



What measures and why?

Rangatahi engaging in healthy behaviours and experiencing protective social factors can prevent them from experiencing poorer health outcomes later in life. Supporting rangatahi to lead healthy lives and minimise engagement in risky behaviour can reduce pressure on the health system over time. Protective social factors can also support rangatahi to engage in healthy behaviours. Lead measures for this priority are the risk behaviours of alcohol consumption, smoking, and vaping. Supplementary measures include physical activity, toothbrushing, healthy eating, social connection, illicit drug use, HPV vaccinations, sexual health, and socio-economic factors impacting behaviour.



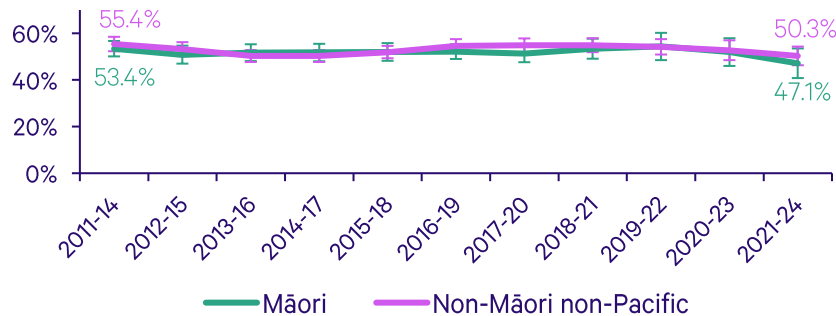
Rangatahi Māori are active, but less so as they age

Eating and Activity Guidelines for New Zealand Adults recommends engaging in at least 30 minutes of physical activity five days a week to live long and healthy lives.

Half of rangatahi Māori meet the physical activity recommendations consistently over time.

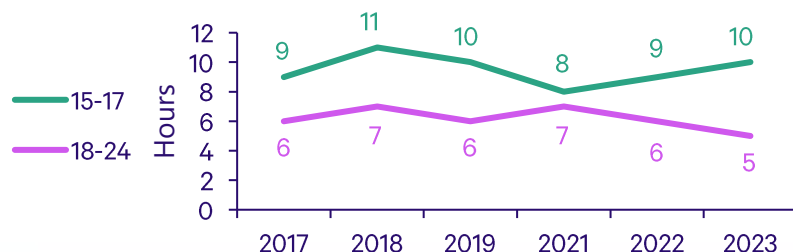
These proportions were similar to non-Māori non-Pacific youths.

Percentage of 15-24 year olds meeting physical activity recommendations, 2011-14 to 2021-24, by ethnicity



Younger rangatahi (15 to 17 years) were active more than older rangatahi (18 to 24 years), who averaged 10 hours a week and 7 hours a week respectively.

Average hours a week active for rangatahi Māori, 2017 to 2023, by age group



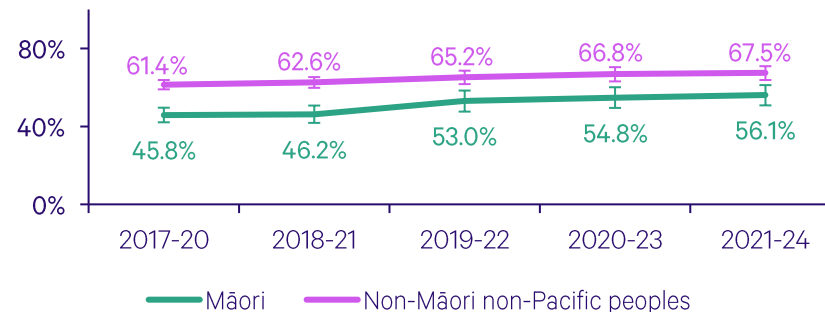
More rangatahi are brushing their teeth over time



An increasing number of rangatahi Māori are brushing their teeth at least twice a day.

The proportion of rangatahi Māori has been consistently lower than non-Māori non-Pacific youths over time.

Rangatahi brushing twice a day, 2017-20 to 2021-24, by ethnicity



Regular toothbrushing with fluoride helps prevent decay and maintain good oral health, which supports overall health.



Rangatahi are not eating enough fruit and vegetables

The *Guidelines* recommend eating at least 5 servings of vegetables and at least two servings of fruit per day for people aged over 15 years old to meet nutrient requirements.



