

AUCKLAND DISTRICT HEALTH BOARD  
TE TOKA TUMAI



MAORI HEALTH ACTION PLAN

---




## MIHIMIHI

E nga mana, e nga reo, e nga karangarangatanga tangata  
Ko te Toka Tu Mai o Tamaki Makaurau tenei  
E mihi atu nei kia koutou,  
Tena koutou, tena koutou, tena koutou katoa.

Ki a tatou tini mate, kua tangihia, kua mihia kua ea  
Ratou, kia ratou, haere, haere, haere.  
Ko tatou enei nga kanohi ora kia tatou  
Ko tenei te kaupapa, Hauora Maori, o Te Toka Tu Mai  
Hei huarahi puta, hei hapai tahi mo tatou  
Hei oranga mo te katoa.

No reira tena koutou, tena koutou, tena koutou katoa.



## TABLE OF CONTENTS

●	<b><u>FOREWORD</u></b>	<b>4</b>
●	<b><u>SECTION ONE - WHAKAMOHIOTANGA</u></b>	<b>5</b>
	1. Introduction – A New Direction	5
	2. Treaty of Waitangi /Te Tiriti o Waitangi	7
●	<b><u>SECTION TWO - HAUORA MAORI</u></b>	<b>10</b>
	3. He Korowai Oranga: Maori Health Strategy	10
	4. The Auckland DHB Maori Health Needs Assessment	11
	5. The Auckland DHB Maori Health Services	16
●	<b><u>SECTION THREE - NGA TUMANAKO</u></b>	<b>19</b>
	6. The Auckland DHB Maori Health Objectives	19
●	<b><u>SECTION FOUR – WHAKAMUTUNGA</u></b>	<b>27</b>
	7. Conclusion	27
●	<b>Appendix 1: Legislation, Policy and Strategies</b>	28
●	<b>Appendix 2: Auckland DHB, Maori Health Advisory Committee, Terms of reference</b>	29
●	<b>Appendix 3: Consultation feedback on Maori health and Health Needs Assessment Data</b>	32
●	<b>Appendix 4: Maori Health Action Plan – Auckland DHB Maori Health Objectives</b>	44
●	<b>References</b>	49

## FOREWORD

---

This plan for Maori health is our tool to improve the health and wellbeing of Maori living in Auckland city. It provides the DHB and our local health services with a guide to priority areas for action and provides more discipline and accountability for measuring results.

One of the key functions of a District Health Board is to reduce the unacceptable disparities in health status by improving the health outcomes of Maori. This means collective action right across the health sector to achieve this, keeping Maori health at the very forefront of every planning and service delivery action.

We have some excellent starting points and will build on the strengths we already have in our Maori health team, the Tikanga advice we receive and the partnership we enjoy with Manawhenua. Many more changes are needed in future, some aimed at fostering greater capacity of Maori to be active in health, and some aimed at changing the mainstream practices that we know disadvantage Maori.

By 2020 we want to see Maori in Auckland living longer, enjoying a better quality of life with fewer avoidable problems and hospitalisations. These ambitions are certainly achievable and will be one of the key ways in which our success as a District Health Board and as health professionals will be measured in years to come.



NAIDA GLAVISH  
CHIEF ADVISOR TIKANGA  
GENERAL MANAGER  
MAORI HEALTH



GARRY SMITH  
CHIEF EXECUTIVE  
AUCKLAND DISTRICT HEALTH BOARD





## **SECTION ONE - WHAKAMOHIOTANGA**

---



### **1. Introduction – A New Direction**

For many years the focus for Maori health in the Auckland District Health Board (ADHB) was to *'deliver better and more effective health services to Maori clients'*. While this is still a key component of Maori health activities, a new direction has been added which is *'keeping Maori out of hospital.'* This new direction builds on the wisdom and achievements of previous strategies and on our history as Auckland Healthcare Services Limited (A+) and now the Auckland DHB. As an example, we have learned from previous experiences and have nurtured and expanded our relationship with Maori communities; particularly Ngati Whatua as manawhenua for the region. We also acknowledge that keeping Maori out of hospital is a long term goal and until that is achieved we need a comprehensive provider arm team to support whanau when they use our hospital and related services. Now we must further develop those services and partnerships.

This new direction is also grounded in the Crown's move towards a greater focus on primary care and the establishment of Maori-led Primary Health Organisations (PHOs). Our outcome of 'keeping Maori out of hospital' will be supported by the Maori-led PHO, other PHOs and by reinforcing effective links with Maori providers, Maori communities, whanau, hapu and iwi.

This Maori Health Plan, Te Aratakina, consolidates the Auckland DHB Strategic Plan 'Hei orange tika mo te iti me te rahi' (2006-10) and incorporates national



strategic directions outlined in He Korowai Oranga: Maori Health Strategy and Whakatataka Tuarua: Maori Health Action Plan 2006 – 2011<sup>2</sup>. Te Aratakinā confirm the Auckland DHB values of; Integrity, Respect, Innovation and Effectiveness and illuminates the Maori values, beliefs and principles endorsed by the Auckland DHB Kaunihera Kaumatua (Council of Elders).

*Kia u ki te tika, te pono me te aroha ia whakatupuranga*

These values and principles guide the approach to Maori health and provide direction for Auckland DHB planning. These themes are:

- Maori health is the business of everyone
- Positive development of whanau, hapu and iwi contributes to a dynamic nation and the advancement of national wellbeing and wealth<sup>3</sup>.
- Maori whanau, hapu and iwi have an inherent treaty right to define ‘Tino Rangatiratanga’ (also outlined in He Korowai Oranga) and be part of the solutions that ensure the wellness of all Maori and the unborn Maori child.

Our vision is; Maori will be part of a health system that focuses on:

- wellness
- easy access
- better co-ordinated care
- improving our health, and
- honouring Te Tiriti O Waitangi.

<sup>1</sup> Auckland DHB, He Kamaka Oranga Maori Health Plan (1995-96)

<sup>2</sup> Minister of Health and Associate Minister of Health. (2006). Whakatataka Tuarua: Maori Health Action Plan 2006 – 2011. Wellington: Ministry of Health.

<sup>3</sup> Ministry of Health, 2002 He Korowai Oranga – Maori Health Strategy. Wellington: Ministry of Health.



## **2. Treaty of Waitangi / Te Tiriti o Waitangi**

Auckland DHB recognises and respects the Treaty of Waitangi as the founding document of New Zealand. The Treaty of Waitangi/Te Tiriti o Waitangi is the fundamental relationship between the Crown and iwi and as such, provides the framework for Maori development, health and wellbeing.

The New Zealand Public Health and Disability Act 2000 requires DHBs to establish and maintain processes to enable Maori to participate in, and contribute towards strategies for Maori health improvement. This is to recognise and respect the principles of the Treaty of Waitangi to improve health outcomes for Maori. References to the Treaty of Waitangi in this document derive from, and should therefore be understood, in this context.<sup>4</sup>

As a Crown Agency, Auckland DHB will demonstrate how Treaty responsibilities are managed within the health sector by our commitment to the articles of Te Tiriti o Waitangi and the principles of partnership, participation and protection. These principles are outlined by the Ministry of Health to provide direction to the health sector. Some of the processes we have established are in the form of partnership agreements and relationships with manawhenua including the Maori Health Advisory Committee. These relationships and agreements support the overarching and ongoing Crown relationships with Maori that have been established by the Treaty.

### **Memorandum of Understanding**

In 2001, the Auckland DHB signed a Memorandum of Understanding (MoU) with Te Runanga o Ngati Whatua as manawhenua. Both parties are formally committed to reducing health disparities and achieving demonstrable health gains through the provision of effective health and disability services for Maori residents in the Auckland region. Alongside this relationship with Ngati Whatua is a responsibility to Maori communities in the district and those who use our services.



This Memorandum of Understanding outlines key principles, processes and protocols for working together at both governance and operational levels, with Tihi Ora MaPO as Te Runanga O Ngati Whatua's operational arm. The role of Tihi Ora MaPO is to support and uphold the kotahitanga, the tino rangatiratanga and manaakitanga responsibilities for the rohe of Ngati Whatua. Tihi Ora will ensure that Auckland DHB delivers a fair share of health resources to meet the needs of Maori.

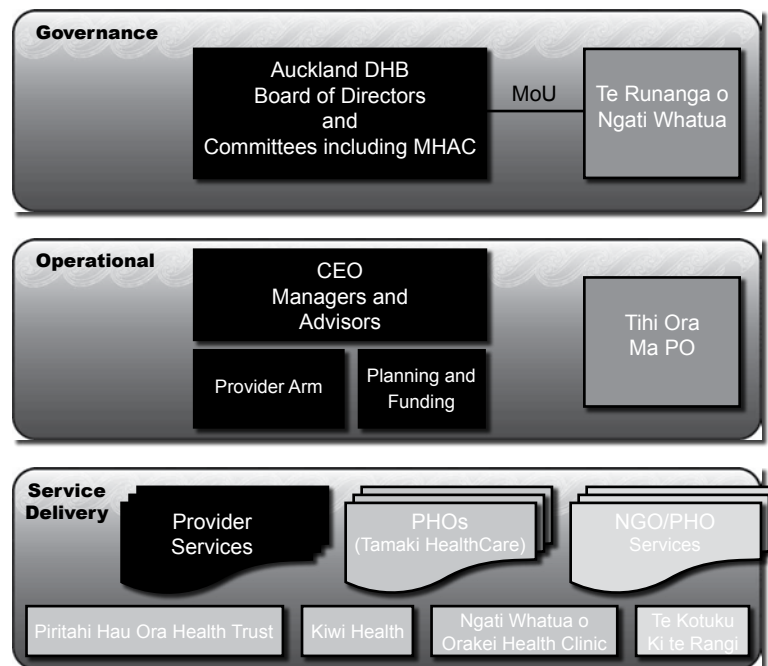
In 2003, the Auckland DHB established the Maori Health Advisory Committee (MHAC). The purpose of MHAC is to provide an effective Treaty partnership engagement between the Auckland DHB and Ngati Whatua at the governance and executive management level. The establishment of MHAC provides the key mechanism for the provision of Maori advice to the Board and senior management. MHAC is comprised of four appointments from Ngati Whatua and four Auckland DHB appointments, including the two Board members designated with the Maori health portfolios. MHAC reviews all Auckland DHB governance papers and provides strategic Maori health advice and guidance.<sup>5</sup>

<sup>4</sup> See Appendix 1: Legislation, Policy and Strategies; which outline the links of the New Zealand Public Health and Disability Act 2000, national policies, strategies and the Auckland DHBs health improvement plans.

