Te Tiratū Iwi Māori Partnership Board

Tuāki Tū *Position Statement*
Diabetes & Podiatry

Tuhinga tīmatanga *Introduction*

Diabetes-related foot disease is costing Māori their limbs, independence, and lives while driving millions in avoidable hospital costs. In the Waikato and wider Te Tiratū rohe, Māori are disproportionately affected, with amputation rates far higher than non-Māori. Te Tiratū Iwi Māori Partnership Board (IMPB) calls for expanded podiatry as both a Treaty obligation and a smart investment: preventing amputations, reducing hospital pressure, and restoring mana motuhake for whānau Māori.

Horopaki *Context*

Diabetes is one of the most pressing health equity issues for Māori and the leading cause of preventable amputations in Aotearoa. Māori with diabetes are about 65% more likely than non-Māori to undergo an amputation (Ihaka, Rome, & Came, 2022). These inequities appear earlier in life and bring profound social and economic costs.

Currently, under the 'Community Podiatry Referral Service', patients assessed as "high risk" receive only four funded podiatry visits annually. While valuable, this cap falls short of international best practice. The International Working Group on the Diabetic Foot (IWGDF, 2023) and NICE (2015) recommend reviews every 1-3 months for high-risk patients and every 3-6 months for moderate risk. As a result, whānau fall through service gaps. Preventable ulcers escalate to amputations, causing avoidable suffering while adding strain to the health system.

Tauāki tū *Position Statement*

Immediate action is required. Limiting high-risk patients to four funded podiatry visits each year directly contributes to higher Māori amputation rates and breaches the Crown's Te Tiriti obligations to actively protect Māori health. Resourcing up to eight funded visits annually (every 6–8 weeks, approx. $800 per patient), with foot screening included, would align more closely with international standards. Benefits would include:

- Preventing avoidable amputations and hospitalisations.
- Saving millions in direct and indirect system costs.
- Supporting whānau independence, dignity, and wellbeing.
- Meeting Treaty obligations by addressing inequitable outcomes.

Karanga kia mahi *Call to Action*

Te Tiratū IMPB calls for:

- **A diabetes–podiatry pathway** that prioritises early intervention and culturally safe care, extending funded visits, broadening eligibility, and embedding kaupapa Māori delivery.
- **Expanded PHO responsibility**, ensuring podiatry becomes routine in diabetes management for all risk groups.
- **Investment in preventive care**, recognising parallels with dental inequities where underfunding has led to higher hospitalisation and social costs.
- **A Te Tiratū pilot pathway**, to demonstrate reduced admissions, improved mobility, and enhanced whānau quality of life.

Click here to see references on our website

Oketopa *October* 2025

Ngā wā hanga matua *Priority Areas for Community Wellbeing and Support*

- **Extend funded podiatry visits** - Provide up to eight visits per year, including 3–6 monthly screenings.
- **Broaden eligibility -** Expand access beyond "high risk" to moderate- and low-risk patients to enable early prevention.
- **Embed kaupapa Māori delivery** - Resource Māori providers to deliver services grounded in Te Whare Tapa Whā, Te Pae Mahutonga, and Pae Ora. Mobility is vital to all dimensions of Māori wellbeing.
- **Strengthen mobile outreach -** Fund mobile podiatry services to overcome rural transport barriers.
- **Expand PHO responsibility -** Require PHOs to integrate podiatry into diabetes pathways at all risk levels, supported by training and cultural responsiveness.
- **Pilot a Te Tiratū pathway -** Implement a local programme evaluating health, social, and economic outcomes, ensuring whānau voice and service equity.

Pānga ki te whānau *Whānau Impact*

Amputation affects far more than physical health. It removes mobility, undermines confidence, disrupts employment, and limits participation in whānau, hapū, and iwi life. Research confirms these impacts:

- Māori describe health as holistic, where wellbeing improves when all domains are in balance (Ihaka, Rome, & Came, 2022).
- Barriers to diabetes podiatry services were identified over a decade ago, yet culturally appropriate provision remains inadequate.
- The Feet for Life trial (Taupua Waiora, 2010) highlighted the value of relationships, face-to-face care, and whānau involvement.

These insights show why services must be relational, locally delivered, and trust-building.

Whaihua o te utu *Cost Effectiveness*

Enhanced podiatry is a smart investment:

- A major amputation costs approx. $40,654, compared with $800 per patient for regular podiatry.
- Preventing just 20 amputations saves over $800,000 (University of Otago & PwC, 2016).

International studies consistently show that regular podiatry reduces amputations, improves survival, and lowers costs (NICE, IWGDF, NHS, US and Australian evidence). The case for early, proactive investment is clear.

Ngā herenga o Te Tiriti o Waitangi *Te Tiriti Obligations*

The Hauora Report (Waitangi Tribunal, 2019) confirms the Crown's duty to protect Māori health. Underfunding podiatry breaches this duty. Providing frequent, culturally safe care is both a Treaty and equity imperative.

Whakarā popototanga *Summary of Key Points*

- Diabetes is a leading health equity issue, driving preventable amputations among Māori.
- Māori are 65% more likely than non-Māori to experience diabetes-related amputations.
- Current services offer only four funded podiatry visits annually, limited to high-risk patients.
- International best practice recommends 6-8 weekly podiatry plus regular screening.
- Preventing 20 amputations saves over $800,000 in hospital costs.
- Recommendations: extend funded visits, expand eligibility, embed kaupapa Māori delivery, strengthen mobile outreach, expand PHO responsibility, and pilot a Te Tiratū pathway.
- Addressing inequities in diabetes foot care is cost-effective and a Treaty obligation

Ngā taunakitanga ki te Kāwanatanga *Recommendations for Government*

- Fund up to eight annual podiatry visits for high- and moderate-risk patients.
- Resource Māori providers to embed kaupapa Māori frameworks.
- Strengthen PHO responsibility and accountability for podiatry integration.
- Support mobile podiatry outreach in rural areas.
- Invest in and evaluate a Te Tiratū pilot pathway, embedding whānau voice and equity.

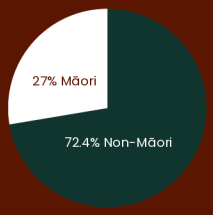
Whakakapi *Conclusion*

Diabetes is costing Māori their limbs, independence, and lives unnecessarily. The current model, capping high-risk patients at four visits per year, is not enough.

Te Tiratū urges investment in a pathway that funds up to eight annual visits, includes moderate-risk patients, embeds kaupapa Māori delivery, strengthens outreach, and expands PHO roles. This approach will save lives, protect limbs, reduce costs, and restore mana motuhake for whānau Māori. The time for action is now.

TE TIRATŪ

Ngā Tangata

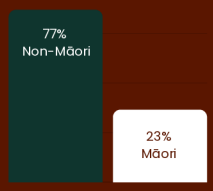


Total Population
438,987

Non-Māori
317,664

Māori Descent
121,323

Enrolled in PHO and alive in 2024 with Diabetes in the Waikato Aged 15-74
31,555



Diabetes prevalence and hospitalisation rates are consistently higher than national averages.

Rurality and transport barriers exacerbate inequities in access to podiatry and specialist care.