

Ropata Community

Primary Health Organisation

MĀORI HEALTH PLAN

October 2009

Our Mission Statement

“To enhance the health of the individuals enrolled with Ropata Community PHO through the provision of comprehensive quality primary health care.”

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1 Mihi

Mihi

Tihei Mauriora
He honore he kororia ki te Atua
He maungarongo ki te whenua
He whakaaro pai ki ngā tāngata katoa

Tēnei te karanga, te wero, te whakapā atu ki a tātou katoa kia hōrapa, kia whakakōtahi o tātou nei kaha ki te whakatikatika o tātou māuiui. Hei aha Hei orange mō te tangata.

Greetings

All honour and glory to our maker
Let there be peace and tranquillity
on Earth
Goodwill to Mankind

This is the cry, the challenge to all concerned to collectively unite our efforts in addressing and improving the health needs of the community.

Welcome to Ropata Community PHO's Māori Health Plan

The Treaty of Waitangi is New Zealand's founding document and the Government acknowledges its obligations as a Treaty partner. Acknowledgement of the Treaty principles and the special relationship established under the Treaty, between Māori and the Crown, is a guiding principle in the Government's action on health.

Central to the Treaty relationship and implementation of Treaty principles is a common understanding that Māori will have an important role in implementing health strategies for Māori, and that the Crown and Māori will relate to each other in good faith with mutual respect, co-operation and trust.

To date, the relationship between Māori and decision making and the implementation of health and disability services has been based on three key principles (derived from the Royal Commission on Social Policy) – Partnership, Participation and Protection.

Partnership Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

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

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

Ropata Community PHO (RCPHO) is working towards achieving this statement as a goal for the whole Service. RCPHO's Board of Trustees fully supports this approach, recognises Partnership, Participation and Protection as the key elements of the Treaty, and fully commits to working with our Māori people.

2 Introduction

Ropata Community PHO (RCPHO) commits to better meeting the needs of its enrolled Māori population. Inherent in this process is the need to first identify our Māori population, and then better understand their health needs to enable improved access to clinically appropriate and culturally sensitive health care. RCPHO endorses Hutt Valley DHB's Māori Health Strategic Plan 2006-2011 (Whanau Ora ki Te Awakairangi). The DHB's key strategies to emerge from this document are:

- Working in harmony with Māori
- Collaboration across sectors and silos to improve the wellbeing of Māori
- Enhancing and expanding the health workforce in the Hutt Valley.
- Making wellness easier
- Restoring Health (access to a range of services is improved)

RCPHO believes that its Māori Health Plan should share common ground with the DHB's strategies. It is with regard particularly to the last two strategies that primary care has a major part to play in improving the health of Māori.

3 Hutt Valley Māori Health

It is universally recognised that Māori have poorer health outcomes than non-Māori. The situation within the Hutt Valley is no different. The current population of Māori enrolled with PHOs within the Hutt Valley is approximately 21,000 people, which represents 15.8% of the Hutt Valley enrolled population. This is predicted to grow to 20% (or 26,600) by 2021. The age distribution of Hutt Valley Māori is similar to the national distribution with nearly half of the population aged less than 25yrs. Most of the projected growth in Māori population is in the older age groups which has significant implications for the planning of healthcare services. Hutt Valley Māori are over-represented in areas of highest socio-economic deprivation. Over a third of Hutt Valley's Māori population falls into decile 9 and 10 (quintile 5).

All cause standardised mortality rates for Hutt Valley Māori are higher (1.6 times) than other ethnic groups (excluding Pacific Island). This is even higher when looking at specific causes such as Sudden Infant Death Syndrome (SIDS), Diabetes, Cardiovascular and Respiratory disease and Lung Cancer. The largest difference occurs in the age groups 45-64, reflecting the earlier onset of chronic diseases. Māori are nearly 30% more likely to be admitted to hospital than other ethnic groups (excluding Pacific Island). This is most pronounced in the areas of dental, cardiology and general medical services. Data on rates of those receiving secondary mental health services show that Māori are over-represented in the middle age groups from 20-64yrs.

