

# MĀORI HEALTH ACTION PLAN 2011 – 2014

Te Mahere Whakatinana Hauora Māori

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## GLOSSARY

ARF	Acute Rheumatic Fever
COPD	Chronic Obstructive Pulmonary Disease
CRA	Cardiovascular Risk Assessment
DAR	Diabetes Annual Review
High Needs	Refers to all Māori, all Pasifika and/or persons who are residing in New Zealand Deprivation Index deciles 9 & 10 areas. HRPHO is required to make additional efforts to improve the access to primary health care services for these High Needs groups.
HRPHO	Health Rotorua Ltd is the primary health organisation for the Rotorua District (including Murupara, Ruatāhuna and Minginui). Its role is to improve, maintain and restore the health, and reduce inequalities among its enrolled population, through the provision of essential primary health care services to those people.
HRPHO MHP	Health Rotorua Māori Health Plan 2011-2014
HRPHO Provider	A provider who is funded by HRPHO to deliver V18 services
LDHB AP	Lakes DHB Annual Plan 2011-2014
LDHB MHP	Lakes DHB Māori Health Plan 2011-2014
Māori health stakeholder	Māori with relevant expertise, including iwi, hapū, whānau consumers, Māori communities, Māori Providers, Māori clinicians, Māori health managers, Māori organisations and clinicians who have relevant expertise in delivering services to Māori.
Māori Provider	The Ministry of Health's definition of a Māori health provider is: Providers that are contracted to deliver health and disability services that target Māori clients or communities; are led by a Māori governance and management structure and express Māori kaupapa; and consider the wider issues of Māori development and how it might apply to their organisation.
MoH	Ministry of Health
New Zealand Deprivation Index (also NZDep Index)	An index used in the health sector to determine the level of deprivation and need of the population.
Deprivation Quintile (also NZDep Q)	NZDep Index is also interchangeably referred to as Deprivation Quintile. The two align as follows: NZDep Q 5 = NZ Dep Index Decile 9 & 10; NZDep Q 4 = NZ Dep Index Decile 7 & 8; NZDep Q 3 = NZ Dep Index Decile 5 & 6; NZDep Q 2 = NZ Dep Index Decile 3 & 4; NZDep Q 1 = NZ Dep Index Decile 1 & 2.
PPP	PPP. An incentive programme developed by DHB's, MoH and the primary health care sector to track specific performance indicators (over 6 month periods) in order to measure PHO achievement.
RAPHS	Rotorua Area Primary Health Service Limited is an independent health management organisation that manages a range of clinical programmes and support services and provides business, administrative and technology support for its member GP practices.

## 1. Overview

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This Māori Health Action Plan (“Action Plan”) describes the activities and actions that Health Rotorua Ltd (“HRPHO”) will undertake to achieve the Māori Health Plan vision of *He Kāwai Waioira – Achieving intergenerational wellbeing in our Māori community*.

This Action Plan sets out the initiatives activities, and services that HRPHO will deliver as explicit contributions to the goals of improving the health status for Māori and reducing health inequalities in the HRPHO enrolled population.


The activities and initiatives in the Action Plan focus on structural, behavioural, clinical and social interventions, in order to improve access to, and utilisation and effectiveness of health and disability services.<sup>1</sup> Some of these include contributing to the development by iwi of their Iwi Hauora Plans, funding traditional Māori healing services, and funding a kaupapa Māori smoking cessation service GP subsidy initiative.

HRPHO’s performance in achieving health equity and health gains for Māori will be measured by the Māori Health Indicator targets in section 2. The health priorities that form the Māori Health Indicator table are derived from national, regional and local health priorities and include population health priorities where there are obvious and demonstrated disparities for Māori.

The Action Plan (including all activities and actions) will be implemented by the HRPHO Māori Health Liaison. Progress towards the targets will be monitored and reported annually by the Māori Health Liaison to the HRPHO Board, and to Māori health stakeholders and the HRPHO community.

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<sup>1</sup> Refer Ministry of Health. 2002. *Reducing Inequalities in Health*. Wellington: Ministry of Health.



## 2. Summary of HRPHO Māori Health Plan Indicators

Priorities	Indicators	Baseline HRPHO <sup>2</sup>		Health Inequity <sup>3</sup>	Target
		Māori	Non-Māori		
<b>NATIONAL HEALTH PRIORITIES<sup>4</sup></b>					
Data quality	1. Ethnicity data accuracy	Unavailable		Unknown	TBC
	2. Ethnicity data reporting	Unavailable		Unknown	100%
Access to care	3. Percentage of Māori enrolled in HRPHO	≥100%	n/a	0%	100%
Maternal health	4. Exclusive breastfeeding at 6 months	18%	26%	≥8%	27%
Cardiovascular disease	5. Cardiovascular risk assessment within the past 5 years	65%	74%	≥9%	90%
	6. Ischaemic cardiovascular disease detection	112%	110%	0%	90%
Diabetes	7. People with diabetes who attended a Diabetes Annual Review	55%	59%	4%	68%
	8. DAR complete and have a HbA1c level less than 8%	61%	75%	14%	81%
	9. Diabetes detection	86%	83%	(3%)	70%
	10. Diabetes detection and follow up	28%	34%	≥6%	24%
Cancer	11. Breast screening rate	50%	58%	≥8%	54%
	12. Cervical screening rate	64%	72%	≥8%	63%
Smoking	13. Smokers presenting to primary care provided with cessation advice	Unavailable		Unknown	90%
Immunisation	14. 2 year olds fully immunised	93%	94%	1%	95%
	15. Population 65+ years influenza immunised	65%	70%	6%	64%
<b>LAKES DHB MĀORI HEALTH PLAN PRIORITIES<sup>5</sup></b>					
Cultural audit	16. Cultural Audits undertaken in HRPHO Providers	Unavailable		n/a	1 p.a
Workforce	17. Māori recruited to Kia Ora Hauora within the HRPHO area	Information only			
Smoking	18. Māori smokers	44%	18%	26%	18%
Whānau Ora	19. Whānau Ora initiatives	Information only			
	20. Increase in Māori accessing traditional Māori health services	1%	n/a	4%	5%
Service Quality	21. Annual Māori health stakeholder satisfaction survey	Information only			
<b>HRPHO MĀORI HEALTH PRIORITIES</b>					
Whānau health	22. Polycose Tests in pregnancy	Unavailable		Unknown	100%
	23. Smokefree pregnancies	61%	85%	24%	80%
	24. Pregnant women enrolled with a Lead Maternity Carer in first trimester	Unavailable		Unknown	TBC
	25. Percentage of children enrolled with a primary care provider by 6 weeks of age	Unavailable		Unknown	100%
	26. Rheumatic fever rate	15.6	3.4	≥12.2	3.4
Smoking	27. Percentage of non-smoker population exposed to second-hand smoke in home or car	14%	6%	8%	6%
Disease prevention: nutrition, obesity, physical activity	28. Obesity: HRPHO population (5-14 years) who are obese	13%	7%	6%	7%
	29. Obesity: HRPHO population (15+ years) who are obese	41%	25%	16%	25%
	30. Diabetes: LDL Cholesterol level	Unavailable		Unknown	≤ 2.8
	31. Diabetes: Albumin/Creatinine ratio (mg/mol) of Māori men (♂) and Māori women (♀)	Unavailable		Unknown	≥ 2.5 (♀) ≥ 3.5 (♂)
Mental health	32. Māori adults accessing mental health support	22%	78%	56%	28%
	33. Māori youth accessing mental health support	Unavailable		Unknown	TBC
	34. Hazardous drinking	39%	20%	19%	20%
Oral Health	35. Annual dental treatment	38%	53%	15%	53%
	36. Adolescent enrolment rates	≤55%	≤55%	Unknown	65%

<sup>2</sup> Baseline & Target Sources: New Zealand Health Targets; National PPP; Lakes DHB Annual Plan and Māori Health Plan for 2011-2014; Lakes DHB Statement of Service Performance 2010/2011; He Tatau Kahukura Māori Health Chart Book 2010; Māori Smoking & Tobacco Use 2011 (MoH). Percentages have been rounded in this table, for readability.

<sup>3</sup> The difference between the Māori baseline and the Non-Māori baseline. Note – where there is a 'greater than or equal to' (≥) symbol, this denotes that the actual inequity is great than the value of the variance state in this table. This is because the statistical data used for the Non-Māori baseline in this Plan is sourced from a 'total population' baseline. The 'total population' baseline includes the Māori health data component, which skews the data, often producing the appearance of a smaller variance than is the reality (if the data did not include the Māori health data).

<sup>4</sup> Derived from the National Health Targets and the National PHO Performance Programme.

<sup>5</sup> This HRPHO MHP has aligned its Māori Health Priorities with the national Māori health priorities, regional Māori health priorities and LDHB Māori health priorities that are set out in the LDHB MHP. The indicators (16-21) differ from those in the LDHB MHP as they have been developed to have relevance at a primary health care and community level (ie within the scope of HRPHO control) rather than a LDHB or regional level. LDHB has both Local Priorities and Equity Indicators for the Lakes population – these are set out at section 7.2 of the HRPHO MHP.

