2017/18

Māori Health Plan

Auckland and Waitemata District Health Boards

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Waitemata
District Health Board
Best Care for Everyone

Mihimihi

E ngā mana, e ngā reo, e ngā kārangarangatanga tāngata
E mihi atu nei ki a koutou
Tēnā koutou, tēnā koutou, tēnā koutou katoa
Ki wā tātou tini mate, kua tangihia, kua mihia kua ēa
Rātou, ki a rātou, haere, haere, haere
Ko tātou ēnei ngā kanohi ora ki a tātou
Ko tēnei te kaupapa, 'Oranga Tika', mo te iti me te rahi
Hei huarahi puta hei hapai tahi mō tātou katoa
Hei oranga mō te katoa
Nō reira tēnā koutou, tēnā koutou, tēnā koutou katoa

To the authority, and the voices, of all people within the communities
We send greetings to you all
We acknowledge the spirituality and wisdom of those
who have crossed beyond the veil
We farewell them
We of today who continue the aspirations of yesterday to
ensure a healthy tomorrow, greetings
This is the Plan
Embarking on a journey through a pathway that requires your
support to ensure success for all
Greetings, greetings, greetings

"Kauā e mahue tētahi atu ki waho
Te Tihi Oranga O Ngati Whatua"

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Foreword

The purpose of the Māori Health Plan is to accelerate Māori health gain within our districts. It provides Auckland District Health Board (Auckland DHB), Waitemata District Health Board (Waitemata DHB) and our local health services with priority areas for action over the next twelve months and specifies accountabilties for the activities. Our DHBs are strongly committed to acclerating Māori health gain to eliminate disparities in health status by improving the health outcomes of Māori. This requires focused and dedicated collective action across the health sector, keeping the advancement of Māori health at the very fore of planning, funding and service delivery activities. A key tool to support this approach is the Minsitry of Health Equity of Health Care for Māori Framework.

Whānau ora contiues to be a key platform on which activities to accelerate Māori health gain and eliminate health inequities for Māori through quality prevention, assessment and treatment services will be based. The principles that underpin this work will be:

- **Health partnership with mana whenua** - partnership approach to working together at both governance and operational levels
- **Health equity** – ensuring the appropriate resources are applied to accelerate Māori health gain
- **Self-determination** - supporting meaningful Māori involvement in health care decision-making, increased capacity for self-management, higher levels of autonomy and reduced dependence
- **Indigeneity** - ensuring health development and decision making is based on the aspirations of Māori
- **Ngā kaupapa tuku iho** – including Māori beliefs, values, protocols and knowledge to guide health service planning, quality programming and service delivery
- **Whole-of-DHB-responsibility** – Accelerating Māori health gain and eliminating ethnic inequalities between Māori and non-Māori is a key consideration of all activities across the health system
- **Evidence-based approaches** – utilising scientific and other evidence to inform policy, planning, service delivery and practice to accelerate Māori health gain and reduce inequalities.

Orienting the health and disability sector to respond effectively to Māori health needs will require the commitment of the wider health workforce, and advanced competencies for health practitioners. Such an approach will also contribute positively to opportunities of potential that a Māori-led health focus brings. It will also inherently require a shift in practice.

By 2020 we want to see Māori in our region living longer and enjoying a better quality of life. We want to see a system that is responsive, integrated, well resourced, and sustainable so

that gains we make today can be built upon by future generations. These ambitions are certainly achievable and will be one of the key ways in which our success as District Health Boards and as health professionals will be measured in years to come.

Introduction

The purpose of the Māori health plan is to document DHB and PHO direction for accelerating Māori health gain and eliminating inequities for Māori. Auckland and Waitemata DHBs continue to work collaboratively and share a joint Māori health team called He Kamaka Waiora. He Kamaka Waiora provide by Māori for Māori planning and funding function as well as the provision of Māori led provider arm services across both DHBs.

Our Māori health plan for Auckland and Waitemata DHBs has been developed collaboratively between the two DHBs and in partnership with both MOU partners and with the PHO partners. Where possible, Māori health gain activities have been aligned across both DHBs, whilst highlighting instances where there are differences in data, current performance, focus of activities, or differing approaches to activities.

Where possible activities in this plan to eliminate Māori health inequities and accelerate Māori health gain are embedded in Auckland and Waitemata DHB's Annual Plans. All the priority area indicators are included in the Annual Plan's non-financial monitoring framework and performance measures**.** This supports DHB accountability for achieving equitable outcomes from Māori. Further activities to accelerate Māori health gain are included in DHB planning documents and are aligned to the Northern Regional Health Plan.

Both DHBs are committed to accelerating Māori health gain, and all of these strategic documents should be read together in order to gain a complete understanding of the DHBs' activities to meet this commitment.

Our Partners

Auckland and Waitemata District Health Baords are committed to working with Mana Whenua and mataa waka to accelerate Māori health gain and eliminate inequities. To this end, Auckland and Waitemata DHBs have a Memorandum of Understading with Te Rūnanga o Ngāti Whātua to support thier participation in the governance, planning, funding, research and monitoring functions of our District Health Boards. Te Rūnanga o Ngāti Whātua has strong links with Māori communities across Auckland and Waitemata DHB areas, particularly in the South Kaipara area, and represents and reflects the aspirations of these communities.

In Waitemata DHB we have entered into a similar arrangement with Te Whānau o Waipareira Trust. Waitemata District Health Board acknowledges Te Whānau o Waipareira Trust's special relationship with whānau in West Auckland and their contribution to the advancement of whānua Māori. Te Whānau o Waipareira Trust are also supported to participate in Waitemata DHB governance, planning, funding, research and monitoring functions through a Memorandum of Understading.

Te Rūnanga o Ngāti Whātua and Te Whānau o Waipareira Trust have contributed to the content of the Auckland and Waitemata District Health Boards Māori Health Plan and will be key to partnering with us to engage key stakeholders for increased Māori health gain. We are

also committed to working in prioritsed locations to support solutions that are reflective of the communities needs and desires. Activities throughout this plan support this approach.

Primary Health Organisations (PHO) also have a critical role to play in achieving Māori health gain. The development of meaningful allicance models with primary care to support accelerated Māori health gain is a key area for development. For 2017/18 we have specifically documented each PHOs contribution to Māori health improvement. Progress against these activities will be actively monitored via the joint Auckland and Waitemata DHB Māori Health Board Advisory Committee – Manawa Ora.

Each District Health Board (DHB) in the metropolitan Auckland region (Auckland, Counties Manukau and Waitemat DHBs) has strengths and areas for development in achieving performance improvement for Māori health gain. The 2017/18 year will see greater comparisons of performance against equity measures and collaboration to ensure those benefits are shared across the region. In some areas this may mean joining up or merging work programmes. In others it may mean greater transparency in performance metrics and requiring DHBs or services to reflect on their existing practices or service delivery approaches if they are not showing the same improvement as others. Areas that will be explored for joined up regional leadership include focused capability building in Māori health in workforce development.

Te Tiriti o Waitangi

Auckland and Waitemata DHBs recognise and respect Te Tiriti o Waitangi as the founding document of New Zealand. Te Tiriti o Waitangi encapsulates the fundamental relationship between the Crown and Iwi. The four Articles of Te Tiriti o Waitangi provide a framework for Māori development, health and wellbeing by guaranteeing Māori a leading role in health sector decision making in a national, regional, and whānau/individual context. The New Zealand Public Health and Disability Act 2000 furthers this commitment to Māori health advancement by requiring DHBs to establish and maintain a responsiveness to Māori while developing, planning, managing and investing in services that do and could have a beneficial impact on Māori communicates.

Te Tiriti o Waitangi provides four domains under which Māori health priorities for Auckland and Waitemata DHBs can be established. The framework recognises that all activities have an obligation to honour the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

Article 1 – Kawanatanga (governance) is equated to health systems performance. That is, measures that provide some gauge of the DHB's provision of structures and systems that are necessary to facilitate Māori health gain and reduce inequities. It provides for active partnerships with mana whenua at a governance level.

Article 2 – Tino Rangatiratanga (self-determination) is in this context concerned with opportunities for Māori leadership, engagement, and participation in relation to DHB's activities.

Article 3 – Oritetanga (equity) is concerned with achieving health equity, and therefore with priorities that can be directly linked to reducing systematic inequities in determinants of health, health outcomes and health service utilisation.

Article 4 – Te Ritenga (right to beliefs and values) guarantees Māori the right to practice their own spiritual beliefs, rites and tikanga in any context they wish to do so. Therefore, the DHB has a Tiriti obligation to honour the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

Our Decision Making Kaupapa

Guiding Principles

The following seven principles underpin this Māori Health Plan, and have provided practical direction for the identification of Māori health priority areas and associated activities and indicators.

Health partnership with mana whenua

This principle is reflected in a Memorandum of Understanding between Te Rūnanga o Ngāti Whātua and Auckland and Waitemata DHBs and Te Whānau o Waipareira and Waitemata DHB that outlines the partnership approach to working together at both governance and operational levels. This relationship will ensure the provision of effective health and disability services for Māori resident within the rohe of Ngāti Whātua and the area where Te Whānau o Waipareira have strong connections with whānau.

Whānau ora

Whānau ora, in the context of this plan, is concerned with an intra- and inter-sectoral strength-based approach to supporting whānau to achieve their maximum potential in terms of health and wellbeing. The approach is whānau-centred and involves providing support to strengthen whānau capacities to undertake functions that are necessary for healthy living and contributing to the wellbeing of whānau members and the whānau collective.

Health equity

As a principle, health equity is concerned with eliminating avoidable, unfair and unjust systematic disparities in health between Māori and non-Māori. The concept of health equity acknowledges that different types and levels of resources may be required in order for equitable health outcomes to be achieved for different groups. Improving Māori access to and through health services will be a key DHB contribution towards achieving health equity.

Self-determination

This principle is concerned with the right of Māori individuals and collectives to be informed and exert control over their health. This is consistent with full involvement in health care decision-making, increased capacity for self-management, higher levels of autonomy and reduced dependence.

Indigeneity

Indigeneity is concerned with the status and rights of Māori as indigenous peoples. The value placed on Indigeneity should be reflected in health policies and programmes that support the retention of Māori identity, the participation of Māori in decision-making, and health development based on the aspirations of Māori.

Ngā kaupapa tuku iho

As a principle, ngā kaupapa tuku iho requires acknowledgment and respect for distinctly Māori values, beliefs, responsibilities, protocols, and knowledge that are relevant to and may guide health service planning, quality and safety programming and service delivery for Māori.

Whole-of-DHB responsibility

Achieving best health outcomes for whānau and health equity for Māori is a whole-of-DHB responsibility. Therefore, contributing to Māori health gain and reducing ethnic inequities in health between Māori and non-Māori is an expectation of all health activities through Auckland and Waitemata DHBs.

Evidence based approaches

The evidence-based approach is a process through which scientific and other evidence is accessed and assessed for its quality, strength and relevance to local Māori. An understanding of the evidence is then used in combination with good judgement, drawing on a Māori development perspective and social justice ethic, to inform decision-making that maximises the effectiveness and efficiency of Māori health policy, purchasing, service delivery and practice.

Māori Health Outcomes Framework

Auckland and Waitemata DHBs are committed to achieving demonstrable health gains and reducing inequities for Māori within our region. To this end, we are moving away from an outputs or process measure focus towards measuring the health outcomes that make timely and sustainable difference to our whānau.

Ngā Painga Hauora: Māori Health Outcomes Framework (Figure 1.0) developed in partnership between Auckland and Waitemata DHBs and local Māori health providers, and led by Professor Sir Mason Durie, outlines the outcomes we are aiming for and how we measure our progress towards them. Our outcomes framework (below) aligns the high level outcomes of Auckland and Waitemata DHB and the aims of He Korowai Oranga – the Ministry of Health Māori Health Strategy to achieve Pae Ora (and the related domains of Mauri Ora, Whānau Ora and Wai Ora). The Framework gives four health outcome goals Engagement, Alleviation of a health condition, Reduction of Risks and Promotion of Wellness which will direct assessment of provider effectiveness and measurement of population health gain.

