Hauora Māori Advisory Committee

Kaumātua are supported to live well through managing complex co-morbidities

Priority 8 – Key Insights

July 2025

What measures and why?

Prevention, earlier detection and effective management of long-term health conditions will support kaumātua to live well. Currently, Māori develop long-term conditions 14 years earlier than European/Other adults and are 70% more likely to have multiple long-term conditions compared to European/Other people. Preventing these conditions early and having culturally safe and relevant treatment plans in place early can help kaumātua live well while managing long-term conditions.

Kaumātua Māori population is increasing overtime

7% of Māori are 65 years and older (66,500 Māori).

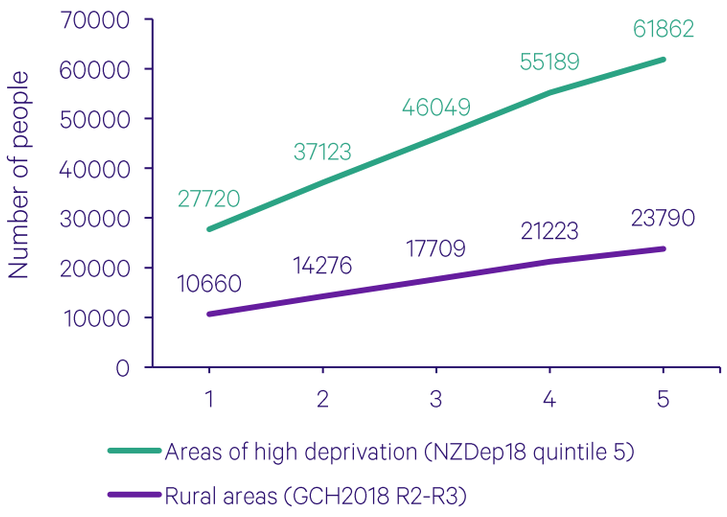
Projected to increase to:
10% by 2033 (112,000 Māori)
12% by 2043 (151,700 Māori)

42% of kaumātua live in highly deprived areas

16% of kaumātua live in rural areas

The number of kaumātua living in deprived areas and rurally are likely to double over the next 20 years.

Projected Māori Kaumātua Population

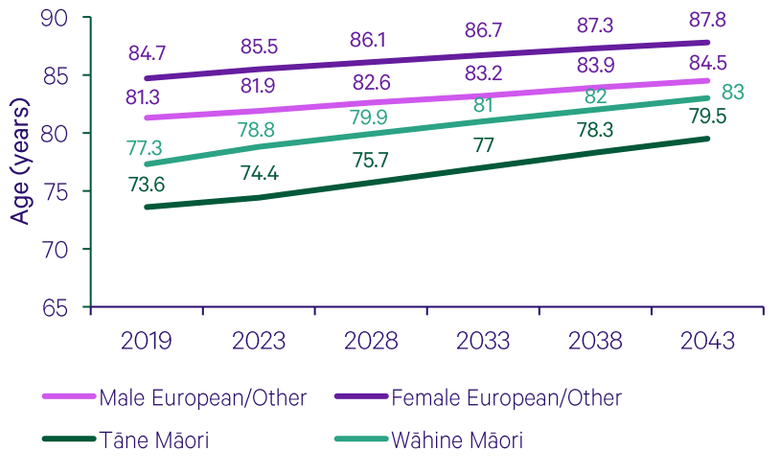


With the population aging, prevalence of long-term conditions that are associated with aging and deprivation will increase considerably over the next 20 years.

Life expectancy also increasing

Life expectancy is increasing for both Māori and European/Other ethnicities, so the equity gap remains. Addressing this life expectancy gap is still a priority. People living longer means higher levels of long-term health conditions, including dementia.

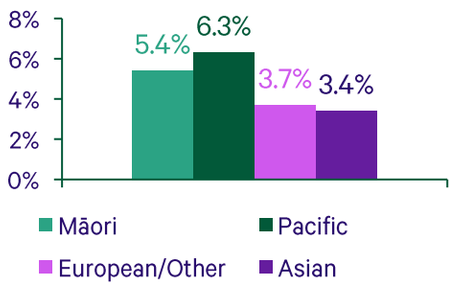
Projected life expectancy at birth



Mate wareware | Dementia

An estimated **5.4%** of Māori 60 years and older have dementia.

