TE TIRATŪ
IWI MĀORI PARTNERSHIP BOARD

HAUORA MĀORI PRIORITIES

SUMMARY REPORT

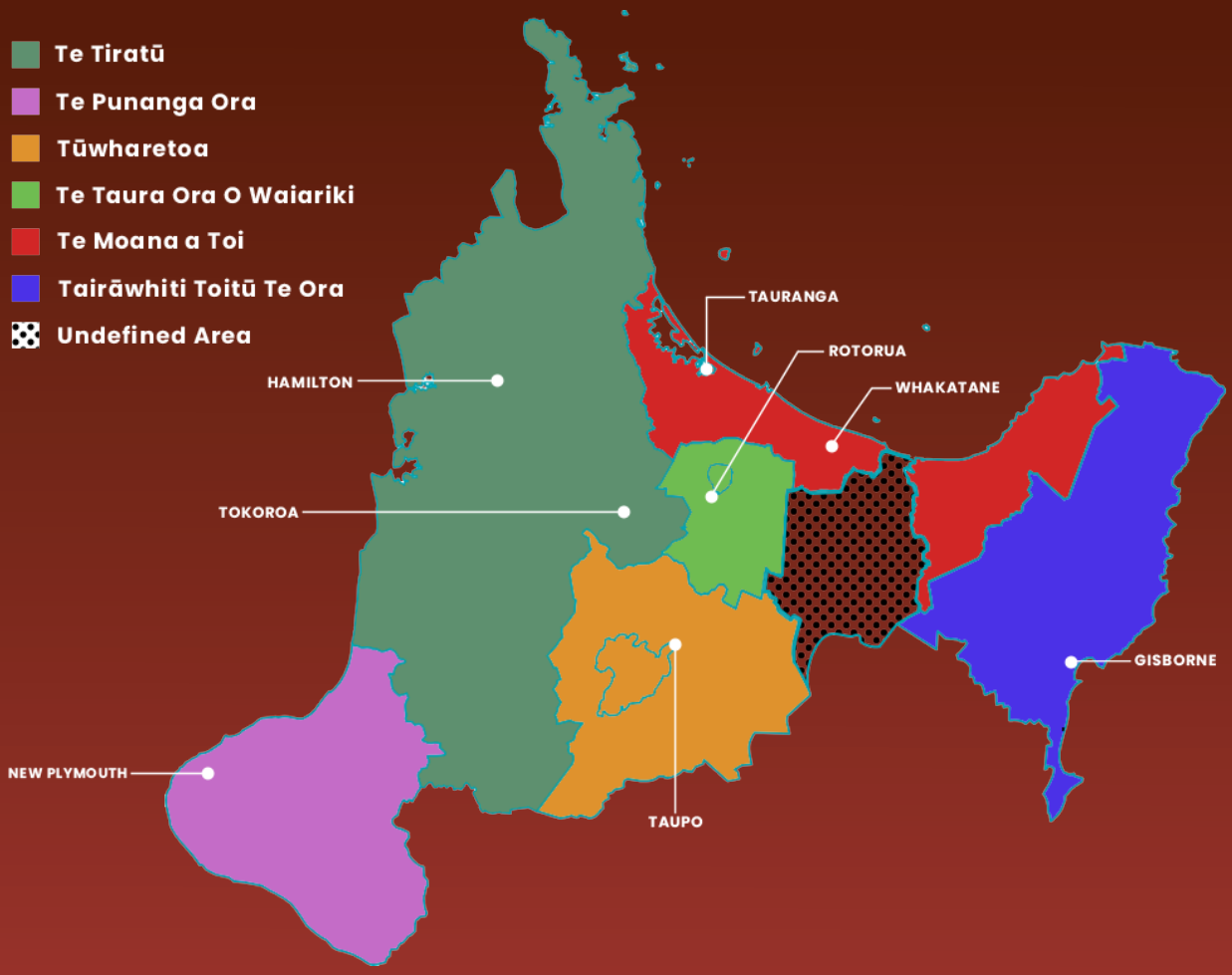
30 September 2024

Tērā te uira, e hiko i te rangi. E wāhi rua ana rā runga o Taupiri. Aue te mamae! He kura tangihia, he maimai aroha, mōu, kua riro ki te kāpunipunitanga o te wairua. E te Kiingi, Tūheitia Pōtatau Te Wherowhero VII, haere atu rā, e moe, takoto. Ko koe ki mua, ko mātou ki muri nei, tangi ai, haku ai, mōteatea ai ō tātou wheinga katoa i kāhakina atu rā e ngā ringa kaha o te pōuriuri, te pōtangotango.

E rere ana te wai i katohia, te wai kaukau ā ō tātou tūpuna. Tākina mai rā te ngāwhā whakatupu. Ka haere tonu ngā mahi whakahirahira i waihotia ake nei e koe, te Kīngi o te Kōtahitanga. Pūmau tonu ana te tongikura a Kīngi Tāwhiao, “Ki te kotahi te kākaho ka whati ki te kāpuia e kore e whati”.

OUR IWI MĀORI PARTNERSHIP BOARD

Te Tiratū Iwi Māori Partnership Board is one of several in Te Manawa Taki region:



More than 700 years ago the Tainui canoe moored at its final destination on the Kāwhia coast, by the famous Pohutukawa known as Tangi Te Korowhiti. Tainui Waka carried our voyaging tūpuna whose descendants settled the lands of the Tainui Waka rohe. Over time those same uri whakaheke begat the tribes of Waikato, Pare Hauraki, Maniapoto and Raukawa.

Ko Mōkau ki runga Ko Tāmaki ki raro Ko Mangatoatoa ki waenganui. Pare Hauraki, Pare Waikato Te Kaokaoroa-o-Pātetere.

Mōkau is to the South Tāmaki is to the North Mangatoatoa lies between. Tainui waka geographical markers continue to span the tribal rohe of Pare Hauraki, Waikato, Maniapoto and Raukawa.

Te Tiratū – the Iwi Māori Partnership Board for Tainui includes Waikato, Pare Hauraki, Maniapoto and Raukawa and the Terms of Reference for the IMPB makes provision for Ngāti Hāua ki Taumarunui and Te Rūnanga o Kirikiriroa.

TABLE OF CONTENTS

INTRODUCTION

Photo: Waikato River near Fairfield Bridge, Kirikiriroa

Purpose

The purpose of Iwi Māori Partnership Boards (IMPB) under Section 29 of the Pae Ora Act 2022 is described below:

"The purpose of iwi-Māori partnership boards is to represent local Māori perspectives on—

(a) the needs and aspirations of Māori in relation to hauora Māori outcomes; and

(b) how the health sector is performing in relation to those needs and aspirations; and

(c) the design and delivery of services and public health interventions within localities"

In order to achieve this purpose, one of the first pieces of work commissioned by the IMPB was to understand the needs and aspirations of whānau Māori in our community by drawing on available information from the health system (e.g. IMPB profiles prepared by Te Aka Whai Ora, additional data from Te Whatu Ora and PHOs, and the voice of whānau).

How this report is organised

This report is a collation of available and selective (high-level) information from existing reports and whānau engagement results, sorted into a useable form for the IMPB, around three service domains. We needed to find a way to simplify the complexity and scope, and to have key information in one place. We know however that at any time we can and should refer to original source documents. Organising the available information this way was intentional in order for the IMPB to gain a strategic level overview of the situation for whānau in each of the three domains. Te Whatu Ora is currently organised into these three domains nationally and regionally:

- Public and Population Health
- Primary and Community Care
- Hospital and Specialist Services

and below each of these domains are numerous specific services and programmes. This report contains descriptions of services which sit in each domain, to help us as IMPB members to improve and increase our understanding and knowledge of these domains, and what is included (or excluded). The report does not cover every single service or programme from within the health system, but it does reflect the areas of high utilisation (or under-utilisation) by whānau Māori, greatest investment by Te Whatu Ora, and where we as an IMPB can have the greatest impact.

This is not necessarily how we as an IMPB think about health systems or hauora – we would prefer models that operate across the life-course, and which take consideration of the whole whānau - but this is not how our health system has evolved or is organised. In order for us to engage and be effective, we need to understand how each of the above three domains work or do not work for whānau.

This collation of information positions our IMPB to advocate for Māori interests with the relevant national and regional leaders of these three domains. Over time we would hope we can have life-course and whānau-centred dialogue – but for now we work with the system in the way it is organised in order to penetrate and influence the system now.

A note about information sources

Many sources of information were used to produce this report – two volumes of IMPB profiles from Te Aka Whai Ora; additional data requested from Te Whatu Ora on various services; data requested from PHOs; whānau engagement reports; research reports on kaupapa Māori and health services; and expertise of IMPB Board members. We retain the original source documents to enable us to refer back to the original information and analysis provided by the experts who prepared them.

Where we have used that data, we have noted the original source, and those source documents and profiles contain all of the academic references and bibliographies. The IMPB Profiles can be accessed for those wishing to review that information and we have chosen not to repeat it all for that reason. Additionally, experts in the field (e.g. those who developed the IMPB profiles) recognise the data limitations that exist, and these are important for us all to understand. Those data limitations and the positioning of the data was well-described in the profiles. The data supplied is also acknowledged by the system to contain ethnicity errors so likely most of the data under-reports the true situation for Māori.

We ran into some issues with data. Data we received from the health system applies to various time periods – it is not all 2024 current data. Some of the specific data that we requested was not time-stamped to match the data in the IMPB profiles for instance. Some of our data requests were not able to be met at the time of writing. For instance,

we wanted to see more data on numbers of whānau Māori not making it to specialist appointments but did not receive it (we will continue to pursue remaining data). We wait anxiously to begin receiving data specific to our IMPB coverage area and ideally split out by our key Iwi sub-areas. Where the data we received was just for our IMPB area, it is identified accordingly.

Working with imperfections

This is our first Hauora Māori Priorities report, and we recognise and acknowledge its imperfections – but it provides us with a good start. We expect to get more accurate and current data as the health system moves to tailor data provision to our IMPB area and to get better with ethnicity data and reporting what we want to know. That is the reason our IMPB has made data access and currency a key priority for the future.

We have agreed to work with these imperfections for now – as likely over recent years, the rates, utilisation and outcomes for Māori have not moved much. In fact, it was noticeable to those on our IMPB Board who have worked in the health system for a long time, that not much has changed over the past 3 – 4 decades! Inequities still exist across the health system in all areas. In fact, it is more likely that many areas are now worse off in a post-covid environment.

Again, we chose not to not wait for these imperfections to be fixed before we moved forward – the health of our people TODAY is our priority and waiting for perfect data just is not an option.

As the full Hauora Māori Priorities report is well over 230 pages of information, it is too unwieldly to share publicly, but it is an essential resource for detailed information to support our IMPB purpose and functions that we will continue to refer to over time, until we refresh the information in years to come.

NGĀ TANGATA | About the whānau in our IMPB area

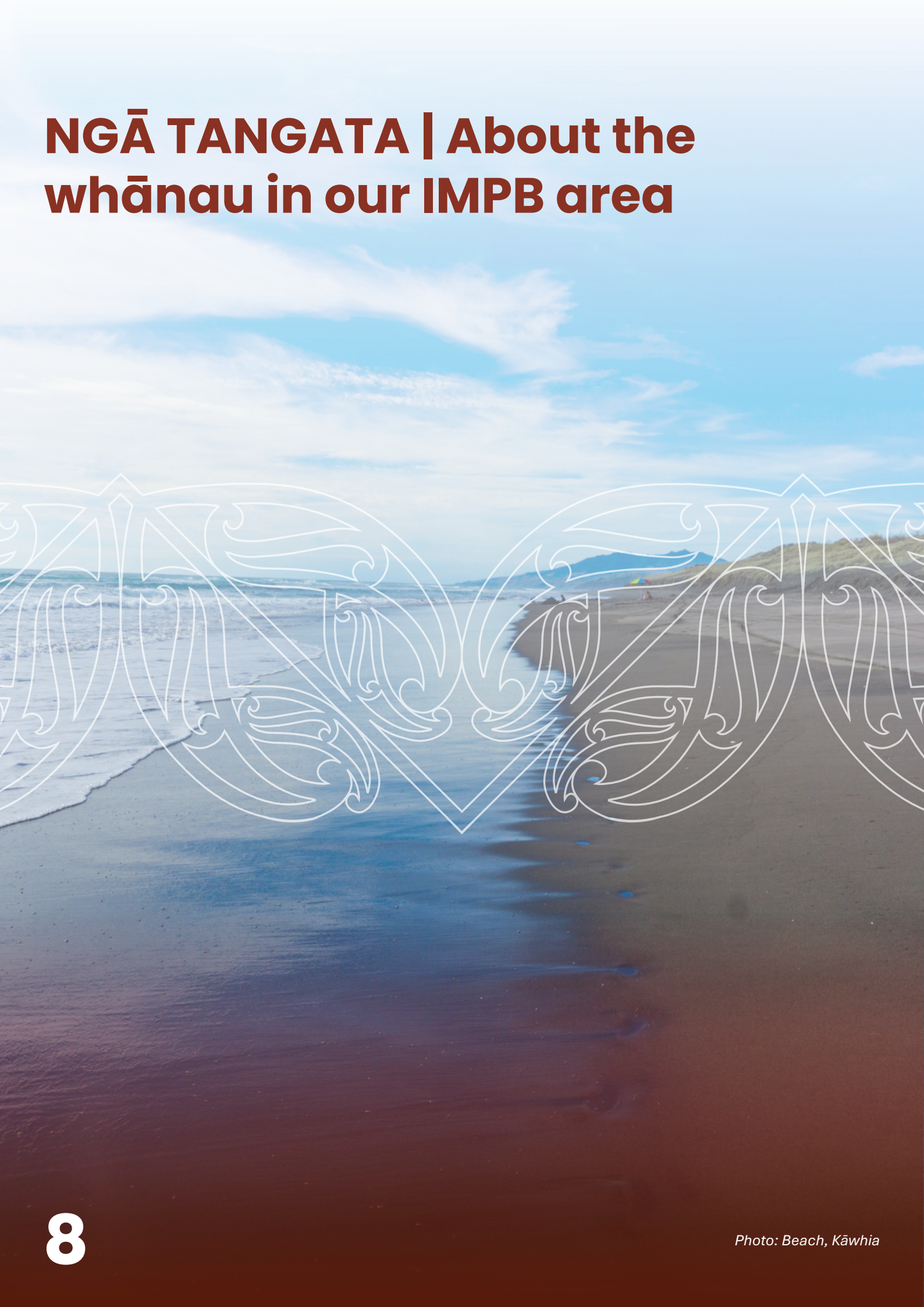
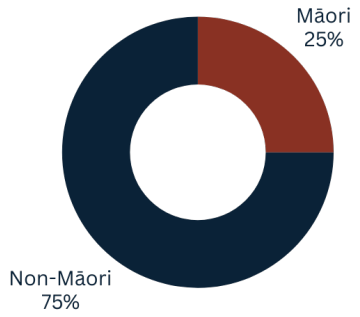


Photo: Beach, Kāwhia

Demographic trends that the IMPB needs to plan for

→ Te Tiratū rohe is home to just over 114,990 Māori (25% of the total population of 459,800 with 344,810 being non-Māori) and consists of the geographic area of the former Waikato District.



