He Hauora Mo Te Tai Taitokerau

A Healthier Northland

MAORI HEALTH ANNUAL PLAN 2013/14

NORTHLAND DISTRICT HEALTH BOARD

Te Poari Hauora Ā Rohe O Te Tai Tokerau

He Mihi

Tihewa mauri ora ki te whei ao ki te ao marama.

Tena koutou, nga wairua o te hunga kua hinga, puta atu ki waho, i runga te tai o Rehua. Piki atu, kake atu ma runga nga ngaru nui ngaru roa ngaru paewhenua.

Na reira i nga mate haere atu, haere atu, whakaoti atu. Hoki mai kia tatou nga kanohi o te hunga ora tena koutou, tena koutou, tena koutou katoa.

Ka hau te reo, ka hau te tangi, te moemoea o nga tohunga rongoa, kia piki te ora o nga iwi puta noa Te Tai Tokerau.

Oi oi mai te toki, haumi e! hui e! taiki e!

Contents

1 Executive Summary

Northland DHB is committed to reducing inequalities and improving Maori health and wellbeing. The Maori Health Plan is used by NDHB as the key means of monitoring progress on Maori health and reduction of inequalities, along with other tools such as the Maori health dashboard on NDHB's Intranet and the annual update of performance regarding the Maori health measures in our Statement of Service Performance (part of the Statement of Intent). NDHB's Northland Health Services Plan[1], which sets the direction of travel for services in Northand over the next five years, contains numerous Headline Actions; to monitor progress, each action will be required to generate data on Maori and non-Maori.

The plan has two companion documents. *Te Tai Tokerau Maori Health Strategic Plan 2008-2013* was developed jointly by PHOs, Maori NGOs and the DHB and seeks to address the building blocks of hauora regarding health, economic prosperity, education, research and development and the environment. The Northland DHB's *Annual Plan 2013/14* fulfils the requirements of the Public Health and Disability Act and addresses Ministerial, national and regional priorities in setting the direction for NDHB for 2013/14.

Finally, we acknowledge the Iwi of Te Tai Tokerau (Te Aupōuri, Ngati Kahu, Ngati Kurī, Ngapuhi, Te Roroa, Ngapuhi ki Whaingaroa-Ngati Kahu ki Whaingaroa, Te Rarawa, Ngai Takoto, Ngati Wai, Ngati Whatua, and Te Uri o Hau). We confirm that NDHB will work collaboratively with Iwi to not only effect our responsibility under the Treaty of Waitangi but also to implement Whanau Ora for Whanau success. He Mangai Hauora Mo Te Waka A Taonui (Maori Health Gains Council) provides the forum for Northland DHB to account for our performance regarding national, regional and local indicators for Maori health.

Whanau Ora's extension of He Korowai Oranga within Whanau Ora initiatives seeks to actively bring together government agencies, providers and whanau to collectively improve outcomes for Maori. Te Tai Tokerau Whanau Ora Regional Leadership Group (RLG) supports this in their strategic statement to support and create positive opportunities where whanau, hapu and community are supported to plan, develop and influence whanau oranga. The Whanau Ora Collectives representation are members of Te Tai Tokerau Alliance for Health (ALT), which was formed in 2011. ALT has recently confirmed its role as providing the governance structure for sector integration, strategic direction and the broad vision of integration.

[1] Available at http//northlanddhb.org.nz

2 Maori in Northland

2.1 Maori Population

Population overall

Northland's projected population for 2013 is 159,450, of whom 30% are Maori.

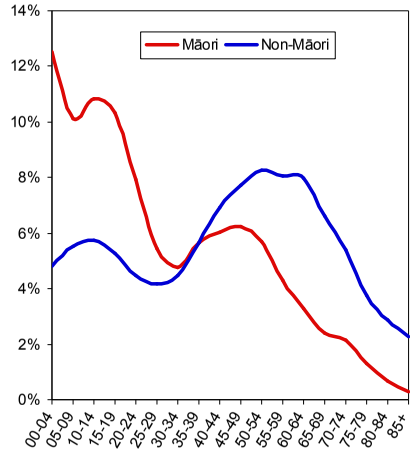
Out of the total Maori population, about half live in the Far North District, 40% in Whangarei, and 10% in Kaipara. 24% of Manaia PHO's population at March 2012 was Maori (22,628 out of 92,790). Te Tai Tokerau PHO had both higher percentage of Maori (46%) as well as a higher number (60,798).