### 3. Summary of HRPHO Māori Health Needs

#### KEY POINTS<sup>6</sup>

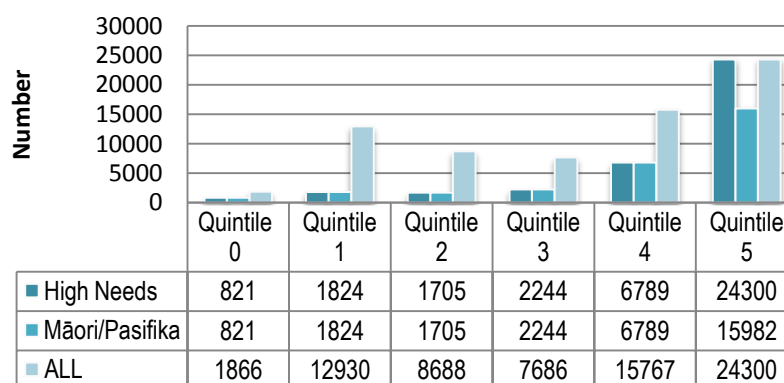
- ④ HRPHO has a large Māori population – more than double the national rate.
- ④ HRPHO has a significant number of people in affluent geographic areas, a smaller 'middle class' and then a very significantly larger, high deprivation population – over half are in the High Needs grouping.
- ④ The most affluent represent less than one fifth, and of that group, only 14% are Māori and Pasifika. This means that only 2.5% of the total HRPHO population are affluent Māori/Pasifika.
- ④ Over three quarters of the HRPHO Māori population are socio-economically vulnerable. 66% of the most deprived group are Māori, and this represents 22% of the total HRPHO population.

The HRPHO enrolled population is currently:<sup>7</sup>

Patients	Total Number	Percentage
Number of patients	71,746	100%
Māori & Pasifika patients <sup>8</sup>	29,521	41%
Non-Māori / Non-Pasifika patients	42,225	59%
High Needs patients	37,839	53%
High Needs patients – Māori/Pasifika	29,521	78%
High Needs patients – Non-Māori	8,318	22%

The graph below shows the number of people in each NZDep Index quintile.

#### Health Rotorua PHO population deprivation



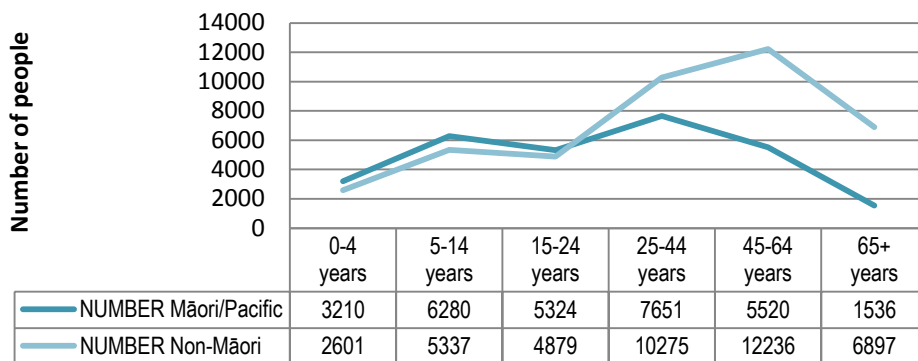
<sup>6</sup> Refer HRPHO Māori Health Plan 2011-14 for comprehensive data.

<sup>7</sup> Sourced from Health Pac database for Quarter 4 (1 April 2011-30 June 2011). The database is updated quarterly following the submission of HRPHO practice age sex registers, and it determines HRPHO funding streams for the quarter. Note that HRPHO population data includes those people enrolled in HRPHO residing in Murupara, Ruatāhuna and Minginui, who are enrolled with Murupara Medical Centre. HRPHO data is sourced from 2 DHB areas – Lakes and Bay, and covers a different area from the Lakes DHB population catchment area. This explains the difference between the HRPHO and Lakes DHB population numbers (refer p10 LDHB AP).

<sup>8</sup> HRPHO does not currently receive enrolment data from the Health Pac database that differentiates between Māori and Pasifika for enrolled population purposes

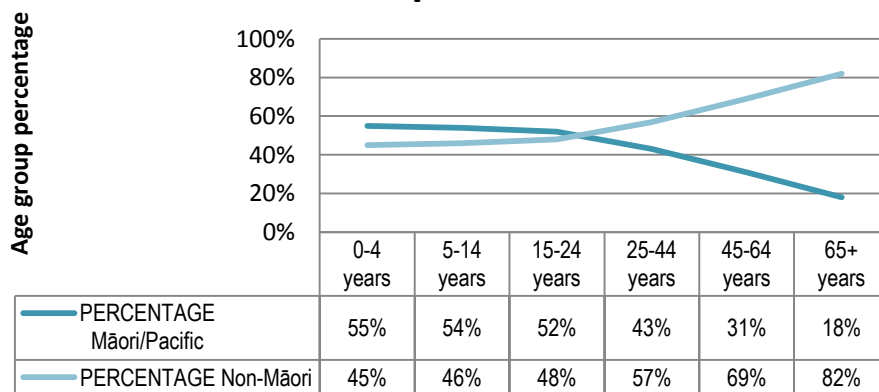
The age distribution of the HRPHO enrolled population by ethnicity is represented in the following diagrams.<sup>9</sup> The graph below shows the number of Māori & Pasifika in each age group and compares that with Non-Māori.

### Health Rotorua PHO enrolled population by age group



The graph below shows what percent of each age group are Māori/Pasifika and what percent are Non-Māori.

### Health Rotorua PHO age group comparison



<sup>9</sup> Sourced from Health Pac database for Quarter 4 (1 April 2011 – 30 June 2011).

## THE MĀORI HEALTH PLAN FRAMEWORK

The strategic framework below contains the vision, mission, and key focus areas (the Pathways in He Korowai Oranga) for HRPHO's commitment to Māori Health. A full explanation can be found at Section 5 of the HRPHO MHP.

Each action/activity in the Action Plan (overleaf) is linked to both contractual obligations and this framework. The HRPHO Maori Health Indicator table (page 4) is the monitoring tool that tracks HRPHO's performance in improving the health status for Māori and reducing health inequalities in the HRPHO enrolled population.



## 4. Māori Health Action Plan

Note: All actions and activities are the responsibility of and reported by the Māori Health Liaison.

### 4.1 NATIONAL PRIORITIES

Health Issue	Ethnicity Data Quality			
Indicator 1:	Ethnicity data accuracy			
Baseline:	Unavailable			
Target (HRPHO):	To be confirmed as not yet established. HRPHO will set target after assessing the Best Practice Support for Primary Care programme data for 2011.			
Current Activities:	Lakes DHB funded HRPHO Quality Management Plan (Best Practice Support for Primary Care programme) delivered by RAPHS			
Barriers to health equity:	Lack of accurate Māori health information means an inability to support effective service delivery, monitoring and achievement of Māori health priorities.			
Māori health outcome we desire:	Collection of accurate ethnicity data			
To help achieve this outcome we will focus on:	Supporting the accuracy of ethnicity data collection and reporting in HRPHO enrolled population registers			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Develop a Primary Care Ethnicity Audit Framework for HRPHO to identify under-enrolment or misclassification of ethnicity.	Annual report on the progress of the development of a Primary Care Ethnicity Audit Framework for HRPHO.	by June 2014	H2.2(d)(iii) H2.2(d)(iv)  Lakes DHB MHP, p 11	Pathway 3: Effective Service Delivery (Improving Māori health information)
Support HRPHO GP practices that wish to confirm the accuracy of their ethnicity data collection (as per PHO enrolment rules on minimum data set collection).	Annual report on support provided to HRPHO GP practices that sought assistance from the Māori Health Liaison to confirm the accuracy of their ethnicity data collection.	Ongoing		

Health Issue	Ethnicity Data Quality			
Indicator 2:	Ethnicity data reporting			
Baseline:	Unavailable			
Target (HRPHO):	100%			
Current Activities:	n/a			
Barriers to health equity:	Lack of accurate Māori health information means an inability to support effective service delivery, monitoring and achievement of Māori health priorities.			
Māori health outcome we desire:	Accurate measurement and reporting of Māori health status improvement and reduction in health inequalities			
To help achieve this outcome we will focus on:	Reporting Māori health outcomes in all services and initiatives			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Measure Māori health outcomes in all HRPHO funded health services.	HRPHO funded health service provider contract reporting template (a) collects service utilisation ethnicity data, and (b) identifies service outcomes/results by ethnicity.	by June 2014	H2.2(a), H2.2(d) H2.2(d)(d)(iii), (iv), (v)	Pathway 3: Effective Service Delivery (Improving Māori health information)
Report the performance of HRPHO funded health services in achieving health status improvement and reduction in health inequalities	Annual report to HRPHO Board and Māori Health Stakeholders on the performance of each HRPHO service in achieving health status improvement and reduction in health inequalities for Māori.	by June 2012	H9.3  Lakes DHB MHP, p11	

for Māori.				
Identify Māori as a distinct group in the reporting of HRPHO enrolled population data.	Annual HRPHO Population Health Report identifies (a) demographic and population data for the enrolled Māori population and (b) Māori health statistics for each of the Māori Health Priorities in the HRPHO MHP.	by June 2014		

<b>Health Issue</b>	Access to Care			
<b>Indicator 3:</b>	Percentage of Māori enrolled in HRPHO			
<b>Baseline:</b>	≥100% <sup>10</sup>			
<b>Target (HRPHO):</b>	100% <sup>11</sup>			
<b>Current Activities:</b>	HRPHO has continually attained high PHO enrolment rates for Māori compared with national figures. HRPHO funded Fordlands Outreach GP services delivered by Korowai Aroha Trust – <i>Services to Improve Access fund</i> HRPHO funded Outreach GP services hosted by Ngongotaha Hauora – <i>Services to Improve Access fund</i> HRPHO funded Community Chronic Care Nurse hosted by RAPHs – <i>Services to Improve Access fund</i> HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
<b>Barriers to health equity:</b>	Inhibition of effective use of services, acceptability, affordability, availability, accessibility, socio-economic deprivation, financial and emotional stress.			
<b>Māori health outcome we desire:</b>	All Māori enrolled with a GP			
<b>To help achieve this outcome we will focus on:</b>	Advocating for increased enrolment by Māori with a GP			
<b>We will undertake these activities and actions:</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Contract Ref</b>	<b>Framework Ref</b>
Work collaboratively with HRPHO Health Promotion Facilitator on activities in the HRPHO Primary Care Community Health Promotion Plan that support Māori to become enrolled with a GP.	Six monthly report on progress towards collaborative activities that support the un-enrolled Māori population to become enrolled with a GP.  Annual promotion activity/initiative that supports the un-enrolled Māori population to become enrolled with a GP.	Ongoing  Ongoing	TO /HRPHO Contract, Appendix A , para (iv)  V18 E3.1(b)(i)	Pathway 3: Effective Service Delivery (Addressing health inequalities for Māori)

