



What measures and why?

This priority area examines some of the key determinants of health that impact the likelihood of long-term illness for tamariki and rangatahi. On Pages 1 and 2, the lead measures selected are ambulatory sensitive hospitalisation admissions (ASH) events that were related to housing-related and respiratory issues, and indicators of oral health. These reflect preventable disease experienced by tamariki and rangatahi that is avoided by targeted and timely health system intervention.

The other chosen supplementary measures, continued on Page 3, provide important context around different barriers Māori experience in aspiring towards good health and wellbeing. Together, these measures highlight tangible health impacts that are sensitive to change and closely tied to living conditions, access to care, and nutrition.

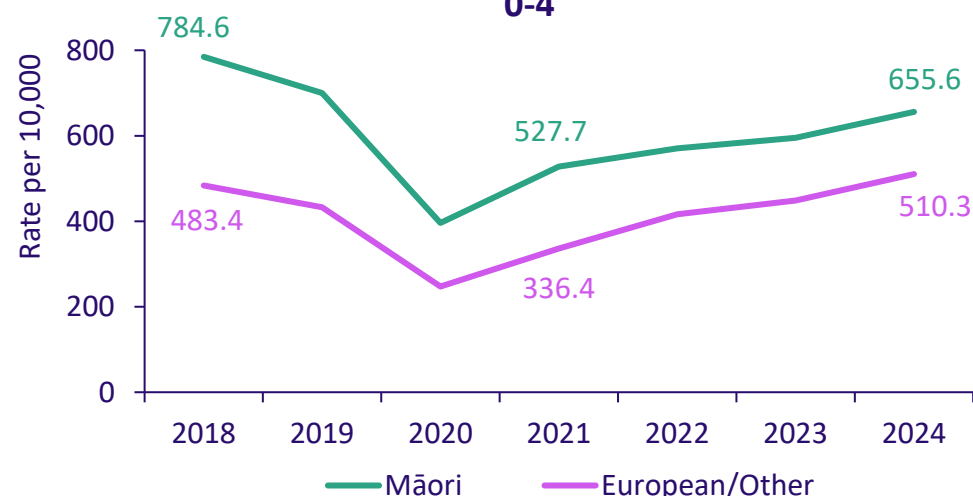


Healthy lungs, healthy tamariki



Tamariki aged 0-4 are especially vulnerable to respiratory-related illnesses, making this age group an important area to make health interventions in.