Figure 1.0 **Ngā Painga Hauora Māori Health Outcomes Framework**

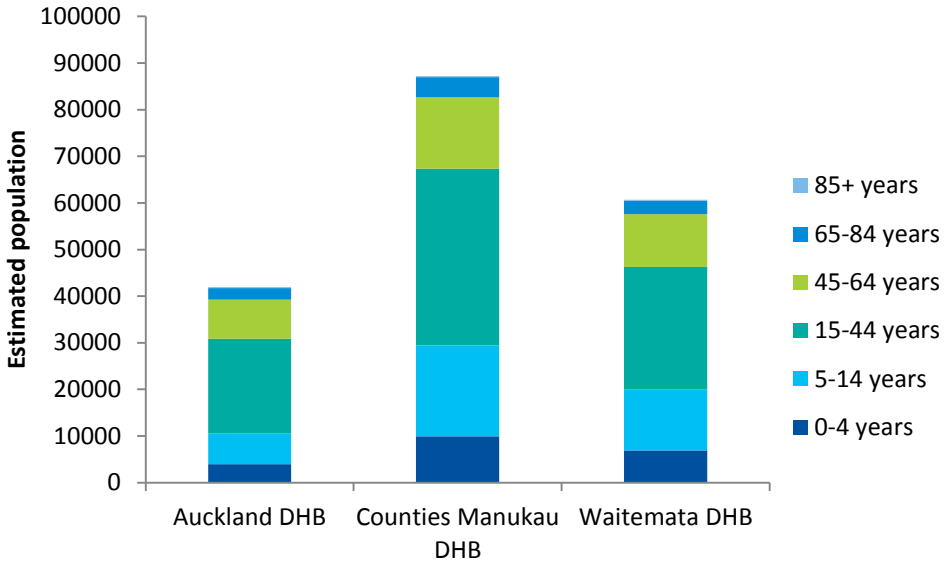
The People We Serve

Auckland Region

There are 189,800 Māori people in the metropolitan Auckland region (Auckland, Waitemata and Counties Manukau DHB districts) in 2017, which equates to 11 percent of the total population[1]. Counties Manukau is home to 46 percent of the regional Māori population. The proportion of Māori people, as a percentage of the total Auckland region population is expected to rise to 13 percent by 2036. This projected percentage rise equates to 84,890 people between 2017 and 2036. It is important to note that the people grouped under the generic label of Māori are very diverse in health status, health beliefs and practices, housing, geographical distribution, iwi affiliation, use of languages and socio-economic status.

Socio-demographic and health status information tells us that life in New Zealand is changing for these communities. Thirty nine percent of all Māori in the metropolitan Auckland region live in areas classified as Quintile 5, Deciles 9 and 10 (highest socioeconomic deprivation) on the Socioeconomic Deprivation Index[2]. The graphs below contrast the age and socioeconomic deprivation profile across the Auckland region Māori populations. Counties Manukau is home to almost half of the region's tamariki Māori (aged 0-14 years) of which 60 percent are estimated to be living in areas of high socioeconomic deprivation. Auckland DHB has approximately 30% of their Māori population living in the highest areas of socioeconomic deprivation with 17% of Māori in Waitemata DHB living in the highest areas of socioeconomic deprivation.

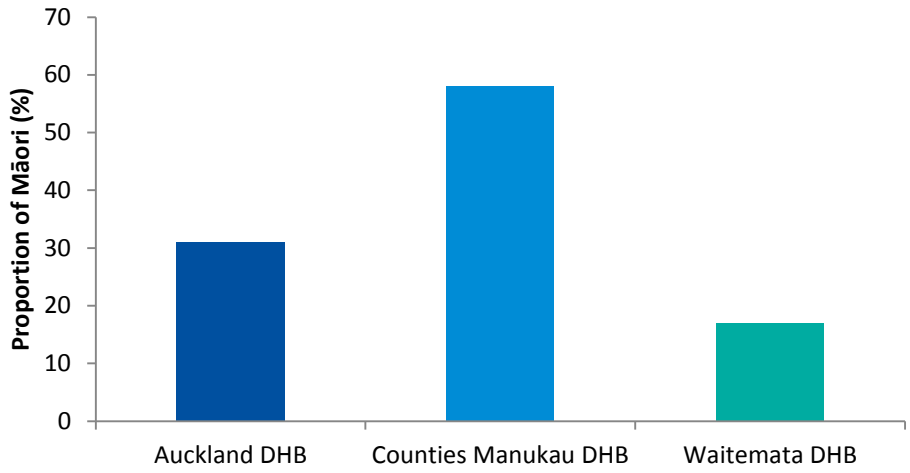
Estimated Auckland Metrol Māori population in 2017 (2013 Census base - 2016 update)



[1] Census 2013 NZ Dep. District Health Boards. Ethnic Group Population Projections,(2013-Census Base) – October 2016 Update

[2] Source: University of Otago, Wellington (2014) NZDep2013 Area Concordance File; analysed by CM Health

Auckland Metro Māori living in NZDep 2013 9 and 10 (highest socioeconomic deprivation)



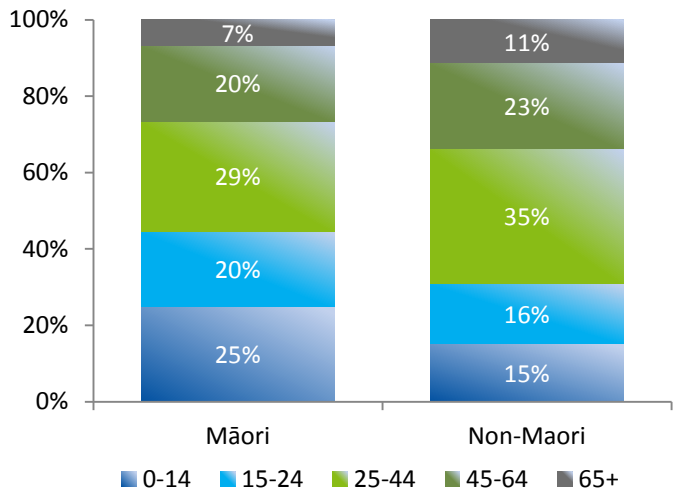
The factors of population growth and socioeconomic status, alongside available services and community networks, impact how we monitor population health and design and deliver supporting services. While the three metropolitan Auckland DHBs are committed to collaboration, each will need to complement these activities with a focus on specific health improvement actions that are important to local population health gain needs.

Auckland District Health Board Profile and Health Needs

1. Population

- Auckland DHB's population is estimated to be 530,460 in 2017/18. It is an ethnically diverse area with greater proportions of Asian and Pacific peoples than in New Zealand as a whole. Māori make up 8.0% of Auckland DHB's population (42,390 people) compared with 15.8% nationally.
- Geographically, most Māori reside within the Maungakiekie-Tamaki (25% of Māori) and Albert-Eden-Mt Roskill areas (29% of Māori).
- The Auckland DHB Māori population is younger, with 45% under 25 years (18,800 young people) compared with 31% of non-Māori. Conversely, 6.6% of Māori are aged 65 years or over (2,810 people) compared with 11.3% of non-Māori.

Percent of Auckland DHB population in each age group, Māori and non-Māori, 2017/18

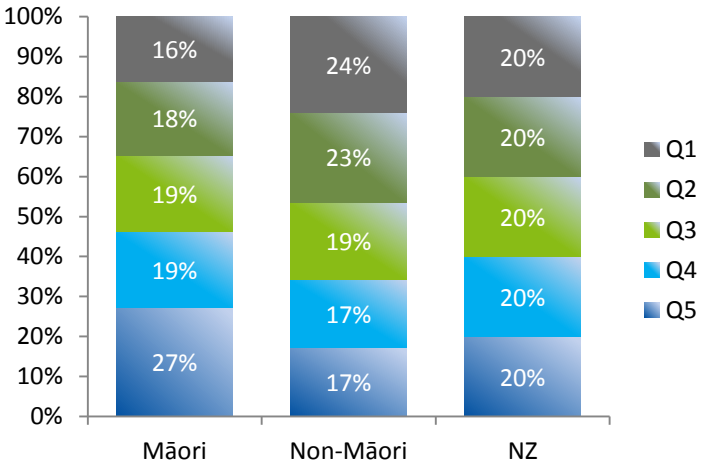


- Over the next 20 years, the Māori population in Auckland DHB is expected to increase by 41% to 59,670, compared with a projected national increase of 43%. The non-Māori population is expected to increase by 32% (national increase of 15%).

2. Population Health Drivers

The New Zealand Deprivation index is a made up of a number of socio-economic factors collected in the census, which have a strong influence on health. The index divides the population into evenly-sized groups. Based on the 2013 Census data, 46% of Māori who usually reside in Auckland DHB live in areas of higher deprivation (Q4 and Q5), compared with 40% for New Zealand as a whole, and 34% for non-Māori in Auckland DHB.

Percent of Auckland DHB Māori and Non-Māori and New Zealand population in each deprivation category, 2013



[1]Q1 least deprived quintile - Q5 most deprived quintile

Economic factors such as income, occupation and education are powerful determinants of health. The median annual income for Auckland individuals aged 15 years and over in 2013 was $31,500, higher than the national figure of $28,500. When the high cost of housing in the Auckland region is taken into account, disposable income is lower than this figure suggests. While 29% of European/Other people have an income of under $20,000 per year, the percentage is much higher for Māori at 41%. However, the figures should be treated with caution because many people did not respond to census questions about income.

Overall 12% of people in Auckland left school with no qualification, but this figure is much higher for Māori at 24%. At the high end of educational achievement, 39% of European/ Other people have a tertiary or higher qualification, with only 20% of Māori having such qualifications.

At the time of the 2013 census, Māori people were nearly three times as likely to be unemployed (14%) compared to Europeans/Other (5%).

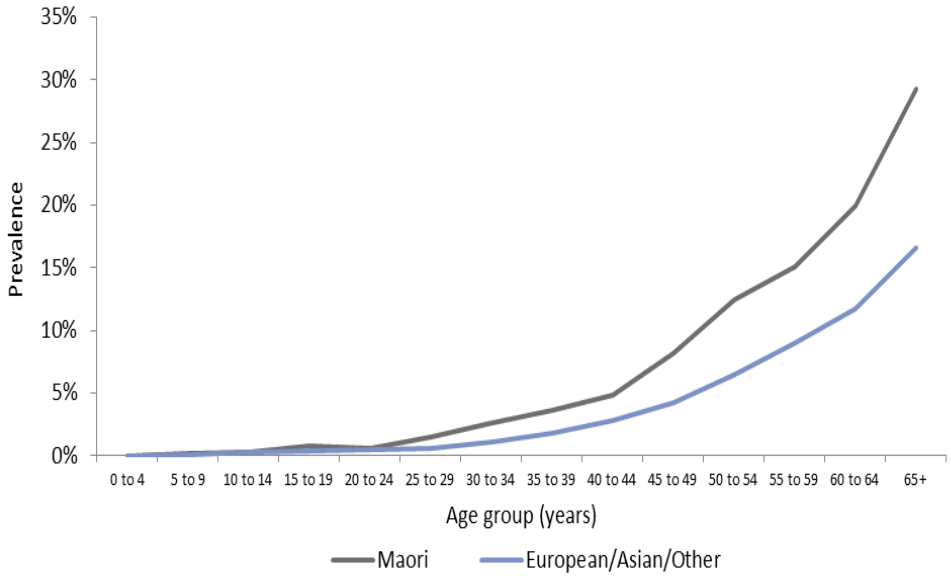
Poor quality housing, including poor physical living conditions, overcrowding and lack of heating constitutes a significant health risk particularly for the young and old. In Auckland region, crowding is much more common amongst Māori (25% living in overcrowded houses) than Europeans/Others (6%) (Census 2013).

3. Modifiable Risk Factors

Smoking, obesity, lack of physical activity, high blood pressure and high cholesterol levels are key contributors to cancer, cardiovascular disease, diabetes and respiratory disease. The prevalence of smoking is lower amongst Māori in Auckland DHB than amongst Māori in the rest of New Zealand but considerably higher than for the total population. Māori adults in Auckland DHB have lower rates of obesity compared with Māori nationally. However, these rates are considerably higher than for non-Māori. Obesity in Māori children is similar in Auckland DHB to that of Māori children nationally. Regular physical activity is reported by similar proportion of Māori in Auckland DHB and nationally and by non-Māori in Auckland DHB. A similar proportion of Māori both in Auckland DHB and in New Zealand are medicated for high blood pressure or high cholesterol. This is despite the reportedly higher rates of high blood pressure and high cholesterol in the Māori population.

The prevalence of diabetes among Māori in Auckland is higher in every age group over 15 years than the rate for European/Asian/Other people. The overall prevalence is similar in Māori (5.0%) compared with European/Asian/Other people (excluding Pacific) (5.4%). Because the prevalence of diabetes increases with age, and there are relatively fewer Māori aged 65 years and over, the similarity in the overall prevalence is driven by a much higher prevalence in younger Māori.

Diabetes prevalence by age band in Auckland DHB, 2016 VDR PHO enrolled population



Note: Source is VDR 2016, European/Asian/Other excludes Pacific.

Table 1: Modifiable Risk Factors

Indicator	Prevalence Māori ADHB	Prevalence Māori NZ	Prevalence Total Population ADHB
Current smoking	26%	32%	11%
Diabetes prevalence	5.5% Crude	5.5% Crude	5.6% Crude

Indicator	Prevalence Māori ADHB	Prevalence Māori NZ	Prevalence Total Population ADHB
	8.4% Age-adjusted	8.7% Age-adjusted	5.9% Age-adjusted
Regular physical activity	53%	52%	47%
Obese adults	39%	46%	22%
Obese children	18%	17%	10%
Medicated high blood pressure	11%	14%	11%
Medicated high blood cholesterol	8%	9%	9%

Sources: Smoking: 2013 census, crude prevalence; Diabetes 2016 VDR PHO enrolled population, crude and age-adjusted prevalence; remainder: NZHS 2011/14, crude prevalence

4. Life Expectancy and Amenable Mortality

Life expectancy for Māori in Auckland DHB is 79.4 years (2013-15), 4 years higher than the national average Māori life expectancy (75.4 years in 2013). Amenable mortality is defined as premature deaths (before age 75 years) from conditions that could potentially be avoided, given effective and timely care for which effective health interventions exist. The age-standardised rate of amenable mortality from all causes for Māori in Auckland DHB is 193.1 per 100,000 population aged 0-74, compared with 65.0 per 100,000 population aged 0-74 for the non- Māori/non-Pacific populations.

