TREASURY BID: FOR FUNDING 1 JULY 2025 – 30 JUNE 2030

FROM TIHEI TAKITIMU IWI MĀORI PARTNERSHIP BOARD

20 October 2024

SUMMARY OVERVIEW

This document consolidates proposed targeted Hauora Māori investments in the B25 bid. It summarises the case for change, evidence base and key messages to support the proposed investments in the Tihei Takitimu Iwi Māori Partnership Board (IMPB) area. We have identified key priorities which require additional investment, according to a completed needs analyses and whānau voice summarised in our Hauora Māori Priorities Report submitted to Te Whatu Ora on 30 September 2024 along with our Community Health Plan.

Announcements from the Minister of Health confirm a desire and commitment by Government to strengthen the role of Iwi Māori Partnership Boards (IMPBs) in the strategic commissioning of services for whānau (both Māori and non-Māori) in the community. In its strategic commissioning role, IMPBs are expected to prioritise and direct procurement by Health NZ | Te Whatu Ora for whānau, based on the evidence collected through whānau voice, and from analysis of available data. As well as directing the Hauora Māori Appropriation, IMPBs will co-commission services in partnership with Health NZ to ensure they are effective and focused on measurable outcomes for whānau.

We have undertaken detailed analysis of available data from Te Whatu Ora and the HBPHO, complemented by whānau voice collected over recent times, across four domains:

- Public and Population Health;
- Primary and Community services;
- Hospital and Specialist Services and
- Enablers (including workforce development, data and information, and funding sustainability).

On completion of the analysis we:

1. identified our priorities across the four domains
2. identified which of those priorities should be addressed through prioritisation of Māori within the current health sector spend. This may include ensuring appropriate delivery models and approaches are procured that target improvement (e.g. increased breast screening rates through more tailored promotional activity and more mobile screening services)
3. identified which of the priorities would be better addressed through disinvesting in services which have proven ineffective to meet health need or to produce desired impacts and reinvesting in services and delivery models which are more effective for whānau
4. identified which of the priorities require new investment where it is believed the current investment is overall insufficient.

Our three investment packages are critical to ensuring we prevent the future burden of illness – and start to aggressively educate, inform and tautoko whānau from conception – to live a healthy lifestyle; have been raised as priorities for whānau; have a major impact on the health and wellbeing of whānau, while also contributing to improved access to primary and maternity care, and reduced use of hospital services; and help to build capability in service capacity now, to address the future Māori population growth projected in our area. The three priority areas covered in this investment package are:

- **Oral health (dental care)**: to address gaps and poor dental outcomes for tamariki and rangatahi Māori, as well as high need pakeke (adults) = **$1.8m**
- **First 2,000 days** (maternal child health): building on the current initial investment and expanding current services to extend their reach especially into rural communities, and particularly due to significant Māori population increases in under 25-year-olds of childbirth age = **$2.1m**

- **Māori workforce development:** boosting workforce investment in specific areas to build a workforce that will align with significant Māori population growth over the coming two decades = **$1.1m**

It is proposed that the funding request in this investment package is added to the Hauora Māori Appropriation for the Tihei Takitimu IMPB area, and that Health NZ | Te Whatu Ora be required to procure services in our area to meet the objectives outlined herein. In total the sum of **$5m** is sought from Year 2025-2026 with incremental CPI increases for at least a further 4 years after that. This will enable service providers to be awarded a 5-year timeframe to deliver results from the investment before any continuance is agreed. The investments would be subject to evaluation to demonstrate actual impacts and benefits to the sector and to whānau.

FIRST 2,000 DAYS

Overview

Funding is sought to strengthen existing 'First 2,000 days" (from conception to school-age) initiatives into rural communities and to establish and/or expand the "First 2,000 days" model of care into areas which were not funded previously (Kahu Taurima funding) to increase coverage.

Evidence base/Rationale:

The age profile for the Māori population looks markedly different to that of non-Māori as demonstrated below. Appendix 1 shows current Māori population facts and future projections which reveal that the Māori population aged 0 – 4 years will increase (within our IMPB areas) from 5,140 today to almost 6,000 by 2040. Our IMPB considers this increase to be significant, but also likely to be under-counted due to ethnicity data errors, and typically higher birth rates among Māori.

Demographic information demonstrates that the age profile for the Māori population reflects a much larger share of individuals aged under 25 years of age (almost half of the Māori population today) compared to the non-Māori population which has around one quarter under the age of 25 years.

This is significant in that there is a greater proportion of the population at child-bearing age or being close to child-bearing age in the next 10 years. Services for this group need to grow now alongside the trained workforce, to cope with these significant changes in the Māori population. Services today are already under pressure, and it is prudent to begin growing services (and workforce) immediately in order to reduce continued risks to the system and to whānau.

There are gaps in service provision for Māori māmā and pēpi to experience healthy pregnancies and birth and to ensure all of the necessary supports are in place for pēpi's first years.