Iwi in Northland are Te Aupōuri, Ngati Kahu, Ngati Kurī, Ngapuhi, Te Roroa, Ngapuhi ki Whaingaroa-Ngati Kahu ki Whaingaroa, Te Rarawa, Ngai Takoto, Ngati Wai, Ngati Whatua, and Te Uri o Hau[2].

Age structure

The child and youth population (ages 0-24) comprised 52% of all Maori in 2006, compared with only 33% for the European population. People aged 65 or more comprise 17% of Northland's European population but only 6% of Maori. These features lend the Maori population pyramid a distinctive triangular shape that contrasts with the more rectangular profile of non-Maori.

Figure 1: Age structure, Maori and non-Maori, Northland 2006

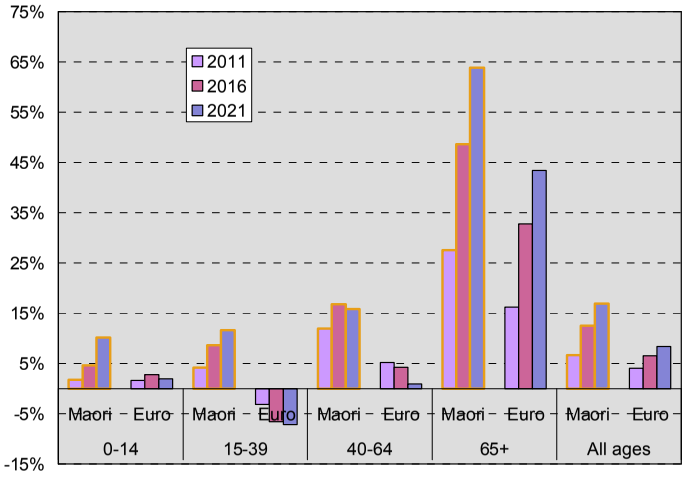


Projections

The Maori population is projected to grow faster than the European population across all age groups. Though the projected growth in Maori 65+ looks large, it will be small numerically because it is starting from such a small base. Unless something is done soon to close the mortality gap between Maori and non-Maori, the Maori population will continue to have a distinctive child and youth 'bulge' and a narrowing in older ages.

Figure 2: Projected percentage change from 2006, Northland Maori and NZ European populations

[2] Based on Te Puni Kokiri information.



2.2 Maori Health Needs

Deprivation

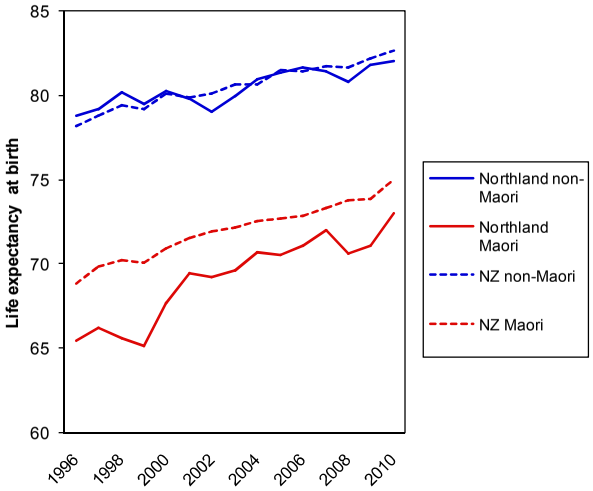
Over half (56%) of all Maori in Northland live in the most deprived quartile, as measured by the NZDep06 Index. Non-Maori in the region more closely matched the affluence of NZ as a whole, with just over one-fifth of their population (23.5%) in the most deprived one-fifth of NZ.

The high deprivation and large Maori population in Northland means that almost half (47%) the PHO enrolled clients were eligible for Services to Improve Access (SIA) funding.

Life expectancy

The gap between Maori and non-Maori life expectancy improved from 13 years in 1996 to 9 years in 2010 (recent evidence suggests that since then it may have widening again, but this cannot be verified until recalculations can be carried out using 2012 mortality data). Northland's 9-year gap compares with the national figure of 7.6 years.