<sup>5</sup> See Appendix 1 for the MHAC Terms of Reference.



The following diagram depicts the relationships of the Auckland DHB with Te Runanga o Ngati Whatua at governance, operational and service levels. The diagram also illuminates the relationships with other Maori-led health providers within the Auckland district.



*Figure 1: The levels of relationships of Auckland DHB with Iwi and other Maori health providers.*

In addition, an operational Memorandum of Understanding has also been agreed between Hapai Te Hauora Tapui and Auckland Regional Public Health Service. Both parties are committed to enhancing an environment of responsiveness to the Treaty of Waitangi partnership locally, regionally and nationally. The Memorandum of Understanding provides the guiding relationship principles between the two parties, with an intention to achieve improved public health outcomes for all Maori who reside in the Auckland region.







## SECTION TWO - HAUORA MAORI

---



### 3. He Korowai Oranga: Maori Health Strategy

He Korowai Oranga is the Ministry of Health policy that sets the direction for Maori health development. The He Korowai Oranga strategy recognises and builds on the considerable strengths and assets of whanau, hapu, iwi and Maori, and challenges the mainstream health and disability sectors not to tolerate the poor outcomes currently experienced by many Maori.

The overall objective is to achieve whanau ora with two key directions (Maori and Crown aspirations and contributions), three key threads (Rangatiratanga, building on gains and reducing inequalities), and four strategic pathways (Maori development, Maori participation, effective service delivery and working across sectors).

The key themes of the framework include <sup>6</sup>:

- the need to ensure Maori involvement in decision-making
- the need to work directly with whanau, hapu, iwi and Maori communities
- the need for all services (not just Maori-specific services) to be effective for Maori
- the importance of all sectors (not just the health sector) working to address Maori health outcomes.

All of these are tied together with a focus on reducing inequalities.



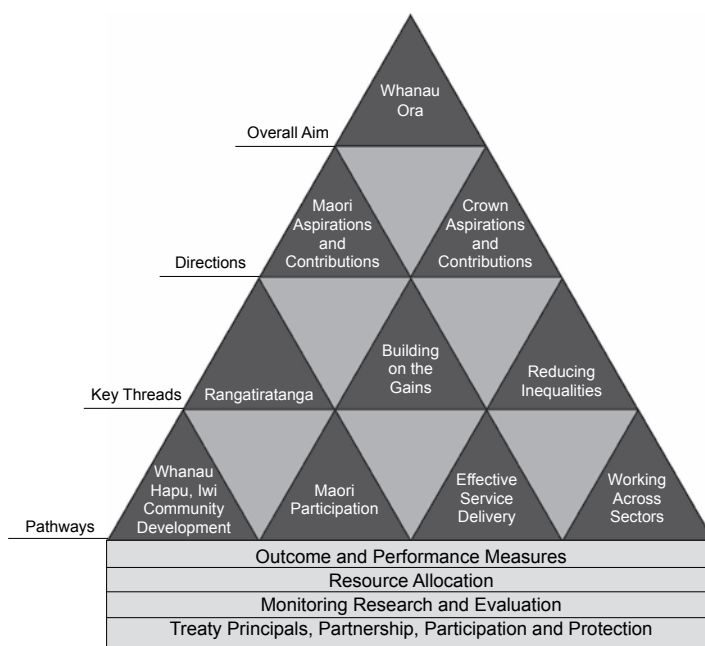


Figure 2: He Korowai Oranga Framework.

The Auckland DHB Maori health objectives support the objectives in the He Korowai Oranga and Whakatataka Tuarua: Maori Health Action Plan 2006–2011. We are required to report progress against He Korowai Oranga as part of the Maori health objectives within our District Annual Plan. The various Maori health objectives identified in the Auckland DHB strategic plan and District Annual Plan are outlined in Appendix 4.

#### 4. The Auckland DHB Maori Health Needs Assessment

Auckland DHB recognises the importance of understanding the needs of its Maori population. This includes feedback on Maori health gained during the 2002 and 2005 consultations on the District Strategic Plans and the analysis of current health information and statistics.<sup>7</sup> We have been careful in our analysis of need, to balance the obvious negative health statistics for Maori with the considerable strengths and resilience factors which are inherent in Maori culture.



We know that resilience factors such as having a strong identity and sense of self, retaining Te Reo, and being part of a dense social support network are all buffers against disadvantage. For this reason our future plans for Maori health improvement will build on existing strengths; drawing on all those cultural-related factors that are essential to health. A strength-based approach also moves us way from a deficit model orientation to comparing Maori health outcomes with those of non-Maori. While we need to study Maori health, we also need to study mainstream culture and the way that mainstream systems, structures and practices are failing to advance Maori health.

### Health determinants

What keeps us well often lies outside the direct influence of the health and disability sector and is determined by a range of influences. Some of the most obvious are age, sex and hereditary factors, but there is a growing body of evidence for less direct determinants of health<sup>8</sup>. These determinants are varied and include factors such as income and employment, housing conditions, urban design, water quality and education as outlined in Figure 3.

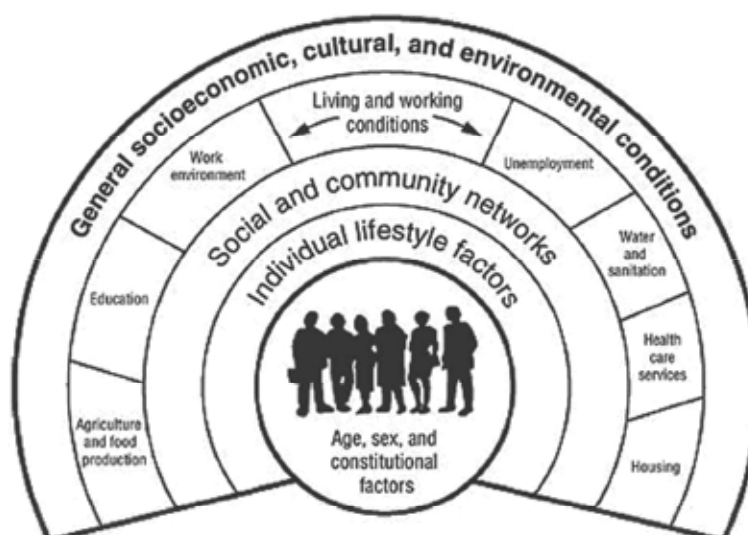


Figure 3: Determinants of Health, Source: Dahlgren and Whitehead 1991

<sup>7</sup> See Appendix 3 for the summary of feedback received and detailed health needs assessment data.

<sup>8</sup> Ministry of Health, 2002, Reducing Inequalities in Health. Wellington: Ministry of Health.



A model like this is useful because it illustrates that health is determined by a complex and varied combination of factors, and that each factor can contribute to health outcomes in a variety of ways.

Auckland DHB will make use of the Whanau Ora Health Impact Assessment tool<sup>9</sup> and HEAT tool which is a formal approach used to predict the potential health effects of a policy on Maori and their whanau. It pays particular attention to Maori involvement in the policy development process and articulates the role of the wider health determinants in influencing health and well-being outcomes.

### **Health Inequalities**

Health inequalities are consistently seen whether we measure health by prevalence of risk factors, access and use of services, or health outcomes. Inequalities in health status between groups are unjust and inequitable, avoidable and detrimental to all New Zealanders<sup>10</sup>.

Inequalities do exist between Maori health status and that of Pakeha. This gap in health status contravenes article three of the Treaty of Waitangi which guarantees Maori Crown protection with all the rights and privileges of British subjects. Except for a few health conditions there is very little evidence that there are biological differences between ethnic groups. However, there are many other social and political explanations.

Even after controlling for lower socio-economic status, significant health inequalities in health outcome still exist for Maori. The causes for the marked differences in health status between Maori and Pakeha have been attributed by Professor Mason Durie and other authors to land confiscations post the Treaty of Waitangi which eroded the Maori economic base. The reduction in Maori political influence is also another contributing factor. Other reasons lie in the mainstream systems that have been established over the decades to provide health care and social services.



<sup>9</sup> Ministry of Health. 2007. Whanau Ora Health Impact Assessment. Wellington: Ministry of Health.

<sup>10</sup> Bramley, D, Riddell, T, Crengle, S, et al (2004). A call to action on Maori cardiovascular health. NZMJ 117(1197). 2004.

The outcome we want to achieve is to address the inequalities that arise from the differential treatment of some groups by the mainstream health system. Discrimination does exist in the health system and has become institutionalised over time exacerbating health outcomes.

### **Health Needs Assessment**

We know from statistics that Maori represent 7.1% of the total Auckland DHB population (approximately 28,000) and more than fifty percent of Maori are under the age of 25 years. In addition, more than fifty percent of the Maori population live in the more deprived areas of the Auckland DHB region (deciles 8-10), compared to less than thirty percent of non-Maori.

Furthermore, the feedback received during the 2002 and 2005 consultations on the District Strategic Plans (DAP) gave us clear signals regarding the implementation of the Treaty of Waitangi, getting the right approach for Maori and having transparent decision making processes. Also, community development, workforce development and improving mainstream services across the life span were seen as key priority areas.

Overall, the consultation on the DAP during 2002 – 2005, shed light on the need to ensure that Maori are part of the solution and that there are some services that are best provided for Maori by Maori. This reinforces the philosophy that services are conducted in partnership with Maori rather than services 'being done' to Maori





Several key Maori health issues were identified in this assessment of Maori health needs within the Auckland DHB region. The most significant include:

- Maori are over-represented in mortality and morbidity statistics;
- Maori die earlier than any other ethnic group;
- The most common causes of death among Maori in the Auckland DHB region are cancer, heart disease; circulatory system disorders, and chronic obstructive respiratory disease (CORD);
- Maori become ill and die from conditions that are largely preventable through primary care;
- The major causes of death among Maori vary according to age group;
- Many of the leading causes of death among Maori are modifiable;
- Maori patients do not appear to access certain tertiary services at the same rates as other ethnic groups;
- Maori have significantly higher perinatal and infant mortality rates;
- A high percentage of Maori hospitalisation rates are for avoidable conditions that can be easily prevented through effective primary health care; and
- The collection of Maori health information and access to Maori health service providers is an issue for Maori in the primary health care sector.



