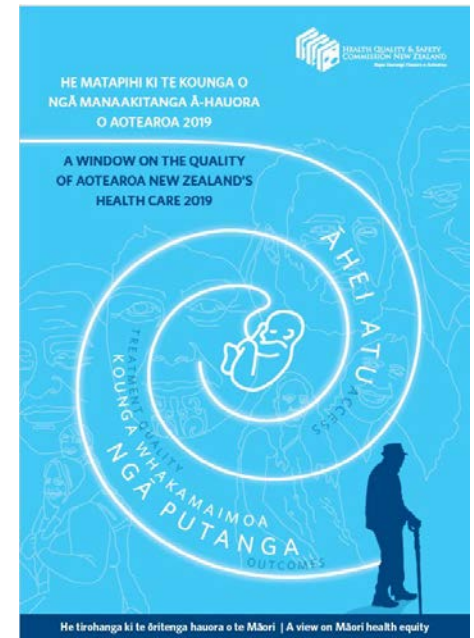


# A window on health equity for Māori

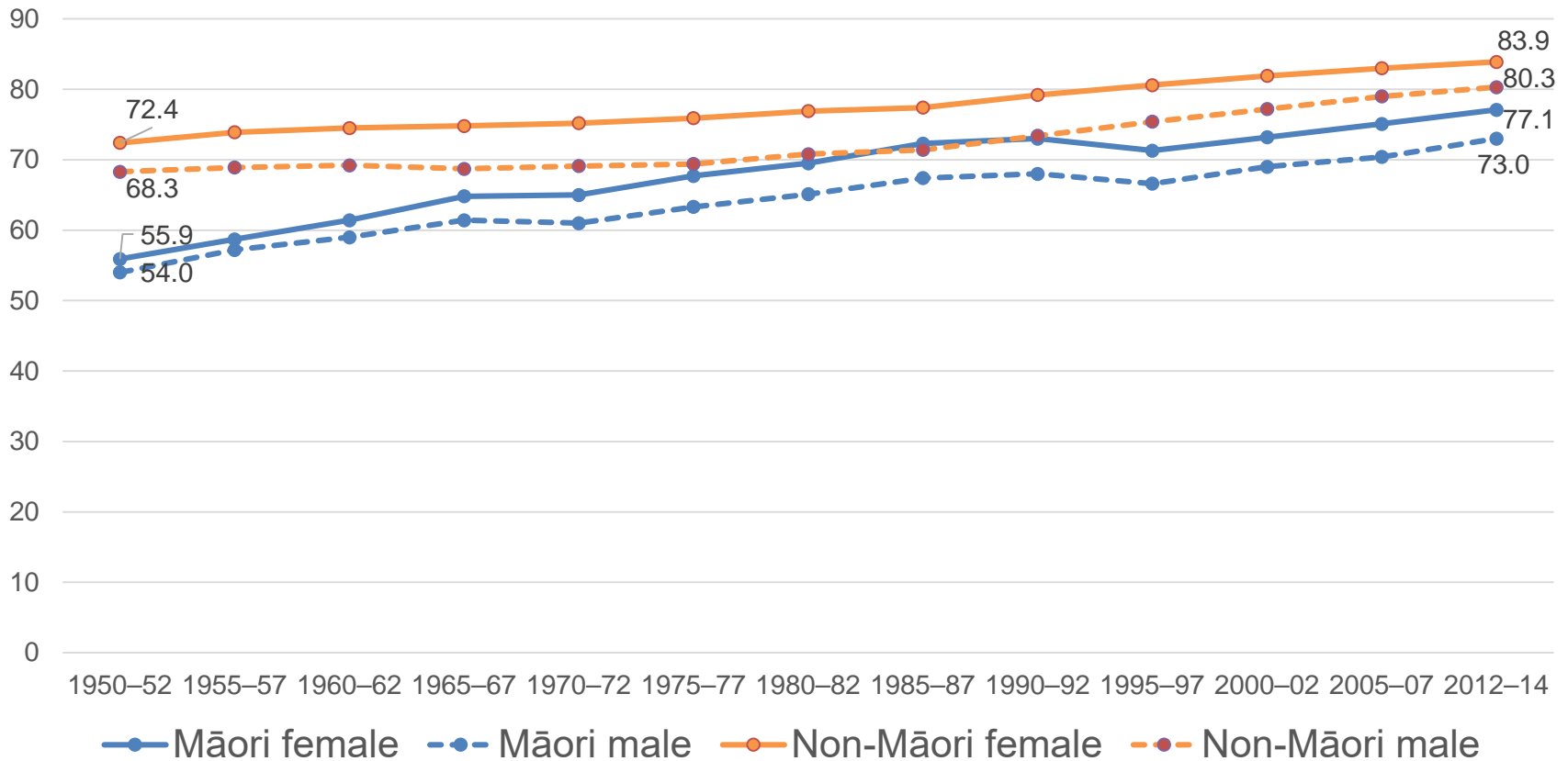
## He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa

- Annual publication: the quality ‘state of the nation’
- Chapter 1: What is happening?
- Chapter 2: Why is this happening?
- Chapter 3: How can this change?

