

LEARNINGS FROM THE MĀORI INFLUENZA VACCINATION PROGRAMME

Over-representation of Māori occurs for almost every type of illness and every known determinant that leads to poor health. As a result, receiving the flu vaccine is an important part of improving Māori health outcomes. In 2020, the Ministry of Health developed the Māori Influenza Vaccination Programme (MIVP) with a goal to improve equity for Māori. MIVP funding allowed providers and DHBs to set up clinically safe, culturally responsive and community and whānau-centred flu vaccination approaches, to achieve the greatest possible outreach to Māori.

Regions that made a difference in 2020 used a variety of methods to identify, engage and connect with whānau. They considered the barriers that prevent whānau from engaging with health services and reduced those barriers in the design of their approach. They used multiple strategies and activities responding to local contexts and whānau needs.

PLACE WHĀNAU AT THE CENTRE



Work to truly understand whānau needs in the community, and use that knowledge to plan and make decisions.



Intentionally focus on the unique holistic needs of whānau in the community, and integrate responses.



Prioritise long-term relationships and future engagement with whānau.

BARRIERS

- Access barriers include cost, whānau reluctance to visit GPs and the location and availability of services
- Poor service experience exists as a result of an unwelcome environment, culturally incompetent services, not supporting whānau health literacy and lack of whānau inclusion in decision-making

STRATEGIES

- Identify and respond to barriers, considering the local context
- Be diverse in the design and delivery
- Mobilise services to go into the community
- Take a whānau-centred approach
- Focus on workforce capability

ACTIONS

- Identify whānau through multiple methods
- Engage whānau using multiple communication channels
- Deliver outreach services by going to where whānau gather and live, and bring whānau to services
- Wrap in other support and services to respond to whānau needs
- Place whānau at the centre of service design and delivery



“Working in places that were very familiar to whānau particularly marae. So yes, working with our communities and utilising their strengths and networks. Not all of our clinicians were familiar with these spaces but our whānau were. It was a good shift.”

Provider – direct-funded

“Seeing people who have multiple roles working together... The iwi were helping with the traffic, putting up gazebos and providing cups of tea. Our Whānau Ora navigators were effective at connecting with people in the community. Our administrators, let alone our nurses and doctors who were doing the flu vaccinations.”

Provider – DHB-funded

“A network of Iwi and Māori providers is a key to getting our whānau to vaccination locations. So that was fundamental. And then of course it was making community locations a thing; working with marae, kōhanga reo, kura kaupapa, wānanga and supermarkets. So diversifying the locations for vaccinations.”

Provider – direct-funded



NO ONE SIZE FITS ALL CONSIDER WHĀNAU CONTEXT AND NEEDS

MAKE A WHĀNAU-CENTRED APPROACH THE NORM

Engage and strategise to reduce the barriers that block some Māori from accessing primary healthcare services. Design and deliver services that intentionally offer choice to Māori about how they engage with healthcare systems.

BARRIERS

- GP's - Whānau are reluctant to access GP services
- Costs – The costs of consultation, prescription charges, transport, childcare and the loss of income due to having to take time off work to seek care
- Physical restrictions – Service locations and the distance to travel for care, suitable appointment times, long waiting times, lack of transport including public transport, and family care responsibilities
- Unwelcome environment – Whānau may feel unwelcome or disrespected, whakamā (embarrassed), judged and pressured to keep the appointment brief
- Poor health literacy – Whānau may feel whakamā because they do not understand the questions asked, the information shared with them or encouraged to ask questions
- Cultural incompetence – Whānau and non-Māori clinicians may talk past each other and have differing perspectives on patient needs and the appropriate course of action
- Unequal power relationships – Whānau may feel a lack of autonomy, have limited self-advocacy skills or access to collective advocacy from others

ACCESS TO SERVICES

POOR SERVICE EXPERIENCES

MIVP REDUCED BARRIERS BY

- Supplementing GP and Pharmacy services by promoting community-based, nurse-led (in the main) vaccinations
- Reducing costs: Going to whānau, offering vaccination services after hours or on the weekends, providing vouchers to offset costs
- Providing documentation of eligibility under vulnerable criteria for the vaccination
- Mobilising services and going out into the community where whānau gather and live; also transported whānau to services
- Networking with community leaders to offer services that are responsive to whānau context and circumstances, such as offering flu vaccinations alongside other health and support services
- Developing tailored communications, delivered through multiple channels, such as print, online, community leaders
- Using culturally and clinically competent, mainly Māori staff who know how to engage well with whānau

STRATEGIES THAT MAKE A DIFFERENCE FOR MĀORI WHĀNAU AND COMMUNITIES

FOUR KEY STRATEGIES SUPPORTED SUCCESSFUL MIVP APPROACHES FROM PROVIDERS AND DHBs. THE UNDERLYING PRINCIPLES WERE TO ADDRESS WHĀNAU NEEDS AND REMOVE BARRIERS TO RECEIVING THE INFLUENZA VACCINATION.

