**

In New Zealand there is a differential socio-economic distribution of obesity: lower income groups have higher obesity rates. The mean body weight of New Zealanders increased by 3.2 kg from 1989 to 1997. Associated with this was an increase in obesity levels, from 11% in 1989 to 17% in 1997.

Prevalence of Obesity, 1996–97. Percent of NZ population with body mass index higher than recommended.



Source of base data: National Nutrition Survey 1997

Note: BMI ≥ 32 for Māori and for Pacific people; all other ethnicities BMI ≥ 30 .

C4 Physical Activity

Physical activity is one of the ‘best buys’ in health today. It can reduce risk of early death and poor health across a number of serious diseases and conditions – heart disease, stroke, high blood pressure, type 2 diabetes, colon and other cancers, osteoporosis and falls in older people, anxiety and depression.

Encouraging activity to continue throughout life will reduce rates of cardiovascular disease, some cancers, osteoarthritis and osteoporosis, falls in the elderly, mental health problems, and obesity.

C5 Suicide and Attempted Suicide

Suicide is a significant public health problem. It is also preventable. In 1998, 574 people in New Zealand died by suicide. This accounts for 2% of all deaths. Over the past 20 years, the overall rate of suicide has more than tripled, with most of this being attributed to the increase in young male suicide. NZ now has the unenviable position of having one of the highest rates of youth suicide internationally. Māori have a significantly higher rate of suicide than non-Māori. The majority of those who died by suicide in Canterbury in 1998 were European (94%). Two were Māori. No Pacific Island people suicides were recorded in 1998.

C6 Alcohol & Drugs

Alcohol is the highest contributor to mortality and illness among young people, particularly young males and Māori have a high rate of death and injury from alcohol related road crashes. Canterbury has a serious illicit drug problem. Canterbury's methadone treatment programme has the greatest number of places per head of population in New Zealand, with a high number of Maori on the programme.

C7 Cancer

Overall cancer mortality is higher among Māori males than among European/pakeha males. This inequality is greatest among cancers related to smoking. Among women, there appears to be a higher cervical cancer rate in Māori.

C8 Diabetes

Diabetes is estimated to cause about 1200 deaths per year and diabetic complications (such as heart disease, blindness and kidney failure) are major contributors to the burden of disability experienced by people from middle age, especially in Māori and Pacific communities. In the next 20 years Māori are facing at least a 90% increase in prevalence (rising to approximately 47,000 people. If diabetes can be prevented or detected earlier significant health gains can be made. The causes and effects of diabetes are pervasive. Diabetes is linked with a number of other health priority areas, especially obesity and physical activity, and is of particular concern to Māori and Pacific communities.

For Pacific peoples and Māori, diabetes is more than twice as likely to be diagnosed than non-Māori and non-Pacific and at an average 9 years younger than others. The prevalence of known diabetes in Māori adults over 15 years was 8.3% in the most recent New Zealand health survey compared with 3.1% of Europeans. In 1996, age-standardised Māori mortality from diabetes was over six times that for non-Māori. Māori hospitalisation rates for diabetes are significantly higher than non-Māori, particularly in those aged 45 – 70.

Diabetes is linked to obesity, cardiovascular disease, nutrition and physical activity as well as low socioeconomic status. In New Zealand as a whole, Māori are at greater risk of contracting diabetes and there is no reason to believe Canterbury is any different.

C9 Oral Health

There are significant inequalities in dental health status between different population groups. Children other than Māori and Pacific have better oral health. Cost has been identified as a significant barrier to adults receiving adequate oral health care. There is a significant drop off in adolescents seeking oral healthcare once they leave the school based system.

75% of Māori at age 12 have fillings whereas only 51% of 12 years olds of other ethnicities, except Pacific peoples, have fillings.

C10 Mental Health

Major mental illnesses such as schizophrenia, schizo-affective disorder, bipolar disorder, and major depression have serious effects on the quality of life of an individual and the family and whānau. Mental illness is often complicated by alcohol or other drug abuse. In NZ, most hospital admissions for mental illness are for psychotic disorders, or alcohol abuse. Increases in admission rates has markedly increased for Māori since the 1980s.

Social, economic, and overall health status are key contributors to mental health. Improving Māori mental health must take into account:

- Education, employment, and housing
- Promotion of mental wellbeing
- Issues of alcohol and drug dependence or abuse in Māori
- Prevention of suicide and suicide attempts in Māori
- Access to primary care and community services for Māori
- High hospital readmission rates for certain disorders.