## 5. The Auckland DHB Maori Health Services



### He Kamaka Oranga, Maori Health Services

He Kamaka Oranga (HKO), Maori Health was established in 1994 with the aim to improve Maori health. He Kamaka Oranga means the spiritual foundation building stone – this intangible concept is representative of the tangible 'Te Tiriti o Waitangi' and wellness.

The logo and name reflect the following:

- The cycles of Life
- The Relationship between the Auckland DHB and Maori

The symbol represents the three cycles of life. The small frond represents the unborn child through to the birthing process. The second frond represents the life cycle of the toddler to adolescent and mature adult. The third frond represents the elderly patient, the patient in palliative care and the patient that reaches tupapaku status. The outer fronds represent the partnerships of Auckland DHB with Iwi and other providers.

He Kamaka Oranga, Maori health strategy team, is responsible for policy development, planning and funding, provider management, quality, and clinical leadership.

The provider team, (He Kamaka Oranga Provider Team) work with Maori patients and their whanau when they do need to access hospital services. This includes coordinating whanau accommodation, providing social and cultural support and advocacy services; and working with clinicians and other Auckland DHB staff to ensure that services are responsive to the needs of Maori.



### **The Chief Advisor Tikanga**

The Chief Advisor Tikanga reports directly to the Chief Executive Officer and is part of the executive management team within the Auckland DHB.

This role supports the Auckland DHB to fulfil responsibilities under the Treaty of Waitangi (in accord with the New Zealand Public Health and Disability Act 2000). This is achieved through strategic and operational leadership, relationship management, and tikanga advice.

The Auckland DHB Kaunihera Kaumatua (Council of Elders) provides support and advice to the Chief Advisor Tikanga who leads the organisation in managing relationships with manawhenua and iwi Maori in tikanga.

All Kaumatua who are employed by Auckland District Health Board are eligible to be members of the Kaunihera and it is not based on representatives from services, but for all Kaumatua who are able to attend.

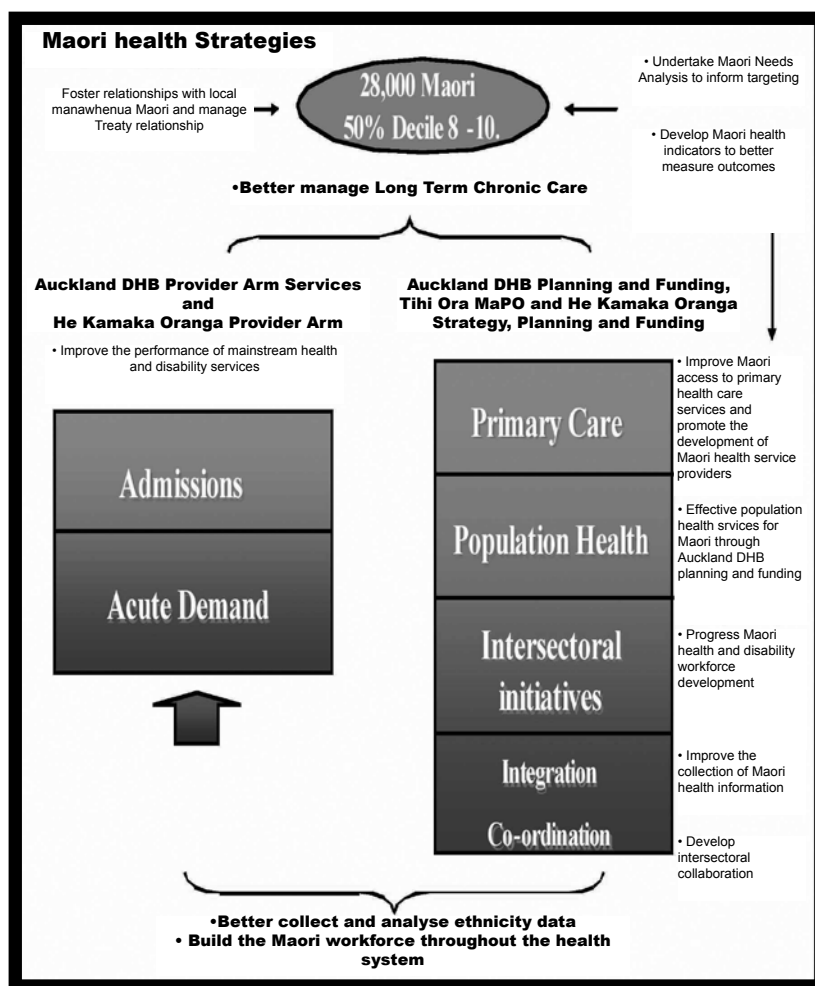


## He Kamaka Oranga, Maori Health Objectives

The Auckland DHB manages a series of Maori health strategies through He Kamaka Oranga Maori Health.

He Kamaka Oranga provides assistance in managing Treaty of Waitangi risks as a result of its monitoring and evaluation processes. All Auckland DHB services are expected to implement their responsibilities towards Maori in our district via performance objectives listed in this plan.

The following diagram illustrates where this work is focussed in order to ensure delivery against He Kamaka Oranga Maori health objectives.





### **SECTION THREE - NGA TUMANAKO**



## **6. The Auckland DHB Maori Health Objectives**

The Health Improvement Plan (2006 to 2010) District Strategic Plan outlines Auckland DHBs future direction and priorities.

In an endeavour to be more responsive and adaptable to Maori health needs and priorities in the Auckland region, we are working to become more strength based and outcome focussed. This has led to the following high level strategic Maori health objectives.

1. To foster relationships with manawhenua Maori that supports the articles and principles of the Treaty of Waitangi/Te Tiriti o Waitangi.
2. Effective population health services for Maori through Auckland DHB planning and funding.
3. To improve the performance of mainstream health and disability support services.
4. To improve Maori access to primary health care services and promote the development of Maori health service providers.
5. To progress Maori health and disability workforce development.
6. To improve the collection of Maori health information.
7. To develop intersectoral collaboration.





Specific actions for each objective are described in the following section and will appear in greater detail in the District Annual Plans. These annual objectives can be measured and monitored. This section then becomes exclusively focused on the actions proposed.

**Objective 1:**

**To foster relationships with manawhenua Maori that supports the articles and principles of the Treaty of Waitangi/Te Tiriti o Waitangi.**

Ngati Whatua is manawhenua within the Auckland DHB area. The Auckland DHB have a formal working relationship with Ngati Whatua and involve them in governance and management decisions for Maori health as well as in the provision of local Maori health services.

<b>Actions</b>	<p>The Auckland DHB will:</p> <ul style="list-style-type: none"> <li>honour the Memorandum of Understanding with Te Runanga o Ngati Whatua by actively involving them in governance and management activities.</li> <li>manage and co-ordinate Ngati Whatua involvement with the Maori Health Advisory Committee (MHAC).</li> <li>share Auckland DHB information and promote joint decision making with Maori through MHAC.</li> <li>work with the Ngati Whatua Co-purchasing organisation, Tihi ora MaPO, to ensure Maori involvement in Maori health planning, funding and provider arm activities and service delivery.</li> <li>ensure Ngati Whatua is actively involved in the provision of Maori health services within the Auckland DHB region, by seeking input from their communities to ensure that the health services we currently provide are what they require.</li> </ul>
<b>Milestone/s</b>	<ul style="list-style-type: none"> <li>On-going ratification of the MoU with Te Runanga o Ngati Whatua.</li> <li>Maori Health Advisory Committee and Tihi Ora MaPO actively engaged in decision making and advocacy</li> <li>Treaty principles put into action and monitored</li> </ul>
<b>Responsibility area for</b>	<p>General Manager (Maori Health) / Chief Advisor Tikanga CEO - Tihi ora MaPO Te Runanga o Ngati Whatua</p>



**Objective 2:****Effective population health services for Maori through Auckland****DHB planning and funding.**

The Auckland DHB actively promotes a population health focus as outlined in the national strategies; He Korowai Oranga and Whakatataka Tuarua and in its own 'Our Health 2020' strategy. This is implemented through the primary health care strategy and health improvement plans and is supported by assessing Maori health needs, reviewing Maori service utilisation and monitoring Maori health funding and expenditure.

<b>Actions</b>	<p>The Auckland DHB will:</p> <ul style="list-style-type: none"> <li>• ensure Maori involvement in all key funding and planning activities (see also Objective 1).</li> <li>• ensure Maori health gain is prioritised in planning and funding activities; appropriate resource allocation; kaupapa Maori services and approaches; Maori-led initiatives, and mainstream performance by using HEAT and Whanau Ora Assessment tools.</li> <li>• use the assessment of Maori health needs to assist with service planning and funding.</li> <li>• develop clinical indicators, outcomes, cultural and other measures that focus on improvements in Maori health status and reducing health inequalities in Auckland DHB (including meaningful mental health outcome measures)</li> <li>• work with key Maori health stakeholders to develop and implement the Primary Health Care Strategy that responds to Maori health needs.</li> <li>• develop and implement an Auckland DHB mental health strategic plan, i.e. Te Pou O te Tahuhu, ensuring clear links with local, regional and national documents.</li> <li>• monitor Maori health funding and develop Maori health expenditure targets and investment strategy.</li> <li>• review Maori utilisation in selected service areas including use of pharmaceuticals, elective surgery and GP services to determine the up take by Maori in comparison with the general population.</li> </ul>
<b>Milestone/s</b>	<ul style="list-style-type: none"> <li>• Participation to ensure active efforts for Maori health improvement in:</li> <li>• all the 'Our Health 2020' Health Improvement Plans.</li> <li>• The Long Term Conditions Framework.</li> <li>• Application of the Auckland DHB Prioritisation Framework, HEAT and Whanau Ora assessment tools.</li> <li>• The Auckland DHB Reducing Inequalities Framework</li> </ul>
<b>Responsibility area for</b>	<p>General Manager (Maori Health) / Chief Advisor - Tikanga</p> <p>Chief Planning and Funding Officer</p> <p>CEO - Tihi ora MaPO</p>



**Objective 3:****To improve the performance of mainstream health and disability support services.**

The Auckland DHB has a long history of implementing initiatives targeted at improving the performance of mainstream health and disability support services. It established the first Maori Health Management Service in the country in 1994 (He Kamaka Oranga) and developed the Tikanga Recommended Best Practice Policy which is now the process of other DHBs across the country. The Auckland DHB continues to manage a range of strategies and initiatives targeted at improving the delivery of mainstream health and disability support services to Maori.