Rates of respiratory ASH events, per 10,000, ages 0-4

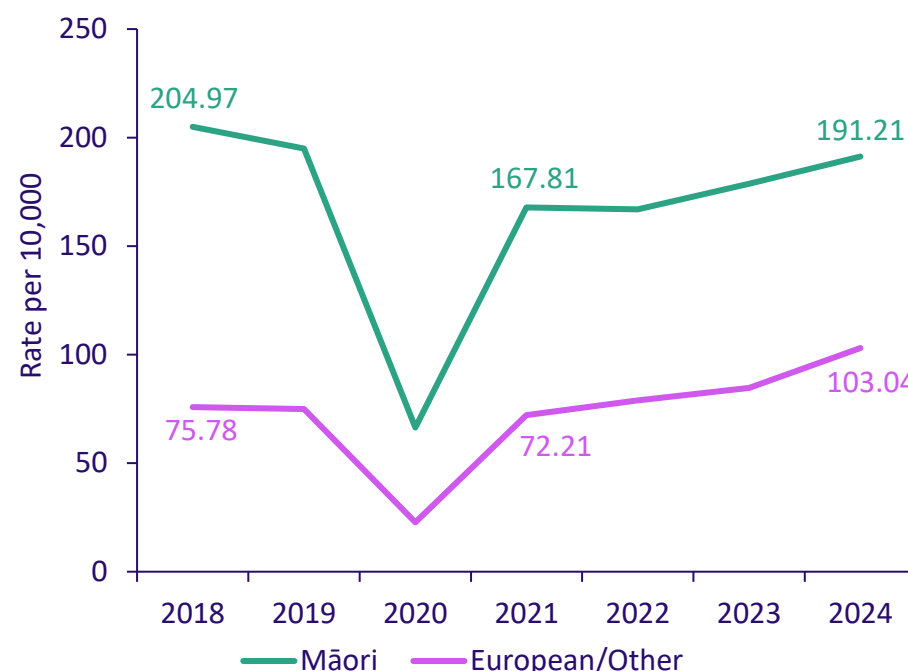


Between 2018 and 2023, Māori experienced consistently higher rates of respiratory-related ASH events, than European/Other between the ages 0-4.



Similarly, the age group 0-14 is more vulnerable to housing-related ASH events when compared to older age groups.

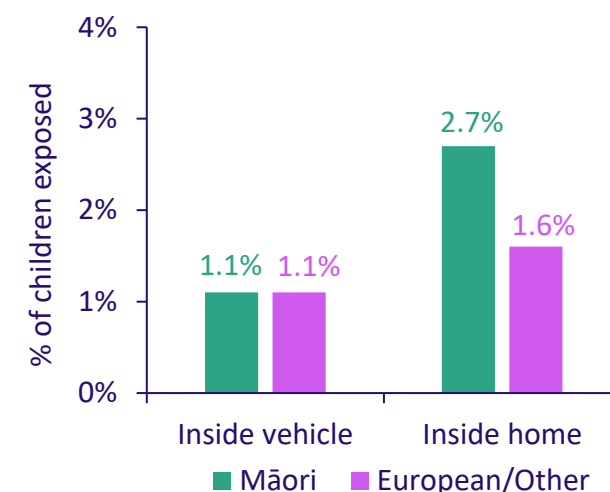
Rates of housing-related ASH events, per 10,000 (ages 0-14)



Māori disproportionately experience housing-related ASH events. In 2024, a child who experienced an ASH event of this kind was almost **twice as likely to be Māori than European/Other**.



Exposure to secondhand smoke, 2023 (ages 0-14)

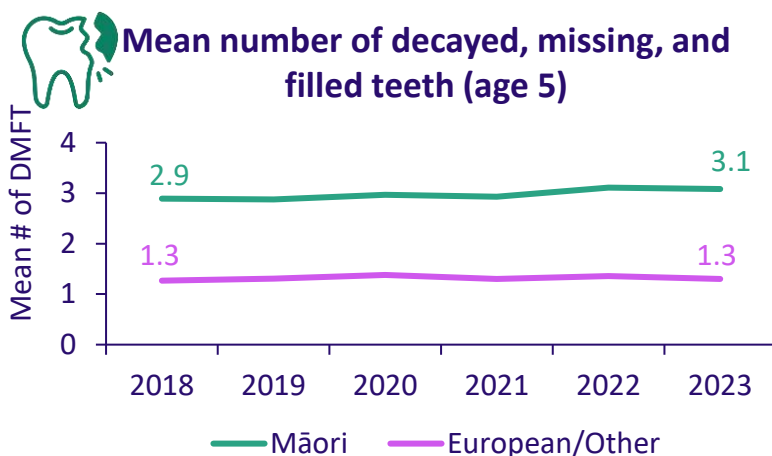


In 2023, rates of exposure to second hand smoke have reduced to less than 3% across both measures for Māori tamariki. There is still work to do, with disparities remaining between Māori tamariki and European/Other children for second hand smoke exposure inside the home.



Having early access to dental care

Age 5 is a critical benchmark for oral health, as most children have a full set of primary teeth by this age. Early decay at this age can indicate **future risk** for poor oral and general health.



Māori tamariki at age 5 are more than twice as likely to have a decayed, missing, or filled tooth (DMFT) than European/Other children aged 5.

This reflects systemic inequities in access to oral health care, nutrition, and broader social determinants of health.

