

Clinical Champions accelerating Māori Health Gain

Dr Matire Harwood

He Huliau - A Turning Point: International Indigenous Health Symposium

October 13-14 2016

Hawai'i

Overview

- The issue/s
- What we did differently
- The impact
- Learnings

Issue - We have a problem

- Counties Manukau DHB serves a unique population of 245,350 people
- Majority are Māori, Pacifica and people living in areas of deprivation
- In 2012, 62,000 of people living in CM were smoking tobacco
- One third were Māori; one third Pacifica



Issues – We have an intervention

90% of all people in primary care:

- ASKed if they smoke
- Offered B and C

(by their doctor)

ABC reminds you what to do

- **A** - **ask** whether a person smokes
- **B** - give **brief advice** to quit to all people who smoke and
- **C** – make an offer of and refer to **cessation treatment**



Issues – We stink!

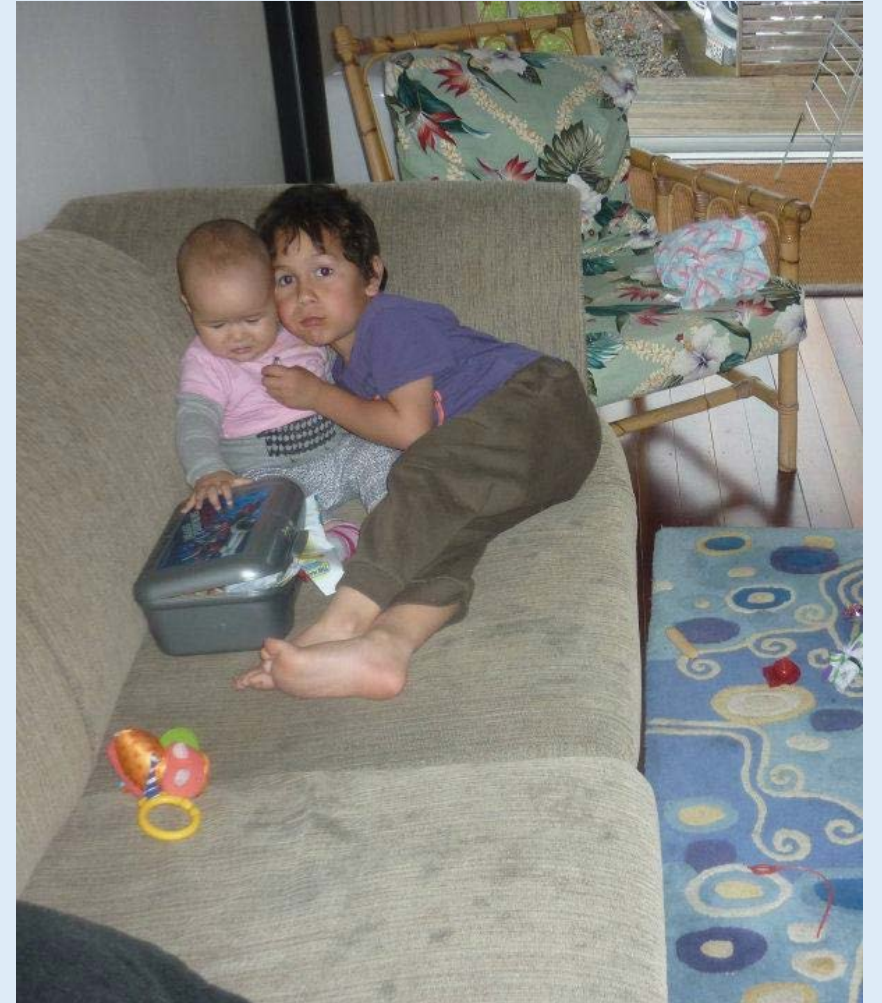
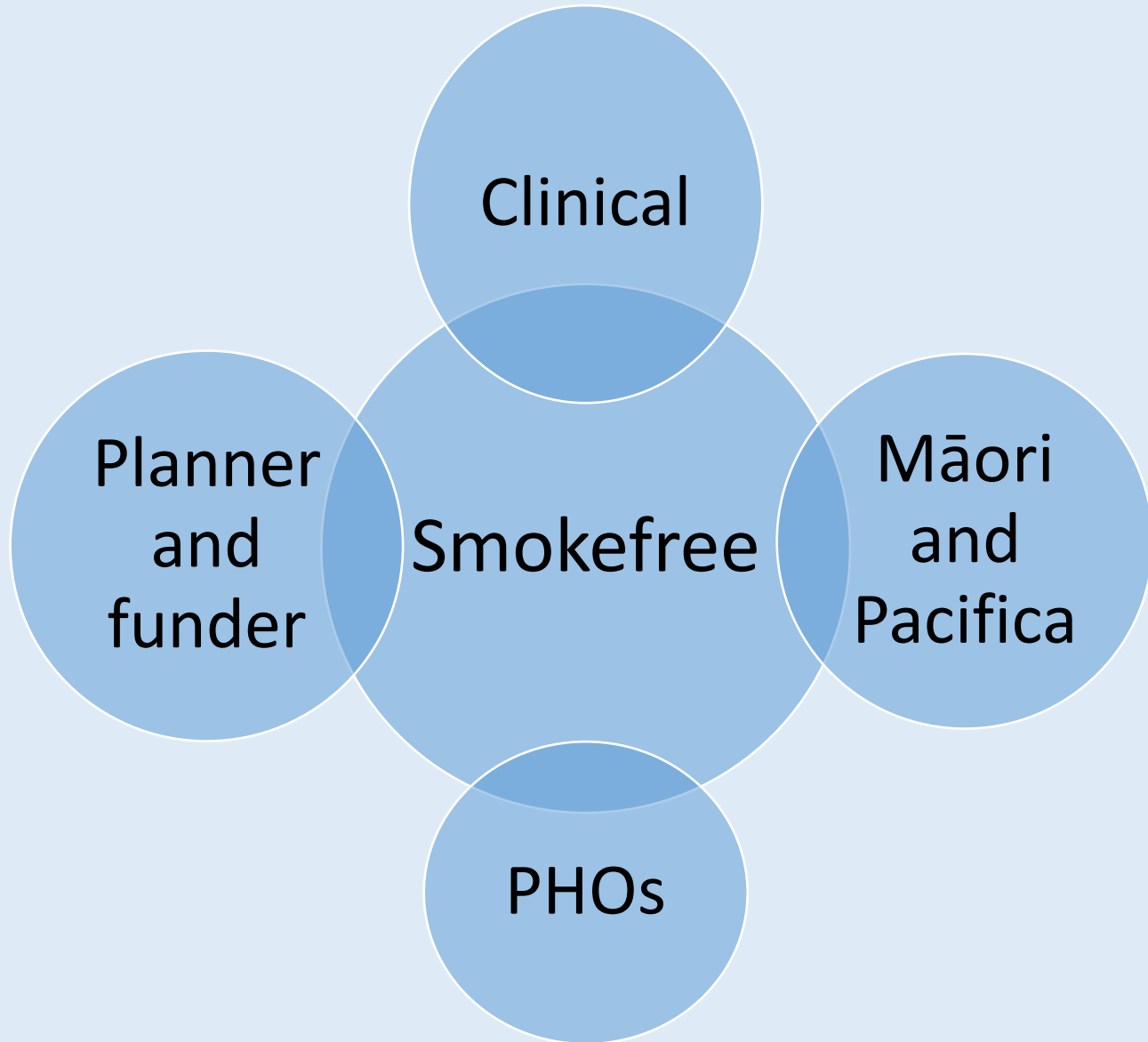
- For Smoking B+C in primary care, CMDHB ranked 20th of 20 DHBs
- CMDHB Board and Leadership endorsed a ‘Smokefree Strategy’
- Clinical Champions appointed