<b>Actions</b>	<p>The Auckland DHB will:</p> <ul style="list-style-type: none"><li>• implement a Maori provider arm plan which focuses on improving access to secondary and tertiary services, reducing did not attend rates, quality and discharge planning and to work with clinicians to develop a clinical / cultural partnership programme</li><li>• ensure that services better meet the needs of Maori and reflect an explicit focus on reducing healthcare inequalities</li><li>• ensure that Maori have access to effective and culturally appropriate assessments and services (e.g. through He Kamaka Oranga Provider Team).</li><li>• apply the Tikanga Recommended Best Practice Policy and associated training across the Auckland district along with current training initiatives which support the use of Te Reo and tikanga as a clinical competency and encourage the correct pronunciation of Maori.</li><li>• develop research, monitor and evaluate capacity of Maori health to increase the effectiveness and performance of mainstream services in contributing to Maori health gain.</li><li>• co-ordinate access to and integration between primary, secondary, tertiary and ambulatory services for Maori</li></ul>
<b>Milestone/s</b>	<ul style="list-style-type: none"><li>• Provider plan put into action and monitored</li><li>• The Auckland DHB Tikanga Best Practice On-Line training evaluation.</li><li>• Implementation of recommendations outlined in the Maori Access to Cardiac Interventions Research.</li></ul>
<b>Responsibility area for</b>	<p>General Manager (Maori Health) / Chief Advisor - Tikanga General Manager Clinical Services and General Manager Operations</p>



**Objective 4:****To improve Maori access to primary health care services and promotes the development of Maori health service providers.**

The Auckland DHB is actively involved in strategies for improving Maori access to primary health care services. The Auckland DHB is also committed to the development of Maori health service providers.

<b>Actions</b>	<p>The Auckland DHB will:</p> <ul style="list-style-type: none"> <li>• work with PHOs in the region to maximise Maori enrolment in PHOs.</li> <li>• develop new Maori primary health care services in the most deprived areas within Auckland DHB including Panmure, Mt Roskill and Avondale which are attuned to Maori and to the needs of our Maori communities.</li> <li>• work with the primary care sector to further develop Maori leadership (especially clinical) and innovation at a practice level as well as Maori workforce development initiatives to recruit and retain Maori in primary care.</li> <li>• ensure that all PHOs have a meaningful Maori Health plan that lifts the health status of their Maori enrolled patients and communities and that provides culturally effective primary care services to Maori.</li> <li>• develop and support Maori health provider capacity and capability through the Maori Provider Development Scheme, and address the identified gaps in health and disability service provision for Maori health providers.</li> <li>• increase the financial investment in Maori health provider health and disability services above future funding track.</li> <li>• identify opportunities to address funding disparities between Maori and mainstream health service providers</li> <li>• encourage mainstream providers to adapt their current service models to better reflect the needs of Maori patients</li> <li>• ensure all current and future programmes are evaluated and that each one has a clear strategy for Maori outcomes identified</li> <li>• development of standard Maori health measurements to track Maori health gain with a focus on Long Term Conditions but also on areas of potential low utilisation by Maori</li> </ul>
<b>Milestone/s</b>	<ul style="list-style-type: none"> <li>• Consolidated establishment of the Maori-Led PHO.</li> <li>• Establish and implement an Auckland DHB Maori Provider Development Framework.</li> <li>• Maori health is a key focus area in the Auckland DHB Primary Care Strategy</li> </ul>
<b>Responsibility area for</b>	<p>General Manager (Maori Health) / Chief Advisor - Tikanga</p> <p>Chief Planning and Funding Officer</p>



**Objective 5:****To progress Maori health and disability workforce development.**

The development of the Maori health and disability workforce has been a long term strategy within the Auckland DHB. Collaborations have been formed with other DHB's to develop and implement a regional Maori health workforce development strategy.

<b>Actions</b>	<p>The Auckland DHB will:</p> <ul style="list-style-type: none"><li>• develop and implement an Auckland DHB Maori health workforce development strategy.</li><li>• engage with Auckland DHB Maori health workforce to identify workforce development needs and priorities.</li><li>• develop and implement a regional Maori health workforce development strategy in collaboration with the Northern DHB's and in line with the national workforce development strategy.</li><li>• work with Tertiary Education providers on Maori health workforce development initiatives in the Auckland district</li><li>• Improve Maori workforce development information</li><li>• Consolidated establishment of the Maori-Led PHO.</li><li>• Establish and implement an Auckland DHB Maori Provider Development Framework.</li><li>• Maori health is a key focus area in the Auckland DHB Primary Care Strategy</li></ul>
<b>Milestone/s</b>	<ul style="list-style-type: none"><li>• The Regional Maori Workforce Development strategy.</li><li>• Auckland DHB Workforce Development Strategy</li></ul>
<b>Responsibility area for</b>	<p>General Manager (Maori Health) / Chief Advisor - Tikanga Executive Director of Nursing / Auckland DHB Workforce Development Chairperson</p>





**Objective 6:****To improve the collection of Maori health information.**

The Auckland DHB recognises the importance of collecting Maori health information especially for understanding trends and patterns of service utilisation by Maori and for ethnicity weighting with funding, planning and service delivery.

<b>Actions</b>	<p>The Auckland DHB will:</p> <ul style="list-style-type: none"><li>• assist and advocate for improved Maori ethnicity data collection at all levels across Auckland DHB including PHOs.</li><li>• collaborate to improve collection and accuracy of ethnicity data in order to improve planning, funding and service delivery for Maori.</li><li>• improve the collection of ethnicity data in specific Auckland DHB services supported through training and audit so that appropriate information is captured.</li><li>• improve analytical reports on utilisation and health status trends, including information from the primary care sector.</li></ul>
<b>Milestone/s</b>	<ul style="list-style-type: none"><li>• Survey of Auckland DHB staff at key data collection points to identify any issues with data collection.</li><li>• Project to address data collection issues including the development of training in ethnicity data collection.</li><li>• Ethnicity data collection aligned to national standards.</li><li>• Education programme with general public to improve compliance with ethnicity data collection.</li><li>• Improve rates of ethnicity data recording</li></ul>
<b>Responsibility area for</b>	<p>General Manager (Maori Health) / Chief Advisor - Tikanga General Manager Clinical Services and General Manager Operations</p>



**Objective 7:****To develop intersectoral collaboration.**

The Auckland DHB continues to work with other Crown agencies to address Maori health priorities within the region. Strategic Maori health projects have been formed through Crown agency forums and with active support from Maori community networks.

<b>Actions</b>	<p>The Auckland DHB will:</p> <ul style="list-style-type: none"><li>• continue on-going Auckland DHB projects with other Crown agencies which support initiatives that work across sectors.</li><li>• maintain networks established with other agencies and organisations working with Maori in the community.</li><li>• support structures for managing and co-ordinating intersectoral activities at the provider level that are already established.</li><li>• ensure the level of buy in developed is proactive and positive and has meaning for the community and Maori whanau.</li></ul>
<b>Milestone/s</b>	<ul style="list-style-type: none"><li>• Tikanga programme made available to other sectors</li><li>• Joint Sector Projects</li></ul>
<b>Responsibility area for</b>	General Manager (Maori Health) / Chief Advisor - Tikanga Chief Planning and Funding Officer





## **SECTION FOUR - WHAKAMUTUNGA**



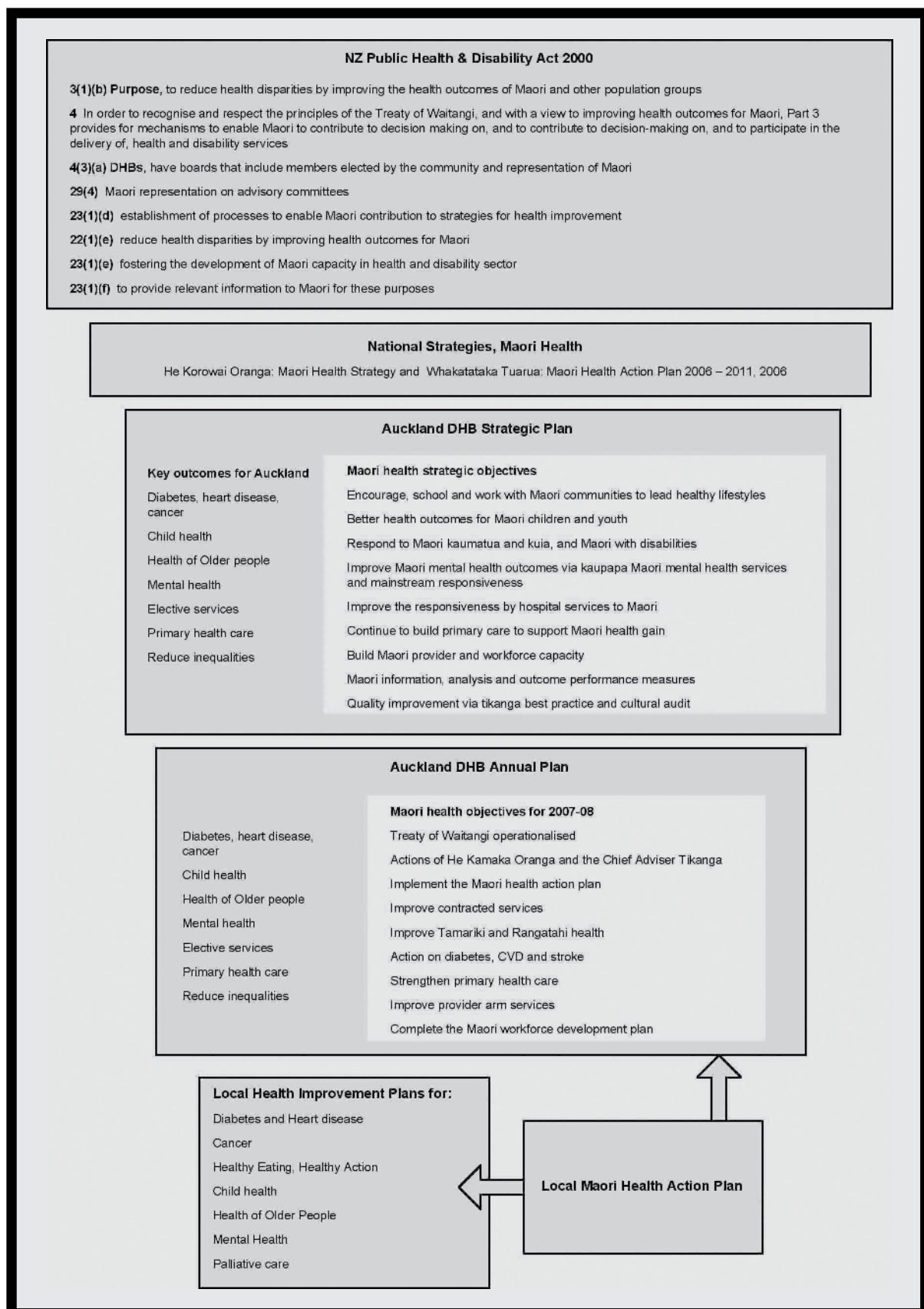
### **7. Conclusion**

The objective of the Auckland DHB Maori Health Plan is to consolidate progress that has already been made and then focus activities on planning 'a pathway forward'. It will not be an easy process given the objectives and strategies outlined are diverse.