Dementia prevalence in ages 60+ years, 2019/2020



Socioeconomic determinants of health, including neighbourhood deprivation and financial hardship, are associated with an increased risk of dementia, and a faster progression of the condition.
Dementia diagnoses can also impacts whānau by worsening determinants of health such as housing, living and financial situations.

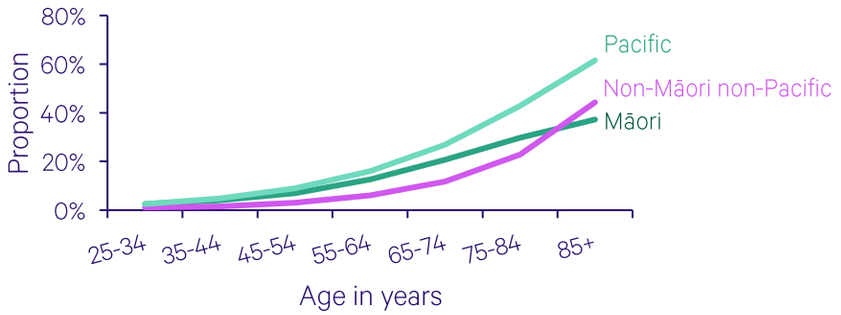
Māori develop long-term conditions at younger ages

The age that at least 50% of the population have one or more long-term health condition occurs 14 years earlier for Māori, compared to European/Other ethnicities.

Multimorbidity and Polypharmacy

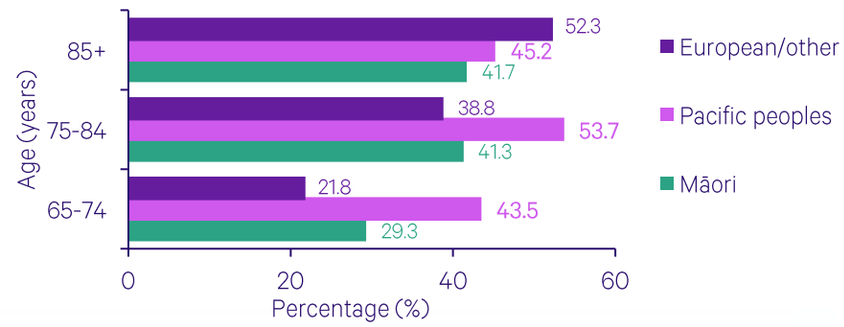
Māori experience a higher rate of multiple long-term conditions at younger ages compared to non-Māori non-Pacific peoples.

Prevalence of 3+ long-term conditions according to hospital discharge diagnosis



Māori received more medicines at a younger age compared with those identifying as European/other in 2019.

People dispensed 5+ long-term medicines, by age group, 2019



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July 2025

Most kaumātua are accessing primary care and having good experiences

Adults 65 years and older have lower unmet need for GP due to cost, compared to younger age groups.

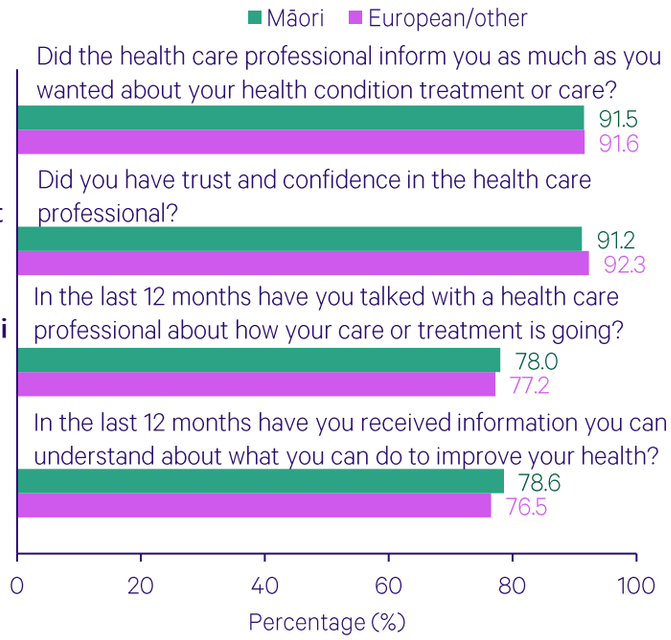
99% of kaumātua Māori have a usual GP practice.

