

IMPLEMENTING PHARMAC'S MĀORI RESPONSIVENESS STRATEGY

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Chapter 1: Introduction

1.1 PHARMAC's role in the health sector

PHARMAC (Pharmaceutical Management Agency) was initially set up in 1993 with the specific purpose of improving the management of Government expenditure on pharmaceuticals. In 2000 PHARMAC became a stand-alone entity under the New Zealand Public Health and Disability Act 2000 (NZPHD Act), with its primary function to manage the national pharmaceutical schedule on behalf of all District Health Boards. The Schedule is a list of over 3,000 subsidised prescription medicines and related products that are available in New Zealand. The Pharmaceutical Schedule identifies the Government subsidy for each drug as well as the guidelines or conditions under which it may be funded if applicable.

1.2 PHARMAC's Statutory Functions

As outlined in section 48 of the NZPHD Act, the functions of PHARMAC are to perform the following:

- a) to maintain and manage a Pharmaceutical Schedule that applies consistently throughout New Zealand, including determining eligibility and criteria for the provision of subsidies;
- b) to manage incidental matters arising out of (a) including, in exceptional circumstances, providing for subsidies for the supply of pharmaceuticals not on the Pharmaceutical Schedule;
- c) to engage as it sees fit, but within its operational budget, in research to meet the objectives set out in section 47(a) of the NZPHD Act;
- d) to promote the responsible use of pharmaceuticals; and
- e) any other functions it is for the time being given by or under any enactment, or authorised to perform by the Minister by written notice to the Board of PHARMAC after consultation with it.

As a result of an authorisation from the Minister in September 2001, under section 48(e) of the NZPHD Act, PHARMAC is authorised to manage the purchasing of any or all pharmaceuticals, whether used either in a hospital or outside it, on behalf of District Health Boards (DHBs).

1.3 PHARMAC's Strategic Priorities

PHARMAC's key objective is to secure for eligible people in need of pharmaceuticals the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided. In 2001/02 PHARMAC develop six strategic priorities to guide its business activities over the next three years. The first two priorities reflect PHARMAC's core statutory functions. Priorities 3,4,5 and 6 identify areas to enable PHARMAC to meet its core statutory functions. Minor changes in the 2001 strategic priorities have occurred due to a review of the strategic priorities in 2004 to better reflect the development of PHARMAC's core activity and planned future direction.

As a result of the 2004 review, strategic priority 7 was developed to reflect new initiatives which are short term priorities but which are ultimately expected to either form part of PHARMAC's core activities or to fall away with the expectation that this priority will change on an annual basis.

Strategic Priority One: Management of Pharmaceutical Expenditure

- Pharmac will ensure that the Pharmaceutical Schedule is managed in a manner that ensures that treatments are appropriately prioritised and listed, and that maximises health outcomes from within the funding available. PHARMAC will also engage in strategies to promote the cost effective, responsible use and prescribing of pharmaceuticals.

Strategic Priority Two: National Hospital Pharmaceutical Strategy

- Following the successful implementation and review of the National Hospital Pharmaceutical Strategy, PHARMAC will further develop and implement the Strategy to assist DHBs with the management of expenditure on hospital pharmaceuticals.

Strategic Priority Three: Working with DHBs

- PHARMAC will focus on improving information sharing and risk management and on developing and implementing specific initiatives that benefit DHBs.

Strategic Priority Four: Ensuring all New Zealanders have similar access to subsidised pharmaceuticals

- PHARMAC will engage in initiatives to promote the appropriate use of pharmaceuticals by disadvantaged populations, including Māori, to improve health outcomes and health status and ensure utilisation is similar across all groups of New Zealanders.

Strategic Priority Five: Improving relationships with stakeholders

- PHARMAC will develop its relationships with stakeholders through regular meetings and a clear communications strategy aimed at achieving a better understanding of PHARMAC's objectives in the wider public arena. Key relationships include the Minister, all politicians, other government agencies, clinicians, pharmacists, patients and their representative groups, Māori, and the pharmaceutical industry.

Strategic Priority Six: Developing PHARMAC's internal capacity

- PHARMAC will ensure that it has the capability to meet its business objectives through the recruitment of staff with appropriate skills, experience and knowledge, the provision of an attractive working environment and through demonstrating the value it places on staff.

In addition to the six strategic priorities developed in 2001/02, an additional strategic priority was developed in 2003/04 due to additional responsibilities

Strategic Priority Seven: New Initiatives to assist DHBs

- PHARMAC will extend its operational activity to include new initiatives that assist DHBs. From 2005/06, PHARMAC will begin to assume responsibility for the management of the pharmaceutical cancer treatments budget (the "Cancer Basket"). PHARMAC will also assist DHBs on the procurement of radiological contract media, bulk IV fluids and recombinant blood products.