DHB Level	Rate	Rank
Auckland	31.9%	17
Bay of Plenty	41.8%	6
Canterbury	24.8%	19
Capital and Coast	53.7%	2
Counties Manukau	19.6%	20
Hawkes Bay	47.3%	3
Hutt Valley	32.0%	16
Lakes	40.7%	7
MidCentral	33.4%	13
Nelson Marlborough	42.4%	5
Northland	30.1%	18
South Canterbury	35.4%	12
Southern	32.3%	15
Tairāwhiti	37.6%	9
Taranaki	45.2%	4
Waikato	37.1%	10
Wairarapa	55.8%	1
Waitemata	33.4%	14
West Coast	38.8%	8
Whanganui	36.9%	11
National	34.4%	

What we did

1. Collective responsibility
2. Call Centre
3. Quality Improvement Hui

Tātou Tātou - IT'S GOOD TO SHARE!



Call centre

- Māori and Pacifica smoking cessation experts in practices
- 1 day 'training' practice staff
- 1-2 days 'cold calling' and data
- Follow up each month

Call Centre in a 'high needs' practice

516

- 'Smokers', no B or C
- 777 numbers

22%

- Invalid
- Disconnected, moved, couldn't contact

78%

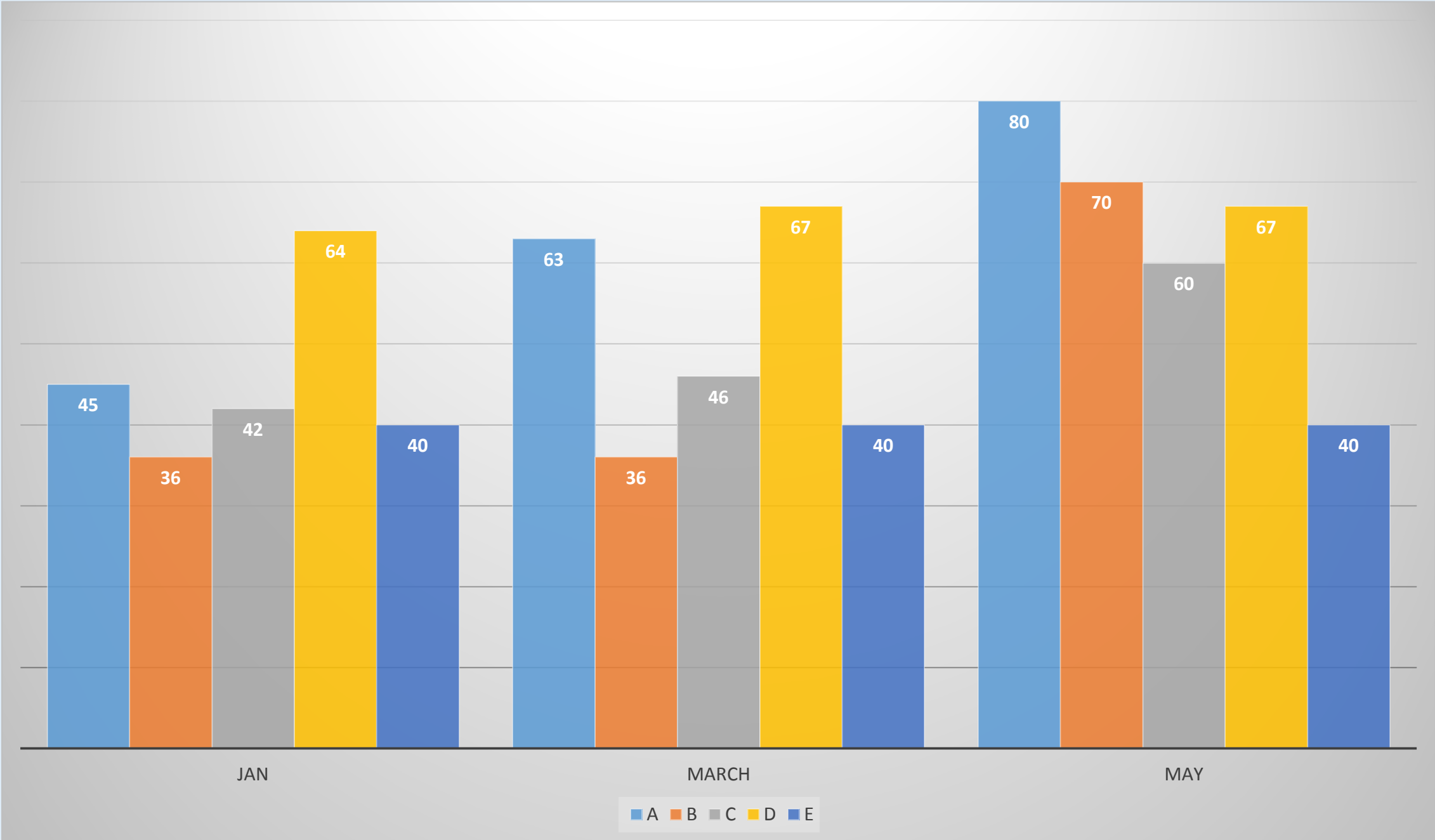
- 26% in first week
- Remainder over next six weeks
- All trying to quit; only 1 did not like the 'cold call'



Quality Improvement Hui

- PHO and practice level data – ***friendly competition***
- Quality Improvement Plans – ***focus on the ‘I’***
- Membership in National Health Target 6 weekly forums - ***collaboration***

The impact....

