



# TE PAE ANAMATA

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Te Pae Oranga o Ruahine o Tararua Iwi Māori  
Partnership Board

Hakihea 2024

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# He Pae Anamata – Aspirational living is future building

## Te Pae Oranga Whakataukī

is essential in informing and setting the name of this plan. The whakataukī guides and provides the inspiration to dream and create.

*“Ka anga atu au ki te anamata, ka titiro ki tua ki te pitomata,  
he ao anō kei mua i te aroaro – he reanga hou, he reanga reo”*

*“As I set my sights on the future, promising prospects yonder,  
a new direction ahead – the proclamation of a revolutionary transformation”*

The understanding and background of the name of this document derives from the voices and lived experiences of whānau in the rohe where we reside “Te Pae Oranga o Ruahine o Tararua”.

*“Te Kī o Te Pae Oranga” is a direct reference to the voices of whānau, the experiences of whānau which informs their aspirations for the way they receive services in our rohe.*

## Pae –

*“ko tā tātou e whakapae nei”*

- » Whānau voice
- » Whānau reflections
- » Whānau experience
- » Whānau recommendations
- » Whānau aspirations
- » Connected systems of traditions and protocols
- » Collective of stewards and responsibilities shared
- » Identifies cultural connection to the landmarks
- » An arrival, forging a way forward with kaupapa

## Anamata –

*“Te Kī o Te Pae Oranga, he kawa aronga, he ora anamata”*

*“Whānau voices and experiences inform how we want to live now and into the future”*

- » Future – a new way, way-finding, better access
- » Vision
- » Aspirational direction
- » Mokopuna decisions
- » Revolutionary transformation
- » Te Tiriti o Waitangi led
- » Tūpuna inspired
- » Whānau centred
- » Dreaming the most audacious dreams

# Mihi

*Koia i tokona ake te tāhūhū a  
Ranginui-kahuroa ki runga toi ake rā  
Koia hoki ka tāmaua a Papatūānuku- oranganui  
ki raro iho nei*

*Hokai atu rā ngā tini o te pō, i ngā mano o  
te pō ki tō koutou moe roa  
“Rārangi maunga tū te ao, tū te pō, rārangi tāngata,  
ngaro noa, ngaro noa”  
Roa i te koa, te hono ki te rangi, e oki, hōatu.*

*Pūanga mai āiō te aranga o Tamanui Te Rā  
E hua mai āiō i te aranga ki te hā  
Tēnei te tāhū e tokomanawa ana i te ora*

*“Ko tō manawa, ko tōku manawa”  
Whāia rawa rā te moemoeā  
Ko te whānau ki mua, ko te hāpai ō ki muri*

*Huihui mai ai Te Pae Oranga o Ruahine, o Tararua  
Tuitui mai ai ngā kaihāpai i te ora o te whānau  
He whakaaraara, he toiora, he whānau ora te whai*

*Hui, tūi, whiti ki te ora  
Haumi e, hui e, tāiki e*

# Ihirangi | Contents

<b>Executive Summary</b>	<b>6</b>
<b>Chapter 1: Whakamarama Whānui</b>	<b>8</b>
» Our Role	12
» Our Focus	14
» Te Whatu Ora Responsibilities	15
» Te Pae Oranga Strategic Structure and Relationships	16
<b>Chapter 2: Te Tapatorutanga</b>	<b>24</b>
» Strategic Approach	26
» The Tapatoru Framework	29
» Outcome Domains	
• Rohe Oranga   Regional Focus	38
• System Accountability   Strategic Monitoring	46
• Mana Motuhake   Workforce Capability and Capacity	86
<b>Chapter 3: Rohe and Takiwā demographics</b>	<b>90</b>
<b>Chapter 4: Hauora Profiles</b>	<b>98</b>
» Primary Health	100
» Secondary Health	114
» Disability	128
<b>Appendices:</b>	<b>130</b>
» Whānau Voice Sources	131
» Data Sources	132
» Key Documents	133

# Executive Summary

**Te Pae Oranga o Ruahine o Tararua Iwi Māori Partnership Board Community Health Plan, Te Pae Anamata provides a comprehensive approach that aligns our rohe and takiwā health needs and wellbeing aspirations with our overall strategy to measure and monitor the system to ensure it is providing valued services that benefit whānau Māori.**

The health environment in Aotearoa New Zealand has seen significant change and structural reform. The Pae Ora (Healthy Futures) Act created Te Whatu Ora – Health NZ, Te Aka Whai Ora – Māori Health Authority and Iwi Māori Partnership Boards. The establishment of Iwi Māori Partnership Boards brought advising on the commissioning of Health Services, Whānau Voice and monitoring of the health system for hauora Māori outcomes under their mandate. This saw Iwi and Hāpori invest in building their capability and capacity and establish the required infrastructure. Locally this saw Horowhenua become a Prototype for the locality approach, the establishment of Te Pae Oranga o Ruahine o Tararua and Tāhū Ora (back office function), who then drove the development of the Tapatoru Accountability Framework and supported the initial planning of Takiwā (Locality) Plans.

Post the 2023 October election a change in government saw an ideological shift and the disestablishment of Te Aka Whai Ora. Despite turbulent times IMPBs continue to make a major contribution to improving the outcomes for whānau and hāpori. Te Pae Oranga o Ruahine o Tararua IMPB (Te Pae Oranga) remains committed to our collective aspirations and leverage our existing mahi, relationships and infrastructure to ensure we continue to serve the interest of Māori.

Our Community Health Plan is divided into four key chapters:

- **Whakamarama Whānui** – establishes the foundational understanding of Te Pae Oranga, outlining our objectives and the strategies we plan to implement to achieve them. This chapter sets the context for our vision and mission.
- **Te Tapatorutanga** – details our strategic monitoring and commissioning framework. This chapter provides a comprehensive overview of the types of outcomes that we aspire for our people, what we intend to hold the system accountable to and where we will leverage information to influencing commissioning decisions.

- **Rohe and Takiwā Demographics** – Recognises the unique characteristics of our rohe and the diverse needs and aspirations of our whānau Māori who access the health system. This data is essential for understanding these differences and designing our approach accordingly.
- **Hauora Māori Profiles** – showcasing our existing digital dashboards with our goal to expand the available data in order to inform our activities to achieve the desired outcomes identified within our strategic monitoring and commissioning framework.

Moving forward, our plan clearly articulates our Actions and functions in line with our legislative mandate. We are driven by our vision and mission informed by the voice of whānau with the view to making sustainable, enduring changes to services that deliver positive outcomes for our whānau. We expect the system to enable us to fulfil our mandate by providing dedicated resourcing. This includes access to timely, relevant information and collaborative pathways that influence and advance hauora Māori outcomes across our rohe through a mātauranga Māori lens underpinned by whānau voice.

# CHAPTER 1: WHAKAMARAMAMA WHĀNUI

## Te Pae Oranga o Ruahine o Tararua

Te Pae Oranga o Ruahine o Tararua Charitable Trust (Te Pae Oranga) is formally recognised under the Pae Ora (Healthy Futures) Act 2022 as an Iwi Māori Partnership Board (IMPB). We represent over 44,000 Māori, covering the geographic areas of Horowhenua, Manawatū, Te Papaioea, Ōtaki and Tararua. For more information see <https://tepaeoranga.org.nz/>

**Ka anga atu au ki te anamata, ka titiro ki tua ki te pitomata, he ao anō kei mua i te aroaro – he reanga hou, he reanga reo!**

*As I set my sights on the future, promising prospects yonder, a new direction ahead – the proclamation of a revolutionary transformation!*

## MISSION

*Is to influence and advance hauora Māori planning, commissioning, monitoring and success across our rohe's wellbeing sector through a Mātauranga Māori lens underpinned by whānau voice.*

## VISION

*Is to support whānau control of their own hauora outcomes by acknowledging their lived experiences and supporting them with the tools and opportunities to participate and be successful.*

**Te Pae Oranga is comprised of a representative from each of the seven iwi that are Mana whenua in the rohe, two mātāwaka representatives and a mana whaikaha representative.**

*E rere arorangi ki ngā maunga kōrero a Ruahine, a Tararua  
Kāhū hōmiromiro i ngā whetū o Tamaki nui-ā-Rua, o Rangitāne,  
o Kahungunu hoki rā*

*Hoka hōkai atu ki te karamatatanga o Rangitūmau e  
Koko aro i te pae ka tau ki Te Pounga Tokotoko o Te Tonga i ngā*

*Hekenga-mai-i-raro ki te ūpoko e,*

*Hāro ki tai, hāro ki uta ki Te Punahau, ki Te Hihī o Te Rā o Muaūpoko  
kairau noho whenua e*

*Tākina, tākina i te uru whakararo, e ko Raukawa, e ko Kauwhata, e ko Maniapoto,  
e ko Tūwharetoa hau Hoki pēnei mai ki te manawarū o te oha a Te Aweawe mā*

*koutou, mā tātou, e whakaoti*

*Ko te ora o te tāngata ki runga, hau, hau, hauora e*

## NGĀ UARA CORE VALUES Our Values



### Whanaungatanga

Te Pae Oranga acknowledges the importance of unity and cohesion in all we do with each other and others.