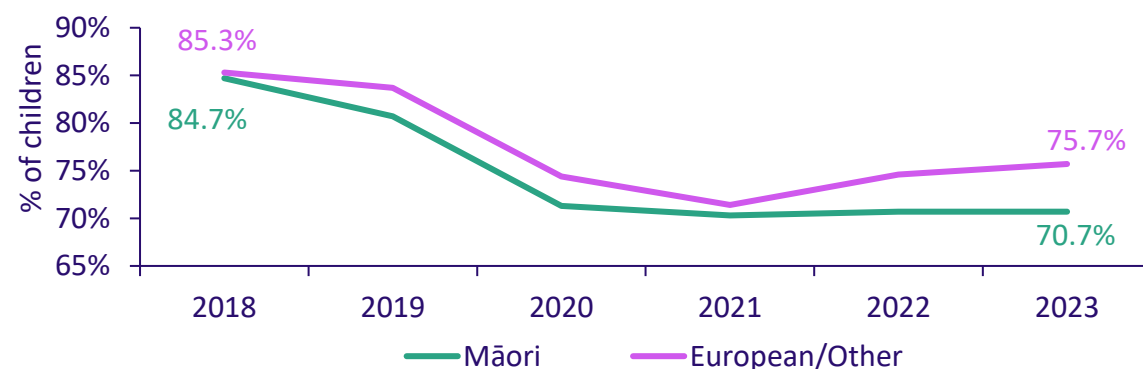
In 2023/24, 54.7% of Māori tamariki (ages 0-14) brush their teeth at least twice a day



Compared to 67.6% of European/Other children (ages 0-14) in 2023/24



Visited a dental healthcare worker in past year (ages 1-14)



European/Other rates of children visiting a dental healthcare worker in the past year has improved since 2021.

Māori tamariki rates have stagnated and currently remain far lower than rates were in 2018.

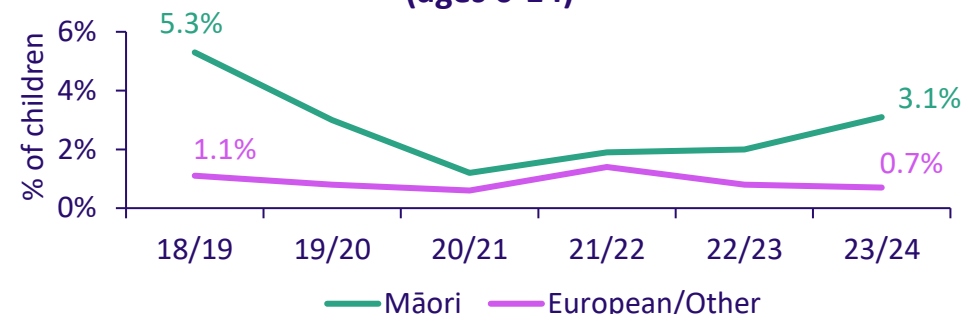


Having access to primary care

Engaging with and having access to primary care services earlier in life is associated with an increased likelihood of future positive health outcomes. **Barriers within the health system that prevent children from seeing a GP when needed, disproportionately affect Māori.**



Unmet need for GP due to lack of transport (ages 0-14)



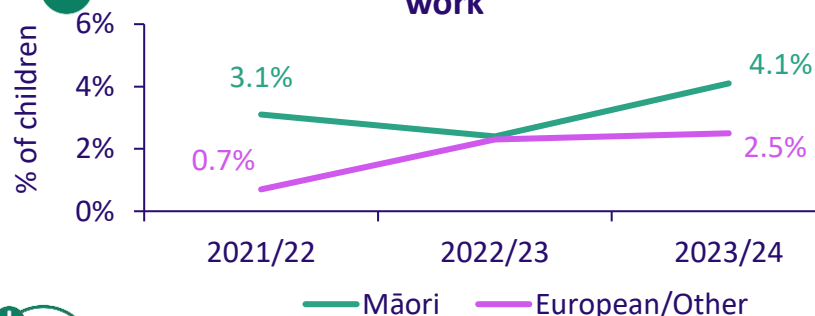
In 2025, 88% of Māori tamariki (ages 0-14) were enrolled with a PHO