<b>Health Issue</b>	Maternal Health			
<b>Indicator 4:</b>	Percentage of infants exclusively breastfed at 6 months			
<b>Baseline:</b>	18% <sup>12</sup>			
<b>Target (LDHB):</b>	27% (by June 2012)			
<b>Current Activities:</b>	HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
<b>Barriers to health equity:</b>	Historical systemic (legislation <sup>13</sup> ) barriers, health education, government policy, socio-economic deprivation, financial and emotional stress, lack of early (expert) intervention and support.			
<b>Māori health outcome we desire:</b>	More Māori children and young people stay well			
<b>To help achieve this outcome</b>	Increasing the number of Māori mothers who have exclusively breastfed to 6 months			

<sup>10</sup> The estimated Māori population is determined by the census data. HRPHO has an Māori enrolled population of 41% (at Qtr 3), whilst the benchmark population sources (RDC & LDHB) had lower population figures of 36.4% (Rotorua District Council) and 35% (Lakes DHB). This means that according to the benchmark statistics, HRPHO has over 100% enrolment. However, this figure is misleading because of the outdated census data from which the benchmark is set. HRPHO are aware that there are still Māori living in the HRPHO rohe who are not enrolled.

<sup>11</sup> LDHB AP, p80.

<sup>12</sup> LDHB AP, pp 71 & 138. Total population (incl Māori population data) baseline is 26%.

<sup>13</sup> Infants Act 1908, Native Land Act 1909.

we will focus on:				
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Work collaboratively with HRPHO Health Promotion Facilitator on activities in the HRPHO Primary Care Community Health Promotion Plan that support Māori mothers to exclusively breastfeed to 6 months.	Six monthly report on progress towards collaboration on activities in the HRPHO Primary Care Community Health Promotion Plan that support Māori mothers to exclusively breastfeed to 6 months.	Ongoing	H2.2(a) H2.2(d) H9.4(a) and (b)  Lakes DHB AP 2011-14, p71	Pathway 3: Effective Service Delivery (addressing health inequalities for Māori)
	Report on annual promotion activity/initiative that supports Māori mothers to exclusively breastfeed to 6 months.	Ongoing	Lakes DHB MHP 2011-14, p 11	Pathway 4: Working Across Sectors

Health Issue	Cardiovascular Disease (CVD)			
Indicator 5:	Percentage of the eligible population who have completed a cardiovascular risk assessment (CRA) within the past 5 years. <sup>14</sup>			
Baseline:	64.7% <sup>15</sup>			
Target (MoH):	90% (71% by June 2012; <sup>16</sup> 80% by June 2013 <sup>17</sup> )			
Current Activities:	PPP results as at December 2010 report a 36.73% achievement rate for the High Needs population. HRPHO funded Cardiovascular Disease Risk Assessment and Management Programme (including Outreach) delivered by RAPHs for all Rotorua GP providers – <i>Services to Improve Access fund</i> . HRPHO funded Care Plus programme to assist people with chronic health conditions, acute medical or mental health needs, or terminal illness who are high users of General Practice. Delivered by RAPHs for all Rotorua GP providers. HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
Barriers to health equity:	Health education and health literacy, culturally appropriate services, accessibility, lifestyle change support, early detection and management/treatment, socio-economic deprivation, financial and emotional stress.			
Māori health outcome we desire:	Health conditions are detected early and managed well to avoid worsening and complications			
To help achieve this outcome we will focus on:	Increasing the proportion of cardiovascular risk assessments (CVRA) performed in the eligible Māori population			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Reduction in CVD risk assessment disparities for Māori.	Support HRPHO-funded service delivery alternatives and innovations for Māori who are at risk, disengaged or who have significant barriers to accessing CVD risk assessment services.	Ongoing	Lakes DHB AP p60  Lakes DHB MHP pp 11, 13, 15	Pathway 3: Effective Service Delivery (Addressing health inequalities for Māori)
Work collaboratively with HRPHO Health Promotion Facilitator on activities in the HRPHO Primary Care Community Health Promotion Plan that support the prevention, early detection and good management of CVD in Māori	Six monthly report on progress towards collaboration on activities in the HRPHO Primary Care Community Health Promotion Plan that support the prevention, early detection and good management of CVD in Māori.	Ongoing	E3.1(b)(i) H2.2(a) H2.2(d) H9.4(b)	Refer section 5.7 of HRPHO MHP for service focus areas
	Annual promotion activity/initiative that supports the prevention, early detection and good management of CVD in Māori.	Ongoing		

<sup>14</sup> Monitored by the PHO Performance Programme (hereafter referred to as “PPP”).

<sup>15</sup> Ministry of Health, Qtr 4 2009/10 figure – sourced from Lakes DHB Māori Health Plan 2011-14, p 9. The Non-Māori baseline is a total population figure, therefore for the reasons explained in footnote 4, the inequity is greater than 9%.

<sup>16</sup> Lakes DHB Annual Plan 2011-14, section 4.1, p75; Lakes DHB Māori Health Plan 2011-14, pp 11, 13, 15.

<sup>17</sup> National programme goal of the PPP.

Health Issue	Cardiovascular disease			
Indicator 6:	Ischaemic cardiovascular disease detection in the estimated population <sup>18</sup>			
Baseline:	112.04% <sup>19</sup>			
Target (MoH):	90% <sup>20</sup>			
Current Activities:	PPP performance results as at December 2010 report a 112.04% achievement rate for the High Needs population. HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHS.			
Barriers to health equity:	Health education and health literacy, culturally appropriate services, accessibility lifestyle and diet adherence and support, early detection and management/treatment, socio-economic deprivation, financial and emotional stress.			
Māori health outcome we desire:	Health conditions in Māori are detected early and managed well to avoid worsening and complications			
To help achieve this outcome we will focus on:	Reporting Māori-specific data for ischaemic cardiovascular disease detection (Refer activities and actions in Indicator 2)			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
No action required	n/a	n/a	Refer Indicator 2	Refer Indicator 2

Health Issue	Diabetes			
Indicator 7:	Percentage of people with diabetes who attended a diabetes annual review (DAR)			
Baseline:	54.6% <sup>21</sup>			
Target (LDHB):	68% by June 2012 <sup>22</sup>			
Current Activities:	Lakes DHB has implemented a 3 year MoH-funded Kaupapa Māori pilot on CVD and Diabetes with local Māori provider (and HRPHO GP practice) Korowai Aroha. Lakes DHB and Bay DHB funded free GP Annual Diabetic Review delivered by RAPHS for RAPHS practices (and including Murupara). Lakes DHB funded free GP Annual Diabetic Review delivered by Te Runanga o Ngāti Pikiao Trust. Lakes DHB funded free GP Annual Diabetic Review delivered by Korowai Aroha Trust. Lakes DHB funded free Retinal Screening for people with diabetes delivered by RAPHS for the Lakes DHB area (including Murupara, Taupo and Turangi). Lakes DHB Diabetes Specialist Consultant runs clinics within primary care PPP performance results as at December 2010 report an 86.44% achievement rate for the High Needs population. HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHS.			
Barriers to health equity:	Transport, family/childcare obligations, health education and health literacy, culturally appropriate services, accessibility, lifestyle and diet adherence and support, early detection and management/treatment, acceptance of diagnosis, socio-economic deprivation, financial and emotional stress, medication management			
Māori health outcome we desire:	Health conditions in Māori are detected early and managed well to avoid worsening and complications			
To help achieve this outcome we will focus on:	An increase in the proportion of Māori with diabetes who attend an annual DAR			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref

<sup>18</sup> Estimations of people expected to have ischaemic CVD are calculated as part of the PPP. The ages, genders, and ethnicities of the HRPHO population are considered and applied against the National Cardiovascular Disease Prevalence Data Model for ischaemic CVD. Currently the Model is underestimating the number of people with ischaemic CVD, hence the achievement rate greater than 100% for HRPHO - source: p8 of PPP Performance Results for HRPHO as at 31 December 2010.

<sup>19</sup> PPP High Needs population – cf: 110.08% Total, as at 31 December 2010.

<sup>20</sup> PPP goal as at 31 December 2010.

<sup>21</sup> Actual baseline for Non-Māori (noted as 'Other' in LDHB AP) was 59.4% - Lakes DHB MHP 2011-14, p10 (2009/10 figures). Note: 86.44% achieved for High Needs population as at 31 December 2010 in the PPP.

<sup>22</sup> See Lakes DHB Annual Plan 2011-14, pp 52 & 81; and Māori Health Plan, p10. Lakes DHB have a target number of 3750 people who will receive diabetes screening by June 2012 (Lakes DHB Annual Plan 2011-14, p75). Note: PPP target for HRPHO High Needs population as at 31 December 2010 was 70.89%. The PPP goal as at 31 December 2010 was 90%.

