TIHEI TAKITIMU

IWI MĀORI PARTNERSHIP BOARD

Hauora Māori Priorities

SUMMARY REPORT / AUGUST 2024

He Kupu Mihi

He hōnore he kororia ki te Atua
He maungārongo ki te whenua
He whakaaro ki ngā tāngata katoa

Tēnā tātou i runga i ngā piki me heke o te wā.
Tuatahi, kia mahara ake tātou ki ō tātou mate huhua, arā, ko Kīngi Tūheitia Pōtatau Te Wherowhero Te Tuawhitu tērā i tangihia e te motu whānui, me te maha atu i takoto mai ai i runga i ō tātou marae maha, papa kāinga hoki.
Ko rātou te hunga moe i te pō, rātou ki a rātou.
Āpiti hono, tātai hono ko tātou te hunga ora, tātou ki a tātou.

Me tuku mihi anō ki tō tātou Kuini hou, ki a Ngā Wai Hono i te Pō. Kia horahia rātou ko te Kāhui Ariki ki te korowai o te aroha, ā, aianei, ake tonu atu nei.

Tēnei te Poari o Tihei Takitimu e tāpae atu nei i tēnei Pūrongo Whāinga Tōmua Hauora Māori i runga i te ngākau matapopore, ngākau tūmanako hoki koia hei tohu i te ara hāpai ora mā ngā whānau, ngā hapū me te iwi kei tō tātou rohe e noho ana.

Tihei Mauri Ora, Tihei Takitimu e!

He kōrero mō Uru-te-ngangana me ngā purapura whetū

Hei whakataki i ngā kōrero i roto i tēnei tuhinga, me toro atu tātou ki ngā kōrero tuku iho mō ngā kāwai tīpuna i te wā o te wehenga o Rangi rāua ko Papa. Ko Uru-te-ngangana te mātāmua o Rangi rāua ko Papa. Nā runga i te kore whakaae ōna kia wehea ngā mātua, ka rere atu ia ki te taha o Ranginui, ka noho ia me tōna hinapōuri mō ngā mahi a ōna tāina. Nā te ngākau mamae ka tangi ia, ā, ko ōna roimata turuturu ka hopukia e ia, ka puritia ki roto i tētahi kete koi kitea e ngā tāina.

Ko Te Kete Rauroha te ingoa. Nā wai, nā wai ka rongo a Tāne, ka haere ki te kimi i tōna tuakana. Tae atu ana ka ui atu a Tāne ki a Te Uru mō ngā roimata kei tana kete, me te inoi kia tukua mai ki a ia, māna anō e tātai ki te poho o tō rāua matua.

Kāore a Te Uru i ngākau pai ki te tono a te taina, kia riro mā Tāne ōna roimata e tātai ki te poho o Ranginui, engari ka puare te waha o tōna kete ka ringihia, ā, rere ake ana ngā roimata ki te poho o tōna matua o Ranginui.

Koia anō ko Uru-te-ngangana me ōna roimata nāna i tuku hei purapura whetū ki te rangi, hei tohu mai i te māramatanga i te pō.

Uru-te-ngangana and the seeds of light

Within our oral traditions connected to the separation of Rangi and Papa there is an account about Uru-te-Ngangana and the purapura whetū. Uru-te-nganana was the oldest son of Rangi and Papa. Unlike Tāne he was opposed to their parents' separation and as a response he moved away from his younger siblings to be closer to their father.

Away in a dark recess he was able to conceal his sadness for his parents who had been separated from each other by some of their own children. As he grieved in silence Uru-te-nganana took care to catch his tears - lest they be seen - and concealed them in a kete.

After a while, Tāne heard that Uru was grieving and went to find him. When Tāne found Uru he enquired about the contents of the kete, and suggested that Uru should give up the tears to him so that he could arrange them as stars on their father's chest.

Rather than let Tāne have further glory, Uru opened the kete and scooped out his tears. Then he flung them out into space where they settled as stars adorning their father's body.

From this action the tears of sorrow became stars and referred to as purapura whetū or seeds of light.

In a similar way the following report brings together information from a range of sources. It has been organised and presented here in order to shine a light on the issues impacting the hauora of Māori within the Tihei Takitimu rohe.

Ngā Kai o Roto Contents

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). This report is a summary of a more extensive report collating the needs and aspirations of Māori to meet the IMPB's purpose outlined above. It is designed to be more user-friendly for sharing with whānau, providers, hapū and Iwi and partners.

How this report is organised

This report is a collation of available and selective 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 for more extensive information.

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. 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 need to have the greatest impact.

This is not necessarily how we as an IMPB think about '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 - so our influence is targeted to the way the system organises itself. While the data is collated this way, the solutions we develop with whānau will more holistic and be locally tailored.