This plan shows that the Auckland DHB is involved in a range of Maori health activities focussed on improving Maori health outcomes and services and reducing inequalities in health status between Maori and non-Maori. Maori health projects are centred on meeting the objectives of He Korowai Oranga and Whakatataka. The Maori health objectives outlined in this plan are key to future development of the Auckland DHB and the health services it purchases and provides for the Maori population within the region.



## Appendix 1: Legislation, Policy and Strategies



## **Appendix 2: Auckland DHB, Maori Health Advisory Committee, Terms of reference**

### **1. Establishment**

The Maori Health Advisory Committee is established by the Board of the Auckland District Health Board (“ADHB”) under clause 38 of Schedule 3 of the New Zealand Public Health and Disability Act 2000 (“Act”). The ADHB Board may amend the terms of reference for the Committee from time to time.

### **2. Functions of Committee**

The Maori Health Advisory Committee is intended to function as the key platform for the provision of quality advice to the ADHB Board in respect to all issues relating to Maori health and development. More specifically the areas of advice relate to:

- Meeting Treaty of Waitangi obligations
- Maori health strategy, planning, funding, service delivery, and quality
- Monitoring the operational performance of the ADHB as it relates to meeting Treaty of Waitangi, Tikanga Best Practice and Maori health gain objectives
- Supporting the ADHB to develop an appropriate level of ‘organisational responsiveness’ to the needs of Maori communities

### **Responsibilities**

To carry out its functions, the Committee will monitor and advise the ADHB Board on:

- Treaty of Waitangi obligations and risk
- The management of strategy, funding and planning, building and change programme, and provider arm operations as they relate to Maori health gain
- The management of Maori health activities

The Committee will review in detail all papers submitted to Community and Public Health Advisory Committee (CPHAC) papers and any Maori specific papers.



### **3. Relationship with Board and Management**

- (a) The Committee has a dual accountability to both Boards through its respective officers. The Committee's role is advisory only, and unless specifically delegated by the Board from time to time in accordance with clause 39(4) of Schedule 3 of the Act, no decision-making powers are delegated to the Committee.
- (b) The Committee shall receive all material and information for its review or consideration through the Chief Executive Officer of ADHB.
- (c) The Committee shall provide advice and make recommendations to the ADHB Board only, and is not authorised to give any directions or issue any instructions to ADHB officers or employees.

### **4. Membership**

- (a) The Committee shall comprise an even number of members to a maximum of eight members. An equal number of members will be appointed by each of the ADHB and Ngati Whatua Boards respectively.
- (b) Each Board will endeavour to appoint, as members of the Committee, persons who together will provide a balance of skills, experience, diversity and knowledge to enable the Committee to carry out its functions.
- (c) The ADHB and Ngati Whatua Boards will resolve to agree to the appointment of a mutually acceptable Chairperson.
- (d) A quorum will consist of three Committee members - to include at least one member from each respective Board.



## **5. Meeting Procedure**

- (a) The Committee shall meet at least quarterly and more frequently if required. Meetings shall be conducted in accordance with the Standing Orders of the ADHB.
- (b) The Chief Executive, General Manager of Maori Health, Chief Advisor Tikanga, and other senior executives as well as the Chief Executive of Tihi Ora MAPO and any Independent Advisors are not members of the Maori Health Advisory Committee. However, it is likely that frequent submissions will be received from them and their corresponding attendance at Maori Health Advisory Committee's meetings will be required. The Committee may invite other ADHB and Tihi MAPO officers and employees to attend as required.
- (c) Other Board members from the ADHB Board and Ngati Whatua Board who are not members of the Maori Health Advisory Committee may be requested to attend meetings by the Chairperson of the Maori Health Advisory Committee from time to time.



**Feedback received on Maori health during the 2002 and 2005 consultations on the District Strategic Plans**

- **Implement the Treaty of Waitangi**

Clear priority for Tangata Whenua; faster and easier systems for Maori to access funding; clarify how the putea is spent i.e. for manawhenua, kaupapa Maori services, and Maori in the mainstream; mainstream to develop relationships with manawhenua and work in partnership

- **Get the right approach for Maori**

Use a public health approach e.g. Ottawa Charter and Whare Tapa Wha; work across regional iwi on problems, also local authorities and other government agencies; spirituality is an important part of a culturally appropriate service; give responsibility to people for their health; prevention for long-term savings, especially breast feeding and sexual violence prevention; avoid a high-tech approach; build a stronger relationship with community e.g. Kaiwhakahaere to cater for specific Maori needs; involve volunteer sector, community organisations and NGOs

- **Transparent decision making**

Be transparent about decisions especially tradeoffs; some groups are vulnerable to cost cutting; be explicit about the decision-makers as well as the rationing process; equity to include gender, sexuality and socio economic status; partnership is key; community providers and community leaders want to participate in decision making





- **Public health and problem prevention**

Community development is key to health promotion; links between primary, secondary and tertiary health services re health promotion and prevention; Maori are best to work with violence and abuse in the Maori community; use existing links in the community e.g. Kaiwhakahaere for specific Maori needs; use groups like Sport Auckland and Te Hotu Manawa Maori to address priority areas; maybe the system could get tougher on people who are not helping themselves e.g. stop smoking

- **Improve mainstream services**

Specialist community nursing teams using expert knowledge to help providers; strengthen the Kai Atawhai role as integral part of the team; follow-up after discharge i.e. Kai mahi Maori workers; an empathetic service is aware of cultural and meets ethnic needs; Pakeha agencies to understand Maori perspectives re: working with whanau and challenging institutional racism; spiritual care results in better health outcomes, e.g. shorter length of stay; collaboration not competition between providers; continuity of care in maternity, district nursing and mental health services; put doctors in under-served areas; train GPs to deal with the increased role in psychiatry; more allied health and NGOs involvement in PHOs; resolve cross boundary issues with PHOs for Maori and Maori access to after hours primary care; cultural needs in palliative care

- **Develop the workforce**

Health workers need ADHB support; set up performance indicators for healthy workers; find out why Maori leave ADHB; value staff and support them more by training, mentoring, cultural supervision, succession planning; offer stability of employment and a culturally safe work environment; cultural competence and awareness of minority groups/safe practice to counter discrimination in the workforce; Treaty training and Maori values so services are appropriate for Maori; recruitment programmes to increase the Maori workforce; recruit Maori as health providers within their own communities; build the capacity of NGO sector, and Maori providers



- **Services for diabetes**

Culturally appropriate education and prevention for Maori; diabetes/diabetic retinopathy should be prioritised and community-based e.g. mobile eye-bus; more elective surgery for eye disorders; plan for an ageing population; don't just exhort us to keep fit and eat well

- **Mental health improvements**

Provide holistic care; Whare Tapa Wha is relevant for Maori mental health as opposed to 'Recovery'; direct services by wairua; mental health needs more facilities, better trained caregivers, and more beds; more cultural, ethnic and spiritual caregivers; consumer rights important; increase tangata whaiora and whanau participation in planning; early access to services including primary care and respite services; develop high quality culturally appropriate services for tangata whaiora and whanau; need a workforce highly competent in meeting the needs of tangata whaiora and whanau; establish a centre of excellence for Maori to drive quality improvement, innovation, research and evaluation; strengthen relationships between providers; get prevalence rates of mental disorders among Maori and measure service outcomes

- **Maori women's health**

Increase the uptake of screening programmes by Maori women; reduce unplanned pregnancies, family violence, domestic violence and child abuse; develop a strategy that manages reproductive health for Maori; include a gender analysis needs in each population and health service strategy; recognise the different and negative impacts on women and women's health

- **Children**

Good health begins during pregnancy and early infancy; requires good nutrition during pregnancy, quality pregnancy and birth care for mothers, postnatal care services and support after birth; help women to mother their infants and to breastfeed into the second year; register children with PHOs; respond to respiratory diseases like Bronchiectasis; educate children and young people in high risk areas e.g. smoking and nutrition; respond to sexual health issues, teen pregnancies, teen pregnancy unit



- **Maori men's health**

We need our men to live over fifty; obesity is a key issue; hospitals don't deal with big people very well; listen to our Kaumatua and look after them; reduce the high youth suicide rate for young Maori men

- **Research**

Studies on Maori must have money to action, and for prevention; use common sense approach to research acknowledging that the real work is done next to the patient; talk to families; research the Maori experience of oppression and therefore abuse/victimisation; record ethnicity data; involve service users in monitoring outcomes



## Health Needs Assessment Data

### The Auckland District

The following map outlines locations of the Maori population within the Auckland DHB region. The highest population density areas for Maori are in the high deprivation and low socio-economic suburbs of Glen Innes, Tamaki, Panmure and Otahuhu. Other concentrations of Maori population are in Mt Wellington, Penrose, Panmure, Orakei, Mt Roskill and the west Auckland suburb of Avondale.