1 MOBILISATION AND OUTREACH

- Use community knowledge and experience to set up a way of working together
- Plan together with iwi and community to build community awareness and understanding
- Offer choice and multiple ways to access services to improve access and equity for Māori
- Use multiple sources of data and tap into community networks to find unvaccinated whānau

2 WHĀNAU-CENTERED APPROACH

- Place whānau at the centre of all decisions and actions to support a responsive holistic approach
- Provide adaptive and agile leadership to support culture of intentionally including whānau
- Hire staff with sound cultural and clinical knowledge who can provide a welcoming and safe environment for whānau
- Offer a range of health and support services as well as the flu vaccination to support whole of whānau wellbeing outcomes

3 STRENGTHEN MĀORI WORKFORCE CAPABILITY

- Value the cultural and community expertise and clinical experience of Māori staff to lead engagement
- Invest in workforce development and training to grow the capacity and capability of provider organisations to administer and manage vaccines
- Partner with other healthcare providers (such as midwives, pharmacists, and nursing students) to deliver vaccinations

4 MEANINGFUL COLLABORATION

- Focus on building and maintaining long-term relationships between DHB's, providers, iwi and communities to demonstrate reciprocity and respect
- Leverage the existing networks between DHBs, providers, iwi and community organisations to increase the effectiveness
- Develop partnerships based on common goals; distribute power and responsibility including sharing resources, data, decision-making and learnings

KEY PLANNING STEPS TO REACH WHĀNAU

There is no one way of delivering services that work for everyone. The best option is to use a variety of methods to ensure coverage and reach. Be flexible and adaptive as you learn from experience and from each other.

KEY FEATURES

ACTIVITIES

Identify whānau

Reaching whānau requires knowing where and how to communicate to them and through which channels and place.

- Use data and administrative databases to find where whānau are and identify specific individuals
- Make a list of places where whānau go to work, pray, socialise and learn
- Select locations for outreach activities
- Ask leaders in relevant organisations and locations for support to promote flu vaccinations to their members
- Develop new collaborations to reach whānau
- Discuss with your networks to identify those not vaccinated

Engage whānau

Getting whānau involved requires getting the message in front of them.

Use a mixture of communication and engagement methods, both technology and the “kumara vine”:

- Collaborate with iwi, Māori, and community organisations and use/share databases
- Create targeted communications including phone calls and mail-outs direct to whānau
- Spread the campaign through mass communications on social media, mail drops and word of mouth

Use messages and information that speaks to Māori and their needs:

- Outline benefits to whānau and iwi of protecting whakapapa
- Offer “vouchers” to confirm eligibility for a free vaccination and list local clinics
- Include details of community partnerships and relationships

Offer whānau integrated wrap-around services

Addressing Māori wellbeing requires a holistic approach to whānau wellbeing, providing support and services in response to whānau needs, and supporting the capacity and capability of providers.

- Build strong relationships between whānau, communities, iwi and healthcare providers
- Develop a common purpose, make a plan together, share resources, share information, acknowledge contributions
- Be prepared and seize opportunities: take time to ask whānau about their needs, offer support and follow-up
- Offer additional medical services, such as catch-up vaccines for pēpi and tamariki, COVID-19 testing flu vaccines, health care assessments and other vaccines for the whānau
- Offer wellbeing services:
 - access to mental health support services
 - hygiene packs and food parcels as part of the vaccination approach
 - petrol and supermarket vouchers, to offset the cost of transport to access services

Connect whānau to services

Improving equitable health outcomes for whānau requires offering a range of ways for whānau to access services.