### Manaakitanga

Te Pae Oranga demonstrates its support and kindness, generosity and respect for each other, and whānau.



### Te Reo Māori

Te Pae Oranga acknowledges and upholds te reo Māori as our key identity and what makes Māori so unique as tangata whenua of Aotearoa.



### Kaitiakitanga

Te Pae Oranga serves its whānau by serving as guardians for equal and better well-being outcomes for whānau.



### Whakapapa

Te Pae Oranga understands that as iwi we have a connection to each other that is more than a mutual understanding but is by blood ties and tikanga.



### Rangatiratanga

Te Pae Oranga upholds the leadership, self-determination, sovereignty, independence, and autonomy of each other, and whānau.



### Pūkengatanga

Te Pae Oranga will strive to ensure there are opportunities for the organisation and whānau to develop the skills and knowledge to live fulfilling and healthy lifestyles.



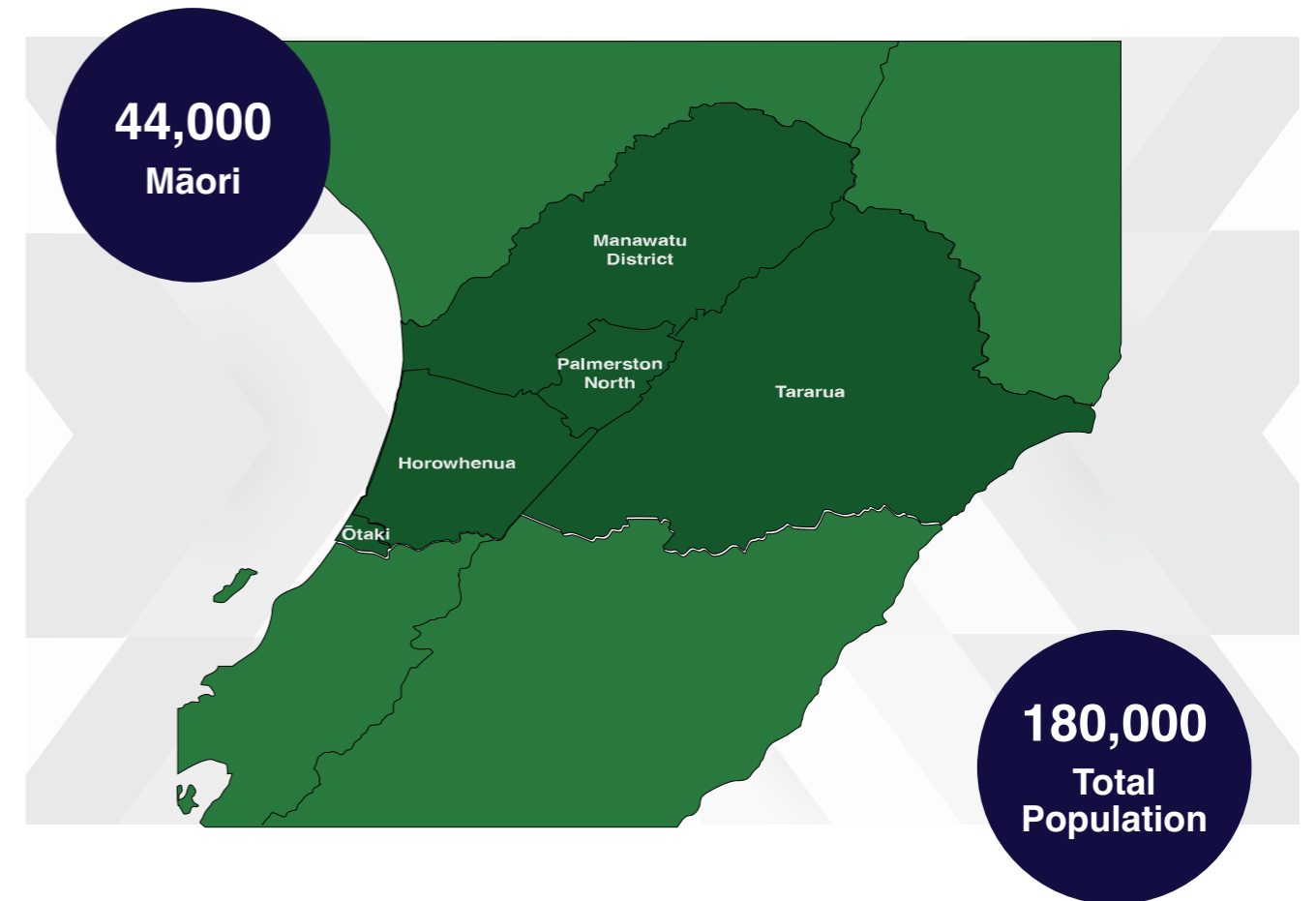
### Wairuatanga

Te Pae Oranga upholds the sanctity of our spiritual connections as a people and to the places we live.



### Ūkaipōtanga

Te Pae Oranga recognises the power of belonging and its importance to ensuring the success of achieving our vision.



# Our role

Our mission is to influence and advance hauora Māori planning, commissioning, monitoring and success across the wellbeing sector in our rohe through a mātauranga Māori lens underpinned by whānau voice and a living example of Te Tiriti o Waitangi.

This involves setting overarching goals and priorities, ensuring that health services meet community needs and values, and overseeing the effectiveness and quality of these services. We hold ourselves and other stakeholders accountable for meeting legislative duties and upholding responsibilities to whānau Māori. The table below illustrates the alignment between our function as an IMPB and our legislative mandate.

## Amplifying Whānau Voice

- » Conduct community consultations and surveys to gather health needs, aspirations and priorities.
- » Facilitate focus groups and hui with whānau to discuss health and wellbeing.
- » Compile and analyse data from community engagements.
- » Report findings and insights to HNZ.
- » Implement whānau report back on progress cycle.

## Pae Ora Act 2022 Section 30(1)(a):

“to engage with whānau about local health needs and communicate the results and insights to HNZ.”

## Pae Ora Act 2022 Section 30(1)(b):

“evaluate the current state of Hauora Māori for the purpose of determining priorities for improving Hauora Māori.”

## Pae Ora Act 2022 Section 30(1)(d):

“monitor the performance of the health sector in [the IMPB] Locality”

## Monitoring for Outcomes

- » Analyse health data to identify gaps and areas needing improvement.
- » Observing actions from specific contracts and organisations.
- » Ensuring the system delivers to the right populations and takiwā.
- » Collaborate with health professionals and researchers to evaluate health services.
- » Report on the performance of the health sector to HNZ and the community.

## Priorities for Hauora Māori

- » Recommend priorities for health service improvements based on evaluations.
- » Participate in strategic planning sessions with HNZ.
- » Provide input on health priorities based on community feedback and data analysis.
- » Work with HNZ to align national health strategies with local needs.
- » Advocate for resources and support for Hauora Māori initiatives.
- » Monitor the implementation of agreed-upon priorities.