Finally, the former Hawkes Bay DHB commissioned a review of maternity services in Hawkes Bay[1] which was completed in February 2022 and highlighted many deficiencies in the services impacting on birth outcomes for māmā and pēpi. Some of the findings included:

- that evidence shows in New Zealand, many Māori women face barriers in engaging in maternity care early and this is particularly so for Māori women aged under 20 years. Furthermore, evidence shows that LMC engagement in New Zealand is poor for non-European women including younger women; women in their first pregnancy; marginalised and vulnerable women; and women in lower socio-economic suburbs. Māori women are over-represented in almost all these categories
- that results from the engagement process reveals that wāhine Māori and their whānau have highly variable experiences and outcomes from accessing HBDHB's maternity services
- that wāhine Māori overwhelmingly rated the Wairoa maternity service as much better, culturally safer, and more responsive than those wāhine who had used the Hastings maternity service. The vast majority of wāhine from Wairoa prefer the Wairoa service and have negative impressions of the Hastings service with several asking that more specialist services be delivered in Wairoa to avoid them travelling to Hastings. Furthermore Wairoa

[1] Hau Te Kura: CULTURAL RESPONSIVENESS REVIEW OF MATERNITY SERVICES AT HAWKES BAY DISTRICT HEALTH BOARD FOR WHĀNAU MĀORI. February 2022: Hawkes Bay DHB

(non-Māori) leadership was shown to be very understanding and empathetic to the needs of Māori and operating a very effective model of care. It was identified that despite Wairoa having fewer staff per women and lack of resources and equipment in comparison to Hastings (with access to more staff per women, more equipment, support of Obstetricians and other speciality services, larger facilities) – the service was overall better in Wairoa than Hastings.

- that many wāhine and/or whānau shared stories of what they felt were discriminatory practices of their care and how whānau were treated at the Hastings site. Cultural needs were not consistently met, and several were reticent about having to use the Hastings service for future birthing
- that the Kaitakawaenga service is highly valued by wāhine and whānau
- agreement to actively embed Ngāti Kahungunu tikanga within the maternity services including in position statements, policies, and physical facilities (artwork, stories, bi-lingual signage, collateral such as posters, stories, waiata, physical design). This should include promotion of the importance of whakapapa and whanaungatanga; honouring the whakapapa of the wahine and her pēpi; and keeping māmā, pēpi and whānau mana and mauri intact. A key focus should be relating any processes, collateral, or policies back to Pinepine te Kura and the regeneration of new life from māmā and pāpā and their role in protecting whakapapa. It is important that these are not just visual displays but that they centre the environment on offering a positive, nurturing and warming experience for all whānau
- that several Māori midwives advocated for a community-based Kahungunu-centric birthing unit that could consistently provide culturally safe care for all hapū māmā. Based on annual volumes of around 800 Māori births per annum, it was felt this was a viable option for the area

Recommendations for improvements were not fully implemented due to the impact of the health system restructuring and replacement of Hawkes Bay DHB with Health NZ on 1 July 2022. However, the recommendations are still valid and should still be implemented as they were accepted by the then CEO of the former DHB. We would intend that some of the focus for this funding would be on addressing areas of the HB Maternity services review (community-focus) while Health NZ continue to undertake improvements that it is responsible for as the main maternity/birthing service provider in our area.

Initiative Descriptions:

The now branded Kahu Taurima service (first 2,000 days programme or Early Years programme) has been implemented in various parts of the country as a redesign of Well Child Tamariki Ora (WCTO) and maternal health services to better address the myriad of issues facing whanau (both Māori and non-Māori) and those living in poverty. It has involved a redesign of current roles of Lead Maternity Carers (LMCs) and WCTO nurses working together and including others such as Family Start workers, Family Harm workers, Parenting Educators, Children's Oral Health, Womens Health and child development services (and others) to better support whānau with wrap around coordinated care for newborns through to the time they start school. Historically providers have been disjointed and not working in a connected way to ensure effective handover or inter-referral – and whānau have missed out on necessary support to problem-solve and support more effective development of their child.

The wrap around service is for whānau with new-borns particularly in high need and rural communities whether Māori or non-Māori. It enables additional support to be provided to the whānau most at risk in their early years, by supporting the LMC/WCTO Nurses / providers with the broader needs of whānau with newborn children such as accessing insulation for homes; heating;

clothing; food; parenting support; early childhood education options; oral health and cultural supports / connections.

The resourcing investment in the wrap around services is comprised of FTEs for WCTO, Social Workers, LMCs and Kaiawhina to expand their roles and better wrap services around hapū māmā and pēpi / young tamariki. The aim would be to build teams who can address issues such as:

- Routine child development checks and immunisations
- Encouraging and facilitating ECE attendance
- Avoiding illness such as respiratory or flu illnesses
- Dental care enrolment and access (and teaching healthy eating strategies including drinking water)
- Facilitating support for family harm issues in the home (linking to Family Harm services)
- Nutrition / food security issues for tamariki and whānau
- Sexual health / contraception for mothers
- Facilitating access to support Maternal postnatal depression and suicidal tendencies
- Facilitating support to address housing insecurity / lack of warm homes
- Working to prevent avoidable hospitalisations of under 5-year-olds and
- Enrolment in primary care for the under 5-year-old (and any other issues related to poverty and residence within deprived community areas).