The leading causes of amenable mortality for Māori males in Auckland DHB between 2009 and 2013 were Heart disease, suicide and Diabetes. For Māori females in Auckland DHB, the leading causes of amenable mortality were COPD, heart disease and breast cancer.

Table 2: Leading five causes of amenable mortality by gender for those aged 0-74 years, 2009-2013

	Males		Females	
	ADHB	**NZ**	**ADHB**	**NZ**
Māori	Heart Disease	Heart Disease	COPD	Heart disease
	Suicide	Diabetes	Heart Disease	Breast Cancer
	Diabetes	Suicide	Breast Cancer	COPD
	Stroke	Transport injuries	Diabetes	Diabetes
	COPD	COPD	Suicide	Stroke
Non-Māori	Heart Disease	Heart Disease	Breast Cancer	Breast Cancer
	Suicide	Suicide	Heart Disease	Heart Disease
	Stroke	Stroke	Stroke	COPD
	Diabetes	COPD	Diabetes	Stroke
	COPD	Transport injuries	Suicide	Suicide

5. Wellbeing

Ministry of Health commissioned Te Rōpū Rangahau Hauora a Eru Pōmare to produce a Māori Health Profile for each District Health Board (DHB) in Aotearoa New Zealand. The profile highlighted a number of strengths for our Māori population:

- Most Auckland Māori adults (84%) reported that their whānau was doing well
- 77% of Māori found it easy to access whānau support in times of need
- Being involved in Māori culture was important (very, quite, or somewhat) to the majority of Māori adults (71%). Spirituality was important to 62%
- Most (92%) Auckland Māori had been to a marae at some time. Three out of five (58%) has been to their ancestral marae, with a similar proportion (57%) stating they would like to go more often.

6. Health Service Providers

Key health service providers in Auckland DHB include:

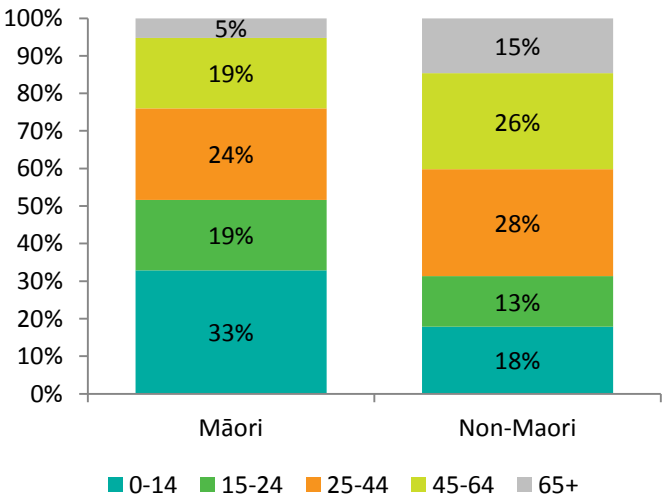
- Two public hospitals; Auckland City (including Starship Children's Hospital) and Greenlane Clinical Centre.
- Four PHOs (which had enrolled 76% of the eligible Māori population and 86% of the non-Māori in March 2017)
- Contract with five Māori providers totalling $3.7 million
- Multiple local and national non-profit and private health and social providers.

Waitemata District Health Board Population Profile and Health Needs

1. Population

- Waitemata DHB's population is estimated to be 615,340 in 2017/18. It is an ethnically diverse area with greater proportions of Asian and Pacific peoples than in New Zealand as a whole. Māori make up 10% of Waitemata's population (61,350 people) compared with 15.8% nationally.
- Geographically, two-thirds of Māori in Waitemata live in either Waitakere ward (44%) or North Shore ward (20%).
- The Waitemata DHB Māori population is younger with 52% under 25 years (31,160 young people), compared with the 31% of Non-Māori. Conversely, 5.3% of Māori are aged 65 year or over (3,230 older people), compared with 15% of Non-Māori.

Percent of Waitemata DHB population in each age group, Māori and non-Māori, 2017/18

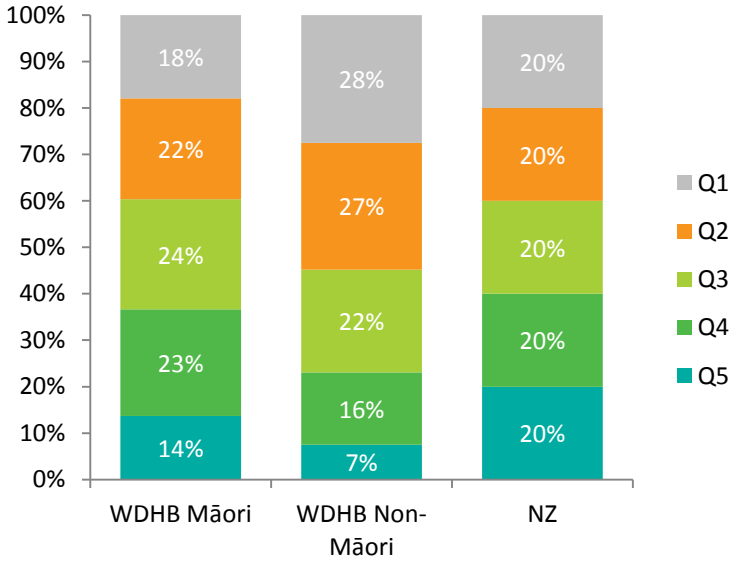


- Over the next 20 years, the Māori population in Waitemata DHB is expected to increase by 52%, compared with a projected national increase of 43%. The non-Māori population is expected to increase by 30% (National increase 15%).

2. Population Health Drivers

The NZ Deprivation index is a made up of a number of socio-economic factors collected in the census, which have a strong influence on health. The index divides the population into evenly-sized groups. Based on the 2013 Census data, 37% of Māori who usually reside in Waitemata DHB live in areas of higher deprivation (Q4 and Q5), compared with 40% for New Zealand as a whole, and 23% for non-Māori in Waitemata.

Percent of Waitemata DHB Māori and Non-Māori and NZ population in each deprivation category, 2013



[1]Q1 least deprived quintile - Q5 most deprived quintile

Economic factors such as income, occupation and education are powerful determinants of health. The median annual income for Waitemata adults in 2013 was $30,600, higher than the national figure of $28,500 and the fourth-highest amongst DHBs. When the high cost of housing in the Auckland region is taken into account, disposable income is lower than this figure suggests. While 32% of European people reported an income of under $20,000 per year, the percentage is much higher for Māori at 39%. However, the figures should be treated with caution because many people did not respond to census questions about income.

Overall 16% of people in Waitemata left school with no qualification, but this figure is almost double for Māori at 27%. At the high end of educational achievement 22% of Europeans/Others have a tertiary or higher qualification compared to 12% of Māori.

At the time of the 2013 census, Māori people were almost three times more likely to be unemployed (13%) compared to Europeans/Others at 5%.

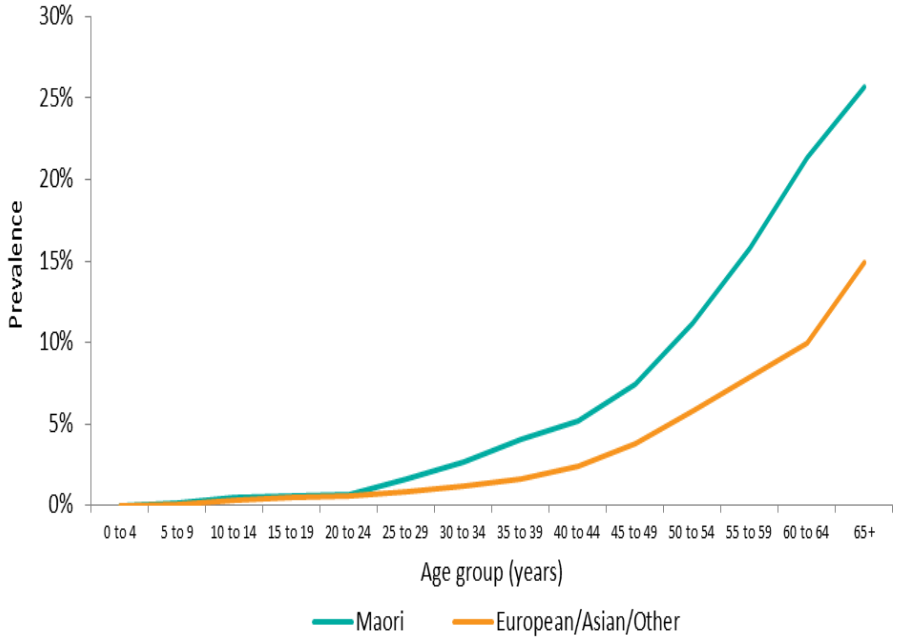
3. Modifiable Risk Factors

Smoking, obesity, lack of physical activity, high blood pressure and high cholesterol levels are key contributors to cancer, cardiovascular disease, diabetes and respiratory disease. The prevalence of smoking and obesity (both adult and child obesity) are lower amongst Māori in

Waitemata than amongst Māori in the rest of New Zealand but considerably higher than for the total population. Regular physical activity is reported by a higher proportion of Māori in Waitemata than by non-Māori. A lower proportion of Māori in Waitemata are medicated for high blood pressure or high blood cholesterol. This is despite the reportedly higher rates of high blood pressure and high cholesterol in the Māori population.

The prevalence of diabetes among Māori in Waitemata is higher in every age group over 15 years than the prevalence for European/Asian/Other people (excluding Pacific). The overall figure is lower (4.3% compared with 5.5%). However, because the prevalence of diabetes increases with age, and there are relatively fewer Māori aged 65 years and over, the rate in Māori is driven by a much higher prevalence in younger Māori.

Diabetes prevalence by age band in Waitemata DHB, 2016 VDR PHO enrolled population



Note: Source is VDR 2016, European/Asian/Other excludes Pacific.

Table 1: Modifiable Risk Factors

Indicator	Prevalence Māori WDHB	Prevalence Māori NZ	Prevalence Total Population WDHB
Current smoking	27%	32%	12%
Diabetes prevalence	4.6% Crude 8.0% Age-adjusted	5.5% Crude 8.7% Age-adjusted	5.0% Crude 4.9% Age-adjusted
Regular Physical Activity	54%	52%	42%
Obese adults	37%	46%	24%
Obese children	11%	17%	7%
Medicated high blood pressure	10%	14%	14%

Indicator	Prevalence Māori WDHB	Prevalence Māori NZ	Prevalence Total Population WDHB
Medicated high blood cholesterol	7%	9%	10%

Sources: Smoking: 2013 census, crude prevalence; Diabetes 2016 VDR PHO enrolled population, crude and age-adjusted prevalence; remainder: NZHS 2011/14, crude prevalence

4. Life Expectancy and Amenable Mortality

Life expectancy for Māori in Waitemata is 78.7 years (2013-15), 3.3 years higher than the national average Māori life expectancy (75.4 years in 2013). Amenable mortality is defined as premature deaths (before age 75 years) from conditions that could potentially be avoided, given effective and timely care for which effective health interventions exist. The age-standardised rate of amenable mortality from all causes for Māori in Waitemata DHB is 162.6 per 100,000 population aged 0-74, compared with 62.9 per 100,000 population aged 0-74 for the non- Māori /non-pacific populations.

The leading causes of amenable mortality for Māori males in Waitemata DHB between 2009 and 2013 were Heart disease, suicide and transport injuries. For Māori females in Waitemata DHB, the leading causes of amenable mortality were breast cancer, stroke and heart disease.

Table 2: Leading five causes of amenable mortality by gender for those aged 0-74 years, 2009-2013

	Males		Females	
	Waitemata DHB	**NZ**	**Waitemata DHB**	**NZ**
Māori	Heart Disease	Heart Disease	Breast Cancer	Heart Disease
	Suicide	Diabetes	Stroke	Breast Cancer
	Transport Injuries	Suicide	Heart Disease	COPD
	Stroke	Transport Injuries	COPD	Diabetes
	Diabetes	COPD	Suicide	Stroke
Non-Māori	Heart Disease	Heart Disease	Breast Cancer	Breast Cancer
	Suicide	Suicide	Heart Disease	Heart Disease
	Stroke	Stroke	Stroke	COPD
	Melanoma	COPD	COPD	Stroke
	COPD	Transport Injuries	Diabetes	Suicide

5. Wellbeing

Ministry of Health commissioned Te Rōpū Rangahau Hauora a Eru Pōmare to produce a Māori Health Profile for each District Health Board (DHB) in Aotearoa New Zealand. The profile highlighted a number of strengths for our Māori population:

- Most Waitemata Māori adults (87%) reported that their whānau was doing well

- 90% of Māori found it easy to access whānau support in times of need
- Being involved in Māori culture was important (very, quite, or somewhat) to the majority of Māori adults (69%). Spirituality was important to 65%
- Almost all (92%) Waitemata Māori had been to a marae at some time. Three out of five (58%) has been to their ancestral marae, with a similar proportion (58%) stating they would like to go more often.

