**PRACTICE NAME WHAKAMAUA MAORI HEALTH ACTION PLAN:**

**Mihi:**

**Objective:**

* To provide a statement on PRACTICE NAME commitment to the Te Tiriti o Waitangi.
* To implement the Te Tiriti o Waitangi and its principles in PRACTICE NAME service delivery.

**Te Tiriti o Waitangi Policy**

PRACTICE NAME acknowledges the Government’s clear obligations under the Te Tiriti o Waitangi to enhance and improve the design of access to, delivery and evaluation of health and disability support services and programmes which impact Maori.

As healthcare providers, providing cultural safety for Māori, PRACTICE NAME will always demonstrate a willingness and ability to recognize and respect Maori values and customs.

PRACTICE NAME supports the implementation /integration of Maori Models of Health which are holistic in approach. Mason Durie has summarized 4 key determinants of health for Maori:

* *Te taha Whanau* (family & community aspects
* *Te taha tinana* (physical aspects
* *Te taha wairua* (spiritual aspects)
* *Te taha hinengaro* (mental and emotional aspects)

 PRACTICE NAME will be guided by the three principles of the Te Tiriti o Waitangi:

**Articles/Principles:**

**Article I KAWANATANGA - GOVERNORSHIP (PROTECTION)**

 This is qualified by an obligation to protect Maori interests in health.

**Principle I Provides for the Government to govern** - The Crown has a fiduciary duty to protect Maori health interests.

**Article II TINO RANGATIRATANGA - (PARTNERSHIP)**

 Partnership is to ensure the rights of Maori to participate in managing their own resources. It means advocacy. It means having choices.

**Principle II** Provides Maori with absolute authority over their own affairs, and those matters influencing their affairs. This is seen in the context of their own social, cultural, economic, political, and tribal developmental prerogatives (and therefore includes health development).

**Article III ORITETANGA - (PARTICIPATION)**

 Provision for equality and equity between Maori and other New Zealanders.

**Principle III** **Providing equity in health for Maori** - If social, cultural, economic, political, and developmental disparities exist (inclusive of health) Maori cannot enjoy this provision.

**Policy:**

* The principles of the Te Tiriti o Waitangi Protection, Partnership and Participation) are to be practiced and reflected in service delivery to facilitate health equity outcomes for Maori.
* Staff are to abide by all culturally responsive and appropriate policies that meet the needs of Maori clients. To reduce inequalities and assist our enrolled Maori population to live longer, more productive lives.

Through a valued and skilled workforce, PRACTICE NAME Staff will:

* + Deliver quality services that reduce inequalities and effectively address the needs of our community in promoting good health.
	+ Foster wellness by enabling easier access to PRACTICE NAME and Community-based services.
	+ Support Maori to make healthier choices, to adopt where possible a self-care approach by understanding the links between lifestyle choices and the environment that affect health status.

Health service delivery at PRACTICE NAME is to be reflective towards assisting in closing the health and equity gaps between Maori and non-Maori.

## **National, DHB & Regional resources**

* <https://www.hauoratairawhiti.org.nz/>
* http://www.turangahealth.co.nz/
* <https://www.pinnacle.co.nz/mhn>
* <https://www.health.govt.nz/our-work/populations/maori-health>

## **Iwi**

The principal Iwi tribal groups of the YOUR DISTRICT NAME are NAMES OF LOCAL IWI whose tribal boundaries are situated within the NAME OF DISTRICT district as outlined in the map below. INSERT IWI MAP OF DISTIRCT BELOW OFF GOOGLE

## **PRACTICE NAME Māori Health Plan**

This YEAR Maori Health Plan documents how PRACTICE NAME will strive to address the inequalities in Maori health in priority areas.

Our intention is clear, we aim to always look at our practice and policies through the lens of equity. This is set out in our Strategic Plan.

**Māori health plan and our practice**

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| The general practice team are trained in Te Tiriti o Waitangi/The Te Tiriti o Waitangi including the principles of partnership, participation and protection |
| Training | Training Provider | All staff current with training requirements | Date complete |
| All staff have completed Te Tiriti o Waitangi training, Bias and Cultural competency. | Te Tiriti - In house training – staff have previously completed through Mauriora online training.Cultural Competency <https://learnonline.health.nz/admin/tool/sitepolicy/userpolicy.php>Bias training – Health Quality and Safety Commission. | Yes – completed on induction | See training records all updated from DATE and all new staff complete on induction.  |
| **Our practice Māori population**Based on the practice current Age Sex Register (ASR), as at DATE, PRACTICE NAME has NUMBER/TOTAL registered Maori patients. This comprises % of our registered patients. The age breakdown of this population is below. The data show that the PRACTICE NAME has a large, enrolled population of Maori:  |
| **Female/Wahine** |
| Date | 0 - 5 | 6 - 14 | 15 - 24 | 25 – 55 | 56 - 64 | 65+ | Total |
| DATE | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL |  |
| **Male/Tāne** |
| DATE | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL |  |

