



Māori Health Overview

**Review Period:
1 July 2010 – 30 September 2010**

Prepared by Luke Katu

for

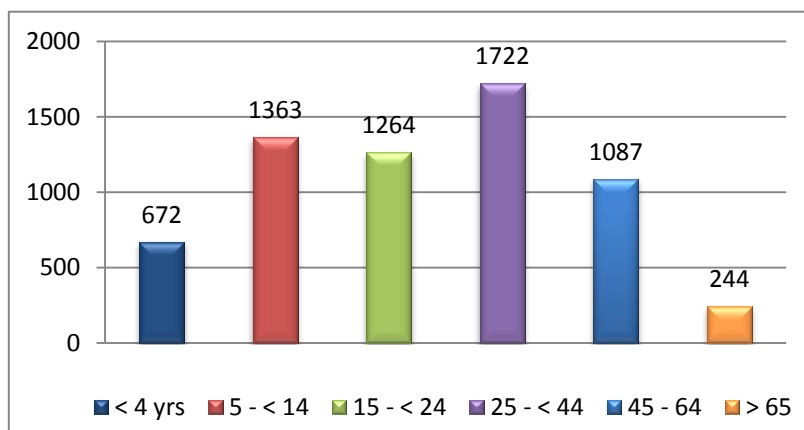
**NBPH Board
Nelson Marlborough District Health Board**

Māori Health Overview

Demographic/Deprivation (for the quarter from 1 July – 30 September 2010)

- Total registered with NBPH: 6352 Māori/93029 enrolled
- Number Māori enrolled living in NZDep 9-10 areas: 1171

Age breakdown:	Totals:	%
<4 yrs	672	11
5 - <14	1363	21
15 - <24	1264	20
25 - <44	1722	27
45 - 64	1087	17
>65	244	4



Reducing Māori Health Inequalities

Programmes	Activity
Developing Māori Relationship with Mana Whenua Iwi	NBPH Board Chair and NBPH CEO have started the process to meet with the respective chairs of the Mana Whenua Iwi boards to discuss possibilities of having a relationship and what that relationship could look like. To date they have met with the chairs of Ngāti Kuia, Te Ātiawa and Ngāti Tama and received feedback from each on the way forward.
Kaupapa Māori Falls Prevention Programme	The Māori Health Provider Managers Business Forum has chosen Whakatū Te Korowai Manaakitanga Trust to be the lead provider to deliver a Kaupapa Māori Falls Prevention programme. Service specifications have been created and NBPH are currently in negotiations with Whakatū Te Korowai Manaakitanga Trust to provide a Kaupapa Māori Falls Prevention 'train-the-trainer' programme. The next step is for Whakatū Te Korowai Manaakitanga Trust to report back to the Māori Health Provider Managers Business Forum on progress.
Māori and Pasifika Health Reference Group	The Māori and Pasifika Health Reference Group is made up Māori and Pasifika health and community workers who provide advice to DHB managers, Kimi Hauora and Nelson Bays Primary Health on matters concerning strategic programmes and to ensure the needs of Māori and Pasifika are reflected appropriately across the Nelson Marlborough region. Currently we are working on giving feedback on AHIV (Universal Antenatal HIV Screening Programme, MoH initiative which went live in NMDHB 1 st December 2009) and UNHSEIP (Universal Newborn Hearing Screening and Early Intervention Programme, went live this year on 22 nd March) programmes, Falls Prevention Project, Sexual Abuse Assessment and Treatment Service.
House 44	Outreach Nursing Clinic The Outreach Nursing Clinic involves Social Work and Service Coordination provided by House 44, Te Korowai Trust and Stoke Medical Centre (SMC) to support East Stoke patients and whānau enrolled with SMC to access the Outreach nursing service. Patient lists have been generated from the SMC database with fortnightly meetings between the three parties to ensure a coordinated approach forward. Planning is underway to arrange an evening session at House 44 to do health checks at their 'Mother's Evening'.