6. Health Service Providers

Key health service providers in Waitemata DHB include:

- Two public hospitals - North Shore and Waitakere and health services delivered in a further 30 sites
- Two Primary Healthcare Organisations (which had enrolled 81% of the eligible Māori population and 94% of the non-Māori in March 2017)
- Contract with five Māori providers totalling $9.5 million
- Multiple local and national non-profit, public and private health and social providers.

Key Achievements

Auckland and Waitemata DHBs

1. We have completed in your shoes interviews with tangata i te whai ora who are under Compulsory Treatment Orders for the Mental Health Act 1992 and their whānau. This work will improve our understanding of the benefits and challenges for patients and their whānau who are under the Act and support service improvement.
2. We completed the Ethnicity Data Audit Tool rollout across the region and found a 10% undercount for Māori General Practice enrolment.
3. We have established a governing body, the Māori Alliance Leadership Team, to oversee the implementation of the Māori Health Workforce Development strategy and progress towards agreed Māori targets.
4. We have partnered with key stakeholders to coordinate resources and increase the impact of our collective efforts including the Youth Employment Pledge partnership with Youth Connections/Auckland Council.
5. We have completed the Abdominal Aortic Aneurism Pilot. The Pilot was targeted at Māori men and women to screen if they were at risk of suffering an aortic aneurism. The screening model was so successful it has now been implemented across both Auckland and Waitemata DHBs. We have also included screening for atrial fibrillation in the rollout. The Pilot received two awards at Awhina Waitemata DHB Health Excellence Awards for Excellence in Integrated Care and Excellence in Workforce Development and was a finalist in the Institute of Public Administration New Zealand award for the Prime Minister's Award for Public Sector Excellence and Crown - Māori Relationships.

Auckland DHB

1. Māori life expectancy at birth in Auckland DHB is 79.4 years, four years above the national average for New Zealand Māori (75.4 years in 2013). Life expectancy for Māori has increased 4.2 years over the past decade.
2. Smoking prevalence has declined by 11% for Māori between the 2006 and 2013 censuses to 26%.
3. Heart and diabetes checks for Māori have increased from 58% to 89% between December 2012 and March 2017.
4. Increased Māori new graduate recruitment by 30% for the last nursing intake.
5. Māori adult obesity prevalence in Auckland DHB is 39%, 7% below the national average for New Zealand adult Māori of 46%.

Waitemata DHB

1. Māori life expectancy at birth in Waitemata DHB is 78.7 years, 3.3 years above the national average for New Zealand Māori (75.4 years in 2013). It has increased by 2.8 years over the past 10 years.
2. Smoking prevalence has declined more than 10% for Māori between the 2006 and 2013 censuses to 27.1%.
3. We have completed a Health Needs Assessment with our MoU partners Te Whānau o Waipereira Trust. The Assessment investigated the health needs of patients enrolled at Whānau House and will be used to inform service improvements and development.
4. We have created five Māori specific nursing roles to accelerate outcomes for Māori in diabetes, cardiac, cancer, respiratory and gerontology services.
5. As of 30 June 2017, we have grown Waitemata DHB's Māori workforce by 72% since 2012, which represents 158 more Māori staff than 6 years ago.
6. Māori child and adult obesity prevalence in Waitemata DHB is well below the national average rates at 11% (compared to 17%) for children and 37% (compared to 46%) for adults respectively.

Performance Expectations for 2017/18

Category	Health Priority Area	Indicators	ADHB Baseline Data Non-Māori[3]	ADHB Baseline Data Māori	WDHB Baseline Data Non-Māori[4]	WDHB Baseline Data Māori	Target	Indicator lead
Matua, Pēpi me Tamariki	*Child Health*	Percentage of babies exclusively or fully breastfed at 3 months[5].	61%	53%	61%	53%	60%	Funding and Development Manager Child, Youth & Women's Health
	Immunisation	Percentage of Māori children fully immunised at: • 8 months • 24 months • 5 years of age	 95% 95% 86%	 89% 85% 81%	 93% 93% 87%	 86% 93% 83%	 95% 95% 95%	Funding and Development Manager Child, Youth & Women's Health
	Oral Health	Percentage of pre-school children enrolled in the community oral health service. [6]	84%	65%	91%	71%	TBC	Funding and Development Manager Child, Youth & Women's Health
	Tobacco	Percentage of households who are smoke free at six weeks postnatal[7].	N/A	N/A	N/A	N/A	95%	Funding and Development Manager Primary Care

[3] Data is Q3 16/17 unless otherwise stated
[4] Data is Q3 16/17 unless otherwise stated
[5] Total population as comparator – annual data 2015/16
[6] Total population as comparator – annual data 2016
[7] New measure – baseline data not available

Category	Health Priority Area	Indicators	ADHB Baseline Data Non-Māori[3]	ADHB Baseline Data Māori	WDHB Baseline Data Non-Māori[4]	WDHB Baseline Data Māori	Target	Indicator lead
	Rheumatic Fever	Rate of first episode rheumatic fever hospitalisations for the total population.	3.9		2.1		1.1 0.7	Funding and Development Manager Child, Youth & Women's Health
	Access To Care	Ambulatory sensitive hospitalisation rates per 100,000 for age groups: [8] • 0-4 years	8089	8797	5668	5893	TBC TBC	Funding and Development Manager Child, Youth & Women's Health
Rangatahi	*Youth Mental Health*[9]							Funding and Development Manager Child, Youth & Women's Health
Pakeke me Whānau	*Immunisation*	Seasonal influenza immunisation rates in the eligible population 65 years and over[10].	53%	38%	48%	38%	75%	Funding and Development Manager Primary Care
	Access To Care	Ambulatory sensitive hospitalisation rates per 100,000 for age groups[11]: 45-64 years	3266	6303	4244	7699	TBC TBC	Funding and Development Manager Child, Youth & Women's Health
	Long Term Conditions[12]	Percentage of Māori aged 35-74 years who have had a CVDRA in the past five	92%	89%	91%	87%	90%	Funding and Development

[8] Total population – annual data 2016
[9] A/WDHB local priority area
[10] Annual data 2016
[11] Total population – annual data 2016

Category	Health Priority Area	Indicators	ADHB Baseline Data Non-Māori[3]	ADHB Baseline Data Māori	WDHB Baseline Data Non-Māori[4]	WDHB Baseline Data Māori	Target	Indicator lead
		years						Manager Primary Care
	Cancer	Percentage of women (Statistics NZ Census projection adjusted for prevalence of hysterectomies) aged 25–69 years who have had a cervical screening event in the past 36 months.	77%	55%	76%	59%	80%	Funding and Development Manager Child, Youth & Women's Health
		70 percent of eligible women, aged 50 to 69 will have a BSA mammogram every two years.	64%	58%	68%	65%	70%	Funding and Development Manager Child, Youth & Women's Health
	Mental Health	Reduce the rate of Māori on the Mental Health Act: section 29 community treatment orders relative to other ethnicities[13].	131	436	119	347	396 312	Funding and Development Manager Mental Health & Addictions
	Obesity	Reduce obesity rates for Māori adults 18 years and above.	N/A	N/A	23%[14]	43%	N/A	Funding and Development Manager Primary Care
Rohe o Auckland and Waitemata District	*Access To Care*	Percentage of Māori enrolled in PHOs.	86%	76%	94%	81%	90%	Funding and Development Manager Primary Care
	Data Quality	Accuracy of ethnicity reporting in PHO registers as measured by Primary Care	N/A	N/A	N/A	N/A	N/A	Clinical Director Health Gain

[12] A/WDHB local priority area
[13] Data Q1 2016/17
[14] Non-Māori, non-Pacific, non-Asian

Category	Health Priority Area	Indicators	ADHB Baseline Data Non-Māori[3]	ADHB Baseline Data Māori	WDHB Baseline Data Non-Māori[4]	WDHB Baseline Data Māori	Target	Indicator lead
Health Boards		Ethnicity Data Audit Toolkit.						
	Whānau Ora[15]	Refer to oral health, mental health and tobacco sections.						Māori Health Gain Manager
	Workforce[16]	Percentage of Māori in the DHB workforce.		335		302	390 346	Chief HR Officer Director Human Resources

[15] WDHB local priority area
[16] A/CM/WDHB Regional priority area

Matua, Pēpi me Tamariki

Child Health

Why is this a priority?
Research shows that children who are exclusively breastfed for the early months of life are less likely to suffer adverse effects from childhood illnesses such as respiratory tract infections, gastroenteritis, otitis media, etc. Breastfeeding benefits the health of mother and baby, as well as reducing the risk of SUDI, asthma, diabetes and obesity.

Where do we want to get to?

- 60% of Māori babies are fully or exclusively breastfed at 3 months.

DHB/PHO	Total Population	Māori	Target
ADHB	61%	53%	60%
WDHB	61%	53%	60%

What are we trying to do?
Increase the number of exclusively or fully breastfed Māori babies at 3 months of age.

To achieve this we will focus on:
We will increase access to breastfeeding information and support for Māori women through targeted community-based service provision. We will also look to increase the evidence-base on effective approaches to improve breastfeeding update through the Wāhine Atawhai Pilot.

Who will we work with?
Te Puna Manawa, Pacific Health Team, Women, Child and Youth Team Kōhanga Reo, Well Child Tamariki Providers, Independent Midwives.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q2: Work with midwives with high caseloads of Māori babies to develop a referral pathway to breastfeeding support services.	Referral pathway developed.
Auckland/ Waitemata	Q4: Review the effectiveness of the Papa Aroha Talk Cards and implement activities based on review to improve Māori breastfeeding rates.	Recommendations completed.
Auckland/ Waitemata	Q1-Q4: Continue to provide Well Child Tamariki Ora breastfeeding support to Māori mothers via Māori providers.	Coverage rates for Māori are equal to non-Māori.
Auckland/ Waitemata	Q1-Q4: Continue to provide the Healthy Babies Healthy Futures programme which targets Māori mothers to support them to exclusively breastfeed their babies for the first six months.	
Auckland/ Waitemata	Q1: Extend the Wāhine Atawhai Pilot which aims to increase breastfeeding rates for Māori and other priority populations.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Immunisation – child

Why is this a priority?

Immunisation can prevent a number of diseases and is a very cost-effective health intervention. It provides not only individual protection, but for some diseases also population-wide protection by reducing the incidence of diseases and preventing them from spreading to vulnerable people. Increasing the number of Māori children who are immunised is also an ASH contributory measure as part of the System Level Measures Improvement Plan.

What are we trying to do?

Improve child health by improving immunisation coverage.

To achieve this we will focus on:

Increasing the percentage of Māori babies who are immunised on time at 8 and 24-months and 5 years.

Who will we work with?

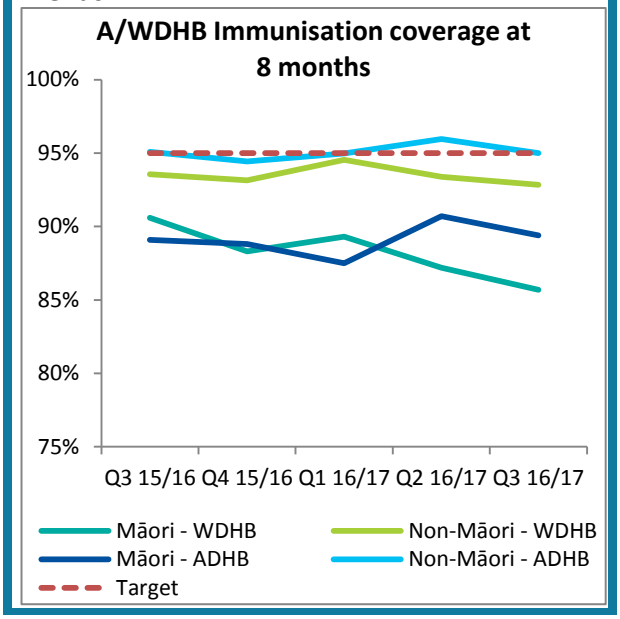
Women, Child and Youth Team, Auckland PHO, Alliance Health Plus, Waitemata PHO, ProCare PHO, National Hauora Coalition, Well Child Tamariki Ora Providers.

Where do we want to get to?