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| --- |
| The general practice team can explain how we work in partnership with local Māori organisations, provider groups and whanau |
| Priority areas | Goals  |
| Key linkages with Māori providers  | Ensure practice engages with local Māori organisations and provider groups |
|  | The practice seeks cultural support from Māori services or personnel when required |
| Year | Responsibility | **To achieve the above two goals describe your interaction with local Iwi/Marāe/Māori organisations/Māori providers and any improvements on processes to engage them** |
| 2021 - 2022 | Management team/PHO/Equity Champion  | PRACTICE NAME is located in the NAME rohe (region). CITY/TOWN NAME is traditionally expressed as Māori NAME. PRACTICE NAME is privileged to have rangatira from iwi within our rohe attend and utilise our services and offer their suggestions freely as needed. PRACTICE NAME actively engages the services of NAME IWI PROVIDERS who can advise on various matters of concern and supply additional services to our most at risk patients. REGION NAME has hundreds of Marāe within its boundaries, the closest to our premises is MARAE NAME. MOUNTAIN NAME maunga watches over us only 100 metres to the southeast and the NUMBER closest awa (rivers) RIVER/S NAME.   |

**Equity and our practice**

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| Consider the diversities within your populations, implicit bias, cultural safety and cultural competency |
| Action | Date/Who/Comment (Complete) |
| Practice team have viewed the HQSC videos on understanding bias in health care videos and completed the modules on learn online.  | Please see the attached staff Bias in Healthcare certificate of completion records |
| Practice team will view Equity HQSC module and have open discussion  | This will be undertaken at WRITE EVIDENCE |
| Equity will be a priority throughout practice operations  | Equity champion attends every monthly Clinical Governance meeting and equity is permanently tabled on the meeting agenda. Equity champion attends monthly meetings with NAME IF APPLICABLEEquity champion is NAME and attends MEETING NAME FREQUENCY.Equity Champion runs waiata in morning huddles |
| What do we want to do to achieve equity in our practice? | Equity is one of four priority areas in our Strategic Plan and across all practice initiatives.Waiata (song), korero (speaking Māori), karakia (prayer) and mahi toi (art) are an integral part of our practice – EVIDENCE IF APPLICABLE Staff representative of our population PRACTICE NAME have staff from various cultural backgrounds, equity and diversity are a part of our hiring process, and we are proud of our Māori staffing numbers. See below proportions of Māori staff. PRACTICE NAME also have staff who are members of the rainbow whānau, being takatāpui and transgender, and staff with disabilities. Our CQI project is borne of equity, looking at disengaged high needs Māori, diabetes medication and immunisations.  |
| Maori staffing levels  | Administration  | NUMBER & PERCENTAGE |
| Nursing  | NUMBER & PERCENTAGE |
| Doctor | NUMBER & PERCENTAGE |
| Name of Equity Champion | Our Equity champion is NAME – IWI OR POSITION  |
| Waiata and karakia | Waiata sets the wairua of PRACTICE NAME if applicable – Open and close all meetings with karakia IF APPLICABLE – INSERT KARAKIA |

Clinical gap analysis and action plan

To deeply analyse why there are gaps between our results and our targets, and why there are equity gaps. Our four priority areas are smoking, CVR assessments, cervical smears, and diabetes review.

Compared with non-Maori, Maori people are:

* 2.8 times more likely to smoke
* 2.4 times more likely to die from lung cancer
* 1.3 times more likely to die from heart disease or stroke
* Over five times more likely to die from diabetes
* 40% less likely to access cervical cancer screening and 4.2 times more likely to die of cervical cancer

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| **SMOKING** |  |  | Timeframe  |
| Goal | PERCENTAGE of all enrolled Maori patients who are current smokers, over the age of 15, will have been given brief advice about smoking cessation in the past 12 months  |  |  | Quarterly |
| How | At each clinical encounter the clinician will discuss smoking cessation with all coded smokers Support and clinical staff calling eligible patients as above to discuss smoking cessation  |  |  | DailyQuarterly |
| Evidence  | Quarter 1 2022 – TOTAL NUMBER eligible, Best practice Intelligence reports | Quarter 2 2022 – NUMBER eligible | Quarter 3 2022 –NUMBEReligible | Quarter 4 2022 –  NUMBEReligible |
| **Percentage**  | **%** | **%** | **%** | **%** |
| Evidence  | Quarter 1 2023 | Quarter 2 2023 | Quarter 3 2023 | Quarter 4 2023 |
| Percentage |  |  |  |  |

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| **DAR** | Diabetic Annual Review  |  |  | Timeframe |
| Goal | % of all enrolled Maori patients who are classified with diabetes have attended for a Diabetes Annual review within the past 12 months. |  |  | Quarterly |
| How | Diabetes nurses recall their own patients from their task lists.List of patients due for their DAR is printed and Diabetes nurse contacts those patients by letter or phone asking them to book an appointment.Opportunistic screening at clinical encounters and at prescription renewal.  |  |  | WeeklyWeeklyDaily |
| Evidence | Quarter 1 2022 – 743 eligible | Quarter 2 2022 – NUMBEReligible | Quarter 3 2022 – NUMBEReligible | Quarter 4 2022 – NUMBEReligible |
| **Percentage** | **0%** | **%** | **%** | **%** |
| Evidence | Quarter 1 2023 | Quarter 2 2023 | Quarter 3 2023 | Quarter 4 2023 |
| Percentage |  |  |  |  |