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 including InterRai assessment data, hospital data, maternity data for instance;
- Data requested from the Hawkes Bay Primary Health Organisation (PHO);
- 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.

We have not complicated this summary report with all the references as they are in the full report for us to refer to when needed. The 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 for instance) 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).

Our IMPB area does not cover all of the former Hawkes Bay (HB) District Health Board area. The Mahia area is part of the Toitu Tairawhiti IMPB. Therefore, where HB district data has been provided, it includes data related to the whole area – not just our IMPB area. We wait anxiously to begin receiving data specific to our specific IMPB coverage area and not the whole former HBDHB district. Where the data we received was just for our IMPB area, it is identified accordingly. Some information was only available at a national level, reporting NZ results, regional data or Bay of Plenty district data - instead of results just for our IMPB area. That is the reason our IMPB has made data access and currency a key priority for the future.

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 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.

Ngā tāngata
About our community

The Tihei Takitimu rohe is home to just over 52,460 Māori (29% of the total population of 182,310 with 129,850 being non-Māori).

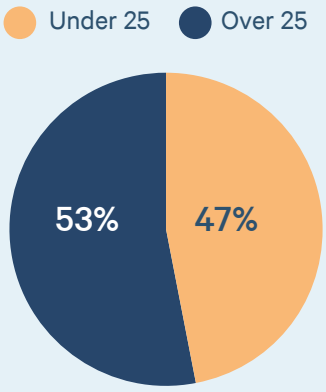
- 47% of the Māori population is under 25 years of age (compared to 24% of non-Māori population)
- 52% of the non-Māori population is aged over 45 years of age (24% over 65)
- Over the next 20 years, the Māori population is expected to grow to 69,110 and will be 35%
- Over the next two decades, the Māori population in Tihei Takitimu IMPB is projected to be older - by 2043, 12% of the Māori population will be over 65 years old, compared to 8% in 2023.
- The Māori population in Tihei Takitimu is projected to make up an increasing share of the IMPB population - from 29% in 2023 to 35% in 2043.

Detailed information on the population is available in the IMPB Health Profile (Vol 1) dated December 2023 from Te Aka Whai Ora. For the purpose of this document, key highlights are included here only as they indicate drivers for health services needed now and in the future. The full analysis and references/ sources are available in the original profile document.

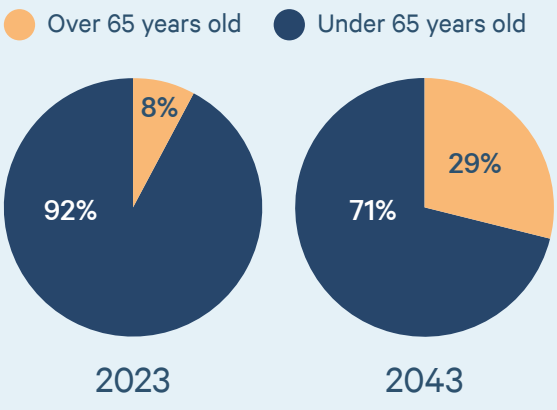
Socio-economic factors that impact on health and wellbeing

- **Remoteness:** Most Māori in Hawke's Bay District (79%) live in urban areas, with 21%7 living in rural areas compared to 87% and 13% for non-Māori respectively.
- **Cost of living:** In 2018, 13% of Māori aged over 15 years in Tihei Takitimu reported often postponing or putting off a doctor's visit, 8% often went without fresh fruit and vegetables, and 9.9% often put up with feeling cold, because of cost.
- **Education and qualifications:** In 2018, 62.1% of Māori aged over 20 years in Hawke's Bay District had achieved a Level 2 Certificate or higher, compared to 75.7% for non-Māori
- **Leading occupations:** In terms of the type of work Māori perform within those industries, for employed Māori women in Hawke's Bay District, the leading occupational groupings were labourers (26.8%); professionals (18.5%) community and personal service

Percentage of the Māori population under 25 years old



Percentage of the Māori population over 65 years old



workers (16.8%); clerical and administrative workers (11.9%). Māori men were most likely to be employed as labourers (38.1%); machinery operators and drivers (15.6%); technicians and trade workers (15.5%); and managers (10.5%).