Compared to at least 98% of European/Other children (ages 0-14)

In 2023/24, a child who could not see a GP due to an inability to travel to their clinic, **was more than four times more likely to be Māori than European/Other.**



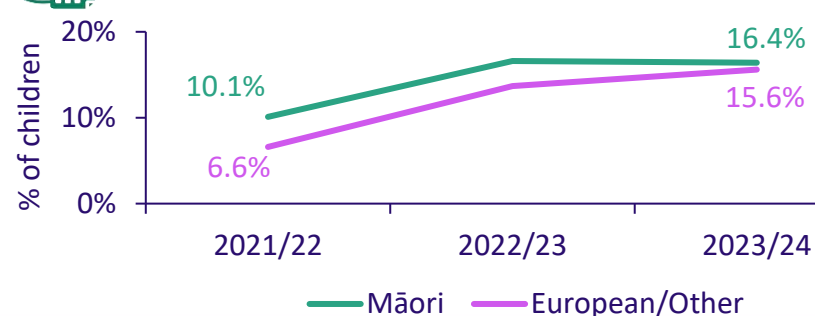
Unmet need for GP due to lack of time off work



Māori tamariki that experience **unmet need for a GP** due to their parents' inability to take time off work is **at an all-time high**, with 1 in 25 in this category (European/Other children are 1 in 40).



Unmet need for GP due to wait time



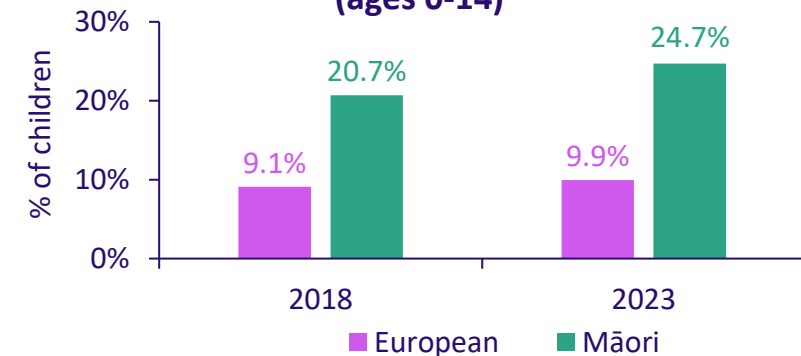
Long wait times for primary health care is the most common reason for children not to visit a GP when there is a need to.

1 in 6 Māori tamariki experienced unmet need for this reason in 2023.



Having a stable and healthy home

Children living in crowded households (ages 0-14)

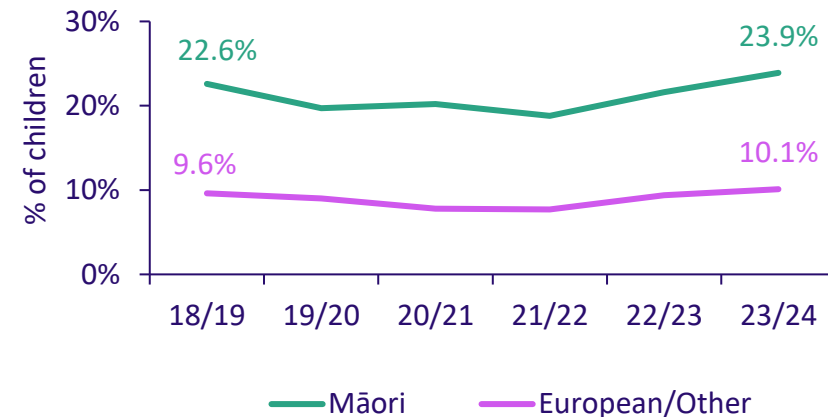


In 2023/24, nearly 1 in 4 Māori tamariki lived in a household experiencing material hardship, compared to 1 in 10 for European/Other children.

Similarly, 1 in 4 Māori tamariki lived in crowded households in 2023, compared to 1 in 10 European/Other children.