In Canterbury, Māori hospital admission rates for psychiatric illness are 40% higher than for non-Māori, and Māori have higher rates of presentation to crisis, acute, and forensic services.

C11 Immunisation

Māori have higher rates of hospitalisation during times of epidemics which probably reflects lower immunisation rates as well as poorer access to primary care. There is a strong association between failure to immunise on time at age six weeks and later incomplete immunisation at two years. Improved access to information antenatally and enhanced access to well child care will play a vital role in improving immunisation rates among Māori. The development of more flexible services will also play a part.

C12 Child Health

Māori children are more likely than non-Māori to fail hearing tests on entry to school and are more likely to be exposed to risk factors for hearing loss such as infections, low birthweight, exposure to environmental tobacco smoke and poor housing conditions.

In the younger age-groups in particular, Māori children are much more likely to be hospitalised than non-Māori. For Māori children under 5, around 1 child in every 100 was admitted to hospital in this year for glue ear.

C13 Injury Prevention

Injury is the leading cause of death for Māori between 1 and 34 years:

- Māori women are over-represented in Accident and Emergency for assault
- Māori children make up disproportionate numbers of those injured as pedestrians
- Māori have higher rates of spinal cord injuries than non-Māori
- Māori rates of injury and death due to motor vehicle crashes are particularly high.

For Māori, 18.1% of premature loss of life is due to injury (compared to 10.3% for non-Māori). Injury is clearly a high priority for Māori health gain.

C14 Asthma

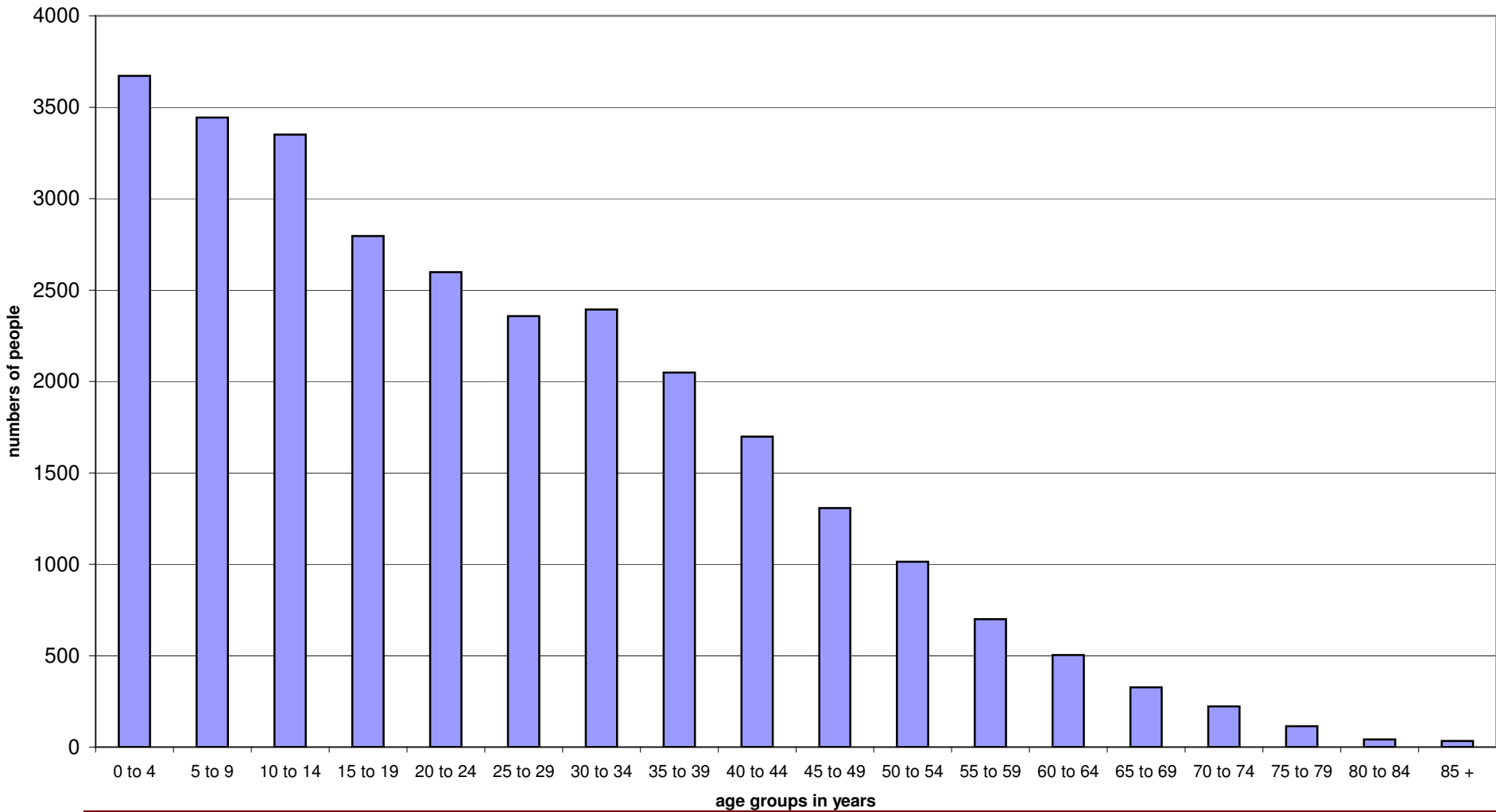
Māori have the highest rates of probable asthma. Additionally, those who smoke and have low socioeconomic status, also have high rates, demonstrating that health cannot be viewed in isolation.