Total Population
459,800

Māori Population
114,990

Non-Māori Population
344,810

Population estimates by age group, Te Tiratū, 2023

	Māori			Non-Māori			
Age group (years)	Number	Age distribution	% of IMPB	Number	Age distribution	% of IMPB	Total IMPB number
0-14	34,795	30%		56,400	16%		91,195
15-24	21,250	18%		37,590	11%		58,840
25-44	29,795	24%		91,015	26%		120,810
45-64	20,945	18%		87,115	25%		108,060
65+	7,680	7%		72,645	21%		80,325
Totals	**114,990**	**100%**	**25%**	**344,810**	**100%**	**75%**	**459,800**

Youthful Demographics: 48% of the Māori population in Te Tiratū are under 25, compared to 24% of non-Māori.

Aging Population: Māori in Te Tiratū IMPB 65+ set to increase from 7% in 2023 to 10% by 2043.

Projected Growth: Māori Population in Te Tiratū to rise from 25% in 2023 to 29% in 2043.

Non-Māori Aging: 46% of the non-Māori population in Te Tiratū are over 45, including 21% over 65.

Hauraki community has an ageing population. In 2018, people aged over 65 years made up approximately 27% of our population. It has been estimated that in 2023 this has increased to 30%. The places with the greatest number of residents aged over 65 years are Thames and the eastern seaboard from Whitianga to Waihi. With an ageing population, the demand for residential and dementia care beds is expected to rise.

Social determinants have a significant impact on Māori

The Institute for Clinical Systems Improvement model of determinants of health and wellbeing, evidence suggests that:

50% of socio-economic determinants impact your wellbeing (income, education, home, job).

30% of determinants are health behaviours (eating, smoking, exercise).

20% of determinants are from health services.

→ The Māori population in Te Tiratū IMPB area have lower rates of income, job status, home ownership and education across the board so this 50% of "influence" on wellbeing is severely compromised.

DIRECT IMPACT

The IMPB can have the greatest DIRECT impact on 50% through messaging and promoting healthy behaviours and advocating for increased investment in appropriate health services via working with the health system. A communications campaign for instance where IMPB Board members speak out (Iwi radio, hui) on key issues, findings in this data, and encouraging whānau to healthy pathways would demonstrate a public commitment by the IMPB.

INDIRECT IMPACT

The IMPB can have the greatest INDIRECT impact on the other 50% through influencing and advocating with other sectors responsible for job growth, housing and educational achievement. The focus should be on working primarily with MBIE / WINZ, MHUD and Education.

Cultural Factors

70%+ of Māori are engaged in Māori culture and Marae activities.

20% of Māori regularly use Te Reo at home.

This is another area where Tainui tikanga and te reo can be advocated for and uplifted through IMPB advocacy and promotional efforts, as cultural resiliency is known to contribute to health outcomes.

Avoidable deaths that the IMPB can influence to reduce

Causes of death (and early death) for Māori in the rohe

The leading avoidable causes of death contributing to the life expectancy gap among Māori are lung cancer, coronary/ heart disease and diabetes, followed by COPD. The focus needs to be on:

- Ensuring those with these conditions are diagnosed, and supported to manage with medication, exercise and social / whānau supports, and that we prevent or mitigate deterioration or early death.
- Ensuring those "at risk" of developing these diseases (e.g. pre-diabetic) are caught early, diagnosed and supported to prevent onset of disease.

Life expectancy: The life expectancy at birth for Māori born in Te Tiratū between 2018-2022 is 79.6 years for females and 72.3 years for males. Māori life expectancy in Te Tiratū is 5.1 years shorter for Māori females and 9.5 years shorter for Māori males, compared to non-Māori in Te Tiratū.

The leading avoidable causes of death contributing to the life expectancy gap among Māori in the region are lung cancer (0.9 years), coronary disease (0.8 years) and diabetes (0.6 years).

For Māori women, breast cancer is an additional leading cause of death.

Leading causes of avoidable deaths are as above and can be prevented through high quality health care and public health interventions (prevention).

The leading causes of death for Māori in 2014-2018 were ischaemic heart disease, lung cancer, chronic obstructive pulmonary disease (COPD), cerebrovascular disease and diabetes. The leading causes of death for Māori females were lung cancer, ischaemic heart disease, breast cancer, cerebrovascular disease and COPD, and for Māori males, were ischaemic heart disease, lung cancer, diabetes, COPD and suicide.

From 2014-2018 in Waikato District, the age-standardised avoidable death rate for Māori was 2.5 times higher than non-Māori, with 200 deaths per 100,000 people. This averages 108 avoidable deaths per year in Māori females and 139 in Māori males aged 0-74.

21.7%

of Māori in Te Tiratū reported fair or poor health in 2018.

32.6%

of Māori in Te Tiratū rated their whānau wellbeing as 6/10 or lower.

Our IMPB Priorities

- Te Tiratū IMPB acknowledges that with such a substantial younger population under 24 years of age, there needs to be a strong focus on the wellbeing of young Māori.
- This includes ensuring pēpē and under five-year-olds get the very best start in life with child development and enrolment in dental care, along with encouraging a 'no sugar' lifestyle.
- It also includes ensuring all of the services going into schools right through to secondary level – are pushing messages of health, wellbeing, dangers of vaping, and getting regular health and dental checks. A deeper analysis of the impact of the various school-based services was suggested to ensure there is strong coverage for tamariki Māori across all types of schools including Kura Kaupapa.
- It has been recognised by the IMPB that Kaumātua care services and programmes are often under-funded as most aged-care funding goes into residential institutions which are not as frequently used by Māori. There needs to be an equitable investment in care for those at home, and in their communities as Kaumātua are key leaders especially in rural areas.
- The population changes will also signal more births in the next 20 years. There is already pressure on current services with the lack of midwives. The IMPB is keen to see an increased investment in training more midwives to cope with the increasing demand to come.

WHĀNAU VOICE | General Feedback

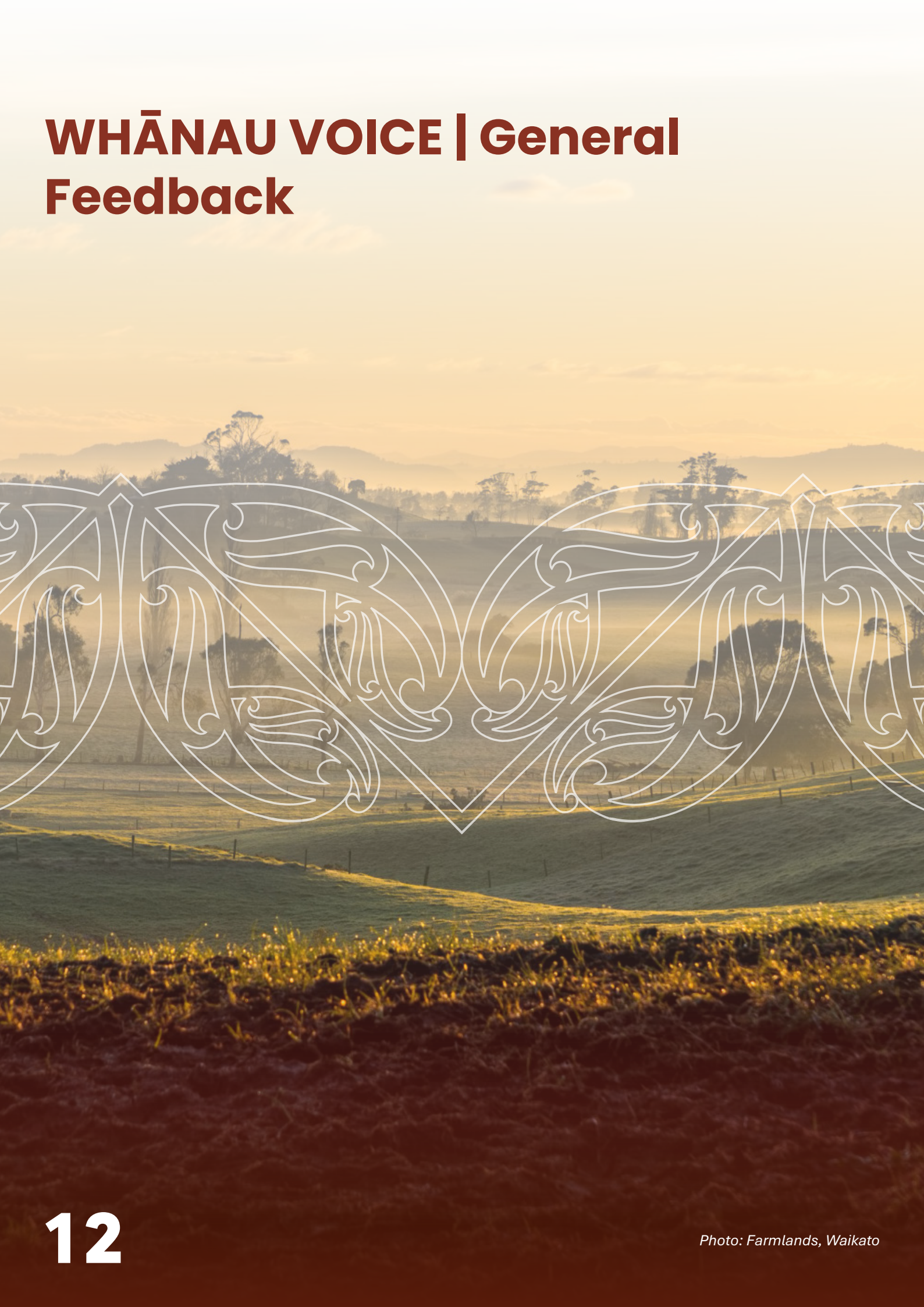


Photo: Farmlands, Waikato

Whānau Voice – General Feedback

There were seven distinct groups of whānau that shared their interest and concerns, these included Maniapoto, Hauraki, Raukawa, Waikato-Tainui, Mātāwaka, Ngāti Hāua locality engagement, Hauora Māori providers and mainstream providers. Common areas of interest and concern across all six rōpu include accessible mainstream healthcare, access to GPs and Primary care enrolment. There was a common desire for an increase in Rangatahi health and dental care programmes. Enablers such as access to safe and sustainable transport options, and financial security and employment.

When health services work well

Maniapoto say:

- When whānau have accessible mainstream health care, health education, proactive use of Rongoā.
- Mental health services are available and accessible to whānau struggling.
- Health care services are more affordable, accessible and culturally responsive.
- Whānau are empowered with Hauora education and literacy.
- Mātauranga Maniapoto underpins Hauora and healthcare delivery.

Te Tara o Te Whai say:

- A choice of services is available including in person, digital and telehealth services.
- Services will be responsive and culturally safe for whānau Māori.
- Services are easy to access or navigate and there are support people who can help navigate and advocate if you need help.
- Expand services to keep people well in our rural community.
- Services are whānau centred, holistic and meet the needs of whānau.
- Services will be responsive to individual and whānau needs and be able to wrap around collaboratively.
- Services become more accessible for our rural population and most vulnerable whānau.
- Whānau have control of their health information and their journey.
- Whānau can access the broad range of health and wellbeing services closer to home.

Raukawa say:

- They are delivered by locals for locals and by Māori for Māori.
- Providers are strong communicators – with whānau, and with each other where sharing care of whānau.
- Appointments are timely, convenient, available after hours and weekends – and that length of appointment time is suited to the patient's needs.
- Service practitioners really listen – and don't rush people to express themselves.
- Specialists come to the community, instead of making whānau travel out of the area.
- Professionals are trained appropriately and understand the needs of specific groups (e.g. Rangatahi, LGBTQIA+ community, Kaumātua).
- Transport is provided to attend services.
- Services are free or very low cost.

Waikato-Tainui say:

What our whaanau told us

Whaanau have expressed a strong desire for better access to support in achieving their health and wellbeing aspirations. This includes:

- Easier access to services and programmes.
- Access to information and resources.
- Resourcing and support to lead their own wellbeing initiatives.
- The need for a holistic approach to supporting whaanau that integrates cultural, hauora, educational,

community, environmental, and social wellbeing.

What our Service Providers Told Us

- Our community and health service providers have echoed this strong desire to see whaanau well engaged with the support they need. They seek an end to competitive funding environments and want more opportunities to collaborate and build strong relationships. Providers also call for realistic funding for their services, as they often address whaanau needs beyond the scope of their contracts.
- Streamlining multiple administrative processes into a single system would significantly enhance their operational and delivery focus. Additionally, addressing the stark funding disparities for Maaori health outcomes is crucial.
- Our people, service providers, tribal member subject matter experts, and Tangata Hauaa have all voiced that our own iwi-based wellbeing system is long overdue. The current system has never adequately met their needs.

Mātāwaka say:

- Access to a range of core primary health care services that includes early screening, diagnostics, intervention and management.
- Safe transport options are available to access services.
- Mental health, well-being and psychological services are available and accessible to whānau.
- Whānau have good health awareness and literacy.
- Whanaunga benefit from health services that provide culturally responsive and holistic care. Whanaunga engagement in Te Reo classes led to the successful “Matariki Heri Kai - The feast of Matariki” celebration. Whanaunga appreciated the new knowledge gained about Matariki, mentioning, “Woh .... this was Matariki?” This celebration helps to connect whanaunga to Te Ao Māori, in turn supporting overall wellbeing.
- A holistic support approach led to significant positive outcomes. One whanaunga successfully reconnected with their family and children, achieved sobriety, and transitioned to full-time employment due to an integrated set of services including counselling, housing and employment support.
- Whanaunga have found achievement and pride through tikanga practices and setting up māra kai. This has contributed to their sense of independence and wellbeing.

