EXECUTIVE SUMMARY CULTURALLY AND LINGUISTICALLY DIVERSE POPULATIONS

This is the fifth year that the combined Canterbury PHO primary health care reports have been published and the second that has attempted to include a wider population that encompasses Culturally and Linguistically Diverse populations (CALD). It continues to be difficult to source data for this broad population grouping and if available are reported as Asian and MELAA1. Work continues on improving data reporting capability in this area.

The broad question being asked in this report is how accessible are primary health care services and how well are they addressing and improving health outcomes for CALD populations?

Asian enrolments in Canterbury PHOs are on the rise and are now at 35,027 as at 1 July 2015.

Recording of smoking status and offering brief advice and cessation support has continued to increase, and 95.4% of Asian smokers have been offered brief advice and support.

Cervical screening coverage for Asian remains low at 58.8%.

Asian children now have a very high level of coverage rates for childhood immunisations at 8 months and 24 months. The coverage rate for Asian children at 8 months was 98% and was also 98% for 24 month olds.

HPV coverage is the highest of any group; however remains low at 44%. New school based programmes have been put in place to address this.

Asian children’s B4 School Checks’ coverage has increased to a high level going from 79.8% in 2013/14 to 93.6% in 2014/15. MELAA children have the highest coverage rate of any group at 96.9%.

Cardiovascular disease risk assessments have increased to 72.9% for Asian peoples. However, this is well below the target of 90%.

Asian people accounted for 1.7% of primary mental health clients during 2014/15, or 103 patients. This is a decrease of 59 patients since 2013/14.

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1 Middle Eastern, Latin American and African

Canterbury PHO’s Primary Health Care Report 2014/15
Welcome to the fifth edition of the Māori Primary Health Care Report for the three Canterbury Primary Health Organisations (PHOs) – Christchurch PHO, Rural Canterbury PHO and Pegasus Health.

The broad question being asked in this report is **how accessible are primary health care services and how well are they addressing and improving health outcomes for Māori?**

The Canterbury PHOs along with all Canterbury health service providers aspire to achieving equitable health outcomes for Māori and support whānau to flourish and achieve their maximum health and well-being. Reflecting this in the Canterbury Māori Health Framework and articulated in the adage **“Kia whakakotahi te hoe o te waka – we paddle as one”** is an overarching approach that guides the PHOs in working with all service providers to reduce inequities, increase access to services and improve health outcomes for Māori in Canterbury.

With equity as a high level goal, the Canterbury health system needs to remain focused on the challenges Māori have in accessing health services and ensure the distribution of resources/opportunities that promote health and well-being meet the needs of our population. Māori access to primary health care is about their entry into health care or enrolment with a primary care provider as well as their journey through health care or access to quality primary health care services.

The Canterbury PHOs continue to support equitable access for Māori in a range of ways. The enrolment process is one development that had some attention during 2014-2015. Implementation of the Ethnicity Data Audit Toolkit provided an opportunity to review and improve the enrolment process within general practice. In addition to this, plans are in place to develop a Canterbury
training package on ethnicity and iwi data collection and recording. Improving this process is important in attaining accurate information about Māori entry or non-entry into primary health care especially when the 2013 census highlighted a large undercount between Māori enrolled in general practice and Māori living in Canterbury at that time.

While there is still some work to do in facilitating Māori access through primary health care, there have been some encouraging trends in the coverage and rates of utilisation of some programmes and services in 2014-15 compared to 2013-14:

