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Canterbury

District Health Board

Te Poari Hauora o Waitaha

“Whānau Ora ki Waitaha”



***WHAKAMAHERE HAUORA
MĀORI KI WAITAHA***

**MĀORI HEALTH PLAN
2006-2010**

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MIHI - FOREWORD

Tēnā koutou katoa, ngā tāngata o te rohe o Waitaha. He mihi mahana ki a koutou. Anei te mahere ki te arataki mo te mahi hauora ki Waitaha i ngā tau, 2006 ki 2010. Ko tēnei kōrero pukapuka, he mahere mo te mahi me te wawata mo ngā kaimahi hauora i CDHB i ngā tau i muri (2006-2010).

Anei tā mātou matakite mo Te Poari Hauora o Waitaha

TA MĀTOU MATAKITE

Ki te whakapakari, whakamanawa me te whakahaere i te hauora mo te orangapai o ngā tāngata o te rohe o Waitaha

Ko te Whakamahere Hauora Māori ki Waitaha nei te ara e haere ana mā mātou. Ko tēnei te mahere o te Poari Hauora o Waitaha, ngā kaimahi hauora, ngā rōpu i mahi hauora, me ngā tāngata Māori katoa. Ko te mahere nei, i puta mai ngā mea nui me ngā take Māori mo te kaupapa hauora.

“Mā te huruhuru, te manu ka rere”

Translation

“With many feathers, the bird can fly”

A warm welcome to everyone in the Canterbury region. This plan provides the path in which Māori health activities will progress in Canterbury in the next five years from 2006 to 2010.

This plan identifies the approach we will take to improve Māori health outcomes. Canterbury District Health Board's vision is:

OUR VISION

To promote, enhance and facilitate the health and wellbeing of the people of the Canterbury District

The Plan belongs to the Board, internal staff and external providers and the Māori community, and reflects long-expressed Māori priorities and concern

Hector Matthews
Executive Director, Māori & Pacific Health

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1. EXECUTIVE SUMMARY

Whakamahere Hauora Māori ki Waitaha 2006-2010, Canterbury District Health Board's (CDHB), Māori Health Action Plan is a review of our earlier plan of the same name, which covered the period 2002-2006. This earlier plan was widely consulted on and developed before being approved by the CDHB board in May 2002.

The documents and philosophies that underpin both the first plan and this review have not substantively changed and indeed are indurable. Principle among the aforementioned documents is He Korowai Oranga, the Ministry of Health's Māori Health Strategy (2002). This plan follows the key strategies in He Korowai Oranga while remaining closely linked to the CDHB core directions. The aim of He Korowai Oranga is "Whānau ora; Māori families supported to achieve their maximum health and wellbeing". This aim is reflected in our own plan and remains the basis of action.

The New Zealand Public Health and Disability Act 2000, lays out the responsibilities that DHB's have in ensuring Māori health gain as well as Māori participation in health services and decision making. The Act also indicates our responsibility to recognise and respect the principles of the Treaty of Waitangi in the health and disability support sector and our relationship with the Crown's Treaty partner, in our case, Ngāi Tahu.

This plan is necessary because being Māori is a significant determinant of health status. Māori are a comparatively unwell population. Māori life expectancy is 8-9 years less than that of non-Māori. There has been little (if any) decline in Māori mortality rates over the past two decades despite a steady decline in non-Māori rates. As a consequence, the gaps in life expectancy between Māori and non-Māori ethnic groups increased markedly over the 1980s and 1990s. The Māori population also has a greater burden of disease, particularly chronic disease, and there is some New Zealand evidence for ethnic differences in health services, whereby Māori have less access to, and quality of, health care than non-Māori.

This plan will guide the DHB's response to improve Māori health over the next five years and meet our responsibilities in the New Zealand Public Health and Disability Act 2000. It will require commitment by all, strong engagement with and support from Ngāi Tahu, the wider Māori community, health providers and other key stakeholders.

This plan has been made possible by engaging with the sector. From December 2004 to April 2005, three community consultation meetings were held with various Māori community groups, organisations and bodies with an interest in Māori health. The aim was to gather information, provide feedback on progress and establish direction. Refer to Appendix 4.

The Plan incorporates national and local strategic directions and the framework, as previously stated, adopts the structure of He Korowai Oranga – New Zealand's Māori Health Strategy 2002, outlining Māori priorities and how they link to Canterbury DHB's Core Directions 2010.

"Whānau Ora ki Waitaha" is the theme of the Canterbury District Health Board's Māori Health Plan – Whakamahere Hauora Māori ki Waitaha, 2006-2010. Whānau Ora ki Waitaha is Healthy Māori families in Canterbury, supported to achieve their maximum health and wellbeing.

This plan identifies areas, processes, initiatives and activities to work through to improve health outcomes for Māori. The table below identifies how we will reach "Whānau Ora ki Waitaha".

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The Directions articulated in this plan mirror those of the CDHB Core Directions:

Direction 1	Improving Māori health status – health gain priority areas
Priorities	1.1 Implement effective ethnicity data collection 1.2 Health status monitoring, disease prevention and management prioritised 1.3 Focus on health gain priority areas 1.4 Key areas of inequity and access to services identified and resourced accordingly 1.5 Māori health needs prioritised with Māori 1.6 Changes in Māori health monitored with Māori
Direction 2	Working together – Innovative models of service integration
Priorities	2.1 Treaty based relationships maintained 2.2 Breadth of relationships with Māori community, organisations, providers and staff 2.3 Gather and communicate Māori specific information 2.4 Develop and evaluate innovative models of service integration
Direction 3	Finding Better ways of working – Effective funding and policy frameworks
Priorities	3.1 Identify Māori led community development initiatives 3.2 Maintain resources into Māori health 3.3 Develop and implement effective funding frameworks 3.4 Develop Māori health policy and quality frameworks
Direction 4	Developing Canterbury’s workforce
Priorities	4.1 Support Māori provider and workforce development 4.2 Support Māori staff within CDHB and community providers 4.3 Workforce development consolidated 4.4 Working in partnership with education institutions 4.5 Promote Health as a career for Māori
Direction 5	Being a leader in health – depth in district, regional and national services
Priorities	5.1 Internal provider divisions develop priority focus on Māori health 5.2 Research

2. INTRODUCTION

Approximately 30,000 Māori live in Canterbury, the ninth largest Māori population in New Zealand. National health information shows that Māori experience significant and often complex health and social issues. Evidence also shows that health inequalities exist in the Māori population across a wide range of measures particularly, life expectancy, disease burden and access to health services.

Māori Health is a priority area for the government and the Canterbury DHB. The Ministry of Health’s goal is to progress health gain for Māori by addressing the inequity of Māori health status compared to non-Māori. The functions of a DHB require health needs for Māori to be met using a partnership approach. The CDHB is committed to working to achieve positive improvements into these areas. CDHB’s Māori Health Plan outlines strategies to achieve this.

2.1. Whakamahere Hauora Māori ki Waitaha – 2002 - 2006 Māori Health Plan

This strategic plan was developed and agreed to by the Board in May 2002. The plan provides the direction of CDHB initiatives to improve Māori health outcomes.

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From December 2004 to April 2005 a series of community consultation hui were held in Christchurch to review what progress has occurred within Māori health by CDHB over the past three years. This process involved three stages:

- Assessing health information for Māori in Canterbury
- Reviewing the strategy and plan to assess what actions have been achieved
- Developing new goals & objectives to direct CDHB for the next 5 years

At each stage of the consultation process the local Māori community was invited to participate and discuss areas of success and areas for improvement. As a result Whakamahere Hauora Māori ki Waitaha has seen changes and identified areas where CDHB requires change in order to improve health outcomes for Māori in Canterbury.

2.2. Whakamahere Hauora Māori ki Waitaha 2006 – 2010

This Plan incorporates national and local strategic directions. The framework adopts the structure of He Korowai Oranga – New Zealand’s Māori Health Strategy 2002, to align Māori priorities in Canterbury and ensure links to CDHB’s Core Directions 2010. It draws upon the NZ Health Strategy, NZ Disability Strategy, the Primary Health Care Strategy, and other relevant documents.

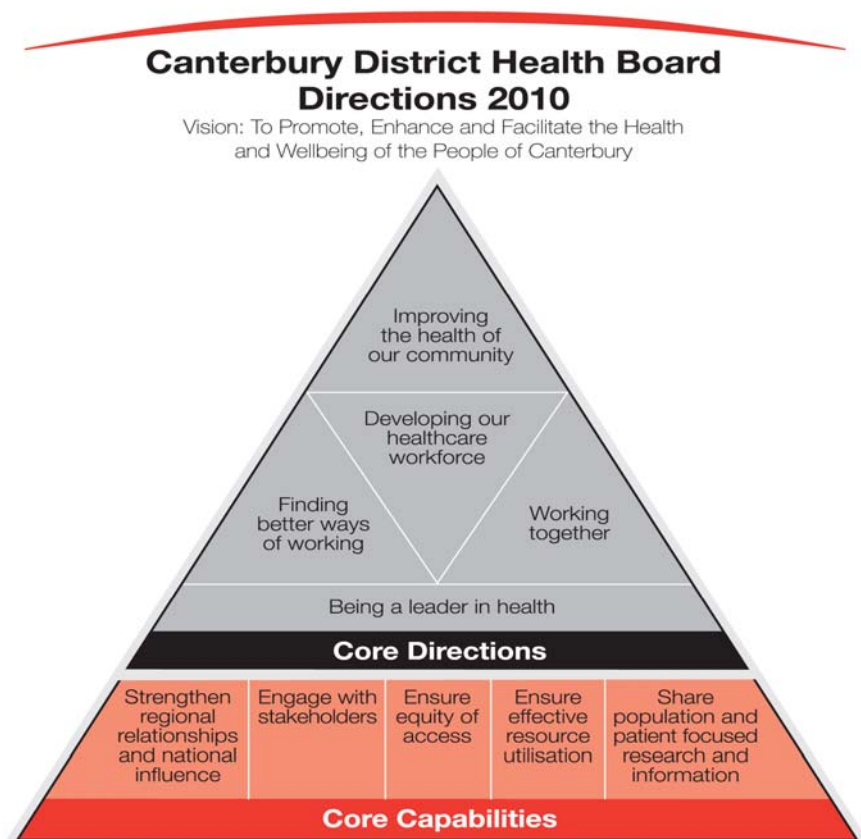
“Whānau Ora ki Waitaha”

“Whānau Ora ki Waitaha” is Canterbury District Health Board’s Māori Health Plan – Whakamahere Hauora Māori ki Waitaha, 2006-2010. Whānau Ora ki Waitaha is Healthy Māori families in Canterbury, supported to achieve their maximum health and wellbeing.