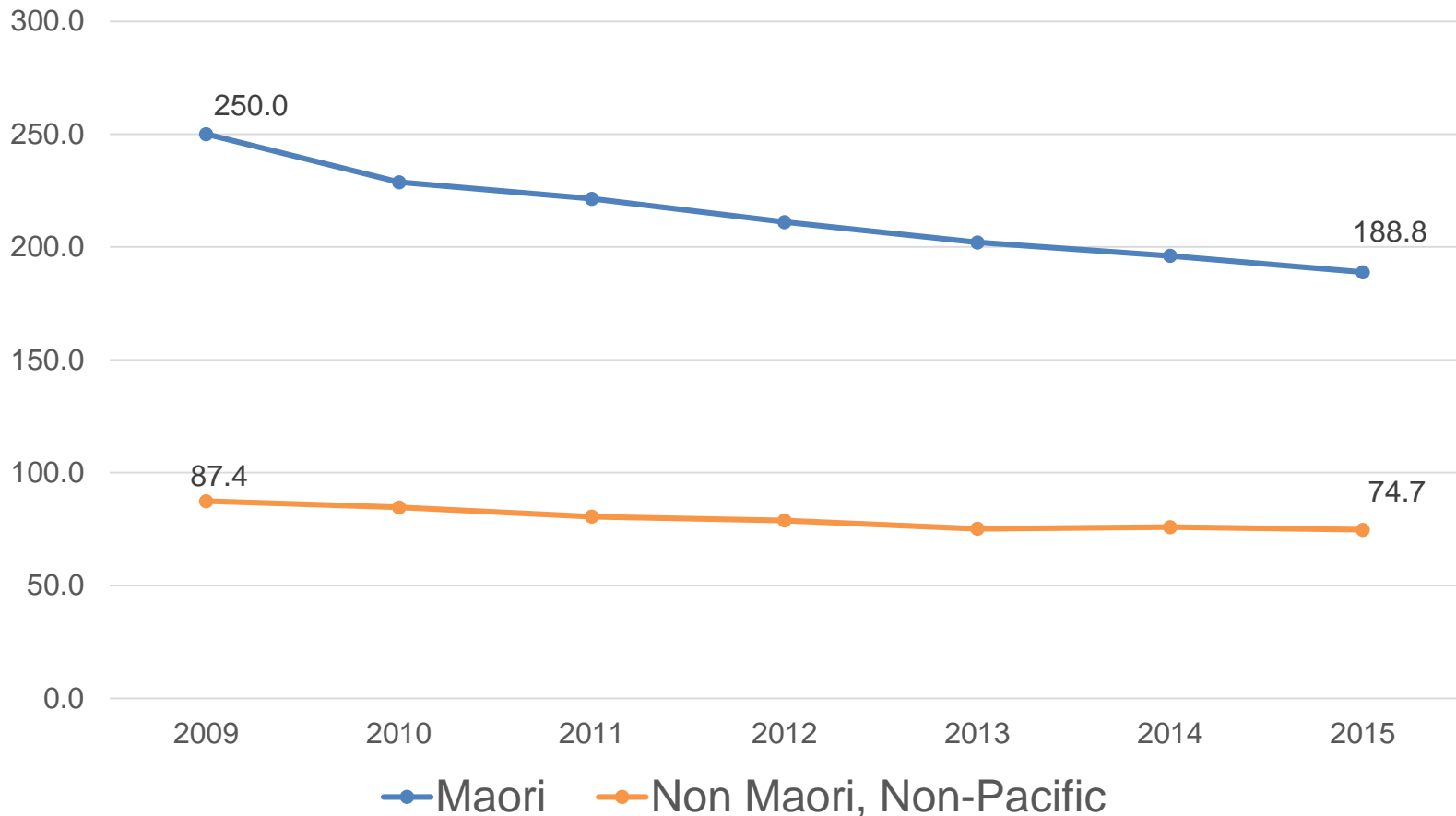


# 1. What is happening?

## Life expectancy at birth



# Deaths amenable to health care per 100,000 population aged 0–74 years

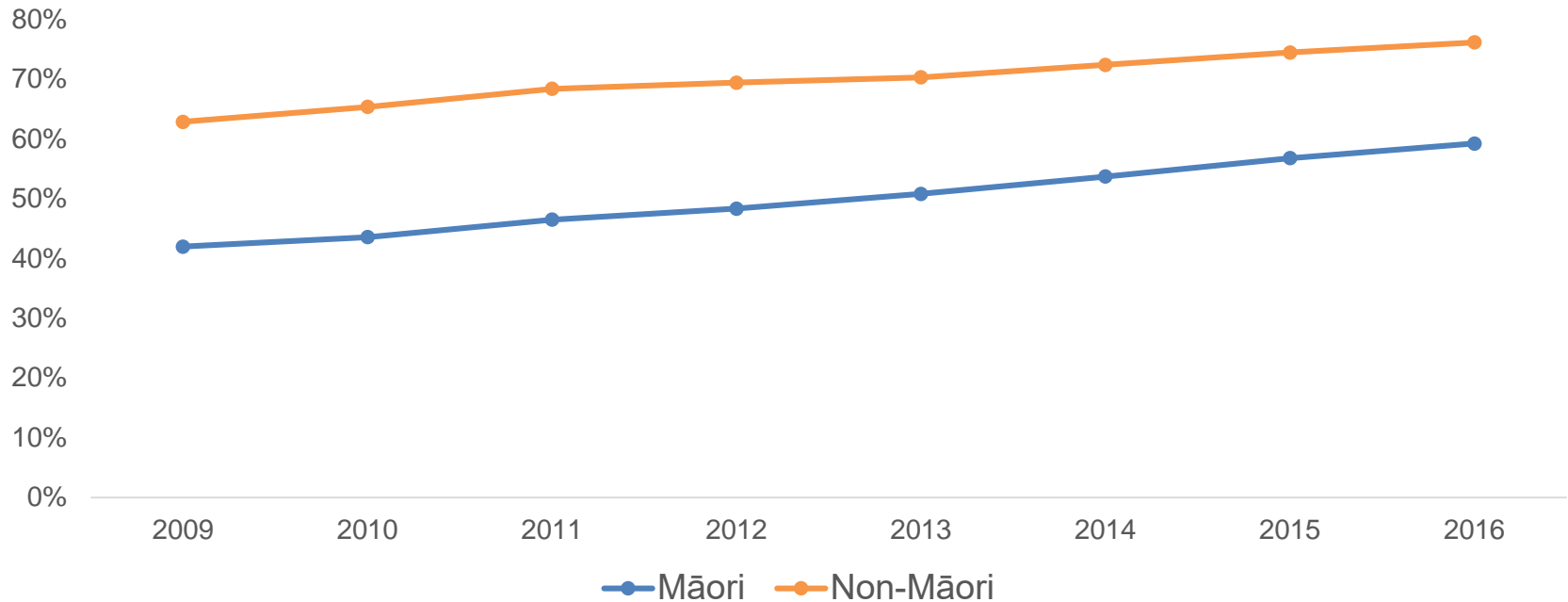


# Understanding this inequity

- ‘Life course’ approach over three domains: **access**, **quality**, and **improvement**
- Indicators (including those from Atlas of Healthcare Variation) chosen for feasibility, robust, recent, a range of conditions or disease areas, rather than whether they showed inequity or not
- Pre-natal, childhood (0 – 14), youth (15 – 24), adult (24 – 64) and older age (65 and over)

