He Huliau 2016
Me he maunga teitei

Dr Rawiri Jansen

Clinical Director, National Hauora Coalition
Clinical Director, Mana Kidz
Medical Director, Papakura Marae Health Centre
More Maori doctors
demographic proportionality of indigenous medical students
## Tactical approach to systems change

### Strategic v Tactical

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enduring</td>
<td>Amenable, changeable</td>
</tr>
</tbody>
</table>

### National Hauora Coalition

| Equity of health and social outcomes | Programmes, opportunities |

### Te ORA

| Achieve equitable health outcomes for Maori | Leadership, membership |

Equity

- equity is when everyone has access to the opportunities necessary to satisfy their essential needs, advance their well being and achieve their full potential

- City of Portland, Office of Equity & Human Rights
Mortality - 50%
Morbidity - 50%

Health behaviours (30%)
- Tobacco use
- Diet and exercise
- Alcohol and drug use
- Unsafe sex

Clinical care (20%)
- Access to care
- Quality of care

Social and economic factors (40%)
- Education
- Employment
- Income
- Family / social support
- Community safety

Physical environment (10%)
- Environmental quality
- Built environment

Willems van Dijk and Kushion (2011) Multiple Determinants of Health
Figure 4: Life expectancy at birth, by aggregated deprivation decile, for Māori, Pacific and European ethnic groups*

* Population-weighted midpoints of aggregated NZDep96 deciles differ for each ethnic group. Source: Ministry of Health
State of the Nation

Caution - preponderance of negative images and headlines associated with Maori can cause internalisation of negative stereotypes/self-hatred.

Maori asthma rates are bad
Maori cancer rates are bad
Maori health is bad
Maori educational achievement is bad
Maori crime rate is bad
Maori ..... is bad
Racist discourse

“Maori are more likely to die of cancer because they have cultural problems”
“eating problems, self control problems, smoking problems, genetic problems, . . too shy, too lazy, fatalistic”.
“Then they present late, don’t take their meds”

Victim blaming:
Maori present too late
More likely to present in crisis
Maori don’t want medications/transplants/operations.
Maori have a cultural reluctance to present for health care.
So, if strategy is clear, and fixed, then what tactics?

- Three tactical approaches
  - Incrementalism; quality improvement, targets, performance management
  - Opportunism; programme, special cause
  - Transformationalism; Innovation and design thinking, rapid deployment, thought-leadership, operational leadership, investors, social investment
Equity Agenda requires Programmes of action

- Requires:
  - Research and data
    - Quality, reliable, accurate, timely
    - Disaggregation by ethnicity
    - Indigenous data sovereignty
  - Implementation science
    - Quality improvement (and equity as an element of quality)
    - Targeted programmes
    - Resources - post-(Treaty)-settlement resources, investments
NHC operates a Primary Health Organisation

Maori led, diverse and culturally inclusive whanau ora driven clinical network that is open to all who may benefit

- 40 providers
- 130,000 enrolled patients
- 5 District Health Board areas
- 35 FTE
CVD Risk Assessment

92.0% ADHB
90.8% CMDHB
89.2% Tairawhiti DHB
86.9% Waikato DHB
90.7% Waitemata

90.3% NHC Total
Diabetes Annual Review

90.5% NHC Total

- 92.4% ADHB
- 91.9% CMDHB
- 87.9% Tairawhiti DHB
- 90.6% Waikato DHB
- 87.6% Waitemata

Graph showing the percentage of diabetes reviews over time, with a trend line indicating an increase.
Smokers Given B or C
(Unadjusted - expect +10%)

NHC Total

86.3%
ADHB

80.0%
CMDHB

82.3%
Tairawhiti DHB

82.7%
Waikato DHB

90.1%
Waitemata

85.0%
Immunisations: 24 Month

94.5% NHC Total

- 97.2% ADHB
- 93.3% CMDHB
- 91.1% Tairawhiti DHB
- 90.6% Waikato DHB
- 96.0% Waitemata
## Todays Performance