For 2021-24, only 5.1% rangatahi Māori met this recommendation, similar to non-Māori non-Pacific youth.



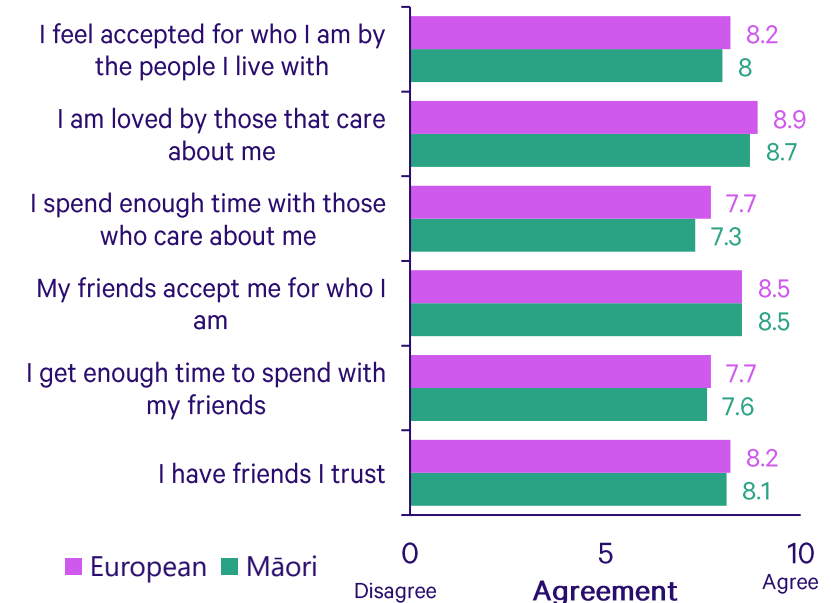
In 2023, 28.7% rangatahi Māori, aged 12, lived in moderately or severely food insecure households, compared to 9% of European youth.



Rangatahi have positive, supportive relationships

Māori high school students, years 9 to 13, tended to rate their relationships with whānau and friends positively. This was similar to the European high school population.

Average agreement with statements about social relationships, 2021



3 in 5 of Māori students are a part of a group, club or team, similar to European students in 2021.



4 in 5 of rangatahi Māori were lonely none or little of the time, similar to non-Māori non-Pacific youth, during the period between 2021/22 and 2023/24.

Being socially connected can improve physical health and can also influence engaging in healthy behaviours and lifestyle choices.

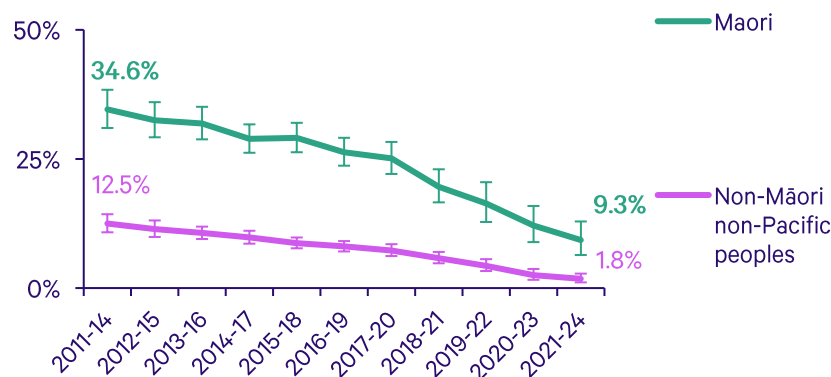


Vaping rates for rangatahi rise as smoking rates decrease

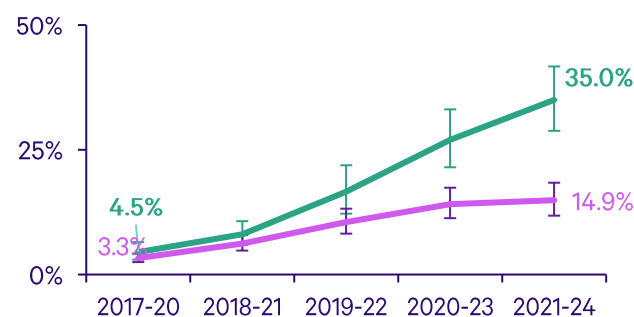
The number of rangatahi Māori who smoke daily has greatly decreased over the last 10 years. This proportion remains higher than non-Māori non-Pacific youth.

