

ARAMOHO HEALTH CENTRE Māori Health Plan 2021 - 2024

Aramoho Health Centre (AHC) is committed to the principles of Te Tiriti o Waitangi/Treaty of Waitangi as articulated by the Waitangi Tribunal (*Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry, 2019*).

- ☞ **Tino rangatiratanga**
- ☞ **Equity**
- ☞ **Active Protection**
- ☞ **Options**
- ☞ **Partnership**

Purpose

The purpose of this plan is to target and achieve Māori health equity and improve health outcomes for AHC enrolled Māori patients. It is acknowledged that AHC cannot achieve this on its own, and that developing relationships and increasing our partnerships with iwi, hapū, whānau, Māori community and other organisations is essential.

AHC will express its commitment to equitable Māori health outcomes through:

- ☞ **Making Māori health equity a strategic priority**
- ☞ **Developing internal capabilities, structures and processes to support health equity for Māori**
- ☞ **Developing specific improvement goals to address Māori health care service inequities**
- ☞ **Decreasing institutional racism and reducing implicit bias in policies, processes and patient care**
- ☞ **Developing partnerships with Māori and community organisations**

Definitions

Equity

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes (Ministry of Health, March 2019).

Health Literacy

Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions (Korero Marama, 2010).

Demographic Context

Aramoho Health Centre currently has a total enrolled Māori population of 1794 (November 2020)

BREAKDOWN OF AHC MĀORI POPULATION							
Female							
Age	0-4	5-14	15-24	25-44	45-64	65+	Total
Māori	82	206	133	223	209	96	949
Other	248	560	538	1081	1574	1568	5569
% Māori	25%	27%	20%	17%	12%	6%	14.6%
Male							
Age	0-4	5-14	15-24	25-44	45-64	64+	Total
Māori	102	228	125	175	150	65	845
Other	228	572	503	988	1307	1202	4809
% Māori	31%	29%	20%	15%	10%	5%	14.9%
Total percentage of enrolled Māori in Practice						14.7%	

From the 2018 census, 17,697 people identifying in the Māori ethnic group (26.3%) live in the Whanganui DHB district. District-wide, Māori make up 43% of children (0-15yrs) and 41% of young adults (15-24yrs).

Health Equity Context

- ☞ In New Zealand, inequalities between Māori and non- Māori are the most consistent and compelling inequities in health. The burden of health loss falls on Māori across the life-course, in terms of poor health, disability and premature death.
- ☞ Differences in the social, economic and behavioural determinants of health and wellbeing, differential access to health care and differences in the quality of care in health outcomes for Māori contribute to this inequity (Whakamaua: Māori Health Action Plan 2020-2025).

Plan

AHC will continue its commitment of working towards Pae Ora, the aim of He Korowai Oranga 2015.



1. Make Māori health equity a strategic priority

	Activities	Success measures
1.1 BOARD COMMITMENT	<ul style="list-style-type: none"> ▶ Board of directors statement of commitment to health equity ▶ Māori Health Plan developed, approved and monitored ▶ Health equity included as standing item on board of directors agenda 	<ul style="list-style-type: none"> ▶ Statement approved ▶ Māori Health Plan approved ▶ Health equity item included on board agendas
1.2 RESOURCING	<ul style="list-style-type: none"> ▶ Seek sustainable funding sources 	<ul style="list-style-type: none"> ▶ AHC annual budget includes specific provision for Māori Health equity activities ▶ SIA funding requirements met and funding received ▶ Specific funding for projects found
	<ul style="list-style-type: none"> ▶ Regularly audit SIA funding to ensure >60% is being used to support Māori health equity activities 	<ul style="list-style-type: none"> ▶ Audit findings confirm > 60% SIA funding is used to support Māori health equity measures

2. Develop internal capabilities, structures and processes to support health equity for Māori

2.1 DATA COLLECTION AND ANALYSIS	<ul style="list-style-type: none"> ▶ Use PMS to record ethnicity coding as per policy ▶ Conduct a MOH Ethnicity data collection audit 	<ul style="list-style-type: none"> ▶ Registers are reviewed monthly ▶ Ethnicity data collection audit completed and corrective actions taken
	<ul style="list-style-type: none"> ▶ Use data from PMS and PowerBI to analyse trends against SIA plan, health indicators, ED presentations/ASH event admissions to hospital. 	<ul style="list-style-type: none"> ▶ Quarterly trends are reported to Clinical Governance Committee and Health Equity Team for review and continual improvement planning.
	<ul style="list-style-type: none"> ▶ Use PMS data to analyse health status and needs of Māori patients ▶ Investigate the use of data collection relating to other/social determinants of health 	<ul style="list-style-type: none"> ▶ Risk stratification and health status are used to allocate, align and prioritise resources to support health equity for Māori patients ▶ Use data to work with Māori patients in developing more holistic care and management plans