Programmes	Activity
	<p>Māori Health Activity This quarter House 44 supported 22 patients to access the Outreach nursing service and of the 22 patients who accessed the service, 11 identified as Māori. Transport has been identified as an issue.</p> <p>Nutrition and Health Promotion House 44 currently runs programmes for primary school children (Wednesdays) and teenage girls (Tuesday nights from 6 pm) and boys (Tuesday nights from 5pm). They provide nutrition and health promotion and prevention activities supported by NBPH. Nineteen girls registered for the girls programme and approximately 13 – 14 attend per/night; sixteen boys registered for the boys programme and approximately 8 – 10 attend per/night. For the primary school programme 31 registered and approximately 15 – 16 attend per/night. Approximately 95% of the participants identify as Māori.</p>
<p>Te Whare Hauora o Te Āwhina Marae</p>	<p>Te Whare Hauora o Te Āwhina Marae have exited the Rangatahi Whānau Ora worker service because of resourcing issues. A decision has been made for NBPH to employ the Rangatahi Whānau Ora worker and the person to be based at Te Āwhina Marae. The worker will be integrated into the Te Whare Hauora o Te Āwhina Marae group and the vision is for this contract to be held by the Marae health service.</p>
<p>Te Kahui Hauora o Ngāti Koata Cardio Vascular Rehabilitation Programme</p>	<p>The purpose of the service is to provide early detection and prevention of cardiovascular disease for Māori in the Nelson region. This involves working with Tahunanui Medical Centre to identify Māori clients enrolled with their GP services that have not had a CVA or who have been identified as having a high risk. Te Kahui Hauora o Ngāti Koata has exited from this programme due to resourcing issues. NBPH is in the process of employing two whānau ora workers and is going to work with Te Kahui Hauora o Ngāti Koata and the other Māori Health providers to support these roles and improve links with many more general practices in the region.</p>
<p>He Oranga Recommended Best Practice Policy</p>	<p>The He Oranga Recommended Best Practice Policy was presented to the NBPH clinical governance group and the feedback was that the policy document was too broad and too big. The recommendation was that a policy needed to be developed specifically for general practices. The policy is currently being developed to meet the needs of general practices.</p>
<p>Aqua Aerobics and Tāne Swim Group</p>	<p>Te Kahui Hauora o Ngāti Koata is continuing to provide a water-based exercise programme for clients from Te Kahui Hauora o Ngāti Koata, other Māori health providers in Nelson and Tasman and GRx patients. The programmes are attended on average by approximately 12 to 15 people per session. The programmes are open to both Māori and non-Māori with a focus on Māori.</p>
<p>Whakatū Te Korowai Manaakitanga Trust</p>	<p>There are two streams of delivery for this service:</p> <p>Tamariki Ora Tamariki ora service delivery in Motueka. This service will work with Te Amo Health Services and utilise the Tamariki Ora training nurse employed by Te Amo to deliver this service in Motueka. Te Korowai Trust will facilitate a relationship between the Tamariki Ora nurse and the Plunket nurses in the Motueka region</p> <p>Te Oranga o nga Tamariki Speech Language Therapy The Speech and Language Therapy Intervention work aims to improve access to clinical interventions for children with otitis media effusion (OME) and associated language delays. The care pathway which is expected to be provided involves screening for delayed language by Speech and Language Therapists, with a treatment plan, ongoing clinical assessments and appropriate referrals to appropriate specialists as appropriate. Both of these services are working well. The Speech and Language Therapy Intervention programme has been running for a couple of years now and is well established. The Tamariki Ora programme started in May 2010 and the Tamariki Ora nurse has developed good relationships with key networks and has started to work with tamariki and whānau in the Motueka region and she is slowly building up the tamariki register.</p>