## Pae Ora Act 2022 Section 30(1)(c):

“work with HNZ in developing priorities for Hauora Māori.”

## Pae Ora Act 2022 Section 30(1)(e):

“engage with HNZ to support stewardship of Hauora Māori and priorities for Kaupapa Māori investment and innovation”

## Strategic Commissioning

- » Identify opportunities for investment in Kaupapa Māori health initiatives.
- » Collaborate with HNZ to develop and fund innovative health programmes.
- » Monitor and evaluate the impact of these investments.
- » Advocate for continued support and funding for successful initiatives.

## Inform Hāpori Māori

- » Develop communication strategies to ensure whānau are informed about health services and outcomes.
- » Report back to Māori communities through various channels.
- » Ensure transparency and accountability.
- » Use feedback to improve future health services and reporting processes.

## Pae Ora Act 2022 Section 30(1)(f):

“report on Hauora Māori activities of HNZ to Māori in the IMPB Locality”

# Our Focus

Our key focus areas include:

- » Creating a strategic communications plan to effectively engage whānau Māori within our five takiwā.
- » Strengthening our monitoring framework with detailed information provided by Health New Zealand / Te Whatu Ora and THINKHauora.
- » Partnering to improve hauora data for tangata whaikaha across all monitoring indicators.
- » Developing our own monitoring data dashboards and creating independent data insights.
- » Collaborating with providers in our rohe to ensure hauora Māori outcomes are prioritised.
- » Collaborating with Health New Zealand/ Te Whatu Ora through strategic commissioning.

# Health New Zealand/ Te Whatu Ora Responsibilities

To build a more transparent, collaborative relationship that supports equitable health outcomes, we are asking HNZ to take specific steps that ensure Māori voices, data, and insights are valued and integrated into decision-making processes.

**Our key requests are:**

- » Continue to share targets and baseline measures.
- » Provide transparency for services delivered in our rohe to allow for genuine collaboration in commissioning decisions for health services.
- » Ensure an automated flow of data for effective monitoring, with suitable Data Sharing Agreements in place.
- » Take an active, transparent approach that respects Māori data sovereignty—viewing us not just as data consumers but as partners capable of telling our own data stories.
- » Value our insights, with a commitment from HNZ to take meaningful action in response.
- » Use our insights in policy development and engage with us regularly to support ongoing collaboration.



# Te Pae Oranga Strategic Structure and Relationships

Te Pae Oranga o Ruahine o Tararua have key strategic relationships that include organisations, collectives and forums that are cross-sectoral both regionally and nationally. These relationships are outlined below.

The relationships provide a robust foundation for collective effort, pooling of resources and shared knowledge. Through Te Tihi o Ruahine Whānau Ora Alliance, we can leverage existing data sharing agreements and enhance our monitoring function to include broader cross-sector wellbeing determinants. Our various forums set strategic priorities and work together to create greater impact for whānau. Inclusion of Tāhū Ora complements our approach in achieving better hauora outcomes for Māori. Please note this list is not exhaustive and will be added to as we address the different priorities.

## Te Pae Anamata Engagement - Te Pae Oranga Partners

- |   |  |   |
|---|--|---|
| » Iwi/Māori Providership                                      | » Pharmacy   | » NZDF  |
| » Hauora Māori Service, Health New Zealand/ Te Whatu Ora      | » Regional Leadership Group, Manawatū Whanganui – Iwi, Government Agencies, Local and Regional Authorities | » NZ Police                                   |
| » Te Tihi o Ruahine o Tararua Whānau Ora Alliance             | » Local Government – Kāpiti Coast, Manawatū, Horowhenua, Palmerston North, Tararua                         | » Well Child Tamariki Ora                     |
| » THINK Hauora Alliance Leadership Team                       | » Mana Whaikaha  | » Corrections                                 |
| » Te Pae Hauora o Ruahine o Tararua – MidCentral HSS, HN2/TWO | » ACC  | » NGOs  |
| » Public and Population Health, Te Whatu Ora                  | » MHT Diabetes Trust   | » UCOL  |
|   | » Stroke Foundation  | » Te Rau Ora                                  |
|   | » Ngā Maia – Māori Midwifery   | » Toitū te Waiora WDC                         |
|   |  | » Sport Manawatū                              |
|   |  | » Te Roopu Whakaruruhau (Māori Womens Refuge) |
|   |  | » Pūhoro STEM Academy                         |
|   |  | » Arohanui Hospice                            |
|   |  | » Niuvaka Trust                               |



The range of partners involved in the various collaborations listed on the following pages.

## MALT

The Māori Alliance Leadership Team is made up of Iwi and Māori providers that have a focus on identifying opportunities and system challenges across operational service provision and provide community intelligence.

### MALT members include:

- » Raukawa Whanau Ora Services
- » Whaioro Trust
- » Te Waka Huia
- » He Puna Hauora
- » Best Care Whakapai Hauora
- » Muaūpoko Tribal Authority
- » Mana o te Tangata Trust
- » Hauora Māori Service, HNZ/ TWO
- » Highbury Whānau Centre
- » He Puna Oranga
- » Ngā Kaitiaki o Ngāti Kauwhata
- » Te Kete Hauora o Rangitāne o Tamaki nui-ā-Rua
- » Ngāti Kahungunu ki Tāmaki nui-a-Rua
- » Pae Ora Paiaka Whaiora, MidCentral HSS - HNZ/TWO

## Te Roopu WAIORA

A rohe collective roopū that came together to make a joint submission to the Mental Health inquiry in 2018 called Realising WAIORA. Post Submission and the subsequent development of the Access and Choice saw the Iwi and Māori network within the central region galvanise around the vision of Realising WAIORA to guide the actions within the WAIORA Programme of Action and become a lever for whānau who experience challenges with mental health and addictions to achieve WAIORA.

### Te Roopu WAIORA members:

- » Best Care Whakapai Hauora
- » He Puna Hauora
- » Highbury Whānau Centre
- » Mana o te Tangata
- » Muaūpoko Tribal Authority
- » Ngā Kaitiaki o Ngāti Kauwhata
- » Ngāti Kahungunu ki Tāmaki nui-a-Rua
- » Raukawa Whānau Ora
- » Te Kete Hauora o Rangitāne
- » Te Wakahuia Manawatu Trust
- » Te Tihi o Ruahine Whānau Ora Alliance
- » Whaioro Trust

Te Roopu WAIORA also has strong relationships with both Health New Zealand/ Te Whatu Ora and THINK Hauora (Te Ara Rau - Access and Choice Primary Mental Health Team).

## WOSIDG

The Whānau Ora Strategic Innovation and Development Group (WOSIDG) is a rohe based inter-sectoral collective who provide guidance and oversight to many projects and programmes that are underpinned by the principles of Whānau Ora. These partners included government agencies, Iwi and Māori Providers.

### WOSIDG partners:

- » Oranga Tamariki
- » New Zealand Police
- » Ministry of Social Development
- » Muaūpoko Tribal Authority
- » THINK Hauora
- » Department of Corrections
- » Te Tihi o Ruahine Whānau Ora Alliance
- » Te Whatu Ora | MidCentral
- » Palmerston North City Council
- » Te Puni Kōkiri
- » UCOL
- » Youth Service
- » Ngā Kaitiaki o Ngāti Kauwhata
- » Rangitāne o Tamaki-nui-ā-Rua
- » He Puna Hauora
- » Kāinga Ora
- » Whaioro Trust
- » Te Manawa
- » Manawatū District Council
- » Raukawa Whanau Ora
- » Best Care Whakapai Hauora
- » Māori Waden
- » Ngāti Kahungunu ki Tāmaki-nui-a-Rua
- » Te Rōpu Wāhine Māori Toko i Te Ora
- » Te Wakahuia Manawatu Trust
- » Ministry of Education
- » Sport Manawatū

## Te Tihi o Ruahine Whānau Ora Alliance

Te Tihi o Ruahine, established in 2013, is an alliance of nine hapū, iwi and Māori voluntary organisations and service providers who have come together to inspire a collective approach with a constant and unwavering commitment to Whānau Ora. The Alliance backbone, Te Tuahiwi have been building data digital capability and capacity over the last 8 years. Te Pae Oranga contract these services to enact their monitoring function, leveraging existing infrastructure and data sharing agreements.