1.4 Organisational Strategies

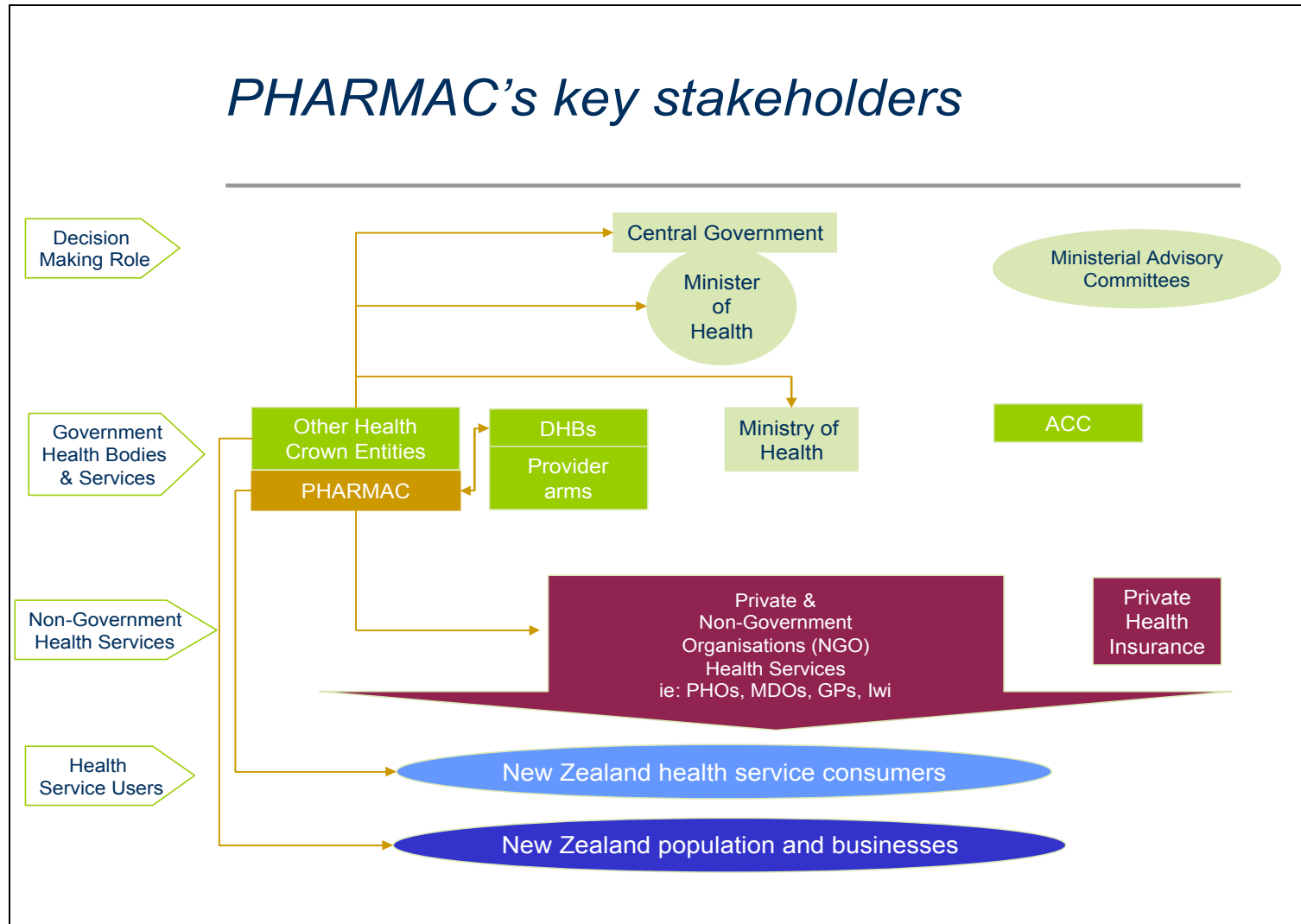
PHARMAC's key objective is to secure for eligible people in need of pharmaceuticals the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.

From this objective two key issues fall out:

- a) providing the best pharmaceutical treatment achievable for people in need and
- b) providing pharmaceutical treatment from within the funding provided.

PHARMAC's approach in addressing these issues was to develop a number of strategies to guide their activities: These strategies include: The National Hospital Pharmaceutical Strategy, The Māori Responsiveness Strategy and Pharmaco-economics Analysis. These documents identify how PHARMAC works towards address these key issues.

