

He tuhinga hukihuki

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Northern Region DHBs

# Draft Northern Region Framework for COVID-19 Vaccine Response for Maaori

## **Draft for consultation and feedback**

## **DRAFT Northern Region Framework for COVID-19 Vaccine Response for Maaori**

### **Background**

This document was developed from a hui held on 17 February 2021. The purpose of this hui was to co-design a framework for engaging with iwi and mana whenua to roll-out the COVID-19 vaccine for Maaori across the region. The hui was co-facilitated by Sharlaine Chee, Ministry of Health, and Sharon McCook, Maaori lead for the Incident Management Team responsible for the COVID-19 vaccine roll-out. The hui had representatives from Northland District Health Board (DHB), Auckland DHB, Waitematā DHB, Counties Manukau Health, and mana whenua i Tamaki Makaurau.

It is expected that mana whenua and iwi will be engaged, as per this co-design framework, in all of the critical functions of the vaccine implementation plan. This includes, but is not limited to, the associated model(s) of care. This engagement should enhance and augment existing functions to ensure Maaori health gain as well as supporting the creation of new options for whaanau Maaori.

This framework is in the process of being co-designed with iwi and mana whenua partners of our respective DHBs, and we will change the framework based on feedback from iwi and mana whenua

This framework recognises there is regional variation in partnerships between iwi and mana whenua and DHB and differences in the ways each DHB engages with Maaori providers in the community. The intent is for the framework to support and reinforce this regional variation. This framework exists to ensure that Maaori are at the centre of this response – mana whenua and iwi uphold the mana of their own roopu but importantly the mana within their rohe.

### **Purpose**

The purpose of this regional framework is to:

1. Ensure that whaanau Maaori, mana whenua and iwi are at the centre of this response
2. Enable, support, and reinforce regional variations in partnership and working with respective iwi/mana whenua
3. Engage our respective iwi to co-design and to give continuous feedback to the Incident Management Team
4. Give options and establish long-term health gains and benefits for whaanau, beyond the first round of vaccinations

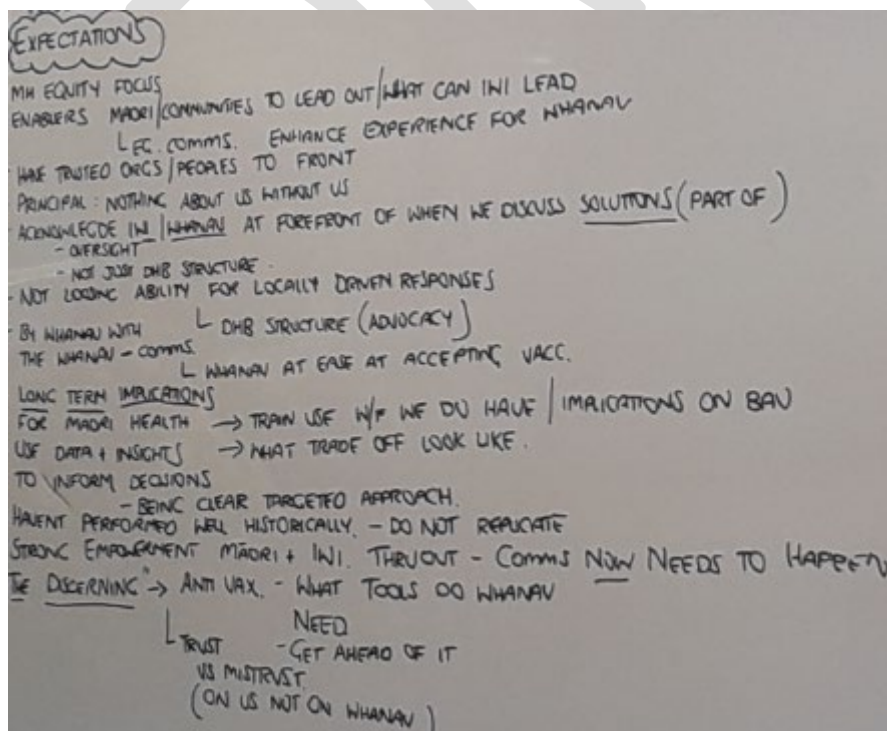
5. Ensure that the four DHBs in the Northern Region are working together

The framework is applicable across all of the “groups”. Group1: Protect our Borders, Group 2 and onwards: “Protect our Community’. The framework also contains some details on what the immediate application looks like for some of the pressing priorities.