- **95% of Māori babies fully immunised at 8 months.**

DHB/PHO	Non-Māori	Māori	Target
ADHB	96%	89%	95%
WDHB	93%	86%	95%

Trends

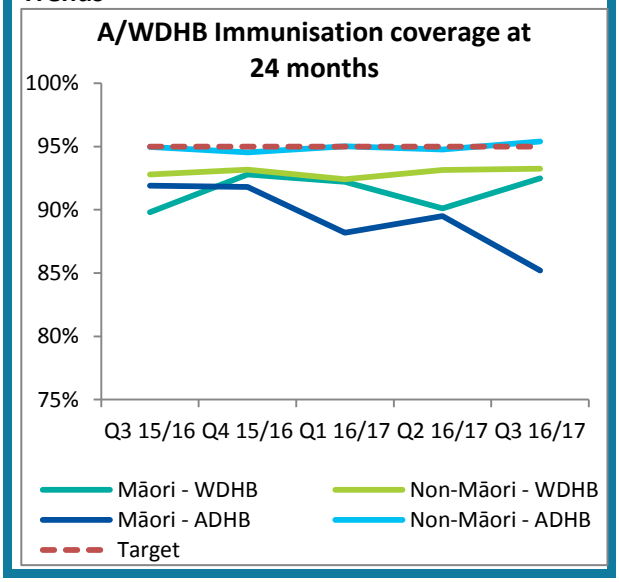


Where do we want to get to?

- **95% of Māori babies fully immunised at 24 months.**

DHB/PHO	Non-Māori	Māori	Target
ADHB	95%	85%	95%
WDHB	93%	93%	95%

Trends

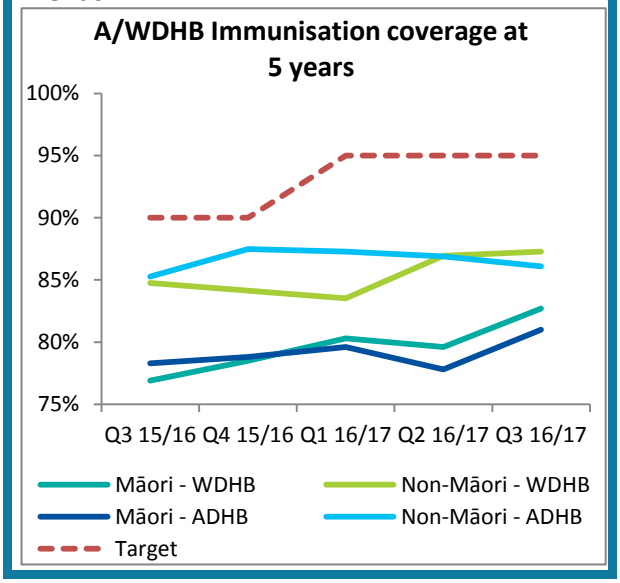


Where do we want to get to?

- **95% of Māori babies fully immunised at 5 years.**

DHB/PHO	Non-Māori	Māori	Target
ADHB	86%	81%	95%
WDHB	87%	83%	95%

Trends



DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q1: Increase information sharing via social media campaign and antenatal sector to connect more effectively with families and whānau.	Coverage rates for Māori are equal to non-Māori.
Auckland/ Waitemata	Q2: Work with PHO champions and National Enrolment Service (NES) to develop operational measures and monitoring to increase new-born enrolments for Māori.	
Waitemata	Q1-Q4: Maintain the opportunistic vaccination services at Waitakere and explore options for delivering drop in service on Saturday mornings.	
Auckland/ Waitemata	Q4: Apply learnings from the Māori Case Review Group to service refinements following the primary series of immunisation.	
Auckland/ Waitemata	Q3: Develop a set of recommendations to increase immunisation coverage at 5 years of age through the B4SC.	
Auckland/ Waitemata	Q1-Q4: Continue to develop specific activity to improve Māori coverage (including ways to improve timeliness of immunisation), with leadership from Māori health gain teams and Māori leaders within primary care (SLM).	
Auckland	Q3: Develop systems to support immunisation in hospital settings and document immunisation status on discharge summaries.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Oral Health

Why is this a priority?
Dental caries are one of the most common diseases of childhood. Oral disease can impact negatively on child growth, development and quality of life as well as being one of the top five avoidable causes of hospitalisation for Māori children. Poor oral health is almost entirely preventable.

What are we trying to do?
Ensure access to health care, to reduce inequalities in oral health status for tamariki Māori. This work will also support the Child Obesity Plan objectives.

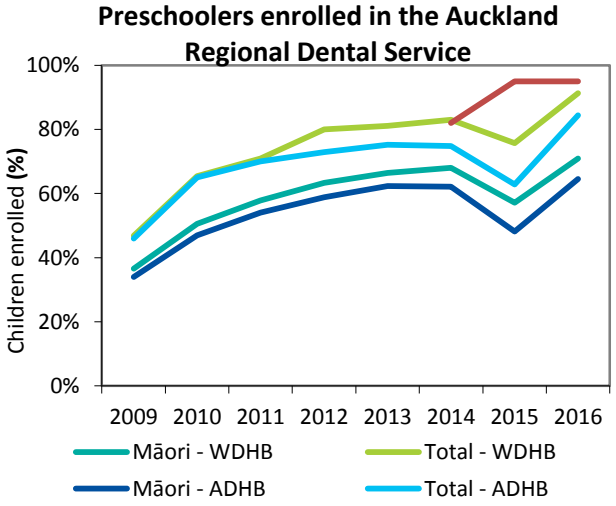
To achieve this we will focus on:
Implementing activities which will reduce barriers to attending scheduled dental appointments. We will also pilot a preventative strategy to support improved oral health outcomes for Māori.

Where do we want to get to?

- **95% of Māori children enrolled in DHB funded Oral Health Service.**

DHB/PHO	Total population	Māori	Target
ADHB	84%	65%	95%
WDHB	91%	71%	95%

Trends



Who will we work with?
Auckland Regional Dental Services, Women, Child and Youth Team, Well Child Tamariki Ora and, midwives.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q1: Rollout a supported process for children who do not attend dental therapy appointments.	Reduction in dental caries for Māori pre-schoolers.
Auckland/ Waitemata	Q4: Increased number of extended hours and Saturday dental clinics in appropriate locations (SLM).	
Auckland/ Waitemata	Work with ARDS and regional partners to develop and implement the Pre-school Oral Health Strategy to improve engagement for Māori children. • Q1: Finalise regional preschool oral health strategy • Q2: Finalise indicators for regional preschool oral health strategy and collect baseline data • Q3: Finalise oral health/obesity key messages • Q4: Complete the implementation plan for a Fluoride Varnish programme.	Implement strategy.
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Tobacco

Why is this a priority?
Smoking is a key driver of the gap in life expectancy between Māori and non-Māori, contributing to lung cancer, cardiovascular disease and respiratory disease. In addition smoking in pregnancy has important risks to the baby (small for gestational age, prematurity) and contributes to Sudden Unexplained Death of an infant (SUDI), childhood respiratory infections and asthma. Becoming and staying smokefree is critical to improve the health of individuals and their whānau. Increasing the number of Māori who are smokefree is also an amenable mortality contributory measure as part of the System Level Measures Improvement Plan.

Where do we want to get to?
- **95% of households are smokefree at six weeks postnatal.**

DHB/PHO	Total Population	Māori	Target
ADHB	N/A	N/A	95%
WDHB	N/A	N/A	95%

What are we trying to do?
Reduce smoking related morbidity and mortality rates for Māori, and create smokefree environments for pregnant women and children. We specifically want to increase the number of women who are smokefree in pregnancy and postpartum to improve maternal and infant outcomes.

To achieve this we will focus on:
Moving from the provision of brief advice to clearly understanding the referral and utilisation of cessation services by Māori, and maximising opportunities for supported quit attempts. The focus of this work is on pregnant mothers, however a range of approaches across the lifespan are in progress.

Who will we work with?
Primary Care Team, WDHB Provider Arm, Mental Health and Addiction Services, Smoking Cessation Providers.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q4: Plan and implement activities in priority healthcare settings (Hospital, Primary Care, Maternity, Mental Health and Addiction Services) to increase prescription of stop smoking medication and/or referrals to a Stop Smoking Service.	Reduce inequity gap between Māori and non-Māori.
Auckland	Q2: Produce reporting by ethnicity for Smoking Status, Brief Advice and Cessation Support for priority healthcare settings.	
Waitemata	Q2: Develop and implement a reporting framework by ethnicity for Smoking Status, Brief Advice and Cessation Support for our priority healthcare settings	
Auckland/ Waitemata	Q4: Improve data entry and IT tools to improve reporting of Brief Advice and Cessation Support in priority healthcare settings.	
Waitemata	Q2: Through a dedicated role, support DHB and NGO mental health and addiction services to routinely provide stop smoking support to service users.	
Auckland/ Waitemata	Q1-Q4: Improve regional data collection so that referral to SSS for women who are pregnant and are current smokers are identified can be monitored (SLM).	
Auckland/ Waitemata	Q1-Q4: Promote regional pathway for first trimester visit (includes smoking cessation referral) with a focus on Māori women (SLM).	
Auckland/ Waitemata	Q4: Implement an incentive programme to help pregnant women quit smoking, particularly targeting Māori.	Programme implemented.
Auckland/ Waitemata	Q2: Develop and implement a midwifery role to train and enable maternity providers to deliver advice and complete referrals to Stop Smoking Services for pregnant women and their whānau.	Role established and recruitment competed.
Auckland/ Waitemata	Q4: Explore opportunities for Māori inpatients admitted to Waitakere, North Shore and Auckland hospitals that are known to be smokers being referred to the Hospital Smoking Cessation Service and how they would be supported on discharge.	Recommendations developed.
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Rheumatic Fever

Why is this a priority?
New Zealand has some of the highest rates of rheumatic fever of any developed country, particularly amongst Māori and Pacific children. It is widely believed that this over representation is due to a combination of overcrowded living conditions, poverty and decreased access to treatment options. Rheumatic fever is almost entirely preventable with timely identification and treatment.

What are we trying to do?
Achieve a reduction in incidence of acute rheumatic fever.

To achieve this we will focus on:
Improving our understanding of the progress we have made with our prevention activities and improving engagement with Māori youth.

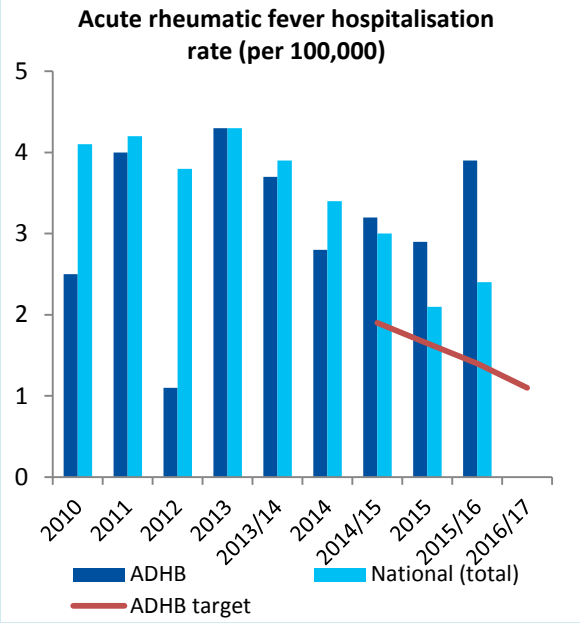
Who will we work with?
Women, Child and Youth Team, Community Providers.

Where do we want to get to?

- **2/3 reduction below 3-year average rate 2009/10 – 2011/12**

DHB/PHO	Baseline	Target
ADHB	3.9	1.1

Trends

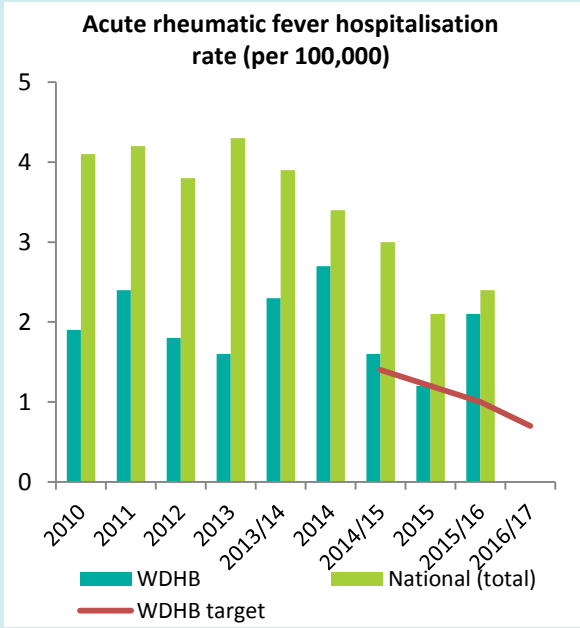


Where do we want to get to?

- **2/3 reduction below 3-year average rate 2009/10 – 2011/12**

DHB/PHO	Baseline	Target
WDHB	2.1	0.7

Trends



DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q4: Complete a repeated cross-sectional survey to assess the improvement that has been made since the initial survey was completed.	Survey completed.
Auckland/ Waitemata	Q4: Develop and deliver one Māori youth Community Engagement activity at the HYPE event 2017.	HYPE event completed.
Auckland/ Waitemata	Q3: Extend the delivery of the healthy housing initiative to include at-risk pregnant women and their families.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Ambulatory Sensitive Hospitalisations – 0 -4 years

Why is this priority?
Ambulatory sensitive hospitalisations (ASH) are acute admissions that are considered potentially avoidable through prophylactic or therapeutic interventions deliverable in a primary care setting. Keeping people well and out of hospital is a key priority; not only is it better for our population, but it frees up hospital resources for people who need more complex and urgent care. ASH is a System Level Improvement Plan Indicator.

