

Case Studies on Equity Volume I

How the testing and supply team demonstrate
equity in action

Citation: Te Whatu Ora – Health New Zealand. 2023. *Case Studies on Equity Volume I: How the testing and supply team demonstrate equity in action*. Wellington: Te Whatu Ora – Health New Zealand.

Published in February 2023 by Te Whatu Ora – Health New Zealand
PO Box 793, Wellington 6140, New Zealand

ISBN 978-1-99-106711-1 (online)

Te Whatu Ora
Health New Zealand

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Equity in Action

Putting equity principles into practice

These case studies are practical examples of equity in action. They are intended for health professionals and government agencies looking to put principles of equity into practice when working with NGOs, communities and stakeholders.

Challenges

Challenges brought about by COVID-19 have highlighted the health inequities that impact Māori, Pacific disabled people and at-risk communities. These impacts include inequitable access to suitable health care, limited access to testing and supplies, engagement challenges, and delivery of timely and accessible information.

Our aim

In the first six months of 2022, the Testing and Supply team worked in local communities to deliver practical solutions, fast. Our primary objective has been to strengthen and resource community providers and their networks. Working with these providers has enabled us to better support vulnerable communities.

The case studies

These case studies summarise the Testing and Supply team's work to improve equitable outcomes for priority populations from January to June 2022.

Key results during this period were:

- 8-point action plans developed for Māori, Pacific, Disability and at-risk groups
- Establishment of an early adopter provider panel
- 9 million masks distributed through community partners (May-June 2022)
- 120 Iwi - Māori providers given access to the PPE Portal
- 68 transitional housing providers given access to the PPE portal
- 89 community providers doing supervised RATs
- 12 million RATs distributed to community partners via the provider network
- 130 contracted agreements in place to support specific equity activity within 6 months – over 50 % of these agreements are with Iwi - Māori providers
- 1000 + community partners accessing the Māori Provider Distribution Channel

- Progressing access of antivirals to rural communities
- Collaborating on communications with the disability sector

We've used the Double Diamond design framework to discover and define problems, and develop and deliver solutions.

This approach has enabled us to identify and implement practical solutions to some of the key equity challenges our most vulnerable communities face.

The importance of trust

Our approach of delivering solutions at pace came about through necessity. Successes outlined in the case studies were based on four main principles:

- Community-centric focus
- Collaboration and connection
- Communicating with stakeholders regularly
- Common sense

Underpinning this approach is the importance of trust:

- Trust built by being authentic and pragmatic
- Creating conditions that enable providers to respond to communities at pace knowing they are supported.

8-point plans

Our 8-point action plans have put priority populations at the heart of decision making. Building trust and working together to develop sustainable solutions has been critical in engaging with Māori, Pacific, disability and other vulnerable communities who are at risk of poorer outcomes or increased community transmission due to COVID-19.

This strategy should put equity at the centre of the decision making... The testing strategy must develop sustainable solutions to engage effectively with Māori, Pasifika and other vulnerable communities who are at risk of poorer outcomes or increased community transmission due to COVID-19.

– Recommendation 1 - A Rapid Review of COVID-19 Testing in Aotearoa New Zealand (October 2021)

Case Study 1: We Need a Practical Equity Plan

Challenge	We Need a Practical Equity Plan	Key Stakeholders
Discover	The Situation In October 2021, the Murdoch Review recommendations on COVID-19 testing activities were released. These recommendations highlighted the absence of demonstrable equity gains. More deliberate efforts were needed to advance equitable outcomes within Testing and associated workstreams.	COVID-19 Testing Technical Advisory Group
Define	The Problem/s Focused On <ul style="list-style-type: none"> • Lack of a practical, integrated plan • Lack of visibility of equity work across the team • Limited engagement with stakeholders, particularly community providers • Varying levels within the team of understanding and knowledge of how to put equity in action 	Testing Team (MoH) Supply Team (MoH) Community providers
Develop	Possible Practical Solutions <ul style="list-style-type: none"> • Undertake discovery workshops with a range of stakeholders, particularly providers • Move from a centralised model of control to a collaborative approach with community providers and key stakeholders 	Testing Team (MoH) Supply Team (MoH) Community providers
Deliver	What We Did <ul style="list-style-type: none"> • Engaged stakeholders through workshops and key informant interviews • Developed a plan that was activity focused • Connected with agency partners • Identified levers (policy, resource and relationships within the authorising environment) 	Testing Team (MoH) Supply Team (MoH) COVID-19 Response Māori Dir. (MoH) Pacific Health (MoH) Disability Dir. (MoH)

		Provider network Agency partners
Outcome	Created equity plans (8-Point plan) for Māori, Pacific, disability and at-risk groups that anchor equity outcomes for Testing and Supply teams. They explicitly recognise a commitment to ensuring we actively integrate equity into our functions of leading, connecting, supporting and delivery.	8 Point Plan premised on equality-focused strategy

Māori and Pacific providers could do so much more if they were at the table from the start... rather than working with a lead around their necks.