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| **CVR** | Cardiovascular review  |  |  | Timeframe |
| Goal | % of all enrolled Maori male patients between ages 30 - 75 and Maori female patients between ages 40 - 75 will have had a CVRA completed within the past 5 years. |  |  | Quarterly |
| How | At each clinical encounter, the clinician will complete the patient prompt and order relevant blood tests.A list will be printed out weekly of patients due for their CVRA check and from there,patients will be invited, by text,call or letter to attend a CVRA appointment with a nurse to obtain a history and biometrics.Patients with a raised CVRA risk will be invited to attend a nurse lead clinic or book with their preferred GP to discuss outcomes and management options. |  |  | DailyWeeklyWeekly |
| Evidence | Quarter 1 2022 – 3775 eligible | Quarter 2 2022 – NUMBEReligible | Quarter 3 2022 – NUMBEReligible | Quarter 4 2022 – NUMBEReligible |
| **Percentage** | **%** | **%** | **%** | **%** |
| Evidence | Quarter 1 2023 | Quarter 2 2023 | Quarter 3 2023 | Quarter 4 2023 |
| Percentage |  |  |  |  |

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| **CERVICAL SMEAR** |  |  | Timeframe |
| Goal | % of all enrolled Maori women aged 25 – 70 will have had a cervical smear within the past 3 years |  |  | Quarterly  |
| How | Cervical smear recalls sent out weekly by nursing staff (text, text/letter, letter/phone) for all smears due and overdue. Opportunistic smears at clinical encounters encouraged. All smears free Dedicated smear clinics daily with smear taking nurses Option of having smear done by GP Working party set up with the aim of having outreach/marae-based smear clinics to improve access and a Kaupapa Maori environment  |  |  | WeeklyDaily Daily Daily Daily 6 months  |
| Evidence | Quarter 1 2022 – NUMBER eligible | Quarter 2 2022 – NUMBEReligible | Quarter 3 2022 – NUMBEReligible | Quarter 4 2022 – NUMBEReligible |
| **Percentage** | **%** | **%** | **%** | **%** |
| Evidence | Quarter 1 2023 | Quarter 2 2023 | Quarter 3 2023 | Quarter 4 2023 |
| Percentage |  |  |  |  |
| SUMMARY YEAR | YEAR –PRACTICE NAME aims to implement finally extra services for our Maori and most vulnerable communities to address the inequities. WRITE NARRATIVE PROVIDE SOLUTIONS INNOVATIONS PROJECT SUMMARIES |  |  |  |
| Summary YEAR |  |  |  |  |

**Ngā moemoeā anamata – our aspirations/visions/plans the future**

1. **PROJECT/INNOVATION NAME**

At PRACTICE NAME we have committed to NARRATIVE

1. **Waiata (songs)**

Waiata sets the wairua of PRACTICE NAME EXAMPLE ONLY WRITE NARRATIVE IF APPLICABLE LINK PROJECTS OR INNVOATIONS MENTIONED ABOVE

1. **Kōrero Māori**

Māori staff have made the most of resources from Te Puni Kokiri and Reo Māori Mai to surround our staff with examples of simple and relevant Te Reo Māori.

1. **Mahi Toi**

We are passionate about mahi toi (the arts) here at PRACTICE NAME. WRITE NARRATIVE IF APPLICABLE

1. **Staff involvement in Māori representation**

Our Māori staff are active within the wider Māori health sphere and make a difference in their respective roles.

LIST STAFF AND ROLES/ADIVSORY GROUPS ETC

1. **Our loftiest mountain**

*Whaia te iti Kahurangi ki te tuohu koe me he maunga teitei – seek yee the treasure of your heart: if you should bow your head, let it be to a lofty mountain.*

**WRITE NARRATIVE EXAMPLE ONLY BELOW**

We are in the planning and proposal stage for our most lofty goal, a clinic within our clinic. It has long been known that Māori patients have better outcomes when they are managed by Māori staff. Our hiring processes are the first step in this direction. It is our intention to have a clinic staffed by Māori – Māori and pro-Māori clinicians, nurses and administration staff in a special clinic within Three Rivers. Our intention with this clinic is to serve high needs Māori, Māori disengaged with the health service, kaumatua, takatāpui and Māori rangatahi.

We are hoping to provide a wraparound service, our own reception staff and dedicated phone line, Māori and pro Māori nurses passionate about health literacy and long term condition management such and CVD risk, obesity and diabetes. We want to also co-locate rongoa practitioners, health coaches and social workers. We hope to set aside longer appointment times with clinical staff and have subsidised visits.

All of the above will take a phenomenal amount of planning and funding but it is the fruition of many a thought and aspiration for our Māori people.