4 Ropata Community PHO Māori population

As at 1 October 2009, RCPHO had 19,422 enrolled patients. Of these, 1155 identified themselves as Māori. This represents 5.9% of our population which is below the Hutt Valley current rate of 15.8%.

Processes are in place for the collection of ethnicity data. RCPHO currently has the ethnicity recorded for 99.6% of its enrolled population.

The following table gives a breakdown of RCPHO Māori population by age:

Age	Total	% of RCPHO's Māori Population
0-4yrs	134	12%
5-14yrs	242	21%
15-24yrs	207	18%
25-44yrs	312	27%
45-64yrs	220	19%
65+ yrs	40	3%
TOTAL	1155	100%

5 Current services targeting Māori

RCPHO currently has a number of services that preferentially target Māori (as well as Pacific Island and other High Needs groups).

In the year to June 2009, RCPHO ran a Service to Improve Access (SIA) programme which undertook to comprehensively screen individuals for cardiovascular disease risk and diabetes. The programme aimed to target the moderate and high risk individuals for clinically appropriate medical and lifestyle interventions. Part of the scope of this programme was to identify and survey those eligible individuals who did not accept the offer to participate in this programme. We felt the results of this survey may well provide an invaluable insight into why access to current medical services is lower in Māori and how to improve our services.

A continuing SIA initiative for the PHO is the delivery of an outreach nursing service which it is helping to target those hard-to-reach individuals. This service is part of the Wellness Team, additionally providing “Care-Plus” services (comprehensive healthcare to individuals with high chronic health needs) and a cardio-respiratory nursing service. We are preferentially identifying and targeting Māori to enrol them in this service. As at 1 July 2009, 9% of all patients who were enrolled in Care Plus with RCPHO identified themselves as Māori (against a total Māori population in the PHO of 6%).

As from 1 April 2009, the PHO has established a Mental Health Initiative based at Ropata Medical Centre, which consist of specialist mental health nurse and clinical psychology services to which patients are referred by their provider GP.

From 1 October 2009, RCPHO is funding a Peer Support Mentor position at Hutt Youth Health Trust as part of the PHO reaching out to its rangatahi in a youth-focussed environment.

RCPHO also supports a free Sexual and Reproductive Health Service, providing sexual and reproductive health services to youth under the age of 22 year. This service is provided to all enrolled individuals and casual patients from throughout the Hutt Valley at no cost. As the Māori population is distributed such that 47% of Māori are aged less than 25 years, we believe this service can be responsive to Māori needs.

Health promotion activities have included the employment of a part-time health promotion nurse. One of the areas specifically identified by the PHO is dental hygiene, an area which contributes a significant degree of morbidity to local Māori.

6 Intersectoral Strategies



7 Consultation

Consultation with local Māori is a prerequisite of developing a significant Māori Health Strategy. This consultation process must be significant and meaningful. Satisfactory consultation with Māori will involve significant utilisation of resources. RCPHO is also aware that there are four other PHOs in the Hutt Valley who are also looking to consult with Māori on the development of their own Māori Health services. Nonetheless, we recognise the need to engage directly with Māori enrolled with RCPHO, and Hui have been held to accomplish this. RCPHO continues to support other Hutt Valley PHOs coming together to jointly develop meaningful consultation and strategic processes going forward. RCPHO maintains strong Māori representation on its Board of Trustees and fosters an open dialogue with Tangata Whenua through this connection.

This document was presented to the Te Awakairangi Regional Board and the Board's counsel sought in 2007.

8 Goals and Actions - Tamariki

The following main goals and actions, in each section, were determined from the knowledge of our population, and morbidity and mortality data, viewed within the framework of the current services provided by RCPHO.