Daily vaping has increased for both Māori and non-Māori non-Pacific youth, since 2017/18 -2019/20. Rates for Māori increased more than non-Māori non-Pacific youth.

Daily smokers aged 15-24 year olds, 2011-14 to 2021-24



Daily vapers aged 15-24 year olds, 2017-20 to 2021-24



35% of rangatahi are daily vapers
This is the same as past daily smoker rates



40.2% of Māori live in highly deprived areas in 2023.

This has increased from **37.4% of Māori** in 2018.



7x more vape stores in the most socio-economically deprived neighbourhoods than in the least in 2023.



Total number of vape stores has increased from 130 in September 2021 to 1,000 January 2023.



In 2024, of year 10 students, aged 14 to 15:

- **5.9% of Māori** and **2.3% of European/Pākehā** were **regular smokers**.
- **29.4% of Māori** and **11.2% of European/Pākehā** were **regular vapers**.



In 2023, 22 schools in the least deprived decile had a vape store within 1 km compared to 172 schools in the most deprived decile.

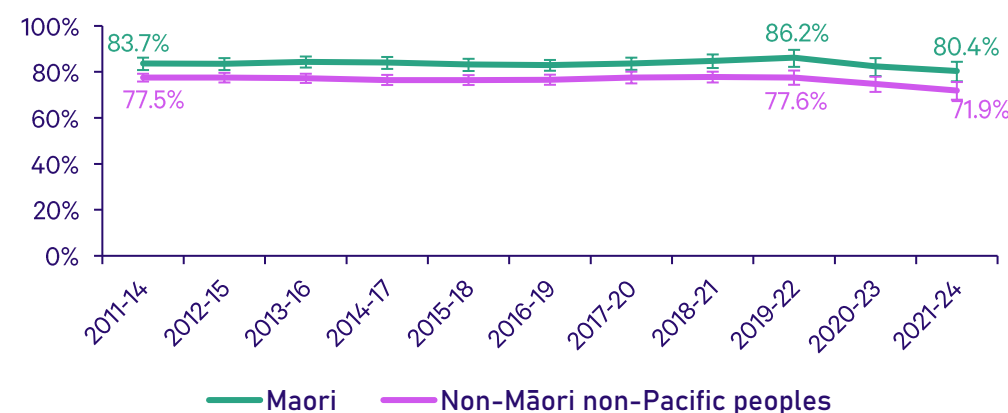


Rangatahi Māori engage in unhealthy drinking behaviours

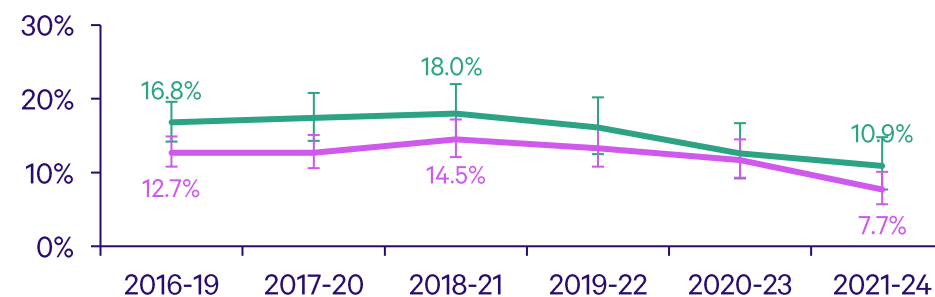
Overall, rangatahi Māori tend to engage in more drinking than non-Māori non-Pacific youth.

There was a slight decrease in both past year drinkers and weekly episodic drinking in recent years.

