Executive Summary

This is the first Waitemata DHB health needs assessment to specifically focus on Maori. Undertaken in partnership with Tihi Ora MaPO, it provides an opportunity to begin to develop Waitemata DHB's approach to reviewing the evidence to inform decisions about Maori health priorities in a way that engages Maori and is consistent with a kaupapa Maori approach. The purpose of this HNA is to identify unmet health and healthcare needs for local Maori, to inform the determination of priorities for DHB service planning for Maori. This HNA is released in association with the overall Waitemata DHB HNA that assesses the health needs of the entire DHB population including Maori.

We acknowledge limitations of this report in terms of the capacity of conventional indicators to fully capture health and health care needs in Maori terms (that is, in accordance with holistic Maori models of health), the extent to which a kaupapa Maori approach has been operationalised in this HNA, and the availability of regional data sources. However, this HNA represents the most comprehensive effort so far to provide up-to-date and accessible information for Waitemata DHB and local Maori stakeholders on the health and health care needs of Maori within the Waitemata district. Importantly, this HNA was informed by a Maori consultation process that involved a Maori Steering Committee, two Maori provider hui and four Maori community hui and a linked submissions process. Feedback from the community consultation reinforced and complemented findings from data review, and offered insights that routinely collected data could not provide.

The selection of a Treaty of Waitangi based framework for this report was driven by the consultation process. The three articles of the Treaty provide the monitoring framework for the HNA. Article 1 – Kawanatanga (governance) is equated to health systems performance. That is, measures that provide some gauge of the provision of structures and systems that are necessary to facilitate Maori health gain and reducing inequalities. Article 2 – Tino Rangatiratanga (self-determination) is in this context concerned with opportunities for Maori leadership and participation in the sector. Article 3 – Oritetanga (equity) encapsulates indicators that measure progress towards reducing systematic inequalities in determinants of health, including access to health services, and health status.

Demography

The Waitemata DHB Maori population is large in size compared to most other DHBs (7.6% of the New Zealand Maori population), is diverse in terms of population iwi affiliations and is proportionately youthful, with over 50% of Waitemata Maori aged under 24 years. Over half of Maori in the region live in Waitakere City, with 29% and 18% living in North Shore City and Rodney District respectively.

Article 1 – Kawanatanga: Health system performance

A high performing health system involving quality data collection and monitoring and quality health care is fundamental to the elimination of health inequalities for Maori. There is

evidence that health system performance for Maori in Waitemata requires further improvement. While there have been improvements in the quality of ethnic data collection by WDHB, under-recording of Maori ethnicity in primary care is still a concern. High rates of self discharge and hospital readmissions for Maori patients indicate that there are issues with regard to responsiveness of services and quality of care. In this context, low levels of staff participation in free WDHB Maori cultural competency related training courses is of concern.

Maori community consultation identified ways in which health system performance could be improved to better support Maori wellbeing and related to: improved provider responsiveness (including cultural responsiveness which was considered to be fundamental to securing Maori trust in the health system) through organisational development; workforce cultural and clinical competency; improved continuity of care, particularly for those with multiple chronic conditions; use of Maori models of wellbeing (including increased incorporation of whanau-based approaches); an evidence-based approach that draws on kaupapa Maori research findings; and enhanced information provision to Maori.

Article 2 – Tino rangatiratanga: Maori participation and leadership

There are a number of mechanisms for Maori to participate in the governance and delivery of health services in the district. In terms of Maori controlled health services, there are a range of Maori providers who deliver a variety of health care services within a kaupapa Maori framework. Increased provision of kaupapa Maori services and local provision of services, including marae-based initiatives, and increased opportunities for iwi control of resources for service provision were identified through consultation as health care priorities.

Maori are involved in the governance of WDHB through: Treaty of Waitangi MOUs between the DHB and Te Runanga o Ngati Whatua and Te Whanau o Waipareira Trust; a Maori Health Gain Advisory Committee that is appointed by the WDHB Board and provides advice to the Board on Maori health issues; and, Maori membership on the DHB Board, the Community and Public Health Advisory Committee and the Hospital Advisory Committee.