Ngāti Hāua say:

- Improved telehealth and/or internet services that allowed instant communication of results or diagnosis without the need to travel. This would also address in provider wait times and allow those that need to see a doctor to do so quicker.
- A mobile doctor’s unit or public health nurse role could allow “at place” service provision, while at the same time ensuring access to health services to parts of the community that very rarely see any health care professionals. This extends to dental, mental health and disability.
- Subsidies for travel or discounted appointment costs based on place of residence.
- In community health hubs and/or health days. Using rural schools was a suggested way of connecting to those communities.
- Better after-hours and weekend services, to accommodate those that work (particularly in shift work or on farms).
- More doctors

Māori Health Providers highlight:

- **Proactive Engagement and Navigation:** Engaging with whānau to understand their needs and navigate them to the appropriate services, reducing dependence on traditional GP scheduling.
- **Flexible Service Delivery:** Offering services such as home visits, out-of-hours care, and transport support to meet the needs of the community.
- **Workforce Development:** Focusing on growing nurse prescribers, nurse practitioners, and specialists to enhance service delivery in rural settings.
- **Funding Model Adaptation:** Advocating for a funding model that supports high Māori, rural, and geographically spread communities, enabling more mobile and flexible services.

- **Comprehensive Care Services:** Providing free GP visits, minor surgeries, and extending free prescription services to reduce barriers to accessing care.
- **Mobile Health Clinics:** Implementing mobile health clinics to reach whānau in small towns and rural areas, addressing access issues.

Mainstream providers highlight:

- **Continuity of Care is Provided:** There is a seamless transition and ongoing management of patient care.
- **Services are Integrated and Coordinated:** Services are well-coordinated to meet the needs of whānau effectively.
- **Flexible Appointment Times:** Appointments are available at convenient times, including after hours and weekends, and are scheduled to suit the patient's needs.
- **Service Practitioners Listen Attentively:** Practitioners give patients adequate time to express themselves without feeling rushed.
- **Transport and Accommodation Support:** Transportation and assistance with accommodation and travel costs are available.
- **Affordable Services:** Services are free or offered at very low cost.
- **Clear Medication Information:** The side effects and importance of medication are clearly explained.
- **Accessible Drop-In Clinics:** Drop-in clinics are available for flexible access to care.
- **Mobile Services:** Services are provided at the client's location when needed.

When health services do not work well

Maniapoto say:

- Access to healthcare services is a key barrier.
- There are financial, geographical and cultural barriers to access.

Te Tara o Te Whai say:

- Addressing overcrowded, poorly ventilated, damp, cold, moldy and poorly insulated homes is critical if we are to reduce health inequities and total hospitalisation costs.
- As a rural area, transport and affordability are key barriers to accessing urgent care.
- Our community especially Māori and high needs have experienced access barriers such as cost (especially for after-hours urgent care), transport, and distance, local availability, and capacity.
- Rangatahi who live rurally face unique challenges due to distance, a lack of local employment and education opportunities and accessible health and hauora services.
- Poor telecommunication systems and unreliable internet connectivity.

Raukawa say:

- Lack of coordination and integration of services.
- Acute workforce shortages.
- Limited access to therapeutic services for whānau with mental health conditions, particularly for tāne.
- Lack of early intervention services for whānau with mental health and chronic conditions.
- Lack of sustainable funding.

Mātāwaka say:

- Limited or no access to medical interventions such as diabetic annual reviews, CVD assessments, screening and diagnostics, health education, physical well-being support.
- Poor housing, access to basic amenities, safe transport.
- Access to health literacy and education.
- Access to mental health and well-being services and psychological support.
- Some whanaunga faced delays in accessing necessary support, which worsens their conditions. As an

example, the financial barrier of affording transport to health appointments sometimes led to whanaunga not maintaining appropriate medication and treatment plans, resulting in worsened health outcomes.

- Emergency housing has negatively impacted mental health and stability. Whanaunga have expressed feelings of disconnect from cultural and spiritual support. “I felt disconnected from my cultural practices while in emergency accommodation.”

Ngāti Hāua say:

- The overriding issue for the community was related to accessibility of health and well-being services. ‘Access’ was wide ranging and included access to knowledge of local services, health education, health system knowledge as well as physical access issues and access to technology. Barriers include the hospital bus hours and run times as well as its condition, the cost of services (both the cost of the appointment itself but also the cost associated with taking time off work to attend and wait for those appointments), the lack of internet and cell phone network coverage for telehealth, and the triaging process and poor experience with triaging.
- Whānau identified the issue of “competition’ meaning that they felt providers were working their processes to get pūtea without any tangible outcomes being achieved. Others also felt that some providers delivered “drug focused” health care, meaning that the focus was always to proscribe medication rather than coupling this with long term solutions

Physical Access:

- The physical access issue has been an ongoing concern of this community for over 10-15 years, particularly since the number of specialist services provided in the rohe decreased with the closure of the wider Taumarunui Hospital facility. The hospital bus was a target for concern in this area, with whānau referring us to the current poor condition of the bus and set schedule times it runs (i.e. uncomfortable trip to Waikato hospital particularly for our elderly and those that were in pain or in a vulnerable condition).
- Bus leaves Taumarunui around 7:45am and departs for Taumarunui at 3pm. This means that people either can’t use the service because appointments have been scheduled between 8:30-10:30am or later than 3pm, or they have to wait all day to return back to Taumarunui (creating further stress and wellbeing issues that many felt were avoidable and easy to resolve. Mobility buses might be key to ensuring vulnerable or elderly persons can access specific appointments with more ease.
- Travel to primary health care in Taumarunui was difficult for some whānau. The Northern Ruapehu is almost 100% rural and so it is expected that people are required to travel large distances to access primary health (cost and time associated with this is a deterrent) including the need to take time off work.
- The community advocated for services to be in one location and for all those services to talk/communicate with each other including through a standardised data base (to save repeating their information). Centralising the services in one location would allow people and whānau to access more than one service during one visit, maximising their experience and potentially their particular health outcomes. The Taumarunui hospital facility was something that people wanted to see resurrected to its former glory, with the chemist, physio, dental, disability and mental health services (to name a few) all delivered out of these premises.
- Getting into an appointment was also very hard. There are a number of factors to this. One may be that many go to the doctor where there is no need for a physical consult and that can be done over the phone or online. The other may be that some health professionals are unable to deliver basic health care due to a lack of training. Competitiveness, doctor numbers, provider management efficiencies and triaging were all suggested as being potential key contributors as well.

Health literacy and knowledge of services:

- A person’s health education should be a lifelong programme that targets primary health issues in the first few years of development and then progresses to account for their age and stage in life. Many whānau felt that there was still a strong stigma around health care that added to the difficulty with accessing services in the early stages of when a health issue presents itself. Limited access to educational material about the New Zealand health system, health insurance and subsidised services was also highlighted to us as a factor that limited whānau from taking control of their own health issues.
- Some individuals feel as though the system fails to teach them how to deliver care for themselves and/or their whānau when they become sick. Many of these were communicated within the context of providing hospice and palliative care, and that whānau were not being enabled enough to deliver this care at home. Funding/financial and housing issues were always noted as a contributing factor to this, but generally it was felt that by enabling some level of care to be delivered by whānau for whānau at home or in hospital, would assist some

of the pressure on whānau that is connected to the stigma held about the system as well as pressure on the health care practitioners themselves, allowing others to receive their attention

- Most people either were not aware of the services provided in Taumarunui - highlighting a limited approach to communication and advertising as well as a lack of service knowledge by our providers and health care workers.

Access to Adequate Emergency Care:

- The limited yet overly stretched ambulance service incurs long wait times and even instances where the ambulance did not turn up at all because it had to do a self-prioritisation of the emergency calls it was receiving. This meant that many had to drive themselves or arrange someone else to drive them to the emergency room. In some situations, their condition was such that they were sent to Waikato Hospital, which then strained the ambulance's capabilities to service the community in that time. Some drove themselves to Waikato Hospital even in their critical conditions. The community acknowledged that the ambulance service did extraordinary work and in no way was this a criticism of them. Rather it was a criticism of the system allowing such a strain on that service to occur. There was a call for more paramedic and ambulance service professionals.

Access to Specialist Services:

- Cancer and dialysis treatment were both common health treatments that many in the community had to undergo. Cancer numbers in the rohe are some of the highest in the country, yet they have no specialist services for cancer in the area, nor do they have a central hub to assist the significant number of whānau with cancer, accessing services and cancer and dialysis treatment in Hamilton.

Community services:

- Dental, ear and eye services where all few and far between in Taumarunui. Many travel for these services or don't access them at all. This has resulted in whānau just having teeth pulled out (as a cheaper option), living with poor eyesight and/ or poor hearing. The cost associated with these particular health areas were enough to deter entire communities of people from even thinking about making an appointment.

Māori Health Providers highlight:

- **Poor Access to Services Elsewhere:** Whānau are enrolling in primary care services due to long wait times (4-6 weeks) for appointments elsewhere.
- **Work Commitments and Time Constraints:** Whānau often prioritise other commitments over health, leading to delays in seeking care.
- **Transport Issues:** Limited access to transportation, especially in rural areas, hinders whānau from attending appointments.
- **Complex Health and Social Situations:** Whānau in domestic violence situations or those with complex health needs struggle to maintain regular health appointments.

Mainstream Providers highlight:

- **Difficulty Accessing GP Appointments:** Limited availability and restrictions on discussing multiple issues.
- **Long Wait Times for Specialists:** Extended delays in receiving specialist care.
- **Failing Waitlist System:** Removal from wait lists without follow-up, often marked as "unable to contact."
- **Complex Health Needs:** Insufficient support for patients with complex health conditions.
- **Lack of Continuity of Care:** Disruptions in ongoing care management.
- **Workforce Shortages:** Insufficient staff, such as Lead Maternity Carers (LMCs), dental therapists and GPs.
- **High Costs:** Expensive GP and after-hours care, prescription, travel, accommodation, and parking costs.
- **Unresponsive Staff:** Indifference and lack of responsiveness from staff.
- **Racism:** Experiences of racism within the health system.
- **Travel and Work Disruptions:** Need to travel for specialist services and take time off work for appointments.
- **Poor Communication and Limited Health Literacy:** Ineffective communication and difficulty understanding health information.
- **Uncoordinated Appointments:** Lack of coordination for family appointments on the same day and location.
- **No After-Hours Care:** Absence of care options outside regular hours.
- **Phone Credit Issues:** Need for phone credit to confirm appointments.

- **Insufficient Funding:** Funding levels that do not meet the demand for services.

Te Tiratū Whānau aspirations

Maniapoto say:

- Mātauranga underpins Hauora and healthcare delivery.
- Receiving equitable access to quality health care is a priority for those 18 years and under and kaumātua.
- Healthcare services being more affordable, accessible and culturally responsive will increase positive health care outcomes for whānau.
- Whānau have generally great physical health.
- Rongoā Māori is alive within our whānau, and practice supports wellbeing.
- Whānau are able to get support in areas such as anger management, gambling, drugs, alcohol addiction and other mental health conditions.
- Therapy, counselling, rehabilitation and other mental health facilities or services are available and accessible to whānau struggling.
- Whānau have a good health awareness and education.
- Traditional practices with distinct Ngāti Maniapoto characteristics are practiced and accessible for whānau to participate inside and outside the tribal rohe.
- Increased care and support for Tamariki.
- Whānau are employed and Maniapoto has a strong workforce with career aspirations.
- Whānau are self-sufficient and self-reliant.
- Maniapoto are growing and nurturing leaders.
- Whānau are united by vision and the uniqueness of Maniapoto.
- Technology positively impacts the development of whānau, hapū and iwi.
- Whānau are connected to their whenua, mare and spend time at home building strong relationships, identity and belonging.
- Whānau see their marae as home.
- Maniapoto has flourishing māra kai, natural foods and local initiatives that enable food sovereignty amongst whānau and provide food security and nutrition for whānau.
- Maniapoto have safe, affordable, quality housing accessible to whānau.
- Maniapoto live sustainably and have little impact on our Taiao (environment).
- Maniapoto have improved living standards for all whānau.
- Youth groups, sports hubs, health hubs and other recreation opportunities are used to inspire, empower and educate rangatahi.
- Education is defined, designed and delivered by Maniapoto for Maniapoto.
- Whānau are supported and guided throughout their education with a focus in special learning needs.

Te Tara o Te Whai say:

- **Āhuru mōwai – Housing First:** Whānau want warm, dry, safe homes for their whānau to live and thrive.
- **Urgent Care – Health care when I need it:** Whānau and community have urgent health care services that are easily accessible when they need them most.
- **Preventative care – Keeping me well and closer to home:** Whānau want to be able to access a comprehensive range of services in their community.
- **It takes a village – Mā te pā te tamaiti e whakatipu:** Whānau have expressed a need for maternity and tamariki ora services that are integrated, seamless, comprehensive and can provide wraparound service for whānau from pre-conception to birth and for the first 2000 days.
- **Rangatahi – I have a sense of identity and belonging:** We need a comprehensive and collaborative local approach to building resilient rangatahi.
- **Whānau experience – "I am more than just a number":** Whānau want to be recognised as having unique needs, priorities, culture, values and beliefs.
- **Data and Digital – Better use of technology:** Whānau have requested the option of having more mobile and

telehealth services

- **No days off - Rural workforce development:** Working in rural communities means responding to any situation and thinking on your feet, it means knowing a lot about everything and everyone, it means long hours and working after hours, it often means – no days off.