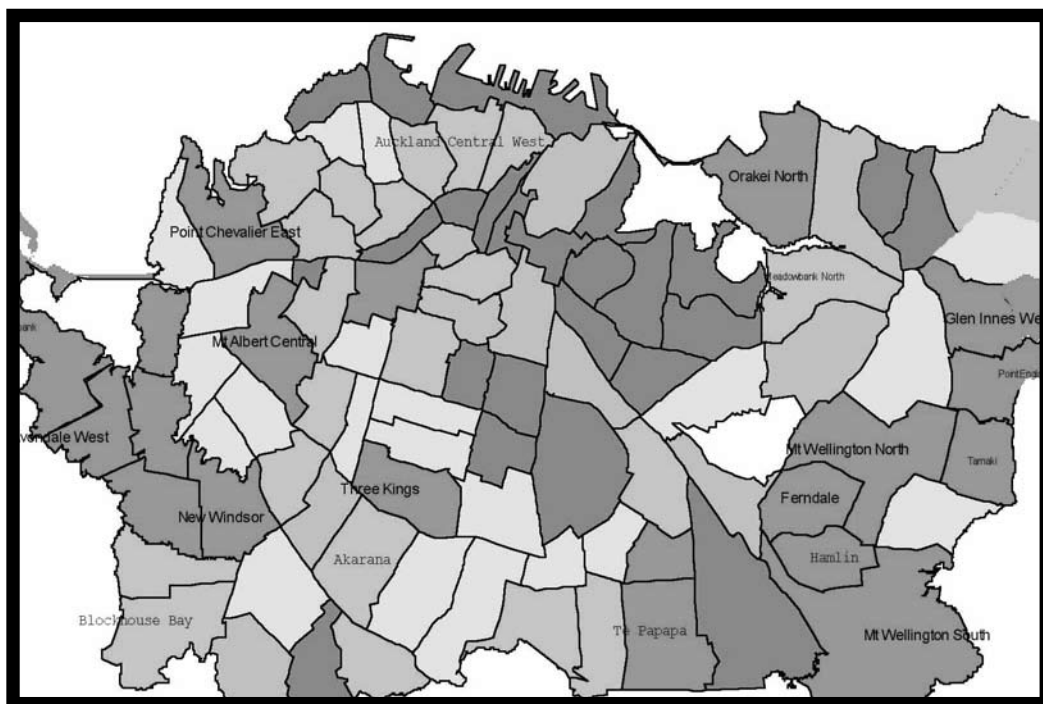


Figure 1, Map: The Auckland DHB Maori Population, Census 2006 (red colour = high density; green = low density)



### Maori Demographics

Approximately 28,000 Maori people live in the Auckland DHB region, which represents 7.1% of the total Auckland DHB population and more than fifty percent of Maori are under the age of 25 years. In addition, more than fifty percent of the Maori population live in the more deprived areas of the Auckland DHB region (deciles 8-10), compared to less than thirty percent of non-Maori. Table 1 shows the Auckland DHB resident population by age and ethnicity, census 2006.

	0-4	5-14	15-44	45-64	65+	Total
Maori	2817	5385	14196	4356	1134	27888
Pacific	5004	10086	20472	6795	2373	44730
Other	16875	32421	162639	72645	34404	318984
Total	24702	47892	197307	83796	37911	391602

*Table 1: Auckland DHB resident population by age and ethnicity, 2006*

More than 30% of Maori are in the 0-14 year age group, and over 50 percent are aged 25 years or younger. The median age of Maori people is 24.9 years, compared with 33.3 years for the total Auckland DHB population. Only 4% of Maori people in the Auckland DHB region are aged 65 and over, compared with 10.8% of the total Auckland DHB population. Figure 2 shows the different age structures of the Pakeha and Maori populations on the 2006 Census.



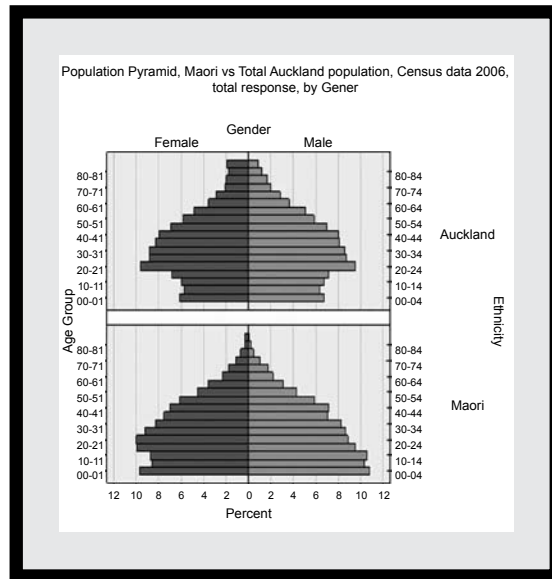


Figure 2: Auckland DHB Pakeha and Maori population structures, 2006

### Life Expectancy

There is considerable ethnic variation in life expectancy in the Auckland DHB region. Figure 3 shows that both Maori males and females had the lowest life expectancies of all ethnic groups. Maori die earlier than any other ethnic group at around (68.8 – 74.5) years for males and (73.1-78.2) years for females (life expectancy at birth). Maori life expectancy, year 2001/02 and year 2004/05 showed non significant decreases in the life expectancy for both males and females. This decline in life expectancy requires close follow up to monitor the on-going trend.



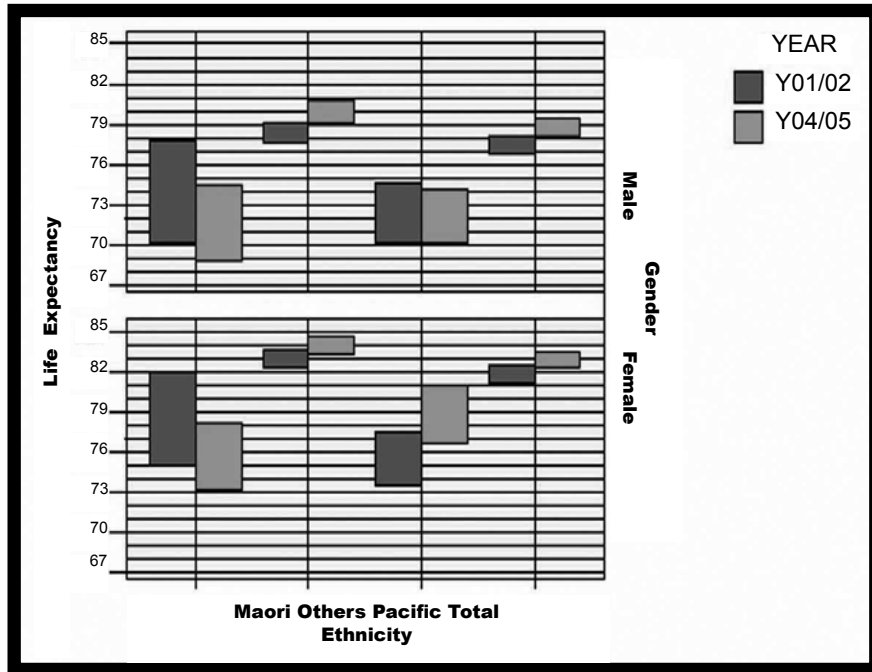


Figure 3: Life expectancy at birth in Auckland DHB by Ethnicity

Figure 4 show the life expectancy for Maori in Auckland DHB vs Maori in New Zealand as a whole. In year 2001/02 differences in life expectancy for both genders were significant. However, in year 2004/05 the differences for both genders were not significant.

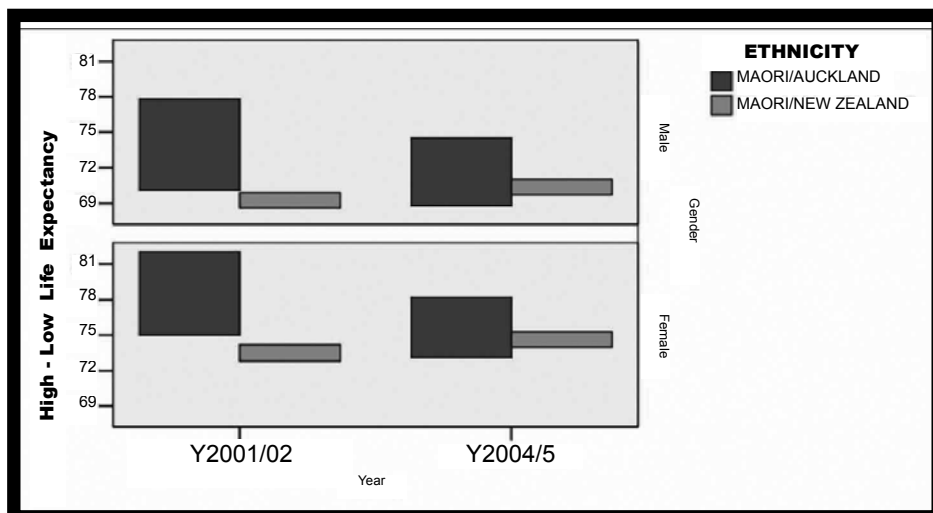


Figure 4: Life expectancy at birth in Maori Auckland DHB vs. Maori New Zealand.



## **Morbidity and Mortality**

Maori are over-represented in mortality and morbidity statistics. The most common causes of death are cancer, heart disease, circulatory system disorders, and respiratory disease. Many Maori become ill and die from conditions that are largely preventable through health sector interventions especially at the primary care level. The Auckland DHB recognises a major opportunity to improve the health status of the Maori population by reducing avoidable morbidity and mortality and addressing health issues such as heart disease, lung cancer and injury from motor vehicle accidents.

Major causes of death vary according to age group, with the major causes of death among young Maori aged 15-24 years being death from motor vehicle accidents, suicide and cancer. The leading causes of death among Maori aged 25-64 years are cancer, ischemic heart disease, circulatory system disorders, and chronic obstructive respiratory disease (CORD).

Older Maori adults (65yrs+) are fewer in number than among other ethnic groups, and they die from disorders such as cancer, ischemic heart disease, stroke and circulatory system disorders. The data suggests that Maori die at younger ages than non-Maori and have higher rates of disease than other ethnic groups.