What are we trying to do?
Reduce ASH admission rates for Māori aged 0-4 years.

To achieve this we will focus on:
We will continue to provide a variety of activities to improve pathways for high priority ASH conditions for Māori aged 0-4 years.

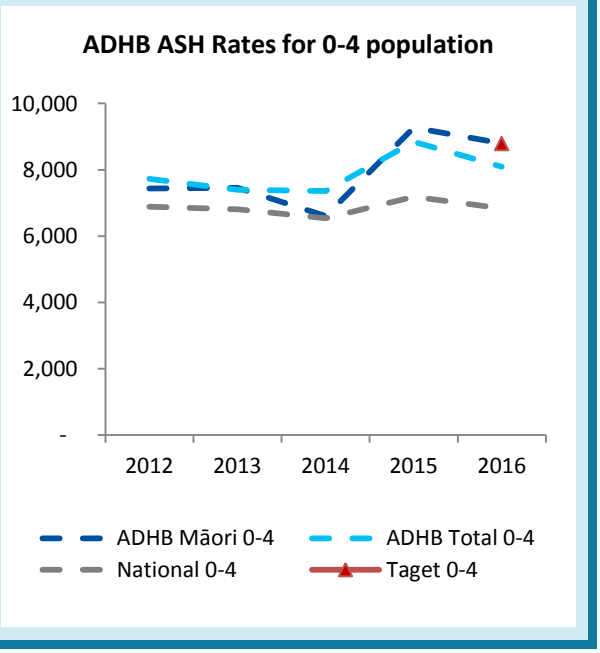
Who will we work with?
Auckland Regional Dental Services, Auckland PHO, Alliance Health Plus, Waitemata PHO, ProCare PHO, National Hauora Coalition,, Primary Care Team, Saint John Ambulance, Accident Compensation Corporation.

Where do we want to get to?

- **Reduciton in inequity gap between Māori and non-Māori**

DHB/PHO	Total population	Māori	Target
ADHB	8089	8797	TBC

Trends

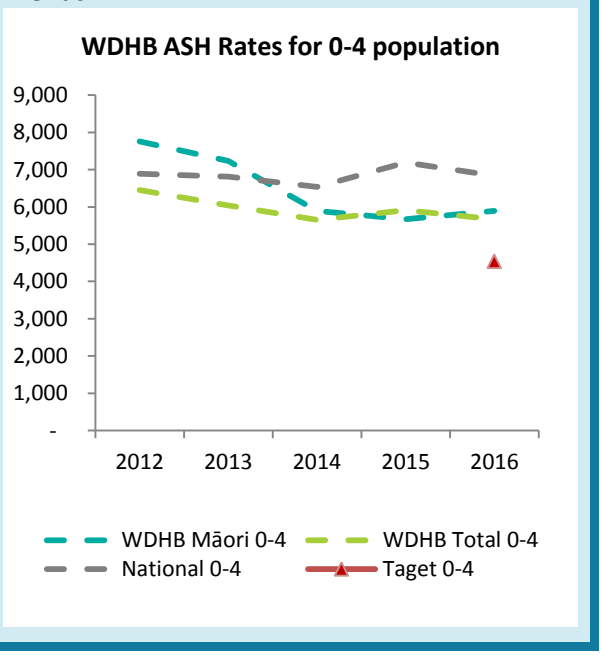


Where do we want to get to?

- **Reduciton in inequity gap between Māori and non-Māori**

DHB/PHO	Total population	Māori	Target
WDHB	5668	5893	TBC

Trends



DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q2: Complete audit of asthma action plan use in primary care and secondary care by December 2017.	5% reduction in rate by 30 June 2018.
Auckland/ Waitemata	Q4: Implement intervention(s) based on the findings of the audit.	
Auckland/ Waitemata	Q2: Work with PHO champions and National Enrolment Service to develop operational measures and monitoring to increase newborn enrolments for Māori.	
Auckland/ Waitemata	Q4: Develop a system to identify if Māori presenting as ASH admissions are enrolled with a general practitioner and offer facilitated support to enrol.	

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q4: Distribution of resources and educational packages for skin infection combined with key messages to primary care, Well Child Tamariki Ora services and Early Childhood Education centres.	
Auckland/ Waitemata	Q2: After-hours new Agreement and Alliance in place involving Primary Care, St John, ACC and urgent care clinics - specific focus on increasing access for quintile 5 and high needs populations.	
Auckland/ Waitemata	Q4: Develop year 2 Service Level Measure respiratory activities.	
Auckland/ Waitemata	Q1-Q4: Continue to develop specific activity to improve Māori coverage (including ways to improve timeliness of immunisation), with leadership from Māori health gain teams and Māori leaders within primary care (SLM).	
Auckland/ Waitemata	Q1-Q4: Build on current activity to support both influenza and pertussis vaccine offer to all pregnant women, e.g. vaccinator at antenatal clinics, promotion campaigns, lead maternity carers education opportunities (SLM).	
Auckland/ Waitemata	Refer to oral health section for other ASH related activities.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Rangatahi

Mental Health

Why is this priority?
Māori youth have higher rates of mental health disorders, present later for treatment and suffer worse health outcomes than non-Māori.

What are we trying to do?
Improve access to mental health assessment and integrated are pathways.

To achieve this we will focus on:
Delivering the HEEADSSS assessments in secondary schools and improving integrated care planning for young people accessing DHB and NGO mental health and youth alcohol and other drugs services.

Who will we work with?
Women, Child and Youth Team, Secondary Schools, Kura Kaupapa Māori, DHB and NGO Mental Health Providers.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q1-Q4: Continue delivering comprehensive health and well-being checks (Home, Education/Employment/Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety or HEEADSSS assessments) to all (95%) Year 9 and other high risk students.	95% of eligible Māori receive HEEADSSS assessments

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q1: Embed the Service Level Alliance Team (SLAT) as an alliance across Auckland and Waitemata DHBs and monitor progress against an agreed outcome framework endorsed by the Clinical Governance Group.	Monitoring mechanisms established.
Auckland/ Waitemata	Q1: Develop integrated care plan pathways for young people accessing DHB and NGO mental health and youth AOD services. • Q2: Implement pathways • Q4: Audit pathways and implement recommendations.	Pathway developed.
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Pakeke me Whānau

Immunisation – 65 years and over

Why is this a priority?
The complications of influenza in older people can be serious or life threatening.

What are we trying to do?
Improve the health of older Māori by improving Māori health outcomes and reducing inequalities.

To achieve this we will focus on:
Identifying eligible Māori who have not received an influenza vaccination and offer a vaccination in a primary care or hospital settings.

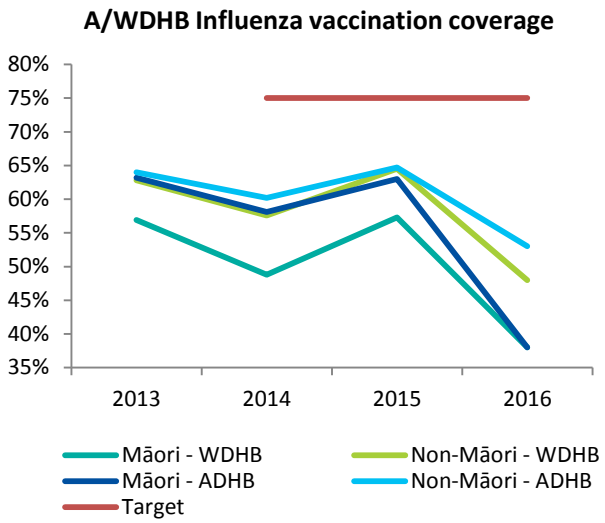
Who will we work with?
Auckland PHO, Alliance Health Plus, Waitemata PHO, ProCare PHO, National Hauora Coalition, PHO, Women, Child and Youth Team.

Where do we want to get to?

- **75% of Māori aged 65+ years of age will have received the seasonal influenza vaccine.**

DHB/PHO	Non-Māori	Māori	Target
ADHB	53%	38%	75%
WDHB	48%	38%	75%

Trends



DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q4: Improve data collection by developing improved data definition.	Coverage rates for Māori are equal to non-Māori.
Auckland/ Waitemata	Q3-Q4: Promote access to free 65+ influenza vaccinations through participating pharmacies to Māori providers and communities.	
Auckland/	Q2: Conduct analysis of the uptake of free 65+ influenza vaccinations	

DHB	What are we going to do?	Measures
Waitemata	through participating pharmacies by Māori.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Ambulatory Sensitive Hopsitalisations – 45-64 years

Why is this a priority?
Ambulatory sensitive hospitalisations (ASH) are acute admissions that are considered potentially avoidable through prophylactic or therapeutic interventions deliverable in a primary care setting. Keeping people well and out of hospital is a key priority; not only is it better for our population, but it frees up hospital resources for people who need more complex and urgent care.

What are we trying to do?
Reduce ASH admission rates for Māori 45-64 years.

To achieve this we will focus on:
We will continue to provide a variety of activities to improve pathways for high priority ASH conditions for Māori aged 45-64 years.

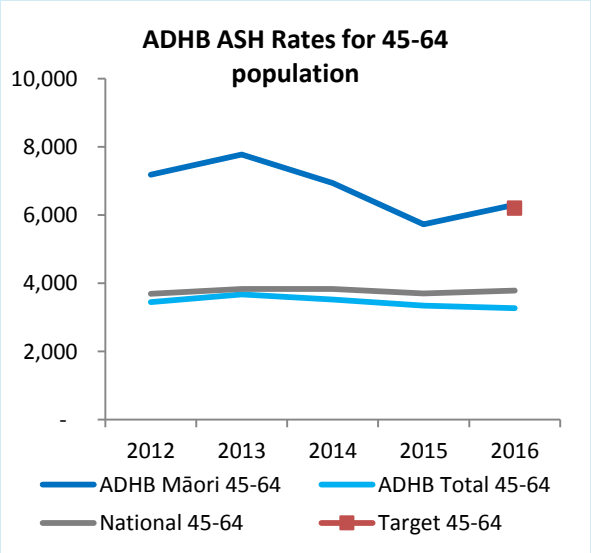
Who will we work with?
Auckland PHO, Alliance Health Plus, Waitemata PHO, ProCare PHO, National Hauora Coalition, Primary Care Team, Saint John Ambulance, Accident Compensation Corporation, Māori Providers.

Where do we want to get to?

- **Reduciton in inequity gap between Māori and non-Māori.**

DHB/PHO	Total population	Māori	Target
ADHB	3266	6303	TBC

Trends

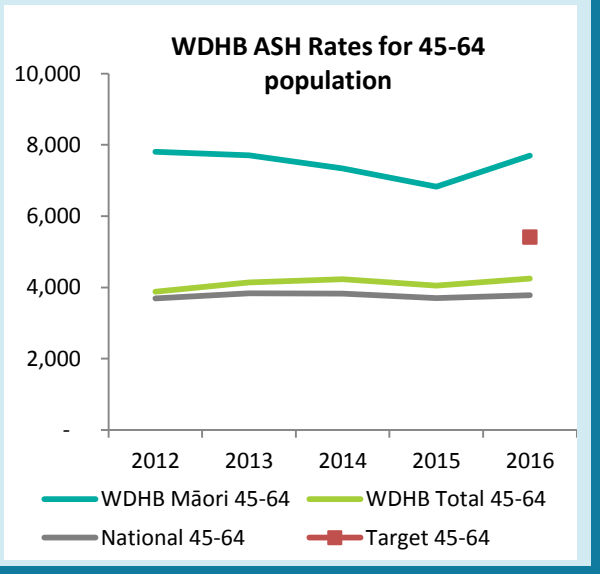


Where do we want to get to?

- **Reduciton in inequity gap between Māori and non-Māori.**

DHB/PHO	Total population	Māori	Target
WDHB	4244	7699	TBC

Trends



DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q2: After-hours new Agreement and Alliance in place involving Primary Care, St John, ACC and urgent care clinics.	Agreement signed by all parties.
Auckland/ Waitemata	Q2: Implement Point of Care Testing in rural general practices.	Point of care testing implemented.
Auckland/ Waitemata	Q2: Abdominal Aortic Aneurysm (AAA) and Atrial Fibrillation screening programme specifically targeting Māori in place.	75% of eligible Māori men and women screened.
Auckland/ Waitemata	Q4: Implement Māori Provider and PHO data match to support offer of CVDRA and other services.	Data match completed.
Auckland/ Waitemata	Q4: Implement recommendations from the Māori Provider and PHO enrolment project to increase Māori access to services (e.g. screening, immunisation, etc).	Recommendations implemented.
Auckland/ Waitemata	Q1: POAC expansion to allow additional capacity and increased range of services.	
Auckland/ Waitemata	Refer to Long Term Conditions section for other ASH related activities.	
Auckland/ Waitemata	Refer to Smoking section for other ASH related activities.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Long Term Conditions – Cardiovascular Disease and Diabetes

Why is this a priority?