For both these measures, Māori tamariki rates are more than double that of European/Other children.

Children living in households with material hardship (ages 0-14)



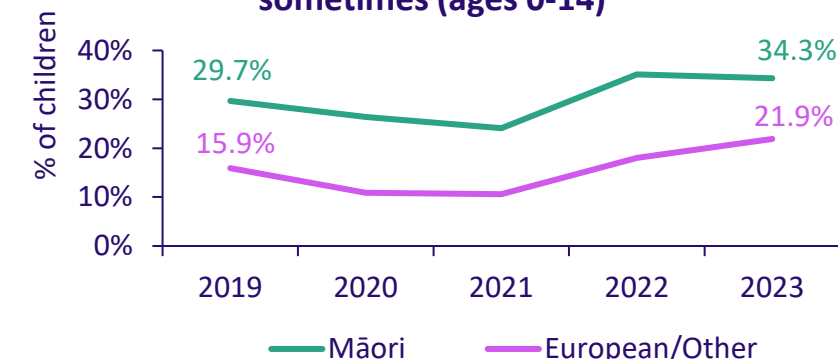
In 2023/24, 67.2% of tamariki (ages 0-18) entering Oranga Tamariki care and protection custody were Māori

Compared to 27.1% of non-Māori non-Pacific children in 2023/24



Having healthy food options available

Households where food runs out often or sometimes (ages 0-14)

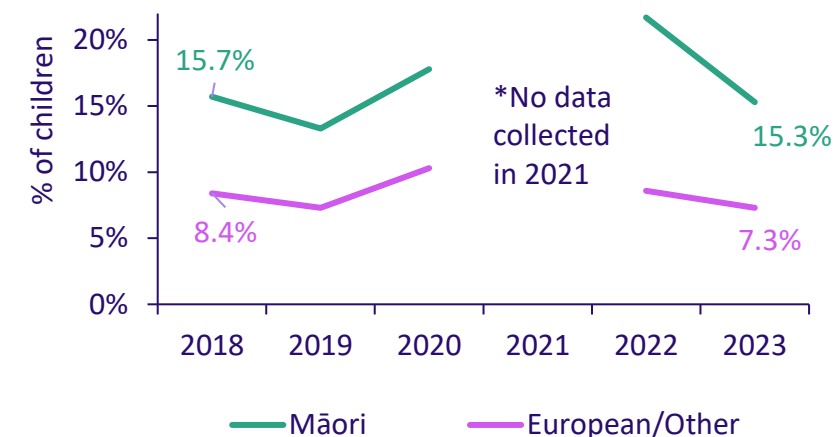


1 in 3 Māori households with children experienced food running out often or sometimes in 2023.

Māori rates of childhood obesity were more than double that of European/Other children in 2023.

These measures show how the cumulative impacts of food insecurity, shaped by broader determinants of health, affect nutrition and long-term health outcomes for Māori tamariki.

Rates of childhood obesity (ages 2-14)



In 2023, 7.4% of Māori tamariki (ages 2-14) met both vegetable and fruit intake recommendations

Compared to 9.2% of European/Other children (ages 2-14) in 2023



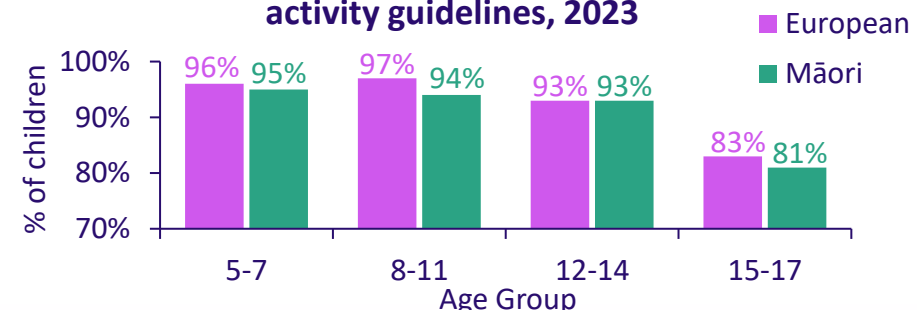
Being physically active

Physical activity in youth helps to prevent long-term illness by reducing risk of chronic diseases later in life (e.g. obesity, type 2 diabetes, and cardiovascular disease).