Figure 1: Overview of PHARMAC's role in New Zealand's health sector and its relationship with Key Health Bodies



Chapter 2: PHARMAC's Māori Responsiveness Strategy

2.1 Overall Aim

PHARMAC has been concerned for some time that the benefits of subsidised pharmaceuticals may not be reaching Māori at the same rate as other New Zealanders. Evidence shows that life expectancy and overall health status for Māori is less than any other population group in New Zealand

Analysis of prescription information indicates that Māori do not access the same amount and or range of prescribed medications as other populations. What was also found was patterns of access and utilisation of medications was less than other populations.

As a result the Māori Responsiveness Strategy was developed through national consultation hui in 2002. Six strategic goals were established and a number of key activities were identified so that PHARMAC was able to better respond to the health needs, particularly the pharmaceutical health needs of Māori.

The six strategic goals of the PHARMAC Māori Responsiveness Strategy are;

1. Incorporate Māori strategic priorities;
2. Improve human resources;
3. Improve ethnicity data collection and analysis;
4. Improve our performance in negotiating with suppliers and assessing new drug applications;
5. Improve our performance in informing Māori about available subsidised medicines; and
6. Improve Māori representation and participation.

A number of activities under each strategic priority have been outlined in the scorecard with a summary of the initiatives undertaken and areas where development still needs to occur.

2.2 Monitoring Progress – Scorecard of activity for the Māori Responsiveness Strategy

The scorecard shows the six strategic priorities for the Māori Responsiveness Strategy. Under each priority a list of indicators are provided to measure the level and range of activity undertaken. This one page summary outlines how PHARMAC will monitor it's performance against the strategy in addition to a technical report to provide more detail around each indicator.

The scorecard provides a one-page overview of the areas where progress has occurred and areas where progress needs to occur. The scorecard outlines 25 indicators that identify PHARMAC's objectives within the Maori Responsiveness Strategy. Of the 25 indicators fifteen have been achieved, nine are in progress and one has yet to be achieved.

A review of PHARMAC activities in relation to the Maori Responsiveness Strategy along with the recommendations resulting from national consultation meetings in March 2005 a detailed picture of what PHARMAC has been achieved over the past four years emerges as well as identifying areas where we need progress in the future. This will provide us with a evidence-base in which to develop further strategic goals under this strategy to improve PHARMAC's responsiveness to Māori.

The Consultation Report produced in April 2005, summarizes the discussion rising from PHARMAC's consultation hui between February & March this year. The report explains why consultation hui were conducted, summarizes the main themes emerging, identifies local concerns and provides recommendations for improvement. These recommendations will assist PHARMAC to make progress on their Maori Responsiveness Strategy.

Scorecard of Progress on the Māori Responsiveness Strategy

PHARMAC – MAORI RESPONSIVENESS STRATEGY											
Incorporate Maori Strategic Projects		Improve Human Resource		Improve Ethnicity Data Collection and Analysis		Improve Performance for Supplying Medications		Improve Performance for informing Maori on subsidized medicines		Improve Maori representation and participation	
Commitment to the Treaty of Waitangi and inclusion of treaty framework in planning documents	√	Respond to the needs/issues raised by Maori	√	Improve analytical processes and the assessment of Māori health priority areas	2/7	Improve analysis of therapeutic benefit of drugs for Maori in the targeted priority areas	2/7	Develop promotional material for subsidized drugs	3/7	Promote appointment of Maori to the Board	√
Maori Health Priorities specified and analysis undertaken	2/7	Appoint Maori Health Advisor	√	Share information on prescribing and hospitalization patterns with health providers in areas with high-population numbers of Maori	X	Provide education and training to staff in priority areas to ensure impact on Maori is a considered and assessed	√	Specifically targeted material for Maori within Maori health priority areas	2/7	Promote Maori representatives to PTAC and subcommittees on Maori health priority areas	√
Monitoring our performance in implementing this strategy	2/5	Implement staff training program on Maori health issues	√	Continue to improve the Maori health information base	4/5	Expanding the network used to consult on new drug applications	√	Expand the use of Maori media as channels for distributing information	4/5	Ensure two Maori representatives are appointed to the Consumer Advisory Committee	√
KEY				Develop relationships with Māori research sector to address analytical issues	√	Include Maori providers, health professionals and Maori health practitioners in consultations	√	Consider cost-effectiveness of Maori translations / other forms of communication to reach Maori audiences	√	Work with the Ministry of Health to develop Iwi / Maori relationships with District Health Boards to participate in consultation processes	1/5
√ This activity has been achieved.				Improve ethnicity data collection of pharmaceutical information	√			Target promotions at population groups and specific areas with high Maori populations	√	Meet with the Ministry of Health to report on issues within MOH control	√
2/7 Two of the seven activities for the identified Maori health priority conditions have been achieved.											
3/7 Three of the seven activities for the identified Maori health priority conditions have been achieved.											
1/5 One of the five recognised components for this activity have been achieved.											
2/5 Two of the five recognised components for this activity have been achieved.											
4/5 Four of the five recognised components for this activity have been achieved.											