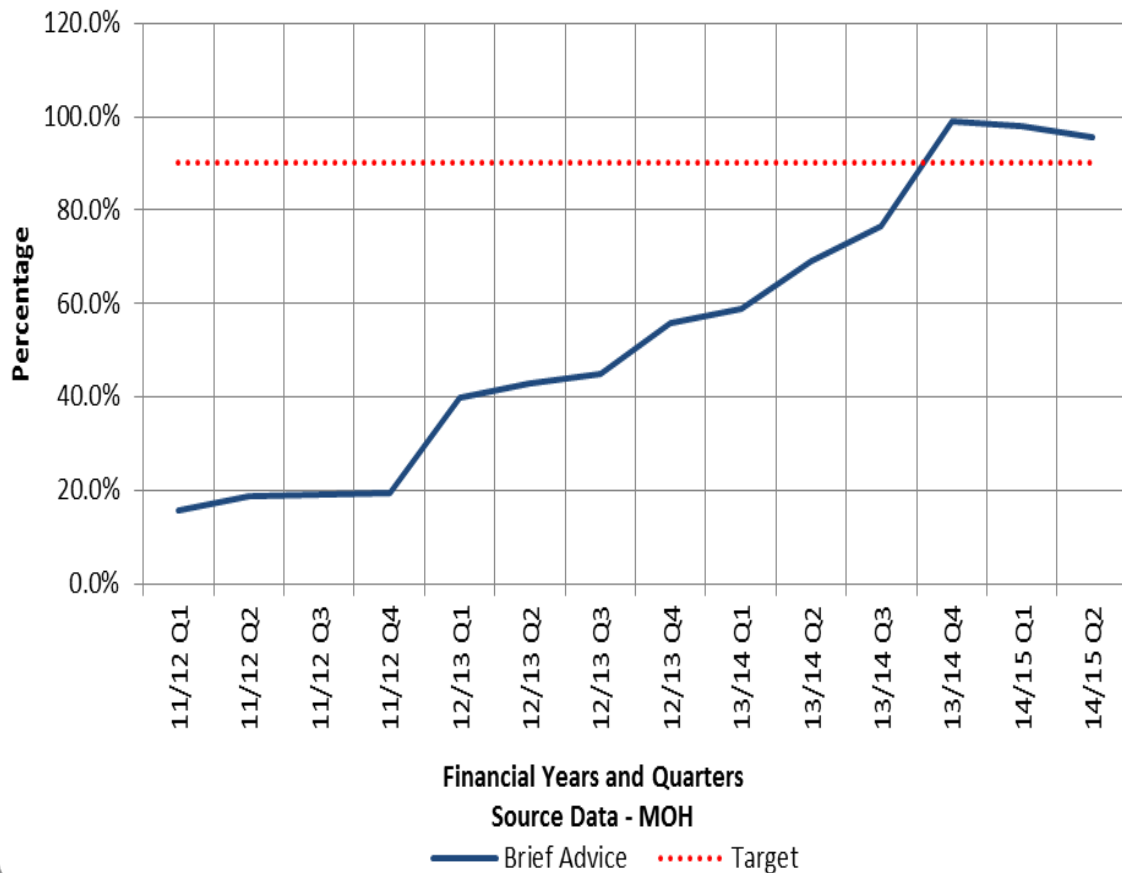


The impact

Regionally

Nationally

Brief Advice



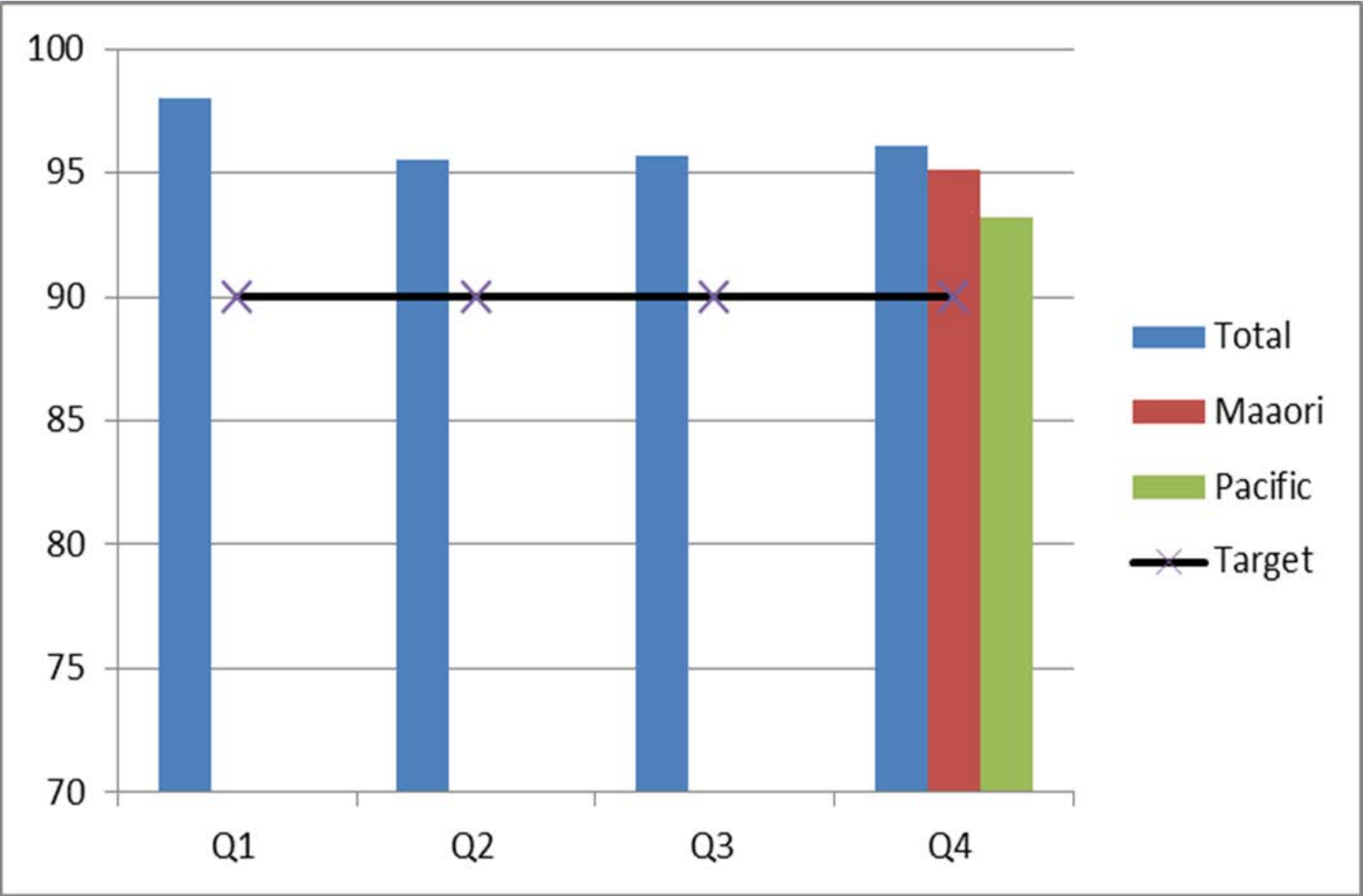
Smoking Q3 2011 / 2012 to June 30 2014



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National	34.4%	

DHB Level	Rate	Rank
Auckland	99.7%	2
Bay of Plenty	87.5%	7
Canterbury	74.6%	15
Capital and Coast	72.1%	17
Counties Manukau	98.9%	3
Hawkes Bay	77.0%	13
Hutt Valley	70.8%	19
Lakes	77.9%	12
MidCentral	81.3%	11
Nelson Marlborough	74.5%	16
Northland	96.6%	8
South Canterbury	97.3%	5
Southern	71.2%	18
Tairāwhiti	84.1%	9
Taranaki	84.3%	8
Waikato	83.5%	10
Wairarapa	97.8%	4
Waitemata	101.5%	1
West Coast	61.9%	20
Whanganui	75.7%	14
National	85.8%	

The impact - sustained and equitable



The impact - Māori health gain

- Monitor by ethnicity
- Equity a component in quality improvement activity
- If we get it right for Māori
- Smoking rates.....

Learnings

- Indigenous rights
- Versus needs
- Clinical services and clinicians must be held to account for their action....and inaction

“Education (*and healthcare and research and...*) can be a means of resistance for Māori and other Indigenous Peoples that gives us some of the skills needed to critique the myth-education of colonisation. It can and should also be an inspiration, equipping people with the confidence and faith to restore the idea of politically independent and culturally vibrant indigenous Nations.”

Moana Jackson

Aumangea: Clinical champions for indigenous peoples

Ko te manu he kupu whakarite mō te mātātahi o te ao Māori e tono whakamāherehere ana i te aumangea, arā, i te hunga mātau, i te hunga mārama, kia mōhio ai me huri pēhea, me rere ki hea, me tau anō hoki ki hea (HM 1/1998:2).



“Getting your sexy eagle on”

Ngā mihi

CMDHB

Dr Yaw Moh

He Huliau

#Pridoc2016