Reporting Māori-specific data for diabetes annual reviews	Refer Indicator 2	Ongoing	Refer Indicator 2	Refer Indicator 2 Refer section 5.7 of HRPHO MHP for service focus areas
Reduction in DAR attendance disparities for Māori.	Support HRPHO-funded service delivery alternatives and innovations for Māori who are at risk, disengaged or who have significant barriers to accessing annual DAR services.	Ongoing		

<b>Health Issue</b>	Diabetes			
<b>Indicator 8:</b>	Percentage of people with diabetes who have attended the DAR and who have a HbA1c level less than 8%			
<b>Baseline:</b>	60.8% <sup>23</sup>			
<b>Target (MoH):</b>	81% (70% by June 2012; 74% by June 2013) <sup>24</sup>			
<b>Current Activities:</b>	As above. PPP results as at December 2010 report and 28.29% (vs 24.27% target) achievement rate for the High Needs population. The national programme goal is 90%. Lakes DHB funded Mobile Māori Nurse delivered by Korowai Aroha Trust. HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
<b>Barriers to health equity:</b>	Health education and health literacy, culturally appropriate services, accessibility, lifestyle and diet adherence and support, early detection and management/treatment, acceptance of diagnosis.			
<b>Māori health outcome we desire:</b>	Health conditions in Māori are detected early and managed well to avoid worsening and complications			
<b>To help achieve this outcome we will focus on:</b>	An increase in the proportion of Māori identified with diabetes who have improved management of their conditions			
<b>We will undertake these activities and actions:</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Contract Ref</b>	<b>Framework Ref</b>
Reduction in DAR attendance disparities for Māori.	Refer Indicator 2	Ongoing	Refer Indicator 2	Pathway 3: Effective Service Delivery (Addressing health inequalities for Māori)
Support linkages between diabetes screening programmes and other health initiatives (such as CRA, oral health, healthy lifestyles and nutrition)	Support HRPHO-funded service delivery alternatives and innovations for Māori that link diabetes screening programmes and other health initiatives (such as CRA, oral health, healthy lifestyles and nutrition).	Ongoing		

<b>Health Issue</b>	Diabetes			
<b>Indicator 9:</b>	Percentage of enrolled population estimated to have diabetes <sup>25</sup> have been identified and coded			
<b>Baseline:</b>	86.44% <sup>26</sup>			
<b>Target (HRPHO):</b>	70.09% <sup>27</sup>			
<b>Current Activities:</b>	As above			
<b>Barriers to health equity:</b>	Health education and health literacy, culturally appropriate services, accessibility, lifestyle and diet adherence and support, early detection and management/treatment.			
<b>Māori health outcome we</b>	Health conditions in Māori are detected early and managed well to avoid worsening and			

<sup>23</sup> Lakes DHB Annual Plan 2011-14, National Health Targets, p 80. See also Lakes DHB AP, p81: 54.6%. Actual baseline for Non-Māori (noted as 'Other' in LDHB AP) was 74.6%

<sup>24</sup> Lakes DHB Annual Plan 2011-14, National Health Targets, pp 52 & 80. Total population target is 78%. Note: 2013/14 targets for total population (85%) and Non-Māori population (90%) – p80 LDHB AP. The PPP national programme goal for the High Needs population is 90%.

<sup>25</sup> Estimations of people expected to have diabetes are calculated as part of the PPP. The ages, genders, and ethnicities of the HRPHO population are considered and applied against the National Diabetes Prevalence Data Model for diabetes. Currently the Model is underestimating the number of people with diabetes, hence the HRPHO achievement rate is greater than the target rate - source: p12 of PPP performance results for HRPHO as at 31 December 2010.

<sup>26</sup> HRPHO total population baseline was 83.09%

HRPHO High Needs population achievement rate for PPP as at 31 December 2010. PPP goal is 90%. Refer footnote 24 for explanation of over-achievement of target.

<sup>27</sup>HRPHO High Needs population target rate for PPP as at 31 December 2010. PPP goal is 90%.

desire:	complications			
To help achieve this outcome we will focus on:	Reporting Māori-specific data for diabetes identification and coding (Refer activities and actions in Indicator 2)			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
No action required	n/a	n/a	Refer Indicator 2	Refer Indicator 2

Health Issue	Diabetes			
Indicator 10:	Percentage of enrolled population estimated <sup>28</sup> to have diabetes have had a diabetes review.			
Baseline:	28.29% <sup>29</sup>			
Target (HRPHO):	24.47% <sup>30</sup>			
Current Activities:	As above			
Barriers to health equity:	Health education and health literacy, culturally appropriate services, accessibility, lifestyle change support, early detection and management/treatment.			
Māori health outcome we desire:	Health conditions in Māori are detected early and managed well to avoid worsening and complications			
To help achieve this outcome we will focus on:	Reporting Māori-specific data for diabetes review (Refer activities and actions in Indicator 2)			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
No action required	n/a	n/a	Refer Indicator 2	Refer Indicator 2

Health Issue	Cancer			
Indicator 11:	Breast screening rate for eligible <sup>31</sup> High Needs women			
Baseline:	50.21% <sup>32</sup>			
Target (HRPHO):	54.24% <sup>33</sup>			
Current Activities:	<p>Lakes DHB funded Diagnostic Mammography Services delivered by Lakes Radiology Limited</p> <p>Lakes DHB funded Māori Provider based Cancer Co-ordinator delivered by Well Women's Trust</p> <p>The national PHO programme goal is 70% and the National Health Target is 70% by June 2012<sup>34</sup></p> <p>HRPHO funded Palliative Care programme delivered by RAPHs – <i>Services to Improve Access fund</i> (this programme provides access to traditional Māori therapies contracted to RAPHs and delivered by Te Waiora ā Tāne)</p> <p>Lakes DHB contracted Breast and Cervical Screening services delivered by RAPHs - <i>MoH funded</i></p> <p>HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs</p>			
Barriers to health equity:	Socio-economic deprivation, access to cancer care and services (including treatment), access to early detection and screening services, culturally aware and sensitive services (whakamā), accessibility, health education, health literacy, socio-economic deprivation, financial and emotional stress.			

<sup>28</sup> The indicator measures the percentage of people estimate to have diabetes who have had a review, rather than the percentage of those identified and recorded in general practices as having diabetes who have had a review. This may results in some regions having higher than expected review rates. If a region has not identified and recorded all their people who are estimated to have diabetes, they will not be able to achieve high diabetes review rates –source: p14 of PPP performance results for HRPHO as at 31 December 2010.

<sup>29</sup> Māori baseline and Target are both High Needs population figure for PPP as at 31 December 2010. The Non-Māori baseline is the HRPHO total population (34.03%). The PPP goal is 80%.

<sup>30</sup> High Needs population target for PPP as at 31 December 2010. The PPP goal is 80%. Refer footnote 27 for an explanation as to over-achievement of the target.

<sup>31</sup> Eligibility for BreastScreen Aotearoa is 45-69 years. PPP only reports the rates for High Needs women 50-64 years.

<sup>32</sup> HRPHO High Needs population achievement rate for PPP as at 31 December 2010. PPP goal is 70LDHB baseline of 58.3% (total LDHB population for 08/09 & 09/10 combined) is used for the Non-Māori baseline figure.

<sup>33</sup> HRPHO High Needs population target rate for PPP as at 31 December 2010. PPP goal is 70%.

<sup>34</sup> %. Lakes DHB Annual Plan 2011-14, p75.

Māori health outcome we desire:	Health conditions in Māori are detected early and managed well to avoid worsening and complications			
To help achieve this outcome we will focus on:	Reporting Māori-specific data for breast screening (refer activities and actions in Indicator 2)			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
No action required	n/a	n/a	Refer Indicator 2	Refer Indicator 2

Health Issue	Cancer			
Indicator 12:	Cervical screening rates among the eligible population (women 20-69 years)			
Baseline:	63.68% <sup>35</sup>			
Target (HRPHO):	63.42% <sup>36</sup>			
Current Activities:	Lakes DHB contracted Breast and Cervical Screening services delivered by RAPHs - <i>MoH funded</i> HRPHO funded Cervical Screening Project delivered by RAPHs – <i>Services to Improve Access fund</i> HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
Barriers to health equity:	Socio-economic deprivation, access to cancer care and services (including treatment), access to early detection and screening services, culturally aware and sensitive services (whakamā), accessibility, health education, health literacy, socio-economic deprivation, financial and emotional stress.			
Māori health outcome we desire:	Health conditions in Māori are detected early and managed well to avoid worsening and complications			
To help achieve this outcome we will focus on:	Reporting Māori-specific data for cervical screening (refer activities and actions in Indicator 2)			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
No action required	n/a	n/a	Refer Indicator 2	Refer Indicator 2

Health Issue	Smoking			
Indicator 13:	Percentage of smokers presenting to primary care provided with cessation advice			
Baseline:	Unavailable. Not yet established as a new indicator and target.			
Target (MoH):	90%			
Current Activities:	Lakes DHB contracted Primary Care Smoking Cessation services delivered by RAPHs – <i>MoH funded</i> HRPHO funded Respiratory Service delivered by RAPHs - <i>Services to Improve Access fund</i> HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
Barriers to health equity:	Affordability of primary care GP consultation			
Māori health outcome we desire:	Improved respiratory health amongst Māori			
To help achieve this outcome we will focus on:	Reporting Māori-specific data for primary care smoking cessation advice (refer activities and actions in Indicator 2)			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
No action required	n/a	Refer Indicator 2	Refer Indicator 2	Refer Indicator 2

<sup>35</sup> HRPHO High Needs population target rate for PPP as at 31 December 2010. Non-Māori baseline is sourced from HRPHO total population baseline (71.86%) in PPP, therefore the inequity is greater than 8%. PPP goal is 75%.

<sup>36</sup> HRPHO High Needs population achievement rate for PPP as at 31 December 2010. PPP goal is 75%.