Figure 3: Northland and New Zealand life expectancy 1996-2010



Lifestyle

Maori rates of smoking are high, with 62% of Northland Maori adults having a regular tobacco intake, compared with 25% for non-Maori.

46% of Maori are obese, higher than the non-Maori figure of 27%64%.

Avoidable mortality

Maori have about three times the avoidable mortality rate than non-Maori (308.3/100,000 compared with 106/100,000). Leading causes of death are ischaemic heart disease, lung cancer, diabetes, motor vehicle accidents, and suicide and self-inflicted injuries.

In 2009, 48% of all Maori deaths occurred before age 65, compared to 18% for non-Maori.

Avoidable morbidity

Avoidable hospitalisations were also higher, with the Maori rate at 5,941/100,000 and non-Maori at 4,327/100,000. Leading causes of hospitalisation were respiratory infections, dental conditions, angina, asthma, ENT infections and gastroenteritis.

Far more Maori die in middle age, primarily from the effects of long term conditions. This is reflected in Figure 3, which indicates that Maori are admitted to hospital in Northland aged on average about 13 years younger than non-Maori.

The two leading causes of illness and death are cardiovascular disease and cancers, and Maori rates for both are higher. For ischaemic heart disease Maori are hospitalised at a rate of 694/100,00 and non-Maori at 428/100,000, while for stroke Maori are hospitalised at a rate of 256/100,00 and non-Maori at 114/100,000. Hospitalisations for all cancers are also higher for Maori at 442/100,000 compared with 367/100,000 for non-Maori.

3 Indicators

Northland DHB updates Health Target and other quarterly reporting indicators every quarter, displaying current data in relation to targets and past performance. The results are considered by the Board, the Executive Leadership Team (which incudes PHO Chief Executives) and NDHB's Clinical Governance Board.

NDHB updates progress on our Maori Health Plan every quarter. The report is considered by He Mangai Hauora Mo Te Waka A Taonui (Maori Health Gains Council), and the Alliance Leadership Team which includes representation from both PHOs and the four Whanau Ora Collectives.

NDHB has developed a Maori dashboard comprising key measures of Maori health and service provision. We are in the process of improving it by widening its scope.

NDHB also develops a quarterly by-exception progress report on the actions in our Annual Plan which is provided for the information of the Board.

Northland DHB will report results through to its stakeholder forums[3] and He Mangai Hauora mo Te Waka a Taonui, the Maori Health Gain Governance Group, to communicate Maori health outcomes and trends. The Governance Goup has been endorsed and supported by Iwi to meet legislative responsibilities of the DHB.placing it alongside other monitoring tools such as the Maori health dashboard on NDHB's Intranet. Northland DHB also prepares an annual update of performance regarding the Maori health measures in our Statement of Service Performance (part of the Statement of Intent)

3.1 National indicators

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
Data quality	Accuracy of ethnicity reporting in PHO registers	100%[4]	99.5%	Annually	Improve collection, quality, availability and sharing of population health data across DHBs and PHOs. Advocate and support the use of MoH's Primary care Ethnicity Data Audit Toolkit in PHOs.
	Percentage of Maori enrolled in PHOs.	103%	97%-103%	6 Mthly/ Annually	Enrolment data suggests Maori are well represented in PHOs. Enrollment data will continue to be monitored to identify any significant adverse changes
	Ambulatory Sensitive Hospitalisations, age standardised	0-4: Maori 139% Non-M 112%	0-4: Maori 108% Non-M 108%	6-monthly	The Te Tai Tokerau Alliance Leadership Team oversee ASH information to establish responses to primary care interventions. LTC Clinical Governance Group continue to actively monitor district-wide

[3] Alliance Leadership Team (4 x WOC Collectives, 2 x PHOs, NDHB GMs and Clinical Directors), Executive Leadership Team, Whanau Ora Collectives

[4] Northland PHO enrolment figures have been exceeding 100%, which throws into doubt the accuracy of the population prediction formula. Any client coding probems that have been identified in the past have not been related to ethnicity, so to be best of our knowledge Northland has 100% accuracy.