Programmes	Activity																												
VRA (Vascular Risk Assessment)	<p>Since the start of the VRA programme, 1st October 2008, six hundred and forty-four Māori patients have been assessed, (6 % of the total number of VRA 10779).</p> <p>Māori Health Activity</p> <ul style="list-style-type: none"> • 55 Māori participated during this quarterly reporting period. • Through the VRA programme this quarter, 14 Māori patients have been identified to have a CVD risk ≥15% • Through the VRA programme of the 55 Māori patients seen this quarter 26 were identified as current smokers, 12 were past smokers and 17 were non-smokers. • Through the VRA programme, 2 probable new Māori diabetics have been identified. • Those Māori who have been screened follow the national trend and are more likely to have a calculated CVD risk ≥15%, are more are likely to smoke and have a fasting blood glucose level ≥ 7mmol/L (indicating a high possibility of diabetes) than any other ethnic group. • SIA funding is being utilised for a free GP consult for Māori post nurse VRA if their CVD risk ≥15% (and they are not enrolled in Care Plus), which assists patients to receive the care they require to reduce their CVD risk. 																												
	<p>CVD Risk – This quarter</p> <table border="1" data-bbox="368 824 1535 1093"> <thead> <tr> <th data-bbox="368 824 539 1048">Ethnicity</th> <th data-bbox="539 824 699 1048">CVD Risk < 10%</th> <th data-bbox="699 824 863 1048">CVD Risk 10 - 14%</th> <th data-bbox="863 824 1027 1048">CVD Risk 15 - 19%</th> <th data-bbox="1027 824 1198 1048">CVD Risk ≥ 20%</th> <th data-bbox="1198 824 1362 1048">Risk clinically >15% due to a single risk factor</th> <th data-bbox="1362 824 1535 1048">Risk clinically >20%; known CVD or genetic lipid disorder</th> </tr> </thead> <tbody> <tr> <td data-bbox="368 1048 539 1093">NZ Māori</td> <td data-bbox="539 1048 699 1093">26</td> <td data-bbox="699 1048 863 1093">15</td> <td data-bbox="863 1048 1027 1093">2</td> <td data-bbox="1027 1048 1198 1093"></td> <td data-bbox="1198 1048 1362 1093">3</td> <td data-bbox="1362 1048 1535 1093">3</td> </tr> </tbody> </table> <p>Diabetes Detection - This quarter</p> <table border="1" data-bbox="368 1126 1535 1294"> <thead> <tr> <th data-bbox="368 1126 539 1261">Ethnicity</th> <th data-bbox="539 1126 699 1261">FG < 5.5 normal</th> <th data-bbox="699 1126 863 1261">FG 5.5 - 6.0 possible IGT/IFG</th> <th data-bbox="863 1126 1027 1261">FG 6.1 - 6.9 probable IGT/IFG</th> <th data-bbox="1027 1126 1198 1261">FG ≥ 7.0 probable new diabetics</th> <th data-bbox="1198 1126 1362 1261">Ethnicity</th> <th data-bbox="1362 1126 1535 1261">FG < 5.5 normal</th> </tr> </thead> <tbody> <tr> <td data-bbox="368 1261 539 1294">NZ Māori</td> <td data-bbox="539 1261 699 1294">33</td> <td data-bbox="699 1261 863 1294">17</td> <td data-bbox="863 1261 1027 1294">3</td> <td data-bbox="1027 1261 1198 1294">2</td> <td data-bbox="1198 1261 1362 1294">NZ Māori</td> <td data-bbox="1362 1261 1535 1294">33</td> </tr> </tbody> </table>	Ethnicity	CVD Risk < 10%	CVD Risk 10 - 14%	CVD Risk 15 - 19%	CVD Risk ≥ 20%	Risk clinically >15% due to a single risk factor	Risk clinically >20%; known CVD or genetic lipid disorder	NZ Māori	26	15	2		3	3	Ethnicity	FG < 5.5 normal	FG 5.5 - 6.0 possible IGT/IFG	FG 6.1 - 6.9 probable IGT/IFG	FG ≥ 7.0 probable new diabetics	Ethnicity	FG < 5.5 normal	NZ Māori	33	17	3	2	NZ Māori	33
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ACC Falls Prevention	<p>Purpose: Nelson Bays Primary Health has been contracted by ACC to lead and coordinate falls prevention activity within the wider primary health care sector, focussing on the wellbeing of older people.</p> <p>Māori Health Activity</p> <p>Specific resourcing has been ring-fenced for provision of services to Māori. Contractual specifications allow for Māori and Pasifika people over the age of 55 to be included in delivery targets (>65 for others) and this is reflected throughout subcontracting and programme planning.</p> <p>A presentation on the Falls Prevention initiative was delivered to the Māori Health Provider Managers Business Forum to seek advice and support for a kaupapa Māori Falls Prevention programme. The forum nominated a preferred provider to deliver a Falls Prevention programme and gave their support for the initiative. The Business Forum supported Whakatū Te Korowai Manaakitanga Trust to be the lead provider to deliver the Falls Prevention programme.</p> <p>NBPH are currently working through a process with Whakatū Te Korowai Manaakitanga Trust to develop a programme best suited for Māori. A Kaupapa Māori Falls Prevention ‘train-the-trainer’ model has been developed and details are now with the provider to implement. The programme will consist of <i>Kete</i> (learning modules) that will allow the trainer to implement individual <i>Kete</i> into existing programmes they may be running with Kaumatua or they can be used in a complete programme package.</p>																												