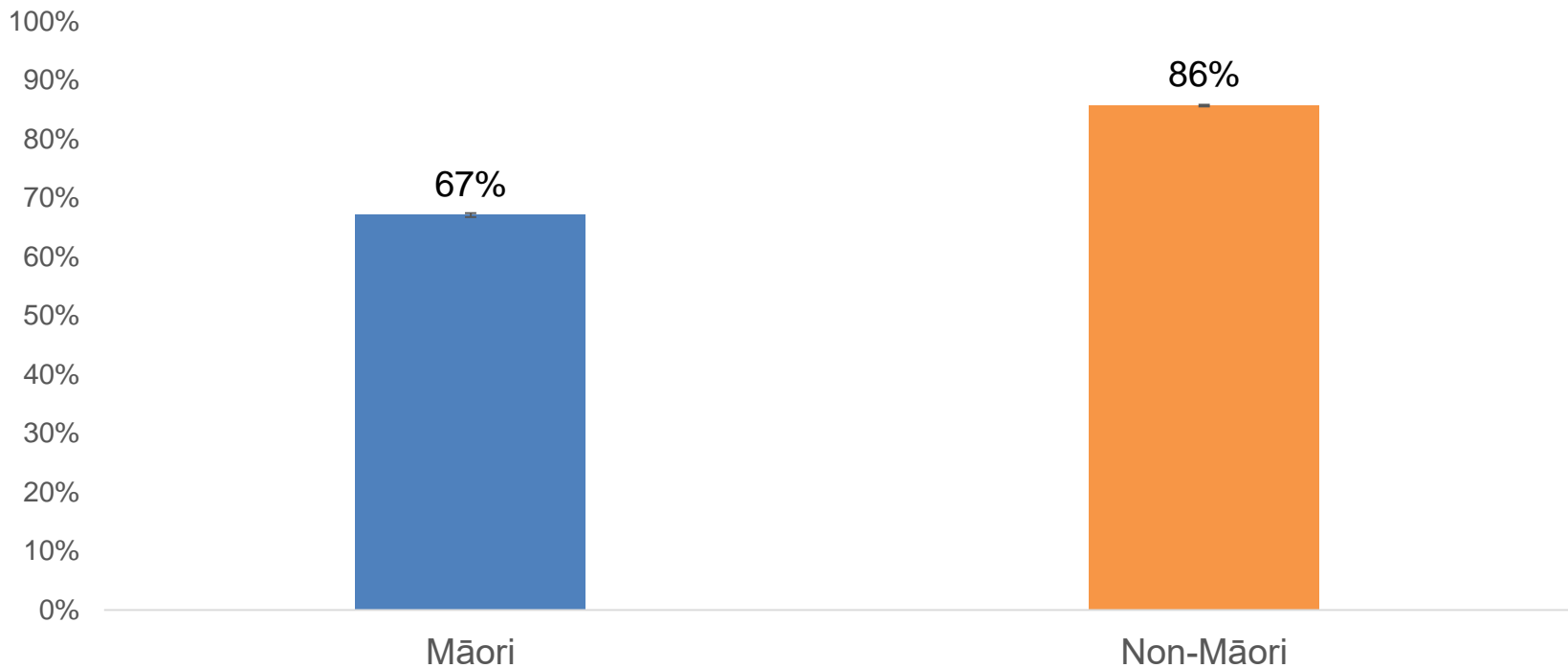
# Worse access starts before birth

Registration with a lead maternity clearer in the first trimester of pregnancy



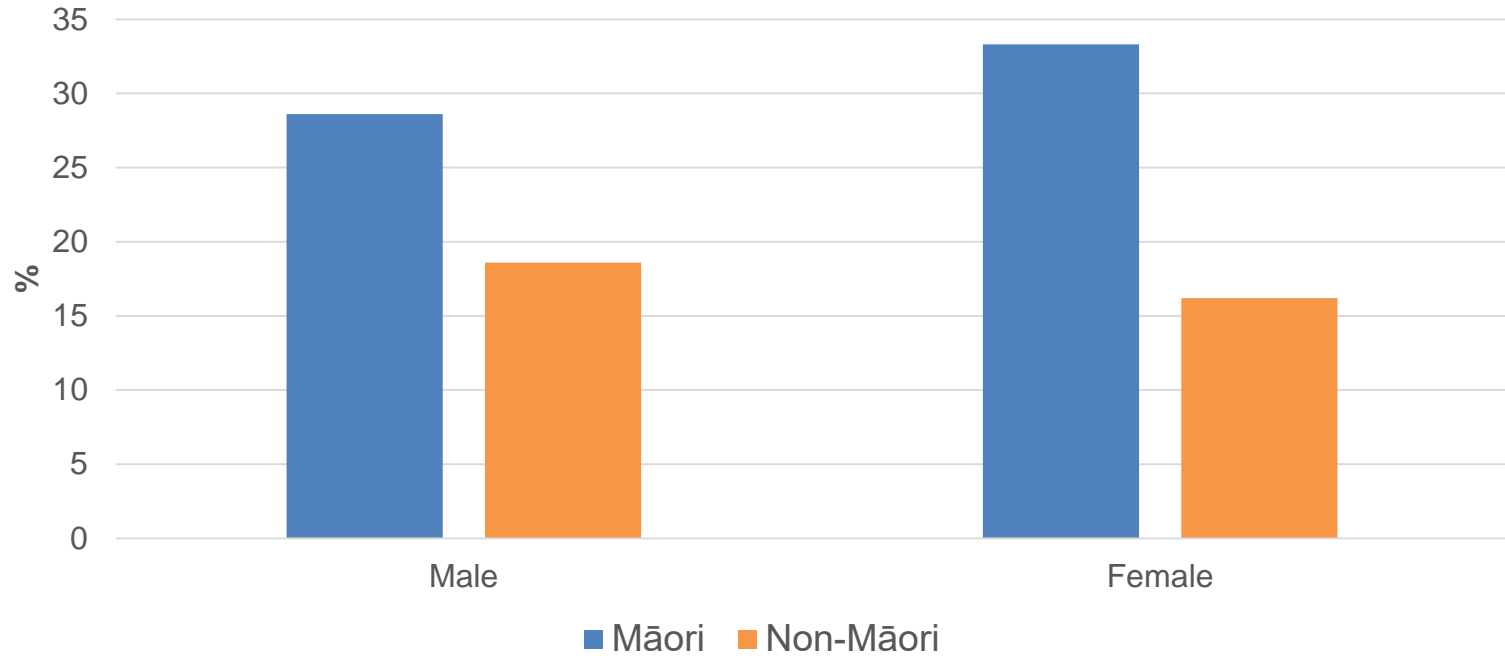
# Continues through childhood

Proportion of under fives enrolled with oral health services