3. Overarching Directions

<p>TĀ MĀTOU MATAKITE</p> <p>Ki te whakapakari, whakamanawa me te whakahaere i te hauora mo te orangapai o ngā tāngata o te rohe o Waitaha</p>	<p>OUR VISION</p> <p>To promote, enhance and facilitate the health and wellbeing of the people of the Canterbury District</p>
<p>A MATOU UARA</p> <ul style="list-style-type: none">▪ Manaaki me te kotua mo ētahi atu▪ Hapai i a mātou mahi katoa i runga i te pono▪ Ko te kawenga i ngā hua	<p>VALUES</p> <ul style="list-style-type: none">▪ Care and respect for others▪ Integrity in all we do▪ Responsibility for outcomes
<p>NGĀ HUARI MAHI</p> <ul style="list-style-type: none">▪ Arotahi atu ki ngā tāngata me ngā iwi whānui▪ Whakaatu whakaaro hihiko▪ Tū atu ki ngā uru, rātou ngā tāngata me ngā rōpu e parekareka ana mai ki a tātou mahi	<p>WAYS OF WORKING</p> <ul style="list-style-type: none">▪ Be people and community focused▪ Demonstrate innovation▪ Engage with our stakeholders

4. Strategic Planning Processes - Core Directions Framework 2010



4.1. Health Gain Priority Areas

Canterbury DHB have identified five health areas where improvements need to occur. Māori health is one of the top five health gain priority areas and it is important that the implications for Māori are considered across all five-health gain priority areas. They are Māori health, Child and Youth, Primary Care, Older Persons Health and Disease Prevention and Management - Diabetes, Cardiovascular Disease, Cancer and Respiratory.

4.2. Māori Health – A Strategic Priority

Māori health is a priority area that presents the biggest opportunities for health gain. It was selected as a priority on the basis of:

- The health needs assessment of our population
- In line with key government health strategies
- Input from the community.

Canterbury DHB will pro-actively address Māori Health disparities to minimise impact on the Māori population over time. This plan aims to achieve benefits from Māori engagement, participation and influence, improvements in Māori Health outcomes and service responsiveness to Māori.

Other Important Areas of Work

The Board in the District Plan, acknowledges other important areas of work that the Canterbury DHB is engaged in, many of which will also impact on Māori, including Disability Support Services, Mental Health, Waiting Lists, Smoking cessation, Pacific Health and Oral Health.

5. Vision for Māori Health In Canterbury

Vision - Whānau Ora ki Waitaha

Māori families in Canterbury are supported to achieve their maximum health and wellbeing in Canterbury

Strategic Goal



To provide multi-layered pathways to health and wellbeing for Māori whānau living in Canterbury

Purpose of Whakamahere Hauora Māori ki Waitaha



To progress health gain for Māori by addressing the inequity of Māori health status compared to non-Māori through informed decision-making, highlighting needs and ways to respond and Influence policy and processes.

Māori Health Plan Values

The core Māori values that underpin this Plan are represented graphically by traditional woven tukutuku patterns:

Two way communication	Facilitation of Māori Participation
 <p data-bbox="359 1966 512 1995">Ki Toru Pattern</p>	 <p data-bbox="1038 1966 1198 1995">Patikitiki Pattern</p>

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Commitment to Action	Recognition of all Māori
 <p data-bbox="355 651 515 680">Nihiniho Pattern</p>	 <p data-bbox="959 651 1182 680">Purapurawhetu Pattern</p>

This Plan focuses on action. It outlines projects and activities that will be developed, and will provide evidence of Māori 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, Māori communities and other key stakeholders, such as providers and agencies.

6. Pathways to improve Māori health

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

Developing the Pathway and maintaining investment into Māori health

Canterbury DHB will identify a Māori budget based on ‘by Māori for Māori’ services and mainstream funding for Māori health services.

Monitoring and Reporting Progress of Whakamahere Hauora Māori Ki Waitaha

Canterbury DHB and Iwi/Māori will establish mechanisms to enable Iwi/Māori to participate in monitoring the DHB’s performance in implementing Māori Health objectives.

In establishing this framework, Canterbury DHB will seek to meet its internal and external accountabilities in improving Māori Health in the Canterbury region.

6.2. Māori Health Directions

Direction 1: Improving Māori health status - Health Gain Priority Areas

Direction 2: Working together - Innovative models of service integration

Direction 3: Finding Better Ways of Working - Effective funding & policy frameworks

Direction 4: Developing Canterbury’s health care workforce

Direction 5: Being a Leader in Health - Depth in district, regional and national services

7. WHAKAMAHERE HAUORA MĀORI KI WAITAHA, 2006 –2010, FRAMEWORK

The CDHB's Māori Health plan adopts the structure of He Korowai Oranga – The New Zealand Māori Health Strategy, 2002. It is illustrated in layers and each layer is explained as follows.

▪ **Top layer**

Summarises the overall aim of the plan: Whānau Ora – Māori families supported to achieve their maximum health and wellbeing.

▪ **Second layer**

Identifies New Zealand's Treaty partners, Māori and the Crown. It recognises the need for a working partnership to exist between these groups, to build on the gains already made and to work towards achieving Whānau Ora.

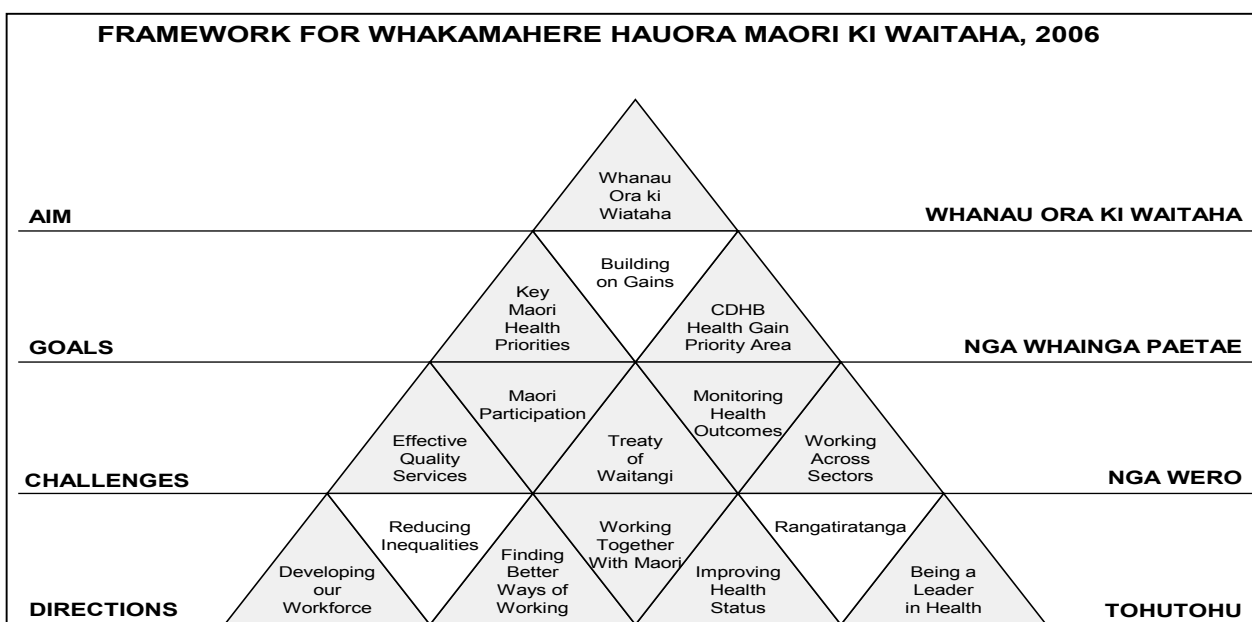
▪ **Third layer**

Outlines the challenges Māori have identified as areas to address when working in partnership with government agencies.

▪ **Fourth layer**

Outlines CDHB's Core Directions and shows how it will work to address the challenges in order to achieve Whānau Ora.

The white triangles in each corner of the korowai structure represent the underlining themes of the plan. These are: Reducing Inequalities, Building on the Gains and Rangatiratanga. The consistent themes weave through He Korowai Oranga, and Whakamahere Hauora Māori ki Waitaha. The themes are woven into the plan's priority areas, actions and expected outcomes and are what links each aspect of the plan to one another. The Canterbury DHB Māori Health Plan is consistent with the national directions.



8. Māori Participation with Canterbury DHB

Governance Level Relationships	
Canterbury District Health Board	Ngāi Tahu / Iwi Whānui
<p>2 Māori Board members 2 Māori members on Committees HAC – Hospital Advisory Committee FARC – Finance and Risk Advisory Committee, CPHAC – Community & Public Health / Disability Advisory Committee,</p>	
<p>Operational Relationships</p> <p>The CDHB has a wide variety of operational relationships with Māori that contribute to our funding and provision of services. Key among these are:</p> <ul style="list-style-type: none">• Ngāi Tahu• Iwi Whānui / Taura Here groups• Rūnanga / Hapū• Māori Community groups• Māori Development Organisation• Māori Service Providers• Te Puni Kōkiri• Te Herenga Hauora o Te Waka a Māui (South Island Regional Māori Managers)• Te Tumu Whakarae (National Māori Managers) <p>The CDHB also has a wide variety of internal relationships, staff, teams and other groups that work with Māori and contribute to our funding and provision of services. Key among these are:</p> <ul style="list-style-type: none">• Te Kāhui Taumata (Advisory Komiti to the CEO)• Te Tumu Whakahaere (CDHB Māori Managers)• Te Ao Marama (CDHB Māori Staff Forum)• Māori teams and staff within CDHB; eg Planning and Funding , Ngā Rātonga Māori, Te Komiti Whakaruruhau, Te Korowai Atawhai and Te Kahui Pou Hauora Māori	

9. Māori Health Directions

This section provides the framework within which the Māori Health Plan will be implemented. Plans will support the Priorities, Actions and Key Success Indicators enabling a robust approach.