Physical activity guidelines recommend children get at least 60 minutes of physical activity daily.

The number of children meeting physical activity recommendations decreases with age.

Percentages of children meeting recommended physical activity guidelines, 2023



In 2023, 91% of Māori tamariki (ages 5-17) were considered active

Compared to 93% of European children (ages 5-17) in 2023

GPS 2024-2027 Priority Expectations	Health System Actions	Reporting relevant on actions
<div>Access<ul style="list-style-type: none">Expand the choice of whānau-centred and holistic maternity and early years' servicesExpand access to community-based supports to improve prevention and management of non-communicable diseases, including kaupapa Māori and Pacific-led options.</div>	<div>Whakamaua: Māori Health Action Plan<ul style="list-style-type: none">Complete and implement the redesign of the Well Child Tamariki Ora programme to ensure equitable access to the programme and improved outcomes for tamariki and whānau Māori.Prioritise equitable access to services and outcomes for tamariki in care or at risk of entering care, through a joint Ministry of Health and Oranga Tamariki work programme.Health NZ Statement of Performance Expectations 2024-25 (Performance Measures)<ul style="list-style-type: none">Percentage of children enrolled with a general practice or Kaupapa Māori provider delivering general practice care by age 3 months.New Zealand Health Plan (Te Pae Tata)<ul style="list-style-type: none">Redesign community-based oral health services for children so they are responsive to Māori whānau and Pacific aiga to reduce the inequity of access and outcomes.Redesign primary care to remove barriers to access for Māori and to provide a more comprehensive option for whānau.Sport NZ Strategic Plan 2024-2028<ul style="list-style-type: none">Improve equity for tamariki and rangatahi who are less active.</div>	<div>Whakamaua: 2020-2025 (monitoring dashboard)<ul style="list-style-type: none">Ambulatory Sensitive Hospitalisations for tamariki aged 0 to 4 yearsWhakamaua Delivery Reporting<ul style="list-style-type: none">The Ministry was a key participant in the development of the Oranga Tamariki Action Plan which is a legislative requirement under the Children’s Act 2014 and was approved by Cabinet in July 2022. As part of the plan, the Ministry is undertaking a joint programme of policy and operational work with Oranga Tamariki to identify opportunities to improve prioritisation and access to health services for children involved with Oranga Tamariki. This work began with in-depth assessments of the needs of children involved with Oranga Tamariki focussed on mental wellbeing, primary care and transition health needs.</div>
<div>Timeliness<ul style="list-style-type: none">Support strengthened public and population health initiatives for non-communicable diseases to reduce pressure on the health system.</div>	<div>New Zealand Health Plan (Te Pae Tata)<ul style="list-style-type: none">Ensure national consistency and increased access to urgent oral surgery for children.</div>	
<div>Infrastructure<ul style="list-style-type: none">No infrastructure priority expectations relevant to Priority 3.</div>	<div><ul style="list-style-type: none">No infrastructure health system actions relevant to Priority 3.</div>	<div>Whakamaua Delivery Reporting<ul style="list-style-type: none">Work is also underway with Oranga Tamariki and other health agencies on the development of an Integrated Service Model. The aim of this new model is to ensure children and young people in care and youth justice have their health needs assessed, planned for and met through an integrated service model by agencies working together to provide holistic and tailored care.</div>

GPS 2024-2027 Priority Expectations

Health System Actions

Reporting on relevant actions

Quality

- Strengthen public health surveillance to increase the detection and response to communicable and non-communicable diseases, and on information on the distribution of wider determinants of health and wellbeing.