## 1.0 Expectations

The expectations from a regional framework are that it will:

- Focus on equity for Maaori.
- Have the potential to enhance models of care.
- Ensure that this framework stipulates that iwi and Maaori providers are at the forefront of the response.
- Remind us that what we do now has long-term implications for the Maaori health sector and the wider Maaori community.



"A regional coordination centre needs to [adhere] to the underlying principle - nothing about us, without us - and I'm talking about whaanau Maaori, not just DHB Maaori."

## **2.0 Strategic dependencies, context and considerations**

### **2.1 Whaanau Maaori at the centre of the response**

It is important that whaanau Maaori are at the forefront of the response, being updated on what is happening in real time. They need to have a seat at the table when we discuss solutions.

### **2.2 Empowerment of iwi**

There are opportunities for iwi to lead non-clinical pieces of work e.g., communication. “Should be the iwi deciding on the kupu.”

### **2.3 Being mindful of trade-offs for Maaori providers**

We need to better understand the trade-offs of utilising our Maaori provider workforce for vaccinations and pulling them away from providing BAU services to Maaori communities. We need to be mindful not to ask Maaori providers to do both vaccinations and provide BAU services at the same time. On the other hand, we need to understand the benefits beyond the opportunity cost – Maaori providers leading the response for whaanau Maaori and determining how to best do that.

### **2.4 Working to gain trust**

The narrative around ‘vaccine consideration’ is important. Stigma needs to be removed from informed decliners, and we need to be mindful that informed decision-making also includes not taking up the vaccine. Maaori who are hesitant to receive the vaccine should be referred to as ‘discerning’, not “anti-vaxxer”. This is important because this term recognises that these people need to be treated with respect through providing them with sufficient and relevant information. “Tell me what’s in this before I put it in my arm.” “We need to treat discerning Maaori...as people with a proper developed point-of-view, not just a dumb Maaori that's just following the crowd.”

“We have organisations that haven’t been trustworthy. So how do we become trustworthy in this approach...and that’s on us, not on whaanau.”

### **2.5 Data-led decision making**

We need to use data and insights to inform our decisions. We map our population and need with the service delivery model (e.g., target areas based on the numbers of Kaumatua 90+ years in the community). There are additional data considerations relevant to whaanau Maaori such as coverage

metrics. These include rates for Maaori, number of informed decliners, experience surveys and evaluation data.

## **2.6 Learning from our past**

While there are some areas where the region has performed well in the immunisation space, we recognise that there has been a consistent equity gap for Maaori and that it will be important to learn from work in the past. This is especially important in regards to informed decliners. While adult vaccination delivery and management is not a systematic process, childhood vaccination delivery and management is. Perhaps deep dives into childhood vaccination could act as the basis for a shared, systematic, learning process.

## **3.0 Principles and assumptions**

### **1. Tiriti-based**

### **2. Legacy**

### **3. Easy and options**

- a. Making it easy for whaanau to get the information, to get the vaccination, to remove the barriers for Maaori. Accessible, culturally safe, responsive. We create and offer options systematically for whaanau

### **4. Accountability**

- a. We will proactively identify the points for participation in the planning and decision-making of the response
- b. Does the CIMS structure hold the accountability for the vaccine rollout when Maaori / iwi have influence? We need action in times of need. That will help influence monitoring and reporting.