### The Trust has an Alliance governance structure which has representatives from the 9 Iwi/ Māori Home Organisations including:

- » Best Care Whakapai Hauora (Rangitāne) – Chair
- » Te Wakahuia Manawatu Trust
- » He Puna Hauora
- » Raukawa Māori Wardens
- » Māori Women's Welfare League – Rangitāne and Ngāti Kauwhata Peka
- » Ngā Kaitiaki o Ngāti Kauwhata – Deputy Chair
- » Te Roopū Hokowhitu (representing the 7 northern marae of Ngāti Raukawa ki te Tonga)
- » Te Kete Hauora o Tāmaki nui-ā-Rua (Rangitāne ki Tāmaki nui-ā-Rua)
- » Muaūpoko Tribal Authority

## He Piringa Whare - Kotahitanga

*He Piringa Whare is a collective impact initiative that is based in both Palmerston North and Wanganui that supports whānau dreams and aspirations by bringing together key agencies because we know that we can achieve better outcomes when we work together. Sometimes systems get in the way of whānau achieving their goals, we aim to stop creating 'work arounds' and create systems that work for whānau. Kotahitanga is a national forum of agency, iwi, and community providers representatives within He Piringa Whare that actively work to deconstruct system barriers to whānau wellbeing.*

### **Kotahitanga representatives include:**

- » Oranga Tamariki
- » Te Whatu Ora (Health New Zealand)
- » Social Wellbeing Agency
- » Palmerston North City Council
- » Ministry of Education
- » THINK Hauora
- » Department of Corrections
- » New Zealand Police
- » Ministry of Social Development
- » Kāinga Ora
- » Te Oranganui

## Ora Konnect

*Ora Konnect is a local Alliance and Collective Impact made up of Tangata Whenua Rangitāne o Manawatū, local NGO, Government and Māori organisations with a vested interest in supporting community aspirations in the 4412 (South-western Suburbs).*

### **There are 18 partners who are part of the Ora Konnect Alliance:**

- » Best Care Whakapai Hauora
- » Te Wakahuia Manawatu Trust
- » The Palms Medical Centre
- » Te Tihi o Ruahine Whānau Ora Alliance
- » THINK Hauora
- » New Zealand Police
- » Palmerston North City Council
- » Oranga Tamariki
- » MidCentral Community Pharmacy Group
- » Kāinga Ora
- » Ministry of Education
- » Te Whatu Ora
- » Highbury Whānau Centre

## THINK Hauora

*THINK Hauora is a not-for-profit charitable trust that provides primary healthcare services. THINK Hauora takes a broad view of health, recognising the connectivity between health and other aspects of people's lives.*

*As a Tangata Tiriti organisation we seek guidance and support from Iwi as we focus on improving health outcomes for whānau. THINK Hauora remains committed to its vision of connecting communities for wellbeing and providing accessible, high-quality primary health care.*

### **Current strategic priorities include:**

- » Strengthening Partnerships, Innovation and Improvement, Sustainability.

## Te Pae Hauora o Ruahine o Tararua – MidCentral HSS, HNZ/TWO

*The previous Māori Relationship Board under the DHB structure – Manawhenua Hauora – had a strong, established relationship with the hospital and allied services. Throughout the transition under the Pae Ora (Healthy Futures) Act this relationship has continued albeit with different roles and responsibilities.*

## Population and Public Health – HNZ/TWO

*Health promotion and education, regulation and surveillance activities are integral to the success of initiatives aimed at modifying lifestyle factors that impact negatively on health and wellbeing. Iwi/Māori health providership have long-standing relationships with our Public Health Service. The IMPB has been able to leverage these relationships to initiate activities in our hāpori that promote hauora through a Maturanga Māori lens.*

# Action Plan

These actions are integral to ensuring whānau aspirations inform and transform the health system to provide valued (uara) services that benefit (hua) whānau. Te Pae Oranga o Ruahine o Tararua has been working in partnership with Te Tihi o Ruahine Whānau Ora Alliance to develop a dashboard that will enable the monitoring, measurement and accountability of the health system to respond to the identified priorities. The vision for this dashboard is to show a triangulated view of Whānau Voice - experience data and health system information. The use and access to data across all parts of the health system and other contributors such as MSD, will enable this plan to remain an active and live framework to which all parts of the system can be held accountable, monitored and supported to achieve our shared commitment to Hauora.

Action	Timeframe	Responsibility
Refine Monitoring and Evaluation Framework » Include targets and baseline measures	Year 1	Te Pae Oranga, HNZ/ Te Whatu Ora, THINKHauora
Socialise Community Health Plan with Rohe partners	-	Te Pae Oranga
Data Sharing Agreements and Data Sharing in progress covering: » Health Targets » Modifiable Behaviours » Pathologies » Mokopuna Ora » Oral Health » Whānau Harm  This will align with Te Tapatorutanga – Monitoring and Evaluation Framework	Year 1	Te Pae Oranga, HNZ/ Te Whatu Ora, THINKHauora and Te Tihi o Ruahine
Initiate Technical Advisory Groups: » Workforce » Analysis and Insights	Year 1	Te Pae Oranga, HNZ/ Te Whatu Ora, THINKHauora and MALT
Development and Finalisation of Te Tapatorutanga - Monitoring Dashboard MVP based on quantitative data for » Health Targets » Modifiable Behaviours » Pathologies	Year 1	Te Pae Oranga and Te Tihi o Ruahine
Whānau Voice – Continue to engage with Whānau, Iwi and Hapū to determine hauora experiences, needs and aspirations	Year 1	Te Pae Oranga

Action	Timeframe	Responsibility
Access provided to Contract information across: » Population and Public Health » Primary Care » Community Care » Hospital and Specialist Services	Year 1	HNZ/ Te Whatu Ora
Data Sharing Agreements and Data Sharing in progress with MSD for Tangata Whaikaha	Year 1	Te Pae Oranga and Te Tihi o Ruahine
Design and develop the commencement of Strategic Commissioning, Implement a phased approach.	Year 1	HNZ/ Te Whatu Ora and Te Pae Oranga
Te Tapatorutanga - Monitoring Dashboard Version 2 including: » Rohe Oranga data » whānau voice and » funding information	Year 2	Te Pae Oranga and Te Tihi o Ruahine
Expand Data Sharing Agreement to enable linking of Primary and Secondary Data	Year 2	HNZ/ Te Whatu Ora, Te Pae Oranga and Te Tihi o Ruahine
Expand Data Sharing Agreement to enable » linking of MSD Tangata Whaikaha data and HNZ/TWO. Security levels will be applied relevant to the needs and roles of users.	Year 2	HNZ/Te Whatu Ora, Te Pae Oranga and Te Tihi o Ruahine
Development of a framework to support system response to performance » collaborating with HNZ/TWO to develop system levers of change including the movement of resourcing » influencing decisions, design and delivery of health services (strategic commissioning).	Year 2	HNZ/Te Whatu Ora and Te Pae Oranga
Implementation of developed framework for system levers of change.	Year 2 and 3	HNZ/Te Whatu Ora and Te Pae Oranga
On-going feedback to whānau across rohe.	Ongoing	Te Pae Oranga
Continuing to broaden data sharing and linking of data across wider sectors and iterative improvement of Te Tapatorutanga – Monitoring Dashboard.	Year 2 and 3	Te Pae Oranga and Te Tihi o Ruahine

# CHAPTER 2: TE TAPATORUTANGA



# Te Tapatorutanga o Te Pae Oranga

Te Tapatorutanga o Te Pae Oranga sits within the wider context of Te Pae Oranga strategic actions. All content within this plan aligns with the locally developed Tapatoru Framework that further guides our monitoring and strategic commissioning approach. Overall, this is to ensure there is clear line of sight from our rohe aspirations and intentions to measurement, monitoring, and advocacy within strategic commissioning.