Programmes	Activity
ABC Smoking Cessation	<p>Purpose: To reduce the prevalence of smoking in the Nelson Bays region and reduce the harm to health caused by smoking.</p> <p>Māori Health Activity The Smoking Status information collected via the PHO Clinical Performance Indicator report to the end of June 2010 shows that 55.5% (5243) of the High Needs population has a smoking status recorded. Of those with a status recorded, 31.9% (1670) are current smokers. High Needs population data represents Māori, Pasifika and those people residing in NZDep deciles 9 and 10. This information allows practices to target Māori as a priority group to offer brief advice and smoking cessation support.</p>
Breastfeeding and Coordination and Peer Counselling Programme	<p>Purpose: The Breastfeeding Coordination Contract delivers on a range of actions from the Nelson Marlborough Breastfeeding Action Plan. The Breastfeeding Action Plan is currently under review.</p> <p>Māori Health Activity</p> <ul style="list-style-type: none"> • The Peer Counselling Contract oversees and supports Family Start in Nelson and Motueka Family Service Centre with the delivery of the Peer Counselling Programme. Nelson Bays Primary Health no longer has a contract with NMDHB to deliver Mum4Mum. Nelson Bays Primary Health is however committed to continue to support the delivery of Mum4Mum. • The Mum4Mum Contract has finished, but both Family Start and Motueka Family Service Centre are committed to continue, albeit in a reduced capacity. Both services will continue to focus strongly on support for Māori and other high needs groups. Motueka Mum4Mum volunteers attend a young mums group at Te Awhina Marae. • A meeting at Te Korowai Trust with NZ Breastfeeding Authority regarding BFCI took place and the organisation responded favourably. • Family Start has a high number of Māori families on their books, which facilitates good access to the target group for PCP. In total at least 10% of mums supported are Māori (may be more because ethnicity is not recorded for one-off contacts). • Motueka Mum4Mum volunteers participate in young mums group at Te Awhina Marae. Both the Community Nutrition Service and the Breastfeeding co-ordination staff are planning meetings with Māori providers to discuss nutrition support and ways of working together. A meeting took place with Te Korowai Trust. <p>Meetings have taken place to discuss current antenatal education services and appropriateness and access for Māori. NBPH is looking at a strategic approach to improve antenatal education for high risk groups, including Māori mums and their whānau.</p>
Community Nutrition Service (CNS)	<p>Purpose: The overall purpose of the service is to assist in reducing the incidence of lifestyle-related chronic disease and improving the health status of those who already have these conditions.</p> <p>Māori Health Activity This quarter 194 individual patient consultations have been provided. Overall six group education sessions plus the MEND programme (20 sessions) were delivered this quarter to a total of 80 people. Six workforce development sessions were conducted for health professionals, including aged care and primary care nurses and 100 people attended these sessions.</p> <p>Of the total number of 194 patients 19 identified as Māori (approx. 10% of the total patients seen). This does not include whānau who supported their whānau members at the individual consultations.</p> <p>The Community Nutrition Service also facilitated workforce development sessions supported by Māori Health providers and community organisations.</p> <p>Currently the service is involved in the planning of Diabetes Hui which will be delivered at Te Awhina Marae o Motueka. The Service has also received referrals from the Tamariki Ora Nurse at Te Korowai Trust.</p>