Maori also die from diseases with modifiable causes. For instance, a large proportion of Maori die from smoking-related conditions and conditions related to diet and exercise. However, the underlying causes of death may be a combination of biological, environmental and social factors that require modification.

Maori in Auckland DHB region have higher overall mortality rates than other ethnic groups, but lower rates than Maori nationally. Table 2 shows all cause mortality rates by ethnicity for the Auckland DHB compared with the other DHBs in the Auckland region and with New Zealand as a whole.





	<b>Maori</b>	<b>Pacific</b>	<b>Other</b>	<b>Total</b>
<b>AUCKLAND DHB</b>	9	9	5	5.7
WDHB	10	10	5	5.4
CMDHB	11	8	5	6.1
NZ Total	11.2	9.1	5.9	6.3

*Table 2: All-cause mortality (Age-standardised rates per 1,000)*

High infant and perinatal mortality rates are key areas of concern to the Auckland DHB. This assessment of health need does not include analysis at the Census Area Unit (CAU) level, but it is expected that these deaths correlate strongly with low socio-economic status.

In general Maori are more likely to die earlier than any other population groups and are more likely to have suffered from preventable conditions than other populations. Complex social factors contribute to poor health status and the impact of such factors is particularly evident amongst Maori. This is not helped by the fact that more than 50 percent of the resident Maori population in the Auckland DHB region live in the most deprived decile areas compared with less than 30 percent for non-Maori.

### **Hospitalisation Rates**

Maori in Auckland DHB have higher total hospitalisation rates than other ethnic groups, but lower rates than Maori nationally. Table 3 shows all-cause hospital admission rates by ethnicity for Auckland DHB compared with the other DHBs in the Auckland region.

	<b>Maori</b>	<b>Pacific</b>	<b>Other</b>	<b>Total</b>
<b>AUCKLAND DHB</b>	<b>217</b>	<b>214</b>	<b>157</b>	<b>198</b>
WDHB	226	229	180	232
CMDHB	260	233	177	242

*Table 3: Total Hospitalisations (Age-standardised rates per 1,000)*



Around 22 percent of hospitalisations for Maori could be avoided through primary health care prevention. The types of conditions that could be addressed include:

- IHD
- Cellulitis
- COPD
- Asthma.

This is especially true for Maori children for whom almost sixty percent of hospital discharges appear to be for avoidable conditions.

### **Primary Health Organisations**

There are six Primary Health Organisation's (PHO) in the Auckland district with only one Maori-led PHO:

- Auckland PHO Limited
- AUCKPAC (Pacific-Led)
- ProCare Network Auckland
- Tamaki Healthcare Charitable Trust (Maori-Led)
- The Tongan Health Society Incorporated (Pacific-Led)
- Tikapa Moana PHO Trust



The following tables outline client ethnicity within all Auckland DHB PHO's.

<b>Sum of Enrolment count</b>	<b>Prioritised ethnicity grouped</b>				
<b>PHO name</b>	<b>Maori</b>	<b>Unspecified</b>	<b>Others</b>	<b>Pacific People</b>	<b>Grand Total</b>
Auckland PHO Limited	1,678	815	29,200	4,818	36,511
AuckPAC Health Trust Board	2,721	1,790	21,855	12,424	38,790
Procure Network Auckland Limited	12,768	22,426	244,229	27,596	307,019
Tamaki Healthcare Charitable Trust	6,420	406	26,686	11,374	44,886
Tongan Health Society Incorporated	14	10	102	5,038	5,164
Tikapa Moana PHO Trust	715	81	5,347	105	6,248
Grand Total	24,316	25,528	327,419	61,355	438,618

*Table 4: Number of clients enrolled within an Auckland District PHO by Ethnicity.*

<b>Sum of Enrolment count</b>	<b>Prioritised ethnicity grouped</b>				
<b>PHO name</b>	<b>Maori</b>	<b>Unspecified</b>	<b>Others</b>	<b>Pacific People</b>	<b>Grand Total</b>
Auckland PHO Limited	4.60%	2.23%	79.98%	13.20%	100.00%
AuckPAC Health Trust Board	7.01%	4.61%	56.34%	32.03%	100.00%
Procure Network Auckland Limited	4.16%	7.30%	79.55%	8.99%	100.00%
Tamaki Healthcare Charitable Trust	14.30%	0.90%	59.45%	25.34%	100.00%
Tongan Health Society Incorporated	0.27%	0.19%	1.98%	97.56%	100.00%
Tikapa Moana PHO Trust	11.44%	1.30%	85.58%	1.68%	100.00%

*Table 5: Percentage of clients enrolled within an Auckland District PHO by Ethnicity.*



## Appendix 4: Maori Health Action Plan – Auckland DHB Maori Health Objectives

The following table identifies the objectives outlined in the Ministry of Health's *Whakatataka Tuarua: Maori Health Action Plan 2006 – 2011*<sup>11</sup>. The Action Plan provides a framework to inform DHB activity relating to Maori health. Auckland DHB objectives as outlined in its District Strategic Plan (DSP) 2006 – 2010<sup>12</sup> and the draft District Annual Plan (DAP) for the 2007/2008 year are also identified in the table below.

<sup>11</sup> Minister of Health & Associate Minister of Health. (2006). *Whakatataka Tuarua: Maori Health Action Plan 2006 – 2011*. Wellington: Ministry of Health.  
<sup>12</sup> Auckland DHB (2006). *Health Improvement Plan 2006 to 2010: ADHB District Strategic Plan to 2010*.

Whakatataka 2 Goals		Whakatataka 2 Objectives	ADHB DSP 2006 – 2010	Draft 2007/2008 DAP
<b>The Pathway Ahead – Implementing Whakatataka</b> <b>Te Ara Whakahaere: Implementing Whakatataka</b>		Building quality data	<ul style="list-style-type: none"> <li>Auckland DHB to assist and advocate for improved Maori ethnicity data collection at all levels across Auckland DHB including PHOs.</li> <li>Improve analytical reports on Maori utilisation and health status</li> <li>Provide input into the development of a Maori needs analysis as part of a wider Auckland DHB needs assessment</li> <li>Develop clinical indicators, outcome, cultural and other measures that provide a more accurate picture of Maori health status in Auckland DHB</li> <li>Improve Maori workforce development information</li> </ul>	
		Monitoring progress in Maori health	<ul style="list-style-type: none"> <li>Develop and implement meaningful Maori mental health outcome measures</li> <li>Research, monitor and evaluate effectiveness and performance of mainstream services in contributing to Maori health gain</li> </ul>	<ul style="list-style-type: none"> <li>Improve the performance of contracted services</li> <li>Strengthen relationships between Maori Health and health service providers to improve Maori health with Maori mental health as a priority</li> <li>Review the impact of PREDICT on future service use and secondary/tertiary services and impact on Maori health</li> </ul>
		Monitoring investment in Maori health	<ul style="list-style-type: none"> <li>Increase the financial investment of Maori health provider health and disability services above future funding track</li> <li>Works with the Ministry of Health to secure early intervention initiatives funded from the mental health underspend. These will be evidence-based responses to meet the needs of local Maori with mild to moderate mental health and drug and alcohol problems</li> </ul>	<ul style="list-style-type: none"> <li>Increase the analysis of the Auckland DHB spend on Maori health and develop a Maori health funding strategy</li> <li>Increase funding targets for Maori health and disability initiatives within current Maori health expenditure by 7% in total compared to previous year</li> </ul>
		Implementing the strategic research agenda for He Korowai Oranga		<ul style="list-style-type: none"> <li>Establish a regional clearing house of research and information on Maori mental health and additions to collate and analyse data and information, to inform ongoing service development, continuous quality improvement, planning and workforce development</li> <li>Build research and development capacity and capability in ADHB Maori mental health services to develop a body of evidence that identifies trends and contributes to published research on Maori mental health</li> <li>Investigate the establishment of a Centre of Excellence to provide research and development capacity for Maori mental health and addiction providers</li> </ul>



Te Ara Tūtahi: Development of Whānau, hapu, iwi and Maori communities	Fostering Maori community development		Lead a celebration of Maori achievement
	Building on Maori models of health		<ul style="list-style-type: none"> <li>Respond to the need Maori with a mental illness may have for traditional healing practises in addition to care provided by GPs</li> </ul>
	Increasing Maori participation in decision-making	<ul style="list-style-type: none"> <li>Work in partnership in accordance with the Memorandum of Understanding with Te Runanga O Ngati Whātua and its health operational arm Tihi Ora MaPO</li> <li>Ensure this health partnership provides active protection of Maori interests in health planning and funding and proactively identifies joint strategies for improving the health of Maori</li> <li>Strengthen the other mechanisms established to fulfil Treaty responsibilities: the Auckland DHB Maori Health Advisory Committee (MHAC), the Chief Advisor Tikanga and the role of He Kamaka Oranga in overseeing Maori health</li> <li>Auckland DHB will involve iwi Maori in its decision making processes around planning, funding, review and monitoring of health and disability services through the Funding Management Committee and other mechanisms</li> <li>Implement the principles of partnership, participation and protection embodied in the Treaty of Waitangi across all areas of Auckland DHB activity</li> <li>Maori health gain is prioritised in planning and funding activities, appropriate resource allocation, through kaupapa Maori services and approaches, Maori-led initiatives, and mainstream performance</li> <li>Iwi Maori participation in delivering health and disability services to all, particularly to Maori</li> </ul>	<ul style="list-style-type: none"> <li>References in draft DAP to He Kamaka Oranga, MHAC and Tihi Ora MaPO involvement in decision making</li> <li>Auckland DHB will monitor PHO contracts to ensure good governance and adequate consultation [sic] around issues affecting communities, particularly Maori and Pacific</li> </ul>
	Increasing Maori provider capacity and capacity	<ul style="list-style-type: none"> <li>Develop and support Maori health provider capacity and capability through the Maori Provider Development Scheme, and address the identified gaps in health and disability service provision for Maori health providers</li> <li>Work with Maori health providers, Maori communities and other stakeholders to continue the further development of the Maori-led PHO including potential regional arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Support Maori providers to develop and be sustainable through the implementing and monitoring the Maori Provider development Scheme</li> <li>Strengthen primary care</li> <li>Scope work required for Whānau Ora centres – Te Rito o Rongo</li> <li>Increase the ability of Maori providers to deliver effective mental health and addiction services for tangata whāiora and their whānau</li> <li>Work with primary care/NGOs to develop and implement cultural focussed programmes that contribute to recovery.</li> <li>Increase the capacity and capability of Maori providers to deliver effective mental health and addiction services for tangata whāiora and their whānau</li> </ul>
	Providing highest quality service	<ul style="list-style-type: none"> <li>Support Maori health providers to adopt and implement an appropriate quality framework to improve standards and performance of their health and disability services</li> </ul>	Nil