Kaumātua experiences of primary care

65 to 74-year-olds, November 2024, HQSC patient experience survey.

Most kaumātua **have trust and confidence** in their primary care provider and feel informed enough about their health.

78.6% kaumātua Māori with long-term conditions definitely felt that they received enough information to improve their health.



Service utilisation for GPs and nurses 65+ years (total population)

Primary care service use is gradually increasing overtime. Primary care workforce and capacity will need to continue to increase.

Acute hospital readmissions

18.3% of kaumātua (65 years and older) were readmitted to hospital within 28 days of discharge, compared to 15.0% for non-Māori non-Pacific peoples, in 2024.

Whanganui and Capital, Coast and Hutt Valley were the districts with the highest readmission rates for Māori (22.3% and 21.4%).

Acute hospital readmissions within 28 days can indicate that they were discharged too soon, or there was a lack of coordination of supports needed at discharge.

Avoidable injuries in hospital

Māori and Pacific peoples experience a lower rate of hospital falls than non-Māori non-Pacific peoples.

Hospital falls and pressure injury rates have slightly increased since 2018, but stabilised from 2023 to 2024.

While overall rates of pressure injuries are low compared to hospital falls, they are avoidable. Māori and Pacific peoples experience a higher rate of pressure injuries than non-Māori non-Pacific peoples.

Pressure injuries and inpatient falls are a major cause of preventable harm for patients. These avoidable injuries impact the health system by increasing patients' length of stay, ACC treatment injury claims, care costs and quality of life.

Hospital falls 60+ years

Pressure injuries 60+ years

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Priority 8 – Key Insights

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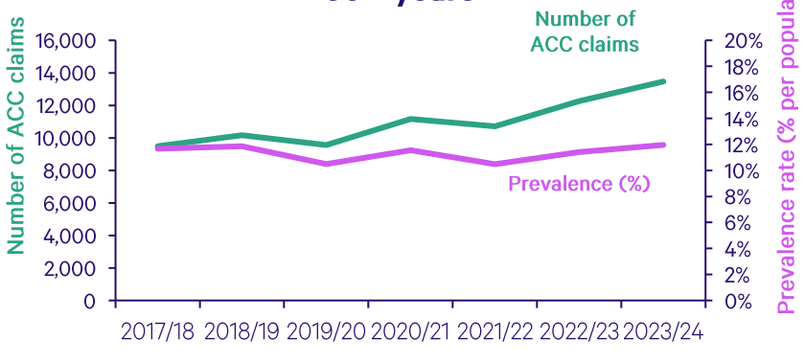
Injuries from falls

The number of ACC falls claims for Māori over 60 years has increased from 8,957 in 2015/16 to 13,466 in 2023/24, however due to the population increase the prevalence has remained similar.

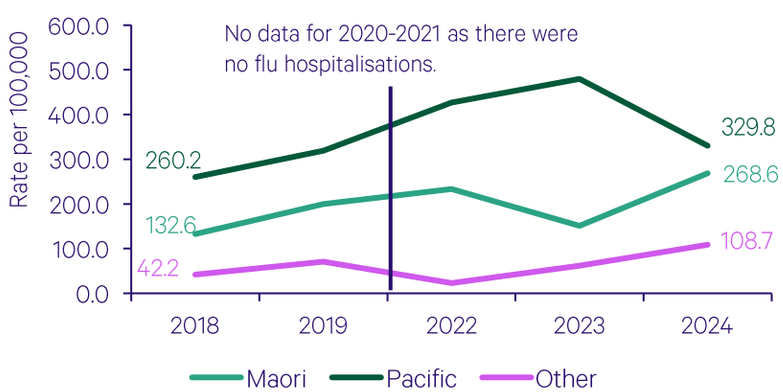
ACC falls claims for Kaumātua Māori aged 60+ years



Protecting against influenza

Māori 65+ years are less likely to get vaccinated against the flu, and more likely to be hospitalised with flu.