Chapter 3: Implementation of the Strategy

The following chapter provides a summary of activities achieved under for each strategic priority within the Maori Responsiveness Strategy.

Strategy 1: Incorporate Māori Strategic Priorities

Strategy one identifies three specific objectives:

- PHARMAC will be explicit about how it's activities will or will not benefit Maori Health. Key elements of the Maori Responsiveness Strategy will be integrated throughout planning and accountability documents and will be underpinned by the Treaty of Waitangi framework.
- Maori Health Priority Areas specified and resources will be targeted and ensure analysis is undertaken
- Monitoring our performance in implementing this strategy

What progress have we made?

PHARMAC recognises the unique relationship between Māori and the Crown. PHARMAC facilitated national consultation hui to discuss and seek advice with Māori in 2002 to develop the Strategy and again in 2005 to provide information to and gain feedback from Māori on the way PHARMAC have responded to Māori Health.

1.1 Commitment to the Treaty of Waitangi to be explicit within Planning Documents

Acknowledgement of the Treaty of Waitangi has been incorporated into all PHARMAC's planning documents as well as seeing the development of this strategy to acknowledge the relationship between Māori and the Crown. As a result a hui consultation report has been completed and disseminated to all participants, there is a high level of interest from Māori stakeholders to engage with PHARMAC. Key recommendations from the report are aligned to the strategic goals of set out in the Māori Responsiveness Strategy and are attached as appendix 2.

The treaty framework identifies the three principles of Treaty are: Partnership, Participation and Protection. PHARMAC can show it's progress of responding to Māori through a number of mechanisms. For example, incorporating the Treaty of Waitangi and the treaty framework into strategic planning documents. This can be shown as follows:

1. **Partnership** – the development and establishment of a business Strategy that outlines how PHARMAC will improve the way it responds to Māori through it's core business.
2. **Participation** – This has been achieved through two mechanisms, firstly by appointment of Māori Advisors to various Boards and committees and secondly through the development and appointment of staff to implement the Strategy. At present we have one Māori board member, 4 Māori representatives on the Community Advisory Committee, and a Māori GP as part of the Pharmaceutical Therapeutic Advisory Committee.
3. **Protection** – This principle is difficult to explain to any quantitative form. Through analysis of prescribing information we have found that there are gaps in peoples access to specific types of medications. This can be seen through the rates of uptake in a particular drug ie: the uptake of statins – which is a medication that helps lower the blood cholesterol levels in someone who maybe prone to heart disease. PHARMAC's Demand Side Team has developed a community awareness campaign called "One Heart, Many Lives" that aims at reducing the risk of heart disease in New Zealand. The campaign focused on Māori & Pacific Men in regional areas where the incidence of heart disease is high. A pilot of the campaign was undertaken in the Porirua region with these specific communities with great success¹. This campaign is now being run in Northland and Hawke's Bay.

1.2 Māori Health Priorities

PHARMAC's key Māori health priority areas were derived through consultation with Māori communities as part of the national hui process and well as identification and alignment to the Ministry of Health's national policy documents which include the New Zealand Health Strategy, New Zealand Disability Strategy and He Korowai Oranga – New Zealand Māori Health Strategy.

PHARMAC has identified the following Maori health priority areas: Diabetes, Cardiovascular Disease, Mental Health, Respiratory Disease, Cancer, Smoking, Arthritis, Gout, Tamariki Ora, Obesity. Internal

frameworks have been developed to provide guidance on implementing the MRS and these Maori health priorities have been incorporated into key planning documents such as PHARMAC Operating Policies and Procedures. This particular indicator is strongly related to goal 2.2 and further information is provided in this section.

1.3 Monitoring our performance of Maori Health Priorities

Updates on activities to progress the strategy are provided every 3 months to the PHARMAC board. This report provides a summary of all the activities PHARMAC has undertaken to implement the strategy since 2002 until 2005, to ensure more effective service outcomes for Maori by acknowledging the relationship between Maori and the Crown under the Treaty of Waitangi and by applying the principles of partnership, participation and protection which has been recognised in the Ministry of Health's Improving Quality document¹.

Feedback from Māori through the national consultation hui² indicates overall support for the work PHARMAC has undertaken in regard to improving Maori health. As a result, four of the eighteen recommendations are to continue the work already underway within PHARMAC, twelve recommendations focus on further developing areas within the current strategy and three recommendations aim to review the effectiveness of the strategy, staff capacity to deliver, inter-agency networks. Appendix Two has the full details of each of the eighteen recommendations made from the national consultation hui.