- **Income:** Māori in Hawke's Bay District are significantly more likely than non-Māori to receive an income of $20,000 or less. This equates 38.5% of Māori aged 20 years and over (9,942 people) living on an income of $20,000 or less compared to 27.4% of non-Māori in 2018. In Hawke's Bay District, 53% of Māori lived in the two most deprived deciles in 2018, compared to 19% for non-Māori.
- **Transport:** Māori in Hawke's Bay District are almost 3.0 times more likely than non-Māori to be without access to a motor vehicle. This equates to 6% of Māori living in Hawke's Bay District (2,061 people) with no access to a motor vehicle compared to 2.2% of non-Māori in 2018.
- **Digital enablement:** Māori in Hawke's Bay District are also 3 times more likely than non-Māori to have no access to telecommunications. This equates to 2.3% of Māori (744 people) who had no access to any form of telecommunications (a functional cell phone, telephone, or the Internet) compared to 0.7% of non-Māori.
- **Housing:** Māori in Hawke's Bay District are less likely than non-Māori to own their home. In 2018, 68% of Māori aged 20 years and over in Hawke's Bay District lived in a home they did not own/partly own. Living in an overcrowded home was 2.7 times more common for Māori than non-Māori in 2018. Māori in Hawke's Bay District were 2.0 times more likely than non-Māori to live in a damp home and to live in a mouldy home. Māori in Hawke's Bay District were also 1.5 times as likely as non-Māori to live in homes without any source of heating in 2018.

Key health indicators

- **Life expectancy:** The life expectancy at birth for Māori born in Tihei Takitimu between 2018-2022 is 79.6 years for females and 72.3 years for males (5.1 years shorter for Māori females and 9.5 years shorter for Māori males, compared to non-Māori)
- The leading **avoidable causes of death** contributing to the life expectancy gap among Māori in the region are lung cancer, coronary disease and diabetes
- 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.

Population estimates by age group for Tihei Takitimu:

	MĀORI			NON MĀORI		
Age group (years)	**Number**	**Age distribution**	**% of IMPB**	**Number**	**Age distribution**	**Total IMPB number**
0-14	15,635	30%		19,780	15%	35,415
15-24	9,165	17%		11,945	9%	21,110
25-44	13,270	25%		30,845	24%	44,115
45-64	10,290	20%		35,845	28%	46,135
65+	3,940	8%		31,560	24%	35,500
Totals	**52,460**	**100%**	**29%**	**129,850**	**100%**	**182,310**

Key findings from the voices of whānau

There have been several community and online engagements with whānau throughout Hawke's Bay District to give them an opportunity to share their voices and provide feedback based on their experiences and observations of the health system. A range of ages, genders, occupations and geographical boundaries have contributed to the feedback.

Sources used for whānau voice throughout this report were:

- Tihei Takitimu Whānau Voice. Phase 1 Engagement Insights report: A combination of online activities and face to face whānau voice engagements from November 2023 to February 2024, there were 794 engagements.
- Whānau online survey was sent out to whānau in the Tihei Takitimu boundaries between 29 July to 27 August. A total of 347 responses were collected in this survey.
- HB Maternity Services Review 2022 – whānau interview comments
- Tihei Wairoa Survey – 162 respondents (date unknown of data collection period) and Tihei Wairoa Locality Plan – whānau voice throughout the plan.

A combination of both concerns, barriers, positives and learnings are shared throughout the report. Themes are shared with supporting quotes of whānau.

When health services work well

Good experiences of health services

- Being made comfortable most of the time.
- Great services provided by the cancer society, including accommodation and transportation arrangements.
- Importance of acknowledging and learning individuals' first names, especially in the context of Māori being a first language in Aotearoa.
- Minimal waiting time and thorough, great services provided by the kaimahi.
- Prompt and efficient service provided by an after-hours doctor.
- Being greeted with manaaki and having personal needs understood by the staff.
- Positive outcomes such as receiving necessary treatments and services promptly.
- Informative services, although not qualifying for financial assistance.
- Welcoming great service that is thorough.
- Enjoyable visits with specialists, doctors, and nurses.
- Excellent service from booking appointments through to surgery, timely, professional, and caring.
- Staff actively listen without interruption and provide respectful care.
- Some experiences are good, while others may have room for improvement.

Around 70% of participants said that their health was either good or excellent.

More than 60% of whānau don't think Māori have satisfactory access to health services in our region.

Some of the barriers identified are cost, access, cultural competence, fear, shame and waiting times.

When health services do not work well

Not so good experiences of health services

- **Increased wait times for appointments** due to changes during the COVID-19 pandemic.
- **Lack of support and dissatisfaction** with explanations, particularly from a Māori perspective.
- **Challenges in accessing GP appointments**, including phone difficulties and unapproachable receptionists.
- **Delays in obtaining prescriptions** due to issues with the pharmacy system.
- **Negative experiences with after-hours practices**, such as high costs and feeling judged by healthcare providers.