Data from our analysis revealed:

- 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.
- 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
- 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.
- Between July 2022 to June 2023 in Hawke's Bay DISTRICT, there were 990 potentially avoidable hospitalisations in Māori children aged one month to 14 years.

- In May 2024, the rate of potentially avoidable hospitalisations was 3.3 times higher for Māori children (1,804 per 100,000) than children of other ethnicity (538 per 100,000) aged 0-4 years[2].
- The rate of potentially avoidable hospitalisations was 1.1 times higher for Māori children than non-Māori children aged 1 month to 14 years[3]

Funding:

Funding is sought for our IMPB area which would be procured by Te Whatu Ora with appropriate Hauora Māori providers to the total of **$2.1m**. It would include expansion of existing [Kahu Taurima] provided services particularly into rural areas and to more whānau, and addressing some of the key issues with maternity care identified in the HB Maternity review issued February 2022. This includes boosting services to prepare for and address the needs of the fast-growing Māori population and expected higher number of new births over the next 10-20 years:

CURRENT FIRST 2000 DAYS (Kahu Taurima) PROVIDER(S)	PROPOSED COVERAGE
Kahungunu Executive	- Current coverage: Te Wairoa - Add new: Expand cover for rural areas to Mahia, Raupunga, Lake Waikaremoana
Te Kupenga Hauora Ahuriri	- Current coverage: Ahuriri / Napier - Add new: Expand cover for more pēpi / whānau due to population growth
Te Taiwhenua o Heretaunga	- Current coverage: Heretaunga and Tamatea - Add new: Expand cover for more pēpi / whānau due to population growth
Kahungunu Health Services: Choices	- Current coverage: Heretaunga / Tamatea / Ahuriri - Add new: Expand cover for more pēpi / whānau due to population growth

The FTEs for each location would be negotiated with each provider based on assessment of current FTE capacity and the identified gaps in ability to provide wrap around care (likely between 18-20 FTEs in total) dependent on positions recruited (whether RNs, SWs, Kaiawhina, Counsellors, Educators etc) that are tailored to each sub-area of Wairoa, Ahuriri, Heretaunga and Tamatea. Funding would also include addressing the community-specific recommendations from the HB Maternity services review (also included in increasing number of midwives in our Māori workforce initiatives later in this paper).

[2] Data received on 10 July 2024 from Te Whatu Ora. Oral health current state - Tihei Takitimu.pptx

[3] Tihei Takitimu Health Profile (Vol 2), Table 10

ORAL HEALTH – DENTAL SERVICES

Overview:

a. Expand service volumes and reach of existing Mobile dental services in Wairoa and Heretaunga

b. Expanding reach of existing dental services particularly for Rangatahi (out of school under 18) and pakeke (untreated), as well as hapū māmā and others living in deprived communities.

c. Linkage with First 2,000 days services to link under 5's into oral health care and ensure good dental habits are formed in these early years

Evidence Base/Rationale:

Māori have a higher level of unmet need for health care, especially due to cost Māori adults and children were generally more likely than other people to have experienced unmet need for health care in the past year. Currently data shows that dental caries remains a major issue for tamariki as evidenced by data from our analysis below. It is for these reasons and additional emphasis needs to be placed on reaching under 5-year-old tamariki before they start school to undertake cleaning and education to whānau[4]:

Tihei Takitimu IMPB data (Hawkes Bay):

- 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)

Services must be taken into communities to reach these families as often children under 18 who have left school early are not accessing dental care at all; children in schools are not being seen or treated by School dental programmes; and adults with CSC cards are not attending dental centres and living with dental pain as a result. Expanding the reach of previously installed mobile units will support extended reach into these communities on a regular basis.

Publicly funded dental services are reaching more young people and achieving better overall outcomes across the total population but there remain significant inequities still exist between population groups such as: Māori and Pacific children and young people, children, and young people in areas of high socio-economic deprivation, and children and young people without access to fluoridated water all experience a significantly higher prevalence and severity of dental disease.

[4] Data sourced from Te Whatu Ora: IMPB Profiles (Vol 1 and 2), 2023 and 2024

Initiative Descriptions:

Mobile dental services

In 2021-22 the previous government appropriated $12m for 20 mobile dental units fully fitted and these were deployed across parts of New Zealand. Heretaunga and Wairoa were two areas that were allocated units.

It is planned to expand the reach and service volume of these units through some of this funding especially into rural areas outside of Wairoa (Lake Waikaremoana, Mahia, Nuhaka) and Central Hawkes Bay. This would include increasing reach into rural schools to pick up the children not attending COHS and those who are not fully engaged in school – as well as CSC Adult clients.

Expand education to whānau (including those in poverty, marginalised whānau)

The remainder of the funding is to expand education to whānau on the importance of oral health and educating them on how to access dental care, especially from young ages for tamariki / mokopuna; and educating on drinks and nutritious foods to prevent caries. Educating out of school rangatahi who are not yet 18 is another target group.

