NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

Decision Paper to Board

Position Statement on Equity

Date: 25 June 2020

Prepared by: Marty Rogers, Acting General Manager Māori Health
Endorsed by: Dr Nick Chamberlain, Chief Executive

Recommendation

That the Board endorses the position statement on Equity

Purpose

The purpose of this paper is to present the Position Statement on Equity which has been developed from the previous work supported by the NDHB Executive Leadership Team from October 2019. Further exploration has been undertaken around the issues of equity for Māori and the approach NDHB can take for other issues that impact on Māori. A statement of equity for Māori under Te Tiriti o Waitangi is presented and obligations of NDHB to the key principles of the Treaty of Waitangi have been explored. Also, key to the purpose of this paper is the evidence reviewed on how we "lift" Māori from the burden of disease and poverty, to their aspirational position of:

'Healthy Whānau, Happy Whānau, Our Voices Heard'.

NORTHLAND DHB POSITION STATEMENT

Northland DHB is committed to ensuring equity of access, experience and outcomes for those populations who need our support the most. This is particularly so for Māori in Northland to recognise their status as Tāngata Whenua.

Our position on this matter aligns with our commitment to eliminate inequities and should be read in conjunction with our overall approach to achieving optimal health and wellbeing for all Northlanders.

Achieving Equity for Māori

The Ministry of Health defines equity as:

> *"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".*

The Northland District Health Board outlines the key high-level strategies that provide a definitive statement on the kind of equity lens the organisation will adopt in stating our position to address inequities for Māori in a multi-faceted approach. This pro-equity position is about having the resolve to achieving these key strategies once applied over time in a deliberate process of pro-equity action by the organization:

> *"Health Equity for Māori is a strategic priority for the Northland District Health Board. This requires us to ensure we will develop structures and practices to support health equity work across the Te Tai Tokerau region. Management and service operations will address equity intervention strategies that consider the multiple determinants affecting Māori burden of disease and poverty. Health equity also means addressing all forms of institutional racism and discrimination in the organisation through sound cultural programmes of safety and competency to practice, advocate and facilitate tikanga best practices. Northland DHB will continue to enhance and sustain valued relationships with Iwi, Mana Whenua, Hauora Māori, Hāpori, and especially all whānau using our health and disability services".*

This statement of equity for Māori is aligned with the Executive Leadership Team paper on the Equity Tool and the Treaty of Waitangi Statement. Key to this intent is that NDHB will not fulfil this commitment on our own, but include whānau, hapū and Iwi in every engagement to re-design, re-invigorate, and change the ways we have operated in the past, to improve whānau outcomes in the future.

Our approach to other issues that impact on Māori

Northland DHB acknowledges that lessening the impact of Māori health inequities has to take a much broader approach than just a single focus on health. Even so, the DHB is integral to building a stronger health and disability system for better population health across the region.

The way people live their lives and the behaviours they exhibit have an enormous effect on health status. There are many influences, but key ones are smoking, diet, alcohol and other drugs, and lack of physical activity.

Social Influences

Other social influences such as education, housing, and employment, for instance requires all sectors to have better connections between each other and across regions. This is still binding on the NDHB to ensure we have better connections between community and primary health care with hospital care and treatment services. Gaps in health care and barriers to access for services has shown that the causes are linked to poor connections between services and professionals, as much as across other service sectors for Māori. The health sector alone cannot affect these directly, but as a DHB we work collaboratively with other government and local body organisations to achieve a healthier Northland.
https://www.northlanddhb.org.nz/about-us/about-us/our-health-profile/

Obligations of NDHB to the key principles of the Treaty of Waitangi

The NDHB has obligations to embed and entrench whānau aspirations for living healthy and thriving lives, being happy and satisfied with services they receive, and being treated and heard as valued Māori citizens of Aotearoa New Zealand.

The obligation is to ensure Māori enjoy equity of access, quality of care and outcomes, and that the system is rid of barriers to their wellbeing and full participation in all NDHB services, whether funded and/or delivered by the DHB. This should be the norm for Te Tai Tokerau.

Being fully accountable and focused on the Te Tai Tokerau health workforce delivering in a cohesive system that is free of racism and is dominated by culturally safe and competent delivery practices.

This cohesive system extends to closely connected partnerships with others that are engaged in addressing the social determinants of health. The whole system should look and feel welcoming, easy to access and simple to navigate and get the desired results for whānau to exercise their rangatiratanga, mana motuhake, and whānau rangatiratanga.

"Lifting" Māori from the burden of disparities / inequities

The Interim Report of the Health and Disability Review noted that the urgency for making improvements to outcomes for Māori (and others suffering inequities) requires:

- Incorporating the principles of Te Tiriti o Waitangi – in everything we do as a DHB
- Embedding mātauranga Māori (Māori world view, Māori knowledge, creativity & cultural practice) throughout all service areas directly affecting whanau – from birth to end of life. Make this normal practice.
- Prioritise design of services for the communities, with the communities / for whānau, with whānau. If whānau were not part of the design – then it didn't happen.
- Build population health - from the child, up. Nurturing the child will secure better outcomes for the coming generations

  (HDSR2019 Interim & Final Reports (p.22, 30. 2020. Wellington)
- Invest in / Fund, Tikanga Best Practices There is conflict between Western and Māori ideas of best practice. The way our health system works – reflects a colonising world view largely hostile to Māori understandings of wellbeing. The future wellbeing of Māori is about their right to live as Māori. Make this a value of the NDHB.