- Work with iwi and local community to select and prepare locations for, and deliver outreach activities
- Go to where:
 - whānau gather and locate temporary clinics in places including marae, supermarket, carparks, sports grounds, schools, churches, and workplaces
 - whānau live such as individual whānau homes or aged care residences as well as hotels, homeless shelters, and gang locations
 - whānau are and bring them to services, offering and providing individual or group transport to temporary sites or clinics
- Develop and streamline administration in terms of resources and data capture processes
- Be agile:
 - capture reflections and how the services have gone
 - make changes where you need
 - share what you’ve learned with others

STRATEGIES IN ACTION

“ WHĀNAU RECEIVE AN INTEGRATED SERVICE THAT IS ACCESSIBLE, RESPONSIVE AND VALIDATING ”

Whānau needs are front and centre | Kaimahi are intentional and inclusive | All whānau are provided with a service | Go where whānau are | Cultural and clinical expertise

An experienced nurse who knows how to connect, communicate and help whānau feel comfortable, safe and involved enters a home hoping to give koro his flu vaccine as part of MIVP. She has talked with her colleagues before this visit to make sure she has in-depth knowledge of the whānau. The purpose of her visit is to administer the flu vaccination, but she goes prepared to provide support in other areas if needed. From the whānau, she learns that the B4School checks and other vaccines have not been completed. She can administer the vaccines needed and tells the whānau that with their permission she will talk with a colleague who can provide further support. Returning to the office, she links the whānau to the needed services and revisits them to drop off a kai box. This kai box is not expected and has not been asked for. It is given as a koha to acknowledge and support their current needs.

LEADERSHIP, STRATEGIC VISION AND PARTNERING CONNECTS WHĀNAU TO THE SERVICES AND SUPPORTS THEIR NEEDS

A planned approach to meet whānau need | Whānau eligibility is broad | Adaptive, agile leadership supports a responsive holistic approach | Equitable health outcomes are the focus | Networks, relationships called on to support the plan

A CEO with a deep understanding of whānau, their health and social needs, sees MIVP as an opportunity to do more. A responsive service plan is developed, based on whānau health checks and social needs in housing, food and transport. As an organisation, they feel deeply that whānau-centred services cannot just involve a single vaccination, and they are prepared to deliver on broader whānau needs. The CEO discusses the service with providers in other sectors that work with whānau, asking for a contribution so whānau can receive kai and hygiene packs. Home visits occur, and whānau needs are explored. The flu vaccine is administered along with other health services, hygiene and kai packs. Whānau who are not eligible for the flu vaccine can get vaccinated at no cost. No-one is overlooked.

STRATEGIES IN ACTION



WHĀNAU MAKE POSITIVE HEALTH AND WELLBEING DECISIONS, FROM RECEIVING AFFIRMING SUPPORT AND SERVICES

Whānau lead their wellbeing journey | Data and community networks help to reach whānau | Information is shared between DHB, providers, marae | Cultural and clinical growth supported within providers | Whānau are in a safe, culturally affirming environment

Recognising that the immunisation journey can start with mama to pēpi and tamariki, the DHB set about to break down the barriers for hapū mama to access vaccinations. DHB staff, including nurses, attend a marae-based antenatal programme. Grandparents, parents and kaumātua are there supporting the younger women. Vaccination information is shared through a whakapapa lens of protecting mokopuna. Hapū mama, nanny and ringawera decide to get vaccinated. For those who are unsure follow-up calls are made. Lead Maternity Carers are offered support with administering flu vaccines. Based on the hapū mama's location, phone calls are made to local pharmacies to check supply. In the cases where pharmacies lack supply, vaccines are re-distributed to reflect where hapū mamas are likely to visit regularly, such as shopping mall pharmacies.

WORKING TOGETHER BUILDS CULTURAL AND CLINICAL SERVICES THAT SUPPORT WHĀNAU

A planned approach to meet whānau need | Whānau eligibility is broad | Adaptive, agile leadership supports a responsive holistic approach | Equitable health outcomes are the focus | Networks, relationships called on to support the plan

An iwi provider, community provider and DHB partner to run a community-based COVID-19 testing clinic. The iwi provider is applying a Whānau Ora approach with a deep understanding and strong connection with Māori whānau in the rohe. Through the clinic, they integrate their MIVP flu vaccinations and with a doctor and Whānau Ora kaimahi on-site, and as a result the uptake of flu vaccinations increases. The iwi provider identifies whānau struggling to buy food, those no longer employed, and any broader health issues. Tamariki are treated for skin infections and toothaches. As the testing rates slow at the clinic, kaimahi take the opportunity, through MIVP, to become accredited vaccinators. The iwi reach out to whānau and they do not have to feel whakama about their situations. The iwi provider mobilised and undertakes home visits to whānau in remote areas, those with disabilities, no transport whānau or those that cannot drive.