Knowledge of available hauora services

- Consulting a doctor, seeking advice from family, relying on personal doctors, asking family members for assistance, and maintaining a notebook with health service contacts are common approaches to finding hauora services support.
- Lack of awareness and accessibility to Māori health services, preference for mainstream providers, reliance on internet search, limited utilization of Māori health services, and mixed experiences with healthcare are key factors influencing individuals' choices.
- Utilizing personal knowledge or advice from friends and family, seeking help from a General Practitioner (GP), contacting doctors or nurses, using online resources for information, and accessing specific health services based on individual needs are important considerations in seeking hauora services support.

Health concerns

The main hauora concerns or conditions that have been identified by whānau for themselves or their whānau vary pending the age group asked. The main themes in each age group include the following,

- 0-12 years old: Respiratory related (Asthma, Bronchitis), Cancer and Skin infections/Eczema
- 13-19 years old: Alcohol, Diabetes, Housing and Asthma.
- 20-39 years: Mental health, Women's health (Fertility and lack of LMC's), Lack of support for rainbow community.
- 40-59 years: Obesity, Diabetes, Respiratory related issues and Dental
- 60-79 years: Healthy aging, Heart attack, Arthritis and Cancer

Priorities for improving access

What whānau wish/want to have immediate access to

- 0-12 years: drug and alcohol abuse, dental care, diabetes
- 13-19 years: Accessing GPs, Cultural wellbeing, Mental health, Socioeconomic and Respiratory
- 20-39 years: Mental health support, kanohi ki te kanohi, Nutrition – healthy affordable kai, Socio economic issues, housing, Cultural wellbeing and Oral health.
- 40-59 years: Dental/Oral health, Mental health, Substance abuse and Cultural wellbeing
- 60+ years: Mental health, Diabetes, Oral/dental health and access to health care.

Other priorities shared by whānau that they want Tihei Takitimu to know about include,

- NASC waiting times
- Subsidised free exercise/nutrition programmes
- Support for tangata takiwa
- Community events - to promote services better
- Checking in on kaumātua
- Free dental care up to 25 years old
- Focus on improving primary care
- Support tangata whaikaha
- LGBTQ support.
- Cultural wellbeing.

Desired improvements

Improvements of health services experiences.

- More staff for timely appointments and safer outcomes.
- Shorter wait times for specific groups and urgent cases.
- Improved communication strategies for appointments and healthcare charges.
- Genuine engagement and individualized care for patients.
- Integration of health notes for better coordination and follow-up care.

If one thing could be changed in the health services.

- Quicker service, including shorter wait times for appointments.
- Lower cost of healthcare services, particularly dislike for charges like phone consultations.
- Cultural sensitivity, including correct pronunciation of Māori names and integration of Māori services without segregation.
- Treatment based on medical needs rather than ethnicity.
- Optimisation of resources, increasing frontline healthcare workers, and reducing administrative roles for better patient accommodation.

SPOTLIGHT ON TE WAIROA LOCALITY: WHĀNAU VOICE

Te Wairoa was one of the prototype localities chosen by Health NZ to test approaches to Localities defined under the Pae Ora Act 2022 and as a result prepared a Locality Plan which involved stakeholder engagement and participation. The following is extracted from that plan:

It is important to recognise that Te Wairoa have had meaningful participation of Te Wairoa community in locality planning, a by Te Wairoa, for Te Wairoa approach.

Te Rohe o Wairoa (The Wairoa District) is located in Te Matau-a-Māui (Hawke's bay) on the East Coast of Te Ika-a-Māui. Wairoa locality is rural, stretching from Kotemaori, Raupunga and Mohaka in the south to Waikaremoana, Ruakituri, Te Reinga and Frasertown in the west and across to the communities of Mahia, Mōrere, Nūhaka and Whakakī in the east. Almost in the centre of these remote rural communities lies the township of Wairoa. Wairoa is culturally strong with 37 marae that are an integral part of our being. It is a close-knit, supportive community that has proven itself to mobilise when needed through whānaungatanga and community partnerships.

The collective aspiration and vision of Tihei Wairoa is *"All whānau across the Wairoa district are thriving"*. This vision sets the foundation for the Tihei Wairoa Approach and is guided by the following principles

Whānau ora, whānau first
Āta haere – deliberate action
Kia tika, kia pono – strengths based.

Ways to achieve this vision is, Access to a choice of high-quality health care, trusted relationships, a thriving Wairoa with focused events and a good standard of living. The initial priorities are:

HERENGA - Access
KOTAHITANGA - Collective Impact
RANGATIRATANGA - Self-determining

It is important that under the three priorities there is a focus on support for kaumātua, tamariki, rangatahi, oral health, mental health and addictions support and whānau living with long-term conditions.

Throughout this report we have spotlighted any relevant reference from the Wairoa Locality Plan to the specific service area where it exist.