Influenza hospitalisations for adults 65 years and older, by ethnicity

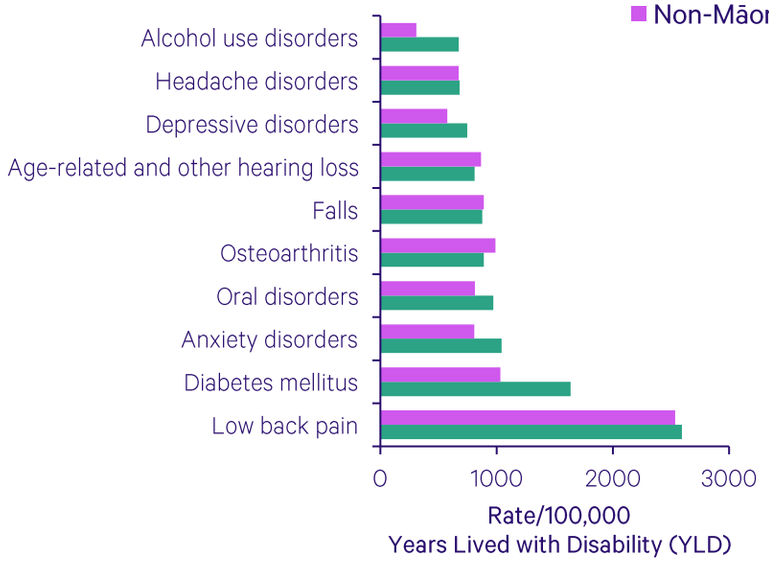


Supporting healthy lifestyles and mental health can address the common causes of health loss

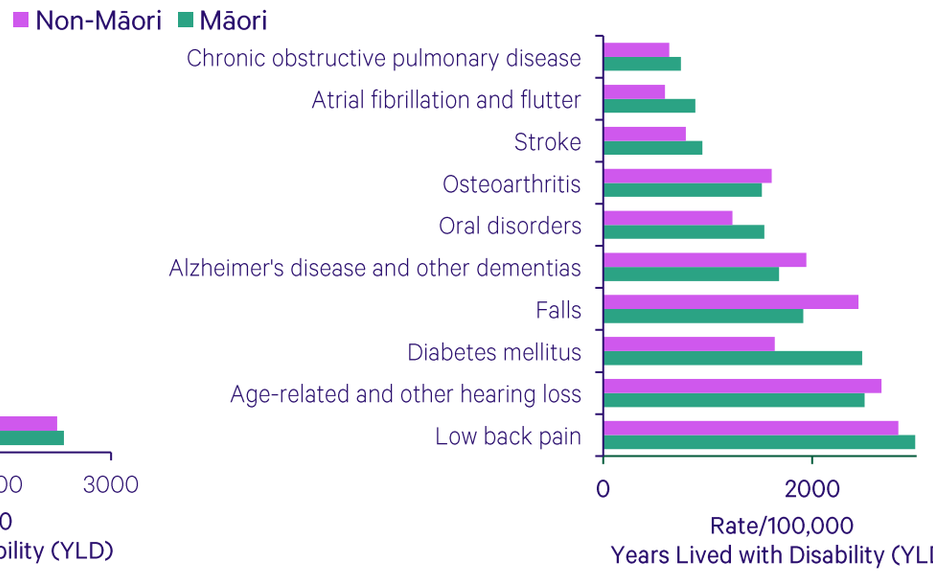
Years Lived with Disability (YLD) is a measure of Health Loss from the Global Burden of Disease study (2021), showing the number of years lived in less than ideal health.

Lower back pain is the biggest contributor to disability/health loss for older adults, with rates comparable for Māori and non-Māori. **The biggest inequity is seen for Diabetes, oral disorders, mental health and cardiovascular diseases.**

Top 10 causes of health loss 50-69 years



Top 10 causes of health loss 70+ years



Are kaumātua lonely?