DIRECTION 1 – IMPROVING MĀORI HEALTH STATUS					
STRATEGIES		1.1 Implement effective ethnicity data collection 1.2 Health Status Monitoring, Disease Prevention and Management prioritised 1.3 Focus on Health Gain Priority Areas			
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
1.1 Implement effective ethnicity data collection <ul style="list-style-type: none"> ➤ Improve processes to collect and report ethnicity data to the same as the national average ➤ EDC plan implemented by each hospital division ➤ 6 monthly report generated ➤ Contracted NGO health providers report on ethnicity data 	EDCT HSS NGOs	EDM EMT GM IS Board P&F	<ul style="list-style-type: none"> ▪ Implementation of Ethnicity Data Collection Project ▪ Project teams set-up and regular reports received ▪ CDHB Performance targets assessed annually by Division for: 'Not Stated' 'Other' 'Māori' & 'Pacific' ethnic groups ▪ CDHB utilise accurate ethnicity data to improve decision-making and service development 	<ul style="list-style-type: none"> ▪ Reporting from EDCT ▪ Liaison with MoH and C&PH to conduct regular evaluations on priorities 	6 monthly Ongoing
1.2 Health Status Monitoring, Disease Prevention and Management prioritised <ul style="list-style-type: none"> ➤ Contracted NGO health providers consolidate Māori Health Plans ➤ Effective monitoring of Disease Management and Māori utilisation ➤ Population Health activities continue to focus on priority health gain areas ➤ Early identification and intervention measures encouraged and supported through Māori Health Plans and population health activities ➤ HSS implement recommendations from Quality Health NZ Accreditation 2004 	P&F PHOs NGOs HSS Quality Facilitators	EDM MKW lwi KR	<ul style="list-style-type: none"> ▪ NGO Māori Health Plans include accurate collection of ethnicity data ▪ Effective communication of data to the CDHB and other services associated with client health ▪ Enhanced outcomes on disease prevention behaviours such as smoking cessation, obesity, Physical activity, sexual and mental health ▪ Compliance with a known National Quality Standards and Accreditation organisation 	<ul style="list-style-type: none"> ▪ Review of provider and PHO Māori Health plans ▪ Identify key areas of service development with each portfolio within P&F, and through consultation with contracted providers ▪ Identify key initiatives for early identification and intervention of disease prevention in priority areas 	Ongoing Begin March 06 Ongoing

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<p>1.3 Focus on Health Gain Priority Areas</p> <ul style="list-style-type: none"> ➤ To focus on CDHB Health Gain Priority Areas and adopt a population health approach to activities ➤ Primary Health Organisations actively meet service and health needs of Māori in Canterbury ➤ Scope and implement Older Person’s Health initiatives for service development ➤ Scope and implement Child & Youth Health initiatives for service development ➤ Scope and implement Mental Health initiatives for service development 	<p>P&F PHOs C&PH HOP</p>	<p>MKW TKA</p>	<ul style="list-style-type: none"> ▪ An accurate informed position of the Māori health status as it relates to each priority area 	<ul style="list-style-type: none"> ▪ Identify and evaluate the Māori health status in each priority area ▪ Implement service initiatives and development in service areas evaluated 	<p>6 monthly report</p> <p>Ongoing</p>
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DIRECTION 1 – IMPROVING MĀORI HEALTH STATUS					
STRATEGIES	1.4 Key areas of inequality and access to services identified and resourced accordingly 1.5 Māori health needs prioritised with Māori 1.6 Changes in Māori health monitored with Māori				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
1.4 Key areas of Inequality and access to services identified and resourced accordingly <ul style="list-style-type: none"> ➤ Planning and Funding review inequality & access to services to assess level of need and prioritise resources accordingly ➤ Develop, implement, monitor & review funding of services to Māori, especially: Diabetes, Cardiovascular disease, Cancer, Child & Youth Health, Mental Health, Primary Health, Older Persons Health and Disability services, together with Iwi/Māori ➤ Mental Health – implementation of Te Puawaitanga, Māori 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) 	P&F EDM	EDM NGOs PHOs RMPM	<ul style="list-style-type: none"> ▪ Report on CDHB measures for resources allocation, Māori staff employed, number and range of initiatives provided ▪ Service Plan for Māori health developed for each hospital division and updated annually ▪ Mental health strategies implemented by key service areas 	<ul style="list-style-type: none"> ▪ Adopt the inequality lens to determine equity gaps in service funding, access & utilisation of health services ▪ Assess level of need and prioritise resources accordingly ▪ Develop, implement, monitor & review focus on and funding of services to Māori 	6 monthly report 6 monthly Ongoing
1.5 Māori health needs prioritised with Māori <ul style="list-style-type: none"> ➤ Ngāi Tahu and Iwi whanui participate in the ongoing CDHB Health Needs Assessment, planning, monitoring and review processes 	P&F	MKW iwi	<ul style="list-style-type: none"> ▪ Ngāi Tahu & Iwi whanui have effective participation in ongoing CDHB Health Needs Assessment, planning and review processes which is demonstrated in reporting 	<ul style="list-style-type: none"> ▪ Consolidate consultation forums with iwi whanui 	Quarterly
1.6 Changes in Māori health monitored with Māori <ul style="list-style-type: none"> ➤ Canterbury DHB establish a monitoring programme based on the Health Needs Assessment ➤ Māori are involved and participate in monitoring processes ➤ Māori initiatives will be included in reporting processes 	EDM P&F	MKW iwi	<ul style="list-style-type: none"> ▪ An effective monitoring framework which is readily accessible is established 	<ul style="list-style-type: none"> ▪ Establish a monitoring framework that meets internal and external accountabilities ▪ Analysis & Accountability (P&F) include accountability of various initiatives within reporting processes 	Dec 06 Ongoing

DIRECTION 2 – WORKING TOGETHER					
STRATEGIES					
		2.1 Treaty-based relationship maintained with Manawhenua ki Waitaha at governance and operational levels			
		2.2 Breadth of relationships with Māori community, organisations, providers and CDHB Māori staff			
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
<p>2.1 Treaty Based Relationship maintained with Manawhenua ki Waitaha</p> <ul style="list-style-type: none"> ➤ To conduct robust stakeholder treaty based relationships with iwi Māori and to commit to developing that relationship ➤ Consolidate a relationship with Ngāi Tahu as manawhenua 	<p>CDHB EDM</p> <p>P&F</p>	<p>Internal</p>	<ul style="list-style-type: none"> ▪ Iwi Māori are informed and consulted regularly and effectively 	<ul style="list-style-type: none"> ▪ Conduct regular meetings with, and agree to a Memorandum of Understanding with Manawhenua ki Waitaha ▪ Consolidate areas of engagement with Māori through established forums 	<p>Quarterly</p> <p>Quarterly</p>
<p>2.2 Māori Engagement Processes strengthened</p> <ul style="list-style-type: none"> ➤ To undertake regular, comprehensive engagement processes with Ngā Maata Waka groups, Māori communities, organisations and providers, including CDHB Māori staff ➤ To further progress the forum for whanaungatanga and cultural development for Māori staff working within the provider arm and Hauora Maturaka, Community & Public Health ➤ To support national and regional Māori focused initiatives, eg. Tumū Whakarae and Te Herenga Hauora o te Waka o Aoraki 	<p>EDM P&F HSS EDM Comms</p> <p>EDM</p>	<p>EDM GM P&F GM HSS GM CPH</p> <p>External</p> <p>MKW Māori community groups (MCG) Intersectoral forums (INTER) Māori health providers (MHPs) PHOs TLAs NGOs EDU</p>	<ul style="list-style-type: none"> ▪ CDHB holds forums to update community and to distribute key information to stakeholders ▪ Involve Māori community and Māori staff forums in strategic planning and service development initiatives 	<ul style="list-style-type: none"> ▪ Further develop forum for whanaungatanga and cultural development for Māori staff working within the provider arm and Hauora Maturaka, Crown Public Health ▪ EDM meets regularly with key regional Māori Management organisations 	<p>Ongoing</p> <p>Ongoing</p>

DIRECTION 2 – WORKING TOGETHER						
STRATEGIES						
		2.3 Gather and communicate Māori specific information.				
		2.4 Develop and evaluate innovation models of service integration				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN	
<p>2.3 Gather and communicate Māori specific information</p> <ul style="list-style-type: none"> ➤ To Collate Māori specific information at a local level of health status, service provision, health workforce and models of HealthCare ➤ Develop a framework to communicate Māori specific health information across all sectors of the community 	P&F Comms EDM	Internal EDM GM P&F Comms Mgr GM HSS GM CPH	<ul style="list-style-type: none"> ▪ Regular update of the Māori Health Action Plan is provided 	<ul style="list-style-type: none"> ▪ Collate Māori specific information ▪ Communications establish working relationships with Māori ▪ Identify a range of communication processes to inform and update service providers, DHB staff and the wider community about Māori Health information ▪ EDM utilises existing forums, to provide updates on activities in Māori health 	Begin Feb 06 Dec 06 Ongoing Quarterly	
<p>2.4 Develop and evaluate innovative models of service integration</p> <ul style="list-style-type: none"> ➤ Develop intersectoral relationships with other funders who contract with Māori health and disability service providers, or train Māori health staff ➤ Services identify common clients and provide integrated continuum of care in partnership with primary care & clients ➤ Develop a Māori specific “Best Practise” framework for Māori health provision across all health providers 	P&F P&F P&F	External MKW Māori community groups MCG Intersectoral forums INTER MHPs PHOs TLAs NGOs EDU	<ul style="list-style-type: none"> ▪ Intersectoral relationships enhanced with other funders who contract with Māori health and disability service providers, or train Māori health staff ▪ Integrated continuum of care in partnership with primary care and clients established ▪ Best practise framework for Māori Health provision established with all health providers 	<ul style="list-style-type: none"> ▪ Develop and maintain intersectoral relationships ▪ Identify opportunities for planning and working together with providers and other funders ▪ Scope intersectoral and health sector opportunities to develop services that will support <i>Whānau Ora</i> ▪ Develop and implement a “Best Practise” framework for Māori health provision across all health providers 	Ongoing Ongoing Ongoing Dec 06	

DIRECTION 3 – FINDING BETTER WAYS OF WORKING						
STRATEGIES						
		3.1 Identify Māori led community development initiatives 3.2 Maintain resources into Māori Health 3.3 Develop and implement effective funding frameworks				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN	
3.1 Identify Māori led community development initiatives ➤ Conduct research into community initiatives which contribute to the greater Whānau Ora vision	P&F	External	<ul style="list-style-type: none"> ▪ Health initiative model is reported on ▪ Effective working relationship maintained with He Oranga Pounamu 	<ul style="list-style-type: none"> ▪ Identify Māori community initiatives which assist and enhance the provision of Whānau Ora services 	Ongoing	
3.2 Maintain resources into Māori Health ➤ Canterbury DHB to establish baseline Māori provider/Māori service funding ➤ CDHB sets funding targets for investment where possible in Māori health and disability across all health services ➤ CDHB reports on targeted investment for specified Māori initiatives	P&F	Internal	<ul style="list-style-type: none"> ▪ Annual report to state expenditure on Māori health ▪ Quarterly Crown Funding Agreement reports on targets for services for specified Māori initiatives 	<ul style="list-style-type: none"> ▪ P&F to provide a summary of the total Māori NGO provider Budget expenditure ▪ P&F to set targets for expenditure across all Māori service-related initiatives over the next 5 years ▪ Report on specified Māori initiatives within Quarterly Crown Funding Agreement reports 	Quarterly	Begin Jan 06
3.2 Develop and implement effective funding frameworks ➤ Develop and implement effective funding & policy frameworks with Māori input ➤ Projects collaborate with Māori and mainstream provider objectives ➤ Contract Managers have access to cultural training and support to work effectively with Māori health providers and services.	HSS P&F TTW EDM P&F PHOs NGOs	EDM GM P&F GM FINC GM HSS GM Corp External EDM PHOs NGOs HOP	<ul style="list-style-type: none"> ▪ Frameworks developed and readily available ▪ Objectives include Māori projects ▪ Key Māori Health gain areas prioritised 	<ul style="list-style-type: none"> ▪ Apply clinical, cultural & priority-need frameworks to ensure responsiveness to Māori ▪ Updates to EMT & Board 	Ongoing	Ongoing