Public and population health

Screening

- An average of 179 Māori register with cancer each year in HB. The registration rate of lung cancer for Māori is 3.0 times the registration rate of non-Māori.
- In 2023, across the three national cancer screening programmes, breast, cervical and bowel cancer, Māori in HB screening rates were lower than non-Māori screening rates.
- 54.5% of eligible Māori women aged 45 to 69 years had been screened for breast cancer in the previous two-year period, compared to 73.9% for non-Māori. Breast cancer is a leading cause of death for wahine Māori
- For cervical cancer, 53.1% of eligible Māori in HB aged 25 to 69 years were up to date with their cervical screening, compared to 72.1% of non-Māori
- For bowel cancer, 48.0% of the eligible Māori had been screened, compared to 63.8% of non-Māori.

Alcohol

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, 32.9% of Māori respondents (≥15 years) in HB (41.7% of Māori men, 27.0% of Māori women) were found to have a hazardous drinking pattern during the last year.
- This was 1.6 times higher than the rate of hazardous drinking among non-Māori respondents (2.1 times higher for Māori females and 1.3 times higher for Māori males) in HB.
- 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, 32.1% of Māori respondents (≥15 years) in HB were binge drinking at least monthly, and 18.2% at least weekly.
- These rates were 1.3 times and 1.5 times higher than for non-Māori respondents in HB respectively.

Smoking and Vaping

- According to the NZ Census 2018, 32.4% of Māori aged 15 years and over (33.7% of Māori women and 30.9% of Māori men) in HB were regular (daily) smokers. Compared to non-Māori in HB, Māori were 2.3 times as likely to be regular smokers. Māori women were 2.9 times more likely than non-Māori women to smoke regularly, and Māori men were 1.9 times more likely than non-Māori men.
- Based on data from the New Zealand Health Survey (NZHS), in HB between 2017 and 2022, 10.3% of Māori aged 15 years and over were vaping on a daily basis.

Diet and exercise

- Engaging in unhealthy behaviours reduces health-related quality of life. Improving modifiable risk factors, especially before disease occurs, not only benefits the health and wellbeing of Hawke's Bay, but also plays a role in controlling health care demand and costs.
- According to the New Zealand health survey 2017-18 to 2019-20 on lifestyle risk and protective factors - Māori were more likely than others to be overweight or obese (79.9% c.f. 70.5%), less likely to be physically active (48.6% c.f. 55.6%), and less likely to meet the recommendation for 3+ servings of vegetables per day (24.5% c.f. 36%).

TIHEI TAKITIMU PRIORITIES FOR PUBLIC AND POPULATION HEALTH

- **Endorse Governments 5 priorities** of "modifiable behaviours" alcohol use, smoking/vaping, diet, exercise and social cohesion
- **Breast and cervical screening priority.** Need more local Māori designed promotional campaigns. Take screening to workplaces. Offer screening out of hours and weekends. Bring mobile services in
- **Health promotion** and awareness is a big issue for Māori – needs to be localised, local messages and local delivery across the modifiable behaviours. Need a comprehensive end-to-end health promotion approach over the life-course designed, led and delivered by Māori
- **Smoking / Vaping:** Need education on dangers of vaping
- **Kai sovereignty:** return control of food to whānau (teach, grow, preserve good food) – needs Māori campaign.

Primary and Community Care

Maternal and pēpi health

- Early access to high quality antenatal care is important to ensure the optimum wellbeing of mothers and babies. Wāhine Māori are less likely to register with a Lead Maternity Carer (LMC) in the first trimester (55.5%) compared to non-Māori (wāhine Māori less than 25 years of age, and women living in highly deprived areas are even less likely)
- 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 HB, around 54.29% of them were Māori. Around 2.8% of these Māori babies died before leaving the hospital.
- In 2022, over a half (55.0%) of Māori babies in HB were enrolled with a primary care provider by the time they were three months old, compared to 94.6% of non-Māori babies.
- Breastfeeding is associated with many short-and long-term health benefits. Of those babies who were reviewed by their Lead Maternity Carer at two weeks of age, 61.0% of Māori babies, were exclusively or fully breastfed at two weeks old in HB.

Immunisation

There are very stark inequities in immunisation coverage especially for Māori. In HB between April 2023 and March 2024:

- Only 47.3% are immunised at 6 months of age
- Over 70% are fully immunised at 8 months of age
- The coverage rate climbs to 79.2% by 12 months – but then drops back down to almost 41.4% at 18 months
- At 5 years, 63.5% of Māori children are immunised before school age, leaving 36.5% (over 1/3) not immunised (compared to non-Māori non-Pacific at 73.0%)
- In HB 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.
- By five years of age (a full year after the last vaccination on the young child immunisation schedule), 63.5% of Māori in Hawke's Bay District were fully immunised compared to 73.0% for non-Māori non-Pacific.