This plan also highlights how the government direction falls into our existing approach ensuring that we balance our rohe health and wellbeing needs and aspirations with national requirements i.e. the Ministers Minimal Viable Package (MVP) and the Hauora Māori Advisory Committee (HMAC). An expressed purpose within this plan is to actively contribute to recalibrating our rohe health system after a period of significant change. By focusing in on specific targets and supporting the system through clear direction, monitoring and investment we intend to encourage all of the players to lean in as a collective to achieve hauora across the rohe.

# Te Tapatorutanga o Te Pae Oranga Methodology

This work utilised a mixed methodology that aligned new and existing qualitative whānau voice (subjective whānau perspectives) with existing quantitative data of whānau experience (health admin data) within health and wellbeing areas. It focusses on amplifying the voices of whānau that informed takiwā specific health and wellbeing aspirations and further giving life to the lived experience across our rohe.

Whānau Voice was sourced from existing mahi, where relevant and timely; otherwise, we created intentional engagement opportunities with a cross section of whānau across the rohe. Whānau Voice came from across the five Takiwā that make up Te Pae Oranga. Direct quotes of whānau voice have not identified which Takiwā these whānau have come from as the relatively small populations may make these whānau stories identifiable. Where consent limited our ability to utilise whānau voice directly, we have utilised secondary sources such as findings papers to ensure representation of whānau perspectives. A list of existing documentation from where whānau voice was sourced can be found in Appendix 1.

Whānau experience data (health admin data) leveraged off existing work such as the Te Papaioea demographic profile (Ngā Pou Tangata), Horowhenua prototype findings and existing data sourced for Te Pae Oranga reports (dashboards). A list of the primary and secondary data sources can be found in Appendix 2.

Indicators and Measures for our Health needs and wellbeing aspirations were developed by first looking at those that aligned to the priority areas from within existing regional health plans, then critiqued and confirmed for on-going relevance by Te Pae Oranga. A list of existing plans explored can be found in Appendix 3.

Our mixed methodology not only enabled us to define our priority areas but also understand:

- » what areas we needed to improve to capture whānau voice and
- » what outstanding whānau experience data is required to effectively monitor, respond and advocate for a system that provides valued (Uara) services that benefit (Hua) whānau Māori.

## Minister’s Minimum Viable Product (MVP)

In the development of Community Health Plans nationally the Minister has emphasised that the MVP Priorities and Actions must feature. We also acknowledge the role played by the Hauora Māori Advisory Committee (HMAC) and that the essential additions of their priorities brings greater focus, these priorities are:

- » Communicable disease prevention
- » Māmā and Pēpi
- » Pākeke – Primary and Community Care

Te Pae Oranga has identified three further priorities:

- » Mokopuna Ora
- » Oral Health
- » Prevention of Family Harm

In many instances the Minister’s MVP, HMAC and Te Pae Oranga priorities overlap. For example, receiving childhood immunisations (MVP priority) is a wellbeing indicator for both Māmā and Pēpi and Mokopuna Ora. These overlaps will be highlighted where they occur in Te Tapatorutanga o Te Pae Oranga.

We have included all of the Minister’s 5+5+5 in Te Tapatorutanga o Te Pae Oranga. However, the focus initially will be on the priorities listed below.

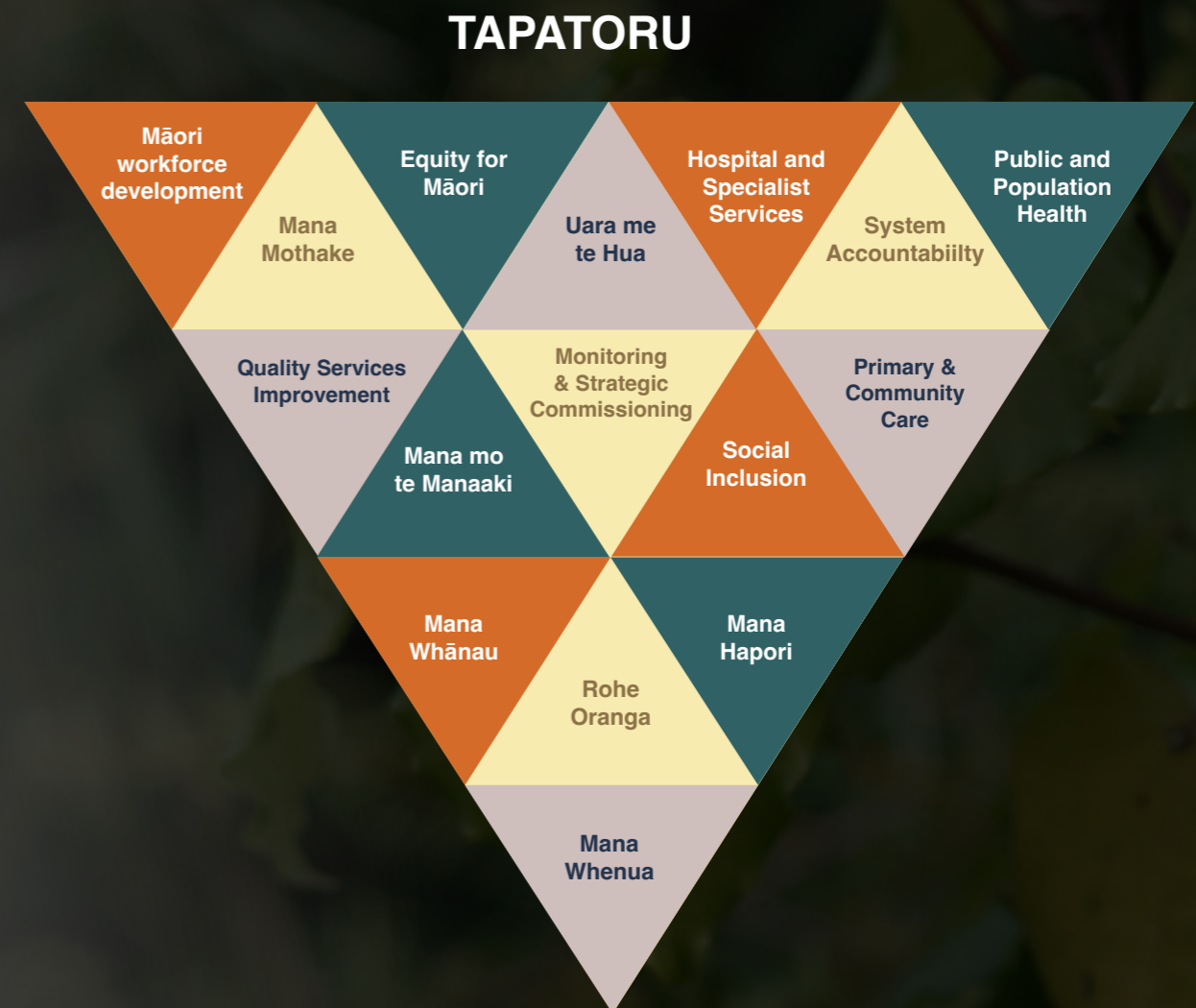
The below list is linked to where you can find their presence within Te Tapatorutanga o Te Pae Oranga:

MVP Clinical Priority	MVP Action
Māori are protected from communicable disease across the life course through the use of immunisation	Increase timely access to immunisations for whānau Māori with a view to increasing immunisation rates for pēpi Māori.
Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to CVD	Increase access and uptake of (CVD) cardiovascular risk assessments
Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes	Increase access and uptake of annual diabetes reviews
Detection, screening and diagnosis of cancers are timely, comprehensive and effective	Increase uptake of national cancer screening programmes for Māori
Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services	Increase access to rangatahi mental health and addiction services (non-hospital)