DIRECTION 3 – FINDING BETTER WAYS OF WORKING					
STRATEGIES		3.4 Develop Māori Health Policy and Quality Frameworks			
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
<p>3.4 Develop Māori Health Policy & Quality Frameworks</p> <ul style="list-style-type: none"> ➤ Establish frameworks to ensure health providers and DHB staff understand cultural aspects of service specifications ➤ Service policy and quality frameworks provide direction to address Māori Health issues ➤ The Cultural Advisory Komiti supports Women’s Health Division to monitor policy development and implementation ➤ The Komiti Kaiwhakahaere and Komiti Whakaruruhau will support Burwood Hospital’s Māori Advisor to implement and monitor the Quality Plan for Māori ➤ Christchurch Hospital consolidates its Cultural Plan, ➤ CDHB Monitoring, audit and review programmes contain appropriate Māori elements and ensure providers, including the CDHB provider arm, meet their Māori contracted responsibilities eg. ethnicity data collection, Māori health plans ➤ Māori providers participate in quality improvement programmes ➤ Quality staff have appropriate cultural training and Māori accountabilities and seek Māori perspective on all CDHB policies being developed or reviewed 	<p>EDM P&F C&PH</p> <p>HSS P&F TTW P&F PHO NGO</p> <p>CDHB wide</p> <p>EDM HSS PHO NGO</p>	<p>Internal</p> <p>Te Herenga GM P&F GM FINC GM HSS GM Corp KR</p> <p>External</p> <p>PHOs NGOs HOP</p>	<ul style="list-style-type: none"> ▪ Access appropriate staff when working with Māori providers and community groups ▪ Contractual and accreditation programme standards met ▪ Annual consultation hui held ▪ Regular review of Māori Quality Plan ▪ Complies with Quality Health NZ ▪ Mechanisms established to ensure mainstream health providers and DHB staff attain appropriate cultural advice and training. ▪ Māori are involved in planning processes to implement district initiatives ▪ Effective support provided to NGOs with individual Māori Health Plans resulting in robust and effective Māori Health Plans 	<ul style="list-style-type: none"> ▪ Establish cultural training programme and understanding amongst contract managers of cultural requirements ▪ Assist P&F Quality person with expert advice ▪ Present to NGO quality and forum meetings ▪ Require, implement and review Māori Health policy & quality frameworks in the CDHB and community providers ▪ Identify and support Māori-led community development in priority areas ▪ Support Māori providers in participating in quality improvement programmes ▪ Support continuum of care approach to clients & whānau 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

DIRECTION 4 – DEVELOPING CANTERBURY’S HEALTH CARE WORKFORCE					
STRATEGIES					
		4.1 Support Māori provider and workforce development			
		4.2 Support Māori staff within CDHB and community providers			
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
4.1 Support Māori provider and workforce development <ul style="list-style-type: none"> ➤ Stocktake of Māori provider capacity and capability to highlight areas of priority development ➤ Māori Provider Development Scheme, Māori health scholarships and Clinical Training Agency contract maintained ➤ Support the development of Māori services within mainstream 	P&F HSS EDM	Internal EDM HSS Comm P&F HR FINC IS CEO Divisional GMs	<ul style="list-style-type: none"> ▪ Māori Provider capacity assessed and evaluated ▪ Ongoing review of services ▪ Māori Workforce Development Plan consolidated 	<ul style="list-style-type: none"> ▪ Review processes and provide support ▪ Focus on workforce and provider development included in business plans to GM (P&F) and MPDF priorities ▪ Consolidate Māori Workforce Development Plan ▪ Updates to EMT & Board 	Ongoing Ongoing Jun 06 Ongoing
4.2 Support Māori staff within CDHB and community providers <ul style="list-style-type: none"> ➤ Executive Director, Māori Health assists and supports CDHB-wide developments ➤ Support recruitment, development and retention of Māori staff within Māori and mainstream providers ➤ Promote cultural support groups and facilitate hui ➤ Promote and support Māori staff 	EDM HR	External EDU MoH CTA PHO NGO HR	<ul style="list-style-type: none"> ▪ Measurable quality improvement in Māori Workforce capacity ▪ Increase of Māori staff across CDHB ▪ Māori staff forums recognised and supported ▪ Key Māori Health staff attend leadership forums where appropriate 	<ul style="list-style-type: none"> ▪ Te Tumu Whakahaere work with HR to develop frameworks that support career pathways ▪ Cultural awareness programs maintained ▪ Collate Māori health workforce data to identify baseline and project priority areas ▪ Develop a DHB workplan to implement an HR strategic directional plan for Māori health workforce needs, and ▪ Support regional Whakataatata projects including workforce development and recruitment strategies ▪ Updates to EMT & Board 	Ongoing Ongoing Begin Jan 2006 Ongoing Ongoing Quarterly

DIRECTION 4 – DEVELOPING CANTERBURY’S HEALTH CARE WORKFORCE						
STRATEGIES		4.3 Workforce Development Consolidated 4.4 Working in partnership with education Institutes 4.5 Promote Health as a career for Māori				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN	
4.3 Workforce Development Consolidated ➤ Support CDHB HR Strategic Directions, February 2002 ➤ Appropriate recruitment practices and cultural training opportunities ➤ Cultural direction is available through Kaumatua, Taua and Te Tumu Whakahaere	HR P&F	Internal EDM HSS Comm GM P&F GM HR FINC&I S CEO Divisional GMs	<ul style="list-style-type: none"> ▪ Measurable improvement of Mainstream workforce development and response to Māori competency criteria ▪ Corporate, divisional and service induction programmes, and availability of Māori specific training 	<ul style="list-style-type: none"> ▪ Engage DHB staff to participate in and support health education activities ▪ CDHB to develop a Māori recruitment strategy 	Ongoing Begin Jan 06	
4.4 Working in partnership with Education Institutes ➤ Collaborate with Education institutions at secondary and tertiary levels	EDM P&F HR	External EDU MoH CTA PHO NGO	<ul style="list-style-type: none"> ▪ Collaborative relationships established with key organisations and reported to the Board 	<ul style="list-style-type: none"> ▪ Work with Te Tapuae o Rehua, CTA, Education funders & institutions to promote health careers ▪ Implement quality improvement & development support for Māori providers 	Begin Jan 2006 Ongoing	
4.5 Promote Health as a career for Māori ➤ Support recruitment activities aimed at Māori school leavers and Māori considering re-entering the workforce	EDM HR	External EDU MOH CTA CTAII PHO NGO	<ul style="list-style-type: none"> ▪ Effective relationships established with key organisations within the education sector ▪ A measurable increase in Māori within the CDHB workforce ▪ Māori accessing scholarships 	<ul style="list-style-type: none"> ▪ Updates to EMT & Board ▪ Support recruitment drives, work programmes, cadetships, scholarships, career planning & support, and involvement of Māori staff in Leadership Development programme 	Ongoing Begin Mar 2006	

DIRECTION 5 – BEING A LEADER IN HEALTH						
STRATEGIES		5.1 Internal provider Divisions develop priority focus on Māori Health				
		5.2 Research				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN	
5.1 Internal provider Divisions develop priority focus on Māori Health ➤ Sustainable Māori provider development occurs ➤ Quality & Accreditation programmes meet Māori requirements ➤ Internal & External Māori accountability requirements are met ➤ Clinical & Cultural best practice guidelines, including ethnicity data collection and Māori pathways to care are developed, implemented and evaluated	HSS	Internal CEO EDM EMT IS Comms Senior Māori Advisers TTW	<ul style="list-style-type: none"> ▪ CDHB recognised as a leader in Māori Healthcare 	<ul style="list-style-type: none"> ▪ Provide expert support and advice to internal provider divisions 	Ongoing	
5.2 Research ➤ Support Māori research activities	EDM	Chch Med HOP MIHI P&F	<ul style="list-style-type: none"> ▪ CDHB and Christchurch School of Medicine work together to provide a transparent process to consult and assess research applications ▪ Kaupapa Māori research frameworks are used when undertaking research 	<ul style="list-style-type: none"> ▪ Work in partnership with Christchurch School of Medicine to provide a transparent process to consult and assess research applications ▪ Conduct research within kaupapa Māori frameworks 	Ongoing Ongoing	

Acronyms:

CDHB = Canterbury District Health Board
 CEO = Chief Executive Officer
 Comms = Communications
 Corp = Corporate
 CPH = Community & Public Health
 CTA = Clinical Training Agency
 CTAll = Canterbury Tertiary Alliance
 EDCT = Ethnicity Data Collection Team
 EDM = Executive Director Māori
 EDU = Education institutions
 EMT = Executive Management Team
 FINC = Finance
 GM = General Manager
 HOP = He Oranga Pounamu (Māori Development Organisation)
 HR = Human Resources

HSS = Hospital and Specialist Services
 IS = Information Services
 INTER = Intersectoral Forums
 KR = Kaiarahi Roopu
 MCG = Māori Community Groups
 MHP = Māori Health Provider
 MIHI = Māori Indigenous Health Institute (Otago University/Christchurch School of Medicine)
 MKW = Manawhenua ki Waitaha
 MoH = Ministry of Health
 NGO = Non-Government Organisation
 PHO = Primary Health Organisation
 P&F = Planning & Funding Division
 RMPM = Regional Māori Project Manager
 TKA = Te Korowai Atawhai
 TLA = Territorial Local Authority
 TTW = Te Tumu Whakahaere (Māori Advisory Committee)

10. MĀORI PRIORITIES FOR HEALTH

The challenges Canterbury DHB face within Māori health have been consistently raised in Māori forums as focal points to be addressed in order to progress the improvement of Māori health. Canterbury DHB's response to these challenges is indicated for each Māori priority.

These are:

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

10.1 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, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

Participation

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

Protection

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

Canterbury DHB recognises that working within a Treaty of Waitangi Framework will ensure its activities have a strong foundation from which to develop. The Framework will also support the development of Canterbury DHB's relationship with Ngāi Tahu, and its relationships with iwi whanui.

10.2 Māori participation in health planning, service provision and the workforce

Internal Māori Leadership

Canterbury DHB has incorporated the roles of Taua and Kaumatua to work alongside the Chief Executive as members of Te Kahui Taumata, the DHB's Māori Advisory Team. The Taua and Kaumatua roles assist in ensuring that Canterbury DHB recognises and respects the principles of the Treaty of Waitangi and actively works to improve the health status of Māori.

The Taua and Kaumatua roles are part of the organisational structure. They challenge the DHB to uphold and respect the mana of these positions by fully committing itself to prioritising Māori health. Both the Taua and Kaumatua roles are prominent in the development of effective relationships between the CDHB and the Māori communities, including Manawhenua ki Waitaha, and within the CDHB.

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In 2004 the position of Executive Director Māori Health was established, and sits within the CDHB's Executive Management Team (EMT). This body includes the General Managers of each division and who are responsible for activities within the Provider arm and Planning & Funding Divisions.