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
	rates per 100,000 for Maori (in relation to national ASH average)	Total 131% 45-64: Maori 114% Non-M 95% Total 111% 0-74: Maori 120% Non-M 109% Total 123% (year ended Sep 2012)	Total 108% 45-64 Maori 96% Non-M 96% Total 96% 0-74: Maori 104% Non-M 104% Total 104%		performance measurements and benchmarks by long term condition, aligned to regional standards, once baseline data is established. The Northland Health Services Plan (2012-2017) Population Health: Headline Target is to reduce unplanned hospital admissions for Northlanders by 2,000 annually. The actions to support this are: • increased emphasis on reducing tobacco uptake, cessation support and risky behaviours (tobacco, obesity, alcohol/drug) with Maori pregnant women through Hapunga Auahi Kore Alliance • improved targeting of vulnerable babies who are living in cold homes to have their homes insulated under Healthy Homes Tai Tokerau • strengthening health literacy through for long term conditions through Conversation Maps and Whakamana Hauora (Stanford model) in primary care • strengthen Maori Health Directorate inclusion in the discharge planning for Maori patients to ensure connectivity with the appropriate support back in to the community.
Maternal health	Exclusive breastfeeding at: 6 weeks 3 months 6 months	Maori 61% Non-M 72% Total 67% Maori 38% Non-M 55% Total 48% Maori 13% Non-M 22% Total 18% (Plunket data only, Jul-Dec 2012)	68% 81% 74% 57% 63% 57% 28% 28% 28%	Annually	Northland DHB breastfeeding support activity will: • strengthen breastfeeding education and support at antenatal clinics, lactation clinics, maternity unit • identify in the community volunteers to promote and educate on the benefits of exclusively breastfeeding to pregnant women up to 6 months (minimum) • provide appropriate referrals to lactation consultants to support and establish breastfeeding in chosen client environment • develop a template to capture statistical quantitative and qualitative information (ethnicity, age, gravida, parity etc) and provide training in its use to nursing staff • utilisation of Mama Aroha Talk cards in clinics • provide education and support to WCTO community nursing staff to support where there is a lack of lactation consultants in an area University of Auckland “Aunties” programme will be supported to engage with Maori pregnant mothers to improve BF rates and lower rates of smoking.
Cardiovascular disease	Coronary angiograms	Maori 60.6% Non-M 65.4% Total 63.7% (2012/13 Q2)	90% of outpatient coronary angiograms to be seen within three months.	Quarterly	Use IT tools to identify eligible populations: Proactively identify, contact and invite people due for CVD risk assessment. Ensure all providers (both primary and secondary) utilise Predict as a common data source. Ensure through efficient invitation and recall systems that people attend CVD risk assessments. Monitor performance and agree action plans with general practices that are not
	Angiography		70% of patients referred for angiography presenting with		

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
			ACS to be seen within three days of admission		achieving targets for their enrolled population. Quality of service: Develop teams to ensure expertise, training and tools are available to enable providers to successfully complete the CVD risk assessment to meet clinical guidelines. Increase the use of nurse-led clinics. Develop a CVD assessment and management service in one large workplace in the Whangarei surrounds, to improve access to heart and diabetes checks for people in employment. [Funded by Manaia PHO] Expand the diabetes nurses' group, established in 2011/12. [Funded by Manaia PHO] Minimise financial barriers to access by providing free CVD screening to eligible high need populations. *[Implemented and funded by PHOs]* Improve consistency of access to services across NDHB's population through development of the Diabetes Care Improvement Package, which will continue to: • Improve the skills and knowledge of the diabetes clinical workforce in primary care. • At practice level, accurately identify all people with diabetes through risk stratification. Progress to include those with pre-diabetes. • Capture patient-level clinical information and actively use audit tools to ensure the care provided to people with diabetes is consistent with the guidance in the New Zealand Primary Care Handbook. Ensure effective clinical governance through appropriate structures and processes.
	STEMI		80% of patients presenting with STEMI referred for PCI] will be treated within 120 minutes.		
	Chest pain clinics		80% of all outpatients triaged to chest pain clinics to be seen within six weeks for cardiology assessment and stress testing.		
	CVD Health Target		By June 2014, 90% of eligible patients will have had a cardiovascular risk assessment in the last five years (Health Target).		
	Acute Coronray Syndrome		70% of patients referred for angiography presenting with ACS to be seen within three days of admission. >95% of patients presenting with acute coronary syndrome who undergo coronary		Implement new models of care to better meet demand and improve quality of care across the continuum: • support Cardiac Nurse Specialists' attendance at the annual regional forum to share existing models of care across primary health and hospital levels. • support the development process to maintain acute coronary syndrome (ACS) guidelines as a living document to allow for continuous improvement. • NDHB will participate in the development of the regional primary PCI service developed in collaboration with St John Ambulance Services and Emergency Departments to improve transit times for selected patients • NDHB will support the development of a regional plan for electrophysiology services to better meet patient demand.