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Last Updated</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVD Risk Assessments</td>
<td>90.1%</td>
<td>13:16</td>
<td>22 over 90%</td>
</tr>
<tr>
<td>Diabetes Assessments</td>
<td>88.8%</td>
<td>13:16</td>
<td>63 to 90%</td>
</tr>
<tr>
<td>Smoking Status Recorded</td>
<td>89.6%</td>
<td>13:16</td>
<td>294 to 90%</td>
</tr>
<tr>
<td>Smoking Brief Advice</td>
<td>78.9%</td>
<td>13:16</td>
<td>1,401 to 90%</td>
</tr>
<tr>
<td>Mohio Forms Processed 8 Month</td>
<td>91.1%</td>
<td>13:16</td>
<td>14 to 95%</td>
</tr>
<tr>
<td>Childhood Imms 2 Year</td>
<td>92.9%</td>
<td>13:16</td>
<td>7 to 95%</td>
</tr>
<tr>
<td>Childhood Imms 2 Year</td>
<td>64.8%</td>
<td>13:16</td>
<td>4,550 to 80%</td>
</tr>
<tr>
<td>National Hauora Coalition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statistics - Rheumatic Heart Disease

- 550 hospital admissions pa, 59 deaths pa
- Maori and PI mortality rates = 5-10 x higher than non Maori/PI people
- Mean age at death (male:female)
  - 56.4/58.4 = Maori
  - 50.9/59.8 = PI
  - 78.2/80.6 years = non-Maori/PI
- Hospital admissions (2009/2010) = $12,000,000
- 28% admissions, 71% cost - heart valve surgery
- 2/3 cost occurred after 30 years of age
- Ministry of Health 5-year goal- reduce rates of rheumatic fever by 2/3 for all ages to an incidence of 1.4/100,000.

ARF New Zealand 1993 - 2009
Cases 5 - 14 yrs

Milne, Lennon, JPCH 2011 submitted, MOH Report
Challenge

ARF rate (per 100k)
- Overall
- Māori
- Pacific
Solution

Child Health Alliance Forum

Alliance Leadership Group

Daily clinic
+ Rheumatic fever prevention
+ Skin infection management
+ Child health assessments
  - Standing orders
  - Primary/intermediate schools
Skin infection as Primary Diagnosis

Figure 1. Number of admissions for CMH residents, 5-12 years, for skin infection as primary diagnosis, by residential area, 2006-2013

Source: National Minimal Data Set. Extracted by Dean Papa May 2014
Figure 4. Hospital admission rate/1000 for CMH residents for skin infection, as primary diagnosis, by age 2006-2013

Figure 6. Admission rates/1000 for CMH residents, 5-12 years, for skin infection as primary diagnosis, by ethnicity, 2006-2013

World first. World Class. Success.
AWHI Hub

Auckland Wide Healthy Homes Initiative
Background

• Strong link between housing conditions, overcrowding and rheumatic fever
• Rheumatic fever cases in Auckland represent half of the total number of cases across New Zealand
• 80 children diagnosed with RF in Auckland annually, 51 in CMDHB
• 60% go on to develop rheumatic heart disease, costs $1-2 million over lifetime


• AWHI is a 4 year project funded by MoH
• Our role is to contribute to “Rheumatic Fever Prevention”
• Ensuring that eligible families referred to AWHI are systematically offered a package of housing-related interventions to reduce household crowding (and therefore reduce subsequent risk of rheumatic fever).
## Housing outcomes 1-7 March | 2015 (YTD)