Health Issue	Immunisation			
Indicator 14:	Percentage of 2 year olds fully immunised			
Baseline:	93% <sup>37</sup>			
Target (MoH):	95% <sup>38</sup>			
Current Activities:	Lakes DHB contracted Well Child/Tamariki Ora programme delivered by Tipu Ora Charitable Trust and Royal NZ Plunket Society Inc – <i>MoH funded</i> Lakes DHB funded Outreach Immunisation Service delivered by Korowai Aroha Trust HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
Barriers to health equity:	Health education, health literacy, accessibility			
Māori health outcome we desire:	Reduced communicable disease in Māori			
To help achieve this outcome we will focus on:	Reporting Māori-specific data for immunisation (refer activities and actions in Indicator 2)			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Reporting Māori-specific data for immunisations	Refer Indicator 2	Refer Indicator 2	Refer Indicator 2	Refer Indicator 2
Reduction in immunisation disparities for Māori children.	Support HRPHO-funded service delivery alternatives and innovations for Māori children to increase Māori immunisation figures.	Ongoing		

Health Issue	Immunisation			
Indicator 15:	Percentage of 65+ year olds who received the seasonal influenza immunisation			
Baseline:	65.34% <sup>39</sup>			
Target (HRPHO):	75 <sup>40</sup> (64.29% by June 2011)			
Current Activities:	HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
Barriers to health equity:	Accessibility and health education			
Māori health outcome we desire:	Reduced communicable disease in Māori			
To help achieve this outcome we will focus on:	Reporting Māori-specific data for influenza immunisation (refer activities and actions in Indicator 2)			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
No actions required	n/a	n/a	Refer Indicator 2	Refer Indicator 2

## 4.2 LAKES DHB MĀORI HEALTH PLAN PRIORITIES

Health Issue	Cultural Audit			
Indicator 16:	Cultural Audits undertaken in HRPHO Providers			
Baseline:	Unavailable. Not yet established as a new indicator.			
Target (HRPHO):	1 per annum			
Current Activities:	n/a			
Barriers to health equity:	Acceptability, availability			
Māori health outcome we desire:	Integration of Māori values and beliefs and cultural practices into primary health services			

<sup>37</sup> Baseline from NIR database for HRPHO for the month of July 2011. Achievement: Māori 93%, European 94%, Pacific 100%, Asian 100%, Other Ethnicities 75%.

<sup>38</sup> The NZ Health Target for total population. PPP High Needs target was 76.57% as at 31 December 2010. Note: PPP goal was 90% as at 1 January 2011. The Non-Māori baseline is sourced from the HRPHO total population achieved in PPP.

<sup>39</sup> Māori baseline and target are both High Needs population figure for PPP as at 31 December 2010. Non-Māori baseline was sourced from HRPHO total population achievement (69.74%) in PPP.

<sup>40</sup> PPP programme goal. Non-Māori baseline is the achieved figure for Total HRPHO.

To help achieve this outcome we will focus on:	Ensure that HRPHO Providers deliver culturally appropriate health and disability services.			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Advocate the use of He Ritenga Cultural Audit Tool by HRPHO Providers.	Report on initiatives to promote use of He Ritenga Cultural Audit Tool by HRPHO Providers.  Annual report on completion of one HRPHO Provider Cultural Audit.	By June 2012  Ongoing	E3.1(b)(iii) H2.2(d) H9.4(b)  Lakes DHB MHP: pp 11, 18, 19	Pathway 3: Effective Service Delivery (Mainstream responsiveness)
Provide information, support and advice to HRPHO Providers on cultural competency and Māori health perspective.	Annual Māori Language Week promotion in HRPHO GP practices  Develop and disseminate Te Reo Māori pronunciation resources for the HRPHO primary health care workforce, with a specific focus on improving pronunciation of 'Rotorua', 'Māori patient's names', and the names of 'iwi'.  Cultural Competency Toolkit developed for HRPHO and its providers and disseminated to HRPHO Māori health stakeholders. (Toolkit to include: Māori Health Plan template, Treaty of Waitangi Policy, Māori Language Plan, Māori Health Policy/Statement, and a Māori Health Workforce Statement, Tangata Whenua Protocols, Consultations Guidance etc)	Ongoing  By June 2013  By June 2013	TO/HRPHO Contract, Appendix A, Services, para iv  E3.1(b)(iii) H2.2(d) H9.4(b)	Pathway 3: Effective Service Delivery (Mainstream responsiveness)
All Service to Improve Access proposals undergo a health equity assessment.	Service to Improve Access proposal documentation includes the Health Equity Assessment Tool (Equity Lens) to ensure the proposed service addresses inequalities in health.  Assist HRPHO Board, as required with advice on cultural and Māori health perspective components of Services to Improve Access proposals, and other service proposals as necessary.	By June 2012  Ongoing	E3.1(b)(iii) H2.2(d) H9.4(b)	Pathway 3: Effective Service Delivery (Addressing health inequalities for Māori)

Health Issue	Workforce			
Indicator 17:	Number of Māori recruited to Kia Ora Hauora within the HRPHO region			
Baseline:	Unavailable. Not yet established			
Target (LDHB):	For information Only			
Current Activities:	n/a			
Barriers to health equity:	Education, culturally appropriate and supportive workplace			
Māori health outcome we desire:	Development of the size and skills of the Māori primary health and disability workforce.			
To help achieve this outcome we will focus on:	Identifying and supporting the local Māori primary health and disability workforce.			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Establish a working relationship with Midland Kia Ora Hauora team.	Six monthly relationship meeting with Midland Kia Ora Hauora team	Ongoing	E3.1(b)(iv) E3.1(b) (vii) H2.2(d) H9.4(b)	Pathway 2: Māori Participation (Māori)

Identify the number of Māori recruited to Kia Ora Hauora within the HRPHO region	Annual report on the number of Māori recruited to Kia Ora Hauora within the HRPHO region	Ongoing	Lakes DHB MHP: pp 11, 16	workforce development)
Support and develop the HRPHO Māori workforce	Six monthly report on (a) initiatives to support HRPHO Māori practitioner network/peer support forums, (b) cultural advice and support provided to HRPHO Māori workforce, (c) initiatives undertaken to support optimised effectiveness of Māori workforce recruitment, and (d) initiatives undertaken to support clinical placements and internships within Māori providers.	Ongoing	E3.1(b)(viii), (v), and (vii).	Pathway 3: Effective Service Delivery (Improving mainstream effectiveness)
Develop a HRPHO Māori Workforce Statement of Intent	Statement of Intent on Māori Workforce Development is endorsed by HRPHO as a way to support HRPHO Providers to maintain a workforce reflective of their enrolled population.	By June 2013	E3.1(b)(iv) E3.1(b) (vii) H2.2(d) H9.4(c) Lakes DHB MHP: pp11, 16	Pathway 2: Māori Participation (Māori workforce development)

Health Issue	Smoking			
Indicator 18:	Percentage of Māori who smoke			
Baseline:	44% <sup>41</sup>			
Target (LDHB):	18% <sup>42</sup>			
Current Activities:	HRPHO Māori Health Plan “GP FREEbee” Subsidy Initiative: a collaboration with Aukati Kaipapa providers (kaupapa Māori smoking cessation service). HRPHO funded Respiratory Service delivered by RAPHs - <i>Services to Improve Access fund</i> Lakes DHB contracted Specialist Smokefree Cessation Services (pilot) delivered by Western Heights Health Centre – <i>MoH funded</i> Lakes DHB contracted Specialist Smokefree Cessation Services (pilot) delivered by Ngongotaha Medical Centre – <i>MoH funded</i> HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
Barriers to health equity:	Health education, socio-economic deprivation and associated financial stress, emotional stress, support to sustain the lifestyle and environmental change.			
Māori health outcome we desire:	Improved respiratory health amongst Māori			
To help achieve this outcome we will focus on:	Decreasing the proportion of smokers in the Māori population			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Establish relationship with Lakes Auahi Kore Coalition.	Report on attendance at Lakes Auahi Kore Coalition meetings.	Ongoing	E3.1(b)(i) H2.2(a) H2.2(d) H9.4(b)  Lakes DHB MHP: pp 6, 10, 11, 13, 15	Pathway 3: Effective Service Delivery (addressing health inequalities for Māori)
Support services that reduce smoking disparities for Māori.	Continue HRPHO Māori Health Plan “GP FREEbee” Subsidy Initiative and report annually on the associated outcomes for Māori.			
	Annual report on HRPHO-funded service delivery alternatives and innovations that reduce the numbers of Māori women who smoke.			

<sup>41</sup> National smoking rate for Māori in 2009: Ministry of Health. 2011. *Māori Smoking and Tobacco Use 2011*. Wellington: Ministry of Health.

<sup>42</sup> Target is “Māori smoking rate equals the Non-Māori smoking rate” from LDHB MHP p11. National smoking rate for Non-Māori in 2009: Ministry of Health. 2011. *Māori Smoking and Tobacco Use 2011*. Wellington: Ministry of Health, p1.

Health Issue	Whānau Ora			
Indicator 19:	Number of Whānau Ora initiatives supported			
Baseline:	Unavailable. Not yet established as a new indicator			
Target (HRPHO):	For Information Only			
Current Activities:	<p>Lakes DHB contracted Nurse led Primary Care Clinic delivered by Korowai Aroha Trust – <i>MoH funded</i></p> <p>Lakes DHB contracted Kaupapa Māori Early Intervention Service delivered by Te Runanga o Ngāti Pikiao – <i>MoH funded</i></p> <p>Lakes DHB contracted Kaupapa Māori Early Intervention Service delivered by Korowai Aroha Trust – <i>MoH funded</i></p> <p>Financial contribution made under HRPHO Māori Health Plan towards the development by Ngāti Whare of their Iwi Hauora Plan – <i>HRPHO Māori Health Service Bundle</i></p> <p>HRPHO Māori Caucus established to promote strategic collaboration between Māori providers and HRPHO on primary health issues for the HRPHO Māori population – <i>HRPHO Māori Health Service Bundle</i></p> <p>Māori Health Forum established to maintain regular contact between Te Arawa Whānau Ora, Lakes DHB, RAPHs and HRPHO, on primary health matters that affect health outcomes of the HRPHO Māori population – <i>HRPHO Māori Health Service Bundle</i></p> <p>Tipu Ora Charitable Trust contracted to deliver the Māori Health Service Bundle: Appoint a 1 FTE Māori Health Liaison to develop and implement HRPHO Māori Health Plan – <i>Services to Improve Access fund</i></p> <p>3 Māori directors on HRPHO Board to reflect the Treaty of Waitangi principles of partnership and participation.</p> <p>HRPHO funded Contraception and Sexual Health &amp; Long Term Contraception combined contract – <i>Services to Improve Access fund</i></p>			
Barriers to health equity:	Accessibility, access, availability, acceptability			
Māori health outcome we desire:	Resourceful, resilient whānau whose members nurture each other, enabling happy, healthy lives. <sup>43</sup>			
To help achieve this outcome we will focus on:	Supporting activities that promote the incorporation of Whānau Ora principles into primary health service delivery.			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Establish a working relationship with Te Arawa Whānau Ora to identify opportunities for collaboration to support achievement of health equity gain by the HRPHO Māori population.	Six-monthly relationship meetings with Te Arawa Whānau Ora Establishment Manager to identify opportunities for collaboration to support achievement of health equity by the HRPHO Māori population. Report on opportunities identified.	Ongoing	E3.1(b)(i) H2.2(a) H2.2(d) H9.4(b)  Lakes DHB MHP: pp 6, 10, 11, 13, 15	Pathway 1: Whānau, Hapū, Iwi and Community Development (Māori models of health and removing barriers);  Pathway 2: Māori Participation (increasing Māori provider capacity and capability)
Provide a financial contribution to iwi to assist in the development of their Iwi Hauora Plan, to support their aspirations for rangatiratanga (self-determination) in achieving health and wellbeing for their people.	Continue to provide a financial contribution to Iwi Hauora Plans being developed by Iwi in the HRPHO area, and report annually on the associated outcomes.	Ongoing		
Provide information, support and advice to HRPHO Providers on Whānau Ora & Māori Health Perspective.	Whānau Ora & Māori Health Perspective Toolkit developed for HRPHO Māori health stakeholders (including but not limited to: Māori models of health, Māori health policy, and Whānau Ora).	By June 2013		