10.3 Māori Community Participation

Canterbury DHB's Board is in discussions with Manawhenua ki Waitaha, the group representing the seven Ngāi Tahu rūnanga in Canterbury. Manawhenua ki Waitaha has indicated that its top priorities, apart from formally expressing the relationship, are:

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

The Canterbury DHB is also working with Ngā Maata Waka groups to identify the most appropriate operational relationships. Quarterly consultation hui with the Māori community, and meetings with other Māori groups or providers as required. The Canterbury DHB recognises He Oranga Pounamu as the Ngāi Tahu mandated Māori Development organisation in Te Waipounamu and will work with He Oranga Pounamu.

10.3.1 Māori Service Provision

Most Māori provider contracts devolved to the Canterbury DHB by 1 July 2002. Māori provider services cover population, community, primary and mental health. (see appendix 1). The Canterbury DHB works with all Māori providers in Canterbury.

10.3.2 Māori Workforce Participation

A Canterbury DHB staff ethnicity survey in 2004 found that 193 staff in the internal provider identified as Māori. Although the overall response rate was only about 50%, the survey identified that Māori 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 Māori staff in Māori health provider's in 2004 showed over 100 Māori staff with a wide skillbase were employed with Māori health providers in Canterbury.

Māori workforce participation occurs through the Canterbury DHB-wide staff forum - Te Ao Marama, and across the divisions with senior Māori staff - Te Tumu Whakahaere, as well as within each Division's Internal Provider forums. An organisational chart shows how many Māori health positions exist and what roles they have to play in order to improve the health of Māori patients (appendix 2).

10.3.3 Effective, culturally appropriate and high quality services

All providers, including the CDHB provider arm, have contractual requirements directly relating to responsiveness to Māori. Monitoring programmes will ensure that these requirements are being met and audit and review activities will incorporate Māori components and Māori auditors as appropriate. The CDHB provider arm has also gained accreditation, using Quality Health New Zealand's HAPNZ programme. This programme contains Māori aspects, and meeting these needs will be a priority.

All providers will be expected to provide staff opportunities to receive appropriate training to better meet Māori needs, and that Māori staff have career pathways developed with their involvement.

10.4 Monitoring Māori health outcomes

Appropriate needs assessment, monitoring and measurement systems will be incorporated into the Canterbury DHB's activities so that progress in achieving Māori 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. These systems are high priorities, as well as accurate ethnicity data collection systems and processes to ensure planning and review purposes can be achieved.

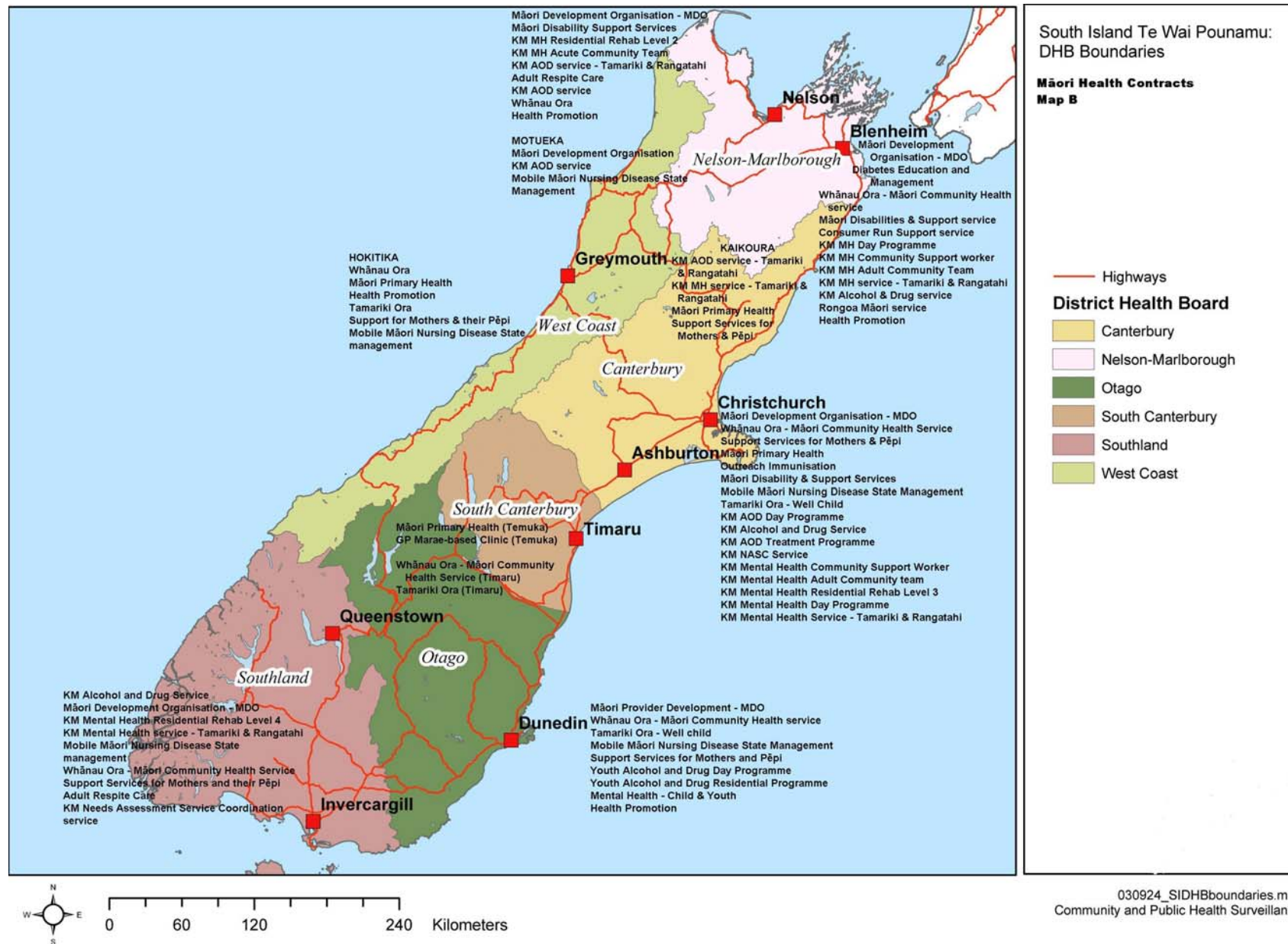
10.5 Working across sectors

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

The Canterbury District Health Board will take a leadership role working across sectors and influencing their planning and funding directions at district, regional and national levels.


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Appendix 1- Map of Māori health service Provision in South Island



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Appendix 2 – Scorecard of progress made on Whakamahere Hauora Māori ki Waitaha 2001-2004.

<h1>CDHB Māori Health Plan Actions 2002-2006</h1>									
DIRECTION 1		DIRECTION 2		DIRECTION 3		DIRECTION 4		DIRECTION 5	
Improving Māori Health Status		Finding Better ways of working		Working together with Māori		Developing Canterbury's healthcare workforce		Being a leader in Māori hospital & healthcare services	
Māori health status assessed through accurate collection of ethnicity data & disease management activities at primary & secondary care levels	25 %	Develop & implement effective funding and policy frameworks with Māori input	50 %	Treaty-based relationship with Manawhenua ki Waitaha at governance & operational levels	X	Support Māori provider & workforce development	V	In-house provider Divisions develop priority focus on Māori health	V
Focus on CDHB Health Gain Priority Areas, including supporting population health activities	75 %	Direct resources to priority areas for Māori, establishing targets in line with the budgeting process	V	Breadth of relationships with Māori community, organisations & providers & CDHB Maori staff	V	Support Māori staff within CDHB & community providers	V	Sustainable Māori provider development occurs	V
Māori Health needs prioritised, together with Māori	V	Identify Māori & mainstream provider(s) who deliver effective, quality service to, & health gain for, Māori & increase resources	V	Gather & disseminate Māori specific information	V	Provide cultural training opportunities for CDHB & community provider mainstream staff	25 %	Quality & Accreditation programmes meet Māori requirements	25 %
Changes in Māori Health monitored, with Māori	X	Support continuum of care approach to clients & whanau	V	Develop & evaluate innovative models of service integration	X	Influence Health/Education funders & institutions	X	Internal & external Māori accountability requirements are met	50 %
KEY V = projects complete X = no progress made 25% = percentage of progress made		Work with Iwi/Māori to support Māori-led community development, in conjunction with intersectorial agencies	V			Encourage Māori to choose health careers.	25 %	Clinical & cultural best practice guidelines, including ethnicity data collection & Māori pathways to care are developed, implemented & evaluated	25 %
		Develop Māori health policy & quality frameworks	50 %						

Appendix 3 - Māori Health Summary - Canterbury DHB Health Needs Assessment, 2004

Māori 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* 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.

He Korowai Oranga – The National Māori Health Strategy (2002), places ‘*whānau ora*’ at the centre of public policy and outlines the eight Māori Health objectives identified as priorities in order to achieve this goal. These objectives are further clarified in *Whakatātaka* – the Māori Health Action Plan (2002).

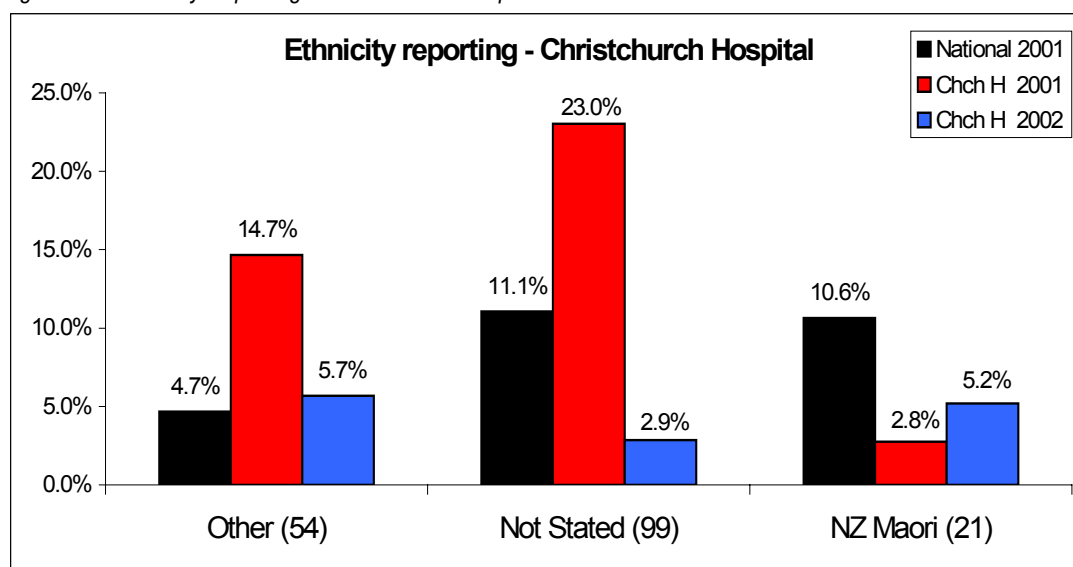
In July 2002 *Whakamahere Hauora Māori ki Waitaha* - Canterbury District Health Board Māori Health Plan for 2002-2006 was developed to incorporate National Strategic directions, DHB Strategic Planning activities and feedback from Māori. The plan aims to build on existing Māori health gain priority areas that will continue to receive attention and has identified 5 key directions. These are: 1) Improving Māori health status – health gain priority areas, 2) Finding better ways of working 3) Working together with Māori, 4) Developing Canterbury’s health care workforce 5) Being a leader in Māori hospital & health services.