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
			angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection.		
Cancer	Breast Screening	Maori 73.8% Non-M 75.4% Total 75.1% (CY 2012)	70% 70% 70%	6-monthly	NDHB will continue working with community services to reduce DNA rates by informing Maori NGOs of people that may need support /transport to access the service Monitoring of breast cancer screening in eligible populations (age range 45-69) to ensure inequities in screening rates are not present.
	Cervical Screening	Maori 68.4% Non-M 79.6% Total 76.0% (2012/13 Q2)	80% 80% 80%	6-monthly	Implement an education programme through the CME Nursing consortium re: rationale of reducing inequities to upskill practice nurses on a priority group approach vs whole of population, monitored 6 monthly. PHOs to identify DNAs and identify further opportunities to deliver at the patients place of choice for the screening, to improve access to the service for Maori Continue to monitor cervical screening rates for Maori as part of NDHB's quarterly update on progress on the Maori Health Plan. Reduce DNA rates among Maori by: Using the services of Ki A Ora Ngatiwai, who perform smears for women who: • DNA at general practices or whom practices could not contact • wish to use an alternative service to a GP clinic • wish to be screened at home. Using the services offered under Te Tai Tokerau PHO, which include a dedicated Maori smear taker who is a go-to person if a practice needs additional support to contact women who have missed an appointment or are overdue for screening. The nurse works proactively with practices to review their overdue lists and facilitate effective follow up actions, including utilising community networks, providers and agencies to assist as appropriate.
Smoking	95% of hospitalised smokers will be provided with advice and help to quit by July 2014. (HT)	Maori 97.3% Non-M 99.2% Total 98.2% (2012/13 Q2)	95%	Quarterly	Strengthen smokefree systems that support ABC in all clinical practice settings. Align activity to Smokefree Te Tai Tokerau 2025 and monitored quarterly through Patu Puauahi Network (which aligns to Smokefree Aotearoa/NZ 2025) Conduct 6 monthly audit on ABC for Whanau of hospitalised Maori patients to embed as routine clinical practice and as part of the Takawaenga service,

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
					particularly with the critical care unit Referrals to AKP providers in the community included as part of the discharge planning with Maori patients Increase NRT availability for Whanau of hospital patients and monitor its dispensing through quit card provisions Maintain bi-monthly audit of records identified with 'no brief advice' recorded and work with services to rectify, including numbers that declined the treatment/support All new clinical staff attending on the bi-monthly courses on the ABC of smoking cessation, NRT and Standing Orders for NRT. Provide additional refresher sessions for existing staff. Hapunga Auahi Kore Alliance and Charter signed off by Maternal Health by July 2013 to achieve a consistent and integrated approach to smoking cessation referral pathways for Maori pregnant women NDHB Smokefree team to work with Maternity services, NDHB Information Services and the Hapunga Auahi Kore o Te Taitokerau Alliance members to improve data capture of smoking status and brief advice and support given to Maori pregnant women by LMCs as recorded on the booking forms and entered into the DHB Solutions Plus database Ensure coding is appropriate to measure data Provide training to midwives on completion of smoking status and ABC given to pregnant Maori women at the point of booking in to service (Northland DHB has for the last 3 qtrs exceeded target for Maori within secondary care. Progress has occurred in meeting the target, so NDHB will maintain the above activities and approaches.)
	95% of smokers seen in general practice will be provided with advice and help to quit by July 2014. (HT)	Maori 42.7% Non-M 42.0% Total 42.3% (2012/13 Q2)	95%	Quarterly	Complete a review of smoking cessation provision and produce recommendations for equitable coverage across Northland by Jan 2013 Further initiatives cannot be identified with confidence until the findings of the review are considered. Issues being considered during the review with current service providers (excluding PHOs) are cost variation, geographical coverage, performance, and training deficits. Work collaboratively with runanga, marae, hapu, whanau ora collectives, kohanga reo, and whanau to achieve fifteen teams of ten on the Whanau End Smoking Regional Whanau Ora Challenge programme. Establish a Hapunga Auahi Kore Alliance and Charter signed off by LMCs, cessation providers and other key stakeholders by July 2013 to achieve a consistent and integrated approach to smoking cessation referral pathways and success quit