¹ Improving Quality (IQ): A Systems Approach for the New Zealand Health and Disability Sector. MoH, September 2003.

² Consultation Report PHARMAC Maori Responsiveness Strategy. PHARMAC April 2003.

Strategy 2: Improve Human Resources

Strategy two identifies three specific objectives:

- Develop a culture which is responsive to the needs/issues raised by Māori
- Appoint a Maori Health Advisor to implement and maintain the Maori Responsiveness Strategy
- Implement a staff training and development program on Maori health issues

What progress have we made?

With the Māori Responsiveness Strategy completed and signed off by PHARMAC's board in 2002, a series of activities have been undertaken in these areas:

2.1 Responding to Māori Health Issues and Needs

PHARMAC's key Māori health priority areas were derived through a number of processes which included feedback from national hui as well as the 13 population health objectives within the New Zealand health Strategy and the Māori health and disability priorities identified in He Korowai Oranga – National Māori Health Strategy, 2002. The Ministry of Health's toolkits have also provided more detailed information on several of health areas identified above.

PHARMAC Maori health priority areas

- Tamariki Ora
- Obesity
- Diabetes
- Cardiovascular Disease
- Respiratory Disease
- Cancer / Smoking
- Mental Health
- Arthritis / Gout

2.2 Appointment of Maori Health Advisor to Implement the Maori Responsiveness Strategy

The appointment of a Māori Health Manager to implement the strategy has led to a number of activities aimed to better inform both staff as well as Māori communities about the role and function of PHARMAC within the health sector. More recently the development of a Māori Health Analyst role has been established with the key functions to evaluate progress on the strategy, develop an action plan to continue progress, oversee the Māori Use of Medicines project and work alongside internal teams to ensure Māori health is a focus in decision making and delivering of PHARMAC's core services and to identify and profile Māori patterns of medication use and access to a wide range of pharmaceuticals.

2.3 Implementing a Training and Development Program for all staff

The development and facilitation of a staff lecture series began in 2002 and has continued with good attendance by staff across all teams, these lectures will continue and staff have been given the opportunity to recommend speakers. The Demand Side team will extend the series for all staff to include sessions about key health strategies such as the Primary Care strategy a view from Primary Health Organisations and Public health strategies. Training for new staff on the Māori responsiveness strategy is provided at each new staff induction day.

Strategy 3: Improve ethnicity data collection and analysis

Strategy three identifies two specific objectives:

- Improving current analytical and assessment processes of Maori issues.
- Work to improve its Maori health information base by:
 - Advocating for NHI (and ethnicity) collection
 - Work with providers in high-Maori populated areas
 - Share information on prescribing and hospitalisation patterns

PHARMAC staff continue to investigate options and models that can be used to improve the use of current ethnicity data and how we collect and analyse Maori health information.

What progress have we made?

Although there has been some extensive work completed under this strategic priority, further work needs to be done to ensure we are making significant progress in the areas of ethnicity specific information and this areas will be a focus in the future. Initial steps have been made to ensure this occurs, for example the question ‘What is the product’s impact on the Maori population?’ a decision criteria.

3.1 Improving Analytical and Assessment processes of Maori issues

There is a substantial amount of research to indicate that Māori as a population have the poorest health status to any other population group in New Zealand. In order for PHARMAC to better respond to the needs of this population group they must access information on medications to identify who is being prescribed what medication and if possible if the medication is taken. Part of this process is to ensure a NHI number is attached to a prescription. At present, this is not a legal requirement. To profile the types of people being prescribed a specific medicine a public health/epidemiological needs to be done. Māori health as a criterion also needs to be identified in order to determine if access to medications is available to this population group in high need of these resources. PHARMAC’s prioritisation process and decision-making criteria factor this into these processes to see if there is an impact of a particular medication on this population.

3.2 Sharing Information

Providing feedback to Māori is a constant issue raised through the national hui and through feedback from Demand Side projects such as the One Heart Many Lives and Asthma Education Campaigns. At present there are 286 Māori health providers, 79 PHO’s, 21 DHBs³. The Ministry of Health, SPARC and ACC are included as well as a number of patient advocacy bodies like the National Heart Foundation, Plunket, Māori Smokefree Coalition and others. In addition to health service providers, PHARMAC has made contact and disseminated information to Iwi Boards, local Maori health workers and health promotion staff.

3.3 Improve the Māori Health Information base

At present our Stakeholder Database has around 1,300 contacts of which approximately 400 are Māori organisations, Maori health staff or Maori contacts. We are currently in the process of updating the database to include more contacts meet through various work activities.