Raukawa say:

- Health needs of pēpē (babies) and māmā (mothers) are critical to the future wellbeing and flourishing of the people living in our region.
- A key priority is Te Oranga Hinengaro and Whakapakiri ai ngā Rangatahi.
- It is important to have a holistic approach to health, integrating both Te Ao Māori (the Māori worldview) and Western medical practices.
- Whānau need community-based mental health services that are culturally appropriate and provide timely support.
- Early intervention services are needed to address mental health and chronic disease management.
- School based health services are a key solution for our rangatahi.
- Kaumātua express a need for more accessible support systems that honor their role as cultural and community leaders.
- Co-ordinated and integrated health services.

Waikato-Tainui say:

Ngaa Pou o Koiora

The whaanau koorero we have gathered has been distilled into key themes and adopted as Pou in the Koiora Strategy.

Pou Tuatahi: Mana Motuhake – Self-Determined Health and Wellbeing

Whaanau have shared their hauora aspirations and expressed a range of ideas they wish to take initiative on. Ultimately, Mana Motuhake for whaanau is about driving their self-determined pathways to achieve positive health and wellbeing outcomes with the right support.

"Teaching our pepi to our kaumaatua and sharing our ideas and knowledge, advocating for those who can't speak up for themselves."

"We need to develop something based on our own values and cultural principles."

"Whaanau-centered, whaanau-driven, and then it's up to the individual to carry out the kaupapa."

"Making sure that I'm okay mentally and that if I do go to a bad place, I can get myself out of it and get help from others."

"Having hauora champions and influences. One thing about whaanau as individuals is that they need positive role models. An example given is 'Jared,' who won Body for Life, where millions supported him during his time. Hauora for our people improved immeasurably, particularly with the small investment put into that initiative."

"I spoke about capacity, happiness, and ability because that's what sums up health for me. If you have the capacity to do what you want to do, it generally brings happiness, and the ability, as opposed to the inability, to do something is what health means to me. It means I can do it whenever, however, and with whomever I want, and that's health to me. So that takes into account the physical, mental, and spiritual side of it."

Pou Tuarua: Leadership – Carrying the Voices of Our People

- Whaanau consistently voiced that the existing health system is not working for Maaori. They stressed the importance of understanding the current health system and knowing how to navigate it successfully to achieve better outcomes.
- The koorero extended into the need to influence health policy based on the real and lived experiences of whaanau and the significant need to advocate for better public healthcare due to a broken system.
- Whaanau want to see strong advocates at the highest levels, participation in key decisions, and an improved distribution of resources and funding.

"In the hospital, they can have this attitude like they know everything, and you should know what we're talking about. That's what I mean when it comes to engagement, practices, and attitudes around my health because a lot of my whaanau are real whakamaa around health facilities. They end up hurting and know they're sick, but they're

too whakamaa to get the support and medical attention they need. So, health for me is my whaanau, my hapuu, my iwi, and educating them about the options and advocacy for them."

"Empower our whaanau to make good choices, give them the ability to make these choices, and make sure their voice is heard."

"Be a strong voice in holding agencies accountable. When we talk about collective strength, I want it to be put out there that Waikato-Tainui sees that the Crown and the agencies aren't working collectively or in a coordinated way."

"There are issues that arise from this. One is intergenerational abuse and how that impacts our rangatahi. We talk about suicide rates, but I know the big impact is abuse from previous generations, which splits the whaanau and leads to dysfunction. It's about figuring out how to fix things. We have counselling, but it may also come down to the whaanau acknowledging that abuse happened to them without the splitting. How do you get the whaanau to try to fix it? I work in the health space, and I don't know where to go to get help for the entire whaanau."

"Having a personal relationship with the doctor so that they can inform us how we're doing in words we understand and so we also understand what we need to do. Unfortunately, a lot of us go to clinics where doctors change all the time, so we have no idea who we're going to see, and we have to keep updating them. This information sits with them, and we have to request it. Some of our whaanau are too whakamaa to do that. I've heard my own whaanau say, 'Why should I go to the doctors?' A huge number of our whānau are afraid to go to the doctor for various reasons, including shyness, not wanting to show that they can't afford it, or not knowing which doctor to see. So, the only time they go is when the ambulance takes them to the emergency room."

Mātāwaka say:

- Health is a key priority for whānau due to the fact that many whānau in the region require various types of medical intervention.
- Whānau expressed the importance of standards of living with improved housing, safety, and access to basic household amenities.
- Employment, education, or volunteering in the community are highly valued to whānau.
- Whānau express the importance of nutrition and physical health, and wellbeing support is essential to address health issues.
- Many whanaunga aspire to achieve financial independence and secure stable housing. These aspirations align with the broader goals of ensuring long-term stability and independence.
- There is a strong desire among whanaunga to include traditional Māori practices such as rongoā in their wellbeing plans. "I want to incorporate more traditional Māori healing practices into my life for overall wellbeing."
- Whanaunga seek employment that supports both economic stability and mental health, having aspiration that integrate life needs with career goals.

Provider views on barriers and challenges

Māori Providers highlight:

- **Long Wait Times for Services:** Whānau are facing significant delays in accessing healthcare services, particularly GP appointments, which can take 4-6 weeks, leading to frustration and unmet health needs.
- **Transportation Barriers:** The need for travel, especially for whānau in rural and geographically spread areas, presents a major barrier to accessing healthcare services. Lack of transport is a critical issue that prevents timely healthcare access.
- **Work and Time Constraints:** Many whānau struggle to prioritise their health due to work commitments, being "time poor," and the need for urgent care. This leads to delayed or missed healthcare appointments.
- **Complex Health and Social Situations:** Whānau dealing with complex health needs or living in difficult social situations, such as domestic violence, find it challenging to maintain regular healthcare appointments, impacting their overall health outcomes.
- **Insufficient Workforce:** There is a shortage of healthcare professionals, especially in roles such as nurse prescribers, nurse practitioners, and specialists, which limits the capacity to provide comprehensive care, particularly in rural settings.
- **Limited Flexibility in Service Delivery:** Traditional healthcare models are often rigid, making it difficult for services to adapt to the specific needs of whānau, particularly in terms of home visits, after-hours care, and

culturally appropriate services.

- **Inadequate Funding Models:** The current funding models do not adequately support the needs of high Māori, rural, and geographically dispersed communities, limiting the ability to provide mobile and flexible healthcare services.
- Financial barriers and the lack of nearby health services create gaps in care, leading to relapses.
- Emergency housing frequently lacks the cultural and spiritual support that whanaunga need, leading to discomfort and a sense of disconnection.
- Transportation issues significantly limit the ability of whanaunga to engage fully with available services.

Mainstream Providers highlight:

- **Housing Challenges:** Lack of safe, stable housing and inadequate emergency housing options.
- **Financial Issues:** Unemployment and financial insecurity affecting health.
- **Transport and Accessibility:** Difficulties with transportation, phone credit, and access to food.
- **Mental Health:** High rates of anxiety and depression.
- **Cultural Identity:** Lack of access to effective supports and diminished cultural identity.

Whānau have many ideas and solutions

Maniapoto say:

- Empower whānau with hauora education and literacy.
- Increase whānau access to healthcare services / removing financial, geographical and cultural barriers to access.
- Upskilling & growing the Maniapoto health workforce.
- Research, preserve and learn from Mātauranga Maniapoto as it relates to hauora (health & wellbeing)
- Align and collaborate with Maniapoto to achieve the aspirations of Maniapoto whānau.

Te Tara o Te Whai say:

- Investment needed in providing emergency housing, respite accommodation and dementia beds across our locality.
- Clearly marked pathways for accessing urgent and emergency care.
- A ‘By Hauraki, For Hauraki’ 24-hour health and help line staffed by local providers.
- Sustainable afterhours services for urgent and emergency care across our locality.
- Improved collaboration across sector partners including local community partners, urgent care providers and regional specialist services.
- Boost the provision and accessibility of virtual care.
- Sustainable transport service.
- Collaborate with networks and co-design with community.
- Design a Te Ao Māori whānau centred integrated maternity and early years’ service for whānau in Hauraki.
- Develop a Kaiāwhina workforce plan for Hauraki to increase capacity in maternity and Well Child services.
- Harnessing technology such as online services that can improve access and present viable ways to reach our at-risk young people.
- Increasing options and access to leisure and social activities that keep Rangatahi actively participating in their communities.
- Investment in rural telecommunication and internet connectivity.
- Investment in digital and data technology for communities to develop tailored solutions.
- A sustainable, fit-for-purpose rural workforce that deliver services that our whānau and communities need in the way that works for them.

Raukawa say:

- Support comprehensive, culturally responsive care models that integrate Te Ao Māori and Western practices, ensuring māmā and pēpē receive holistic support.

- Increase the availability of community-based te oranga hinengaro services tailored to the cultural needs of the Raukawa rohe population.
- Support early intervention initiatives that focus on preventing mental health issues before they escalate, particularly for tāne.
- Integrate trauma-informed care into services to address the historical injustices and cultural dislocation
- Offer localised management of chronic conditions.
- Provide early intervention, mental health support, and behavioral services tailored to rangatahi.

Mātāwaka say:

- Ensure whānau can access their full entitled benefits contributing to housing and household amenities.
- Support whānau to access and enrol in whānau knowledge programs such as drivers licensing, higher education.
- Support whānau to access to financial management programmes, education, training and employment.
- Access to health education and literacy, health services, oral health and mental health and wellbeing services.
- Safe transport options.
- "Mobile health services would help us access care more effectively without needing transportation."
- "We need more access to rongoā Māori and traditional health practices as part of our treatment plans."
- "Community gardens can connect us to our heritage and improve food security."

Ngāti Hāua say:

- **One-stop shop:** Whānau suggested a one-stop-shop be created that acts as a hub for all the services provided in the area, but also provided a way those services could network with each other. Whānau felt that this was an absolute must in order to fill the deficit created by a lack of service knowledge. Information would include an understanding when services were running (i.e. breast screening), advertising so that people were assisted in keeping up with their health check-up. Whānau liked that some services issued reminders etc about when their next check-up was (e.g. physio)
- **Whānau advocates:** Many people asked about an advocacy service or a support service that held a number of functions including linking people to services. Whānau Ora navigators and Waikato Hospital kaitiaki workers were examples highlighted to us where similar functions are exercised by those roles. The majority of people did not know that Taumarunui had Whānau Ora navigators, while many also highlighted that those navigators were limited in what they could do for the wider community=
- **Accessing specialist services:** Utilising the hospital premises to deliver more centralized services and/or provide specialist services for cancer and dialysis, which are in high demand for a large number of the community. Have specialist doctors visit the area more regularly, with clear communications put out to the community to make them aware such a visit could be expected and for appointments to be made as soon as possible. Providers like the Specialist Kāpō Māori Service, which is a vision and optics service available to all New Zealanders but run through a kaupapa Māori lens, were not well-known (if at all) by the community – but lean on whakapapa models of care and analysis, meaning that the provider was able to link vision issues with whakapapa in order to provide early recognition of vision health issues and identifying the care needed early on
- **More Healthcare Practitioners and Improved Training:** The shortage of health care practitioners is a nation-wide issue. Solutions put forward to try address the shortage in Taumarunui:
    - Improved benefits for working in rural communities (like the provision of housing). This could incentivise health care practitioners to work rurally.
    - Undertake a comprehensive international advertising campaign that sold the rural lifestyle.
    - Have compulsory rural training during education pathways that also addresses the current gap in health practitioners not understanding our rural community's needs.
    - Bond students by requiring them to work several years in rural communities as part of a subsidised tertiary costs initiative.
- **Telehealth and Online Services:** Telehealth and online services (like app services) where suggested ways to improve access. The barrier highlighted was that whānau needed a landline (which has almost become obsolete), cell phone coverage or adequate internet. The rural nature of the communities meant that these things are not a given, and therefore limited this form of access to health care. People also need to be taught

how to use these service avenues for absolute efficiencies.

- **Navigating the Health System:** The complex nature of the health system and the inability to navigate it or engage with it properly is an issue for many whānau. Many still do not know their basic rights in the health system and found it hard to fight for any sense of equity once in the system. This ranged from not knowing that you can stay the night with a loved one admitted to hospital, through to a discharge plan being worked through before leaving the hospital. Navigation and/or advocacy services were suggested as ways to address this issue.
- **Healthy Homes and Housing challenges:** Homelessness and home security are central issues for the community. Many have cold, damp, or near condemned housing/homes that they cannot afford to fix or address. It was suggested that Te Whatu Ora enhance their healthy homes initiative and work with other Ministries to streamline similar initiatives so that more people can benefit. This will not only assist by decreasing the housing related health issues that present to the health system but will also go a long way to addressing mental health issues related to housing deprivation.
- **National health insurance:** A recommendation was made regarding a national health insurance scheme that also provided needs assessment services that would assist with identifying what care assistance can be provided in homes, particularly for the aged and aging population. Such a scheme may also allow a high-quality standard of primary and specialist health care across the board. This would need to be coupled with a de-privatisation of the system.
- **Inter-generational challenges:** Deprivation has roots in lived experiences related to discrimination in the education system, meaning that people developed issues that lead to deprivation in housing and employment because they were mistreated during their schooling years or where not provided a strong education in health and life related matters. Currently the rangatahi are not engaged in conversations about their health and wellbeing. Mental health amongst the rangatahi is poor and yet services targeting this are few and far between. Need to invest in the first 1000 days of a person life while also investing in programmes that aim to educate rangatahi about a range of health and well-being matter throughout their development, so to avoid serious issues later in life.
- **Rangatahi, Minority Communities and the Ageing Population:** Within the community as a whole rangatahi, minority communities (Asian, Pacific Islander, LGBTQ+) and the aging population, all noted a disconnect between their specific needs and the available services designed for them. There are no targeted or customised services that directly address their needs. Whānau Māori are concerned about the cultural competency of the services which needed significant improving.