<sup>43</sup> Quote from Tariana Turia – *Whānau Ora: Transforming our Futures* (2011, Te Puni Kokiri), p4.

Health Issue	Whānau Ora			
Indicator 20:	Increase in Māori accessing traditional Māori health services			
Baseline:	1.2% <sup>44</sup>			
Target (HRPHO):	5% (2% by June 2012, 3.5% by June 2013, 5% by June 2014)			
Current Activities:	<p>HRPHO funds Māori traditional healing services through a contract under the Māori Health Plan. The services are delivered by Ngāti Pikiao Health Services.</p> <p>HRPHO currently has 2 kaupapa Māori GP practices that people can access.</p> <p>HRPHO currently contracts 2 kaupapa Māori providers for services - Tipu Ora for the Māori Health Plan and Te Runanga o Ngāti Pikiao Trust for primary mental health services.</p> <p>HRPHO funded Palliative Care Service delivered by RAPHs - <i>Services to Improve Access fund</i> (this programme provides access to traditional Māori therapies contracted to RAPHs and delivered by Te Waiora ā Tāne)Lakes DHB funded Kaupapa Māori Day Programme for Koroua and Kuia delivered by Poutiri Charitable Trust</p> <p>Lakes DHB funded Rongoa Māori – Traditional Healing Services delivered by Poutiri Charitable Trust</p>			
Barriers to health equity:	Historical systemic (legislation) <sup>45</sup> barriers, Accessibility (referral pathways), Availability, Acceptability			
Māori health outcome we desire:	Increase the awareness of the value of Māori models of health and traditional healing.			
To help achieve this outcome we will focus on:	Increasing access to and utilisation by Māori of Māori traditional healing services and kaupapa Māori health services.			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Continue to fund Māori traditional healing services for access by the HRPHO enrolled population.	Annually executed sub-contract for Māori traditional healing services.	Ongoing	E3.1(b)(i) E3.1(b)(iii) E3.1(b)(vi)	Pathway 1: Whānau, Hapū, Iwi and Māori Community Development (Building on Māori models of health)
	Annual report on activities undertaken by Māori Health Liaison to promote referrals to the HRPHO funded Māori traditional healing services.	Ongoing	To/HRPHO Contract Appendix A, para (iv) Services	
Establish a relationship with Māori traditional healing practitioners that are delivering services in the HRPHO area.	Report on the consultation and engagement process with Māori traditional healing practitioners that are delivering services in the HRPHO area.	By June 2012	H9.4(c) H2.2(d)(iii) – (v)	
	Report annually on engagement with Māori traditional healing practitioners that are delivering services in the HRPHO area.	By June 2013		
Provide HRPHO Providers with accurate and timely information on referral processes and protocols for Māori traditional healing practitioners that are delivering services in the HRPHO area.	Information (including referral processes, access criteria, services provided) regarding the Māori traditional healing practitioners delivering services in HRPHO area, is collated and communicated to HRPHO Providers.	By June 2013		
Provide HRPHO Providers with accurate and timely information on referral processes and protocols for kaupapa Māori providers that are delivering services in the HRPHO area.	Information regarding the kaupapa Māori providers delivering services in the HRPHO area, is collated and communicated to HRPHO Providers, and updated annually thereafter.	By June 2012	As above	Pathway 4: Working Across Sectors

<sup>44</sup> 2010/2011 utilisation data from HRPHO-funded Māori traditional healing services contract. 1.2% represents the proportion of the HRPHO Māori population.

<sup>45</sup> Tohunga Suppression Act 1907.

Measure the referrals by HRPHO Providers to kaupapa Māori Providers.	HRPHO health service provider contract reporting template reports on the number of referrals made to kaupapa Māori Providers.	By June 2012		
Increase HRPHO knowledge of national, regional and local developments in automated (ie electronic) referral pathways system projects.	Report on relevant national, regional and local developments in automated (ie electronic) referral pathways system projects (for example, National IT Health Board projects, Whānau Ora)	Ongoing		
Increase knowledge and understanding by HRPHO and HRPHO Providers of the health issues, perspectives, and needs of whānau, hapū and iwi and Māori communities	Establish Iwi Engagement Strategy to actively seek feedback from iwi and Māori communities to improve HRPHO's responsiveness to and understanding of the health needs of iwi and Māori. Six monthly engagement hui held and reported.	By June 2012	As above	Pathway 2: Māori Participation (Increasing Māori participation in decision-making)
	Bimonthly report to HRPHO on the key health issues, perspectives, needs of whānau, hapū, iwi, and Māori communities.	Ongoing		
Increase knowledge and understanding by HRPHO and HRPHO Providers of the positive health outcomes (ie success stories) of services delivered by kaupapa Māori providers in the HRPHO area.	Bimonthly report to HRPHO and HRPHO Providers on the positive health outcomes from services delivered by kaupapa Māori providers in the HRPHO area.	Ongoing	As above	Pathway 4: Working Across Sectors

<b>Health Issue</b>	Service Quality			
<b>Indicator 21:</b>	Annual Māori health stakeholder satisfaction survey			
<b>Baseline:</b>	n/a			
<b>Target (HRPHO):</b>	For Information Only			
<b>Current Activities:</b>	HRPHO funded Clinical Leader - Māori Health hosted by RAPHs – <i>Services to Improve Access fund</i> HRPHO funded Clinical Leader - Youth Health hosted by RAPHs – <i>Services to Improve Access fund</i> Lakes DHB funded HRPHO Quality Management Plan (Best Practice Support for Primary Care programme) delivered by RAPHs			
<b>Barriers to health equity:</b>	Effectiveness, accessibility, affordability, acceptability, availability, lack of meaningful engagement, inequitable resource distribution (ie not in relation to need)			
<b>Māori health outcome we desire:</b>	Improve whānau ora through high-quality, effective and culturally appropriate services.			
<b>To help achieve this outcome we will focus on:</b>	Increasing Māori, whānau, hapū and iwi participation in primary health service decision-making			
<b>We will undertake these activities and actions:</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Contract Ref</b>	<b>Framework Ref</b>
Undertake six monthly meetings with Māori health stakeholders to actively seek feedback to improve HRPHO's responsiveness to and understanding of the health needs of iwi and Māori.	Six monthly engagement hui held with Māori health stakeholders and annual satisfaction survey undertaken.	Ongoing	E3.1(b)(i) H2.2(a) H2.2(d) H9.4(b)  LDHB AP, p66-67	Pathway 1: Whānau, Hapū, Iwi and Community Development (Māori models of health & removing barriers)
Implement processes to educate and support whānau, hapū, iwi and Māori communities to increase their health literacy	Report on Health Literacy initiative(s) undertaken targeting whānau, hapū, iwi and Māori communities that assists with their ability to (a) understand the importance of early treatment; (b) understand the importance of prevention	By June 2012		

	and reducing chronic disease; (c) successfully manage medication.			
Monitor and advise HRPHO on developments in national health policy, legislation and health research of relevance to the HRPHO Māori population.	HRPHO Māori Health Liaison board reports identify developments in national health policy, legislation and health research; advise on their relevance to the HRPHO Māori population and the HRPHO MHP; and make recommendations (where appropriate) on HRPHO action/response.	Ongoing		Pathway 3: Effective Service Delivery (Addressing health inequalities for Māori)
Monitor Māori health outcomes in the HRPHO Quality Management Plan (Best Practice Support for Primary Care programme)	Annual report of the HRPHO Quality Management Plan (Best Practice Support for Primary Care programme) reports on Māori health outcomes achieved by the programme.	By June 2013		Pathway 3: Effective Service Delivery (Highest quality services)

### 4.3 HRPHO MĀORI HEALTH PRIORITIES

Health Issue	Whānau Health - Child & Youth Health			
Indicator 22:	Polycose Tests for pregnant Māori women			
Baseline:	Unavailable			
Target (HRPHO):	100% <sup>46</sup>			
Current Activities:	HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHS.			
Barriers to health equity:	Health literacy and health education, access and service utilisation, government policy.			
Māori health outcome we desire:	More Māori mothers and their children stay well			
To help achieve this outcome we will focus on:	Reducing the occurrence of gestational diabetes in Māori women			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support services that reduce the number of Māori women with gestational diabetes	Support HRPHO-funded service delivery alternatives and innovations that reduce the number of Māori women with gestational diabetes	Ongoing	E3.1(b)(i) H2.2(a) H2.2(d) H9.4(b)	Pathway 3: Effective Service Delivery (Addressing health inequalities for Māori)
Work collaboratively with HRPHO Health Promotion Facilitator on activities in the HRPHO Primary Care Community Health Promotion Plan that support polycose testing for all pregnant Māori women	Six monthly report on progress towards collaboration on activities in the HRPHO Primary Care Community Health Promotion Plan that support polycose testing for all pregnant Māori women  Report on annual promotion activity/initiative that supports polycose testing for all pregnant Māori women	Ongoing  Ongoing	H2.2(a) H2.2(d) H9.4(a) and (b)  Lakes DHB AP 2011-14, p71  Lakes DHB MHP 2011-14, p 11	Refer section 5.7 of HRPHO MHP for service focus areas  Pathway 4: Working Across Sectors

<sup>46</sup> RGPG Clinical Leader for Diabetes and Cardiovascular Disease and LDHB Diabetologist.