	Developing the Maori health and disability workforce	<ul style="list-style-type: none"> <li>• Develop and implement an Auckland DHB Maori health workforce development strategy</li> <li>• Ensure equitable access of Maori health professionals to clinical training agency funded programmes</li> <li>• Work with the primary care sector to further develop Maori leadership (especially clinical) and innovation at a practice level as well as Maori workforce development initiatives to recruit and retain Maori in primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Complete the Maori workforce development plan</li> <li>• Complete the Auckland DHB Maori workforce development plan and evaluate progress on achieving the objectives for the provider arm, NGOs, mainstream and Maori providers</li> <li>• Work with the northern DHBs to develop a regional Maori workforce strategy</li> <li>• Implement the regional Maori workforce development plan, Kia Tupu, Ka Puawai</li> <li>• Research the workforce requirements for Maori services and the role of non-Maori in Maori mental health services including training and support needs</li> <li>• Support the ongoing need for the Therapy Workforce Development Programme (for Maori and Pacific Physiotherapists and Occupational Therapists) in partnership with the other Auckland DHBs, AUT and the Ministry of Health</li> </ul>
--	--	---	--

<sup>13</sup> Also appears in the "Workforce Development and Training" section of the draft DAP.

<sup>14</sup> Also appears in the "Workforce Development and Training" section of the draft DAP.

**Te Ara Tuatoru:  
Effective health and disability services**

Effective health and disability services	Addressing health inequalities for Maori	<ul style="list-style-type: none"> <li>• Develop new Maori primary health care services in the most deprived areas within Auckland DHB including Panmure, Mt Roskill and Avondale which are attuned to Maori and to the needs of Maori communities</li> <li>• Develop and implement a strategy that will ensure that all Maori in ADHB will be enrolled with a PHO</li> <li>• Actively participate in the development of a strategy for older people identifying the needs and services required by kaumatua and kula and their associated Maori communities</li> <li>• Address key issues identified around inequitable access to elective cardiac procedures for Maori and identify and resolve other services where inequalities exist</li> <li>• Actively participate in the development of a diabetes and cardiovascular health improvement plan</li> <li>• Promote and encourage all Maori to access screening programmes, diabetes get checked, chronic disease management and other health and disability programmes and services</li> <li>• Use a range of appropriate health promotion strategies and information to raise awareness around the benefits of healthy lifestyle choices such as diet, regular exercise, non-smoking, non-violence, injury prevention, and reducing alcohol and drug use</li> <li>• Ensure that all Maori tamariki in Auckland DHB are enrolled with a doctor or a PHO</li> <li>• Lead and provide input into a comprehensive Auckland DHB child health improvement plan aimed at improving Maori vaccination rates, hearing screening, reducing caries rates, injuries, asthma rates, skin sepsis and cellulites</li> <li>• Lead and drive with Maori rangatahi in Auckland DHB, a health wellness strategy focused on improving sexual health, reducing teenage pregnancy, minimising risky behaviours including alcohol and drug use</li> <li>• Work with Maori parents to promote healthy lifestyles for whanau especially around healthy pregnancy, breastfeeding, nutrition, exercise, non-smoking and preventative care</li> </ul>	<ul style="list-style-type: none"> <li>• Apply the national equity tool (HEAT) to ensure better outcomes for Maori</li> <li>• Ensure Maori participation through the development and implementation of the Oral Health Strategy</li> <li>• Develop a family violence prevention programme – Ho Hou Rongo; align this work with the objectives in the Child Health Improvement Plan</li> <li>• Contribute to the development of a rangatahi Maori health improvement plan</li> <li>• Implement Maori specific actions in the CVD/diabetes plan, especially develop a Maori cardiac rehabilitation initiative and Healthy Lifestyle Planners (Ahua Ora) programme</li> <li>• Work with Public Health experts to develop joint programmes and initiatives to improve nutrition, increase physical activity, and reduce smoking and obesity rates</li> <li>• Review contracts due to expire in 2007-08 to ensure service specifications address Maori health need</li> <li>• Explore options for extending home-based acute day respite for Maori and Pacific communities, and develop 'foster family' based respite care</li> <li>• Expand and develop kaupapa Maori mental health and addiction services to ensure that tangata whaiora have a greater choice of services</li> <li>• Strengthen the focus on reducing disparities, specifically Maori health gain with health improvement priorities for Maori agreed</li> <li>• Undertake programmes that will reduce the high rate of avoidable admissions for Maori and Pacific peoples</li> </ul>
Improving mainstream effectiveness		<ul style="list-style-type: none"> <li>• Develop ongoing strategies for training and development for Auckland DHB staff on tikanga best practice</li> <li>• Cultural audit of Auckland DHB LabPlus and mortuary services and prioritisation of two additional service audits within this period</li> <li>• Re-develop the Whatua Kaimarie Maori Mental Health site to provide a centre of excellence for Kaupapa Maori mental health services</li> <li>• Develop and implement a Maori provider arm plan which focuses on improving access to secondary and tertiary services, reducing did not attend rates, quality and discharge planning</li> </ul>	<ul style="list-style-type: none"> <li>• Improve provider arm services</li> <li>• Review pathways of care to improve access to services</li> <li>• Ongoing development of clinically and culturally responsive services to Maori</li> <li>• Focus on relationships, partnership and quality services where there are common goals, for example, Pacific services</li> <li>• Improve access and the responsiveness of services to Maori with mental health problems</li> <li>• Maori mental health initiative to get kula assistance that will the service [sic]</li> </ul>



Te Ara Tuawhā: Working across sectors		<ul style="list-style-type: none"> <li>Reorient health services to better meet the needs of Maori and reflect an explicit focus on reducing healthcare inequalities</li> <li>Develop and implement a new whanau accommodation service at Auckland City Hospital site</li> <li>Implement the Tikanga Recommended Best Practice Policy across Auckland DHB, and other training initiatives which support the use of Te Reo and tikanga as a clinical competency and encourages the correct pronunciation of Maori</li> <li>Implement Maori service specifications, indicators with Maori health outcomes, and cultural competencies for inclusion in all service contracts</li> <li>Better co-ordinate access to and integration between primary, secondary, tertiary and ambulatory services for Maori (e.g. through the Whare Oranga initiative and Whanau Atawhai service)</li> <li>Integrate clinical with Maori models of health and wellbeing and service approaches within mainstream services</li> </ul>	<ul style="list-style-type: none"> <li>Implement the Maori health action plan</li> <li>Promote the vision in the Maori health plan: wellness, accessibility, coordinated care, improved health</li> <li>Review the implementation of the Maori health plan and evaluate outcomes</li> <li>Work with PHOs to agree their Maori Health Plans</li> <li>Monitor and support PHOs to achieve their objectives for Maori health</li> <li>Implement the Whanau Oranga Hinengaro Maori Mental Health Plan</li> </ul>
	Maori health plans	<ul style="list-style-type: none"> <li>Ensure that all PHOs have a meaningful Maori Health plan that lifts the health status of their Maori enrolled patients and communities and that provides culturally effective primary care services to Maori</li> <li>Develop and implement an Auckland DHB mental health strategic plan, i.e. Te Pou O te Tahuhu, ensuring links with local, regional and national documents</li> </ul>	
	Removing barriers and promoting participation of Maori who have a disability	<ul style="list-style-type: none"> <li>Improve access to effective and culturally appropriate assessments and services for Maori with a disability</li> </ul>	Nii
	Encouraging initiatives with other sectors that positively affect whanau ora	Work with other sector agencies, organisations and providers to provide a co-ordinated and co-operative approach to improving Maori child, youth and whanau health outcomes (police; health sector; whaiaora)	<ul style="list-style-type: none"> <li>Identify links and develop collaborative initiatives between ADHB provider Maori Mental Health Services and PHOs</li> </ul>



## REFERENCES

Auckland DHB, He Kamaka Oranga Maori Health Plan (1995-96)

Bramley, D, Riddell, T, Crengle, S, 2004. A call to action on Maori cardiovascular health. NZMJ 117(1197).

Inequalities project team, Te Ropu Rangahau Hauora a Eru Pomare. 2003. Tackling Inequalities: Moving theory to action. Material for DHBs. Wellington School of Medicine and Health Sciences. University of Otago.

Ministry of Health, 2002 He Korowai Oranga – Maori Health Strategy. Wellington: Ministry of Health.

Ministry of Health, 2002, Reducing Inequalities in Health. Wellington: Ministry of Health

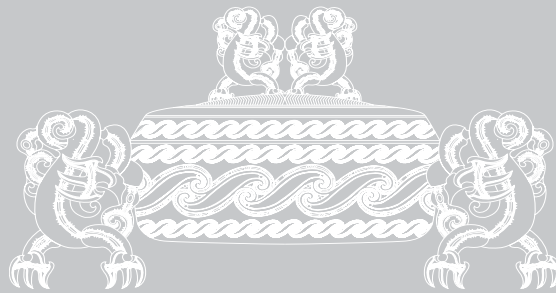
Minister of Health and Associate Minister of Health. 2006. Whakatataka Tuarua: Maori Health Action Plan 2006 – 2011. Wellington: Ministry of Health.

Ministry of Health. 2007. Whanau Ora Health Impact Assessment. Wellington: Ministry of Health

Robson, B. and Reid, P. Te Ropu Rangahau Hauora a Eru Pomare. 2001. Ethnicity matters. Wellington School of Medicine and Health Sciences. University of Otago.

Te Ropu Rangahau Hauora a Eru Pomare. 2002. Mana Whakamarama- Equal Explanatory Power: Maori and Non-Maori sample size in national health surveys. Wellington School of Medicine and Health Sciences. University of Otago.





**He Kamaka Oranga, Building 10, Ground Floor, Greenlane Clinical Centre**

**Private Bag 92189, Greenlane 1003, Auckland, New Zealand**

**Ph: +64 9 630 9943, Fax: +64 9 630 9764**