Providers have many ideas and solutions

Māori Providers highlight:

- **Hauora Māori Relationship Leads Continuous Engagement with key HMPs:** Collaborate with organisations like Hauraki PHO, Raukawa Charitable Trust, Te Kohao Health, Maniapoto Marae Pact Trust, and Ngāti Hāua to collect and integrate whānau voice data.
- These partnerships are crucial for accurate data collection and ensuring that community needs are effectively represented.
- **Direct Whānau Voice:** Engaging directly with whānau is essential for understanding and addressing their needs comprehensively.
- **Building on Historical Research:** The foundational research that led to the establishment of HMPs over two decades ago remains relevant and can guide current and future initiatives.
- Using historical data as a benchmark helps assess evolving community needs and trends.
- **Collaborative Partnerships:** Collaboration ensures that healthcare services are culturally appropriate, responsive, and aligned with the needs of whānau.
- **Importance of Direct Whānau Voice:** Acknowledging that data from PMRs alone is insufficient, and there is a need for direct whānau engagement to accurately assess community needs.
- **Historical Significance of HMPs:** Recognising the ongoing relevance of HMPs, which were established based on iwi-led research, in addressing the needs of Te Tiratū communities.
- **Collaborative Approach:** Emphasising the importance of working with HMPs to collect and integrate whānau voice data, ensuring healthcare initiatives are accurate and effective.
- **Tailored Solutions for Iwi and Hapū:** Understanding the specific challenges in engaging with Iwi and Hapū and the need for customised approaches to involve them effectively in the data collection and integration process.

- Improving collaboration between various services can address the holistic needs of whanaunga more effectively.
- Financial literacy programs can help whanaunga manage their income and expenses, contributing to long-term stability.
- Housing models that include long-term support are crucial for individuals with complex mental health needs to ensure sustained recovery.

Mainstream Providers highlight:

- **Home and Appointment Support:** Visit whānau in their homes or preferred locations and support them at appointments as needed.
- **Navigation Assistance:** Help whānau navigate health and social systems effectively.
- **Advocacy and Support:** Advocate for patients, provide education, and facilitate access to clinical nurse specialists and GPs. Conduct home visits when needed.
- **Appointment Support:** Arrange appointments at convenient times, provide pre-appointment check-ins, and offer support such as petrol vouchers and accommodation assistance.
- **Practical Support:** Offer practical support such as petrol vouchers, parking assistance, and referrals for kai (food).
- **Multigenerational Support:** Work with whānau as multigenerational groups.
- **Appointment Coordination:** Assist whānau in coordinating their appointments and procedures.
- **Comprehensive Assessments:** Provide Whānau Hauora Assessment, and referrals for community providers and screening services, including cervical screening, smoking cessation, immunisations, and breast and bowel screening.
- **WHIRI Model of Care:** Utilise the WHIRI (Whānau Hauora Integrated Response Initiative) model to support access to healthcare, coordinate care, and follow up with whānau.
- **Health Hub Approach:** Integrate services like pharmacy and GPs within a health hub.
- **Community-Based Care:** Employ local community members who understand the cultural and social context to deliver care and build trust.
- **Accessible Services:** Adopt an “every door is the right door” approach to ensure services are client friendly.
- **Barrier Elimination:** Work with outpatient clinics to improve clinical pathways and eliminate barriers for whānau.
- **Service Promotion:** Actively promote available services to whānau.
- **Communication Improvements:** Ensure communication from the health system is simple, engaging, and accessible.
- **High-Quality Information:** Provide easily accessible, high-quality information designed by iwi for iwi.
- **Empowerment Through Knowledge:** Empower whānau with relevant health information in a way that resonates with them and is easy to understand.
- **Enhanced Information and Education:** Provide clear information about the importance of screening, early detection, and prevention across various platforms.
- **Consistent Education:** Offer regular, accessible education sessions, such as weekly wānanga on health promotion.
- **Simplified Messaging:** Use bold, simple visuals and messaging to improve understanding.
- **Financial Support:** Increase funding to employ more Māori staff and implement necessary changes for better health outcomes.
- **Sustainable Funding:** Secure long-term funding commitments to sustain improvements in Māori health outcomes.

Solutions outlined by Waikato – Tainui: Koiora Strategy

Health and Wellbeing Priorities According to Data and in Alignment with Whaanau Voices

To implement the Koiora Strategy, a Community Health Plan has been drafted and is currently being socialised internally for comment and feedback. The plan outlines the health and wellbeing priorities as follows:

Priority	Data and Evidence	Whānau Voices
Peepee and Maamaa First 100 Days	The rate of ambulatory sensitive admissions to hospital (that is, hospitalisations that should have been avoidable) for Maaori 0–4-year-olds is over one and a half times higher than the equivalent rate for non-Maaori non-Pacific children (Ministry of Health 2023e). • Maaori infants are almost twice as likely to die as European/Other infants (Ministry of Health 2023c). • Waahine Maaori suffer a disproportionate burden of maternal mortality (Health Quality & Safety Commission 2022). Many of the risk factors associated with these conditions are largely preventable through more targeted, equitable population health approaches (Ministry of Health 2023c).	"If we want a healthy embryo, then what do they need to be healthy? They will have nutrition, access to midwives, traditional resources, grow up in a healthy environment, and be aware of the services available to raise this beautiful baby." "There are a lot of babies out there who are getting hurt because parents aren't in a good space. When parents aren't in a good space, the babies are the ones who end up getting hurt." "...we then support our babies into koohanga reo, where they become active toddlers, manu koorero, and come from these beautiful healthy homes."
Hauora Hinengaro	Maaori are less likely to rate their health as good, very good, or excellent compared to non-Maaori (Ministry of Health 2023c). • Challenges in health outcomes persist, and in some instances, have increased. For example, the proportion of Maaori adults with high or very high psychological distress increased from 11% in 2016/17 to around 18% in 2021/22 (Ministry of Health 2022a). • Waikato primary health data from Te Manatu Maaori shows: – 7,329 people are not enrolled in a GP Practice, 2,041 of whom identify as Maaori (27%). – The areas with the highest numbers of non-enrolled Maaori are Kirikiriroa (1,496), Te Kauwhata / Raahui Pookeka (170), Ngaaruaawahia (152), and Whaaingaroa / Te Awamutu / Kaawhia (142). • There were 47,303 mental health-related GP visits, 8,647 of which involved Maaori (18%).	*"If we look at things today, there's a lot of pressure, anger, frustration, inability to work, mental health problems, depression, anxiety, and so you need whaanau support."* *"We started to think more holistically about how important everything is, from mental health to the big discussion we had about mental illness and its impact on our individual whaanau and our lack of ability to understand and deal with those issues."*
Unmet Maaori Health Need	7,329 people are not enrolled in a GP Practice, 2,041 of whom identify as Maaori (27%). • The areas with the highest numbers of non-enrolled Maaori are Kirikiriroa (1,496), Te Kauwhata / Raahui Pookeka (170), Ngaaruawaahia (152), and Whaaingaroa / Te Awamutu / Kaawhia (142). • There were 4,392 Ambulatory Sensitive Hospitalisations (ASH) events, 1,562 of which involved Maaori (35%). • Ngaaruawaahia had 158 people admitted, 101 of whom were Maaori (64%).	*"You would have your environment, your education, your economic, your housing that all feed into hauora. Therefore, it is not unique because it is connected to those aspirations and all those areas. If you look at our hauora, it is dependent on those very things. You are more likely to have poor health if you do not own your own home, live in decile one or poor areas and have low education achievement."*

Priority	Data and Evidence	Whānau Voices
Ngaa Kaumaatua me ngaa Kuia	Over the next 30 years, it is projected that our kaumaatua and kuia (over 65 years) will grow from around 850,000 (17% of current population) to $1.5 million (24% of the population) which means one in four will be over the age of 65 years. This demographic shift is happening relatively quickly. • We are living longer and many in later years live with a disability • Our older population is growing faster than our younger population although for Maaori we are growing at a slower rate. • Almost all older people visit a GP, but a significant number experience some difficulty accessing primary care services. • While older people were generally less likely to put off visiting a GP because of cost than younger people, our kaumaatua and kuia had more difficulty than non-Maaori.	*"We're seeing a large number of kaumaatua showing up in court to support their mokopuna."* *"Some whaanau members suffering from mental health issues are moving in with our kaumaatua, placing further pressure on them."* *"My primary concern relates to the over 65+ demographic and the growing trend of kaumaatua needing supported care."*

Spotlight on locality Te Tara o Te Whai – Hauraki

Ngā puke ki Hauraki ka tārehu E mihi ana ki te whenua, e tangi ana ki te tangata
Ko Moehau ki waho, ko Te Aroha ki uta Ko Tīkapa te moana, ko Hauraki te whenua
The peaks of Hauraki lie shrouded in mist
We revere the land and lament the people
Moehau stands afar while Te Aroha stands within
Tīkapa is the sea and Hauraki the land

The Hauraki Locality Prototype Development covers the Thames – Coromandel and Hauraki District Council boundaries extending to Te Aroha which is covered by the Matamata-Piako District Council. Localities are a key feature of the health system as described in the Pae Ora (Healthy Futures) Act 2022. Localities are a means to embed a population health approach and to join up services to enable more seamless care, tailored to the health and wellbeing needs identified by whānau, community, and Iwi-Māori Partnership Boards (IMPB's).

Whānau voice is fundamental to understanding what matters to people in their community. The term 'whānau' refers to both individuals and groups. Feedback from community was used to inform planning. What matters most are:

- Social housing and warmer homes
- Affordable health care
- Thriving rangatahi
- To be treated with respect
- Support for our māmā and pēpi
- More support for our ageing population
- Access to health and wellbeing services
- More options of care.

Insights were processed to identify eight whānau priorities. These are:

1. **Āhuru Mōwai** – "Housing First": Decent housing improves health, education, and work. It provides a sense of safety and belonging. Without a decent home, it is difficult to contribute to society. Because housing is so vital to our mana and wellbeing, it is a human right.
2. **Urgent Care** – "Health care when I need it": Whānau and community have told us they need urgent health care services that are easily accessible when they need them most. This means same day access during the week, after hours, on the weekends, on public holidays and in times of emergency. As a rural area, transport and affordability are key barriers to accessing urgent care.

3. **Preventative Care** – "Keeping me well and closer to home": Health is defined by the World Health Organisation as 'a complete state of physical, mental and social well-being, not merely the absence of disease or infirmity'. Wellbeing is defined by the Mental Health Foundation as having the tools, support, and environments we need to build and maintain sustainable lives.
4. **Kahu Taurima** – It takes a village – "Mā te pā te tamaiti e whakatipu": Whānau have expressed a need for maternity and tamariki ora services that are integrated, seamless, comprehensive and can provide wraparound service for whānau from pre-conception to birth and for the first 2000 days. There is significant evidence showing how health, social, parenting and education investment during pregnancy and throughout the first 2000 days of life, will result in better health outcomes for whānau.
5. **Rangatahi** – "I have a sense of identity and belonging": Rangatahi are our young people aged between 15- 24 years. Rangatahi make up around 9% of our community. Approximately 34% identify as Māori. Whānau have expressed the importance of investing in our rangatahi. School engagement, social connectedness, positive role models, pathways to skilled employment, connection to Te Ao Māori and thriving whānau are all protective factors for building resilient rangatahi.
6. **Data and Digital** – "Better use of digital technology": The geography and physical distance whānau need to travel to health services present many challenges. Whānau have requested the option of having more mobile and telehealth services, however across our community, 72% of households have access to the internet, 60% have access to a landline phone, 83% have access to a mobile phone and 1.5% don't have access to any telecommunication.
7. **Rural Workforce Development** – "No days off": Working in a rural community can be rewarding, challenging, and testing of resilience. Working in rural communities means responding to any situation and thinking on your feet, it means knowing a lot about everything and everyone, it means long hours and working after hours, it often means – no days off.
8. **Whānau Experience** – "I am more than just a number": 'I am more than just a number' means people want to be recognised as having unique needs, priorities, culture, values and beliefs. People want to be heard by their health care teams and be provided with information and choices so they can make informed decisions for themselves and their whānau. People want to feel like they can trust their health care provider and that their provider cares about them. People want to know who will help, where to go for help and what options are available to them.

The following summarises the common areas of interest and concern across the engagement groups:

COMMON AREAS OF INTEREST AND CONCERN								
WHĀNAU VOICE	**Maniapoto**	**Hauraki**	**Raukawa**	**Mātāwaka**	**Waikato Tainui**	**Ngāti Hāua**	**Hauora Māori Providers**	**Mainstream Providers**
Addressing barriers to accessing care								
Affordability, cost of health care	✓				✓	✓	✓	✓
Accessible mainstream healthcare	✓	✓	✓	✓	✓	✓	✓	✓
Culturally responsive & safe health care	✓	✓	✓		✓	✓	✓	✓
Support people to help people navigate					✓	✓	✓	✓
Empower whānau through health education/ literacy	✓	✓	✓	✓	✓	✓		✓
Expand services into rural communities	✓	✓	✓		✓	✓	✓	✓
Whānau-centred, holistic care for whānau		✓	✓		✓	✓	✓	✓
Integrated health services		✓	✓		✓	✓	✓	✓
Services tailored to individual and wrap around whānau		✓			✓	✓	✓	✓

COMMON AREAS OF INTEREST AND CONCERN								
WHĀNAU VOICE	**Maniapoto**	**Hauraki**	**Raukawa**	**Mātāwaka**	**Waikato Tainui**	**Ngāti Hāua**	**Hauora Māori Providers**	**Mainstream Providers**
Whānau have control of health information	✓	✓			✓			
Services can be accessed closer to home		✓	✓		✓	✓		✓
Services delivered by locals for locals, by Māori for Māori		✓	✓		✓	✓	✓	✓
Providers are strong communicators with whānau & each other			✓		✓	✓	✓	✓
Appointments are timely, convenient, after hours & weekends		✓	✓			✓		✓
Multiple modes: in person, digital & telehealth		✓				✓		✓
Access to GP and Primary Care enrolment	✓	✓	✓	✓	✓	✓	✓	✓
Tikanga, Hauora, Te Reo								
Mātauranga Maniapoto underpins Hauora	✓	✓	✓					
Mātauranga Hauora models of care	✓	✓	✓		✓			✓
Desired Health Services & Programmes								
Proactive use of Rongoā	✓				✓			
Accessible mental health services (Hauora Hinengaro)	✓		✓	✓	✓	✓		
Accessible acute, urgent care services		✓	✓			✓	✓	✓
Preventative Care and Early Intervention programmes		✓	✓		✓	✓		✓
Chronic care management programs		✓	✓			✓		✓
Maternity and tamariki wrap around services		✓	✓		✓	✓		✓
Community based programmes		✓	✓		✓	✓		
Rangatahi health and dental care programs	✓	✓	✓	✓		✓	✓	✓
Kaumātua health care and support programmes	✓		✓		✓	✓		
Enablers								
Access to safe and sustainable transport options	✓	✓	✓	✓		✓	✓	✓
Financial insecurity and unemployment impacts on health	✓	✓	✓	✓			✓	✓
Networking and collaboration		✓	✓	✓	✓	✓	✓	✓
Co-design health services with whānau		✓	✓	✓	✓		✓	✓
Workforce	✓	✓	✓		✓	✓	✓	✓
Housing		✓	✓			✓	✓	✓
Sustainable funding models for health services and programmes		✓	✓		✓		✓	✓