### **5. Community development approach**

- a. Expect the model will be inclusive of Kaimanaaki and Maaori workforce, so need to have a community approach. Need to make sure the Maaori workforce have all the right information so they can answer questions properly. Leverage the power of the leaders in the community.

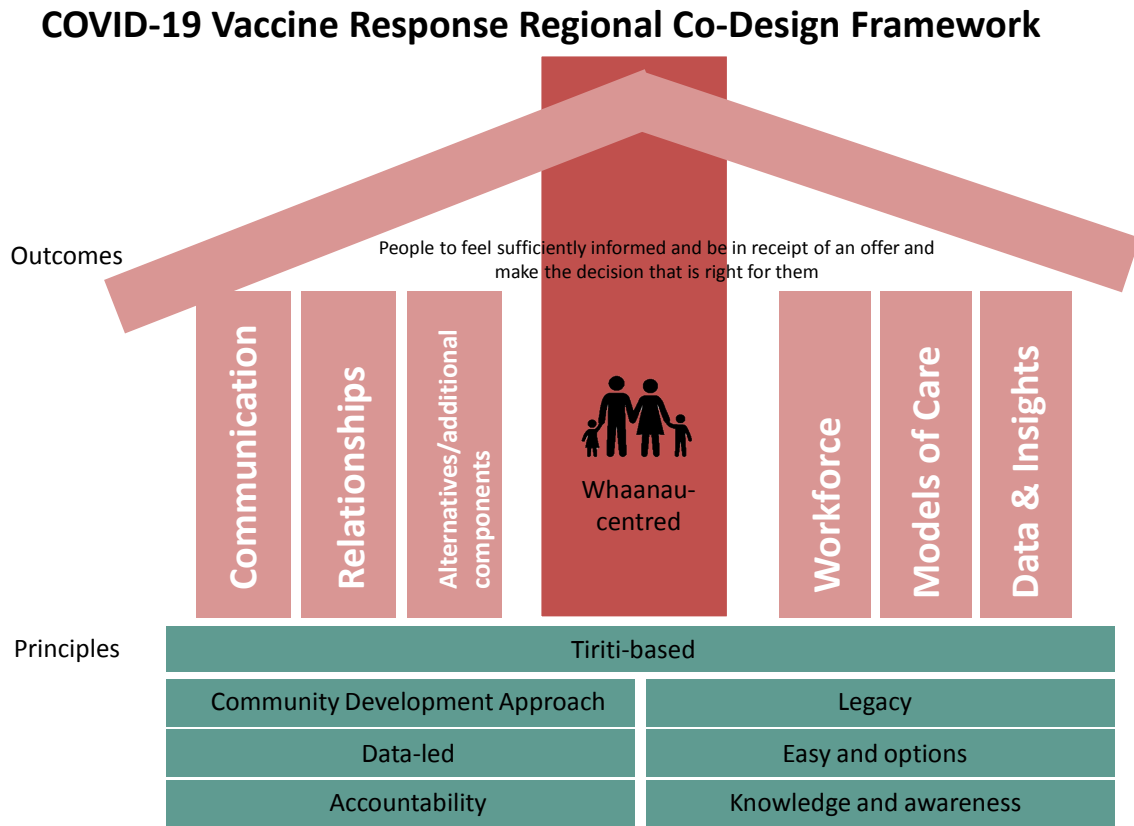
### **6. Data-led**

### **7. Knowledge and awareness**

- a. Whaanau are well informed about the vaccine
- b. Whaanau Maaori should be able to choose which pathway they choose (mainstream or Maaori)

#### 4.0 DRAFT Regional framework

The korero identified six framework pillars and three outcomes. These are outlined in Figure 1.



**Figure 1. Pillars of the framework**

We partner and co-design to ensure mana motuhake for whaanau and equitable access for whaanau Maori.