Programmes	Activity
Green Prescription (GRx)	<p>Purpose: A Green Prescription (GRx) is a health professional's written advice to a patient to be physically active, as part of the patient's health management. It is a cost-effective way to assist and support the patient as they work towards achieving better health outcomes.</p> <p>Māori Health Activity</p> <p>This quarter 319 patients were referred to the GRx programme of the 319 patients referred 13 identified as Māori. Māori patients who wish to participate in water based activities are referred onto the Aqua Aerobics programme of the Tāne Swim programme run by Te Kahui Hauora o Ngāti Koata or to Whakatū Marae Whānau Ora Health Services that provide a Gym, whakaama, maurākau and traditional Māori games.</p>
Māori Green Prescription Programme “Piki Te Ora”	<p>Purpose: To improve the health and wellbeing of Māori and Pasifika peoples and to reduce the burden of disease by encouraging participants to be more active, more often. The programme is based at Te Āwhina Marae, operating 10 hours a week, every Tuesday and Thursday. NBPH have successfully developed a “Māori GRx Piki te ora” programme based at Te Āwhina Marae. This programme will run once a week and include:</p> <ul style="list-style-type: none"> • Guest speaker taking about health topics • Traditional Māori games and physical activities • Walking and other activities • Healthy Kai, networking and more <p>It will have a focus on encouraging participation from Kaumatua and other community leaders, the programme is in early development stages but we are confident it will fit the needs of the broader community. Activities will include seated exercise options, walking, use of the gym, traditional Māori games, Māori style Tai Chi, yoga and possible pool visits, linked with relevant education sessions.</p> <p>The GRx Māori worker will also be conducting sessions with GRx Māori patients to set a weekly step by step plan of action to include one physical and one nutritional step.</p>
Health Promotion	<p>Purpose: Health promotion funding is a core part of revenue to Nelson Bays Primary Health (NBPH). NBPH has undertaken the strategic direction of reorienting its approach to programmes and services to align with comprehensive primary health care and health promotion philosophies.</p> <p>Māori Health Activity</p> <p>Programmes specifically addressing Māori health and other populations of health inequality include:</p> <p><i>Māori Diabetes</i></p> <p>NBPH is supporting delivery of Type 2 Diabetes Education programmes for Māori and Pasifika communities.</p> <p><i>Kaupapa Māori Falls Prevention</i></p> <p>NBPH is working with the Māori Health Provider Managers Business Forum to seek advice and support for kaupapa Māori Falls Prevention programme. The forum has nominated a preferred provider to deliver a Falls Prevention programme and gave their support for the initiative. The Business Forum supported Whakatū Te Korowai Manaakitanga Trust to be the lead provider to deliver the Falls Prevention programme.</p> <p><i>Māori Green Prescription</i></p> <p>NBPH is working with Te Whare Hauora o Te Awhina Marae and Whakatu Marae to develop and deliver a Lifestyle Support programme targeting Māori and Pasifika.</p> <p>Health Promotion also provide Community Initiative Grants and Workforce development Grants. Te Hauora o Te Āwhina Marae received grants for a wananga and workforce development and Te Whatukura for a nutrition related programme (Te Whatukura Biggest Loser).</p>
Primary Mental Health Initiative	<p>Purpose: To ensure that people with mild to moderate mental health problems have access to appropriate services as soon as possible, within available resources. The role of primary care practitioners is to ensure that individuals return to their full level of functioning by identifying and subsequently managing a mental health problem.</p>

Programmes	Activity
	<p>Māori Health Activity</p> <p>Māori organisations have open access to the Primary Mental Health Initiative. Rationing does not apply to referrals from Māori organisations. Where ethnicity is stated, 11% of the referrals for this quarter are for Māori tāngata whaiora. Māori organisations were responsible for 8% of the referrals for this quarter. Not all referrals from Māori organisations are for Māori and not all consumers who are Māori have been referred by Māori organisations. One third of Māori tangata whaiora who used the initiative this quarter were men and one third were women aged 18 to 25. The average drop in PHQ9 scores for GP referrals for this quarter is 5.8. Referrals from Māori organisations this quarter show a slight improvement on this average at a 6 point drop in PHQ9 scores. It is difficult to provide figures on the presenting problem because it is described in so many different ways. However, generally speaking more than two thirds of referrals are for depression, less than one third for anxiety and the remainder include stress, relationship issues and other difficulties.</p>
<p>Strengthening Families</p>	<p>Purpose: Strengthening Families is a community-based initiative that helps families/whānau in Aotearoa New Zealand get access to the services they need. Strengthening Families brings together a family and all the agencies that have a part to play in helping that family. Together, the family and agencies develop an action plan that reflects the family's needs.</p> <p>Māori Health Activity</p> <p>The Whakapiripiri ngā Whānau programme puts whānau at the centre of all planning in regards to their own health, education, housing and social outcomes. This quarter 54% of the children and young people who were the subject of referral identified as Māori. (Note: 39% in the previous quarter).</p> <p>Local Management Groups (LMGs) oversee Strengthening Families in their area, LMG membership is determined locally, although ideally membership includes representatives of all government agencies involved in providing or funding services for local families/whānau at management level and representatives of local authorities, iwi and community groups.</p> <p>The LMG includes representation by Te Kahui Hauora o Ngati Koata. NBPH ensures whānau have a number of choices in regards to where whānau hui is held, who will attend, which of the Māori facilitators will guide the facilitation process, which service will take a lead in overseeing the action plans and when the hui process is closed. Four Māori facilitators are currently engaged in the facilitator pool. Bi-monthly meetings of the management group are well attended and a Business Plan for 2010/11 has been developed in this quarter.</p>
<p>Suicide Prevention Coordination</p>	<p>Purpose: The contract is to contribute to the reduction of suicide and suicidal behaviour rates in Nelson, Tasman and Marlborough through employing a Suicide Prevention Coordinator to lead, facilitate and enhance cross-agency collaboration to implement the Nelson Marlborough Suicide Prevention Action Plan 2010 – 2012 [NMSPAP]</p> <p>Māori Health Activity</p> <p>This service is expected to ensure the specific needs of Māori within local communities are adequately addressed; including support for Māori-centred and whānau ora oriented initiatives. The Annual Plan has been written with Māori Health Activities clearly identified together with appropriate milestones and measures. The SPC will work closely with the Māori Health Coordinators of Nelson Bays Primary Health and Kimi Hauora Wairau for guidance and support in achieving the milestones and measures of each Māori Health Activity.</p>
<p>Targeted Youth Health Service</p>	<p>Purpose: To provide a nursing service by registered nurses who are skilled in youth health and development and a Rangatahi Whānau Ora worker. The clients of this service will be students enrolled in Alternative Education (AE) and Youth Transition Services/facilities specified.</p> <p>Māori Health Activity</p> <p>The Māori population in Te Tau Ihu is younger on average compared with the non-Māori population. The median age of the Māori population is 25.3 years and the non-Māori median age 41.7. Māori under the age of 15 years comprise 32.7% of the total Māori population, compared with 18.6% non-Māori. Māori youth have negative statistics in comparison to their non-Māori counterparts across the social and health indices.</p>