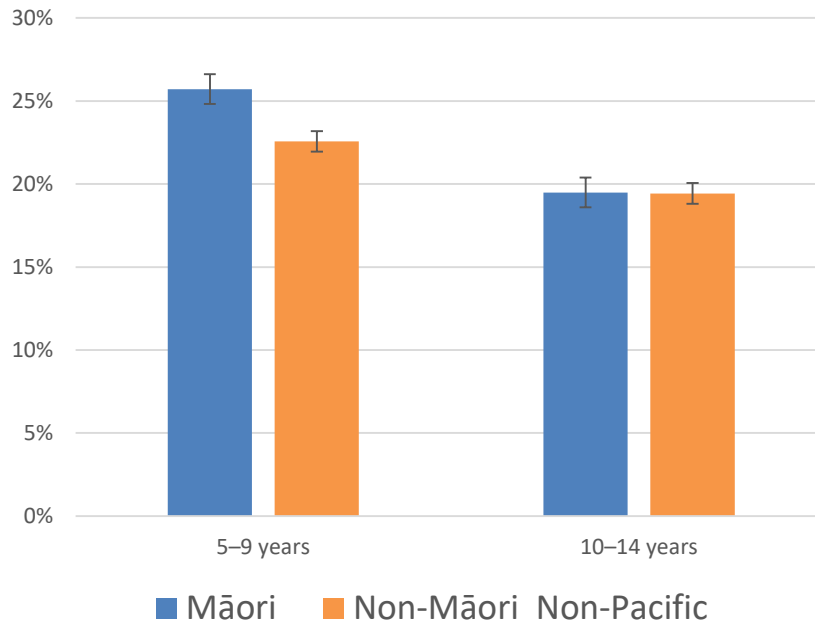
# And through the rest of life

Unmet need for special equipment among disabled people aged 65 and over

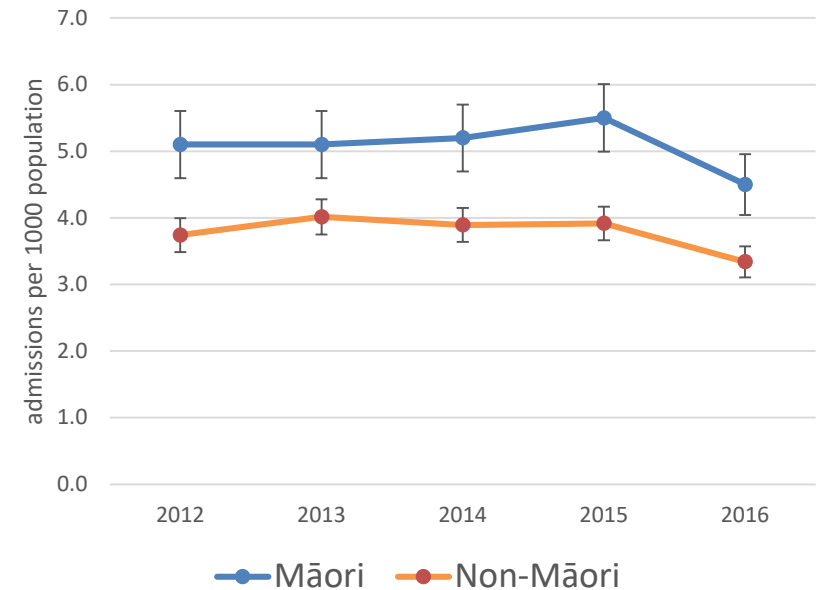


# Quality - asthma

**Younger Māori children