He Ara Oranga. (p.40…) Report of Government Inquiry into Mental Health & Addictions services

The Simpson Review Report also recommended:

- An increased emphasis on health equity and quality improvement performance for Hauora Māori. This requires updating the equity clauses in legislation; addressing racism and discrimination, inclusive of improving cultural safety and competence; growing and investing in the future Māori health workforce and providers and increasing Māori-specific funding.

Issues of equity for Māori

For Māori, inequities of health span the life course and are substantially influenced by the unequal distribution of the socioeconomic determinants of health. *(Simpson Review Report, June 2020).* It is known that healthcare services play a significant part. Also, for Māori there is evidence that inadequate access to services, poorer quality of care, and a failure of health services to improve outcomes for Māori can and do lead to inequities in health outcomes. *https://www.hqsc.govt.nz/assets/Health-QualityEvaluation/PR/Window_2019_web_final.pdf*

The NDHB Health Profile *(2016-17)* identifies the Māori experiences of:

- Low health status across a range of health and socio-economic statistics.
- Māori comprise over one-third of Northland's total population and 52 percent of the child and youth population, a key group for achieving long-term gains.
- Māori also experience early onset of long-term conditions like cardiovascular disease and diabetes, and their life expectancy is (now) seven years less than non-Māori.

Māori life expectancy from birth is still low at seven years less than non-Māori non-Pacific people, of which 4.4 years for females and 5.0 years for males was potentially avoidable.
https://systemreview.health.govt.nz/final-report/download-the-final-report/ (p.20)

NZ Deprivations – in selected indicators of current well-being are, (2018. *p.2)*

- 11% of the (NZ) population live in relative income poverty
- 53% would be at risk of falling into poverty if they had to forego 3 months of their income
- 5% also report they have no friends or family to turn to in times of need and 5% of the population report low satisfaction with life generally. *http://www.oecd.org/newzealand/Better-Life-Initiative-country-note-New-Zealand.*

In the North Island, and some regions in particular, there are significantly higher rates of socioeconomic deprivation than others. Over a third of the population in Northland and nearly half of the population in Tairāwhiti live in the highest quintile of socioeconomic deprivation. *(Simpson Review Report p.17)*

The compounding effects of socioeconomic deprivation on health outcomes has found that people living in more socioeconomically deprived areas are 2.5 times more likely to experience psychological distress than those in less deprived areas (adjusting for age, sex and ethnicity). *NACHD. 1998. https://www.health.govt.nz/publication/social-culturaland-economic-determinants-health-new-zealand & Ministry of Health. 2019. https://minhealthnz.shinyapps.io/nz-health-survey-2017-*

The Māori Population of Northland DHB (health service utilisation)

Māori Health Plan 2016-17 NDHB

- The child and youth population (ages 0-24) declined by 2 percent between 2006 and 2013
- The Māori birth rate is approximately two-thirds higher than non-Māori rate
- Only 8 percent of Māori are aged 65+, compared to 23 percent in the non-Māori population.
- The Māori population is projected to increase by 26 percent, compared to only 6 percent for non-Māori.
- Over half (56 percent) of all Māori living in Northland live in the most deprived quartile

- compared to just over one-fifth (23.5 percent) of non-Māori living in most deprived quartile *(NZDep06 Index).*

Leading Causes of Mortality

Modifiable risk factors *(Blakely et al, as part of NZACE-Prevention)* are significant contributors to morbidity and mortality for Māori in Northland, which are:

- Smoking: 34 percent of Māori (9,477) are 'regular smokers' *(NZ Stats, Census 2013)*
- Obesity: More than half of Māori are obese according to BMI measure *(NZ Health Survey, 2011)*
- Alcohol: hazardous4 drinking behaviours – small reduction in behaviours for Māori between 2006 and 2011
- Physical inactivity: a small decline (from 2006 to 2011) in Māori who are regularly active
- High blood pressure, blood glucose, cholesterol are key contributors to cardiovascular disease, diabetes, and respiratory conditions

The leading five causes of avoidable mortality by gender are ranked in Table below.

Table of Leading causes of death, Northland 2010 *P.7*

	Males		Females	
	Māori	Non-Māori	Māori	Non-Māori
1	Cardiovascular disease	Cardiovascular disease	Cardiovascular disease	Cardiovascular disease
2	Diabetes	Respiratory diseases	Lung cancer	Respiratory diseases
3	External causes (accidents etc.)	External causes (accidents etc.)	Diabetes	Diseases of nervous system
4	Lung cancer	Lung cancer	Breast cancer Respiratory diseases	Breast cancer Lung cancer
5	Diseases of the respiratory system	Prostate cancer	External causes (accidents etc.)	External causes (accidents etc.)

