**Practice Name**

**Māori Health Plan**

Your Practice name is committed to the Principles of Te Tiriti o Waitangi/Treaty of Waitangi as articulated by the Waitangi Tribunal (Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry, 2019).

* Tino rangatiratanga
* Equity
* Active Protection
* Options
* Partnership Purpose

The purpose of this plan is to target and achieve Māori health equity and improve health outcomes for Your Practice name enrolled Māori patients. It is acknowledged that Your Practice name cannot achieve this on its own, and that developing relationships and increasing our partnerships with iwi, hapū, whānau, Māori community and other organisations is essential.

Your Practice name will express its commitment to equitable Māori health outcomes through:

* Making Māori health equity a strategic priority
* Developing internal capabilities, structures and processes to support health equity for Māori
* Developing specific improvement goals to address Māori health care service inequities
* Decreasing institutional racism and reducing implicit bias in policies, processes and patient care
* Developing partnerships with Māori and community organisations

**Definitions**

Equity

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes (Ministry of Health, March 2019).

Health Literacy

Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions (Korero Marama, 2010).

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| **Breakdown of our Māori population**  |
| **Female** | Total |
| **Age** | 0-4 | 5-14 | 15-24 | 25-44 | 45-64 | 64+ |
| **Māori** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |
| **Male** | Total |
| **Age** | 0-4 | 5-14 | 15-24 | 25-44 | 45-64 | 64+ |
| Māori  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| **Percentage of enrolled Māori in Practice** | % |

Health Equity Context

In New Zealand, inequalities between Māori and non- Māori are the most consistent and

compelling inequities in health. The burden of health loss falls on Māori across the life-course, in

terms of poor health, disability and premature death.

Differences in the social, economic and behavioural determinants of health and wellbeing,

differential access to health care and differences in the quality of care in health outcomes for Māori

contribute to this inequity (Whakamaua: Māori Health Action Plan 2020-2025).

The plan

Your Practice Name will continue its commitment of working towards Pae Ora, the aim of He Korowai Oranga 2015.