Past year drinkers aged 15-24 year olds, 2011-14 to 2021-24



Weekly heavy episodic drinkers aged 15-24 year olds, 2016-19 to 2021-24



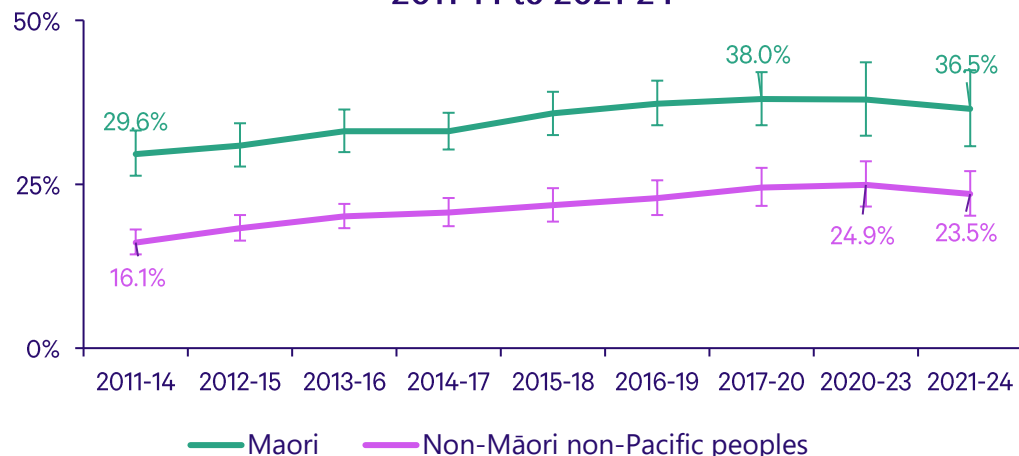
Heavy episodic drinkers have drunk 6 or more standard drinks of alcohol on one occasion.



Of Māori high school students (years 9 to 13) in 2021:
77.4% have drunk alcohol
42.2% drank 5 or more drinks in one session in the past four weeks.

Rangatahi Māori continue to engage in illicit drug use

Cannabis use in the past 12 months, 15-24 year olds, 2011-14 to 2021-24

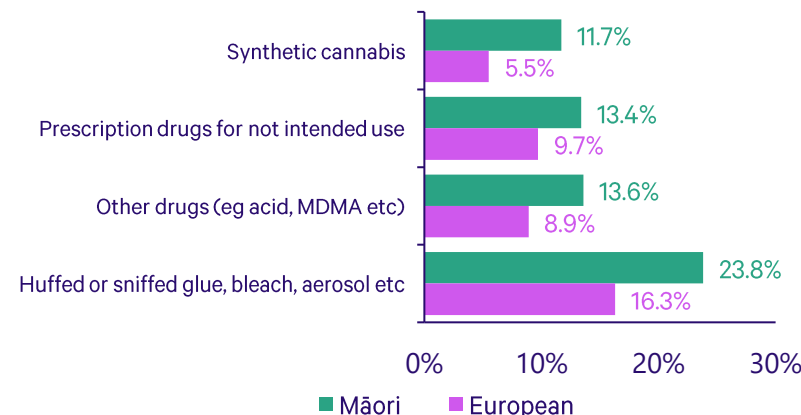


Since 2011/12, around **1 in 3** rangatahi Māori have used cannabis in the past 12 months.

More rangatahi Māori have used cannabis in the past year than non-Māori non-Pacific youth.

Māori have consistently used cannabis more than non-Māori non-Pacific youth over time.

Other drugs used by high school students (years 9-13), 2021



Māori high school students (years 9 to 13) tended to use other drugs more than European students. **28.7% Māori students were worried** about how much they used other drugs.

Illicit drug use poses not only a health risk but also a legal risk, increasing the risk to the wellbeing of rangatahi Māori.



Younger rangatahi Māori tend to experience better sexual health than older

Immunisation is important for preventing HPV and to reduce the future risk of several cancers.

In 2025, over half of younger rangatahi (15 and 17 years) and 1 in 3 older rangatahi Māori (25 years) were immunised against HPV. Rates were similar and followed a similar trend to non-Māori non-Pacific youth.

Since 2022, numbers of rangatahi Māori aged 12 to 13 years old **being fully immunised for HPV has decreased over time**. Rates are lower than Other youth, which have also decreased.