Ethnicity Data Collection

Improving the quality of ethnicity data collection is an urgent and ongoing issue for all District Health Boards to address. This issue is of national importance and should be assisted by the Ministry of Health’s publication on Ethnicity Data Protocols (MoH, 2004). As a result, Canterbury District Health Board undertook a baseline review of ethnic data collection through 6 provider arms and 16 service areas. Results of the review showed a total number of 5,184 people identified an ethnic code in 2001 compared to 82,894 in 2002. The review showed under-reporting of Māori using health services and overuse of the ‘not stated’ or ‘other’ category boxes on general reporting forms. Since the 2001 review, ethnicity data collection has seen a decrease in the number of people in the not stated and other categories and an increase in the number of people identified as Māori.

However there is still a lot of work to do to capture this information as Canterbury health workforce currently has a 66% compliance rate on ethnicity declaration throughout the DHB (CDHB 2004). In June 2003, Canterbury DHB developed a policy on Ethnicity Data Collection. The policy outlines the need for self-identification of ethnicity as well as a process to collect and report ethnic data.

Figure 8.11 Ethnicity Reporting in Christchurch Hospital 2001-2002.

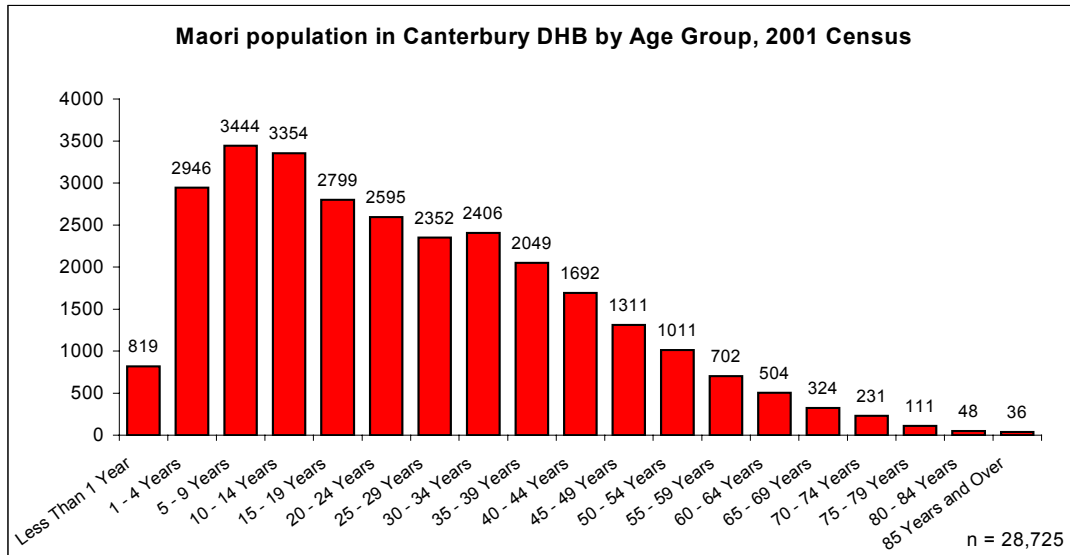


Source: 2001-2003 NHIS Discharge Data for Canterbury DHB.

Demographic Information

44% of all Māori in the South Island live in Canterbury. Māori make up 7% of the Canterbury DHB population. Canterbury DHB has the ninth largest Māori population of any DHB in New Zealand. Māori people living in Canterbury have increased in number from 28,597 in 1996 to 28,728 in 2001. The graph below shows the youthful age structure of the Māori population: 37% are under the age of 15, and the median age is 22 years. The age structure of Māori in Canterbury reflects that seen nationally. The 2001 Census asked a question about iwi affiliation. Most Māori in Canterbury identified with Ngāi Tahu (11,058 responses). Ngā Puhī (3,825 responses) and Ngāti Porou (3,099 responses) were identified as the next most likely North Island iwi to which Māori living in Canterbury are affiliated.

Figure 8.12 Age structure of Māori in Canterbury DHB, Census 2001.

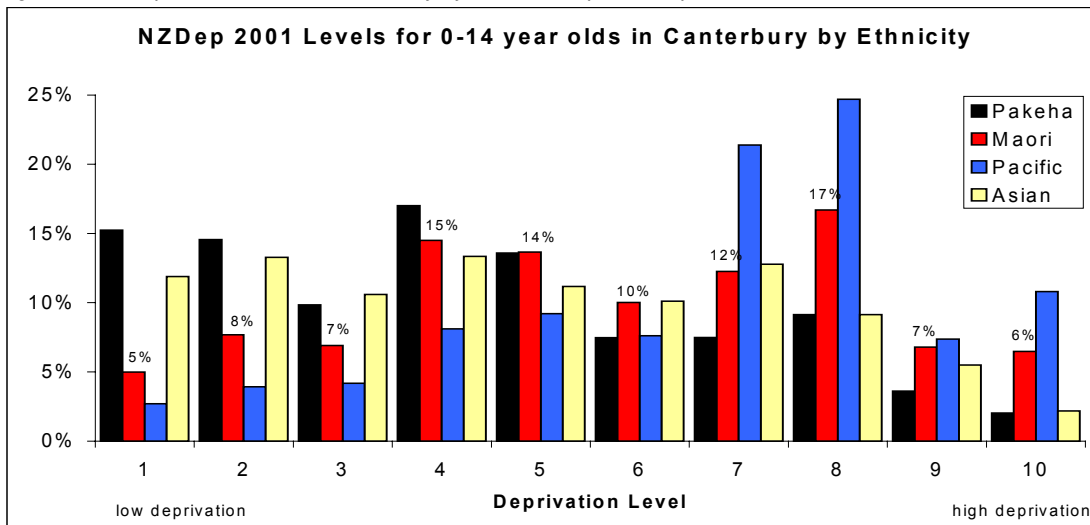


Source: 2001 Census

1) Levels of Deprivation in Canterbury by Ethnic Groups

Research has shown that populations with high deprivation scores are likely to have high health needs and poor health status. About 80,000 people in the CDHB district live in the three lower decile areas. Many other districts in New Zealand have greater numbers of people in these decile areas. The graph below shows the majority of Māori in Canterbury have mid to low levels of deprivation with 67% of deprivation scores between levels 4 and 8. Both Māori and Pacific populations in Canterbury have higher levels of deprivation compared to Asian and Pakeha populations. 43% of Pacific peoples and 30% of Māori in Canterbury have levels of deprivation of 8 or higher, compared to 15% of Pakeha and 17% of Asian populations.

Figure 8.13 Deprivation levels in Canterbury by Ethnic Group – NZDep 2001.



Source: 2001 Census

2) Improving Māori Health Status

He Korowai Oranga identified eight Māori health-gain priority areas that have been targeted for gain over the past two to three years. These health areas are:

- Immunisation
- Injury Prevention
- Hearing
- Asthma
- Smoking
- Diabetes
- Mental Health
- Oral Health

The following pages will discuss the importance and reason why each issue is a key factor in relation to Māori health. Current national figures are given comparing Māori against non-Māori populations and regional figures for Canterbury given when this information is collected to give a picture of the current health status for Māori in Canterbury. Whakamahere Hauora Māori ki Waitaha (Canterbury DHB Māori Health Plan 2002) identifies these health-gain areas as the main concerns for the Canterbury region under directions one and two of the Māori Health Plan.

For further information on the general health status of Māori such as births, deaths, life expectancy and health behaviours, please refer to the General Health Status section of this document.

Immunisation

What is this about and why is it a priority area for Māori?

Immunisation is an important means of preventing nine childhood diseases. It is one of the most cost-effective and successful preventative health interventions known. In 2000, 85% of New Zealand children were immunised for measles and a further 89% were immunised for diphtheria, tetanus and pertussis. Compared with other developed countries our immunisation coverage at age two years is low (in Australia, over 90% of one-year-olds are fully immunised). New Zealand has not yet achieved our 2000 immunisation target of 95% coverage in children. Māori and Pacific peoples in particular suffer disproportionately high rates of hospitalisation for these diseases as a result of lower coverage rates and other risk factors, such as lower socioeconomic status.

Pertussis (whooping cough) is the childhood vaccine-preventable disease that is currently least well controlled. National epidemics continue to occur at four to five yearly intervals and the rate of disease during inter-epidemic periods appears to be increasing. There are over 50 cases of pertussis a month in New Zealand with one death recorded in 2002. Hospitalisation data for 2002 showed that admission rates for Māori were 2.7 times higher than rates for Europeans and 3.2 times higher than rates for Pacific peoples, despite Māori having lower notification rates than Europeans.

Table 8.6 Vaccine Preventable Disease Rates, CDHB, 1999-2003

Canterbury Vaccine Preventable Disease Rates per 100,000, by ethnicity, for children aged 0-14 years, 1999- 2003					
Preventable Disease	Māori	Pacific	Other (incl unknown)	Pākehā	Total
Measles	1,425	-	87	2,615	4,127
Mumps	142	204	4	1,045	1,395
Rubella	-	-	2	89.5	91.5
Haemophilus	-	-	1	30	31
Influenzae B					
Meningococcal	615	1,836	160	314	2,925
Pertussis	3,642.5	3,468	5	7,082	14,197.5

Source: Community and Public Health Surveillance Unit

Canterbury DHB performance for immunisation is to be measured on the Ministry of Health's target of 95% of two years old to be immunised. At the present time percentages of children fully vaccinated by their 2nd birthday and by school entry is currently not available for the CDHB area.

The Ministry of Health (Healthpac) provides full payment to providers who administered vaccinations that submit 85% of claim with a National Health Index (NHI) number. As a result, only incomplete data across ethnic groups is available) and hence we are unable to report on it. Percentages of children fully vaccinated by their 2nd birthday and by school entry are projected to reach 80% for the total CDHB population by 2005, 85% by 2007 and 95% by 2012 (Ministry of Health 2003).

Injury Prevention

What is this about and why is it a priority area for Māori?

Injury is the lead cause of death for Māori between 1 and 34 years of age. Māori are over-represented with injuries such as assault, pedestrian injuries, spinal injuries and motor vehicle accidents. Injuries account for 18.1% of premature loss of life for Māori compared to 10.3% for non-Māori.