At present only two Maori health priority areas have Maori specific information on medications. These are asthma and cardiovascular related medications. PHARMAC staff continues to investigate options and models that can be used to improve the use of current ethnicity data. This will involve seeking advice from external experts in this field.

3.4: Improving Ethnicity data for Pharmaceutical Information

Ethnicity reporting on PharmHouse data has improved from <25% in 2002 to >80% in 2005, allowing for finer and more accurate analysis of access and patterns of use to prescribed medications.

Currently ethnic population specific analysis of two disease specific conditions have been completed. Cardiovascular and asthma related medications have been analysed using PharmHouse data to provide insight into access to and use of specific disease specific medications. The two disease states with this information are asthma medications, (SABA’s & LABA’s) and cardiovascular medication (statin usage).

³ Health & Independence Report 2005

3.5 Developing Relationships within Health

A key indicator that PHARMAC has been active in engaging with Māori can be seen through the sheer volume of Maori contacts we now have as part of our internal contact database. This has come about through a variety of activities and includes:

- Presenting at various National Conferences
- Undertaking the National Consultation hui
- Networking with health professionals on specific health conditions.
- Working with Leaders in Pacific and Māori Communities as well as Māori & Pacific Health workers and Organisations
- Working with Health bodies to increase patient awareness and patient education tools

Strategy 4: Improve our performance in negotiating with suppliers and assessing new drug applications

Strategy four identifies three specific objectives:

- Improve analysis of therapeutic benefit of drugs for Māori in the targeted priority areas
- Provide education and training to staff in priority areas to ensure impact on Māori is considered and assessed
- Expanding the networks used to consult on new drug applications
- Including Māori health providers, health professionals and Māori Health practitioners in consultations.

What progress have we made?

As a result of these objectives a framework has been developed for the Supply Side team to improve Māori responsiveness for improving contractual and negotiating processes. This strategic priority is an area where we will need to focus more attention in the future.

4.1 Therapeutic Benefit of drugs for Māori

Increasing statin prescribing for Māori considered at risk of heart conditions. Improving the access to this medication may help to prevent acute heart attacks that in a worse case scenario leads to death or hospitalisation and surgical procedures such as heart bypass operations.

4.2 Provide education & training to staff to improve assessment of applications for impact on Maori

Developing Patient education resources to better inform and raised awareness of how best to use medications. This includes training of health professionals in order to deliver a key health message on medicines and work is in progress to develop a train-the-trainer program aimed to improve the primary care workforce and consumers on the safe and appropriate use of medicines.

4.3 Improve application process by expanding PHARMAC consultation networks in Maori health priority areas (including Māori specialists in consultation)

PHARMAC has engaged with the Ministry of Health to discuss and share information on Māori specific stakeholders as well as our staff developing these networks. As a result our database now holds around 400 Maori specific contacts.

This overlaps with goal six in regard to Māori participation, however there is a number of Māori health specialist, particularly the Maori health research sector that we have identify as an areas to progress as the group are best to assist in the development of robust cultural processes and methods proven to work effectively with Māori communities.

Strategy 5: Improve our performance in informing Māori about available subsidised medicines

Strategy 5 specifies four specific objectives with the Māori Responsiveness Strategy include:

- Developing promotional material for subsidised drugs
- Specifically targeted material for Māori within the Māori Health priority areas
- Expand the use of Māori media channels for distributing information
- Consider cost-effectiveness of Māori translations compared to other forms of communication to reach Māori audiences
- Target promotions at population groups and run in areas with high Māori populations

What progress have we made?

The strategic priority sits within the Demand Side team's key functions. There has been a lot of progress made in the development and use consumer resources and Maori communication channels to ensure key health messages around specific health conditions have been conveyed in an appropriate manner with a positive effect. The two main health conditions that PHARMAC has focused on for the Maori population are asthma and cardiovascular disease. This has seen pilots been developed with a range of key stakeholders and delivered with messages that resonate to Maori and Pacific community with success.

5.1 Developing promotional material on subsidized drugs for particular populations.

Key demand side projects are focussed on Māori health priority areas. The Māori Use of Medicines project has been delayed due to a lack of capacity. A tender process will commence in late July for an appropriate Māori training provider. The Māori Use of Medicines project has recommenced as this is a key function of the Māori Health Analyst role. At present a number of possibilities are being explored to how best to develop and deliver a training programme to increase awareness and understanding of pharmaceuticals for the Māori by increasing their understanding of how to access, use and ensure medicines are used to get the maximum benefit.