- Te Paea Winiata – Turuki Healthcare CE



Case Study 2: Amplifying Community Voices Through Providers

Challenge	Amplifying Community Voices Through Providers	Key Stakeholders
Discover	The Situation Community providers criticised government for introducing COVID-19 response activities that appeared to be a catch-all for everyone, including priority populations. The lack of social, cultural and community context within the COVID-19 response contributed to exacerbating inequities and disengagement from some public health measures.	Community Providers Community Stakeholders
Define	The Problem/s Focused On <ul style="list-style-type: none"> Limited engagement with key stakeholders, particularly community providers No formal mechanism to engage community providers for advice from the start Officials not having a level of understanding of community and provider context Working at pace used as an excuse to not engage communities appropriately 	Testing Team (MoH) Supply Team (MoH) Community providers
Develop	Possible Practical Solutions <ul style="list-style-type: none"> Undertake discovery workshops with a range of stakeholders, particularly providers Engage community providers, stakeholders and agencies to obtain insights into problems and potential solutions 	Testing Team (MoH) Supply Team (MoH) Community providers
Deliver	What We Did <ul style="list-style-type: none"> Contracted Māori (3), Pacific (3) and disability (2) providers to be part of the early adopter provider panel to help co-design, test and adapt initiatives before wider roll out Established Māori and Pacific leads within the team to maintain critical relationship in the community and across lead agencies 	Testing Team (MoH) Supply Team (MoH) Procurement (MoH) Community providers Lead agencies
Outcome	The early adopter provider panel has helped inform:	8 Community Providers contracted

	<ul style="list-style-type: none"> • A national Supervised RATs service specification for 89 community providers • A communications process for Māori disability providers • Broader antiviral access for Māori, Pacific and rural communities • The appropriateness of testing modalities for vulnerable groups • Development of the Māori and Pacific provider distribution channels 	to the early adopter provider panel
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It is indeed very satisfying and in most cases a relief to see the expressions on peoples' faces when we deliver them food, RATS and masks. Thank you to all who have made it possible for us to help our people in their time of need.

- Community Provider



Case Study 3: Improving Testing for the Disability Sector

Challenge	Improving Testing for the Disability Sector	Key Stakeholders
Discover	The Situation Government agencies were criticised for their lack of leadership and visibility in the disability community. Issues included lack of engagement, funding, workforce and effective communications. This led to a disgruntled disability sector panning the overall COVID-19 response. Testing was identified as one of the areas of concern.	Minister Sepuloni Officials Disability advocates Service Users Human Rights Commission
Define	The Problem/s Focused On <ul style="list-style-type: none"> • The PCR nasal swab was intolerable for some disabled people • Messaging to promote testing was not accessible and timely • Lack of a formal engagement mechanism with disability sector 	Community providers Disability Provider Organisation (DPO) Testing (MoH) Officials Service Users
Develop	Proposed Practical Solutions <ul style="list-style-type: none"> • Identify a testing modality to trial with Early Adopter providers • Develop a collaborative communications approach with Māori providers working with disability service users • Develop a specific plan to advance equitable access for the disability community 	Testing (MoH) Disability Directorate DPMC Procurement DPOs Māori providers
Deliver	What We Did <ul style="list-style-type: none"> • Contracted three early adopter providers to trial an alternative testing modality 	Testing Team (MoH) Supply Team (MoH) Procurement (MoH)

	<ul style="list-style-type: none"> • Co-created rapid communications guidelines to develop video and collateral at pace for Māori disability communities • Developed the Advancing Equitable Access – 8-point action plan focused on the disability community • Activated an assisted channel to respond with 24 hours 	<p>Community providers</p> <p>Lead agencies</p>
Outcome	Active engagement with the disability sector to work through challenges, and co-creation of ideas and approaches	Established a process for trialling testing modalities with the disability sector

Your team has worked well with us and gained from the valuable contribution made by whānau hauā to improve clinical practice and engagement.

There's still heaps to do, particularly among Māori with disabilities; but recognising the competencies needed by health authorities and the workforce to address inequities, is significant progress.