more likely to receive regular reliever medication with no preventer medication compared to non-Māori, non-Pacific children...**



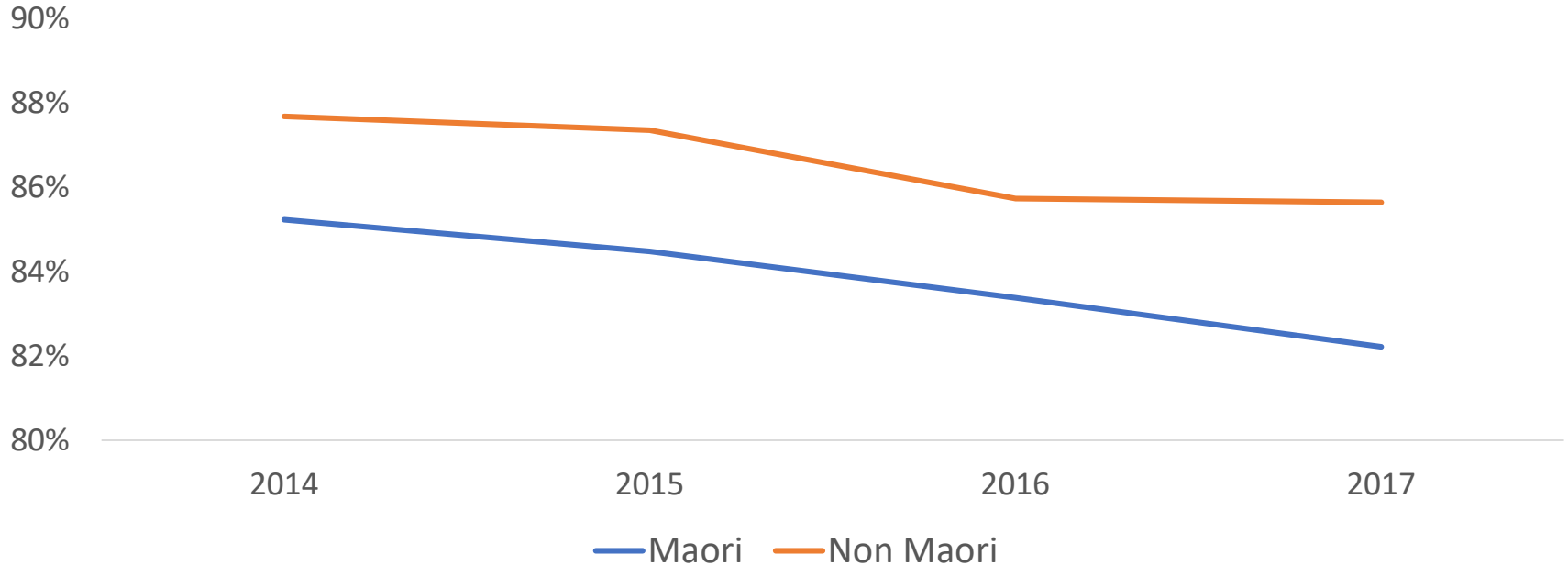
**... but Māori children have ~ 30% higher rates of hospital admissions for asthma**