APPENDIX 5 OVERVIEW OF MAORI SERVICE PROVISION

Provider	Service	Service Coverage
CDHB	Kaumatua Taua Manager, Maori Health	Canterbury
NGO Provider		
He Oranga Pounamu*	Maori Development Organisation [contract still with MOH]	Te Wai Pounamu
	Tamariki Ora contract [Maori Women's Welfare League] *[Contract still with MOH pending re-negotiation]	Christchurch Otautahi Maori Women's Welfare League and vacant contract
Hapu Hauora	Support services for mothers and their pepi	Christchurch
Odyssey House Trust – Christchurch	Kaupapa Maori mental Health Service	Christchurch
Maori Disabilities Resource Centre	Disability Advice & Information Service Maori Hearing Service	Canterbury
Te Whatumanawa o Rehua Marae Trust	Home support, and day care services to kuia and kaumatua Whanau Ora – Taua and Poua Health Services	Christchurch
Te Tai o Marokura, Kaikoura	Tamariki Ora services Public Health Services Child and Youth Mental Health Services Support Service for Mothers and Pepi	Kaikoura
Poutama Trust	Health Information & Education – Rangatahi	Christchurch
He Waka Tapu	Whanau Ora – Tane Mental Health – clinical & non-clinical services	Christchurch
Te Kakakura Trust	Mental Health – residential and community services	Christchurch
Te Awa o te Ora	Mental Health – community support and advocacy services	Christchurch
Te Runaka Ki Otautahi O Kai Tahu Trust	Mental Health Needs Assessment & Service Co-ordination services	South Island
Te Amorangi Richmond	General Practice services	Christchurch
Schizophrenia Fellowship NZ	South Island Kaumatua	South Island
STOP Trust	Maori Community Health Worker Services for Sexual Abuse Perpetrators	Christchurch
Maori Chaplaincy Service	Hospital Chaplaincy Services [contract retained by Ministry of Health]	Christchurch/ Dunedin/ Invercargill
Total Funding Estimate		\$3,958,936

CDHB Provider Arm (Hospital Services)		
Mental Health	Te Korowai Atawhai	Canterbury
Christchurch Hospital	Cardiac-Respiratory Outreach – Maori Community Worker and Enrolled Nurse	Canterbury
	Diabetes Centre – Maori RN and Community Worker	Canterbury
	Maori Chaplaincy	Christchurch
Burwood Hospital – Kaumatua/Maori Health Services	Cultural Advisor	Canterbury
	Kaumatua	
Womens' Health	Cervical Screening Taua and Kaiawhina Nurse position – vacant	Canterbury
Maori Health Contracts, covering CDHB region – still with Ministry of Health		
Crown Public Health – Hauora Matakauka	Public Health	
He Oranga Pounamu	Rongoa Traditional Health – Maori Health Directorate	

Maori in Canterbury DHB by Age Group, 2001 Census



Urban and Rural Maori in CDHB, by age groups.

Urban = Christchurch and Ashburton urban areas Rural = all other parts of Canterbury