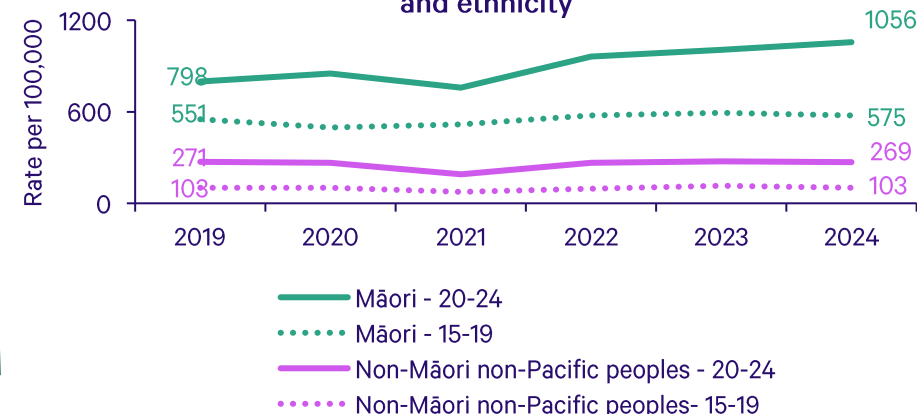


Over time, younger rangatahi Māori (15-19 years) had lower rates of gonorrhoea and chlamydia than older rangatahi (20-24).

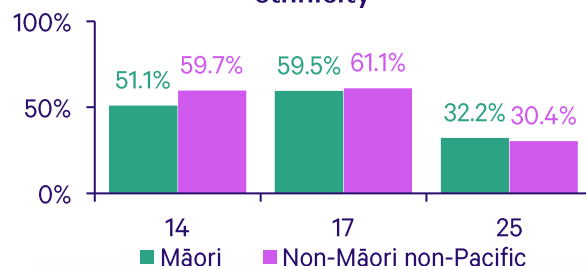
Rates for Māori have been consistently higher than non-Māori non-Pacific youth.

Access to sexual health services is important, and higher accessibility may result in higher STI reporting over time.

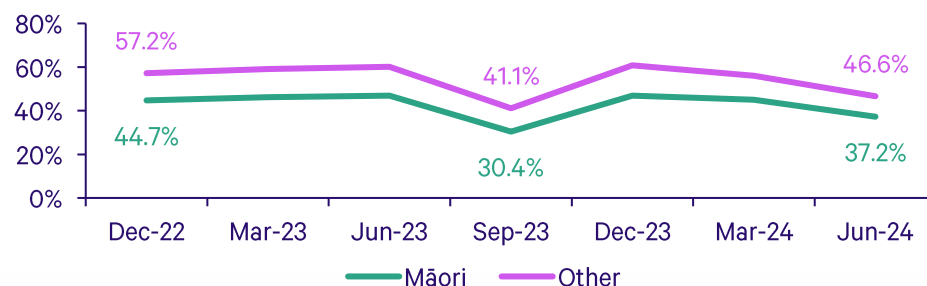
Gonorrhoea rate per 100,000, 2019 to 2024, by age group and ethnicity



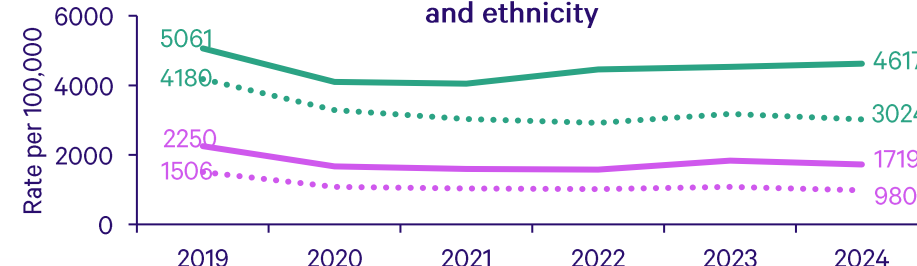
Fully immunised for HPV for 1 January to 31 March 2025, by age group, by ethnicity



Fully immunised for HPV, for ages 12-13, December 2022 to June 2024



Chlamydia rate per 100,000, 2019 to 2024, by age group and ethnicity



GPS 2024-2027 Priority Expectations

Health System Actions

Reporting on relevant actions

Access

- Implement an increasingly integrated mix of prevention, primary, community and specialist services for mental health and addiction, and suicide prevention, including community-based alternatives for acute care and a focus on prevention and early intervention to reduce the impact of mental health and addiction.
- Work in partnership with local communities to ensure primary and community care services are increasingly tailored to better respond to people’s needs, including family and community-based services.

Whakamaua: Māori Health Action Plan

- Invest in innovative tobacco control, immunisation and screening programmes to increase equitable access and outcomes for Māori.
- 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

- Percentage of smokers enrolled with a stop smoking service, who set a target quit date and will be CO (carbon monoxide) validated at 4 weeks.