- Disability Health Provider



Case Study 4: Making Masks Accessible for Students

Challenge	Making Masks Accessible for Students	Key Stakeholders
Discover	The Situation School absenteeism due to COVID-19 increased disproportionately for Māori and Pacific students. Schools (primary and secondary) including Kura and Kohanga worried about the wellbeing of students and staff. Emerging issues included digital exclusion, financial hardship, mental health and social isolation, all of which contribute to learning barriers.	Schools Families Kura Kohanga
Define	The Problem/s Focused On <ul style="list-style-type: none"> Students without access to masks were unable to attend school Staff were unable to create a safe environment in the classroom 	Supply Team (MoH) Equity CVIP Team (MoH) Provider network Key informants from education sector
Develop	Proposed Practical Solutions <ul style="list-style-type: none"> Support communities to access PPE locally Encourage local campaigns to promote good public health measures Remove any cost barriers and promote assisted channel pathways 	Supply Team (MoH) Equity CVIP Team (MoH) Procurement (MoH) Healthcare Logistics (HCL) Provider network Key stakeholders from education sector
Deliver	What We Did <ul style="list-style-type: none"> Co-designed distribution channels with HCL and provider networks to push out RATs, mask, 	Testing Team (HNZ) Provider network

	wipes and gloves via localised community networks throughout the country <ul style="list-style-type: none"> • Encouraged community partners including schools to pull PPE from this provider-led channel and act as messengers to promote the channel locally 	Healthcare logistics
Outcome	<ul style="list-style-type: none"> • Community resilience and preparedness strengthened • Schools equipped to create safe learning environments for students 	9 Million masks have been distributed to community partners (May – June)

We express our gratitude for the donation of face masks and wipes. Students and staff will benefit from these. We continue to be vigilant while COVID-19 is still at large in the community.

- School Principal



Case Study 5: Responding to an SOS from the Housing Forum

Challenge	Responding to an SOS from the Housing Forum	Key Stakeholders
Discover	The Situation The Housing Forum, consisting of lead community providers chaired by Minister Woods, highlighted the need for easy access to RATs to protect staff and vulnerable families. There was a view that MoH officials and DHBs were withholding stock from housing providers because they were not providing health-specific services.	Supply Team (MoH) Care in the Community Team (MoH) Minister Woods Minister Davidson MHUD officials Community Housing Providers
Define	The Problem/s Focused On <ul style="list-style-type: none"> The high number of transitional housing providers who did not have access to the PPE portal despite these providers supplying a suite of health, disability and social services to priority populations. Slow delivery of urgent deliveries due to pressure on the courier network. 	Housing Forum Supply Team (MoH) Care in the Community Team (MoH) Healthcare Logistics
Develop	Proposed Practical Solutions <ul style="list-style-type: none"> Onboard transitional housing providers to have their own access to PPE Ask community providers to pull on existing channels in the meantime 	Supply Team (MoH) Healthcare Logistics Community Providers
Deliver	What We Did <ul style="list-style-type: none"> Attended the Housing Forum to give regular weekly updates and provided a direct contact for providers with queries 	Supply Team (MoH) Healthcare Logistics Health

	<ul style="list-style-type: none"> • Onboarded PPE portal access to 68 transitional housing providers • Arranged for urgent RAT deliveries to housing providers through channels such as the Māori Provider Distribution Channel 	Māori Provider Distribution Channel
Outcome	<ul style="list-style-type: none"> • Providers have direct access to PPE through the portal • Improved urgent delivery times • Strengthened relationship between HUD, MoH and community providers 	68 Transitional Housing providers have access to PPE portal

Thanks for being pragmatic and your awahi for supporting the housing providers during a challenging time.

- Housing Forum



Case Study 6: Making Testing Communications to the Māori Disability Community Accessible and Timely

Challenge	Making Testing Communications to the Māori Disability Community Accessible and Timely	Key Stakeholders
Discover	The Situation The Human Rights Commission's report Inquiry into the Support of Disabled People and Whānau During Omicron highlighted significant concerns with the government's response to the pandemic for the disabled community, including official communications from government agencies. Problems were exacerbated in Māori disability communities.	Minister Sepuloi Testing Team (MoH) Disability advocates End Users Human Rights Commission
Define	The Problem/s Focused On <ul style="list-style-type: none"> Written text not being the primary communication platform for many whānau hauā Messaging to promote testing was not accessible and timely 	Testing Team (MoH) Community providers NRHCC End Users Te Roopu Wairora Turuki Health CCS Disability
Develop	Proposed Practical Solutions Work with the Māori disability provider Te Roopu Wairora on a collaborative approach to collateral for the trial of the Lollisponge PCR test	Testing Team (MoH) Te Roopu Wairora DPMC
Deliver	What We Did <ul style="list-style-type: none"> Co-created rapid communications guidelines to develop video and collateral to promote and 	Testing Team (MoH) Te Roopu Wairora

	support uptake of new testing modalities for the disability sector <ul style="list-style-type: none"> Made a simple video at pace in response to Te Roopu Waiora's request for testing guidance in the form of kanohi ki te kanohi, or face-to-face dialogue, through video 	DPMC NRHCC Turuki Health CCS Disability
Outcome	We made the first step in an iterative process with the Māori disability sector on co-designing more engaging communications material for new testing modalities	Established a process to rapidly develop communications to support the disability sector