Programmes	Activity
	<p>This service is expected to contribute to the reduction in health inequalities and to achieving Māori health gain objectives in particular targeting services to impact on:</p> <ul style="list-style-type: none"> • Asthma • Diabetes • Injury prevention • Smoking • Hearing • Mental health • Oral health • Immunisation <p>The service will aim to provide a Māori holistic view of health, the te whare tapa wha model, which incorporates:</p> <ul style="list-style-type: none"> • Te taha hinengaro - emotional and mental health • Te taha Whānau – connection to family • Te taha wairua – spiritual health • Te taha tinana – physical health <p>In order to achieve these objectives NBPH and Te Rapuora Health Services have committed their own resources to ensure that a rangatahi whānau ora worker is available to work alongside the clinical nursing roles.</p> <p>Specifically the whānau ora role works alongside the clinical nursing role to facilitate rangatahi access to the nursing service and to support rangatahi (and their whānau where appropriate) to implement the recommendations (within Tikanga Māori) as a result of both the assessment and health plan across Marlborough/Nelson/Tasman.</p> <p>Discussions with Te Awhina Marae Health Services aimed at aligning the existing youth health worker role, employed with Te Awhina Marae, with the Targeted Youth Health Programme were completed in the previous quarter. At Te Awhina’s request NBPH has taken over the employment role of the rangatahi whānau ora worker in Motueka. The successful applicant will be based at Te Awhina Marae.</p> <p>Cultural needs are considered and addressed strategically, operationally and clinically. This includes enhancing the cultural competence of staff and supporting students’ connections to their own cultures in the following ways:</p> <ul style="list-style-type: none"> • HEeADSSS assessment training of nurses and rangatahi whānau ora workers includes cultural assessment. • Inclusion of Māori Health Providers in youth service database to promote knowledge and collaboration between providers. • Links with the Rangatahi Māori Health and Development Project (NZAAMD) • Professional development opportunities for rangatahi whānau ora workers such as NBPH funding for registration costs to attend the INVOLVE 2010 Connect Conference for people working with young people (November 2010). <p>Current estimate of Māori enrolled at AE or YTS Marlborough/Nelson/Tasman is 30.25%. Of the rangatahi who received an initial health check in this quarter, 41.1% identified as New Zealand Māori.</p> <p>To date 85 rangatahi have undertaken an assessment with the youth nurse specialist and four opportunistic assessments and as a result of the assessments there have been 322 follow-ups to date. One of the main issues for rangatahi to access health services is Transport and support to access these services. Te Rapuora Health Services are currently working on strategies in an attempt to reduce this barrier.</p> <p>Of the 85 assessed by the nurse 32 identified as Māori and of the 32 assessed 18 were referred to the Rangatahi Māori health worker, some of the issues they presented with; mental health, sexual health and alcohol and other drug.</p>