Funding:

The funding request at Year One is **$1.8m**. This would be distributed to mobile units to expand reach and service volume ($1m) and $.8m for oral health education and information targeting vulnerable whānau and new parents / parents of under 5s.

HAUORA MĀORI WORKFORCE DEVELOPMENT

Overview:

- Upskill the unregulated workforce including micro-credentialling and grow the trained Carer workforce in anticipation of significant elderly Maori population growth, and Tangata Whaikaha needs
- Invest in Scholarships to boost number of Maori Midwives (to align with projected population growth and increased child-bearing Maori population); Nurse Practitioners (to align with increased need for primary care to manage patients with long-term conditions and to prevent avoidable hospitalisations), and expanding prescribing workforce
- Invest in allied professions due to level of chronic illness and disability (OT, podiatry, PT etc)

Evidence base/Rationale:

Māori comprise 15% of the New Zealand population, yet only account for 8.5% of the total health workforce. Addressing the under-representation of Māori in the health workforce is an integral component of the health system as a means of addressing health inequities. Appendix 2 shows inequities in health sector workforce across a range of disciplines.

Addressing needs of First 2,000 days expansions and preparing for Māori population increases = midwives, and Tamariki Ora nurses

As demonstrated in our First 2,000 days initiatives, we require more midwives and nurses to cope with the increasing Māori births expected from the younger Māori population (almost 50% of Māori population under 25 years today), to be able to support services for these whānau. See Appendix 1 for demographic information. There are already gaps in available Lead Maternity Carers (LMCs) today due to the shortage of midwives. Without proper pregnancy care and early child development services, we risk escalating the current patterns of illness and hospitalisation that are evident in many whānau of our current generations.

Preparing for the population increase of Kaumatua = more Carers / Support Workers, Occupational and Physical Therapists and Rehabilitation practitioners

More Carers and trained support workers are needed to cope with the significant increase in over 65-year-old Māori population in the next two decades. Workforce is needed for in-home care as well as for aged care facilities. Data provided by Te Whatu Ora shows that for our IMPB 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.

Increasing capacity in Primary health care due to higher levels of chronic Illness and complexity – Nurse Practitioners, Nurse Prescribers

Māori suffer higher rates of chronic disease in most areas. 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. These risk factors are strongly patterned by social, commercial, and environmental determinants such as poverty, food availability and marketing, social exclusion, and racism. There is great potential in NZ

to implement internationally recommended evidence-based interventions.5 on shared risk factors, especially tobacco, alcohol and unhealthy diet (including addressing the commercial determinants of obesogenic environments).

- Nationally, coronary disease is the leading contributor to the life expectancy gap between Māori and non- Māori non-Pacific people6.
- Diabetes is the third leading contributor to the Māori life expectancy gap and chronic obstructive pulmonary disease (COPD) is the fourth.
- Ischaemic heart disease, COPD, diabetes, and cerebrovascular disease (stroke) are four of the five leading causes of death for Māori nationally, as well as leading causes of potentially avoidable deaths (those deaths considered amenable to high-quality healthcare, preventable through public health interventions, or both) and Māori die at much higher rates from all of these conditions than non-Māori.

Evidence related to the poor access to primary care (and good health information) by Māori, confirms that this is a contributing factor to Māori having worse outcomes when they have chronic conditions. More tailored and appropriate education is needed for whānau that reflects a "by Māori for Māori" approach. Examples of the hospitalisations arising from chronic illness are as follows from two of our IMPBs:

Hospitalisation rates in our IMPB rohe

Potentially avoidable hospitalisations are those admissions which could have been prevented by primary care, public health, or social policy interventions. Ambulatory sensitive hospitalisations are those admissions which could have been potentially avoided through interventions in primary care.

- Between July 2022 to June 2023, 478 Māori aged 15 to 24 years in Hawke's Bay DISTRICT had a potentially avoidable hospital admission – 1.3 times that of non-Māori[7]
- In adults aged 45 to 64 years, between July 2022 to June 2023 in Hawke's Bay DISTRICT, 707 Māori had an ambulatory sensitive admission, 2.0 times higher than the rate for non-Māori.[8]

Potentially avoidable hospitalisations, aged 15 to 24 years, Hawke's Bay DISTRICT, July 2022 to June 2023

	Māori			**non-Māori**			**Māori/non-Māori rate ratio (95% CI)**	
	Number	Age-standardised rate per 100,000 (95% CI)		Number	Age-standardised rate per 100,000 (95% CI)			
Total	478	5,329	(4,851, 5,806)	495	4,206	(3,835, 4,576)	**1.27**	**(1.12, 1.43)**

[5] World Health Organization. (2023, 26 May 2023). "More ways, to save more lives, for less money: World Health Assembly adopts more Best Buys to tackle noncommunicable diseases." Retrieved 29 Feb 2024, 2024, from https://www.who.int/news/item/26-05-2023-more-ways--to-save-more-lives--for- less-money world-health-assembly-adopts-more-best-buys--to-tackle-noncommunicable-diseases.