Table 8.7 CDHB discharge rates for injury preventable hospitalisations, 2002-03

Hospital discharge rate per 1000 for Injury preventable hospitalisations, 2002 – 2003.					
Region	Age Group	Māori	Pacific	Other	Total
National	under 5	3.7	2.9	4	3.8
	5 to 14	5.3	3.5	5.3	5.2
	15 to 24	5.7	3.3	5.7	5.5
	25 to 64	-	-	-	-
	65 to 74	2.1	1.5	1.5	1.5
Canterbury	Under 5	4.4	-	5.5	5.2
	5 to 14	2.1	-	4.4	4
	15 to 24	3.5	-	6	5.6
	25 to 64	-	-	-	-
	65 to 74	-	-	1.6	1.5
significantly greater than national (99% Confidence Interval)					
BOLD = significantly less than national (99% Confidence Interval)					

Source: National Minimum Data Set, 2002-2003.

Hearing

What is this about and why is it a priority area for Māori?

Hearing loss at childhood has a significant effect on speech and language development as well as emotional, social and educational development. The main cause of hearing loss in New Zealand is glue ear (otitis media with effusion or OME) of which Māori children have higher rates than non-Māori. CDHB goal needs to have a overview or hearing rates in Canterbury so when can monitor uptake level or reach.

The Statement of Performance document from CDHB for 2002/03, indicates that 93.3% of Māori children in Canterbury passed school entry hearing tests. This was 3.3% more than the performance target for the year and CDHB achieved this target for the overall population.

Diabetes

What is this about and why is it a priority area for Māori?

Diabetes is a chronic disease and has a major effect on the quality of life of an individual. Reducing the incidence and impact of diabetes has been identified as a health gain priority area in the New Zealand Health Strategy 2000, He Korowai Oranga and by Canterbury District Health Board. The prevalence of Type 1 and Type 2 diabetes has increased throughout New Zealand over the last three years. Diabetes is a key area for Māori health gain as Māori and Pacific people are more than twice as likely to develop diabetes in their life as their European counterparts, and at an average nine years younger than other ethnicities.

Within Canterbury, 37% of Māori with diabetes were detected and received an annual follow up. This was 13% lower than the expected 2003 target for Canterbury DHB. However, 49% of Māori people with poor diabetes (HBA1c>8%) received an annual review, which was higher than the expected target of 35%.

Table 8.8 Diagnoses of diabetes from primary care, CDHB, 2001-2003

Total Number of people diagnosed with Diabetes from primary care organisations in Canterbury, 2001 – 2003.						
Diabetes Type	Year	Māori	PI	Pakeha	Other	TOTAL
Type 1 Diabetes	2001	26	16	688	34	764
	2002	35	22	947	33	1,037
	2003	41	24	1,039	45	1,149
Type 2 Diabetes	2001	206	84	4,062	301	4,653
	2002	293	132	5,358	345	6,128
	2003	386	179	6,244	462	7,271
Other Diabetes	2001	1	0	10	0	11
	2002	9	10	227	19	265
	2003	15	14	253	25	307
Total Diabetes	2001	233	100	4,760	335	5,428
	2002	337	164	6,532	397	7,430
	2003	442	217	7,536	532	8,727

Source: Canterbury Local Diabetes Team Annual Report 2003.

Oral Health

What is this about and why is it a priority area for Māori?

Māori and Pacific children and adolescents have worse oral health than non-Māori, non-Pacific children. Prior to 2003 the ethnic breakdown was not reported, however the inequalities of outcome measures for both Māori and Pacific peoples are consistent with other national data. The table below shows the overall caries-free rate for Canterbury DHB children. This rate is similar to other non-fluoridated areas in New Zealand.

Table 8.9 Oral health Canterbury children 2003.

Key Performance Measures for Oral health in Canterbury DHB				
Measure 1: Percentage of caries free teeth at age 5.				
	Total	Māori	Pacific	Other
Actual (%)	52.0	28.8	21.1	55.1
Numerator	2,548	123	26	2,399
Denominator	4,901	427	123	4,351
Measure 2: Total permanent teeth filled/missing due to caries in 12 year olds.				
Actual (#)	1.6	2.5	2.7	1.6
Numerator	8,695	930	327	7,438
Denominator	5,308	375	121	4,812

Source: CFA Quarterly Report CDHB 2003/04.

We expect to see a reduction in these inequalities over the next few years as a result of the improved utilisation of services by Māori and Pacific pre-school children. Two of the issues that Māori have identified in receiving oral health care are affordability of treatment and supporting initiatives for dental services that meet the needs of Māori and Pacific peoples. There is a need for a comprehensive oral health promotion program targeting the lifestyle behaviours (nutrition and tooth-brushing) largely responsible for the high levels of tooth decay in these children.

Smoking

What is this about and why is it a priority area for Māori?

Smoking has a serious negative impact on Māori health. People exposed to smoke have been shown to develop adverse effects such as sudden infant death syndrome, glue ear, respiratory infections, cardiovascular disease and lung cancer. It is well documented that Māori have disproportionately higher numbers than non-Māori in all of these key areas. Reducing Māori smoking prevalence is a key focus of the National Drug Policy (Ministry of Health 1998). Māori women had a significantly higher prevalence of smoking than any other ethnic group.

Approximately 50% of Māori people smoke and Māori smokers start at a younger age than other ethnic groups. 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.

In 1999, Canterbury was part of Aukati Kai Paipa, a national smoking cessation pilot programme that targeted Māori women and run within a Māori setting. Aukati Kai Paipa ran for two years with successful results. The programme had a quit rate of 29%, compared to the national rate 12.5%. Aukati Kai Paipa has been especially successful as the target group (Māori women), is a hard group to reach. Māori women have significantly higher rates of smoking than non-Māori, lower socioeconomic status and tend not to access other cessation services. The evaluation of Aukati Kai Paipa supports the accessibility and effectiveness of a culturally appropriate smoking cessation program for Māori as it was an effective method of delivering services to those who would not usually chose to or may not be able to access other smoking cessation programmes (Ministry of Health 2003).

Asthma

What is this about and why is it a priority area for Māori?

The prevalence of asthma is increasing world wide and in New Zealand. Tobacco use is likely to be a key factor in higher rates of respiratory related illnesses such as asthma that is experienced by Māori. The 2002/03 New Zealand Health Survey (MoH 2003) looked at asthma for people 45 years and under and found slightly higher prevalence in Māori (20.4% for women and 26.2% for men), compared to non-Māori (19.1% for women and 23.1% for men).

Table 8.10 Childhood discharge rates for asthma, CDHB, 2002-03

Hospital discharge rate per 1000 for Asthma in children by ethnicity, 2002/03					
Region	Age Group	Māori	Pacific	Other	Total
National	>5	9.6	12.9	4.5	6.6
	5 to 14	2.1	2.7	1.4	1.7
Canterbury	>5	11.5	14.7	6.9	7.8
	5 to 14	1.6	3.9	1.9	1.9
Significantly greater than national (99% Confidence Interval)					
BOLD= Significantly less than national (99% Confidence Interval)					

Source: National Minimum Data Set 2002-03

The table above shows 2002/2003 hospital discharge rates per 1,000 for asthma in children. Asthma is the most common cause of child admissions to hospital. Māori and Pacific children have significantly higher discharge rates for asthma in New Zealand compared to others. For under fives in Canterbury the hospital discharge rates for asthma are significantly higher than the national rate for both Māori and Pacific peoples. This is not the case for 5-14 year old Māori and Pacific children in Canterbury, with hospital discharge rates somewhat lower than the national rate but not significantly different.

Mental Health

What is this about and why is it a priority area for Māori?

In New Zealand, it is estimated that at any one time 20 percent of the population have a mental illness and 3 percent have a serious mental illness (Ministry of Health 1997). While mental illness is an issue for the whole population, it is a major issue for Māori, and more and better services for Māori is one of the major objectives of the Mental Health Strategy.

Historical data from 1993, based on in-patient activity, suggested major differences in the way Māori used mental health services. Māori were seen as accessing services later, and with greater severity at the point of entry. More recent data from the Mental Health Information National Collection show that in New Zealand Māori males aged 15–19 and 20–64 are significantly higher-than-average users of mental health services (national figures).

Table 8.11 Mental health service clients, New Zealand 2002, by age, sex, ethnicity

Table 3.6: Clients seen during 2002 by age, sex and ethnicity, per 100,000 population³⁸

Ethnicity ³⁹	Sex ⁴⁰	Age ranges ⁴¹					Total
		0–9	10–14	15–19	20–64	65+ ⁴²	
Māori	Male	668	2,164	3,374	3,990	1,329	2,766
	Female	251	1,233	2,833	3,279	1,510	2,219
Pacific	Male	186	666	1,790	1,864	1,279	1,302
	Female	53	441	1,366	1,390	1,237	981
Other	Male	1,164	3,117	2,956	2,609	1,435	2,341
	Female	516	1,644	3,487	2,553	1,862	2,214
Total	Male	945	2,701	2,956	2,745	1,428	2,343
	Female	405	1,452	3,200	2,587	1,835	2,143
	Total	683	2,091	3,075	2,664	1,656	2,241

Source: NZHIS Mental Health Information National Collection as at 28 August 2003.

Māori Health Services

Over the last ten years there has been a marked increase in the number of Māori healthcare providers throughout New Zealand with a national total of 233 in 2003. 24 Māori health service providers hold a contract with Canterbury DHB and deliver services in the community and mainstream health services. Some are Māori providers of health services while others are mainstream targeted community providers and other services are within the CDHB provider arm. Table 8.12 gives a profile of the current health services provided by organisation name and service type. Appendix 1 shows the type of community contracts held within Canterbury DHB by Māori Health providers.

Māori Health Workforce

While around 15% of the New Zealand population is Māori, the Health Workforce Advisory Committee estimated that in 2001 only 5.4% of the overall workforce is Māori, with many Māori in low paid positions. In 2001 approximately 2.3% of doctors, under 2% of psychiatrists, 6.3% of all nurses, 3.4% of midwives and 1% of dentists were Māori. The one exception appears to be health and disability social workers, where 18% identified as Māori.

Canterbury DHB is the largest employer in the South Island, with 8,013 staff in total, comprising more than 5,560 FTE as at 31 March 2003. Ethnicity information is only available for 66% of CDHB staff as the remainder has chosen not to disclose their ethnicity. A total of 183 staff identify as Māori in 2003 with an increase of 10 to 193 in 2004 (CDHB 2004). As at 31 May 2003, 30.9 FTEs of the 193 Māori staff members are in Māori health worker roles with a planned increase in 2004 of 5 more FTEs into key areas for Māori health in CDHB's hospital services. NGO providers in Canterbury employ 102 Māori staff, most in mental health roles.

Key Development Areas

There is currently a range of health initiatives within CDHB designed to address some of the disparities in health for Māori, from prevention programmes such as smoking cessation, to recognised positions focusing on improving Māori health throughout the health sector. These projects look at strategic direction, service planning, Māori workforce development, research development and the consultation process between CDHB and iwi/ Māori community.

CDHB outlined 5 key directions for the health of Māori within Canterbury. These are:

- 1) Improving Māori health status – health gain priority areas,
- 2) Finding better ways of working
- 3) Working together with Māori,
- 4) Developing Canterbury's health care workforce
- 5) Being a leader in Māori hospital & health services.