Maori are under-represented in the DHB workforce, especially in medical and allied health professional roles. There is much work required in order to increase the capacity and capability of the Maori health workforce at all levels and in a variety of roles in order to best contribute to Maori health gain. Maori health workforce development was identified through consultation as a priority.

Article 3 – Oritetanga: Achieving health equity

Compared to Maori in the rest of New Zealand, Maori in Waitemata experience better health outcomes and longer lives. The percentage of Maori in the Waitemata living in the two most deprived socio-economic deciles is lower than the percentage of the overall New Zealand population (both Maori and non-Maori) living in the two most deprived deciles. Maori in Waitemata have lower rates of exposure to risk factors such as smoking and obesity than Maori elsewhere in New Zealand. Maori in Waitemata experience lower rates of avoidable mortality and a longer life expectancy than Maori in New Zealand overall, and the

disparity in life expectancy for Maori in Waitemata is considerably less than the gap in life expectancy between Maori and non-Maori nationally. However, it is also important to recognise that within the Waitemata district, inequalities still exist. The state of Maori health is poor relative to that of non-Maori, as measured by life expectancy, avoidable mortality, infant mortality, and self-reported health status.

The need for intersectoral collaboration to address access to the social, economic, cultural, political and environmental determinants of health including improving quality of care was highlighted in community consultation. There is clear evidence that Maori in the Waitemata district have poor access to the determinants of health, and this is reflected in, for example, income levels, employment status, occupational groups, home ownership rates, housing conditions, and education. There is an obvious potential role for the DHB in providing local leadership in intersectoral collaboration to address the determinants of health.

Given the current context, it is not surprising that local Maori have a greater exposure to risk factors than non-Maori. Over half of Waitemata Maori adults are exposed to health risks from smoking, and the figure is likely to be higher for Maori children. As well, over 60% of Maori in the Waitemata district are overweight or obese and only around 50% of Maori are consuming the recommended minimum amount of fruit and vegetables. Further, Maori are substantially under-represented in terms of utilisation of preventative care and screening (immunisation, breast screening, cervical screening). However, Maori in the Waitemata are more likely to be physically active than non-Maori.

These factors are modifiable and all have a major impact on conditions in which there are inequalities in mortality and morbidity, and that were identified through consultation as areas of high demand and need for health services for Maori: chronic conditions (e.g. diabetes, respiratory disease), cardiovascular disease, cancer, mental health, intentional and unintentional injury, hearing and eye care, and gout. Hui feedback aligns directly with findings from the data review reported in this document that demonstrate local ethnic disparities in diabetes, COPD, asthma, cardiovascular disease, cancer, mental health, and suicide. The leading causes of inequities in death and illness for Maori in Waitemata are: ischaemic heart disease, lung cancer, diabetes, COPD and breast cancer.

The importance of health promotion for whanau to reinforce protective factors (e.g. access to preventive services, increased physical activity, healthy nutrition and whanau support) and mitigate risk factors (e.g. smoking, alcohol and drug misuse, promotion and sale of unhealthy foods) was emphasised at the community hui. There is clearly huge potential for Maori to benefit from intervention to address identified modifiable risk factors and strengthen protective factors, including enhanced access to preventative care.

Much more also needs to be done to improve access to health services at all levels for Maori in the Waitemata region. This is evident from the review of patterns of health service utilisation for preventative care/screening, primary care, outpatient care, and hospital care. Maori in Waitemata report: higher levels of unmet need for GP care and oral health care compared to non-Maori; have lower rates of cardiovascular risk assessment and receive less

medication for cardiovascular disease despite higher need; and Maori diabetics are less likely to receive annual diabetes checks. The DNA rate for DHB outpatient appointments is three times higher than for NZ European. Maori health service contact for mental health issues is low relative to need, as are the rates of cardiovascular disease interventions. For Maori adults aged 45-64 years the rates of ambulatory sensitive hospitalisations are 33% higher than the national average.

Concluding comments

This HNA has identified that even though Maori in Waitemata experience better health status than the average for Maori in New Zealand, there are still substantial unmet health and healthcare needs for local Maori which have high potential to benefit from intervention. Further, multiple specific areas for DHB action are identified that may contribute to improving health system performance for Maori, increase Maori participation and leadership within the sector, and facilitate the achievement of equity in health outcomes for Maori.