- Māori enrolments in Canterbury PHOs continue to rise and are now at 37,424 as at 1 July 2015. This may be due to the increasing total population and/or the increasing proportion of Māori enrolled.
- Recording of smoking status and offering brief advice and cessation support has continued to increase, as has Māori smokers having been offered brief advice and support to quit which is now up to 85%.
- Though Māori women still have good coverage for breast screening, this has dropped now to 74.1% in the 2013-15 period from 79.9% in the 2012-14 period.
- Cervical screening coverage for Māori remains the lowest of all groups at 54.4%.
- Māori now have a high level of coverage for childhood immunisations at 8 months and 24 months. The coverage rate for Māori at 8 months was 96% and 94% for 24 month olds.
- HPV coverage remains low for Māori young women. New school based programmes have been put in place to address this.
- Māori children’s B4 School Checks’ coverage has increased to a high level, going from 85.3% in 2013/14 to 93.1% in 2014/15.
- Cardiovascular disease risk assessments have increased to 65.9% for Māori. However, this is well below the target of 90%.
- Between July 2014 and 30 June 2015, 342 Māori utilised primary mental health services, making up 5.6% of users. Of the Māori primary mental health service clients, 39 clients were youth, making up 6.7% of the youth service. DNA rates are still high for Māori. However, the proportion of DNAs for Māori has decreased from 2013/14, dropping from 10.7% to 9.2%.
- Māori children have a low enrolment in DHB funded oral health services at 33.1% of preschoolers.
Pacific peoples in Canterbury have been long term residents for several decades, with fourth and fifth generation families choosing Canterbury as their home. Pacific peoples in Canterbury have well established academic, economic and sporting contributions and continue to excel in creative arts, sporting and other arenas.

The Canterbury rebuild, academic and employment opportunities make Canterbury a region of choice for many Pacific families.

Pacific peoples in Canterbury are diverse and are strong collaborators. There is much goodwill and support shared amongst the diverse communities in which they live work and play.

This is the fifth year the Pacific Primary Health Care Report for the three Canterbury Primary Health Organisations (Christchurch PHO, Rural Canterbury PHO and Pegasus Health) has been produced.

The broad question being asked in this report is how accessible are primary health care services and how well are they addressing and improving health outcomes for Pacific peoples? This report provides information aimed at informing the future development of primary health care services across the three Canterbury PHOs. It offers a view of key health services that play a central role in improving the health for Pacific peoples in Canterbury.

In terms of health, Pacific peoples across the health system have significant inequalities in a number of health areas and have lower overall health status than other population groups in Canterbury.

Key findings from the 2014/15 report show that while there have been some encouraging trends there are still many areas of concern for the Pacific population.

- Pacifica enrolments in Canterbury have risen and are now at 12,707 as at 1 July 2015.
- Recording of smoking status and offering brief advice and cessation support has continued to increase with now 84.8% of Pacifica smokers having been offered brief advice and support to quit.
- Pacifica women have had steady breast screening rates for the past three screening periods at 65.3% and this is below the target of 70%.
- Cervical screening coverage for Pacifica women has been rising and is now at 71.6%. This is still below the target of 80% of eligible women.
- Pacific children now have a high level of coverage for childhood immunisations at 8 months and 24 months. The coverage rate at 8 months was 92% and 99% for 24 month olds.
- HPV coverage remains low for Pacific young women. New school based programmes have been put in place to address this.
- Pacific children’s B4 School Checks’ coverage has increased to a high level, going from 78.9% in 2013/14 to 98.9% in 2014/15.
- Cardiovascular disease risk assessments are now 66.3% and this falls well below the 90% target.
- Fifty two Pacific peoples sought help from primary mental health services during 2014/15, of which five were youth. There has been no change in the proportion of Pacific primary mental health clients in the last three years, sitting at 0.9% since 2012/13.
• Pacific children have comparatively low enrolment in DHB funded oral health services at 54.3% of preschoolers.

Primary health care has a unique position and opportunity to identify solutions and strategies to improve health outcomes for Pacific peoples across the health system. Developing a responsive primary health care system that actively works towards reducing health inequalities is central to improving the health of Pacific peoples. Going forward, Pacific peoples have a genuine desire to be part of local primary health care solutions that improve their health, keep them well, are easy to get to and co-ordinate their ongoing care. In order to achieve this, new approaches are required for primary health care with a greater emphasis on population health, the role of the community, health promotion and preventive care.