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
					attempts for Maori pregnant women. The Hapunga Auahi Kore Alliance will identify the number of pregnant women and the referrals to smoking cessation services through the booking system with LMCs, monitored 6 monthly. ABC training offered to LMCs to support referrals. Provide training, support and IT solutions to enable GPs and practice nurses to consistently offer ABC to all Maori pregnant women who smoke especially at the time of confirmation of pregnancy. Support the University of Auckland tobacco research initiatives to engage with whanau to increase successful quit attempts (Aunties Programme with Ringa Atawhai, Incentive Rewards programme, WERO Programme with the NDHB PHU).Provide funding from within current ABC resources to general practices with high-needs populations (Maori, high deprivation) to facilitate free smoking cessation services in general practice for high need smokers. Align activity to Smokefree Te Tai Tokerau 2025 and monitored quarterly through Patu Puauahi Network (which aligns to Smokefree Aotearoa/NZ 2025) PHOs will provide active, dedicated management support to general practice by: • monthly health target meetings to coordinate actions • clinical and nursing leadership meetings have standardised agenda item for actioning Health Target improvements • monthly Dr Info audit checks implemented and communicated to practice, 'delinquent' reports identify practices that require extra support • Smoking Cessation Coordinator provides support and advice to build achievement levels within practices • ensuring smoking status and ABC are coded correctly.
Immunisation	Percentage of eight-month-olds who have their primary course of immunisation (6 weeks, 3 months and 5 months immunisation events) on time by July 2014. (HT)	Maori 80.9% Non-M 85.8% Total 82.9% (2012/13 Q2)	90%	Quarterly	NDHB Immunisation Action Plan for 8-month and 24-month coverage adopted and implemented. This includes: •maintaining the Immunisation Steering Group with all the relevant stakeholders including Maori representation for the DHB's immunisation services with participation in regional and national forums •monitoring and evaluating immunisation coverage at DHB, PHO and practice level •managing identified service delivery gaps •triple enrolment (PHO, NIR, WCTO) on discharge from maternity services •working with primary care partners to implement the newborn enrolment policy and monitoring newborn enrolment rates •quality improvement programmes implemented within primary care for precall and recall systems