Health Issue	Whānau Health - Child & Youth Health			
Indicator 23:	Percentage of smokefree pregnancies			
Baseline:	61.1% <sup>47</sup>			
Target (LDHB):	80% (65% by June 2012; 70% by June 2013) <sup>48</sup>			
Current Activities:	HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
Barriers to health equity:	Targeted health education (to young Māori women), socio-economic deprivation and associated financial and emotional stress, support to sustain the lifestyle and environmental change, government policy.			
Māori health outcome we desire:	More Māori children and young people stay well			
To help achieve this outcome we will focus on:	Increasing the number of Māori infants who have a smokefree in-utero environment.			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support services that reduce the number of Māori women giving birth who used tobacco during pregnancy.	Support HRPHO-funded service delivery alternatives and innovations that reduce the number of Māori women giving birth who used tobacco during pregnancy.	Ongoing	As above	areas As above

Health Issue	Whānau Health - Child & Youth Health			
Indicator 24:	Percentage of pregnant women enrolled with a Lead Maternity Carer in the first trimester			
Baseline:	Unavailable. Not yet established.			
Target (HRPHO):	To be confirmed as not yet established. HRPHO will set target after assessing the HRPHO Quality Management Plan (Best Practice Support for Primary Care programme) data for 2011			
Current Activities:	HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
Barriers to health equity:	Accessibility, availability, health education, distribution, appropriateness, government policy.			
Māori health outcome we desire:	More Māori children and young people stay well			
To help achieve this outcome we will focus on:	Increasing the number of pregnant Māori women who receive ante-natal care and education.			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support services that increase the percentage of pregnant Māori women who receive ante-natal care and education.	Support HRPHO-funded service delivery alternatives and innovations that increase the percentage of pregnant Māori women who receive ante-natal care and education.	Ongoing	As above	As above

Health Issue	Whānau Health - Child & Youth Health			
Indicator 25:	Percentage of children enrolled with a primary care provider by 6 weeks of age			
Baseline:	Unavailable. Not yet established. HRPHO will establish a baseline upon analysis of the HRPHO Quality Management Plan (Best Practice Support for Primary Care programme) data for 2011			
Target (LDHB):	100% <sup>49</sup>			
Current Activities:	HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHs.			
Barriers to health equity:	Accessibility, availability, health education, distribution, appropriateness, government policy.			
Māori health outcome we	More Māori children and young people stay well			

<sup>47</sup> Lakes DHB figures for 2009/10. Lakes DHB Annual Plan 2011-14, p71.

<sup>48</sup> As above.

<sup>49</sup> LDHB AP p78.

desire:				
To help achieve this outcome we will focus on:	Increasing the number of Māori children achieving better child health outcomes through primary care intervention			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support services that increase the percentage of pregnant Māori women who receive ante-natal care and education.	Support HRPHO-funded service delivery alternatives and innovations that increase the percentage of pregnant Māori women who receive ante-natal care and education.	Ongoing	As above	As above

Health Issue	Whānau Health			
Indicator 26:	Rheumatic fever rate in Māori			
Baseline:	15.6 (per 100,000) <sup>50</sup>			
Target (LDHB):	3.4 (per 100,000) <sup>51</sup>			
Current Activities:	Lakes DHB funded Rheumatic Fever Project Coordinator hosted by Korowai Aroha Trust, supports children, young people and their families with rheumatic fever. Lakes DHB funded Lakes Rheumatic Fever Register delivered by RAPHS. HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHS.			
Barriers to health equity:	Health education and literacy, affordability, accessibility, government policy, housing.			
Māori health outcome we desire:	Health conditions in Māori are detected early and managed well to avoid worsening and complications			
To help achieve this outcome we will focus on:	Reporting Māori-specific data for rheumatic fever (Refer activities and actions in Indicator 2)			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Reporting Māori-specific data for rheumatic fever activities/initiatives.	Refer Indicator 2	Ongoing	As above	As above
Support services that decrease the proportion of Māori with rheumatic fever.	Support HRPHO-funded service delivery alternatives and innovations that decrease the proportion of Māori with rheumatic fever.			

Health Issue	Smoking			
Indicator 27:	Percentage of non-smoker population exposed to second-hand smoke in home or car			
Baseline:	11.4% <sup>52</sup>			
Target (HRPHO):	6.4% <sup>53</sup>			
Current Activities:	HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHS.			
Barriers to health equity:	Health education, socio-economic deprivation, financial and emotional stress, support to sustain the lifestyle and environmental change.			
Māori health outcome we desire:	Improved respiratory health amongst Māori			
To help achieve this outcome	Decreasing the proportion of Māori non-smokers exposed to second-hand smoke in home			

<sup>50</sup> The ARF incidence for Māori in the Lakes DHB area – from Grey G. 2009. *Epidemiology of Acute Rheumatic Fever in Lakes DHB 1998 – 2007*. Tauranga: Toi te Ora Public Health Service, p3. Other statistics: Annual incidence of acute rheumatic fever in children in Lakes DHB is nearly double the NZ rate (22/100,000), the incidence of ARF among Māori aged 5-14 years in Lakes DHB was 43.4 per 100,000 compared with a national average of 34.1 per 100,000. For all age groups combined, Māori had an ARF incidence of 15.6 per 100,000 in Lakes compared with 8 per 100,000 nationally, 50% of those requiring secondary prophylaxis do not receive their penicillin injections within 5 days of their scheduled date (source: Grey); Acute Rheumatic Fever rates in Lakes DHB are 5.6 (per 100,000) and 3.4 (per 100,000) nationally (source: Lakes DHB AP p13.); Nationally, rheumatic heart disease hospitalisation in Māori was 40.9 per 100,000 and in Non-Māori was 10.2 per 100,000 (source: He Tatau Kahukura 2010).

<sup>51</sup> The national average ARF incidence – from Grey G. 2009. *Epidemiology of Acute Rheumatic Fever in Lakes DHB 1998 – 2007*. Tauranga: Toi te Ora Public Health Service, p3. The MoH Rheumatic Fever Prevention Programme (to be implemented in 2012) aims to reduce the national incidence of rheumatic fever to 5 cases per annum by 2013. The national long term target is 0.4 per 100,000 by 2020. (source - powerpoint presentation by MoH Rheumatic Fever Prevention Programme project team information seminar on 21/9/2011 in Rotorua).

<sup>52</sup> Ministry of Health. 2011. *Māori Smoking and Tobacco Use 2011*. Wellington: Ministry of Health, p5. 13.9% (car) and 11.4% (home).

<sup>53</sup> This rate is the non-Māori national rate – source: As above. The target reflects the LDHB aim to reduce the Māori smoking rate to that of non-Māori (refer Indicator 18).

we will focus on:	or car			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support services that decrease the proportion of Māori non-smokers exposed to second-hand smoke in home or car	Support HRPHO-funded service delivery alternatives and innovations that decrease the proportion of Māori non-smokers exposed to second-hand smoke in home or car.	Ongoing	As above	As above

Health Issue	Disease Prevention by addressing Nutrition, Obesity & Physical Activity - Obesity			
Indicator 28:	Percentage of HRPHO population (5-14 years) who are obese			
Baseline:	12.6% <sup>54</sup>			
Target (HRPHO):	7.1% <sup>55</sup>			
Current Activities:	HRPHO funded Green Rx and Family Lifestyle Coach – <i>Services to Improve Access fund</i> HRPHO funded Te Arawa Pride programme delivered by Te Papa Takaro o Te Arawa – <i>Services to Improve Access fund</i> HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHS.			
Barriers to health equity:	Health education and health literacy, culturally appropriate services, accessibility, sustained lifestyle change support, early detection and management/treatment.			
Māori health outcome we desire:	Māori are healthier, able to self manage and live longer			
To help achieve this outcome we will focus on:	Māori adopt healthier lifestyles and reduce preventable disease risk			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support services that decrease obesity in Māori children	Annual report on HRPHO-funded service delivery alternatives and innovations that decrease the levels of obesity Māori under 15 years of age.	Ongoing	As above	As above

Health Issue	Disease Prevention by addressing Nutrition, Obesity & Physical Activity - Obesity			
Indicator 29:	Percentage of HRPHO population (15+ years) who are obese			
Baseline:	41.1% <sup>56</sup>			
Target (HRPHO):	24.6% <sup>57</sup>			
Current Activities:	As above			
Barriers to health equity:	Health education and health literacy, culturally appropriate services, accessibility, lifestyle and diet adherence and support, early detection and management/treatment.			
Māori health outcome we desire:	Māori are healthier, able to self manage and live longer			
To help achieve this outcome we will focus on:	Māori adopt healthier lifestyles and reduce preventable disease risk			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support services that decrease obesity in Māori adults.	Annual report on HRPHO-funded service delivery alternatives and innovations that decrease obesity in Māori over 15 years of age.	Ongoing	As above	As above

Health Issue	Disease Prevention by addressing Nutrition, Obesity & Physical Activity - Diabetes			
Indicator 30:	LDL Cholesterol level			
Baseline:	Unavailable			
Target (HRPHO):	≤ 2.8			
Current Activities:	As above			
Barriers to health equity:	Health education and health literacy, culturally appropriate services, accessibility, lifestyle and diet adherence and support, early detection and management/treatment.			