Sport New Zealand: Strategic Plan 2024-2028

- We will support the sector to develop opportunities and experiences for tamariki and rangatahi that meet their needs, wants and aspirations.
- We will support an aligned national, regional, and local approach that improves access to play, active recreation and sport in local communities and hāpori where the greatest barriers to participation exist.

Smokefree Environments and Regulated Products Act

- Changes made to the act in 2025 regarding vape sale and supply include restricting new vape stores from being within 100 metres of early childcare education centres; increasing penalties for breaking the law; banning visibility and displaying products in stores; banning sale and supply of disposable vapes.

Aotearoa New Zealand Sexually Transmitted and Blood Borne Infection Strategy 2023-2030

- Strategic direction focussed on equitable access to culturally safe, quality health care for testing and management.

Sport New Zealand: Strategic Plan 2024-2028

- Te Taiao (natural environments) and built environments are accessible and promote quality play, active recreation and sport.

Whakamaua Reporting

- Smokefree 2025 Taskforce established.
- Protect Your Breath campaign to discourage young people from vaping.
- Child and Youth Strategy developed.
- Ongoing investment and action in smoking cessation under Smokefree Aotearoa 2025

GPS 2024-2027 Priority
Expectations

Health System Actions

Reporting on relevant actions

Quality

Whakamaua: Māori Health Action Plan

- Develop and implement Māori health equity and Tiriti tools and resources to guide the health and disability system in its strategies, planning, monitoring and accountability documents.
- Ensure that major system funding frameworks consider and adjust for unmet need and the equitable distribution of resources to Māori.
- Strengthen commissioning frameworks and guidance to increase Māori provider innovation and develop and spread effective kaupapa Māori and whānau-centred services.
- Invest in growing the capacity of iwi and the Māori health sector as a network of providers to deliver whānau-centred and kaupapa Māori services to provide holistic, locally led, integrated care and disability support.

Te Pae Tata

- Implement healthy public policies locally and regionally, to reduce harm from alcohol and other drugs, tobacco, unhealthy foods and obesogenic environments for all communities, with a focus on those with high proportions/ numbers of Māori, Pacific and other groups with inequitable outcomes.
- Working with the Mental Health and Wellbeing Commission Locality Plans will support improved mental health and wellbeing and reduced harm from alcohol and drugs in local communities.
- Implement evidence-based policy interventions to address health priorities for Māori, including tobacco control, alcohol, obesity and diet.

Sport New Zealand: Strategic Plan 2024-2028

- We will support schools and kura to provide quality play, active recreation and sport opportunities.

Aotearoa New Zealand Sexually Transmitted and Blood Borne Infection Strategy 2023-2030

- Strategic directions focussed on surveillance, information and public health knowledge systems to drive action, health promotion and comprehensive prevention, and integrated, supported, consumer-focused system.

Whakamaua Reporting

- Hauora Māori Service funding is distributed based on priorities and population across the motu. The goal continues to be to distribute available funding based on what funds we have and the contract levels of previous years. Any new funding distributed is based on unmet needs.
- Te Whatu Ora | Health New Zealand have designed a new outcomes-based commissioning model on sustainable case load volumes for the funding that partners receive.
- 180 Hauora Māori Partners have been transitioning to an outcomes-based agreement for the 2024/25 year. These new agreements are designed to enable the tracking of whānau outcomes in addition to collecting mandatory service data.
- The framework and processes developed with our partners has created an environment of enablement so that our Hauora Māori Partners can design and deliver services that are integrated and work best for their communities

Case Study: Active As

‘Active As’ is a project between regional agencies and Sport New Zealand Ihi Aotearoa (Sport NZ) which supports secondary schools and wharekura to provide quality active recreation and sport opportunities. The project has invested \$14.2 million into 50 schools to design and implement their own Active As initiative through to December 2026. From its first year, January to December 2024, Sport NZ has reported an 4.5% increase in the number of students being physical active. They’ve also reported increases in activity opportunities, student satisfaction with physical activity experiences, as well as students’ happiness and confidence, and sense of belonging at school.

Case Study: Protect Your Breath

‘Protect Your Breath’ is a social media campaign directed at youth to reduce their vaping and encourage vape-free lives. The health promotion initiative launched in 2022 between the Ministry of Health, Te Whatu Ora and Te Aka Whai Ora. It is focussed on reframing and re-positioning youth mindsets regarding vaping.