<table>
<thead>
<tr>
<th>Insulation</th>
<th>Curtains</th>
<th>House improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Icon" /></td>
<td><img src="image2" alt="Icon" /></td>
<td><img src="image3" alt="Icon" /></td>
</tr>
<tr>
<td>12</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>34</td>
<td>35</td>
<td>65</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heating</th>
<th>Floor coverings</th>
<th>Bedding</th>
<th>Income</th>
<th>Ventilation</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image4" alt="Icon" /></td>
<td><img src="image5" alt="Icon" /></td>
<td><img src="image6" alt="Icon" /></td>
<td><img src="image7" alt="Icon" /></td>
<td><img src="image8" alt="Icon" /></td>
</tr>
<tr>
<td>18</td>
<td>45</td>
<td>36</td>
<td>21</td>
<td>90</td>
</tr>
<tr>
<td>45</td>
<td>78</td>
<td>76</td>
<td>87</td>
<td>109</td>
</tr>
</tbody>
</table>
Cancer Control - incremental and opportunistic

- Prevention of cancer -40%
- Early detection -30% *
- Treatment
- Palliative care

*Two strategies for early detection:
- early diagnosis - symptoms
- screening - no symptoms
Inequities occur at every step of cancer pathway

... unless proven otherwise

- less access to health services and diagnosed late or screened less
- referred late or seen late
- offered treatment late
- receive treatment late
- receive lower quality treatment

Small inequities add up to big inequities
¼ of the 78% higher risk of cancer death for Maori is due to a higher risk of getting cancer. ³⁄₄ of the higher risk due to differences which occur after diagnosis (Robson 2010).
Cancer opportunities

- Quality improvement (at all stages - addressing risk factors, prevention, screening, early diagnosis, treatment and support)
  - Lung, liver, breast, prostate, bowel cancers
- AND

- Opportunistic programmes of action
  - Lung and liver cancer - new immunotherapies
More Maori medical practitioners MMMP

- Maui Pomare 1899, Te Rangi Hiroa 1902

- 1900 - 1990 - long period of very slow improvement and Maori and Pacific Admissions Scheme (MAPAS, Auckland), Polynesian Preference (Otago)

- 1996 - 2006 - determined, deliberate programmes of action
- 2006 - 2016 - more determined, more deliberate programmes of action

- AND - Aotearoa achieves
demographic proportionality of entry for Maori into medical schools.
Medical Council of New Zealand

- 2006 - MCNZ statements, cultural competence, Best practice working with Maori
- 2012 MoH - Foundation Course in Cultural Competency continues to be available online for free

Demographic proportionality for Maori in medical school intake

- 2015 MCNZ and Colleges - equity and improving Maori health
  - Leadership and commitment
  - Recruitment and support
  - CPD - explicit development from foundation competency

- cultural competence standards - for fellowship and for Fellows
- workforce suitability
- Maori registrar recruitment and support
- Maori representation - at every level
- ensure vocational registrants are aware and engaged in improving Māori health
State of the nation

Good.

Maori population increasing
Maori living longer
More older Maori
More educational achievement
Maori today versus Maori yesterday
Māori drinkers generally consume alcohol less frequently than non-Māori drinkers
Recommendation

Make equity an explicit (strategic) organisational goal
► use research, and data
► deploy tactical approaches to implement
  ▶ Incrementally improve the whole system
  ▶ exploit opportunities - programmes (specific, targeted, measureable)
  ▶ transform (investments, innovations, leadership)
Questions
And if there are no questions, a couple of brief mentions

Indigenous Data Sovereignty
- International indigenous data sovereignty summit in Auckland on Nov 14 2016
- Māori Data Sovereignty supports the realisation of Māori and Iwi aspirations, and recognises that Māori data should be subject to Māori governance. Māori data sovereignty is a key mechanism for enabling self-determination and innovation.

PRIDoC 2016 (Pacific Region Indigenous Doctors Congress) Nov 27th - Dec 1st
- provides an indigenous space, for indigenous doctors, medical students, health professionals, health researchers and medical educators from around the Pacific to discuss ideas, action and evidence that is transforming indigenous health. We are no strangers to transformation. It has been part of our land and seascape and our histories for generations. Today, once again we face the need to talk about transformation - we invite you to participate in a conversation, celebration, discussion and debate.