## Tapatoru Framework

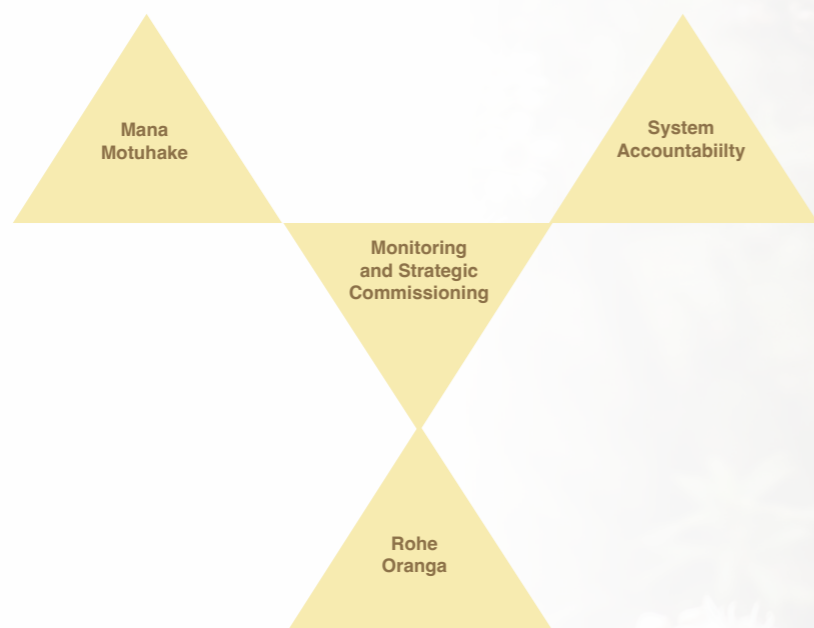
The Tapatoru Framework captures the health and wellbeing aspirations of our rohe and gives focus to our measurement, monitoring, and advocacy for strategic commissioning.

The Tapatoru framework is in its infancy with further implementation and improvement to occur across the ensuing months. It is designed so that it can be refined as new priorities emerge for whānau and hāpori creating a more dynamic framework that represents our duty of responsibility in elevating whānau voice. It provides a strong basis from which to activate a holistic approach to defining the aspirations of our whānau Māori and to monitor the system and its provision of valued (Uara) services that benefit (Hua) them.



Te Tapa Toru is the strongest of geometric shapes creating a sound anchor from a design principle. The key component parts of the Tapa Toru framework include:

- » **Manu Aute – Monitoring and Commissioning Approach**
- » **High Level Outcome Areas**
- » **Monitoring Domains**
- » **Key Priorities**
- » **Priority Areas**
- » **Outcomes and Measures**



### Manu Aute - Monitoring and Commissioning Approach

The 4-core tapa toru (highlighted in yellow), represented as the Manu Aute, symbolises our holistic approach to monitoring and strategic commissioning.

Grounded in ao Māori values, the Manu Aute embodies Kaitiakitanga – the guardianship role that Te Pae Oranga plays in ensuring the system delivers better health outcomes for whānau.

A key feature of our approach is the inter-weaving of social cohesion factors, whereas previous equity approaches may have inadvertently created silos for whānau with additional needs and aspirations. Within this approach, aspects such as rurality, rainbow whānau, tangata whaikaha, social economic factors, and ethnicity as well as indicator specific measures

(e.g age-aligned screening) will be looked at in a holistic manner. These whānau require, and deserve, access to the same health and wellbeing services as the majority. To achieve this, we are developing dynamic digital monitoring dashboards that can be pivoted across all indicators to monitor the outcomes for these whānau rather than creating a specifically focused page. A key component to the success of this is partnering with other agencies to join data pertaining to tangata whaikaha.

# Monitoring and Strategic Commissioning

At the heart of this framework, symbolized by the central Tapatoru, is our commitment to implementing a robust Monitoring and Strategic Commissioning approach across our rohe.

### What is Strategic Commissioning?

Strategic Commissioning is an ongoing process that transforms population health objectives into effective and responsive services. It involves deliberate planning, development, sourcing, and monitoring of service delivery systems to achieve optimal health outcomes for the population.

Our model shifts from traditional commissioning models by decentralizing decision-making. Traditionally the relationship between funders, service providers and whānau has located power and control to sit with the funder (in the context of design and commissioning) and service providers (in the context of implementation), with little reflection on the actions that strengthen or diminish their mana.

Our commissioning model considers not only the fiscal resource, but the additional ‘non-financial’ resources that are required to ensure services for Māori have fit for purpose systems and processes. It aims to acknowledge and build the capability and capacity of services and their

workforce to deliver sustainable services that provide value and benefit that achieve outcomes for whānau.

Our model acknowledges that Mana is present and will be measured across Design, Commissioning, and Implementation. Equally, Manaaki is provided as a proactive approach and mechanism for on-going continuous learning as well as a final response and consequence across the whole service continuum.

Whānau are key participants throughout design and commissioning, with their participation sometimes represented by wider stakeholders such as service providers (through quantitative data), and other times through direct engagement (qualitative data), with their voice and aspirations further advocated through Iwi, Māori Partnership Boards.

Our commissioning integrates a number of complementary models and methodologies to support evidence-based decision-making that is grounded in te ao Māori and centres on the needs and aspirations of whānau for improved health outcomes. This will create a stable, well-resourced, culturally informed, and clinically focused delivery system that whānau Māori can trust.



## Key Values of Our Commissioning Model:

- » **Holistic Approach** – Considers the interrelated nature of hauora and wellbeing.
- » **Hauora Outcomes** – Focused on achieving health and wellbeing outcomes as defined by whānau, iwi, and communities, ensuring their aspirations guide the delivery of services.
- » **Whole-of-System Perspective** – Ensures transparency, accountability, and improved resource prioritisation. By integrating cross-sector data, we can map and understand the long-term impacts of initiatives, supporting both government and commissioning agencies.
- » **Sustainable System** – Growth is grounded in local knowledge and rohe resources, promoting long-term sustainability.
- » **Data-Driven Monitoring** – Incorporates both health administrative data and whānau experiences to monitor and evaluate progress.
- » **Social Return on Investment (SROI)** – Weighs fiscal resources against both tangible and intangible benefits, comparing the benefits of initiatives on health and wellbeing for whānau.
- » **Whānau Voice** – Prioritises subjective perspectives through co-design, co-monitoring, and co-evaluation, while investing in the self-determination of whānau
- » **Capability and Capacity** – Recognises the diverse realities and maturity levels of service providers and their workforce, understanding the impact these factors have on their ability to maintain quality processes, systems, and infrastructure.

## Monitoring Domains

Each outcome is connected on its sides to 3 more tapa toru that depict **monitoring domains** and are settings in which our priorities are actioned.

Outcomes	Rohe Oranga	Mana Motuhake	System Accountability (Health Needs)
Monitoring Domains	<ul style="list-style-type: none"> <li>» Mana Whānau</li> <li>» Mana Hapori</li> <li>» Mana Whenua</li> </ul>	<ul style="list-style-type: none"> <li>» Equity for Māori</li> <li>» Quality Service Improvement</li> <li>» Māori Workforce Advancement</li> </ul>	<ul style="list-style-type: none"> <li>» Public and Population Health</li> <li>» Primary and Community Care</li> <li>» Hospital and Specialist Services</li> </ul>

**Key priorities** are informed by a holistic system of data that includes both whānau voice (subjective whānau perspectives) and whānau experience (health admin data). Where there are many priorities under an Outcome these can be grouped under a **priority area**.

## Outcomes and Measures

Outcomes are the changes in knowledge, skill, and behaviour of both the system and whānau we hope to see over the short, medium and long-term. Measures are both whānau voice and whānau experience data that will be monitored in the achievement of these outcomes.

Access to healthcare services across Primary and Community Care and Hospital and Specialist services is a recurring challenge across all Takiwā in our rohe, with whānau facing long wait times, travel barriers, and high costs across the whole health care sector. Overall, leading to delays in treatment and worsening health outcomes.

**Access** to Healthcare services and **cost** are common outcomes that will be monitored across most Priorities and can be seen in this document within the monitoring tables. Measures will be found in the Te Tapatorutanga o Te Pae Oranga - Monitoring and Evaluation framework.