2.2 WORKFORCE A health workforce that reflects the ethnic distribution of the population is essential in providing culturally safe care.	▶ Match training needs analysis of Māori staff with health needs analysis of Māori patient population	▶ Māori workforce capability matches identified health needs of Māori patient population
	▶ Collect ethnicity data on AHC workforce ▶ Recruitment processes support employment of Māori workforce	▶ AHC workforce capacity reflects ethnic distribution of the enrolled Māori population
	▶ HR processes reviewed to support engagement and retention of Māori workforce	▶ AHC Māori workforce reports job satisfaction and engagement through staff culture surveys
2.3 STRUCTURES	▶ Establish a Health Equity Team	▶ Equity team is established, meeting regularly and achieving objectives
	▶ Include Māori representation & input into facility redesign	▶ Māori views and input have been sought and incorporated into the building redevelopment
	▶ Establish a patient advisory panel with Māori representation	▶ Māori patient views have been sought and incorporated into service design
2.4 PROCESSES	▶ Any relevant policies and procedures go through health equity team for review	▶ Policy and procedure reviews include an equity focus
	▶ Incorporate cultural safety and health equity focus into HR and Health & Safety processes and policies where appropriate	▶ Orientation, induction, leave and other HR policies are reported as culturally safe in staff surveys ▶ Cultural safety is identified on the hazard/risk register

3. Develop specific improvement goals to address Māori health care service inequities

3.1 ACCESS TO CARE Being able to access primary health care is important to maintaining whānau health & wellbeing	▶ Provide improved access to care through range of initiatives including patient portal, same-day clinics, triage, alternatives to face-to-face consults as required	▶ Increasing MMH enrolments for Māori enrolled population ▶ Increasing AHC visits and decreasing WAM/ED visits for Māori patients
	▶ Identify and track Māori experiences of barriers to accessing right care @ right time	▶ Identified barriers to care addressed

- ▶ Review data on ambulatory sensitive hospitalisation (ASH) rates for Māori patients 0-4yrs
- ▶ Comparable rates of ambulatory sensitive hospitalisations (ASH) for Māori aged 0-4yrs and non-Māori aged 0-4yrs

3.2 CLINICAL CARE

DIABETES

- ▶ Provide free annual diabetes checks for Māori patients with diabetes diagnosis
- ▶ Provide up to 4x free-of-cost diabetes consultations per year with specialist diabetes nurse
- ▶ Regularly review and compare HBA1C levels in Māori compared with non-Māori/non-Pacific
- ▶ Complete annual renal screening tests for all Māori diabetic patients (ACR, eGFR)
- ▶ Offer Health Improvement Practitioner and/or Health Coach consultations to all Māori new diabetic/pre-diabetic patients (diet, physical activity and smoking cessation advice)
- ▶ Provide group/shared care appointments for Māori patients with diabetes
- ▶ Provide extended hours appointments to improve access
- ▶ Investigate Point-of-Care testing to improve access
- ▶ 90% of Māori patients with diabetes diagnosis have up-to-date annual diabetes check
- ▶ Māori patients are utilising specialist diabetic clinic consultations
- ▶ Rates of good diabetes control (HBA1C < 64) for Māori patients is comparable to non-Māori patients
- ▶ 90% annual renal screening rates for Māori diabetic patients
- ▶ 100% Māori new or pre-diabetic patients offered HIP/HC consultation
- ▶ Group/shared consultations established and attended by Māori diabetic patients
- ▶ Extended hours appointments available
- ▶ Point-of-Care testing investigated

ASTHMA

NZ-wide hospital admission rates for Māori patients are higher than for non- Māori

- ▶ Develop system to review and follow-up asthma discharges from WDHB for Māori patients
- ▶ Provide free-of-cost spirometry assessment and care planning for Māori patients with COPD or asthma
- ▶ Undertake a primary care CQI project to improve preventative planned care for Māori children with asthma
- ▶ Hospital admission and re-admission rates for asthma in Māori children and adults are decreased and comparable with non- Māori rates
- ▶ Increased number of Māori patients with COPD or asthma completing spirometry assessment and care planning
- ▶ Primary care improvement project completed

IMMUNISATIONS

- ▶ Close equity gap in rates of childhood immunisation at 15 months
- ▶ Immunisation rate for Māori infants (15 months) is increased and comparable with non- Māori infants (15 months)