<sup>54</sup> Tatau Kahukura: Māori Health Chart Book 2010 (2<sup>nd</sup> Ed), p24.

<sup>55</sup> The target is the non-Māori rate – source: As above.

<sup>56</sup> Tatau Kahukura: Māori Health Chart Book 2010 (2<sup>nd</sup> Ed), p24.

<sup>57</sup> The target is the non-Māori rate – source: As above.

Māori health outcome we desire:	Māori are healthier, able to self manage and live longer			
To help achieve this outcome we will focus on:	Māori adopt healthier lifestyles and reduce preventable disease risk			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support services that decrease decrease LDL cholesterol levels in Māori	Annual report on HRPHO-funded service delivery alternatives and innovations that decrease LDL cholesterol levels in Māori	Ongoing	As above	As above

Health Issue	Disease Prevention by addressing Nutrition, Obesity & Physical Activity - Diabetes			
Indicator 31:	Albumin/Creatinine ratio			
Baseline:	Unavailable			
Target (HRPHO):	≥ 2.5 mg/mol for Māori women; and ≥ 3.5 mg/mol for Māori men and			
Current Activities:	As above			
Barriers to health equity:	Health education and health literacy, culturally appropriate services, accessibility, lifestyle and diet adherence and support, early detection and management/treatment.			
Māori health outcome we desire:	Māori are healthier, able to self manage and live longer			
To help achieve this outcome we will focus on:	Māori adopt healthier lifestyles and reduce preventable disease risk			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support services that decrease the Albumin/Creatinine ratio in Māori	Annual report on HRPHO-funded service delivery alternatives and innovations that decrease the Albumin/Creatinine ratio in Māori	Ongoing	As above	As above

Health Issue	Mental Health			
Indicator 32:	Increase in the number of Māori adults accessing mental health support			
Baseline:	22% <sup>58</sup>			
Target (HRPHO):	28% <sup>59</sup>			
Current Activities:	HRPHO funded Primary Mental Health Services delivered by Te Runanga o Ngāti Pikiao.			
Barriers to health equity:	Cultural appropriateness and sensitivity, acceptability, health education, socio-economic deprivation, financial and emotional stress.			
Māori health outcome we desire:	Timely access by Māori to appropriate specialist services			
To help achieve this outcome we will focus on:	Increasing utilisation by Māori of HRPHO funded primary mental health services			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support innovative services that increase the number of Māori adults accessing HRPHO-funded primary mental health services.	Annual report on HRPHO-funded service delivery alternatives and innovations that increase the number of Māori adults accessing HRPHO-funded primary mental health services.	Ongoing	As above	As above
	Six monthly report by Māori Health Liaison on advocacy and promotion activities undertaken to support an increase the number of Māori adults accessing HRPHO-funded primary mental health services.			

<sup>58</sup> Baseline and targets are mean utilisation data sourced from the HRPHO Primary Mental Health Initiative for the period August 2009 to June 2011.

<sup>59</sup> LDHB AP (p74) sets a target of a 6% increase in mental health service utilisation. This target reflects that uplift.

Health Issue	Mental Health			
Indicator 33:	Increase in the number of Māori youth accessing mental health support			
Baseline:	Unavailable. Not yet established.			
Target (LDHB):	HRPHO will set a target after assessing youth primary mental health services			
Current Activities:	HRPHO funded Primary Mental Health Services delivered by Te Runanga o Ngāti Pikiao.			
Barriers to health equity:	Cultural appropriateness and sensitivity, acceptability, health education, socio-economic deprivation, financial and emotional stress.			
Māori health outcome we desire:	Timely access by Māori youth to appropriate specialist services			
To help achieve this outcome we will focus on:	Increasing utilisation by Māori youth of HRPHO funded primary mental health services			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support innovative services that increase the number of Māori youth accessing HRPHO-funded primary mental health services.	Annual report on HRPHO-funded service delivery alternatives and innovations that increase the number of Māori youth accessing HRPHO-funded primary mental health services.	Ongoing	As above	As above
	Six monthly report by Māori Health Liaison on advocacy and promotion activities undertaken to support an increase the number of Māori youth accessing HRPHO-funded primary mental health services.			

Health Issue	Mental Health			
Indicator 34:	Hazardous drinking			
Baseline:	39.2% <sup>60</sup>			
Target (MoH):	20.1% <sup>61</sup>			
Current Activities:	HRPHO funded Primary Care Community Health Promotion Plan delivered by RAPHS.			
Barriers to health equity:	Socio-economic deprivation, financial and emotional stress, acceptability, health education, cultural appropriateness and sensitivity.			
Māori health outcome we desire:	Reduction in alcohol-related mental health conditions in Māori			
To help achieve this outcome we will focus on:	Decreasing the prevalence of hazardous drinking by Māori			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support innovative services that reduce the prevalence of alcohol (and drug) related harm in Māori	Annual report on HRPHO-funded service delivery alternatives and innovations that reduce the prevalence of alcohol (and drug) related harm in Māori.	Ongoing	As above	As above

Health Issue	Oral Health			
Indicator 35:	Percentage of Māori (over 18 years) who have been to the dentist in the previous year			
Baseline:	37.7% <sup>62</sup>			
Target (HRPHO):	52.7% <sup>63</sup>			
Current Activities:	HRPHO funded Murupara Oral Health Initiative delivered by Tipu Ora Charitable Trust -			

<sup>60</sup> Prevalence for drinkers in Māori ethnic group – sourced from NZ Health Survey 2006/07 (Table 2.14).

<sup>61</sup> Prevalence for drinkers in European/Other ethnic group – sourced from NZ Health Survey 2006/07 (Table 2.14).

<sup>62</sup> Data sourced from New Zealand Health Survey 2006/07 in *Tatau Kahukura: Māori Health Chart Book 2010* (2<sup>nd</sup> Ed), p48. Ministry of Health. 2010. *Our Oral Health: Key findings of the 2009 New Zealand Oral Health Survey*. Wellington: Ministry of Health; Ministry of Health. 2008. *A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey*. Wellington: Ministry of Health

<sup>63</sup> Data sourced from New Zealand Health Survey 2006/07 in *Tatau Kahukura: Māori Health Chart Book 2010* (2<sup>nd</sup> Ed), p48. Ministry of Health. 2010. *Our Oral Health: Key findings of the 2009 New Zealand Oral Health Survey*. Wellington: Ministry of Health; Ministry of Health. 2008. *A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey*. Wellington: Ministry of Health. Note - this target has been set using national data and is a HRPHO determined target.

	<p><i>Services to Improve Access fund.</i> Lakes DHB funded Combined Dental Agreement (Adolescent Dental Services) delivered by 24 dental practices in Lakes DHB area. Lakes DHB funded Emergency Dental Service for Low Income Adults delivered by 11 dental practices in Lakes DHB area. HRPHO funded Oral Assistant Dental Educator hosted by Tipu Ora Charitable Trust – <i>Services to Improve Access fund</i></p>			
Barriers to health equity:	Financial cost, oral health education, culturally appropriate services, avoidance due to historical trauma			
Māori health outcome we desire:	Improved oral health among Māori			
To help achieve this outcome we will focus on:	Increasing the number of high needs Māori who receive oral health care			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support innovative services that increase the number high needs Māori adults who receive oral health care	Annual report on HRPHO-funded service delivery alternatives and innovations for high needs Māori adults (ie at risk, have co-morbidities, are disengaged or who have significant barriers to access) to receive oral health care.	Ongoing	As above	As above
Develop in collaboration with HRPHO Health Promotion Facilitator, a Fluoridation Position Statement for HRPHO	HRPHO Fluoridation Position Statement developed.	June 2012		

Health Issue	Oral Health			
Indicator 36:	Percentage of Māori (Yr 9-17 years) enrolled in a dental service			
Baseline:	55.2% <sup>64</sup>			
Target (HRPHO):	65.4% <sup>65</sup>			
Current Activities:	<p>HRPHO funded Murupara Oral Health Initiative delivered by Tipu Ora Charitable Trust - <i>Services to Improve Access fund.</i> Lakes DHB funded Combined Dental Agreement (Adolescent Dental Services) delivered by 24 dental practices in Lakes DHB area. HRPHO funded Oral Assistant Dental Educator hosted by Tipu Ora Charitable Trust – <i>Services to Improve Access fund</i></p>			
Barriers to health equity:	Oral health education, culturally appropriate services, access.			
Māori health outcome we desire:	Improved oral health among Māori			
To help achieve this outcome we will focus on:	Increasing the number of high needs Māori who receive oral health care			
We will undertake these activities and actions:	Deliverables	Timing	Contract Ref	Framework Ref
Support innovative services that increase the number high needs Māori youth who receive oral health care	Annual report on HRPHO-funded service delivery alternatives and innovations for high needs Māori youth (ie at risk, are disengaged or who have significant barriers to access) to receive oral health care.	Ongoing	As above	As above

<sup>64</sup>LDHB data for 2009 - Eligible population was 7,315 and utilisation was 4,040. This data was not tagged for ethnicity. Source: Ministry of Health. (2009). *DHB Adolescent Oral Health Service Utilisation Data*. Wellington: Ministry of Health.

<sup>65</sup> National utilisation rate for all DHBs for 2009. This data was not tagged for ethnicity. Source: Ministry of Health. (2009). *DHB Adolescent Oral Health Service Utilisation Data*. Wellington: Ministry of Health. Note - LDHB AP (p78) has a target of 4,560 adolescents to be provided with oral health services in 2011/2012 (an uplift from 4,040 from 2009). This target has been set using national DHB data (rather than the LDHB goal of 4,560 persons) to ensure consistency across the data sources. This target is therefore a HRPHO determined target.