

Te Piki Oranga

*Me whakahaumanu te Mana o te whānau a, ka haere whakamua
Revitalise whānau for their future*



South Pacific Nurses Forum 2018

Te Puna Hauora

Te Manu Aute



Whakapapa

- Operating for 4 years since 2014
- Our target is Māori/ Pacific and Vulnerable populations through our values and service delivery model
- 80% of staff are Māori and Pacific.
- 1% of the budget is to service Māori which is 11% of the population. But we also service pacific and the vulnerable
- Tiriti O Waitangi, Māori retained authority over lands and taonga, protection and full citizenship
- Health inequity is a breach of Te Tiriti O Waitangi. Also morally unacceptable.
- Kaupapa Māori service. Research shows that where indigenous people have control over approaches and implementation of services they experience better outcomes.
- Te reo me ona tikanga is healing. Being more connected with your culture is a resilience factor.

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Service Delivery model

Ngā Pūkenga / Our Services

Adult Mental Health - Non Clinical
Alcohol and Other Drugs
Child and Adolescent Mental Health (CAMHS)
Cervical Screening Invitation and Recall
Lactation Consultation
Koroua me Kuia
Mental Health and Addiction
Outreach Immunisation (Wairau)
Te Matapihi
Te Hā Aukati Kaipaipa (*Stop Smoking*)
Te Pae Oranga
Te Puna Hauora
Well Child Tamariki Ora



Ngā Kaimahi / Our Staff

Pūkenga Atawhai / Community Nurse
Pūkenga Manaaki / Whānau Navigator
Kaimahi-a-Iwi / Social Worker
Te Hononga / Counsellors and Clinicians

Ngā Tangata / Population

(Māori/Pasifika/Vulnerable population)
Tamariki
Rangatahi
Pakeke
Koroua me Kuia
Wāhine
Whānau

What's Different?

- Cultural Infusion
- Whānau at the centre
- Māori models of health such as Te Puna.
- 360 assessment from multidisciplinary team.
- Respond to need, refer when necessary, walk alongside.
- Understand the challenges facing whānau e.g poverty, discrimination



Services

- Te Puna Hauora: Long term conditions such as diabetes, heart disease, asthma, COPD and cancer (screening and treatment)
- Mental Health: Child and adolescent treatment and support. Adult mental health support with daily living.
- Tamariki Ora.
- Alcohol and other substances counselling/
Hononga
- Immunisation outreach Wairau.
- Cervical screening and recall.
- Oral health Recall
- Kaumatua me Kuia Day activities programme.



Services continued...

- Tikanga wananga funded by Community Corrections. 2/year
- Te Pae Oranga funded by NZ Police.
- Stoke Youth Project Funded by Nelson City Council.



Challenges and opportunities

- Aging non-Māori population
- Service design around medical professionals
- Deprivation
- Too few Māori in service delivery
- Poor performance in service delivery to Māori
- Lack of ethnicity and performance data collected by mainstream services.



- Youthful population, IT
- Innovative contracting and service delivery – evidence based
- Working across sectors, free access to care
- Māori workforce development
- Develop targeted solutions with partners
- Support cultural development for all health workers

How do we know it works?

- Referrals
- Working to capacity
- DHB review at 2 years
- Whānau Ora research by Dr Melissa Cragg to refine the model
- Whānau tell us – case studies
- Improvement in overall Māori health outcomes in some areas.



Rationale for a Primary Care Foot Ulcer Clinic

Diabetic foot ulcer are the leading cause of all amputations

- MDT foot clinics significantly reduce foot amputation rates *Edmonds et al, (1986). Improved survival of diabetic foot: the role of a foot clinic*
- 0.6% of the total health cost is due to foot disease

The effect of foot ulcer care on the amputation rate

- Coordinated multidisciplinary diabetic foot ulcer care is needed to provide smart, stream line care
- An emphasis on patient increasing self care

Population Characteristics

- **Age** 31-98 years, mean 71.6 years
- **Gender** Male 69%
Female 31%
- **Ethnicity** NZ-European 96%
Māori / Pacific 4%

Note: Māori are 10 years and Pacific People 18 years younger compared to Non Māori

Amputation Classification

- Amputation are grouped into **major** (above ankle) or **minor** (below ankle) with, toes counted individually
- 5 Year survival rate following an amputation
- 2007- 2009 the 5 year survival rate was 31.4%
- 2010 – 2012 the 5 year survival rate was 33.3%
likely to increased vascular care

Podiatry clinic

DHB Podiatrist Partnership

Transport offered

Whānau assessed by TPO RN

Clinic occurs quarterly

Health plan created, followed, updated

Other whānau health need

Shared kai

Way forward

Focus on early identification of people at risk

Advise patient at risk on care that can prevent an ulcer

Optimise risk factors early at point of identified at risk

Prevent pressure heal ulcers acquired in hospital

Offer ongoing follow up once ulcer has healed – remission



- <https://vimeo.com/cadreproductions/review/288995908/cf9a9283be>