Nationally funded projects

- Māori Disability Service Development Project – This was a year long project funded through the Ministry of Health and based at The Princess Margaret Hospital, Christchurch. The two key objectives of this project were to determine the needs of Māori with disabilities and to understand the role of Kaupapa Māori disability service providers in order to build capacity and deliver Kaupapa Māori services. An integral part of this project was consultation and input from local iwi and Māori community groups at all stages, from project design, service development and finally delivery of services for Māori. A final report of the project and its recommendations was produced in June 2004.
- The Māori Provider Development Scheme (MPDS) is part of the Government's commitment to improving Māori health. Its purpose is to enhance and support the delivery of effective health services, facilitate sustained growth of a skilled Māori health and disability workforce, and to improve the integration and overall co-ordination of health services to Māori.

Regional Developments

- Te Waipounamu Māori Workforce Stocktake and Development Plan: The South Island has an under-developed Māori health workforce. It is vital that we understand the current workforce, and scope future requirements in order to have sustainable Māori providers and services in the future. This project provides quantitative baseline data to inform the ongoing regional workforce development strategies.
- Mo Tatou Survey: Ngāi Tahu Development Corporation has completed an iwi-wide survey of Ngāi Tahu, Ngati Mamoe and Waitaha descendents currently registered with Ngāi Tahu. The purpose of the survey is to collect information on the needs, ambitions and aspirations of Ngāi Tahu individuals. Over time Ngāi Tahu Development aim to measure the impact and success of initiatives in Ngāi Tahu's 2025 strategic plan.
- South Island Kaupapa Māori Mental Health Service Development Project: Te Roopu Awhiowhio undertook a Kaupapa Māori Mental Health Review on behalf of the South Island Mental Health Network (SIMHN). The knowledge gained from this review informs and provides recommendations to District Health Boards on how they can improve mental health services to the Māori community. The Review identified a funding growth pathway, eight targeted projects and the need to develop District Health Board Guidelines for Māori provider contracting.
- Regional Kaupapa Māori Residential Alcohol and Other Drug Treatment Service: Canterbury leads the coordinating / implementation of this service, in collaboration with the five other South Island District Health Boards. The Ministry of Health agreed to financially support an adult Māori Alcohol & Drug Service for the South Island. This service has been highlighted as a top priority in the South Island Alcohol & Other Drugs Review and is strongly supported by Māori services, providers and communities, as well as the AOD and Mental Health communities.

District Projects

- Kaupapa Māori Mental Health Service Development Project: Te Korowai Hinengaro Oranga Ki Waitaha is a collective of Māori Mental Health providers that delivery a range of services from Māori Mental Health promotion through to tertiary Māori Mental health within the DHB Provider Arm services.

Te Korowai Hinengaro Oranga Ki Waitaha works collaboratively to support the development of Kaupapa Māori Mental Health service provision and service providers within Waitaha/Canterbury. This body aims to understand the

needs of Māori with Mental Health issues and to assist in the building of service capacity and capability to deliver quality services capable of meeting the needs of tangata whaiora and their whānau.

- Māori Health Plans for PHOs: These Plans are part of their contractual agreement between PHOs and DHBs. The Māori Health Plans are still currently being developed and are derived from He Korowai Oranga & monitored by Whakatātaka and Whakamahaere Hauora ki Waitaha. There are several issues with regard to participation between PHOs and Māori and how this will be done.

Summary

This Health Needs Assessment for the Māori population gives a snapshot of Māori health status in 2002-2004. The Health Needs Assessment will be used by the District Health Board and other organisations (both within the health sector and related sectors) to assist in establishing an integrated continuum of care model for Māori health services. By understanding the demographics, health and related needs of the Māori population in Canterbury, planners and funders will be better able to work to ensure these needs are met effectively with appropriate, timely and accessible service.

The most recent statistics suggest that Māori life expectancy has started to increase again, after two decades of little or no improvement. A quote from Dr Tony Blakely of the Wellington School of Medicine and Health Sciences (University of Otago 2004) reflects the current political environment as well as being a gauge of progress in regard to health status of Māori:

“It is likely that the bi-partisan efforts of both the 1996-99 National-led and the 1999-2002 Labour-led governments to assist Māori development generally, and more specifically in the health services, have helped,” he says. “It takes time for health statistics to turn the corner. Now is not the time for rocking the boat and pulling apart social and health policy that is helping to reduce inequalities in health. Now is the time for New Zealand to continue building a cohesive and inclusive society.”

Appendix 4 The Review Process

1. The Consultation Process

From December 2004 to April 2005 a series of community consultation meetings were held with various Māori community groups, organisations and bodies with an interest in Māori health. During the consultation process, CDHB facilitated three main hui. The purpose of the hui were to:

- 1) Inform the Māori community about CDHB's activities to improve Māori health,
- 2) Receive feedback from the community as to what the current issues are in Māori health
- 3) And to work with the community to establish the direction and activities the CDHB needs to progress over the next five years to ensure improvements in health for Māori living in Canterbury occur.

Hui 1: Information Gathering – December 2004

This hui introduced the issues facing Māori health in Canterbury and outlined the consultation process for the review. An open forum was held to allow for the community to ask questions of DHB staff. The afternoon involved a series of workshops based on the Māori strategic directions to focus discussion and identify specific issues.

Hui 2: Provide Feedback on Progress – February 2005

Hui two provided the Māori community with an overview of activities underway and identified areas where progress needs to be made. Staff presentations summarised the key activities in Māori health since 2001 and provided a scorecard to show where work still needs to occur. A summary of the health needs assessment and discussion from the first hui was provided.

Hui 3: Establish Direction – April 2005

The third and final hui summarised feedback from the whole consultation process, identified emerging issues, and sought confirmation on actions to further progress and establish priority actions for Māori Health, 2006-2010.

The following sections identify the major issues raised through the review process. This process has enabled us to direct our efforts to refine the actions that need to occur in Māori health over the next five years.

2. Feedback on Current Plan

- Provide a profile of Canterbury Māori health status with plan to ensure relevance.
- Current plan comprehensive, but needs strengthening & alignment
- Identify each health organisation's role to deliver on plan
- Māori Health Actions - progress on what should be reported by primary, secondary and tertiary sectors
- Māori involved in developing a monitoring program to define health indicators & ensure progress occurs and is communicated back to Māori

3. Emerging Issues

- Relationships with Māori
- DHB communication processes
- Roles of stakeholders to deliver on the plan
- Monitoring Progress
- Workforce Planning
- Inequalities
- Priority Māori Health areas

4. Relationships with Māori

- Develop a structure to ensure Manawhenua, Iwi Māori and Board members and staff provide leadership at Governance & Operational levels (includes: ToR and MoU)
- Clarity over participation between DHB and iwi whanui, and at what level: a) Governance and Direction, b) Internal Staff Structures, c) Forums, d) Community Networking

5. DHB Communication Processes

How do we:

- Disseminate health information?
- Communicate this information to the Māori community
- What relationships exist with Māori bodies?
- How will this improve Māori health?

6. Stakeholder Roles

What responsibility do each of these services / organisations have to deliver this plan

- DHB and its divisions
- Public & Population Health
- Secondary & Tertiary Health services
- Primary Health Organisations
- Māori Development Organisation
- Research & information
- External Organisations

7. Monitoring Progress on Māori Health

Undertake work in the following areas...

- Benchmark Māori Health status
- Develop Māori health indicators
- Identify Māori Health expenditure
- Set targets to monitor
- Evaluate current service delivery models
- Report level of progress made

8. Workforce Planning

Have a Māori workforce strategy that...

- Provides an overview of roles & functions within the DHB and identifies gaps
- Targets priority health areas to develop the current & emerging Māori health workforce
- Communicates this message through existing Internal & External Māori bodies & forums.

9. Inequalities

- Adopt the inequality lens to determine equity gaps in service funding, access & utilisation of health services
- Apply clinical, cultural & priority-need frameworks to ensure responsiveness to Māori

10. Priority Māori Health Areas

What are the priority Māori Health Areas?

- Chronic illness
- Public health
- Defined by Tamariki, Rangātahi, Pakeke, Kuia/Kaumātua age groups
- Planning & Funding
- Disabilities

What activities need to occur now to improve the health of Māori in these areas?

- What - Id. Key projects over next 5 years (community consultation hui)
- How - CDHB Working party to determine
- Feasibility - Advisory party to critique
- Approval – EMT, Advisory Committees, Board Approval

Appendix 5 - Māori Health Providers and Services in CDHB, Dec 2003

MĀORI PROVIDER	SERVICE DESCRIPTION
Community (Non Government Organisation) Providers	
He Oranga Pounamu	Facilitation (0-5 yrs) Māori Health Development Māori Community Health Services Whānau Family Care and Support
He Waka Tapu	Whānau Ora – Tane
Mokowhiti Consultancy	Kaupapa Māori Mental Health Service Development Coordinator
Purapura Whetu Trust	Kaupapa Māori Mental Health Service – Clinical Kaupapa Māori Mental Health Service – Non Clinical Tamariki and Rangatahi
Te Awa O Te Ora Trust	Kaupapa Māori Mental Health Service Community Support Work
Te Kakakura Trust	Community Support Work Kaupapa Māori Mental Health Service Kaupapa Māori Mental Health Residential Rehabilitation
Te Rito Arahi	Alcohol and Drug Day Treatment Community Alcohol & Drug Kaupapa Māori Alcohol & Drug
Te Runaka Ki Otautahi O Kai Tahu Trust	Community Mental Health Service Kaupapa Māori Mental Health Service
Te Tai O Marokura Charitable Trust	Kaupapa Māori Tamariki & Rangatahi Māori Primary Health Support Services for Mothers and Pepi
Te Amorangi Richmond Ltd	Primary Health Care Nurse Community Health Worker Primary Medical Services Support Services for Mothers & Pepi
Otautahi Māori Womens Welfare League	Immunisation, Tamariki Ora Mobile Māori Nursing Disease Well Child (0-5years)
Te Whatumanawa Māoritanga O Rehua Trust	Whānau Ora – Taua and Poua
MAINSTREAM TARGETED CDHB Provider Arm Services	
Community & Public Health	Hauora Matauraka – Māori health promotion team
All CDHB Provider Arm Services	Māori Chaplains
Christchurch Hospital	Māori Health team Leader – Kaiarahi Ngā Ratonga Hauora Māori workforce positions – Child Health, A&E, Sexual Health, Cardiac Respiratory Outreach
	Te Whare Mahana – Kaiawhina Tautoko
Burwood Hospital	Māori Services Advisor
	Kaumatua
Women's Health	Kaiawhina Ngā Whaea me Ngā Peepi
	Cervical Screening / Breast Screening
Diabetes Services <i>* Diabetes Leaders' Programme Coordinators are funded via a contract with Community & Public Health.</i>	Māori Diabetes Worker*
	Diabetes Centre and Education - Māori Nurse
	Diabetes Centre and Education - Māori Health Worker
Mental Health Services	Te Korowai Atawhai
Older Persons Health	Māori NASC
	Māori Project Worker
Ashburton Hospital	Māori Health & Cultural Advisor

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