|  |  |  |
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|  | Activities | Success Measures |
| BOARD COMMITMENT | Board of directors statement of commitment to health equity | Statement approved |
|  | Māori Health Plan developed, | Māori health plan approved |
|  | Health equity included asstanding item on board ofdirectors agenda | Health equity item included onboard agendas |
| RESOURCING | Seek sustainable funding sources | Your Practice name annual budget includes specificprovision for Māori Health equityactivitiesSIA funding requirements met andfunding receivedSpecific funding for projects found |
|  | Regularly audit SIA funding toensure >60% is being used tosupport Māori health equityactivities | Audit findings confirm > 60% SIAfunding is used to support Māorihealth equity measures |
| DATA COLLECTION ANDANALYSIS | Use PMS to record ethnicitycoding as per policyConduct a MOH Ethnicity datacollection audit | Registers are reviewed monthlyEthnicity data collection auditcompleted and corrective actionstaken |
|  | Use data from PMS and PowerBIto analyse trends against SIAplan, health indicators, EDpresentations/ASH eventadmissions to hospital. | Quarterly trends are reported toClinical Governance Committee andHealth Equity Team for review andcontinual improvement planning. |
|  | Use PMS data to analyse healthstatus and needs of MāoripatientsInvestigate the use of datacollection relating toother/social determinants ofhealth | Risk stratification and health statusare used to allocate, align andprioritise resources to supporthealth equity for Māori patientsUse data to work with Māoripatients in developing more holisticcare and management plans |
| WORKFORCEA health workforce thatreflects the ethnicdistribution of thepopulation is essential inproviding culturally safecare. | Match training needs analysis ofMāori staff with health needsanalysis of Māori patientpopulation | Māori workforce capability matchesidentified health needs of Māoripatient population |
|  | Collect ethnicity data on Your Practice name WorkforceRecruitment processes supportemployment of Māori workforce | Your Practice name workforce capacity reflectsethnic distribution of the enrolledMāori population |
|  | HR processes reviewed tosupport engagement andretention of Māori workforce | Your Practice name Māori workforce reports jobsatisfaction and engagementthrough staff culture surveys |
| STRUCTURES | Establish a Health Equity Team | Equity team is established, meetingregularly and achieving objectives |
|  | Include Māori representation &input into facility redesign | Māori views and input have beensought and incorporated into thebuilding redevelopment |
|  | Establish a patient advisorypanel with Māori representation | Māori patient views have beensought and incorporated intoservice design |
| PROCESSES | Any relevant policies andprocedures go through healthequity team for review | Policy and procedure reviewsinclude an equity focus |
|  | Incorporate cultural safety andhealth equity focus into HR andHealth & Safety processes andpolicies where appropriate | Orientation, induction, leave andother HR policies are reported asculturally safe in staff surveysCultural safety is identified on thehazard/risk register |
| ACCESS TO CAREBeing able to accessprimary health care isimportant to maintainingwhānau health &wellbeing | Provide improved access to carethrough range of initiativesincluding patient portal, samedayclinics, triage, alternatives toface-to-face consultations as requiredIdentify and track Māoriexperiences of barriers toaccessing right care @ right time | Increasing MMH enrolments forMāori enrolled populationIncreasing Your Practice name visits andDecreasing AHRs/ED visits forMāori patientsIdentified barriers to careaddressed |
|  | Review data on ambulatorysensitive hospitalisation (ASH)rates for Māori patients 0-4yrs | Comparable rates of ambulatorysensitive hospitalisations (ASH) forMāori aged 0-4yrs and non-Māoriaged 0-4yrs |
| Clinical Care |  |  |
| Diabetes |  |  |
| Imms |  |  |
| Asthma |  |  |
| Gout |  |  |
| CX | Close equity gap in rate ofcervical screening for Māoricompared to non- Māori | 80% cervical screening rate forMāori patients |
| Gout |  |  |
| CVD | Provide free-of-cost CVD riskassessments for Māori menaged 30+ years and Māoriwomen aged 40+ years | 90% CVD risk assessmentscomplete for Māori men (30+ yrs)and women (40+ yrs) |
| Health Literacy | Provide health advice,promotion and education at anappropriate health literacy level. | Regular health literacyorganisational assessments arecompleted and goals set forimprovement |
| TE TIRITI | Undertake staff training in TeTiriti o Waitangi | Staff understand the relevance ofTe Tiriti o Waitangi within thehealth and disability system |
| Te Reo | THE PRACTICE leadership and staff modelrespect and appreciation for tereo Māori | Te reo Māori resources are madeavailable in the practice.bilingual signage plan for Māori-English is developedThe practice supports Te Wiki o TeReo |
| Cultural Safety | Undertake staff training inimplicit bias, institutional racism& cultural safetyDevelop Cultural Safety andCompetence Policy | Staff understand and reflect onpossible bias in their own practiceand actionsStaff meet Medical Councilstandards for cultural safetyCultural Safety and CompetencePolicy in place |
| Patient experience | Survey Māori patients abouttheir experiences at the healthcentreReview survey results and use toimprove services for Māoripatients and whānau | Survey results indicate Māoripatients and whānau are treatedwith respect and understanding. |
| CLINICALPARTNERSHIPS ANDCOLLABORATION | Support initiatives from otherproviders and the widercommunity that meet the healthneeds and aspirations of MāoriActively look for opportunities topartner with Māori andcommunity organisations insupport of health equityoutcomesRefer Māori patients to Māorihealth providers to complementservices and provide a holisticapproach | Requests for support or assistancefrom the community are activelyand positively responded toStaff time, budget and resourcesare provided to developrelationships with Māori andcommunity organisationsUp-to-date referral/resourceinformation for local Māoriproviders |
| RELATIONSHIPS | Develop trusting and continuousrelationships with whānau andMāori patients | Patient experience survey results,qualitative feedback and access tocare improves and is comparablewith non- Māori patients |

References

 Maori Health Plan 2016-2017

He korowai Oranga: Māori health Strategy

THE PRACTICE Ethnicity Data Policy 2019

Māori Health equity framework

Waitangi Tribunal Health Kaupapa Report 2019

He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa 2019 – he tirohanga ki te ōritenga hauora o te

Māori ealth, Safety and Quality ommission 2019

Whakamaua: Māori ealth ction lan 2020-2025. Ministry of Health 2020