## Access to Healthcare

*“We are losing our people because the system is too stretched, and by the time we get help, it’s often too late”*

*“I waited 10 hours at Palmerston North Hospital with my sick pēpi, and the conditions were horrible”*

*“Why should we have to travel for hours to see a doctor? We need proper care right here in our own community”*

*“There’s always a long wait to see a doctor, and we often don’t feel like they listen to us”*

*“Recently I tried to make a doctor’s appointment, but they said I had to see a nurse. When I saw her she told me I had to see a doctor which is what I asked for in the first place. It made me feel like I didn’t deserve treatment. I shouldn’t have to pay twice when I didn’t want to see the nurse”*

*“It costs a lot for adult appointments, often more than our budget can manage”*

*“It’s hard to see a GP when we need to, and we don’t feel like they care about us”*

*“I’ve had to wait weeks just to see a GP. By the time I get in, the issue is either worse or has passed”*

*“Many GPs in...are operating at full capacity and are not open for new enrolments”*

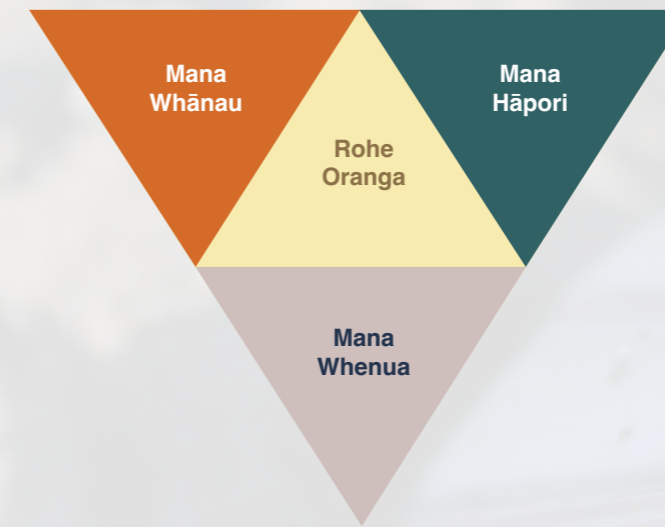
## Cost of Healthcare

*“Cost is an issue, whānau just borrow medications”*

*“It costs a lot for adult appointments, often more than our budget can manage”*

*“When Māori go to the doctor, we’re told how much it will cost, like we can’t afford it. It makes us feel whakamā so we don’t go when we are mauiui”*

## Outcomes, Monitoring Domains, Priority Areas, Key priorities



### Key Priorities

- » Mokopuna Ora
- » Prevention of Whānau Harm
- » Oral Health

At a minimum access and cost will be outcomes for these priorities

**Rohe Oranga** defines key areas that we are exploring for Takiwā specific priorities to support the unique health and wellbeing aspirations of our communities. This provides essential knowledge and insights to inform system contribution to the oranga of our rohe through the provisioning of valued (Uara) services that benefit (Hua) whānau health and wider wellbeing.

We intend to monitor the key priorities in this area for how well they support **mana whānau, mana hāpori, mana whenua**. Key health and wellbeing priorities are defined in the table above.

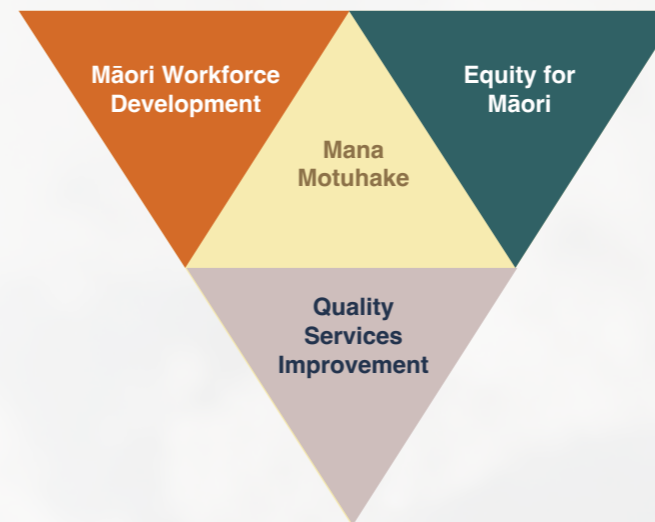


**System Accountability** looks at key priorities across our rohe to support health needs and will provide essential knowledge and insights to ensure system accountability of the health sector in providing valued (Uara) services that benefit (Hua) whānau health.

In the development of Tapatoru, TPO were clear in our intention to have a holistic understanding of the health system ensuring that the monitoring of key priorities would occur across the full range of health settings including **Public and Population Health, Primary and Community Care, and Hospital and Specialist Services.**

When the government released its 5 + 5 + 5 TPO saw how these priorities aligned with our existing approach and Outcome area of System Accountability and key areas of concern that existed within our rohe. Key health priority areas under System Accountability include **Health Targets, Modifiable Behaviours and Pathologies.** Key priority areas are defined in the table below.

Priority Area	Health Targets	Modifiable Behaviours	Pathologies
Key Priorities	<ul style="list-style-type: none"> <li>» Faster cancer treatment</li> <li>» Shorter stays in Emergency Departments</li> <li>» Shorter wait times for specialist assessment</li> <li>» Shorter wait times for elective treatments</li> <li>» Improved Immunization</li> </ul>	<ul style="list-style-type: none"> <li>» Smoking and Vaping</li> <li>» Alcohol and Drug</li> <li>» Diet</li> <li>» Exercise</li> </ul>	<ul style="list-style-type: none"> <li>» Cardiovascular Disease</li> <li>» Respiratory Disease</li> <li>» Cancer</li> <li>» Diabetes</li> <li>» Mental Health</li> </ul>
At a minimum access and cost will be outcomes for these priorities			



**Mana Motuhake** identifies the key areas that we are exploring that support the continued building of Iwi and Māori capability and capacity to provide valued services that benefit the health and wellbeing of whānau.

We intend to monitor the key priorities in this area for how well they support Iwi and Māori provider **Workforce Development, Equity for Māori (in funding), Quality Service Improvement.** The key priority under Mana Motuhake is defined below.

### Key Priorities

- » Culturally Competent Care

At a minimum access and cost will be outcomes for these priorities

### Tapatoru Priorities and Outcomes

The following section provides an overview of each High-level outcome area (and priority area where relevant), key priorities and supporting whānau voice and monitoring tables.

The whānau voice (subjective whānau perspectives) provides greater understanding of the lived experience of whānau across key health and wellbeing priorities across Te Pae Oranga o Ruahine o Tararua rohe. Whānau voice sourced directly from whānau came from across all the respective Takiwā that make up Te Pae Oranga o Ruahine o Tararua. Direct quotes of whānau voice have not identified what Takiwā these whānau have come from, as the relatively small populations may make these whānau stories potentially identifiable.

The monitoring tables provide an overview short term, midterm, and long-term outcomes across our high-level

outcome areas that TPO would like to see service impact for whānau Māori. A more comprehensive measures are to be completed within the Action Plan. We require information pertaining to baselines and target from Te Whatu Ora to complete this. These outcomes are framed as general improvement required; however, we do not currently have data to understand the current state of system performance.

These outcomes align to the relevant monitoring domains and highlight both key indicators and inclusion factors by demographic. Importantly these will continue to be refined.

Lastly, this is followed by an Action Plan that highlights actions that are integral to ensuring whanau aspirations inform and transform the health system to provide valued (Uara) services that benefit (Hua) them.

# Rohe Oranga

Rohe Oranga provides essential knowledge and insights to inform system contribution to the oranga of our rohe.

## Mokopuna Ora

Ensuring healthy starts for māmā and pēpi is a priority highlighted in both the First 2000 Days strategy and by whānau in our rohe. Whānau want services that are culturally appropriate, accessible, and provide wraparound support throughout pregnancy and early childhood. The importance of whānau-based care that incorporates traditional Māori practices is emphasized.

*“I want to be able to make decisions for my pēpi with the right support, without feeling judged”*

*“I want to be supported by services that respect our tikanga and give me options to care for my pēpi in ways that align with our whānau values”*

*“We need more support in the hospital, especially when giving birth. It’s hard to feel comfortable when you’re away from home and culture”*

## Prevention of Whānau Harm

Whānau harm is recognised as a critical issue that impacts the entire whānau unit, with feedback from whānau calling for more holistic, whānau centred approaches that provide support and healing for all affected members, rather than focusing solely on the individual responsible for harm.