5.2 Use of Māori media Channels

A number of communication mechanisms have been utilised for a variety of initiatives. For example print media may not always be the most effective in delivering key health messages to Māori communities when compared to the use of radio and television. Māori prefer a *kanohi ki te kanohi* approach (face-to-face), however this is not always the best means or the best use of resources, as well as advertising on local Iwi and Maori radio as well as Māori Television and magazines such as Mana Magazine, Tūmai Magazine.

5.3 Effective Communication with Maori

Local Hui and engagement with senior Maori and local community leaders as a means to delivering messages has been the most effective way PHARMAC has been able to communicate the organisation's progress in working with and responding to Māori. However, other activities have a significant impact of Māori and included working with agencies to deliver programs and resources that assist in the prevention and improvement of Māori health status. For example undertaking analysis by ethnic groups and identifying what and where pharmaceuticals are available and how accessible are the medications for specific health conditions. Also how do we provide this information in a user-friendly way.

5.4 Targeted promotion campaigns

One Heart Many Lives was a good example of a targeted promotion campaign to increase awareness. A set of criteria to guide the development of Māori Health Resources has been completed for PHARMAC so that when any patient information resources are developed they are done so using this framework. As a result of the One Heart, Many Lives Campaign we have seen and increase in the uptake of statin usage in both these communities due to the culturally appropriate messages and working alongside the communities in which they live.

Strategy 6: Improve Māori representation and participation

The five key objectives in regard to strategic goal six include:

- Promote the Appointment of Maori to the Board
- Promote Maori Representatives to PTAC and subcommittees on Maori health priority areas
- Ensure two Maori representatives are appointed to the Consumer Advisory Committee
- Work with the Ministry of Health to develop Iwi/Maori relationships with District Health Boards to participate in consultation processes
- Meet with the Ministry of Health to report on issues within MoH control

What progress have we made?

This strategic priority is one where PHARMAC has been very successful. We have achieved four of the five activities for this priority area with full Maori representation and participation on PHARMAC governance and advisory roles. As a result, the Maori representatives have formed a Maori Caucus, which meets regularly over the year to discuss PHARMAC issues specific to Maori. The Maori Health Manager facilitates this meeting and this forum provides further direction and guidance on Maori specific health issues for PHARMAC staff.

6.1: Māori Representation

PHARMAC staff have developed close working relationships with a core group of Māori experts who will be available to provide technical advice to PHARMAC staff on a range of issues. We have been successful in having a Maori Representative to the Board, a Maori representative to the Pharmaceutical Therapeutic Advisory Committee (PTAC), as well as 50% Maori representation on our Consumer Advisory Committee (CAC). In 2004 a review of the CAC terms of reference was undertaken and minor changes occurred to reflect the two way communication between the PHARMAC Board and the Consumer Advisory Committee.

6.2: Māori Participation

The Māori health manager has presented and chaired sessions at a number of conferences. Key stakeholder meetings continue and in the next quarter more emphasis will be placed on developing relationships with the General Managers, Māori Health in DHBs, as well as key PHOs.

6.3: Working with the Ministry of Health

Currently there has not been a high level of engagement with the Ministry of Health on Māori specific health issues, however we anticipate that this maybe an area to further develop over the next 3 years. For example how and who we meet within the Ministry to look at monitoring and reporting functions as opposed to discussion and ideas around engaging with Iwi/Māori Governance boards for all DHBs as well as possible joint project proposals for specific health conditions.

Recommendations from Māori Consultation Report

Eighteen recommendation have been made as a result of the national consultation hui held in early March-April this year.

Feedback from Māori through the consultation meetings shows that there is overall support for the work PHARMAC has undertaken in regard to improving Maori health. As a result, four of the Eighteen recommendations are to continue the work already underway within PHARMAC, twelve recommendations focus on further developing areas within the current strategy and three recommendations aim to review the effectiveness of the strategy, staff capacity to deliver, inter-agency networks. Appendix Two has the full details of each of the eighteen recommendations made from the national consultation hui.

Implementation Timelines

Appendix One provides the timeframe on which a number of key activities were progress since the establishment of PHARMAC's Maori Responsiveness Strategy in 2002. The shaded area shows when this activity was expected to occur. The tick indicates when this activity did occur.

ⁱ Final Report from Tumai mo te Iwi PHO based in Porirua on the "One Heart Many Lives" Cardiovascular Campaign shows the success of 8 week exercise and nutrition intervention aimed at Māori & Pacific Island men with risk factors such as: high blood pressure, obesity and diabetes.