We have provided the Ministry several recommendations on what could be improved, including involving iwi Māori from the outset to develop responsive communications, and using pre-existing channels within Māori communities to circulate the messaging to disabled Māori stakeholders and families.

- Tania Kingi – Te Roopu Waiora CE



Case Study 7: Access to Supervised RATs for Priority Populations

Challenge	Access to Supervised RATs for Priority Populations	Key Stakeholders
Discover	The Situation Demand for RATs was rapidly increasing and access models available via GPs, community pharmacies and DHB's did not cater to the needs of vulnerable communities, namely Māori, Pacific and rural. There was also some confusion on why, who, when and where people could receive supervised RATs.	Iwi-led organisations Māori providers network Pacific providers network
Define	The Problem/s Focused On <ul style="list-style-type: none"> Challenges of rurality, operating hours, unconscious bias, and clinical workforce shortage Perception that supervised RATs could only be conducted by a clinician within a health provider setting 	Testing Team (MoH) Community providers
Develop	Proposed Practical Solutions <ul style="list-style-type: none"> Mobilise supervised RATs into the community through a range of providers Provide training and liaison support Test the approach through early adopter providers 	Testing Team (MoH) Community providers
Deliver	What We Did <ul style="list-style-type: none"> Trialled supervised RATs through four community providers (Māori, Pacific and rural) Undertook an EOI process and commissioned 89 community providers to undertake supervised RATs in various community settings Developed processes and collateral to support supervised tests, including an assisted channel to support the reporting of RAT results for the digitally excluded 	Testing Team (MoH) Te Haa Pasifika Futures Limited Te Aroha Kanarahi Trust Southseas Healthcare

		Supply (MoH) Procurement (MoH)
Outcome	<ul style="list-style-type: none"> • Strengthened community response and resilience • Over 21,000 supervised RATs completed by community providers 	89 community providers can do supervised RATs

A key part of our role is critically thinking about how we incorporate an equity lens in the funding process and create the right conditions. This helps us commission the right community partners so we can maximise positive outcomes.

- Procurement Lead



Case Study 8: Access to COVID-19 Antivirals for Rural Communities

Challenge	Access to COVID-19 Antivirals for Rural Communities	Key Stakeholders
Discover	The Situation With the release of anti-viral medications in Aotearoa, there was a need for information and access to be provided to Māori communities. Inequitable access to anti-virals was more acutely felt by rurally isolated Māori communities and providers, such as the Matakaoa community in Te Araroa.	Manaaki Matakaoa Health New Zealand Pharmac Testing and Supply (MoH) Care in the Community (MoH)
Define	The Problem/s Focused On <ul style="list-style-type: none"> Geographical distance to clinicians impacting access to medications Access criteria to anti-viral medications for rurally isolated Māori communities wasn't appropriate Relationships between GPs, Pharmacies, Health NZ, Pharmac and communities 	Manaaki Matakaoa Testing and Supply (MoH) Pharmac Care in the Community (MoH)
Develop	Proposed Practical Solutions <ul style="list-style-type: none"> Work with key stakeholders to influence the access criteria for anti-viral medications and to create a tailored approach for prescribing and dispensing 	Manaaki Matakaoa Testing and Supply (MoH) Pharmac Care in the Community (MoH)
Deliver	What We Did <ul style="list-style-type: none"> Worked with Pharmac to influence the access eligibility and criteria for anti-viral medicines 	Manaaki Matakaoa Testing and Supply (MoH)

	<ul style="list-style-type: none"> • Worked with Manaaki Matakaaoa to create an approach to make anti-viral medicines more accessible • Created clear information for Māori communities about anti-viral medicines 	Pharmac Care in the Community (MoH)
Outcome	<ul style="list-style-type: none"> • A rural Māori community provider was given access to anti-viral medications under new accessibility criteria • Influenced Pharmac's updated access criteria for antiviral COVID-19 treatments 	Influencing access criteria to anti-viral treatment for Māori and Pacific communities

Our success hinges on direct, critical relationships within the health system - To have people that respect and relate to your situation has relieved our burdens significantly. We don't expect every problem to be instantly solved, but we do appreciate being heard, authentic efforts being made, and feeling like we have champions in the system sharing the burden with us.

