**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.

|  |  |  |
| --- | --- | --- |
|  | 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 as  standing item on board of  directors agenda | Health equity item included on  board agendas |
| RESOURCING | Seek sustainable funding sources | Your Practice name annual budget includes specific  provision for Māori Health equity  activities  SIA funding requirements met and  funding received  Specific funding for projects found |
|  | Regularly audit SIA funding to  ensure >60% is being used to  support Māori health equity  activities | Audit findings confirm > 60% SIA  funding is used to support Māori  health equity measures |
| DATA COLLECTION AND  ANALYSIS | Use PMS to record ethnicity  coding as per policy  Conduct a MOH Ethnicity data  collection audit | Registers are reviewed monthly  Ethnicity data collection audit  completed and corrective actions  taken |
|  | Use data from PMS and PowerBI  to analyse trends against SIA  plan, health indicators, ED  presentations/ASH event  admissions to hospital. | Quarterly trends are reported to  Clinical Governance Committee and  Health Equity Team for review and  continual improvement planning. |
|  | Use PMS data to analyse health  status and needs of Māori  patients  Investigate the use of data  collection relating to  other/social determinants of  health | Risk stratification and health status  are used to allocate, align and  prioritise resources to support  health equity for Māori patients  Use data to work with Māori  patients in developing more holistic  care and management plans |
| WORKFORCE  A health workforce that  reflects the ethnic  distribution of the  population is essential in  providing culturally safe  care. | Match training needs analysis of  Māori staff with health needs  analysis of Māori patient  population | Māori workforce capability matches  identified health needs of Māori  patient population |
|  | Collect ethnicity data on Your Practice name Workforce  Recruitment processes support  employment of Māori workforce | Your Practice name workforce capacity reflects  ethnic distribution of the enrolled  Māori population |
|  | HR processes reviewed to  support engagement and  retention of Māori workforce | Your Practice name Māori workforce reports job  satisfaction and engagement  through staff culture surveys |
| STRUCTURES | Establish a Health Equity Team | Equity team is established, meeting  regularly and achieving objectives |
|  | Include Māori representation &  input into facility redesign | Māori views and input have been  sought and incorporated into the  building redevelopment |
|  | Establish a patient advisory  panel with Māori representation | Māori patient views have been  sought and incorporated into  service design |
| PROCESSES | Any relevant policies and  procedures go through health  equity team for review | Policy and procedure reviews  include an equity focus |
|  | Incorporate cultural safety and  health equity focus into HR and  Health & Safety processes and  policies where appropriate | Orientation, induction, leave and  other HR policies are reported as  culturally safe in staff surveys  Cultural safety is identified on the  hazard/risk register |
| ACCESS TO CARE  Being able to access  primary health care is  important to maintaining  whānau health &  wellbeing | Provide improved access to care  through range of initiatives  including patient portal, sameday  clinics, triage, alternatives to  face-to-face consultations as required  Identify and track Māori  experiences of barriers to  accessing right care @ right time | Increasing MMH enrolments for  Māori enrolled population  Increasing Your Practice name visits and  Decreasing AHRs/ED visits for  Māori patients  Identified barriers to care  addressed |
|  | Review data on ambulatory  sensitive hospitalisation (ASH)  rates for Māori patients 0-4yrs | Comparable rates of ambulatory  sensitive hospitalisations (ASH) for  Māori aged 0-4yrs and non-Māori  aged 0-4yrs |
| Clinical Care |  |  |
| Diabetes |  |  |
| Imms |  |  |
| Asthma |  |  |
| Gout |  |  |
| CX | Close equity gap in rate of  cervical screening for Māori  compared to non- Māori | 80% cervical screening rate for  Māori patients |
| Gout |  |  |
| CVD | Provide free-of-cost CVD risk  assessments for Māori men  aged 30+ years and Māori  women aged 40+ years | 90% CVD risk assessments  complete for Māori men (30+ yrs)  and women (40+ yrs) |
| Health Literacy | Provide health advice,  promotion and education at an  appropriate health literacy level. | Regular health literacy  organisational assessments are  completed and goals set for  improvement |
| TE TIRITI | Undertake staff training in Te  Tiriti o Waitangi | Staff understand the relevance of  Te Tiriti o Waitangi within the  health and disability system |
| Te Reo | THE PRACTICE leadership and staff model  respect and appreciation for te  reo Māori | Te reo Māori resources are made  available in the practice.  bilingual signage plan for Māori-  English is developed  The practice supports Te Wiki o Te  Reo |
| Cultural Safety | Undertake staff training in  implicit bias, institutional racism  & cultural safety  Develop Cultural Safety and  Competence Policy | Staff understand and reflect on  possible bias in their own practice  and actions  Staff meet Medical Council  standards for cultural safety  Cultural Safety and Competence  Policy in place |
| Patient experience | Survey Māori patients about  their experiences at the health  centre  Review survey results and use to  improve services for Māori  patients and whānau | Survey results indicate Māori  patients and whānau are treated  with respect and understanding. |
| CLINICAL  PARTNERSHIPS AND  COLLABORATION | Support initiatives from other  providers and the wider  community that meet the health  needs and aspirations of Māori  Actively look for opportunities to  partner with Māori and  community organisations in  support of health equity  outcomes  Refer Māori patients to Māori  health providers to complement  services and provide a holistic  approach | Requests for support or assistance  from the community are actively  and positively responded to  Staff time, budget and resources  are provided to develop  relationships with Māori and  community organisations  Up-to-date referral/resource  information for local Māori  providers |
| RELATIONSHIPS | Develop trusting and continuous  relationships with whānau and  Māori patients | Patient experience survey results,  qualitative feedback and access to  care improves and is comparable  with 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