PUBLIC & POPULATION HEALTH

Photo: Bridal Veil Falls, Kāwhia

Screening and Cancer Vaccination

- Cancer screening checks people without any cancer symptoms, to look for pre-cancerous changes or cancer which can be treated if found early. NZ has three national cancer screening programmes: breast, cervical and bowel cancer.
- In Waikato District in 2023, 52.8% of eligible Māori women aged 45 to 69 years had been screened for breast cancer in the previous two-year period, compared to 61.6% for non-Māori women. Screening rates were lower for younger women than for older women.
- For cervical cancer, 56.9% of eligible Māori aged 25 to 69 years in Waikato District in 2023 were up-to-date with their cervical screening, compared to 67.8% of non-Māori.
- In general, screening rates were lower for younger women, with only 47.6% of Māori aged 25 to 29 years up to date with cervical screening (compared to 54.9% for non-Māori).
- For bowel cancer, 40.6% of the eligible Māori population in Waikato District as at June 2023 had been screened, compared to 57.4% of non-Māori.
- Bowel cancer screening rates are lower in the younger age groups, which also have the largest numbers of Māori who could benefit.
- Nationally, the most common types of cancer death in Māori were lung, colorectal, breast and pancreas between 2016 and 2020.
- For Māori in Waikato District, the most common causes of cancer deaths were lung, colorectal (bowel), breast and pancreas.
- Lung cancer was the most common cause of cancer death for Māori men and Māori women in Waikato District.
- In Waikato District, the most common types of cancer death in Māori were lung, colorectal, breast and pancreas.
- An average of 161 Māori each year died from cancer in Waikato District.
- Māori were 2.0 times more likely than non-Māori in Waikato District to die from any cancer.
- Māori were 3.8 times more likely than non-Māori to die from lung cancer.

Public health programming (health promotion, protection and regulation):

Injuries:

- The rate of hospitalisation due to injury was 19% higher for Māori than for non-Māori. Males had higher rates of admission.
- The most common causes of injury resulting in hospitalisations among Māori were falls, exposure to mechanical forces, complications of medical and surgical care, transport accidents, and assaults.
- Rates of hospital admission for injury caused by assault over 5 times as high for Māori females as for non-Māori females, and 2.4 times as high for Māori males as for non-Māori males.
- Injury mortality was 85% higher for Māori as for non-Māori in the Te Tiratū area.

Smoking and Vaping:

- According to the NZ Census 2018, 30.5% of Māori aged 15 years and over (31.4% of Māori women and 29.6% of Māori men) in Waikato District were regular (daily) smokers. Compared to non-Māori in Waikato District, Māori were 2.5 times as likely to be regular smokers. Māori women were 3.1 times more likely than non-Māori women to smoke regularly, and Māori men were 2.1 times more likely than non- Māori men.
- Based on data from the New Zealand Health Survey (NZHS), in Waikato District between 2017 and 2022, 7.7% of Māori aged 15 years and over were vaping on a daily basis, a rate 1.7 times higher than non- Māori.
- DHB-level data is not available on vaping among young people (separately to adult- level data). However, national survey data of Year 10 students in 2022 showed that while youth vaping and smoking were both declining for young people in NZ overall, vaping was increasing for Māori young people (Action for Smokefree

2025 (ASH) 2022). Compared to 2021, daily vaping increased a statistically significant amount for Māori participants (19.1% in 2021 to 21.7% in 2022), especially for Māori girls (21.3% to 25.2%).

Use of alcohol and drugs

- Hazardous drinking is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others, and it is assessed using a standard international questionnaire. Between 2017 to 2022, 35.3% of Māori respondents (≥15 years) in Waikato District (44.4% of Māori men, 26.3% of Māori women) were found to have a hazardous drinking pattern during the last year.
- This was 1.8 times higher than the rate of hazardous drinking among non-Māori respondents in Waikato District.
- Heavy episodic drinking, or "binge drinking" is associated with a higher risk of experiencing alcohol-related acute harm but also developing chronic health complications.
- Between 2017 to 2022, 31.5% of Māori respondents (≥15 years) in Waikato District were binge drinking at least monthly, and 16.9% at least weekly. These rates were 1.4 times and 1.5 times higher than for non-Māori respondents in Waikato District
- Less data is available on the hazardous use of other drugs and the available data do not tell us about harmful use. Between 2017 to 2022, 30.6% of Māori respondents (≥15 years) in Waikato District reported they had used cannabis in the past 12 months, 2.1 times the rate for non-Māori.

Our IMPB Priorities

- Te Tiratū IMPB supports the Government's five priorities to focus on 'modifiable behaviours' related to alcohol use, diet, exercise, smoking / vaping and social cohesion – with particular emphasis as follows:
    - We believe increased awareness is needed about the dangers of long-term vaping especially amongst younger teenagers and its impact on oral health.
    - Concern for younger people being overweight and the increased risks this places on their health later in life – importance of supporting young people to look after themselves.
    - A need to strengthen health education at school age and ensuring services going into schools are promoting healthy living in a way that resonates with young Māori.
    - Needing to acknowledge that many whānau live in poverty and therefore cannot afford expensive health foods – so need cost-effective alternatives. We need to be realistic and pragmatic with solutions.
- Te Tiratū absolutely supports the Government's priority to improve immunisation rates and notes that there are major inequities in this area at all ages. Priority needs to be given to closing those equity gaps first and foremost, before investing in the broader population.
- Te Tiratū IMPB identified two additional priorities:
    - **Increasing Māori breast-screening rates:** by 10% or equivalent to match non-Māori screening rate within 6 months, and a further 20% over the following 12 months. This was a particularly important priority due to the high rate of deaths for wahine Māori from breast cancer. IMPB members are willing to speak publicly on this kaupapa in order to raise awareness and ensure screening services are doing more to reach wahine Māori.
    - **Bowel screening** – which is inequitably impacting Māori at higher levels than non-Māori. Appropriate campaigns designed by Māori for Māori in bowel screening are needed, as this too causes many avoidable early deaths for Māori.

PRIMARY & COMMUNITY CARE

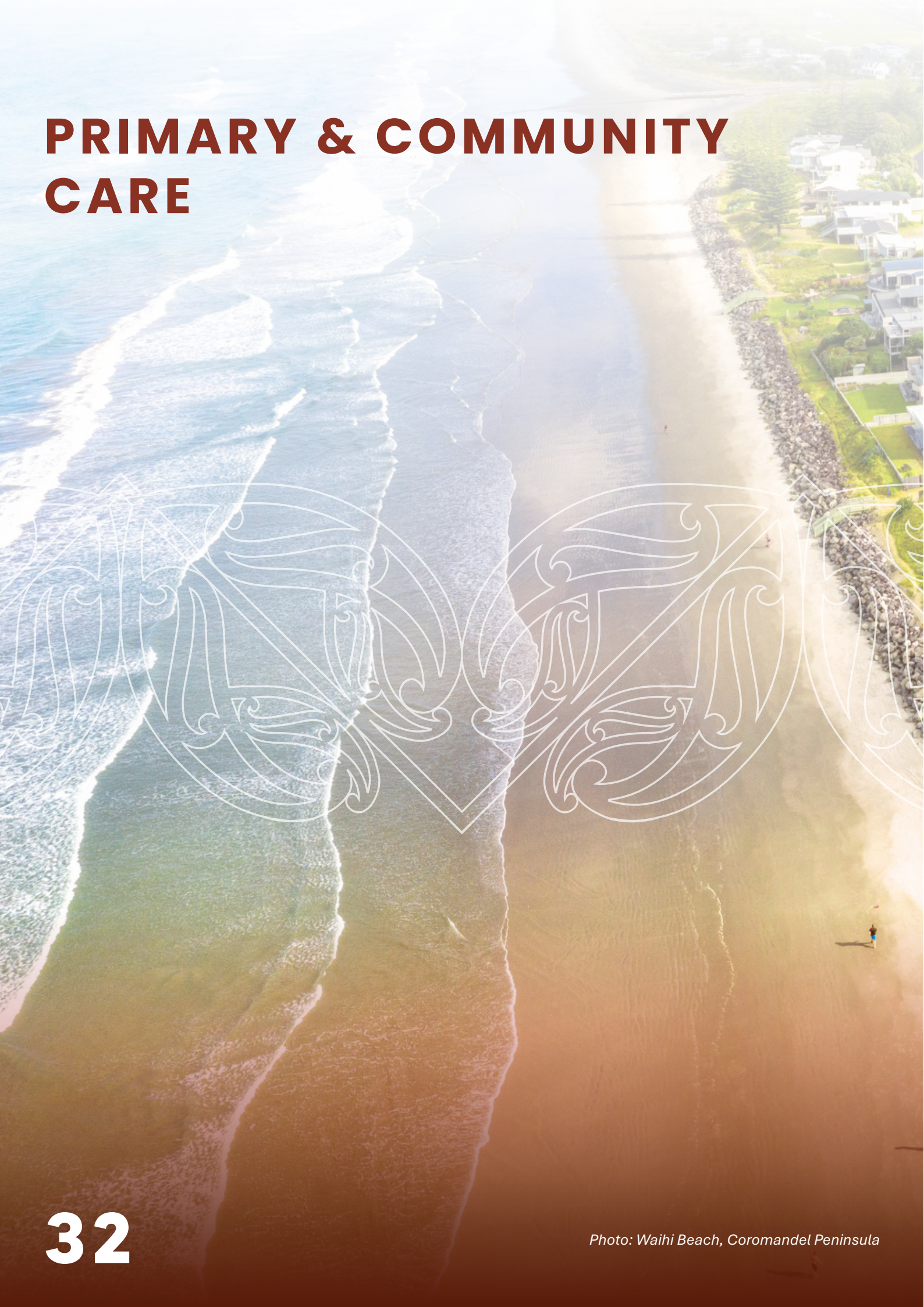


Photo: Waihi Beach, Coromandel Peninsula

Maternal and Pēpī Health

Sudden Unexpected Death in Infancy

- In Aotearoa, SUDI is the sudden death of a child within their first year of life. The rate of occurrence is approximately one SUDI death for every 1,429 babies born. Concerningly, Māori and Pacific are overrepresented in SUDI statistics. From July 2019- June 2020, there were 44 provisional (pending coroner's official finding) SUDI deaths for Māori pēpi. This equated to a SUDI rate per 1,000 births of 2.51 which was eight times the NZ European rate of 0.28 per 1,000 births and over double the NZ total rate of 1.07 per 1,000 births.

Pregnancy Outcomes

- Protecting the health and well-being of expectant mothers and their families helps ensure that they and their babies are well cared for and supported to have good maternal outcomes. In Aotearoa New Zealand, Indigenous Māori women have higher rates of adverse pregnancy outcomes compared to non-Māori women. Māori infants have an infant death rate of 5.9 per 1000 births compared to 3.2 per 1000 births among non-Māori. Māori pregnant women and children also experience substantial socioeconomic disadvantages. Even so, the health inequities between Māori and New Zealand European women and infants are well documented and cannot be explained solely by socioeconomic status. Reducing these health and socioeconomic disparities is an urgent priority.

Antenatal (Before Birth)

- Early access to high quality antenatal care is important to ensure the optimum wellbeing of mothers and babies.
- Between 2018 and 2022 in Waikato District, 61.2% of Māori women were enrolled with a Lead Maternity Carer in their first trimester (before 14 weeks of pregnancy), meaning four in 10 pregnant Māori women missed out on this fundamental intervention.
- Māori were 0.7 times as likely than non-Māori in Waikato District to receive antenatal care in the first trimester of pregnancy.

Deliveries

In-hospital Deliveries in Waikato District

- Out of all the babies delivered in Waikato District between 2021 and 2023, around 40.54% of them were Māori.
- Out of all babies delivered in Waikato District between 2021 and 2023 that fell into the DRG group of 'Caesarean delivery', around 33.08% were Māori.
- Out of all babies delivered in Waikato District between 2021 and 2023 that fell into the DRG group of 'Vaginal delivery, no procedures', around 44.57% were Māori.
- Out of all babies delivered in Waikato District between 2021 and 2023 that fell into the DRG group of 'Vaginal delivery with Operating Room Procedures', around 20% were Māori.

Births

Being born with either an abnormally low or high birthweight is associated with a higher risk of a range of health outcomes.

- In 2022, there were 2,036 Māori babies born in Waikato District, making up 37.3% of all babies born in the DHB.
- Between 2018 and 2022, 7.6% of Māori babies in Waikato District had low birthweight (<2,500g) and 2.6% had high birthweight (>4,500g).
- Māori babies were 1.2 times more likely than non-Māori to be born prematurely.

Birthweights in Waikato District

- In total, between 2021 and 2023, around 43.97% of all babies born were Māori.
- Between 2021 and 2023, out of all babies that were born with a low birthweight within Waikato district, around 54.29% of them were Māori.
- Around 2.79% of these Māori babies died before leaving the hospital.

- Between 2021 and 2023, out of all babies that were not born with a low birthweight within Waikato district, around 43.23% of them were Māori.
- None of these Māori babies died before leaving the hospital.

IMPB Priorities

Maternity: As mentioned previously, a priority is to invest in training more Māori midwives and prioritising this in workforce investment.