[6] Walsh, M. (2023). The Contribution of Avoidable Mortality to the Life Expectancy Gap among the Māori and Pacific population. Regional Summary, Equity team, Service Innovation and Improvement, Te Whatu Ora.

[7] Tihei Takitimu Health Profile (Vol 2), Table 52

[8] Tihei Takitimu Health Profile (Vol 2), Table 53

Ambulatory sensitive hospitalisations, aged 45 to 64 years, Hawke's Bay DISTRICT, July 2022 to June 2023

	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)	
	Number	Age-standardised rate per 100,000 (95% CI)		Number	Age-standardised rate per 100,000 (95% CI)			
Total	707	6,417	(5,944, 6,890)	1,280	3,253	(3,075, 3,431)	**1.97**	**(1.80, 2.16)**

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.

With this level of chronic illness and complexity, the need for improved primary care that is appropriate, responsive and able to reach, educate and inform whānau – is essential. This the reason that we support increasing investment in Nurse Practitioners in primary care and expanding the number of nurse prescribers.

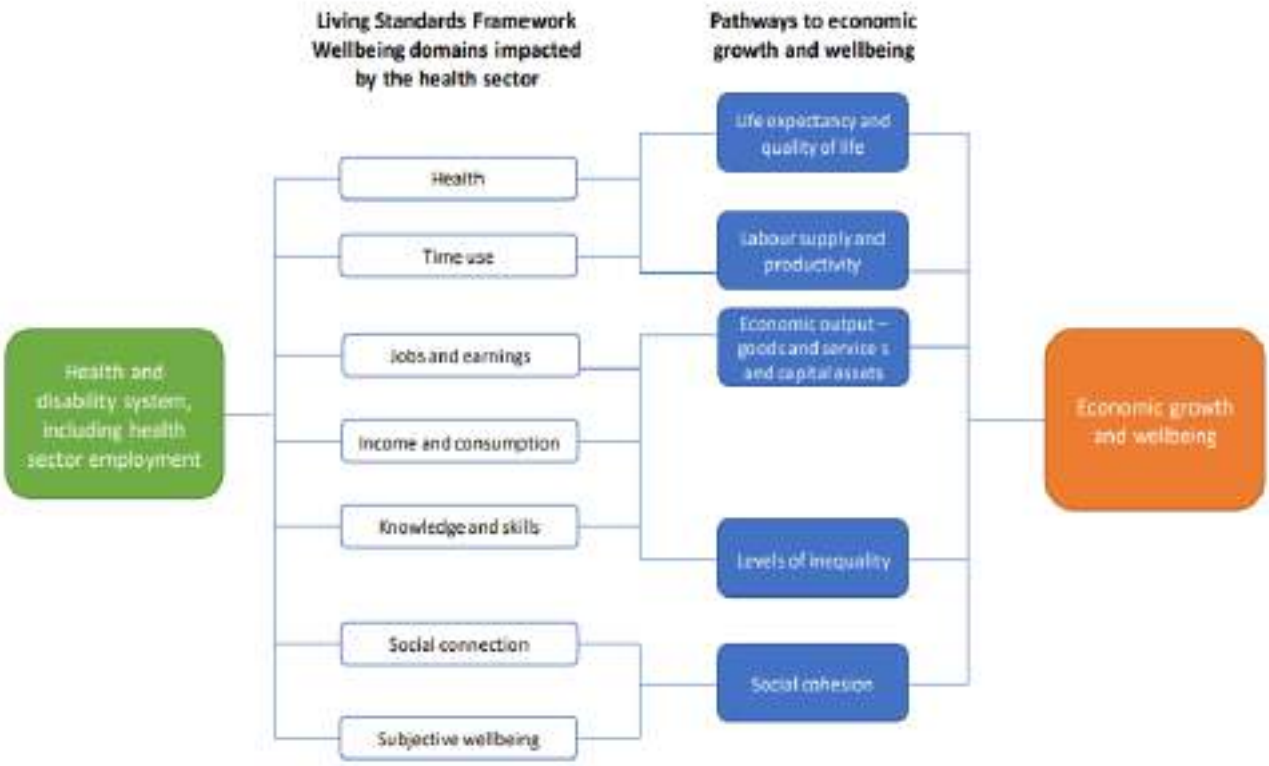
Jobs in health bring benefits to communities and in the home of the employee for the entire whānau

In recent years there has been a shift in thinking and an understanding that the health sector has an economy, it makes an economic footprint, and it has a labour market dynamic of its own. Evidence suggests that investments in the health workforce and broader health sector can promote inclusive economic growth, and that health and inclusive economic growth are complementary and not necessarily opposing goals (Horton et al 2016). Health institutions are often viewed as 'anchor institutions', a term used to describe the fact that in tough economic times they are economically and socially connected to the communities in which they are based, and so act as economic stabilisers. Employment in the health and disability sector tends to be less sensitive to cyclical fluctuations (such as economic recessions) than other sectors of the economy. The health sector can create jobs in deprived areas and regions and keep people productive. Jobs in health contribute to the economy of the home and family of the employee, as well as the local community where they undertake their spending.