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
					•collaborative primary care and DHB operational team with focus on improved care coordination of unimmunised children across Northland, including ensuring appropriate providers are tracking/ tracing and immunising children •identifying immunisation status of children presenting at hospital and offering where appropriate opportunistic immunisation, either on-site or by referral to GP.
	Seasonal influenza immunisation rates in the eligible population (65 years and over)	Maori 59.6% Non-M 59.2% Total 59.3% (2012/13 Q2)	75% of high needs population vaccinated	6-monthly	PHO data monitored to identify Maori enrolled population (65+), receiving the influenza vaccine. Increase promotional activity with the Maori NGO Kaumatua / Kuia services and programmes to access influenza vaccinations between Mar and Aug 2014 such as through community newsletters eg. Whakawhiti Ora Pai bi-monthly newsletter.
Rheumatic fever	Reduced hospitalisations for rheumatic fever.	17 per year 2009/10-2011/12	15 per year 2011/12-2013/14 (10% lower than the average over the last 3 years).	Annually	Develop and implement a Rheumatic Fever Prevention Plan by 20 October 2013. This will include: Implement a health promotion/ communications plan for rheumatic fever ("sore throats matter"). Define referral pathways to healthy homes in child and maternal health services. Identify ways of continuing some throat swabbing services in schools through public health nurses. Increase primary care utilisation of the MedTech Sore Throat clinical guidelines, and audit compliance by end of 2013 with the National Heart Foundation 2008/ NZ Primary Care 2011 Sore Throat guidelines in primary care. *(Also see the actions regarding Healthy Homes under respiratory disease below.)*
SUDI	Reduced Sudden Unexplained Death in Infants notifications	Five-year average per 1,000 live births 2005-2009: Maori 3.48 Non-M 0.66	A significant reduction in the 5 year rolling average of SUDI related deaths per 1000 live births for Maori (3.48:1000) toward that of non Maori (<0.5:1000) by December 30 2017 in 2013-14	Annually	Continue to raise risks associated with SUDI through Well Child/Tamariki Ora providers and smoking cessation providers. Smoking cessation providers will have a targeted number of Maori pregnant women who smoke in their service contracts to provide ABC Improve the referral process to capture pregnant mothers who smoke by continuing to develop the Hapunga Auahi Kore Alliance, of which LMCs are part of Implement a process of assessment for vulnerable babies that: • assists with identification of key risk factors in the home environment (including smoking, family housing, access to a safe bed for baby) that may negatively impact on baby's wellbeing • ensures referral to appropriate agencies when risks are identified. Implement the Kohunga Aituaa Ohorere (SUDI Prevention Project) which plans 'To

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
					make every sleep a safe sleep for all infants' where a survey will be implemented 8-10 weeks after the pepi pod/wahakura has been distributed to at-risk babies to assess its effectiveness in applying 'safe sleep' messages. A regional Draft Safe Sleep Policy (which has the definition for 'vulnerable babies') is currently in development with Whakawhetu (National SUDI prevention for Maori). Once finalised will be placed within child and maternity wards within the hospital and distributed out to LMC, WCTO providers and PHOs/GPs Maintain Baby Friendly Hospital accreditation for all Northland hospitals. Continue to take a targeted approach to referrals to Healthy Homes Tai Tokerau for insulating homes of those whanau with low weight, vulnerable babies and respiratory conditions.

3.2 Local indicators

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
Respiratory disease	Decrease in ASH respiratory conditions for age 0-4 Maori	861 ASH respiratory discharges for 0-4 Maori 2007/08-2011/12.	775 discharges, five-year rolling average (10% reduction).	Annually	Strengthen discharge practice with early support to prevent unnecessary readmissions. All COPD patient admissions to be given priority for pulmonary rehabilitation with Medical Outreach support and referred for a healthy home assessment. Target inequities by providing multidisciplinary team approach with cultural support in the community setting. Review respiratory services to achieve whole-of Te Tai Tokerau service delivery in the primary sector. Maximise referrals to Healthy Homes Te Tai Tokerau by improving the referral pathway. Increase awareness among whanau and health staff of housing conditions and their association with infectious diseases, particularly rheumatic fever. Participate in MoH's retrospective national survey of rheumatic fever clients and their housing. Investigate other approaches including: • supporting qualitative research by Te Kupenga Hauora Maori with whanau of rheumatic fever clients • advocacy to Housing NZ and Northland Housing Form, Iwi and Runanga to improve housing policy and practice.
Oral health	Percentage of Maori children who are caries free at age 5	Age 5 caries-free: Maori 24% Non-M 58% Total 39% *(Qtr 3 2012-13)*	All ethnicities: 2013/14 55% 2014/15 58%	Annually	Higher enrolments and improved access to community oral health services. Promote healthy diet and nutrition among all Northlanders and in particular pre-schoolers, children and adolescents Promote healthy diet and "Lift the Lip" among young mums Promote breastfeeding among young mums Encourage and promote oral hygiene (through programmes such as daily supervised toothbrushing) and oral health care particularly in Early Childhood Centres with emphasis on the use of Fluoride toothpaste Develop culturally appropriate oral health education resources (bi-lingual) Raised awareness of community oral health services in the community, especially among adolescents.
	Decayed, missing or filled teeth scores at Year	Year 8 DMFT: Maori 2.35 Non-M 1.10 Total 1.68 *(Qtr 3, 2012-13)*	All ethnicities: 2013/14 1.12 2014/15 1.12	Annually	