- Tina Ngata – Manaaki Matakaoa Lead



Case Study 9: Commissioning in an Agile Way

Challenge	Commissioning in an Agile Way	Key Stakeholders
Discover	The Situation Contracting for COVID-19 services was criticised by community providers for not targeting priority populations, despite the strategic intent of doing so. This was a disconnect for providers, who could not meet the needs of their communities.	Procurement (MoH) Community providers Testing Team (MoH) Supply Team (MoH)
Define	The Problem/s Focused On <ul style="list-style-type: none"> Equity not being a key focus in procurement processes Lack of Māori and Pacific community providers on the AOG panel, leading to frequent, urgent EOIs and tenders Difficulty in funding providers working outside a typical health remit 	Procurement (MoH) Testing Team (MoH) Supply Team (MoH) Community providers Sector operations
Develop	Proposed Practical Solutions <ul style="list-style-type: none"> Invite Procurement to participate in provider engagement processes to build relationships Identify lead providers to participate in trials and distribution 	Procurement (MoH) Testing Team (MoH) Supply Team (MoH) Community providers
Deliver	What We Did <ul style="list-style-type: none"> Tagged existing funding pool to support equitable outcomes Created conditions of high trust for contracting Made equity a key anchor in commissioning activity Worked with procurement lead to manage relationships with providers 	Testing Team (MoH) Supply Team (MoH) Procurement (MoH) Community providers Sector Operations
Outcome	<ul style="list-style-type: none"> Contracted 29 Māori and 4 Pacific providers to form the provider-led distribution channels Commissioned 8 early provider adopters to participate in trials 	130 contracted agreements in place within 6 months to support specific equity activity

	<ul style="list-style-type: none"> • Commissioned 89 community providers to do supervised RATs. • Over \$20 million tagged for equity activity Jan – June 2022 	
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We love being a part of this distribution group. We still have a steady stream of people requesting RATs which is awesome. We hope this can continue to expand and we can offer more additional services and supplies to our Eastern Bay Of Plenty community.

- Lee Colquhoun – Te Puna Ora o Mataatua



Case Study 10: Māori Provider Distribution Channel (MPDC)

Challenge	Māori Provider Distribution Channel (MPDC)	Key Stakeholders
Discover	The Situation COVID-19 highlighted existing health inequalities for Māori communities. There was growing concern that the distribution model for RATs and PPE would not provide Māori communities with sufficient coverage at the pace required.	Iwi led organisations Māori providers network Pacific providers network
Define	The Problem/s Focused On <ul style="list-style-type: none"> • Equitable access to PPE and RATs for Māori • Strained relationships between community providers and the Ministry of Health (now Health NZ) • The lack of a connected network of Māori community providers 	Supply Team (MoH) Community providers CVIP Equity Team (MoH) Māori Directorate (MoH)
Develop	Proposed Practical Solutions <ul style="list-style-type: none"> • Identify lead providers to be part of a new Māori distribution channel • Resource providers to provide this function • Onboard Māori health and disability providers to have PPE portal access • Create PPE templates and shift Māori health providers to these so they can access appropriate PPE 	Supply Team (MoH) Community providers CVIP Equity Team (MoH) Healthcare Logistics
Deliver	What We Did <ul style="list-style-type: none"> • Co-designed with Healthcare Logistics and the provider network a Māori Provider Distribution Channel to distribute RATs, masks, wipes and gloves through local community networks • Encouraged other community partners to pull PPE from this provider-led channel • Onboarded Iwi – Māori health and disability providers to our PPE portal access 	Testing Team (MoH) Supply Team (MoH) Procurement (MoH) CVIP Equity Team (MoH) Healthcare Logistics

Outcome	<ul style="list-style-type: none"> • Coverage for Māori is 95.4% (target was 90%) • Onboarded over 120 new Māori providers to have access to PPE portal • Created a Māori provider-led distribution channel • Created a model for the Pacific Provider Distribution Channel • Requests from communities can now be actioned within 24 hours 	<p>1000+ community partners accessing the MPDC</p> <p>12 million RATs distributed to community partners</p>
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It is indeed very satisfying and in most cases a relief to see the expressions on peoples' faces when we deliver them food, RATs and masks. Thank you to all who have made it possible for us to help our people in their time of need.

- Community Provider

RAT Collection Sites

96.5% of the general population are within a 20min drive of a collection site

95.4% of Māori are within a 20min drive of a collection site

RAT Collection sites and 20min drive time catchment areas