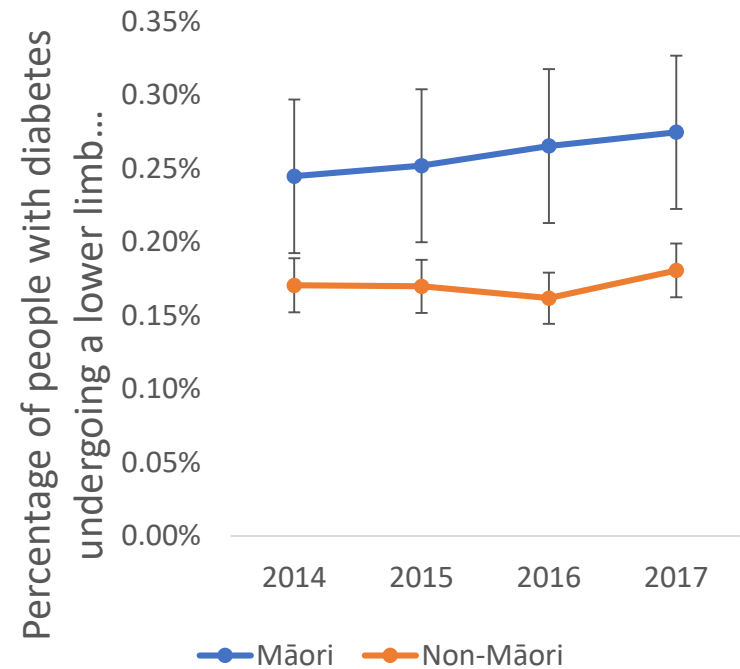
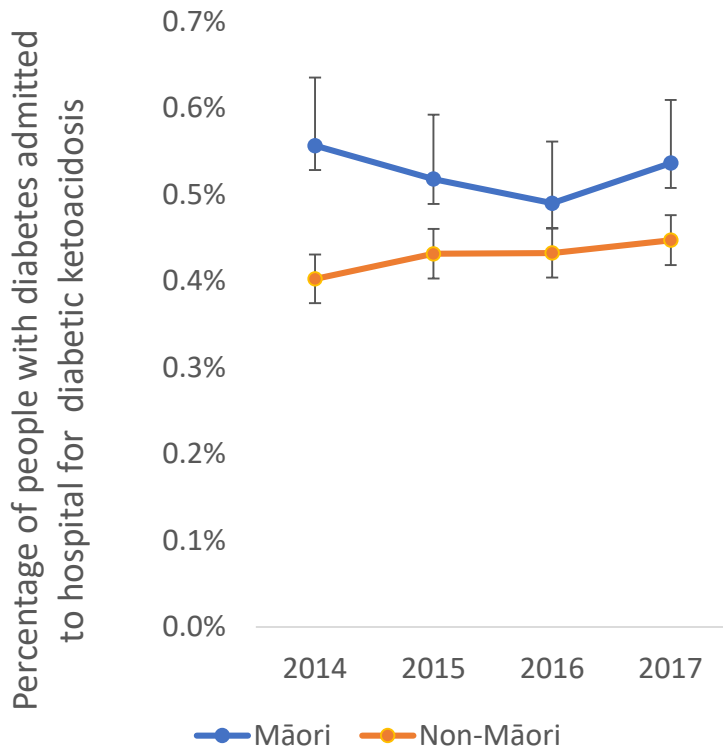


# Quality - adult

## People with diabetes who have regular HbA1c monitoring

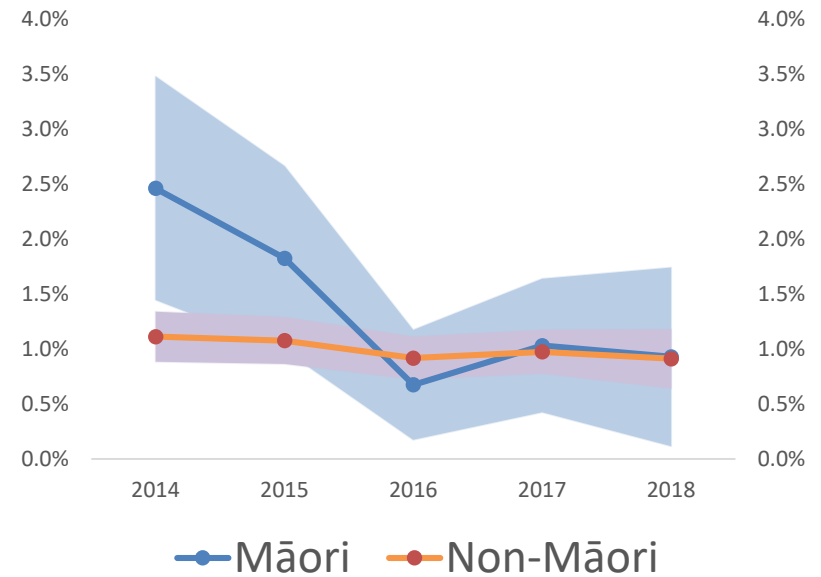
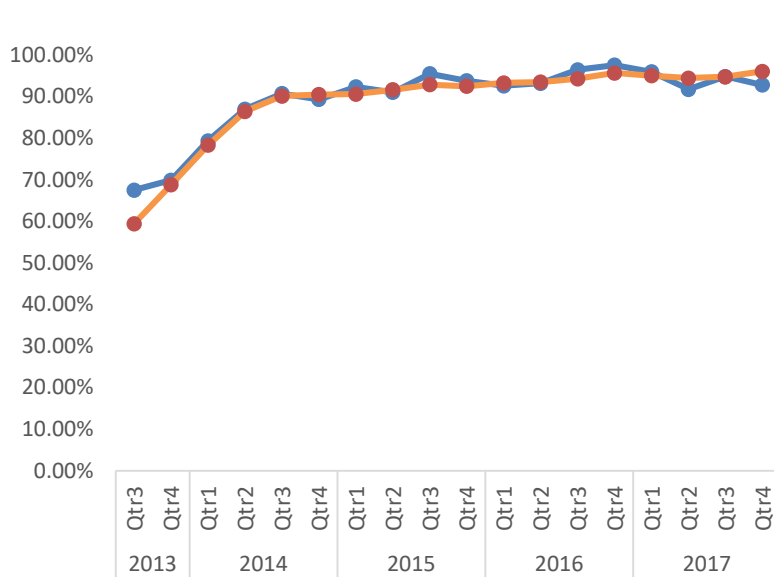