Programmes	Activity
Pilot Youth Alcohol and Other Drugs Service	<p>Purpose: To report on the activities that have occurred as a result of contracting Nelson Bays Primary Health (NBPH) for the Pilot Youth Alcohol and Other Drug Brief Intervention Service during July, August and September 2010.</p> <p>Māori Health Activity</p> <p>In September 2010 a Pilot Youth Alcohol and Drug Brief Intervention Service was established in Nelson, New Zealand. This is for one year and employs a 0.5FTE AOD Counsellor. The service is mobile going to rangatahi at their education provider. It is targeting Youth who have already been expelled from mainstream school and are attending an alternative education facility. The service is also available to those with a mental health need as well as an AOD use/abuse issue.</p>
PHO Performance Programme	<p>Purpose: To improve the health of enrolled populations and reduce disparities in health outcomes through supporting clinical governance and continuous quality improvement processes within PHOs by providing financial incentives.</p> <p>Māori Health Activity</p> <p>The PHO Performance Programme aims to reduce health inequalities by targeting specific high need populations for specific indicators. High Needs, as defined by the PPP, are those people who identify as Māori, Pasifika or reside in NZDep deciles 9 and 10. In the new Phase II Chronic Conditions (Diabetes and CVD) indicators, all High Needs cohorts are screened at a greater rate than the Total Population cohorts.</p> <p>NBPH is on track to meet most of the targets for the High Needs indicators, and is above the national programme goal for Breast cancer Screening and Cervical Cancer screening coverage.</p>
Continuing Nursing Education	<p>Purpose: To provide the primary health care nursing workforce of Nelson Tasman with access to quality ongoing professional development relevant to the health needs of our population, ensuring clinical excellence and patient empowerment</p> <p>A focus on collaboration has been promoted. NBPH is working with the Māori Health Nurses group to identify any specific learning needs nurses working in Māori Health settings need help meeting. The PHC Nurses' website will reflect the work of Māori Health Nurses alongside that of other nurses across the PHC continuum, promoting collaboration.</p>
Cornerstone	<p>Purpose: To encourage and support all NBPH-aligned general practices achieve accreditation via the Royal New Zealand College of General Practitioners Cornerstone 'Aiming for Excellence' quality standards. These accreditation indicators and criteria identify minimum legal and safety standards, those that pose significant risk as defined by the College and essential areas to guide improvement in practice systems and clinical care. Cornerstone meets the requirements of the New Zealand Public Health and Disability Act 2000 for the development, use and monitoring of a nationally consistent standard and quality programme for organised general practice and patients safety.</p> <p>Māori Health Activity</p> <p>Training for Indicator A.1.8: General Practice Commitment to the Treaty of Waitangi is being delivered by the Kaitakawaenga, NBPH. The content offered for the "He Oranga Best Practice" Cornerstone training is:</p> <ol style="list-style-type: none"> 1. Understanding the need to develop a relationship with Tangata Whenua Iwi (iwi of authority in the Nelson Tasman region) based on the principles of the Treaty of Waitangi and the principles of the Te Tiriti o Waitangi; 2. Who the local iwi are and the Marae with which they are affiliated in the Nelson Tasman region; 3. How GPs are able to develop relationships with these iwi; 4. Who Māori Providers are and where they fit; 5. He Oranga Best Practice policy guideline document and how it can support the development of services relevant to Māori. <p>This training covers the commitment to the Treaty of Waitangi; however, it is not a Treaty of Waitangi training workshop. Delivery is limited to a maximum of 20. In this quarter, eight sessions were held in eight different venues for 14 general practices with 94 staff attending.</p>