Health is one of the 12 wellbeing domains set out in the Treasury Wellbeing Framework. The health and disability system, including employment in the health sector, cuts across several of the wellbeing domains and these affect five key pathways to economic growth and wellbeing: life

expectancy and quality of life, labour supply and productivity, economic output, inequality, and social cohesion. These links are shown in Figure 8 (from the Ministry of Health Report, 2020)

Figure 8: Pathways linking health sector employment to economic growth and wellbeing



Initiative Descriptions:

The proposed investment seeks to increase the capacity and capability of the Māori health workforce, both existing and future, through the following initiatives:

- Supporting the targeted increase of Māori working in prioritised health-disciplines
- Upskilling of the unregulated Māori health workforce

Support the targeted increase of Māori health professionals

Appendix 2 shows workforce inequities and what is needed to address the equity gaps in Māori workforce. There are a relatively high number of Māori nurses (around 5,000) who provide an opportunity to increase their scope and qualifications into specific professions.

Midwifery

Currently for midwives the annual new entry for Māori students is just over 25 whereas it needs to be 34 per annum to achieve equity by 2031. While some investment has been made in recent years it will not keep pace with the level of newborns expected amongst the Māori population due to the younger Māori population profile. Almost 50% of the Māori population is expected to be under age 25 in the next two decades. The workforce needs to match that growth alongside the growth and expansion of services for the First 2,000 days. Dep1nding on the course and college each will cost around $35,000 per annum – over 4 years this would $140,000 – therefore for 10 new midwives our proposed investment is $350,000 p.a.

Nurse Practitioners and Nurse Prescribers

Training Nurse Practitioners is considered a high priority and an area where we would like to see an investment to support the ongoing demand for primary care, especially in rural areas. With the pressure on a reducing number of GPs, the need for more Nurse Practitioners to help fill gaps in primary care is essential, Furthermore, Māori rates of chronic illness are much higher in all areas as evidenced by hospitalisation data. Training Nurse Practitioners will cost around $200,000 for entire 4-year term per NP. It is proposed 3 are supported with IMPB-branded scholarships @ $50,000 p.a. each or $150,000p.a. and that funds of $100,000 are also dedicated for expanding nurse prescribers.

Increase the focus on training and development of Māori working in the unregulated workforce

The Māori non-regulated health workforce comprises 71% of the total Māori health workforce. This investment aims to develop the capability of the unregulated Māori health workforce through upskilling to gain additional competencies and qualifications (micro-credentialling). This may be through Support Worker training, mental health worker training, vaccination training, health promoter training for instance. In addition, we are cognisant that there will be a significant increase in the Māori population aged over 55 – 60 years in the next two decades. The need for trained carers is essential to provide home support and care in aged care facilities. The Tangata Whaikaha community also need carers, and this demand is also expected to increase as the Māori population increases. We intend to invest $500,000 in the unregulated workforce per annum aiming to support up to 60 FTEs per annum.

Total investment in workforce = $1.1m per annum.

Proposed Funding:

In total the sum of $1.1m is sought and this would be distributed for workforce initiatives into the initiatives as follows for our area so that we have oversight in our strategic commissioning role for the candidates, locations and courses to ensure they will meet the local service needs expressed by whānau:

Funding profile:

INITIATIVE	ALLOCATION PER ANNUM	DESCRIPTION
Upskilling unregulated workforce (kaimahi / support workers) and growing number of trained carers (e.g. for Tangata Whaikaha and Kaumatua)	$500K	- Targeted to increase number of trained carers and whānau carers to cater for growing Kaumatua (over 55 year) population in the next 2 decades - Increase skills and competencies of unregulated workforce (e.g. Kaiawhina, support workers) to become educators, health promoters, vaccinators and mental health workers - Training for mental health workers
Accelerate Māori into health professions in primary care	$600K	Provide scholarships for - 3 more Māori Nurse Practitioners @ $50,000 per annum per person = $150,000 p.a. - 10 more Māori midwives to cater for the significant increase in child-bearing population, and projected population growth = $350,000 p.a. - Funding for training more Nurse prescribers = $100,000
TOTAL	**$1,100,000**	

TOTAL PROPOSED FUNDING TO HAUORA MĀORI APPROPRIATION:

The following outlines the Y1 funding for 2025/2026 and ongoing increases inclusive of CPI:

Input – Operating	Funding profile ($m)					TOTAL
	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030 and outyears	
Input Information						
First 2,000 days expansion	2.100	2.226	2.360	2.501	2.651	11.838
Oral Health - expansion	1.800	1.908	2.022	2.144	2.272	10.147
Māori health workforce development	1.100	1.166	1.236	1.310	1.389	6.201
TOTAL	**5.000**	**5.300**	**5.618**	**5.955**	**6.312**	**28.185**

INTERVENTION LOGIC - IMPACTS & BENEFITS

High-level intervention logic has been applied to initiatives as below – the summary Intervention Logic model is at Appendix 3.