# Percent admitted with DKA and percent with lower limb amputation



# Improvement sometimes helps...

## National arthroplasty surgical site infection (SSI) programme

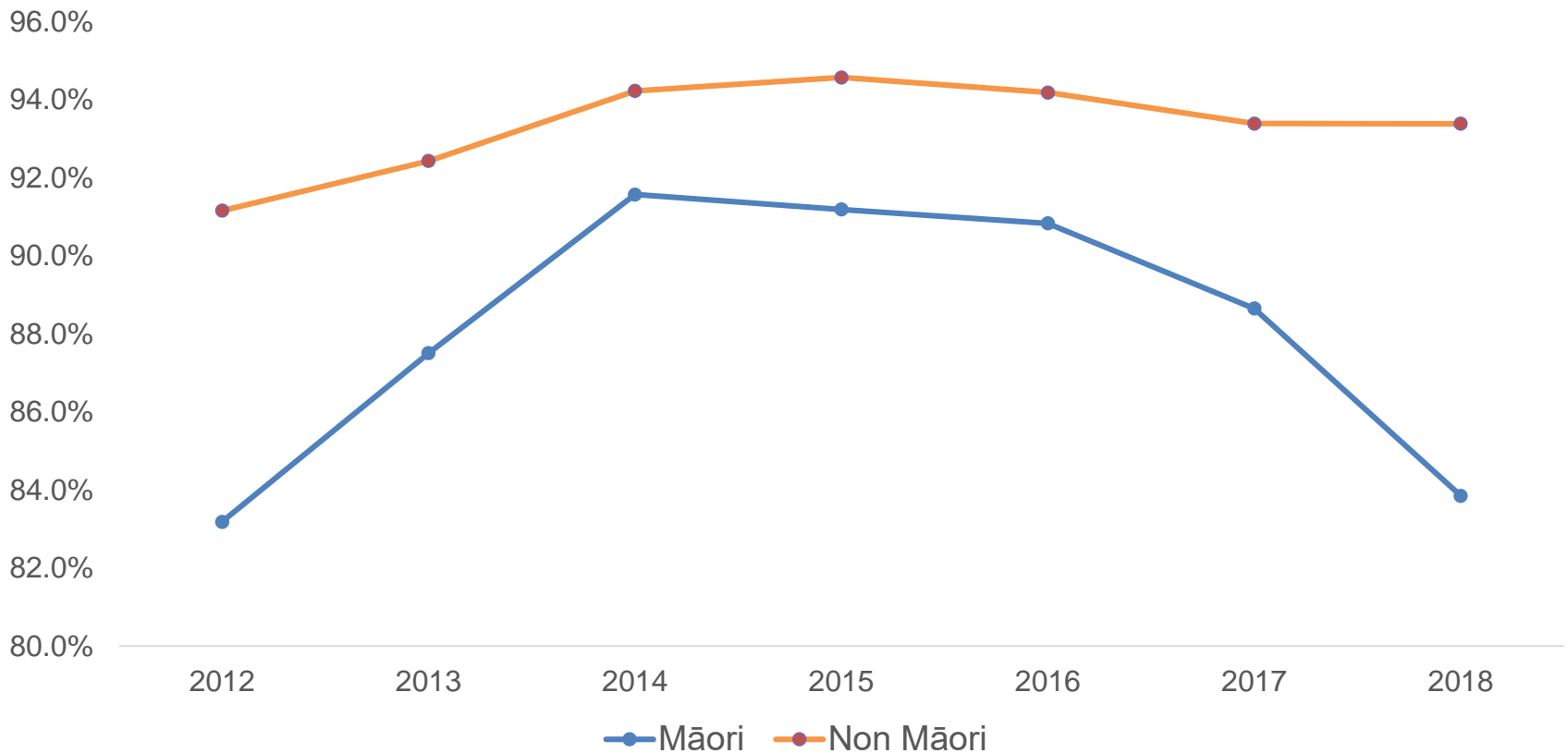


Adherence to best practice for SSIs...