Cardiovascular disease and diabetes remain two of the most significant cause of death for Māori men, with cardiovascular disease being an important cause for Māori women. Māori have higher prevalence of risk factors associated with cardiovascular disease. Increasing the number of eligible Māori who receive a CVDRA and improving management for Māori with cardiovascular disease is also an amenable mortality contributory measure as part of the System Level Measures Improvement Plan.

What are we trying to do?

Reduce Māori morbidity and mortality via improved access to quality cardiovascular and diabetes care.

To achieve this we will focus on:

The Auckland and Waitemata DHBs have entered into an Alliance agreement with the PHOs across both districts and the two Memorandum of Understanding partners. Diabetes and cardiovascular disease have been identified by the Alliance Leadership Team as the priority areas in the Alliance Work Plan. Cardiovascular disease management includes both secondary prevention (risk factor management) and tertiary prevention (reducing the mortality and morbidity from disease).

Who will we work with?

Primary Care Team, Auckland PHO, Alliance Health Plus, Waitemata PHO, ProCare PHO, National Hauora Coalition, Women, Child and Youth Team.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Implement the recommendations from the retinal screening review consistently across Auckland and Waitemata DHBs • Q3: Complete procurement of community based retinal screening services across both DHBs, centred on high volume, high need areas with a specific focus on Māori • Q4: Implementation of community based services, screening at least 85% of patients.	85% of eligible Māori receive retinal screening.
Auckland/ Waitemata	Q4: Implement the recommendations from the podiatry review consistently across Auckland and Waitemata DHBs. • Complete contracting process with PHOs and DHBs which incorporate requirements for more patient-centred, effective and efficient service delivery aimed at reducing inequalities in health outcomes.	Complete contracting process with PHOs and DHBs.
Auckland/ Waitemata	Q1-Q4: Continue to perform More Heart and Diabetes Checks with eligible Māori population.	90% CVDRA coverage for Māori
Auckland/ Waitemata	Q1-Q4: Follow up phone calls (evenings) for practice generated CVD RA recall letters to Māori (SLM).	
Auckland/ Waitemata	Q4: Pilot of phlebotomy services in the practices or point-of-care testing when Māori males visit opportunistically (SLM).	
Auckland/ Waitemata	Develop and implement the diabetes care improvement framework • Q2: Complete the development of the diabetes care improvement framework and gain approval to implement • Q4: Implement framework based on approval.	Implement diabetes care improvement framework.
Auckland/ Waitemata	Develop and implement the CVD improvement framework, which specifically targets improving CVD management for Māori people to achieve the regionally agreed clinical targets: • Q1: Complete development of the framework • Q2: Gain approval to implement • Q4: Implement Framework (subject to approval)	Implement CVD improvement framework.
Auckland/ Waitemata	Q4: Undertake total population and specific interventions for Māori to improve update and adherence to triple therapy (SLM).	5% increase in dual therapy for those with CVDRA greater than 20%. 5% increase in triple therapy for those with a prior CVD event, with a particular focus on patients with diabetes.
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Cervical Screening

Why is this a priority?

Māori women continue to have significantly higher burden of disease and persistent and unacceptable lower participation in the cervical screening programme. We intend for the HPV self-sampling project to provide policy relevant evidence as the National Cervical Screening Programme transitions to a HPV primary screening programme.

What are we trying to do?

Reduce Māori cervical cancer morbidity and mortality.

To achieve this we will focus on:

Implementing activities to improve Māori women's access to cervical screening services and improving our understanding of the factors which support Māori women to accept HPV vaccinations.

Who will we work with?

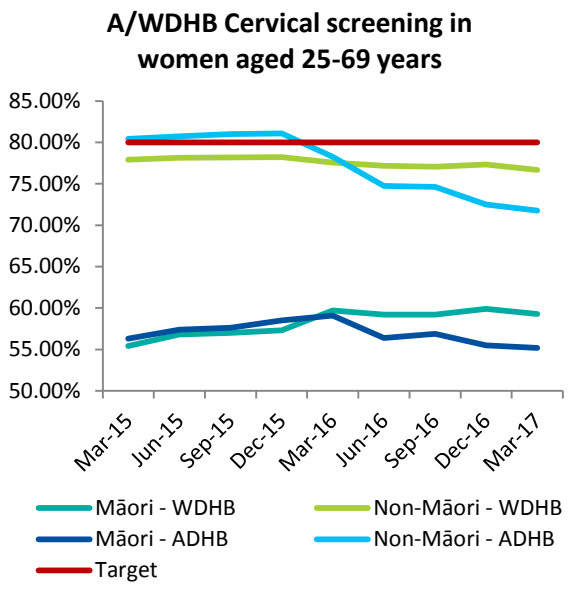
Auckland PHO, Alliance Health Plus, Waitemata PHO, ProCare PHO, National Hauora Coalition, Women, Child and Youth Team, Well Women and Family Trust.

Where do we want to get to?

- **80% of eligible Māori women received a three yearly cervical screen.**

DHB/PHO	Non-Māori	Māori	Target
ADHB	77%	55%	80%
WDHB	76%	59%	80%

Trends



DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q2: Complete the HPV self-sampling feasibility study for priority Māori women.	200 Māori women screened.
Auckland/ Waitemata	Q4: Begin implementation of the regional HPV self-sampling project for priority Māori women.	
Auckland/ Waitemata	Q1-Q4: Support and promote PHO and general practice use and ongoing refinement of the datamatch lists, through the ProCare Datamatch Pilot Working Group. This includes regional coordinator support for PHOs and practices on how to use the lists and how to prioritise invitation and recall activities for Māori women.	
Auckland/ Waitemata	Q1-Q4: Conduct and support PHOs and General Practice to provide locally based 'pop up' clinics at least once per quarter.	
Auckland/ Waitemata	Q1-Q4: Continue to provide free smears for Māori women.	
Auckland/ Waitemata	Q1-Q4: Support collaborative working relationships between providers cross the cervical screening pathway through the Metro Auckland Cervical Screening Governance Group, Operations Groups and Independent Service Providers as well as the regional coordination function.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Breast Screening

Why is this a priority?

Breast screening can reduce breast cancer mortality through early detection. Māori women in Auckland and Waitemata DHB have significantly higher breast cancer mortality rates than non-Māori/non-Pacific women. Increasing the number of Māori women who accept a mammogram is also an amenable mortality contributory measure as part of the System Level Measures Improvement Plan.

What are we trying to do?

Reduce Māori breast cancer morbidity and mortality.

To achieve this we will focus on:

Improving breast screening coverage rates for Māori women and reducing ethnic disparities in screening rates. The focus will be on datamatching and working with primary care to identify Māori women for invitation and recall.

Who will we work with?

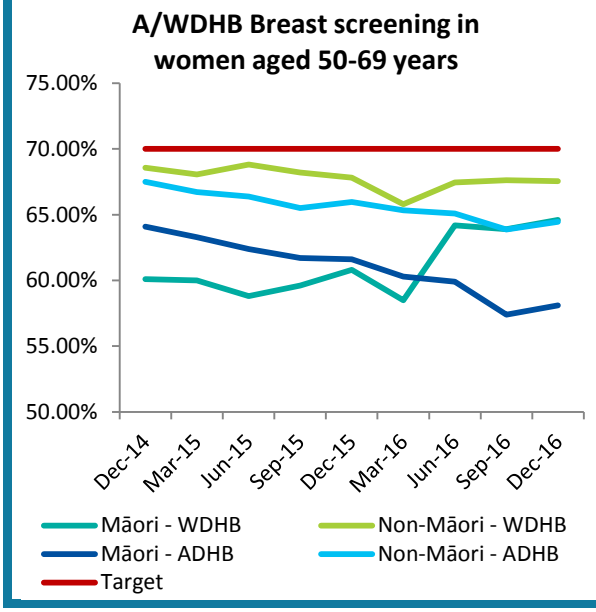
Auckland PHO, Alliance Health Plus, Waitemata PHO, ProCare PHO, National Hauora Coalition, Independent Service Providers, Women, Child and Youth Team.

Where do we want to get to?

- **70% breast screening coverage of eligible Māori women.**

DHB/PHO	Non-Māori	Māori	Target
ADHB	64%	58%	70%
WDHB	68%	65%	70%

Trends



DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q4: Conduct a datamatch with PHOs to identify eligible priority Māori women and provide an offer of breast screening service.	Data match completed.
Auckland/ Waitemata	Q1-Q4: Work with the Breast Screening Independent Service Providers to coordinate attendance at promotional events and support to service provision for women identified on monthly lists.	Coverage rates for Māori are equal to non-Māori.
Auckland/ Waitemata	Q1-Q4: Continue to work with PHOs and Breast Screening Independent Service Providers to implement best practice data-matching processes to identify, invite and recall Māori women. Measure the % of practices following best practice process.	
Auckland/ Waitemata	Q1-Q4: Support collaborative working relationships with all key stakeholders across the screening pathway to improve coverage. This is achieved by attendance at 6 monthly lead provider regional meetings with ISPs and primary care.	
Auckland/ Waitemata	Q1-Q4: Promote location of mobile van for the calendar year and link with community groups to identify eligible Māori women in the communities close to the mobile units. Promotion will be through ISP providers, Metro – Auckland Operations group, other community events focussing on Women's wellness. Social media possibilities will be explored.	
Auckland/	Quarterly: Progress of activities and performance against health targets will be	

DHB	What are we going to do?	Measures
Waitemata	monitored and reported to Manawa Ora.	

Mental Health - Community Treatment Orders

Why is this a priority?

The Ministry is concerned that there are disproportionate numbers of Māori being treated under section 29 of the Mental Health Act.

What are we trying to do?

Ensure appropriate access to and receipt of Mental Health services to support achievement and maintenance of good Mental Health.

To achieve this we will focus on:

Improving our understanding of the performance of current pathways and implement activities to improve outcomes for Māori under Compulsory Treatment Orders. Although the target is focused on reducing the number of Māori treated under section 29 of the Mental Health Act, we are undertaking exploratory work to understand if this approach will be most beneficial to Māori patients with high mental health needs and their whānau. This will likely mean that the rate for Māori will not decrease over the 2017/18 financial year.

Who will we work with?

Ministry of Health, Mental Health Services.

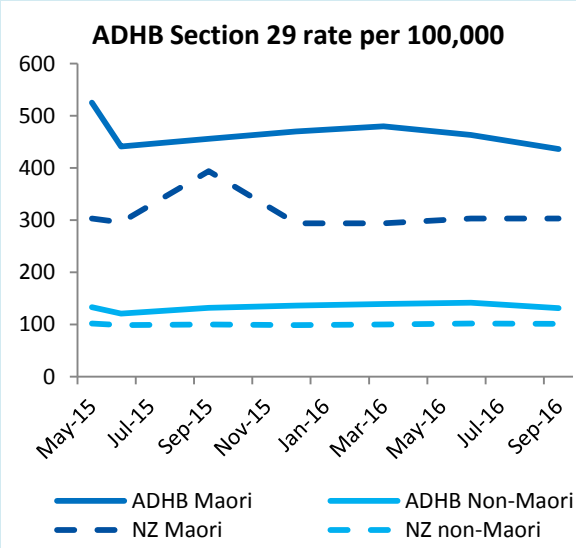
Where do we want to get to?

- **Decreased rate of Māori treatment orders made under section 29 of the Mental Health Act by 10%.**

Baseline and targets per 100,000 (aged 15+)

DHB/PHO	Non-Māori	Māori	Target
ADHB	131	436	396

Trends



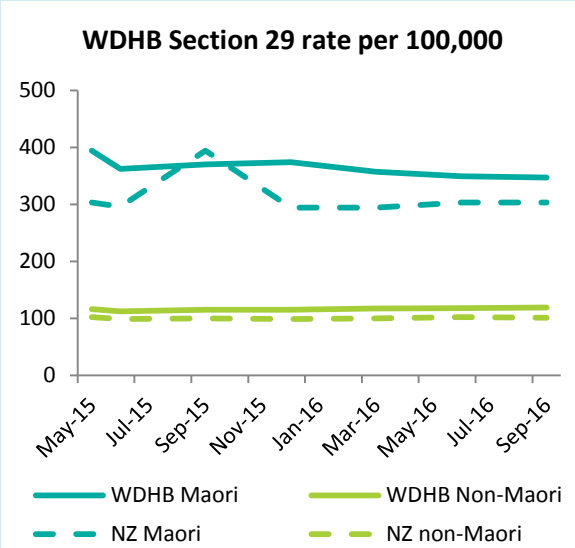
Where do we want to get to?

- **Decreased rate of Māori treatment orders made under section 29 of the Mental Health Act by 10%.**

Baseline and targets per 100,000 (aged 15+)

DHB/PHO	Non-Māori	Māori	Target
WDHB	119	347	312

Trends



DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q1: Work collaboratively with the Ministry of Health to agree and document a robust definition for the CTO indicator.	Investigation completed and CTO definition agreed.
Auckland/ Waitemata	Q2: Undertake analysis of underlying data to understand pathways, gaps and opportunities for improvement.	
Auckland/ Waitemata	Develop recommendations for evidenced based interventions to address the disease and health burden.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Obesity

Why is this a priority?