Whakamaua: Māori Health Action Plan

- Expand innovative locally led initiatives through the Healthy Families New Zealand and Healthy Housing programmes.
- Prioritise the active protection and achievement of health equity and wellbeing for Māori in cross-sector strategies and work programmes (including the Child and Youth Wellbeing Strategy and the Homelessness Action Plan) and participation on the Joint Venture on Family Violence and Sexual Violence.

Health NZ Statement of Performance Expectations 2024-25 (Performance Measures)

- Ratio of mean decayed, missing, filled teeth (DMFT) at school Year 8
- Rate of ambulatory sensitive hospitalisations per 100,000 population for children aged 0 – 4 years.

New Zealand Health Plan (Te Pae Tata)

- Develop whānau-orientated interventions that provide intensive support for maternity and the early years.
- Implement evidence-based policy interventions to address health priorities for Māori, including tobacco control, alcohol, obesity and diet.
- Commission approaches to support greater health and wellbeing making the healthy choices the easy choice for people at risk of chronic conditions and for families raising small children.

Sport NZ Statement of Performance Expectations 2024-25 (Performance Measures)

- Percentage of tamariki (aged 5-12) who are meeting the PA guidelines (7+ hours a week).
- Percentage of young people age 5-17 years (up to 18th birthday) participating in play, active recreation and sport (7+ hours per week of any intensity).

Whakamaua Delivery Reporting

- The Ministry was a key participant in the development of the Oranga Tamariki Action Plan which is a legislative requirement under the Children's Act 2014 and was approved by Cabinet in July 2022. As part of the plan, the Ministry is undertaking a joint programme of policy and operational work with Oranga Tamariki to identify opportunities to improve prioritisation and access to health services for children involved with Oranga Tamariki. This work began with in-depth assessments of the needs of children involved with Oranga Tamariki focussed on mental wellbeing, primary care and transition health needs.
- In 2019, Manatū Hauora began a process to review the Well Child Tamariki Ora programme to ensure it was delivering the best possible outcomes it could for all tamariki and their whānau. The review was commissioned as part of the health and disability sector's response to the Government's 2019 Child and Youth Wellbeing Strategy and sought to analyse the programme's sustainability and equity. The Well Child Tamariki Ora Review Report was published in July 2021. The review emphasised the need to transition to a whānau-centred system, integrated with other health and social support services.

Workforce

- No workforce priorities relevant to Priority 3.

Health NZ – Achieving the Health Targets

- Support multidisciplinary teams in primary care, including greater utilisation of allied health professionals to reduce likelihood of ED presentation and enable discharge from ED.

Case Study: 'Bee Healthy' Regional Dental Service

The Bee Healthy Regional Dental Service is a community-based, publicly funded dental service which provides free dental care for tamariki and rangatahi in the Greater Wellington Region. The service provides routine examinations and follow-up treatments if necessary, including fillings, extractions, x-rays, and more. These are provided at dental hubs, for tamariki from ages two to five. From age five, the service is offered at schools through mobile dental vans to provide ease of access. From Year 8, Bee Healthy refers tamariki to a local dentist that provides free service until their 18th birthday. Bee Healthy also provides a variety of online resources to further promote good oral health practice amongst tamariki. Bee Healthy is just one example of the 16 regional, publicly funded oral health services which provide free dental services to tamariki and rangatahi across Aotearoa.

Case Study: Healthy Homes Initiative (HHI)

The HHI was initially established in December 2013, but over time has gradually expanded to provide coverage at a national level since early 2023. After the HHI intervention, the number of hospitalisations per person was reduced by 18.6. Hospitalisations that occurred were shorter and less severe on average than hospitalisations prior to the intervention. There was a small but statistically significant reduction in days off school for medical reasons, resulting in approximately 1,870 more days at school across the whole HHI cohort. The five-year outcomes evaluation concluded that the HHI is a highly cost-effective programme (\$300m of expected savings in the first five years post-intervention) that significantly improved health outcomes. The HHI programme supports the goal of health equity for all by targeting intervention for low-income whānau with a focus on Māori and Pacific peoples.