INITIATIVE ONE: FIRST 2,000 DAYS

PROBLEM STATEMENT: Early years (under 5)

Over 85,000 of the total Māori population is aged under 5. Evidence shows that Māori infants are close to being twice as likely to die as non-Māori non-Pacific infants and they were nearly three times more likely than non-Māori non-Pacific infants to die during the post-neonatal period. Furthermore, the birth rate for young Māori women aged under 20 years was five times that of non-Māori non-Pacific young women.

Hapū māmā are less likely to engage with a Lead Maternity Carer in their first and second trimester. Māori babies are born with low and high birth weights at rates higher than non-Māori. Less Māori babies are enrolled in primary care in their first year; less are fully immunised; more have cavities by the time they attend school; more are involved in experiences of insecure and often poor housing; and more have less access to regular nutritious food due to parents living in poverty.

Impact description	Short-Term Outcomes (1-3 years)	Medium-Term Outcomes (3years+)	Evidence base & quality
Impact (1) sought is to improve healthy birth outcomes for pēpi Māori through: - reducing LBW - reducing SIDs - increasing length of breastfeeding - eliminating smoking in hapu māmā - improving warmth of homes for māmā and pepi - supporting māmā to engage with LMC early Impact (2) sought is to wrap health and social care around all vulnerable pēpi and whānau from 1-5 years of life to give the whānau the best chance of raising a healthy child, who thrives on 'wai', healthy kai and thrives within a loving family	Significant increases in Hapu Māmā completing majority of ante-natal checks before birth Higher enrolments of pepi in Tamariki Ora care (on handover from LMC) who are supported with parenting and whānau wrap around supports to access other help needed (housing, clothing, insulation for homes) Increased support for hapu and new māmā to access additional care and support that they need	Reductions in Māori SIDs Reductions in neonatal deaths of pepi Māori Improvement in birth outcomes Increases in connection of pepi/tamariki in early childhood education Enrolment of pepi Māori in oral health care increases Tamariki prefer water over any other processed drinks	Simpson J, Duncanson M, Oben G, Adams J, Wicken A, Pierson M, Lilley R, and Gallagher S. **Te Ohonga Ake: The Health of Māori Children and Young People in New Zealand** Series Two. Dunedin: New Zealand Child and Youth Epidemiology Service, University of Otago; 2017. IMPB Profiles (Vol 2) 2024, Te Aka Whai Ora

INITIATIVE TWO: ORAL HEALTH - DENTAL HEALTH

PROBLEM STATEMENT:

High levels of caries in Māori children on entrance to school and at age 8. Less Māori children being seen even though they are enrolled. Rangatahi leaving school early not treated until they are aged 18. Pakeke (CSC eligible) not accessing dental care and using ED for dental pain. Whānau living in rural areas not having reasonable access to dental services

Impact description	Short-Term Outcomes (1-3 years)	Medium-Term Outcomes (3years+)	Evidence base & quality
Impact (1) sought is to improve awareness of and commitment to a lifetime of oral health and wellbeing through dental enrolment and regular dental checks Impact (2) sought is to increase access by Māori up to age 18 and beyond to maintain positive oral health and wellbeing through providing improved access in mobile services Impact (3) is to reduce use of EDs for acute dental pain by treating dental issues early	Significant increases in tamariki under 5 being enrolled and checked regularly so they enter school without cavities Creation of good habits at a younger age to prefer drinking water All tamariki / rangatahi access their entitlement to free dental care up to age 18 whether they are in school or not – and have full awareness of the need to continue with regular dental care throughout their lives	Reductions in ED admissions for acute dental pain Māori adults have healthy teeth and gums arising from good dental care up to age 18 Enrolment of pepi Māori in oral health care increases Tamariki prefer water over any other processed drinks	Māori Health Priorities report: May 2022 Elana Curtis, Belinda Loring, Ricci Harris, Melissa McLeod, Clair Mills, Nina Scott, Papaarangi Reid. A report commissioned by the Māori Health Authority (MHA) to inform development of the New Zealand Health Plan (NZHP) IMPB Profiles (Vol 2) 2024, Te Aka Whai Ora

INITIATIVE THREE: MĀORI WORKFORCE DEVELOPMENT

PROBLEM STATEMENT:
Major gaps in primary care capacity due to shortage of GPs, clinics closing books and not accepting patients, and more clinics closing – requiring expansion of primary care Nurse Practitioner and prescribing workforce.
Major gaps in LMCs due to shortage of Māori midwives compared to numbers of Māori births, forcing whānau to use hospital maternity services (less accessible option and overloads maternity unit staff). Late presentation of hapū mama with LMC due to lack of available midwives. Māori have large unregulated workforce but little investment in upskilling and micro-credentialling which would add capacity to health system, but also contribute greater economic benefit to their whānau and community.