Goal 1 Improve and Protect Health of Māori Children (Tamariki)

A	Improved access	<ul style="list-style-type: none"> - commitment to pass on subsidy to children - encourage enrolment with PHO rather than casual users - develop outreach nurse services
B	Immunisations	<ul style="list-style-type: none"> - continue excellent work already achieved in immunisation levels - outreach service
C	Breastfeeding rates	<ul style="list-style-type: none"> - opportunistically encourage breastfeeding
D	Well child checks	<ul style="list-style-type: none"> - continue to endorse well child programme
E	ENT and Dental	<ul style="list-style-type: none"> - use of outreach / health promoter to follow up those requiring ear and dental checks

9 Goals and Actions - Rangatahi

Goal 2 Improve and Protect Health of Māori Youth (Rangitahi)

A	Improved access	<ul style="list-style-type: none"> - encourage enrolment over casual use
B	Smoking cessation	<ul style="list-style-type: none"> - Increased utilization of smoking cessation programme or referral to culturally appropriate local service with in the Hutt Valley.
C	Alcohol / drugs	<ul style="list-style-type: none"> - continue education and referral to local alcohol and drug services to be involved in new services and Addiction Network group for this area.
D	Mental Health	develop capacity for mental health care in line with current MoH-funded initiatives and ensure cultural sensitivity to also have closer links with Māori mental health services with in the Hutt Valley that support Tangata Whaiora and to develop MOUs with these services
E	Sexual Health	continue to offer service and monitor usage based on ethnicity

10 Goals and Actions – Pakeke and Kaumatua

Goal 3 Improve Health and Encourage Healthy Lifestyles in Māori Adults (Pakeke) and elders (Kaumatua)

A	Improved access	<ul style="list-style-type: none"> - encourage enrolment over casual use - SIA free health screening service - develop outreach nurse service
B	Smoking cessation	<ul style="list-style-type: none"> - ongoing utilisation of service
C	Healthy lifestyle	<ul style="list-style-type: none"> - develop Ropata Health Promotion capability
D	Chronic disease	<ul style="list-style-type: none"> - continue to offer Care Plus with improved uptake following development of chronic disease nurse specialist
E	Breast cancer	<ul style="list-style-type: none"> - continue to monitor mammography and develop systems to encourage enrolment in BreastScreen Aotearoa
F	Cervical cancer	<ul style="list-style-type: none"> - continue cervical screening recall system

11 Recommended background reading

Minister of Health and Associate Minister of Health. 2002. *He Korowai Oranga: Māori health Strategy*, Wellington: Ministry of Health.

Ministry of Health. Whakatataka Māori Health Action Plan 2006-2011. Wellington.

Hutt Valley District Health Board. 2002. *Towards a healthier Community. The Strategic Plan*. Lower Hutt

Minister of Health. December 2000. *The New Zealand Health Strategy*. Wellington.

Minister of Health. February 2001. *The Primary Health Care Strategy*, Wellington.

Minister for Disability Issues. April 2001. *The New Zealand Disability Strategy*. Wellington.

The Family Centre Social Policy research unit. 2003 *Hutt City Council Quality of Life Social Monitoring System. Health*. Lower Hutt: Hutt City Council.

Te Tāhuhu – Improving Mental Health 2005 – 2015: The Second New Zealand Mental Health and Addiction Plan – is the ridgepole that provides the essential support for all service planning and development that is undertaken. It sets objectives and pathways to reduce the incidence and impacts of mental illness and addictions.

National Māori Mental Health Workforce Development Strategic Plan. *Kia Puawai Te Ararau 2006-2010*. January 2006. Te Rau Matatini, MOH.

Regional Mental Health Strategic Plan. Central Region Mental Health and Addiction Network. July 2002 - June 2004.

Ministry of Health. 2004. *Clearing the Smoke: A five-year plan for tobacco control in New Zealand (2004–2009)*. Wellington.