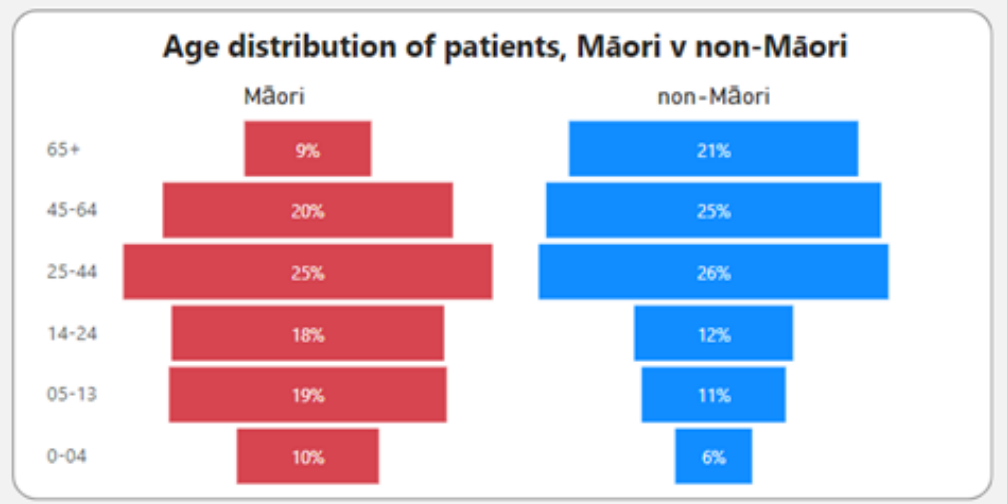
Immunisation

- There are very stark inequities in immunisation coverage especially for Māori. In Waikato District, between April 2023 and March 2024:
  - Only 37.3% are immunised at 6 months of age.
  - Less than 60% are fully immunised at 8 months of age.
  - The coverage rate climbs to 71.6% by 12 months – but then drops back down to almost 37.0% at 18 months.
  - At 5 years, 60.4% of Māori children are immunised before school age, leaving 39.6% (over 1/3) not immunised (compared to non-Māori non-Pacific at 72.6%).
- In Waikato District between April 2023 and March 2024, according to each key milestone in the National Immunisation Schedule, Māori immunisation rates were lower than non-Māori non-Pacific at every milestone age.
- At 18 months of age, less than half of Māori (37.0%) in Waikato District were fully vaccinated (compared to 64.9% of non-Māori non-Pacific), which is especially concerning for diseases such as measles for which both vaccine doses are due before 18 months.
- By five years of age (a full year after the last vaccination on the young child immunisation schedule), 60.4% of Māori in Waikato District were fully immunised compared to 72.6% for non-Māori non-Pacific.

Primary Care – General Practice

Pinnacle PHO Enrolment

- As of 2 September 2024, there are 41,994 enrolled Māori patients across 45 practices in Waikato.
- A total of 10,133 Māori patients had not visited a practice in the last 12 months.
- Age distribution of patients is as follows:



Hauraki PHO enrolment

- As of 30 June 2024, 74,500 patients are funded. Of those 36% are Māori (n=27,078).
- The 25–44-year-olds have the most enrolled as per age breakdowns.

National Hauora Coalition (NHC), Waikato enrolment

- Enrolment data from the National Enrolment system identifies that as at August 2024, the NHC total enrolments was 93,388 and Māori make up 24,475 (26%) of this number.
- NHC has 45 practices who affiliate from Waikato.

Overall Primary Care Enrolment for Māori

Using the data above, this appears to indicate that the number of unenrolled Māori patients could be around 21,000 today (estimate only as this uses of 2023 population data but current PHO data):

	HAURAKI		Subtotal	PINNACLE		Subtotal	NHC		Subtotal	Total Māori	Māori Popn	Variation
Ages	Māori	Non-Māori	Hauraki	Māori	Non-Māori	Pinnacle	Māori	Non-Māori	NHC	patients enrolled (Aug 2024)	2023	Estimate unenrolled
Enrolled	27,078	47,422	74,500	41,994	*205,006*	247,000	24,475	68,863	93,338	**93,547**	**114,990**	21,443

- → **Long Term Conditions:** A small group of long-term noncommunicable conditions: diabetes, cardiovascular disease, chronic respiratory disease, and stroke, not only form the leading causes of death and disability for Māori, but often coexist in the same people, and share common modifiable risk factors. These long-term conditions are highly preventable, and Māori experience higher rates of exposure to the leading causes of these conditions, namely tobacco, obesogenic environments, unhealthy diets, and alcohol.
- → The leading causes of potentially avoidable deaths for Māori females aged 0-74 years in Waikato District in 2014-2018 were lung cancer, COPD, ischaemic heart disease, breast cancer and diabetes, similar to those for Māori women nationally.
- → For Māori males aged 0-74 years in Waikato District, the leading causes of death in 2014-2018 were ischaemic heart disease, lung cancer, diabetes, suicide, and motor vehicle accidents, which are also very similar to the leading cause for Māori males nationally.
- → Māori aged 0-74 years in Waikato District in 2014-2018 had 6.5 times higher potentially avoidable mortality from diabetes compared to non-Māori, 4.0 times higher potentially avoidable mortality for lung cancer, 3.9 times higher potentially avoidable mortality for COPD and 3.0 times higher potentially avoidable mortality for ischaemic heart disease.
- → On average, there were 38 potentially avoidable Māori deaths under age 75 years each year from lung cancer, and 38 from ischaemic heart disease in Waikato District.
- → Tobacco alone causes 22.6% of Māori deaths. Compared to non-Māori non- Pacific, 28.4% of the gap in life expectancy for Māori men and 32.9% of gap in life expectancy for Māori women is due to smoking attributable deaths.
- → Between 2020 and 2023, Māori in Waikato District were 2.1 times more likely than non-Māori to be hospitalised for circulatory system diseases. This includes hospitalisations from conditions such as rheumatic fever, high blood pressure, ischemic heart disease, strokes, and other forms of heart disease.
- → An average of 3,907 Māori per year in Waikato District were hospitalised from circulatory diseases.
- → Looking more specifically at ischaemic heart disease, Māori in Waikato District were significantly more likely than non-Māori to be admitted for ischaemic heart disease (1.3 times), angiography (1.6 times) and acute coronary syndrome (1.3 times).
- → However, these data show that Māori are not significantly more likely than non-Māori to get angioplasty or coronary artery bypass grafts (CABGs) (with the exception of Māori women, who are 1.7 times more likely to receive angioplasty than non-Māori women in Waikato District). These data suggest that Māori may receive lower rates of intervention/treatment for their ischemic heart disease, than non-Māori.
- → The data above do not tell us whether Māori are receiving appropriate levels of treatment.
- → Māori in Waikato District were 5.3 times more likely than non-Māori to be hospitalised for heart failure (4.9 times higher for Māori women and 5.6 times higher for Māori men).
- → Māori in Waikato District were 2.0 times more likely than non-Māori to be hospitalised for stroke (2.5 times higher for Māori women and 1.6 times higher for Māori men).
- → Māori in Waikato District were 2.6 times more likely than non-Māori to be hospitalised for hypertensive disease (disease related to high blood pressure). The rate for Māori women was 2.4 times and Māori men was 2.8 times that of non-Māori women and men respectively.

- → Māori in Waikato District were also 3.1 times more likely (3.7 times for Māori women and 2.9 times for Māori men), than non-Māori to die from circulatory disease before the age of 75 years. On average, there were 84 premature Māori deaths each year from circulatory disease in Waikato District, between 2014 to 2018.
- → On average, each year 32 Māori with diabetes in Te Tiratū had a lower limb amputated.
- → 1,162 Māori were hospitalised for renal failure. Māori were 2.8 times more likely than non-Māori with diabetes have a lower limb amputation. Māori were 2.7 times more likely to be hospitalised for renal failure.
- → Between 2020-2023, the highest hospitalisation rate for asthma in Waikato District was in Māori children. An average of 215 Māori children (≤14 years) per year in Waikato District were hospitalised for asthma – 1.9 times the rate of non-Māori children.
- → In each of the other age groups, asthma hospitalisations were also significantly higher for Māori compared to non-Māori.
- → Māori aged ≥45 years in Waikato District were 5.0 times more likely than non-Māori to be hospitalised for chronic obstructive pulmonary disease (COPD).
- → COPD hospitalisations were 6.0 times higher for Māori women, and 3.8 times higher for Māori men, compared to non-Māori women and men in Waikato District.
- → An average of 418 Māori aged ≥45 years were hospitalised for COPD in Waikato District each year between 2020-2023.
- → Hospitalisations for bronchiectasis were 4.5 times more common in Māori in Waikato District compared to non-Māori.
- → Bronchiectasis hospitalisations were 5.1 times higher for Māori women, and 3.9 times higher for Māori men, compared to non-Māori women and men in Waikato District.
- → On average, there were 26 premature Māori deaths each year from respiratory disease in Waikato District, between 2014 to 2018 – a rate 3.2 times higher than non-Māori. These do not include deaths from lung cancer.
- → Māori are much likely than non-Māori in Waikato District to be hospitalised for gout.
- → Despite being 2.4 times more likely than non-Māori to be identified with gout, Māori in Waikato District are 8.3 times more likely than non-Māori to be hospitalised for gout – 10.7 times for Māori women and 8.1 times for Māori men.

Pharmacy - Medicine

- → Large inequities continue with accessing medicine. In NZ, Māori remain overall much less likely to access dispensed medicine than non-Māori, despite their health need being higher with chronic conditions like diabetes, heart disease, respiratory conditions like asthma and COPD. The additional challenge is that even where a medicine is prescribed, some whānau are not collecting the prescription.

Oral Health

- In 2021 in Waikato District, 57.4% of Māori children aged 0-4 years were enrolled with community oral health services, compared to 68.8% of non- Māori children,
- Being enrolled with a community oral health service does not mean care is received. In 2022 in Waikato District, only 48.9% of eligible Māori five-year-olds, and 54.0% of Māori Year 8 students, were examined by the oral health service. This compares to 52.9% of eligible non-Māori five-year-olds, and 83.7% of non-Māori Year 8 students.
- Of those children who were examined, 62.7% of Māori 5-year-olds had decayed teeth (1.8 times the rate for non-Māori 5-year-olds).
- Of the portion of eligible Year 8 students who were seen by the community oral health service, 23.1% had decayed teeth.
- Caution is needed when applying these rates to all Māori children, as a large percentage of tamariki Māori in Waikato District did not receive community oral health services and are therefore not included in these data.

Dental health status of children at school age five

In the data from Te Whatu Ora,

- More Māori children at school age five had decayed teeth than non-Māori and non-Pacific children within Waikato District, midland region providers, and New Zealand as a whole.

- Within Waikato District, 39.6% of all Māori children at school age five did not have decayed teeth, i.e., were caries free, compared to 68.9% of all non-Māori and non-Pacific children.
- Within midland region providers, 33.9% of all Māori children at school age five did not have decayed teeth, i.e., were caries free, compared to 65.7% of all non-Māori and non-Pacific children.
- Within New Zealand, 39% of all Māori children at school age five did not have decayed teeth, i.e., were caries free, compared to 66.4% of all non-Māori and non-Pacific children.
- Māori children at school age five also consistently have a higher mean DMFT, both for children with and without caries, within Waikato District, midland region providers, and New Zealand.
- Within Waikato District, the mean DMFT for all Māori children at school age five with caries is 4.8 while the mean DMFT for all non-Māori and non-Pacific children with caries is 3.8.
- Within midland region providers, the mean DMFT for all Māori children at school age five with caries is 5.2 while the mean DMFT for all non-Māori and non-Pacific children at school age five with caries is 3.9.
- Within New Zealand, the mean DMFT for all Māori children at school age five with caries is 5.1 while the mean DMFT for all non-Māori and non-Pacific children at school age five with caries is 4.1.

NASC, Home Support and Aged Residential Care (Rest Homes)

- → InterRai data on NASC assessments reveals some trends for contact Assessments and Home care assessments.
- → The number of Contact Assessments and Home Care assessments for Māori within Waikato decreased from 2020 to 2024, falling from 176 Contact Assessments and 315 Home Care assessments in 2020 to 42 Contact Assessments and 162 Home Care assessments completed in 2024.
- → The number of Contact Assessments and Home Care assessments for non-Māori within Waikato also experienced a drop between 2020 to 2024, falling from 2,770 Contact Assessments and 2,323 Home Care assessments in 2020 to 541 Contact Assessments and 1,095 Home Care assessments completed in 2024.
- → The number of Contact Assessments and Home Care assessments have also fallen at a national level, both for Māori and non-Māori, although the number of assessments of both types completed for Māori remains consistently lower than non-Māori.
- → The number of first Long Term Care Facilities assessments for Māori within Waikato decreased from 2020 to 2024, falling from 69 assessments in 2020 to 49 assessments in 2024.
- → The number of first Long Term Care Facilities assessments for non-Māori within Waikato also experienced a drop between 2020 to 2024, falling from 950 assessments in 2020 to 504 assessments completed in 2024.
- → The number of first Long Term Care Facilities assessments have also fallen at a national level, both for Māori and non-Māori, although the number of assessments completed for Māori remains consistently lower than non-Māori.
- → The number of Māori residents in aged residential care within Waikato has fallen slightly from July 2023 to April 2024, dropping from 248 residents in July 2023 to 242 residents in April 2024.
- → The number of Māori residents in aged residential care within Waikato between July 2023 and April 2024 was the highest in August 2022 at 251 people and the lowest in April 2023 at 242 people.
- → Overall, the number of all residents in aged residential care within Waikato increased between July 2023 and April 2024, rising from 2,804 in July 2023 to 2,856 in April 2024.

Primary Mental Health and Addictions

The NZHS uses the Kessler Psychological Distress Scale (K10) to assess survey participants' levels of psychological distress over the past month. The K10 is an internationally validated instrument for measuring psychological distress (specifically recent nervousness, restlessness, fatigue, and depression) in a population. Scores of 12 or more on the K10 are strongly correlated with having an anxiety or depressive disorder, although it is increasingly recognised that it cannot be used to measure the need for mental health treatment in the population and that interpretation may vary by age group and between cultures.

- Between 2017 and 2022, 16.0% of Māori respondents (≥15 years) in Waikato District had a K10 score of ≥12, indicating high or very high levels of psychological distress.
- This was even higher for Māori women in Waikato District, 19.7% of whom experienced high/very high psychological distress. Māori in Waikato District were 1.7 times more likely than non-Māori to experience

high/very high psychological distress.