Impact description	Short-Term Outcomes (1-3 years)	Medium-Term Outcomes (3years+)	Evidence base & quality
Impact (1) sought is to be better prepared with a workforce aligned to Māori population projections in the next two decades Impact (2) sought is to provide a workforce for the expected demand for maternity and primary care over coming years Impact (3) is to establish health careers for Māori to bring about benefits to health care systems, as well as to the employees themselves (to their whānau, their community and their standard of living / wellbeing)	A Māori workforce is available as LMCs for projected increases in Māori births / babies A Māori workforce of NPs fills gaps in primary care and ensures management of Māori chronic illnesses is better controlled Reduced risks in primary care of whānau not being able to access care in community whether urban or rural More carers are trained and qualified (and contributing income to their own homes and whānau) More unregulated Kaimahi are trained with additional skills (micro-credentialling) to offer more to patients and their families More unregulated Kaimahi may be encouraged to formally enter professional health careers	Reductions in ED admissions for children under 5 Māori have good access to primary care especially in rural areas – leading to less avoidable hospitalisations All hapū māmā have access to a Māori midwife if they desire one Primary care and prescribing is more accessible through increased services by NPs in support of GPs More Carers are available for the growing Kaumatua / over 65 population of Māori projected in the next two decades (whether for in home support or residential)	Te Whatu Ora: Māori Workforce Inequities report and regular updates of workforce data from Professional Bodies Ministry of Health: Māori Workforce Development plan and Whakamaua Māori Health Action Plan The cost and value of employment in the health and disability sector Report prepared for the Health Workforce Advisory Board by the Health Workforce Directorate (October 2020): Ministry of Health. 2020. Literature shows that a favourable work environment and high job security lead to better health outcomes (e.g. a protective role on physical and mental health (Barnay 2016).

APPENDIX 1: DEMOGRAPHIC INFORMATION[9]

Māori aged 0 – 4 years population projections see a 15% increase over the 14 years from 2026 in our IMPB area:

	PĒPI / TAMARIKI	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Tihei Takitimu		5140	5200	5260	5320	5370	5410	5450	5500	5550	5600	5650	5700	5740	5780	5820
	Subtotal	**5140**	**5200**	**5260**	**5320**	**5370**	**5410**	**5450**	**5500**	**5550**	**5600**	**5650**	**5700**	**5740**	**5780**	**5820**
																15% increase from 2026

Māori make up 29% of the total population in the IMPB area and this will increase to 35% in the next 20 years. The Māori population in the Tihei Takitimu IMPB for this bid includes almost half (47%) who are under 25 years of age. This is significant in that there is a greater proportion of the population at child-bearing age or being close to child-bearing age in the next 10 – 20 years.

	Population under 25 years of age		Overall Population Projections over next 20 years		
	Māori	**Non-Māori**	**Current Māori population / Total population**	**Projected Māori population**	**Share of total population in the IMPB area**
Tihei Takitimu	47%	24%	52,460 / 182,310 (29%)	69,110	35%

[9] Tihei Takitimu IMPB – Te Aka Whai Ora IMPB Health Profile (Vol 1)

APPENDIX 2: PROJECTIONS OF NEED TO ADDRESS MĀORI WORKFORCE INEQUITIES

Summary of Health Workforce forecasts, Māori vs non-Māori

Occupational group	2022/2021 (current)		2032/2031 (forecast)		New entry			Scenario testing				Method**
	Total	Māori	Total	Māori	Current annual new entry	Current annual new entry trained in NZ	Current Māori annual new entry	17% of 2032/2031 total	Required Māori annual new entry to have Māori workforce made up 17% of total workforce	Increased by	% of total new entry trained in NZ	
All Doctors	18786	823	21681	1129	1395	529	20.0	3686	344	17.2 times	65%	Total Māori
Vocational registered GPs	3843	152	3861	176	165	93	8.5	656	77	9.1 times	83%	Total Māori
Nurses	65419	4782	79252	5483	4379	2011	234.3	13473	1200	5.1 times	60%	Total Māori
Midwives	3085	384	2783	413	162	131	25.7	473	34	1.3 times	26%	Ever Māori
Dentist & other oral health professionals	4280	233	4383	276	241	179	14.3	745	85	5.9 times	47%	Total Māori
Dietitians	724	33	799	37	59	51	2.3	136	17	7.3 times	33%	Ever Māori
Medical scientists / technologists / technicians	7562	343	8791	485	583	401	29.0	1494	180	6.2 times	45%	Total Māori
Psychologists	3455	197	4551	264	236	156	14.3	774	84	5.9 times	54%	Ever Māori
Occupational therapists	3003	168	3520	214	217	141	15.0	598	76	5.1 times	54%	Ever Māori
Optometrists *	828	12	1033	6	52	49	0.3	176	34	102 times	69%	Total Māori
Dispensing opticians *	182	3	220	7	15	0	0.7	37	6	9 times	-	Total Māori
Pharmacists	4051	125	4543	143	201	175	6.0	772	81	13.5 times	46%	Ever Māori
Podiatrists	471	33	527	44	36	29	2.7	90	13	4.9 times	44%	Ever Māori
Chiropractors	730	26	835	32	59	52	4.3	142	33	7.6 times	63%	Ever Māori

APPENDIX 3: INTERVENTION LOGIC MAP