Kaumātua living rurally, on low incomes, have been widowed, or who have limited mobility or transportation are more prone to social isolation and loneliness.

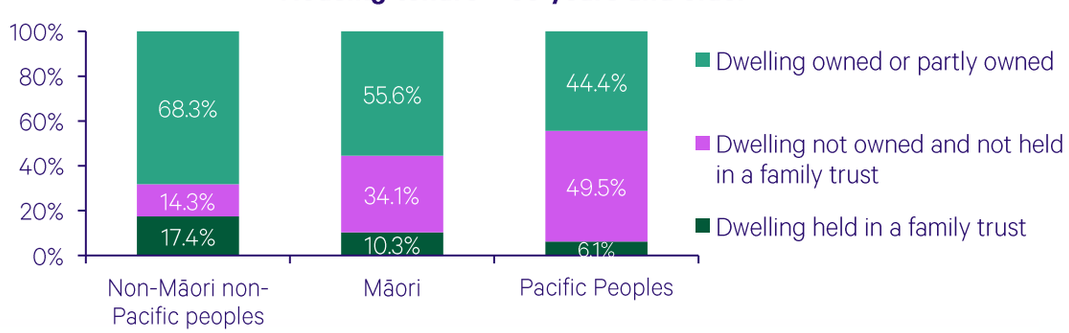
Kaupapa Māori approaches to measurement of kaumātua loneliness are needed, along with Kaupapa Māori solutions.

Māori adults are **1.73 times** as likely to experience loneliness compared to European/Other adults.

Housing tenure has been linked to both physical and mental health

Owning and occupying a home is associated with better physical and mental health. Kaumātua Māori are less likely to own their own home than non-Māori non-Pacific peoples.

Housing tenure – 65 years and older



Hauora Māori Advisory Committee

Priority 8: System actions and delivery reporting

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JUNE 2025

GPS 2024-2027 Priority Expectations

Access

- Prioritise the sustainability and quality of health services for older people. This includes ensuring aged care services and funding models support older people to live well, age well, and have a respectful end of life in age-friendly communities.
- Review service and funding models for aged care.
- Enable faster access to medicines by improving the timeliness of processes related to accessing new medicines.

Quality

- Ensure that service users are appropriately informed about and involved in their care so they can actively manage their health and wellbeing in ways that work for them.
- Continue to develop Pharmac's model to ensure patient voice and wide-ranging societal consequences are taken into account

Health System Actions

New Zealand Health Plan (Te Pae Tata)

- Implement accessible and nationally-consistent clinical pathways for diabetes, cardiovascular diseases, respiratory conditions, stroke and gout and integrate with primary and community care providers to create pathways for whānau.
- Redesign primary care to remove barriers to access for Māori and to provide a more comprehensive option for whānau.

Health Ageing Strategy

- Reduce inappropriate acute admissions and improve assessment processes.
- Better integrate services for people living in aged residential care.
- Improve integration of information from assessment and care planning with acute care services, and with those responsible for advance care planning.

Whakamaua: Māori Health Action Plan

- Implement an action plan to prevent and manage long term conditions, including gout and diabetes, through a cross-health system approach, including a national communication campaign and extending effective primary health and community models of care.

HNZ Statement of Performance Expectations 2024-25

- Percentage of patients who reported being involved by the healthcare professional in decisions about treatment and care during their most recent appointment.
- Percentage of people reporting that the health care professional treated them with respect and kindness.
- Percentage of people reporting that they had trust and confidence in their treatment provider.

Te Pae Tata

- Develop regional booking and scheduling tools, including patient-led bookings to equitably improve the experience of patients and whānau.

Healthy Ageing Strategy

- Work across government on the socioeconomic determinants of health to prevent harm, illness and disability and improve people's safety and independence.
- Improve treatment and outcomes for older people in hospital due to acute ill-health or injuries.
- Support effective rehabilitation closer to home by working across the whole system.
- Improve models of care for home and community support services.
- Expand and strengthen the delivery of services to tackle long-term conditions.
- Better enable individuals and communities to understand and live well with long-term conditions and get the help they need to stay well.
- Improve medicines management.
- Review the quality of home and community support services and aged residential care.