TIHEI TAKITIMU PRIORITIES FOR MATERNAL CHILD HEALTH

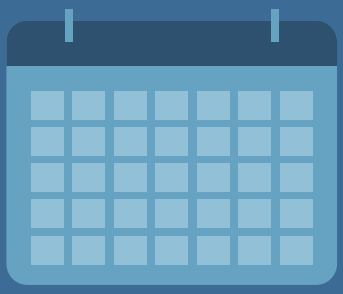
- **Fund more Māori models of care:** Fund Kahu Taurima Te Ao Māori models for the first 2,000 days across the Tihei Takitimu rohe
- **Sexual & reproductive health:** Contraception, Family Planning, Sexual health needed

TIHEI TAKITIMU PRIORITIES FOR IMMUNISATION

- Endorsed this as one of Government's 5 Health Targets
- The IMPB encourages the system to tap into trained vaccinators who were trained during Covid and to train more through available courses

Breastfeeding is associated with many short- and long-term health benefits.

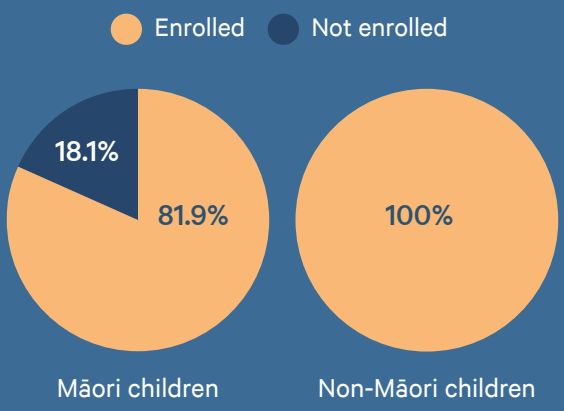
Of those babies who were reviewed by their Lead Maternity Carer at two weeks of age, 61% of Māori babies, were exclusively or fully breastfed at two weeks old.



By five years of age (a full year after the last vaccination on the young child immunisation schedule), 63.5% of Māori in Hawke's Bay District were fully immunised compared to 73.0% for non-Māori non-Pacific.

An average of 1,824 Māori per year in Hawke's Bay district were hospitalised from circulatory diseases.

Percentage of Māori children under age 4 enrolled with oral health services



Primary Care – General Practice

- According to the HB PHO, 89% of the Māori population are enrolled with a General Practitioner when compared with the total population.
- The impact of the estimated 11% (~5,500) of Māori population not enrolled with a General Practitioner to primary care means likely non-entry to referred services such as specialists, NASC for disability support, and prescriptions needed to manage conditions (and potentially more use of EDs inappropriately)
- Between 2020 and 2023, Māori in Hawke's Bay District were 2.0 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 1,824 Māori per year in Hawke's Bay District were hospitalised from circulatory diseases.
- Looking more specifically at ischemic heart disease, Māori in Hawke's Bay District were significantly more likely than non-Māori to be admitted for ischaemic heart disease (1.6 times), angiography (1.5 times), and acute coronary syndrome (1.8). 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 females, who are 2.3 times more likely to get angioplasty than non-Māori females).
- Māori in Hawke's Bay District were 4.3 times more likely than non-Māori to be hospitalised for heart failure.
- Māori in Hawke's Bay District were 1.8 times more likely than non-Māori to be hospitalised for stroke.
- Māori in Hawke's Bay District were 2.5 times more likely than non-Māori to be hospitalised for hypertensive disease (disease related to high blood pressure).
- Māori in Hawke's Bay District were 2.8 times more likely (3.0 times for Māori women and 2.7 times for Māori men), than non-Māori to die from circulatory disease before the age of 75 years. On average, there were 39 premature Māori deaths each year from circulatory disease in Hawke's Bay District, between 2014 to 2018.

TIHEI TAKITIMU PRIORITIES IN PRIMARY CARE

- **Endorse the Government's pathology priorities for chronic conditions:** CVD including stroke, diabetes, respiratory and cancer
- **Access to primary care:** Need to make more use of mobile clinics. Need to support GP practices with high numbers of Māori patients especially to offer after hours services, making it sustainable, Doctors are moving to walk-ins model instead of booked appointments so they can see more people and this needs to be supported.
- **Long-term conditions:** Invest in more cancer support persons / navigators – currently there are not enough of the funded cancer navigators and need more pre-risk screening e.g. checking for hardened arteries before people have heart attacks and strokes, pre-diabetes risk screening
- **Building a sustainable primary care funding and delivery model:** The IMPB wishes to have strategic discussions on primary care for those not enrolled or those enrolled not attending clinic such as establishing a Nurse-led model to support those who cannot or do not access GP clinics. May need a different funding model. Need strategic discussion on this with other IMPBs and with Te Whatu Ora. Important to have a solution as primary care is a gateway to specialists, prescriptions, NASC, home support and good management of chronic conditions. It is a major issue for both rural and urban communities.