- Between 2017 and 2022, 24.5% of Māori respondents (≥15 years) in Waikato District reported they had been diagnosed with depression, and 18.1% with an anxiety disorder.
- This was even higher for Māori women, with 29.9% reporting a diagnosis of depression and 24.1% of an anxiety disorder.
- According to the Suicide Web tool, there were approximately 49 confirmed or suspected deaths in 2022 in the Waikato District area. The age-standardised rate was 10.9 per 100,000 population in Waikato compared to 10.4 in New Zealand.

Palliative Care

- → According to research about Māori and Palliative Care by Te Ora Rata Aotearoa (2018), the proportion of Māori deaths relative to the total deaths in New Zealand is expected to remain fairly constant over the next 30 years (10.9% by 2038) however, the Māori population is projected to grow beyond 1 million by 2038. A significant feature of this period is the increasing age at which Māori will die. This may mean an increase in the prevalence of diseases associated with old age, such as dementia amongst Māori warranting further consideration for the type and appropriateness of palliative care services and supports required in the future by Māori who are dying and their whānau. Some of the key findings from the research were:
    - Whānau are diverse and have various capacities and resources to provide care to a dying loved one
    - For Māori living in rural areas, particularly remote rural areas, local palliative care services may be limited or non-existent.
    - Many Māori in advanced age were actively involved in whānau, iwi (tribal), marae (traditional gathering place) and community. Some find the transition from being the leader in the whānau, to someone requiring care, challenges kaumātua dignity and mana and requires a balance of relationships within the whānau.
    - In some extreme cases kaumātua resist their whānau from being involved in their end-of-life journey to protect them from being overburdened.
    - Direct costs for whānau include transport and parking for appointments and hospital admissions, clothing and linen, GP visits and medication, alternative therapies, and food. Indirect costs experienced as a result of caregiving comprise of exhausting annual and sick leave entitlements or forgoing employment altogether.
- → Evidence reveals gaps and inconsistencies in the provision of appropriate palliative care services to Māori. The experience of racial discrimination in New Zealand is likely to be a major health risk and a contributor to ethnic health inequalities.
- → The age bracket with the largest percentage of palliative care assessments for Māori individuals is 70-79 with around 45% of the population assessed. The percentage of the Māori population who have had a palliative care assessment rises from 0 or near 0 for those less than 50 years old, before peaking at 70-79, and then falling to 0 or near 0 for those 90 or older.

Rongoā Māori

- → While there is no specific data on use of Rongoā Māori by whānau in the IMPB area, there is evidence that Māori are using Rongoā services nationally.
- → The Whakamaua Dashboard by Ministry of Health does reveal that for the year ending 30 June 2022, a total of 23,224 client contacts occurred in funded rongoā providers. Of these, 82 percent were client contacts for Māori (19,048 client contacts for Māori).
- → The highest proportion of Māori client contacts were provided to Māori aged 60+ years (6,343 rongoā client contacts provided to Māori aged 60+ years). In comparison, in 2019/20, a total of 14,211 client contacts occurred in funded rongoā providers.

Our IMPB Priorities

- **Primary Care:** There are several concerns for the IMPB that require different approaches to the issues of un-enrolled whānau and whānau who are enrolled, but who are not getting regular health checks and screening. The IMPB would like to work with Te Whatu Ora to explore different models of primary care that can ensure access and better options for whānau (Nurse-led care, mobile services) to help mitigate the shortage of GPs, and wait times for appointments. The IMPB is also keen to raise awareness and access to reach Māori men, which may be to look at more Nurse-led workplace health checks and follow-up. There is a desire to improve the communications between primary care and specialists.
- **Long-Term Conditions:** The IMPB supports the Government's priorities of focusing on key pathologies: CVD, diabetes, respiratory disease, and mental health. The IMPB wishes to add 'gout' as a priority for Māori and in particular improving access to prescribed medicine for gout. Māori are disproportionately represented in gout statistics, but the barriers of GP and prescription fees are preventing Māori from getting good access to care. Making greater use of Nurse prescribers to address this is seen as one solution.
- **Oral / Dental Heath:** This is an area that the IMPB notes impacts Māori negatively – however in order to reduce cavities in school-age children, there must be more awareness of sugar-avoidance and other foods that generate cavities. The IMPB wants a great focus on raising awareness amongst tamariki and their whānau by highlighting impacts on children's teeth later in life. The IMPB would also like to see more mobile dental services going into rural communities regularly.
- **NASC / Home Care:** The growing number of Kaumātua over the next 20 years highlights to the IMPB that there will be an increased need for home care, access to aged care, and a greater need for bringing services to communities through mobile services and home visiting so Kaumātua can stay in their homes as long as possible. There needs to be more Kaupapa Māori models of resthome care, requiring a need to build a carer workforce. Models such as the Canadian CAPABLE[1] model where an Occupational Therapist, Handyman and Registered Nurse make up a team that regularly home-visits over 65-year-olds. There should be opportunity for joint approaches between ACC, the Critical Home Repair programme and health, to co-invest in injury and falls prevention as well.
- **Primary mental health and addictions:** Te Tiratū IMPB supports the Government's priority of mental health and improving access to both primary and specialist mental health care. It is noted by the IMPB that the Henry Rongomau Bennett centre needs more capacity. More support is needed for children who are experiencing anxiety at younger ages – from events in the home as well as environmental events such as cyclones. Programmes such as Mana Ake in schools are supported, as they provide a Kaupapa Māori approach to mental wellbeing for tamariki. The IMPB is concerned that community services are under increasing pressure, especially with the withdrawal of Police sector from mental health interventions. Kaupapa Māori services are now seeing more complex and challenging clients and need more capacity. A significant increase in investment in Kaupapa Māori mental health is strongly supported by the IMPB, and there are questions as to whether He Ara Oranga funding has been fully distributed or can be re-prioritised.
- **Rongoā Māori:** This is a priority for Te Tiratū to increase investment in Rongoā Māori services across the district, and promotion / awareness to have Rongoā Māori working in a more integrated way with western medical services.

1 Community Aging in Place, Advancing Better Living for Elders (or CAPABLE) is a home-based program that improves in-home safety and function so that people over the age of 65 having difficulty with activities of daily living can remain independent in their own homes longer. The client receives an initial home visit by the CAPABLE team to identify areas within their home that can be modified to improve their health, safety and day-to-day life. The CAPABLE team consists of a registered nurse, an occupational therapist, and a handy-worker who will work with the client over a period of four to five months. It is free to the client and primarily funded through savings in long-term care avoidance.

HOSPITAL & SPECIALIST SERVICES

Photo: Hobbiton, Matamata

Whānau Hospitalisations

- Potentially avoidable hospitalisations are those admissions which could have been prevented by primary care, public health, or social policy interventions. Ambulatory sensitive hospitalisations (ASH) are those admissions which could have been potentially avoided through interventions in primary care.
- In terms of hospitalisations for any cause, Māori in Waikato District have higher rates of hospitalisation than non-Māori.
- Māori were 1.3 times more likely than non-Māori to be hospitalised for a potentially avoidable cause
- Between July 2022 to June 2023 in Waikato District, there were 2,340 potentially avoidable hospitalisations in Māori children aged one month to 14 years.
- The rate of potentially avoidable hospitalisations was 1.1 times higher for Māori children than non-Māori children.
- Between July 2022 to June 2023, 807 Māori aged 15 to 24 years in Waikato District had a potentially avoidable hospital admission.
- In adults aged 45 to 64 years, between July 2022 to June 2023 in Waikato District, 1,571 Māori had an ambulatory sensitive admission, 2.4 times higher than the rate for non-Māori in Waikato District.
- In 2023, there were 37,276 Māori presented at ED residing in the Te Tiratū IMPB area
- In 2023, Māori represented 31.4% of all ED presentations in Te Tiratū and 31.7% in the Waikato district.
- In 2023, Māori were presented more acutely in ED (Triage category 1) than non-Māori when considering population sizes, represented 36.0% of all ED presentations with Triage category 1 in Te Tiratū. This is similar to the wider Waikato district with Māori represented 35.5% of all ED presentations with Triage category 1.
- In 2023, higher proportion of Māori were presented with low urgency in ED (Triage category 5) than non-Māori when considering population sizes, represented 41.6% of all ED presentations with Triage category 5 in Te Tiratū. This is similar to the wider Waikato district with Māori represented 41.7% of all ED presentations with Triage category 5.
- In 2023, there were Waikato presentations at Waikato ED for Domicile District of Waikato, with most of them, 73,145 presentations, from patients residing in the Te Tiratū IMPB area.
- In 2023, 29.4% of all ED presentations at Waikato ED were associated with Māori in Te Tiratū IMPB area and 29.6% of all ED presentations at Waikato ED were associated with Māori that have a Waikato district domicile.
- In 2023, there were 14,878 presentations at Thames ED for Domicile District of Waikato, with most of them, 14,323 presentations, from patients residing in the Te Tiratū IMPB area.
- In 2023, 21.6% of all ED presentations at Thames ED were associated with Māori in Te Tiratū IMPB area and 21.8% of all ED presentations at Thames ED were associated with Māori that have a Waikato district domicile.
- In 2023, there were 35.7% ED presentations at Waikato ED with triage category 1 that are associated with Māori in Te Tiratū IMPB area and 35.0% of presentations with triage category 1 that were associated with Māori that have a Waikato district domicile.
- In 2023, there were 31.6% ED presentations at Thames ED with triage category 1 that are associated with Māori in Te Tiratū IMPB area and also 31.6% of presentations with triage category 1 that were associated with Māori that have a Waikato district domicile.
- In 2023, there were 44.0% ED presentations at Waikato ED with triage category 5 that are associated with Māori in Te Tiratū IMPB area and 44.5% of presentations with triage category 5 that were associated with Māori that have a Waikato district domicile.
- In 2023, there were 21.9% ED presentations at Thames ED with triage category 5 that are associated with Māori in Te Tiratū IMPB area and also 21.9% of presentations with triage category 5 that were associated with Māori that have a Waikato district domicile.

Mental Health Hospitalisations

- Between 2020 to 2023, there are significantly higher rates of hospitalisations for most mental health conditions for Māori in Waikato District compared to non-Māori.

- Overall, Māori were 1.9 times more likely than non-Māori to be hospitalised for any type of mental or substance use disorder, 4.6 times for schizophrenia, 1.3 times for mood disorders, 1.7 times for substance/alcohol use and 1.3 times for stress-related and anxiety.
- Between 2020 and 2023, Māori in Waikato District were 1.6 times more likely than non-Māori to be hospitalised for a traumatic brain injury. An average of 243 Māori per year were hospitalised for traumatic brain injury in Waikato District.
- Between 2020 and 2023, Māori in Waikato District (aged 15 to 44 years) were 1.2 times more likely than non-Māori to be hospitalised for intentional self-harm. An average of 225 Māori per year were hospitalised for intentional self-harm in Waikato District (150 women and 75 men).

Planned Care

- In terms of access to specialist outpatient appointments, Māori in Te Tiratū are much more likely to have a missed first specialist appointment than non-Māori.
- In 2023, 12.7% of first specialist medical appointments and 16.7% of first surgical appointments for Māori were missed. This contrasts to only 3.7% of medical and 5.2% of surgical first specialist appointments missed for non-Māori in Te Tiratū. This adds further delays for Māori in accessing the operations and medical treatment they require and contributes to poorer health outcomes.
- There were 27,022 planned care interventions in the Waikato district in 2023, with 4,435 were for Māori.
- In 2023, 3500 planned care interventions for Māori were inpatient events in the Waikato district, compared with 14864 of planned care interventions for non-Māori were inpatient events.
- In 2023, majority of planned specialist advice were Medical non-contact First Specialist Assessment, totalling 742 events for Māori in the Waikato district.

Our IMPB Priorities

- Te Tiratū wishes to see more regular data about whānau on waiting lists and how long they have been waiting. There is a desire to see the Auckland hospital clinical and cultural assessment model applied in the region, to ensure there is equity for Māori on wait lists
- Te Tiratū is concerned about the number of whānau not making it to specialist appointments and treatments – and desires regular data in this domain to monitor trends. More linkages need to be made with Hauora Māori services and primary care to facilitate whānau access to those appointments.
- More options for virtual care are also a priority – especially for those unable to travel or who do not have easy access to transport, means to pay for accommodation, childcare or other challenges. For instance virtual care 'booths' within Hauora could provide private spaces and good technology for whānau who do not have good access to wifi or computers at home.

MĀORI WORKFORCE

Photo: Bush Walkway, Waitomo, Waikato

Māori Workforce

- Forecasting data shows a significant increase in numbers from most of the professions in 2034 with the exception of slower growth seen in some allied health professions in particular the National data sets.
- There is significant increase in Māori workforce numbers across Nursing, Dental/Oral Health professions, Midwifery, Sonographers and moderate growth seen in some of the allied health professions such as Pharmacy, Radiology Anaesthetic Technicians.
- The largest workforce growth areas nationally are Māori dental hygienists/therapists, Māori dentists, and Māori midwifes.
- There is an increased growth in Māori doctors, however the proportion of Māori to non-Māori doctors does not change and is sitting at less than 5%, well below meeting the representative figure of 17% - 18% total Māori population.
- Dental hygienists and midwifery both forecast positive increases in workforce growth, however the increase as a percentage of the total workforce is minimal at 2% and 4.5% respectively.
- The forecast modelling shows that Māori are very interested in midwifery as a vocation, the trend data seeing a sizeable increase in Māori qualified midwives reaching 17.6% in the 10-year projections.
- Priority Māori workforces for consideration include Doctors in particular GP's; Mental health workforce and an in particular increase in senior mental health clinicians; Nurse practitioners, prescribers; Pharmacists and Midwives.

Our IMPB Priorities

- Te Tiratū is aware there is national health workforce resources. The IMPB wants to work with other IMPBs in Te Manawa Taki to see prioritisation within this resource for the Māori workforce. Te Tiratū wishes to promote an ambitious goal of 50+ across the board over the next decade such as:
    - 50 new Māori midwives in the region;
    - 50 Nurse Practitioners / Nurse Prescribers;
    - 50 Community and Senior Mental Health clinicians;
    - 50 dental hygienists to work with under 5's and school-age tamariki;
    - 50 pharmacists.

Back Page & Cover Photos:
Te Parapara Māori Garden - Hamilton Gardens

TE TIRATU