Reporting on actions

HNZ Quarterly Performance Report

- Quarter Three 2024/25 report
- The recent government announcements related to strengthening primary care will improve access to general practice, after-hours and other primary health provider services. HNZ anticipates it will be able to support more people in primary care.

Whakamaua Delivery Reporting

- In September 2023, Te Aka Whai Ora announced an investment of $8.1 million over two years in 20 Primary Health Organisations (PHOs) and 78 hauora Māori partners to implement te ao Māori solutions supporting whānau to prevent, detect, and manage their long-term conditions.
- In September 2023, Te Aka Whai Ora announced an investment of $2.3 million into four whānau-led pilots in remote rural areas to test the effectiveness of remote patient monitoring (RPM) in achieving improved hauora outcomes and reduced rates of hospitalisation and visits to emergency departments for whānau living with long term conditions.
- Te Whatu Ora is currently developing a new 2024-2027 National Diabetes Action Plan as a coordinated response to diabetes led by Māori and Pacific, with the aim of reducing the burden of diabetes across Aotearoa and eliminating inequities experienced by Māori, Pacific and other under-served populations. The action plan, which is substantially completed, has been developed with whānau Māori; Pacific people; people with lived experience of diabetes; community, primary care providers; and clinical diabetes experts.

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GPS 2024-2027 Priority Expectations	Health System Actions	Reporting on actions

Timeliness
• Reduce waiting times for people to receive planned care and elective treatment
• 95% of patients wait less than four months for elective treatment
	Health Targets High Level Implementation Plans
	• Shorter wait times for elective treatment
	  • Action 1. Increase delivery of elective treatments
	  • Action 2. Increase timely access to planned care
	  • Action 3. Address unwarranted variation in access to planned care
	  • Action 4. Ensure continued validation of waitlist
		HNZ Quarterly Performance Report
		• Quarter Three 2024/25 report
		• Performance against the elective treatment health target has declined but HNZ are committed to improving performance in this target. HNZ's focus is on increasing elective treatment delivery, improving theatre productivity, reducing the number of long-waiting patients, validating waitlists, improving the consistency of how waitlists are managed and how patients are booked for elective treatment.
		• Māori rate for Q3 2024/25 is 55.3% compared to 59.2% for European/other

Workforce	**New Zealand Health Plan (Te Pae Tata)** • Identify and support Māori and Pacific NGOs to work with whānau with chronic conditions to support self-management of their conditions. • Assess and improve the cultural safety of healthcare organisations. **Health Ageing Strategy** • Ensure that those working with older people with longterm conditions have the training and support they require to deliver high-quality, person-centred care in line with a healthy ageing approach. • Enhance cross-sector, whole-of-system ways of working.	
Infrastructure	**New Zealand Health Plan (Te Pae Tata)** • Develop a nationally-consistent model for paediatric and adult palliative and end-of-life care that is integrated across primary and community health and strengthens the equitable provision of palliative care across Aotearoa. • Prototype admission avoidance, early discharge and home-based care, including remote monitoring pilots; and refocus community nursing, allied health and the Needs Assessment and Service Coordination services to be part of comprehensive primary and community care teams. • Review the aged care, home and community support services models to improve the sustainability of services and ensure equity of access and outcome. **Healthy Ageing Strategy** • Develop and support the growth of age-friendly communities. • Use new technologies to assist older people to live well with long-term conditions.	

Case Study: Kaumātua Mana Motuhake and Kaumātua Mana Motuhake Pōi

Kaumātua Mana Motuhake and Kaumātua Mana Motuhake Pōi were a research project and research programme, respectively, focussed on improving quality of life for kaumātua through a peer- mentorship programme. The programme was part of the Ageing Well National Science Challenge (Ageing Well), who collaborated with kaupapa Kaumātua Māori providers. The peer-mentorship intervention model was based on the *tuakana-teina* relationship model and initially focused on increasing service access and utilisation to support kaumātua in need. The second programme incorporated increasing physical activity and cultural knowledge exchange. The research found improvements to health-related quality of life and life satisfaction for kaumātua Māori.