Pharmacy

- 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.
- An additional challenge is that even where a medicine is prescribed, some whānau are not collecting the prescription. No specific prescribing data is available at the time of writing for HB, or dispensing information.

An additional challenge is that even where a medicine is prescribed, some whānau are not collecting the prescription.

Oral Health

- In 2021 in HB, 81.9% of Māori children aged 0-4 years were enrolled with community oral health services, compared to 100.0% of non-Māori children.
- More Māori children at school age five had decayed teeth than non-Māori and non-Pacific children within HB, central region, and New Zealand as a whole.
- Within HB, the mean Decayed Missing and Filled Teeth (DMFT) for all Māori children at school age five with caries is 4.9 (compared to all non-Māori and non-Pacific children at 3.4)
- Within HB, 53.6% of all Māori children at school year 8 did not have decayed teeth, i.e., were caries free, compared to 72.4% of all non-Māori and non-Pacific children.
- Māori children at school year 8 also consistently have a higher mean DMFT, both for children with and without caries, within HB, central region and New Zealand.
- Within HB, the mean DMFT for all Māori children at school year 8 with caries is 2.4 (compared to all non-Māori and non-Pacific children with caries is 1.9)

TIHEI TAKITIMU PRIORITIES FOR PHARMACY

- **Access:** Need to raise awareness with whānau around prescriptions to address issues – getting to GP, getting prescription, picking up prescription, actually taking the prescription, stopping when shouldn't, disposing of old prescriptions

TIHEI TAKITIMU PRIORITIES IN ORAL HEALTH

- Make use of mobile dental (buses) to reach rural communities across all hapori (Wairoa, Ahuriri, Heretaunga and Tamatea)
- Promotion to whānau and rangatahi of their entitlement to dental under 18 years - whether at school or not.

Home Support and Aged Residential Care (rest homes)

- The number of Māori residents in aged residential care within HB has remained relatively constant from July 2023 to April 2024, rising from 86 residents in July 2023 to 89 residents in April 2024.
- A total of 985 (92%) non-Māori lived in rest-homes out of the total of 1,074 residents.
- The number of Contact Assessments and Home Care assessments for Māori within HB decreased from 2020 to 2024, falling from 17 Contact Assessments and 217 Home Care assessments in 2020 to 4 Contact Assessments and 79 Home Care assessments completed in 2024.

TIHEI TAKITIMU PRIORITIES IN NASC AND SUPPORT SERVICES

- Must have choice of **Māori assessor**. InterRai assessment tool needs to include cultural assessment and people trained to use it properly – important as NASC is gateway to home care

Primary mental health and addictions

- Māori women in HB were 1.7 times more likely than non-Māori women to experience high/very high psychological distress.
- According to the Suicide Web tool, there were approximately 23 confirmed or suspected deaths in 2022 in HB.

TIHEI TAKITIMU IMPB PRIORITIES FOR MENTAL HEALTH & ADDICTIONS

- Endorse the Government's priority for mental health
- Need more **community-based services** especially with changes to police response and withdrawing from supporting mental health cases.
- Need to build **resilience in Rangatahi** to cope with stress and strain, trauma otherwise succumb to drugs, gangs, suicide, etc. Support a restorative approach.

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.
- In Tihei Takitimu rohe, there are 14 registered providers with ACC who can claim for mirimiri and therapies involved in rehabilitation and injury recovery.

TIHEI TAKITIMU PRIORITIES FOR RONGOĀ MĀORI

- Need to expand Rongoā Māori offerings across the region
- ACC providers (14 identified in the region) – it is unclear who is endorsing them from a manawhenua perspective to ensure they are upholding local tikanga

In the Tihei Takitimu rohe, there are 14 registered providers with ACC who can claim for mirimiri and therapies involved in rehabilitation and injury recovery.

Hospital and Specialist Services

Avoidable 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. Māori adults in HB were more likely to be hospitalised across the board:

- 87% more likely to be admitted with acute coronary syndrome
- 91% more likely to have a coronary artery bypass and graft
- Heart failure admission rates were 4.3 times as high for Māori
- Stroke admission rates were two-thirds higher for Māori than for non-Māori
- Hypertensive diseases admissions over twice as high.
- Chronic rheumatic heart disease were 4.5 times as high for Māori
- Māori under 75 years were 3.6 times as likely to die from circulatory system diseases
- The rate of hospitalisations for gout was almost 7 times as high for Māori

Between 2020 and 2023, Māori in HB were 2.0 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.