Programmes	Activity
Human Papilloma Virus Immunisation Programme (HPV)	<p>Purpose: To reduce cervical cancer in New Zealand by protecting girls against HPV infection the HPV Immunisation Programme was introduced in 2008. The programme targets girls and young women born from 1 January 1990. Since September 2008 family doctors, practice nurses and health clinics have been offering HPV vaccine to:</p> <ul style="list-style-type: none"> • young women born between 1990 and 1991 • younger girls who have left school <p>Māori Health Activity</p> <p>Numbers of Māori immunised for HPV-1 is down compared with last quarter but the rates for HPV-2 and HPV-3 are up; all three dose rates for Māori remain low compared with all ethnicities. The number of young Māori women declining HPV-1 has increased.</p> <ul style="list-style-type: none"> • HPV-1 33.8% compared with 46.1% for all ethnicities (a decrease of 3% since the last quarter) • HPV-2 32.3% compared with 44.2% for all ethnicities (an improvement of 5.1% since the last quarter) • HPV-3 27.8% compared with 39.5% for all ethnicities (an improvement of 4.3% since the last quarter). • HPV decline rate for HPV-1 in Māori is 3.0% (n=4), an increase of 1.6% since last quarter. <p>Ongoing liaison with the Tu Healthy Co-ordinator is occurring to investigate and implement strategies for improving the HPV immunisation rates for Māori.</p>
District Immunisation Facilitation Services	<p>Purpose: To establish and maintain effective and collaborative working relationships with all service providers with an interest in immunisation and Well Child/Tamariki Ora activities, to reduce duplication, enhance effectiveness of services, and achieve the maximum benefit within allocated resources.</p> <p>Māori Health Activity</p> <ul style="list-style-type: none"> • Offer of immunisation promotion and education to Te Korowai Well Child Nurse, in response to a national well child immunisation initiative. • Follow up of Māori children enrolled in general practice that are not age appropriately immunised as identified through the PPP. • Liaison with Tu Healthy Co-ordinator to follow up on overdue HPV vaccinations
Palliative Care	<p>Purpose: To assist NBPH-aligned general practices and patients by providing payments to general practice teams directly as reimbursement for visits in the home and/or consultations at the practice undertaken with patients in the last 12 months of their life.</p> <p>Māori Health Activity</p> <p>There was one new registration to this service for people who identify as Māori during this quarter; however there are 3 Māori currently registered with the programme. NBPH is highlighting this information to general practice and investigating potential inequality. It is also possible that Māori choose to seek support from marae-based palliative care programmes.</p>
Diabetes Annual Review	<p>Purpose: To provide the Diabetes Annual Review (DAR) programme in general practice for people with a diagnosis of diabetes mellitus, based on the priorities identified in the 1997 Ministry of Health document “Strategies for the prevention and control of diabetes in New Zealand”, and to ensure that the updated information in diabetes registers is presented by NBPH to the Local Diabetes Team. The review is free for the eligible person. The service is designed to meet a high quality standard of ongoing assessment, planning, implementation and evaluation of people diagnosed with Type I and Type II diabetes, with regard to culturally appropriate services for Māori.</p> <p>Māori Health Activity</p> <ul style="list-style-type: none"> • Diabetes is a health gain priority area for Māori. Prevalence, morbidity and mortality rates from diabetes are all higher in Māori than people of European origin. • 47 Māori (7.3% of DAR claims) have received a DAR in this quarter. One Māori receiving services was diagnosed with type I diabetes and 46 Māori have type II diabetes. • 6 Māori (9.68% of Enhanced claims) have received Enhanced Care Management for their diabetes in this quarter.

Programmes	Activity
Care Plus	<p>Purpose: To provide funding to all NBPH-aligned general practices to target people with high health needs due to chronic conditions, acute medical or mental health needs, or terminal illness. Care Plus is a national primary health care initiative, rolled out in July 2004.</p> <p>Māori Health Activity</p> <p>A person must be enrolled in a Primary Health Organisation. They are assessed by a doctor or nurse at their general practice as being able to benefit from intensive management in primary care (at least two hours of care from one or more members of the primary health care team) over the following six months, and either:</p> <ul style="list-style-type: none"> • Has 2 or more chronic health conditions, so long as each condition, is one that: <ul style="list-style-type: none"> - Is a significant disability or has a significant burden of morbidity; and - Creates a significant cost to the health system; and - Has agreed and objective diagnostic criteria; and - Continuity of care and a primary health care team approach has an important role in management; <i>or</i> • Has a terminal illness (advanced, progressive disease with death likely within 12 months); <i>or</i> • Has had 2 acute medical or mental health-related admissions in the past 12 months; <i>or</i> • Has had 6 first-level service or similar primary health care visits in the past 12 months • Is on active review for elective services <p>The NBPH Care Plus programme has 296 (6.9%) Māori currently registered at the end of this quarter.</p>
Smoking Cessation	<p>Purpose: To provide funding to NBPH-aligned general practices to carry out smoking cessation counselling with patients within the general practice setting.</p> <p>Māori Health Activity</p> <p>Māori are considered a priority population to receive Smoking Cessation services and Māori and Pasifika peoples account for 18% of consultations this quarter. Māori accessing Smoking Cessation services within general practice accounted for 90 claims received: 36 initial consultations; 27 follow-up 1 consultation; 21 follow-up 2 consultations and 6 follow-up 3 consultations. Of those who have completed the programme 3 report they are now smoke free and 3 have reduced their smoking.</p>
Community Asthma	<p>Purpose: To report on the clinical component of the community respiratory service, previously managed by Nelson Asthma Society, now delivered by Respiratory Nurse Educators, and covers the period July to September 2010.</p> <p>Māori Health Activity</p> <p>The number of new clients seen this quarter identifying as Māori were 10 out of the 136 total. NBPH submitted an EOI to PHARMAC who are looking to pilot and refine an asthma education tool (Space to Breathe) for Māori and Pasifika whānau and tamariki. Unfortunately this was not successful, however NBPH will look at how to initiate this programme in the area in some way. A partnership with Nelson Kindergarten Association had been verbally agreed to work on this project with us. This is significant in light of the development of the Auckland Point Kindergarten, which has a significant enrolment of Māori/Pasifika children.</p>