... reduces SSIs for everyone

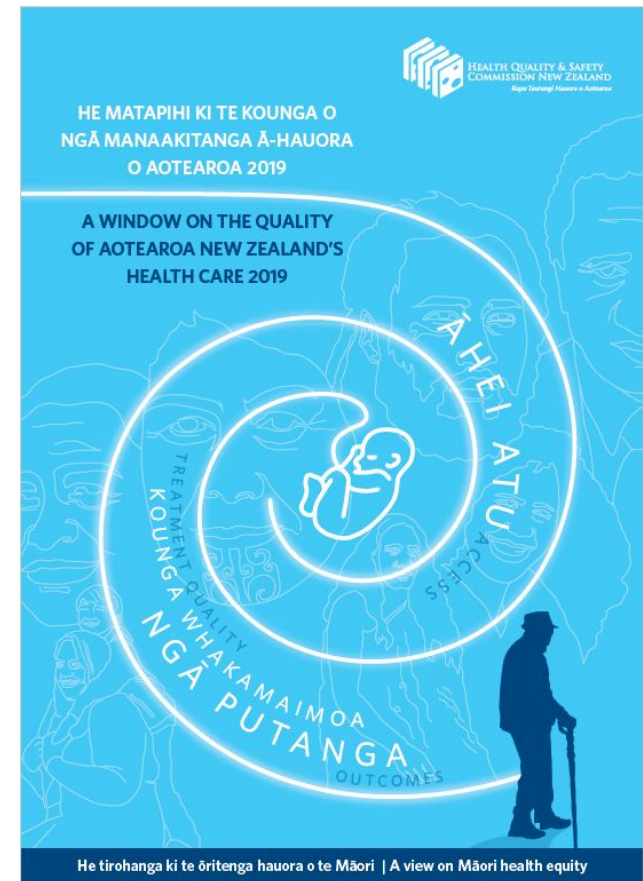
# ... but not always

Eight-month-olds who have complete age appropriate immunisations (percent)



## 2. Why are there health inequities between Māori and Non-Māori?

- Access: Services are less accessible for Māori
- Quality: Services are not providing the same benefits for Māori
  - Improvement: health care improvements do not always improve equity for Māori
- Differential access to determinants of health and exposure to risk



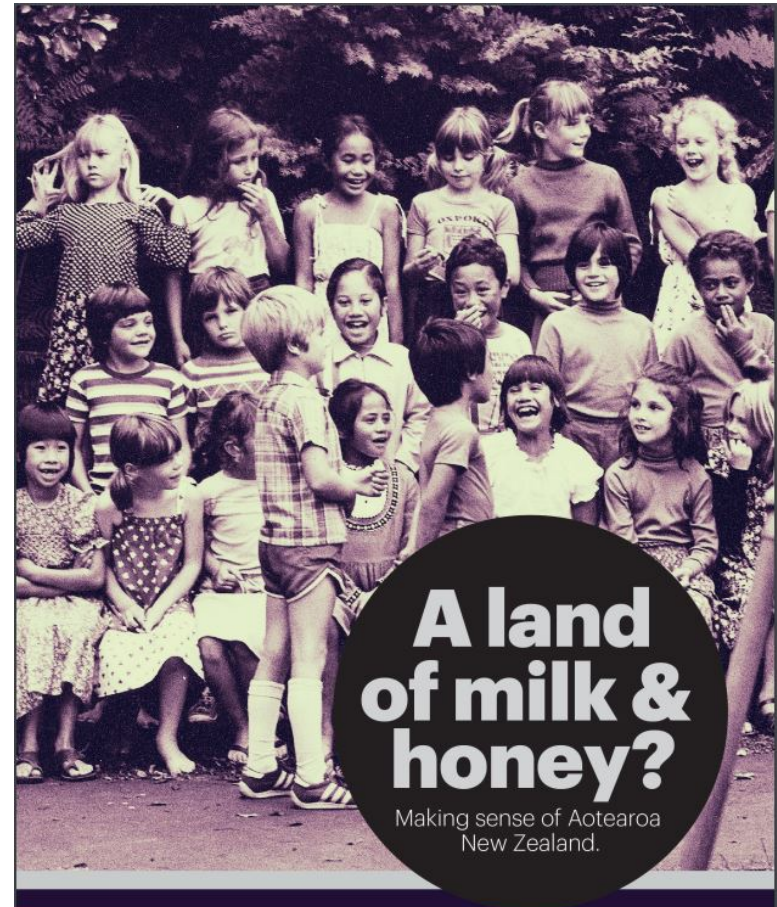
## 2. Why are there health inequities between Māori and non-Māori?

Williams and Mohammed model of health inequity shows how socioeconomic determinants together with race and racism affect health:

- Basic causes
- Social status
- Differential access to resources and opportunities,
- Differential exposure to discrimination and overt racism,
- Different responses
- Different health outcomes

## 2. Why are there health inequities between Māori and Non-Māori?

Window view is the causes are structural and historical, perpetuated today through our institutions, to the advantage of some.



### 3. How do we resolve inequities between Māori and non-Māori and support Māori health advancement?

- Inequity is a complex system-wide problem.
- Sustained systemic and multi-level approaches are required.
- The health system needs Māori worldviews alongside Western and clinical worldviews to advance Māori health.
- **Te Tiriti o Waitangi can provide a framework for how we operate, but also be used as an improvement tool.**



# Tools for equity and Māori health advancement

- Māori health providers
- High-quality ethnicity data, eg Te Kupenga
- Cultural safety education
- Māori workforce development
- Equity of Healthcare for Māori framework
- Health Equity Assessment Tool (HEAT)

# Box: Using the HEAT tool in Taranaki

## Breastfeeding Welcome Here

- Breast-feeding rates lower in Māori mothers
- The current programme not likely to address inequity
- HEAT identified actions to improve breast-feeding rates in Māori mothers
  - Eg. Increasing the number of kaimahi Māori lactation consultants, providing more support for Māori mothers, addressing transport issues



# Professor Sir Mason Durie: foreword

*It is not a matter of favouritism, political correctness or deference to Maori; rather it is a matter of health and wellbeing and the eradication of inequities. Moreover, Maori understandings of health and wellbeing need to be given due attention.*

*The report is clear. Action is needed on multiple fronts.*