<p>GOUT</p> <p>Māori patients with gout are more likely to be dispensed NSAIDs and less likely to receive regular urate-lowering therapy</p>	<ul style="list-style-type: none"> ▶ Participate in WRHN-led 'Gout-Stop' programme ▶ Regularly audit and review PMS data on gout diagnosis and prescribing of urate-lowering therapy 	<ul style="list-style-type: none"> ▶ AHC Māori patient enrolment in Gout-Stop programme ▶ Rates of urate-lowering prescribing and dispensing are increased for Māori patients with gout diagnosis
<p>CX SCREENING</p>	<ul style="list-style-type: none"> ▶ Close equity gap in rate of cervical screening for Māori compared to non- Māori 	<ul style="list-style-type: none"> ▶ 80% cervical screening rate for Māori patients
<p>CVD SCREENING</p>	<ul style="list-style-type: none"> ▶ Provide free-of-cost CVD risk assessments for Māori men aged 30+ years and Māori women aged 40+ years 	<ul style="list-style-type: none"> ▶ 90% CVD risk assessments complete for Māori men (30+ yrs) and women (40+ yrs)
<p>3.3 OLDER ADULT HEALTH</p>	<ul style="list-style-type: none"> ▶ Offer free-of-cost, holistic, proactive health assessment of older Māori adults from 55yrs 	<ul style="list-style-type: none"> ▶ 80 Older Adult Health Assessments completed annually for Māori patients
<p>3.4 HEALTH LITERACY</p>	<ul style="list-style-type: none"> ▶ Provide health advice, promotion and education at an appropriate health literacy level. 	<ul style="list-style-type: none"> ▶ Regular health literacy organisational assessments are completed and goals set for improvement

4. Decrease institutional racism and reduce implicit bias in policies, processes and patient care

<p>4.1 TE TIRITI</p>	<ul style="list-style-type: none"> ▶ Undertake staff training in Te Tiriti o Waitangi 	<ul style="list-style-type: none"> ▶ Staff understand the relevance of Te Tiriti o Waitangi within the health and disability system
<p>4.2 TE REO</p>	<ul style="list-style-type: none"> ▶ AHC leadership and staff model respect and appreciation for Te Reo Māori 	<ul style="list-style-type: none"> ▶ Te Reo Māori resources are made available in the practice. ▶ A bilingual signage plan for Māori-English is developed ▶ The practice supports Te Wiki o Te Reo
<p>4.3 TIKANGA</p>	<ul style="list-style-type: none"> ▶ Incorporate tikanga Māori into practice protocols and procedures (orientation, HR, Health & Safety etc.) 	<ul style="list-style-type: none"> ▶ Review orientation and other practice processes to incorporate tikanga Māori and te reo Māori where appropriate
<p>4.4 CULTURAL SAFETY</p>	<ul style="list-style-type: none"> ▶ Undertake staff training in implicit bias, institutional racism & cultural safety ▶ Develop Cultural Safety and Competence Policy 	<ul style="list-style-type: none"> ▶ Staff understand and reflect on possible bias in their own practice and actions ▶ Staff meet Medical Council standards for cultural safety ▶ Cultural Safety and Competence Policy in place

4.5 PATIENT EXPERIENCE	<ul style="list-style-type: none"> ▶ Survey Māori patients about their experiences at the health centre ▶ Review survey results and use to improve services for Māori patients and whānau 	<ul style="list-style-type: none"> ▶ Survey results indicate Māori patients and whānau are treated with respect and understanding.
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5. Develop partnerships with Māori and community organisations

5.1 CLINICAL PARTNERSHIPS AND COLLABORATION	<ul style="list-style-type: none"> ▶ Support initiatives from other providers and the wider community that meet the health needs and aspirations of Māori ▶ Actively look for opportunities to partner with Māori and community organisations in support of health equity outcomes ▶ Refer Māori patients to Māori health providers to complement services and provide a holistic approach 	<ul style="list-style-type: none"> ▶ Requests for support or assistance from the community are actively and positively responded to ▶ Staff time, budget and resources are provided to develop relationships with Māori and community organisations ▶ Up-to-date referral/resource information for local Māori providers
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5.2 RELATIONSHIPS	<ul style="list-style-type: none"> ▶ Develop trusting and continuous relationships with whānau and Māori patients 	<ul style="list-style-type: none"> ▶ Patient experience survey results, qualitative feedback and access to care improves and is comparable with non- Māori patients
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References

WDHB/WRHN Maori Health Plan 2016-2017

He Korowai Oranga: Māori Health Strategy

AHC Ethnicity Data Policy 2019

MOH Māori Health Equity Framework

Waitangi Tribunal Health Kaupapa Report 2019

He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa 2019 – he tirohanga ki te ōritenga hauora o te Māori. Health, Safety and Quality Commission 2019

Whakamaua: Māori Health Action Plan 2020-2025. Ministry of Health 2020