Māori have higher rates of obesity than the non-Māori non-Pacific population. Excess weight is a leading contributor to a number of health conditions, including diabetes, cardiovascular diseases, some types of cancer (eg, kidney and uterus), osteoarthritis, gout, sleep apnoea, some reproductive disorders and gallstones. Bariatric surgery is an effective method of reducing and maintaining weight loss for individuals.

What are we trying to do?

Reduce the prevalence of obesity in Māori populations.

To achieve this we will focus on:

Population and individual strategies are required to address obesity, and we are participating in activities that address both elements. We are leading the Healthy Auckland Together group, an inter-sectoral group working to improve the nutrition environment, we are also contributing to various other inter-sectoral groups with a similar goal. We are also supporting an innovative community based approach to obesity reduction through the #Tatou 240 programme.

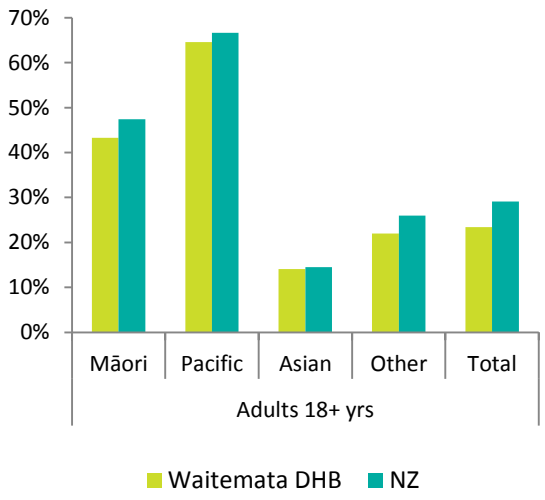
Where do we want to get to?

- **Reduction in obesity rates for Māori.**

DHB/PHO	Other	Māori
WDHB	23%	43%

Trends

WDHB obesity *(age-standardised) by age group and ethnicity, 2011-13*



DHB	What are we going to do?	Measures
Waitemata	Q1-Q4: Support implementation of the #Tatou 240 community based obesity reduction intervention at Whānau House.	
Waitemata	Q1-Q4: In collaboration with Healthy Auckland Together (HAT) and Healthy Families Waitakere, engage intersectorally to support a stocktake and gap analysis of healthy food environments in and around Kōhanga Reo and ECE.	
Waitemata	Quarterly: Progress of activities and performance against health	

DHB	What are we going to do?	Measures
	targets will be monitored and reported to Manawa Ora.	

Rohe ngā Auckland and Waitemata District Health Boards

Primary Healthcare Enrolment

Why is this a priority?
A focus on ensuring access to primary care is an initial step in addressing Māori health inequalities. Only when equitable access to primary care for Māori is achieved, can there be demonstrable improvement across all Māori health gain priorities, within the primary care setting. Increasing the number of Māori infants enrolled with a PHO is also an ASH contributory measure as part of the System Level Measures Improvement Plan.

What are we trying to do?
Ensure access to health care, to reduce inequalities in health status for Māori and improve Māori health outcomes.

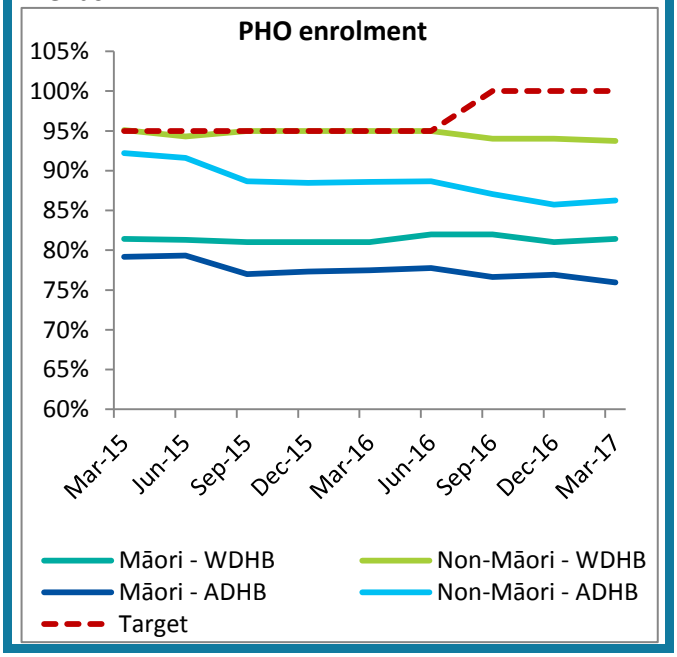
To achieve this we will focus on:
Identifying Māori who are not enrolled with a General Practitioner and offering support to enrol and implementing a project to enrol newborn Māori with a General Practitioner and other vital services.

Where do we want to get to?

- 90% Māori enrolment in PHOs

DHB/PHO	Non-Māori	Māori	Target
ADHB	86%	76%	90%
WDHB	94%	81%	90%

Trends



Who will we work with?
Auckland PHO, Alliance Health Plus, Waitemata PHO, ProCare PHO, National Hauora Coalition, Primary Care Team.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q2: Work with PHO champions and National Enrolment Service to develop operational measures and monitoring to increase newborn enrolments for Māori.	Monitoring mechanism implemented.
Auckland/ Waitemata	Q4: Implement Māori Provider and PHO data match to support offer of PHO enrolment.	Data match completed.
Auckland/ Waitemata	Q4: As determined in a 2014-15 audit of pregnant women there is significant under-enrolment for Māori women. Develop processes with Maternity Services at facilities booking to identify women without a GP. Work with He Kamaka Waiora to facilitate enrolment with a GP. Evaluate effectiveness of intervention and present recommendations report.	Evaluation completed.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q4: Develop a monthly reporting template for He Kamaka Waiora staff to support timely identification and active follow up of Māori ASH patients with no GP identified at admission.	Reporting mechanism implemented.
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Data Quality

Why is this a priority?
Accurate data is imperative for policy, planning and monitoring of many indicators important for Māori Health. A key area of interest for improving ethnicity data collection is for the Auckland and Waitemata DHB's workforce. Having robust workforce data will support goal of the Māori Alliance Leadership Team to increase Auckland DHB Māori workforce to 7.4% of the total Auckland DHB workforce and increase the Waitemata DHB Māori workforce to 8.8% of the total Waitemata DHB workforce, with a particular focus on prioritised occupations, by 2025.

What are we trying to do?
Improve the quality of workforce ethnicity data collected by Auckland and Waitemata DHBs.

To achieve this we will focus on:
Implementing the Standard of Ethnicity Data Protocols and action plans to improve ethnicity data collection.

Who will we work with?
Auckland and Waitemata DHB provider arm and Human Resources Departments.

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q1: Develop a data remedial plan including short, medium and long term action plans with 'ANZSCO codes into Leader' and	Remedial plan developed.
Auckland/ Waitemata	Q1: Implement the current Standard of Ethnicity Data Protocols 200.	Standard of Ethnicity Data Protocols implemented.
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Whānau Ora

Why is this a priority?
Māori suffer a greater burden of disease and have poorer health outcomes compared to non-Māori.

What are we trying to do?
Provide health services which are whānau centred and meet the needs of Māori to accelerate Māori

health gain and contribute to eliminating disparities in health status by improving the health outcomes of Māori.

To achieve this we will focus on:
Increasing access to whānau centric community based models or care, improving access to preventative and treatment/management services and identifying opportunities for investment with the Whānau Ora Commissioning Agency Te Pou Matakana.

Whānau Ora:
DHBs contribute to Whānau Ora by focusing on five key areas - **mental health, asthma, oral health, obesity and tobacco** – to achieve accelerated progress towards health equity for Māori. Activities for these areas are covered in both the Annual Plan and other sections of this Plan.

Who will we work with?
Te Whānau o Waipareira Trust, Te Puna Hauora, Te Rūnanga o Ngāti Whātua, Te Pou Matakana.

DHB	What are we going to do?	Measures
Waitemata	Q1-Q4: Work with Te Puna Hauora to support increased delivery of Waitemata DHB outpatients' clinics as part of the Te Puna Hauora Whānau Ora Centre.	Refer to mental health, asthma, oral health, obesity (Annual Plan) and tobacco sections.
Auckland/ Waitemata	Q1-Q4: Work with Te Pou Matakana and Te Runanga o Ngāti Whātua to identify and implement opportunities for co-investment and service co-design to support improved outcomes in more than one of the key Whānau Ora areas.	
Waitemata	Q1-Q4: Work with Te Rūnanga o Ngāti Whātua to implement a whānau ora model of care in South Kaipara.	
Waitemata	Q1-Q4: Continue to support and expand Waitemata DHB outpatient clinic delivery at Whānau House.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Workforce

Why is this a priority?
Increasing Māori health workforce participation rates is fundamental to improving the quality and effectiveness of care.

What are we trying to do?
Increase the Auckland DHB Māori workforce to 7.4% of the total Auckland DHB workforce and increase the Waitemata DHB Māori workforce to 8.8% of the total Waitemata DHB workforce, with a particular focus on prioritised occupations, by 2025.

To achieve this we will focus on:
Increasing and maintaining the overall proportion of the Māori health workforce in Auckland and

Waitemata DHBs to match the working age percentage of Māori in the districts populations (20-64 years); supporting partners to increase the proportion of Māori who enrol in and graduate from health career related education and training; supporting, growing and strengthening Māori strategic and operational leadership across the health sector.

Who will we work with?
GM Māori, Human Resources Director, Allied Health.

Where do we want to get to?

- **By 2025 7.4% of the ADHB workforce is Māori.**
- **Increase the number of Māori across the total workforce to 694 by 2025.**

Workforce	Māori Dec 16	17/18 target	2025 target
Total	335	390	723
• **Increase the net number of Māori by headcount employed in prioritised occupations to 193 by 2025.**			
Occupation	**Māori Dec 16**	**17/18 target**	**2025 target**
Junior Med	23	28	56
Nursing	100	123	261
Midwifery	3	4	13
Dental Therapist	N/A	N/A	N/A
Dietitian	0	1	5
Occupational Therapist	3	4	9
Physiotherapist	3	4	8

Where do we want to get to?

- **By 2025 8.8% of the WDHB workforce is Māori.**
- **Increase the number of Māori across the total workforce to 607 by 2025.**

Workforce	Māori Dec 16	17/18 target	2025 target
Total	302	346	607
• **Increase the net number of Māori by headcount employed in prioritised occupations to 209 by 2025.**			
Occupation	**Māori Dec 16**	**17/18 target**	**2025 target**
Junior Med	12	15	31
Nursing	88	112	256
Midwifery	4	5	11
Dental Therapist	8	1	16
Dietitian	4	3	3
Occupational Therapist	5	1	12
Physiotherapist	2	1	9

DHB	What are we going to do?	Measures
Auckland/ Waitemata	Q1-Q4: Review, update and improve DHB HR recruitment and retention policy and processes.	Increase the Māori health workforce in Auckland DHB to 390 and Waitemata DHB to 346.
Auckland/ Waitemata	Hold a Wananga of excellence in health workforce development and practice.	
Auckland/ Waitemata	Develop and support the implementation of the Youth Pledge Partnership goals.	
Auckland/ Waitemata	Q3: Evaluate and if necessary refresh/align all DHB funded programmes with strategy and aims of the Māori Workforce Development Strategic Plan aims.	
Auckland/ Waitemata	Q1-Q4: Increase the number of Māori who enrol in and graduate from health career related education and training.	
Auckland/ Waitemata	Q1-Q4: Continue to work collaboratively to progress actions and activities in the Regional Health Plan.	
Auckland/ Waitemata	Q4: Implement in all new/renewed NGO contracts the agreed clause to collect and report on Māori workforce data to the DHB by 30 June 2018.	
Auckland/ Waitemata	Q3-Q4: Use a market research approach to develop Māori personas to inform targeted recruitment, retention and leadership development strategies for Māori.	
Auckland/ Waitemata	Develop a business case for a dedicated Māori resource to support Maori recruitment and retention into the priority workforce groups and the overall workforce.	
Auckland/	Q1: Develop a data remedial plan including short, medium and long	

DHB	What are we going to do?	Measures
Waitemata	term action plans with 'ANZSCO codes into Leader' and	
Auckland/ Waitemata	Q1: Implementing the current Standard of Ethnicity Data Protocols 200.	
Auckland/ Waitemata	Quarterly: Progress of activities and performance against health targets will be monitored and reported to Manawa Ora.	

Glossary

Kawanatanga	Governance
Mana whenua	People who have authority over the land
Mihimihi	Acknowledgement
Ngā kaupapa tuku iho	Respect for distinctly Māori values, beliefs, responsibilities, protocols, and knowledge.
Oritetanga	equity
Te Tiriti o Waitangi	Treaty of Waitangi
Te Ritenga	Right to beliefs and values
Tino Rangatiratanga	Self-determination
Whānau ora	Intra- and inter-sectoral strength-based approach to supporting whānau to achieve their maximum potential in terms of health and wellbeing

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Waitemata
District Health Board
Best Care for Everyone