## Regional framework for COVID-19 vaccine roll-out for Maaori

Pillar	Impact	How will this be demonstrated?
<b>Communications</b>	<ul style="list-style-type: none"> <li>• Key messages are important, but so are the messengers and the channels used to deliver them.</li> <li>• It is important to remember that one size doesn't fit all.</li> <li>• Messages need to be repeated across different media.</li> </ul>	<ul style="list-style-type: none"> <li>• Stories and real success scenarios for Maaori e.g., UK nurse</li> <li>• Health promotion and information evenings are valuable.</li> <li>• Iwi-led comms</li> </ul>
<b>Relationships</b>	<ul style="list-style-type: none"> <li>• Relationships are key at both a system level and also at an individual patient and whaanau delivery level.</li> </ul>	<ul style="list-style-type: none"> <li>• Need a relationship map between DHBs, NRHCC, iwi, providers and communities so that everybody is aligned and giving consistent messages.</li> </ul>
<b>Alternatives and additional components</b>	<ul style="list-style-type: none"> <li>• This includes resources, logistics and IT</li> </ul>	<ul style="list-style-type: none"> <li>• Use of appropriate IT solutions to ensure 'support to service' options are created for whaanau</li> <li>• Creation of dashboard(s) to facilitate sharing of existing data</li> </ul>

Pillar	Impact	How will this be demonstrated?
<b>Workforce</b>	<ul style="list-style-type: none"> <li>Utilise Maaori workforce, being cognisant that the workforce we use now will have long term impacts.</li> </ul>	<ul style="list-style-type: none"> <li>Need to undertake a stocktake of current capacity and capability, including requirements for training and looking at alternative workforces.</li> <li>Progressing national conversation regarding a non-clinical vaccination workforce, in response to requests from iwi</li> </ul>
<b>Model of Care</b>	<ul style="list-style-type: none"> <li>Different delivery modes need to be available</li> <li>Informed by data to be fit-for-purpose.</li> </ul>	<ul style="list-style-type: none"> <li>Use of kaimanaaki and enabling workforce, beyond just the regulated workforce</li> <li>Tapping into the talent in whaanau Maaori for communications and also for information sharing</li> <li>Demonstration of manaaki as part of vaccine event components</li> </ul>
<b>Data and insights</b>	<ul style="list-style-type: none"> <li>Be data-driven in our approach to mode of delivery and areas to focus on, based on population need (population profile).</li> <li>Monitoring, reporting, and evaluation with clear accountabilities.</li> </ul>	<ul style="list-style-type: none"> <li>Need to pull out learnings from previous vaccination campaigns.</li> <li>A Dashboard with real time data could be shared with iwi and the community</li> <li>Development and implementation of monitoring and evaluation framework</li> </ul>

The three outcomes were as follows:

1. Tiriti-based
2. Manaaki
3. Patient experience

It is important that the outcomes are measurable so that we can track progress against them.



## Appendix 1. Specific implementation challenges

The minimum expectations are:

- a. Ease of access (beyond just removing the barriers)
- b. Can't be a one size fits all. If there's a hub approach, there needs to be a spoke approach to support whaanau (manaaki) and ensure uptake
- c. Transparency of the hard constraints so that everyone is clear about what those are.
- d. Safety – prepare for protestors who will gather around hubs and on social media, to ensure the safety of people coming to get the vaccines.

### Tier 1 roll-out

Design of the vaccination form only includes room for three household members, which will not work for many Maaori. Similarly, the Booking system needs review.

There is a lot of mahi to be done before the vaccination event. Education is needed around the vaccinations and that it is an annual vaccination programme.

"...have trusted organisations and individuals fronting this to certain communities, especially where there is deep mistrust of the system."

Can use the time that people are waiting after their vaccinations as an opportunity to educate and do broader public health promotion / health education.

### Tier 2 roll-out

Some of the household members of Tier 1 frontline workers will have difficult travelling to get a vaccine. This is where we need the data to inform the approach.

### Other

The regional Maaori coordination may be a good place to prototype monitoring and reporting models, to scale up in individual DHBs.

There is a need to disaggregate the pathway to put a critical lens on each step, to ask how it will work for Maaori.