- Māori in HB were 4.3 times more likely than non-Māori to be hospitalised for heart failure.
- Māori in HB were 2.5 times more likely than non-Māori to be hospitalised for hypertensive disease (disease related to high blood pressure).
- Māori in HB were 2.8 times more likely (3.0 times for Māori women and 2.7 times for Māori men), than non-Māori to die from circulatory disease before the age of 75 years. On average, there were 39 premature Māori deaths each year from circulatory disease in HB, between 2014 to 2018.

Whānau scheduled for Planned Care

- There were 13,247 planned care interventions in HB in 2023, with 2,302 (17%) for Māori.
- 1,834 planned care interventions for Māori were inpatient events, compared with 6,456 of planned care interventions for non-Māori.
- The majority of planned specialist advice were Medical non-contact First Specialist Assessment, totalling 461 events for Māori.

Outpatient care

- In terms of access to specialist outpatient appointments, Māori in HB are much more likely to have a missed first specialist appointment than non-Māori.
- In 2023, 11.1% of first specialist medical appointments and 12.9% of first surgical appointments for Māori were missed. This contrasts to only 3.3% of medical and 4.5% of surgical first specialist appointments missed for non-Māori.

Between 2020 and 2023, Māori in Hawke's Bay were 2.0 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.

Emergency department presentations

- New Zealand Emergency Departments use the Australasian triage scale which has five triage categories; triage category 1 patients are very urgent, while triage category 5 patients are less urgent:
- In 2023, Māori represented 33.6% (n=16,572) of all ED presentations in NZ which compares similarly in HB at 34%
- In 2023, Māori presented more acutely in ED (Triage category 1) than non-Māori when considering population sizes (37.5% of all ED presentations with Triage category 1).
- Most Māori presented at ED with Abdominal pain (1,792 Māori), followed by Shortness of breath (1,622) and then Chest pain (1,045).
- During January – December 2023, presentations to Wairoa & Health Centre ED were 2019 out of 2,982 Māori, with 14 out of 16 triage category 1.

TIHEI TAKITIMU PRIORITIES IN HOSPITAL & SPECIALIST SERVICES

- Endorsed Government's priorities of Health Targets: faster cancer treatment, shorter wait times for FSAs and shorter wait times for Planned Care – adding that there needs to be an equity focus to ensure "everyone" including Māori is benefitting equally from these efforts
- Te Whatu Ora to provide more detailed information, on Did Not Attends (DNAs) for specialist outpatients and specialist mental health admissions – so that barriers to attending appointments can be determined with whānau

See table below for data across the triage categories.

Population View: ED presentations for people resident in Hawke's Bay attending any ED in NZ111 For period Jan - Dec 2023

	Hawke's Bay District total				Tihei Takitimu IMPB			
	Māori	Non-Māori	Total	% of Māori	Māori	Non-Māori	Total	% of Māori
ED presentations total	17,209	33,416	50,625	34.00%	16,572	32,768	49,340	33.60%
Triage cat 1 Immediate	179	298	477	37.50%	175	292	467	37.50%
Triage cat 2 Within 10 mins	2,563	5,192	7,755	33.00%	2,477	5,083	7,560	32.80%
Triage cat 3 Within 30 mins	7,126	15,170	22,296	32.00%	6,885	14,881	21,766	31.60%
Triage cat 4 Within 60 mins	5,917	10,540	16,457	36.00%	5,682	10,346	16,028	35.50%
Triage cat 5 Within 120 mins	1,424	2,216	3,640	39.10%	1,353	2,166	3,519	38.40%

(1) Data from Te Whatu Ora 12 July 2024. Tihei Takitimu IMPB data request v5 - Hawke's Bay.xlsx

Enablers

Māori Workforce & Data quality

- Key issues relate to data quality & relevance to Tihei Takitimu rohe (and not Hawkes Bay district)
- Workforce shortages predicted in maternity, primary care and home care/aged care in the future due to population changes
- Grow a culturally safe workforce through recruiting Māori to a level that matches the proportion of indigenous population in the rohe – in particular within Te Whatu Ora

Coverage and Quality

- Work towards universal access for all services and ensuring equity within that scope
- Maintain a focus on clinical and cultural quality improvement across all services and monitor continual improvement efforts

TIHEI TAKITIMU PRIORITIES IN ENABLERS

- Increase investment in midwifery and nursing training – as well as carers / support workers now - to generate a future workforce sufficient to support future demographic increases.
- Te Whatu Ora to provide IMPB-specific and detailed data in a timely fashion

TIHEI TAKITIMU
IWI MĀORI PARTNERSHIP BOARD

https://ttpb.maori.nz/