Mental Health rates of service use are also significantly higher among those from high socioeconomic deprivation quintiles. Interactions between ethnicity, socioeconomic deprivation, age, disability, and geographic location exacerbate inequitable outcomes and access to healthcare. *S Gibb and Cunningham, R. 2018.p15. https://www.mentalhealth.inquiry.govt.nz/assets/Summary-reports/Otago-mental-health.pdf*

While the prevalence of mental distress among Māori is almost 50% higher than among non-Māori, Māori are 30% more likely than other ethnic groups to have their mental illness undiagnosed.44 The outcomes for Māori who access mental health services are poorer across a variety of measures and diagnoses. *(NZ Health Survey 2006/07, cited in R Cunningham, et al).*

Disabilities Māori have significantly higher rates of disability over all age groups.

- Eleven percent of children are living with disabilities (14% of Māori children)
- 21% of young and working age people (32% of Māori young and working age)
- 59% of seniors (62% of Māori seniors).
- New Zealand's mental health challenges and suicide rates remain high, recognised by the Government's recent acceptance of many recommendations from the Government Inquiry into Mental Health and Addiction.

  Inquiry https://mentalhealth.inquiry.govt.nz/inquiryreport/he-ara-oranga/

- Suicide rates remain higher for males than females, for Māori than non-Māori, and for people in rural areas than in urban areas.

  S Gibb and Cunningham, R. 2018 https://www.mentalhealth.inquiry.govt.nz/assets/Summary-reports/Otago-mental-health.pdf

- Patterns of use for both inpatient and community mental health specialist services show higher rates for Māori, Pacific peoples, recently released prisoners, young people (13–24 years), and people who identify as LGBTQIA+.

  8 LGBTIQA+ is an umbrella term for people who are lesbian, gay, bisexual, trans, intersex, queer, asexual, and other diverse sexual orientations, and gender identities

Māori and cancer inequities

Increasingly cancer research has shown that Māori health inequities are contributed to by institutionalised racism. *Robson, B. Otago University Press.* Cancer is one of the leading causes of death in Aotearoa New Zealand; inequities in cancer can be seen across ethnicity, sex, age, geography, and socio-economic status. *Hill, S., Safarti, D., Robson, B., Blakely, T. (2013). Indigenous inequalities in cancer.*

Māori have an approximately 20% higher age-standardised incidence rate, and an 80% higher age-standardised mortality rate for cancer overall compared to non-Māori. *Ministry of Health. Cancer: New registrations and deaths 2011, 2014. & Sarfati, D. et al, NZMJ 12 April 2019, Vol 132 No 1493*

Consistent differences which can be seen over lung, breast, stomach, prostate and cervical cancers all contribute to the overall cancer disparities for Māori. *Signal, V. C. (2016).* Lung cancer incidence and mortality in Māori women is the most disturbing of all the cancers affecting the whole Māori population.

NDHB POLICY ALIGNMENT

Northland DHB is currently revamping its policy framework covering Te Tiriti o Waitangi and Equity. Key initiatives now underway include:

- The Executive leadership Team (ELT) approved an Affirmative Workforce Action Plan targeting Māori recruitment in June 2019. We were successful in recruiting Dr Joy Panoho to the position.
- In October 2019, a workforce dashboard was approved and in December ELT approved two letters for DHB employees explaining why this action was taken.
- We released a media statement opposing institutional racism in August 2019.
- In October ELT approved a revision of the Equity Tool for use in supporting decision-papers going to ELT or the NDHB Board and for day to day use by DHB employees.
- Te Poutokomanawa/ Māori Health Directorate, working with Patient Safety and Quality Improvement Directorate, is now updating the Te Tiriti o Waitangi and Equity Policy. A policy statement for institutional racism has now been introduced and we are designing an audit tool to review progress by the DHB.
- Working with Learning and Development Team we are reviewing the organisational training programmes and introducing equity as a key component to current and future programmes. These programmes include the leadership training modules, bias within the workplace training programme and the HR Toolkit to reflect the Recruitment Policy requirements to support Māori employment.
- We have updated the compulsory training programme 'Engaging Effectively with Māori.' This was first introduced in 2016 and then transitioned to the DHB who took over the management and running of the programme internally from 2018/19.
- New programmes in 2019 were introduced to build workforce competency. They include a basic Te Reo Māori pronunciation course (90 minutes), a 9-week basic Te Reo and Waiata course for our employees being piloted through public health. We are exploring with Te Wānanga O Awanuiārangi the Level One Te Reo Māori Programme.
- We will host a second symposium for Northland DHB Māori employees in November 2020. The symposium was agreed to following an evaluation on how the DHB could improve its support for Māori staff through professional development.

Board Approval:

Name and Role	Signature	Date
Board Chair		