**APPENDIX ONE: IMPLEMENTATION TIMELINES
MILESTONES FOR COMPLETION OF ACTIVITY**

Activity	Sept 02	Sept 03	Sept 04	Sept 05
1. Include Treaty framework and Maori Health Priorities in Annual Plan	√			
2. Develop and implement PHARMAC lecture series with Maori specialists to raise awareness & knowledge of Maori issues		√		
3. Appoint a Maori Health Advisor to PHARMAC to work within organisation and with Maori		√		
4. Develop cultural training plan for staff and implement			√	
5. Establish & document processes for assessment of new applications affecting Maori health priorities			√	
6. Develop relationship with Maori research sector to improve ethnicity data collection & analysis of information affecting Maori				√
7. Undertake analysis of Maori utilisation of pharmaceuticals in the Maori health priority areas			√	
8. Work with Ministry of Health to develop relationships with DHB Maori partners & to participate in consultation processes				√
9. Promote appointment of Maori to Board (appointed by Minister)			√	
10. Promote appointment of Maori to PTAC & subcommittees			√	
11. Appoint Maori representative to Consumer Advisory Committee			√	
12. Formally meet with Ministry of Health representatives to report on consultation issues and "hand over" issues within MOH control	√			

Key:

√ Indicates when these activities were achieved.

APPENDIX TWO: RECOMMENDATIONS FROM NATIONAL CONSULTATION HUI, 2005

General Recommendations

- a. **Notes** the contents of this report in particular, the key outcome being the delivery of 9 nationwide hui to budget and specification;
- b. **Notes** that while these hui were completed, the number of participants were generally low but this may be attributed to low capacity of Māori health providers to participate;
- c. **Develops** and implements a Māori communication strategy that enables PHARMAC to have an up to date database of Māori organisations within the health sector;

Strategy One: Improving Strategic Planning Processes

- d. **Develops** a comprehensive database containing information on the key Māori health priority areas as outlined in the MRS. The database to include key research and findings, analysis and responses to Māori health disparity;
- e. **Continues** to liaise with key health sector organisations in particular where there is a need to collaborate on any review or development of key health strategies where Māori health priorities are concerned **e.g.** He Korowai Oranga (Ministry of Health);
- f. **Undertakes** a stocktake and evaluates its own performance to date regarding the success, achievement or otherwise of the Māori Responsiveness Strategy;

Strategy Two: Improving Human Resource Development

- g. **Continues** to provide Lecture Series of keynote speakers as well as one day staff marae retreat to continue a programme of learning and exposure to Te Ao Māori, Tapa Whā model and Treaty perspectives;
- h. **Increases** staff capacity in order to continue implementing the Māori Responsiveness Strategy across the organisation;
- i. **Undertakes** a gap analysis exercise of the current staff capacity of PHARMAC in order to determine and match the Māori health priority areas to the relative capacity and capability of the organisation's human resource;

Strategy Three: Improving Collection and Analysis of Ethnicity Data

- j. **Continues** to support, utilise and collect data relating to Māori health issues which then enable ongoing clarity to improving Māori health outcomes;
- k. **Makes available** key findings from the data collected to key Māori stakeholders **e.g.** Internal (the Board/PTAC/CAC) and External (MoH/DHBNZ/Māori Health Providers and participants at the recently completed hui);
- l. **Considers** supporting further research into Māori specific health considerations or data analysis;

Strategy Four: The Supply of Pharmaceuticals

- m. **Undertake** analysis of prescribing, utilisation and uptake for Māori in the Māori health priority areas;
- n. **Considers** providing training for Māori providers on the better use and understanding of the Pharmaceutical Schedule;
- o. Related to **n.** above that PHARMAC **undertakes** specific consultation with various Māori communities on a range of pharmaceutical use issues;

Strategy Five: Informing Māori about Pharmaceuticals

- p. **Implements** the key findings and recommendations of the Māori Use of Medicines work which has recently been completed;
- q. **Annually considers** producing "promotion activity" particularly in those areas where the supply of pharmaceuticals is often misunderstood. Recent promotion activity (not necessarily supply of pharmaceutical related) includes the Cardiovascular and Asthma Campaigns;
- r. **Continues** to develop Māori specific resources on the use of pharmaceuticals or specific training packages. These could be community resources or training that could assist community nurses or Māori health practitioners;

Strategy Six: Improving Māori Representation and Participation

- s. **Reviews** the effectiveness of Māori representation on the PHARMAC Board, PTAC and CAC. Key learning's, successes/shortcomings as well as other related issues **e.g.** South Island representation;
- t. **Develops** a number of formal relationships with key Māori health providers **e.g.** Ngāti Porou Hauora; and
- u. **Analyses** the adequacy of the inter-agency links PHARMAC has within the health sector when considering Māori health issues **e.g.** ACC, DHBNZ, Te Kete Hauora (MoH), Under-secretary of Health.