*“They don’t deal with the root cause of why we do this stuff. It’s more than just us, it affects our kids and partners too”*

*“We’re not just talking about one person, the whole family needs help to break the cycle”*

*“The system needs to support the family to heal, otherwise it’s just going to keep happening”*

## Oral Health

Dental services are often inaccessible for many whānau due to high costs and long wait times which can result in whānau delaying treatment until issues become severe. For those living in rural areas, the lack of nearby dental services further compounds the problem, forcing whānau to travel long distances for care. Many whānau express concerns about the affordability of dental procedures leading to opting for extractions over more costly restorative treatments.

*“It’s been years since I’ve been able to afford a proper dental visit. I just wait until the pain gets unbearable”*

*“Dental services are expensive, and most whānau can’t afford to go for regular check-ups, so we end up with bigger problems later on”*

*“It’s hard to find a dentist that’s affordable. I’ve had to wait ages just to get an appointment and by then the issue has already gotten worse”*



# High Level Outcome

## Rohe Oranga

Key Priority: Mokopuna Ora

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Mana Whānau	Improved Wellbeing Health Literacy	<p>Ensure high users are prioritised:</p> <ul style="list-style-type: none"> <li>» Babies first 2,000 days (5-years)</li> <li>» New mātua</li> <li>» Tangata Whaikaha</li> </ul> <p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Increase public awareness about pēpi and tamariki health and wellbeing through targeted health campaigns</li> <li>» Improved access to prenatal opportunities and support</li> <li>» Improved opportunities for whānau to learn and engage in activities to support new mama and papa</li> <li>» Improved support and knowledge for new mātua recommended for pēpi diet, teething and overall developmental milestones.</li> </ul>	<ul style="list-style-type: none"> <li>» Increased public engagement in promoting child health and wellbeing</li> <li>» Stronger whānau involvement in raising children and support for mātua</li> <li>» Healthier pregnancy outcomes and improved maternal wellbeing</li> <li>» Improved child development as whānau are equipped with the knowledge and resources to manage their effectively.</li> </ul>	<p><b>Significant Improvement in the Health and Wellbeing of Tamariki Māori</b></p>
Mana Hapori	Improved Access to Support in the Community	<ul style="list-style-type: none"> <li>» Increased rate of newborn enrolments (6 weeks)</li> <li>» Increased rate of newborn enrolments (3 months)</li> <li>» Improved access to lactation and Well Child nurses</li> <li>» Improved access elated support</li> <li>» Increased access to newborn hearing tests</li> <li>» Improved support for new mātua within the hospital for birthing</li> <li>» Improved access to asthma and eczema services</li> <li>» Improved access to School Based Health Services</li> <li>» Improved access to Before School Checks for (eg. hearing and sight)</li> <li>» Improved support for pēpi and mātua to transition to daycare and mahi.</li> </ul>	<ul style="list-style-type: none"> <li>» Increased rates of breastfeeding</li> <li>» Improved child health and development monitoring</li> <li>» Enhanced breastfeeding rates and nutrition</li> <li>» Increased early detection and management of hearing issues</li> <li>» Better management of chronic conditions such as asthma and eczema</li> <li>» Improved sleep health and overall wellbeing of pēpi</li> <li>» Improved safe sleeping for pēpi/ reduction of SUDI</li> <li>» Improved readiness for school</li> <li>» Improved transition to daycare and work for mātua and pēpi</li> <li>» Reduction of ASH rates.</li> </ul>		
Mana Whenua	Improved access to kaupapa Māori services to support tamariki and whānau	<ul style="list-style-type: none"> <li>» Improved access to wahakura, ipu whenua, moko ties, karakia/tikanga and birthing related wānanga opportunities</li> <li>» Improved access to lactation and Tamariki Ora services</li> <li>» Improved access to midwifery support</li> <li>» Improved support for home births</li> <li>» Improved support for pēpi and mātua to transition to kohanga and mahi</li> <li>» Improved holistic support to help with household duties for new mātua.</li> </ul>	<ul style="list-style-type: none"> <li>» Strengthened connection to te ao Māori in birth and parenting practices</li> <li>» Improved breastfeeding rates and child health outcomes</li> <li>» Enhanced maternal and pēpi health</li> <li>» Increased uptake of home births and personalised birth plans</li> <li>» Improved transition to kohanga reo and work for mātua and pēpi</li> <li>» Improved mental health and wellbeing for new mātua .</li> </ul>		

# High Level Outcome

## Rohe Oranga

Key Priority: Prevention of Whānau Harm

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Mana Whānau	Improved Wellbeing Health Literacy	<ul style="list-style-type: none"> <li>» Whānau (pēpi, tamariki, mama, papa, household)</li> <li>» Tangata Whaikaha</li> </ul> <p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Increase public awareness about family harm through targeted health campaigns</li> <li>» Enhanced community engagement in preventing and addressing family harm.</li> </ul>	<ul style="list-style-type: none"> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively.</li> </ul>	<p><b>Significant Reduction Whānau Harm Māori</b></p>
Mana Hapori	Improved Access to Support		<ul style="list-style-type: none"> <li>» Improved pathways between health and preventative supports</li> <li>» Improved access to support for tamariki living in households experiencing family harm</li> <li>» Improved unified view across health and social sector.</li> <li>» Improved referred to Te Kauru (SAMS).</li> </ul>	<ul style="list-style-type: none"> <li>» More effective early intervention and prevention of family harm</li> <li>» Greater collaboration between health and social services for holistic care</li> <li>» Improved monitoring of family harm</li> <li>» Increased safety and wellbeing for tamariki in households experiencing family harm</li> <li>» Improved access to support services for tamariki and whānau.</li> </ul>	
Mana Whenua	Strengthening of kaupapa Māori services		<ul style="list-style-type: none"> <li>» Health sector engagement with kaupapa whānau harm initiatives eg. Whangaia Ngā Pā Harakeke (WNPH)</li> <li>» Improved referred to kaupapa Māori alternative pathway (WNPH).</li> </ul>	<ul style="list-style-type: none"> <li>» Strengthened collaboration between the health sector and kaupapa Māori whānau harm initiatives</li> <li>» Increased utilisation of kaupapa Māori pathways for whānau experiencing harm.</li> </ul>	

# High Level Outcome

Rohe Oranga

Key Priority: Oral Health

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Mana Whānau	Improved Health Literacy	<ul style="list-style-type: none"> <li>» Babies first 2,000 days (5-years)</li> <li>» Tamariki</li> <li>» Rangatahi under 17-years</li> <li>» Māmā</li> <li>» Those living in low-income households</li> <li>» People with chronic conditions</li> <li>» Tangata Whaikaha</li> </ul>	<ul style="list-style-type: none"> <li>» Increase public awareness about oral health through targeted health campaigns</li> <li>» Prioritise improving whānau engagement rather than enrolments with community oral health services</li> <li>» Increase oral health promotion and disease prevention education including individual, caregiver and whānau</li> <li>» Improve workforce areas support to engage in oral health education, prevention, and screen for obvious dental disease by Well Child Tamariki Ora, Maternity, Family Start, Whānau ora, and primary care sectors.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved health literacy on various layers to overall oral health</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively</li> <li>» Adopt a Whānau Ora approach for dental care that provides quality oral health services across the life course for parents, whānau, and siblings</li> <li>» Provide a forum for community and stakeholders to advocate for equitable oral health outcomes, be informed, lead research, and provide evidence-based policy advice.</li> </ul>	<p><b>Significant Reduction of Oral Health Impacts on Whānau Māori</b></p>
Mana Hapori	Improved Access to Community Support	<p>Across Takiwā, including ensuring access for rural whānau.</p> <ul style="list-style-type: none"> <li>» Increase access to Community Oral Health Services for children 17-years and younger</li> <li>» Decrease individual DMFT (decayed, missing, and filled teeth) for children at 5-years</li> <li>» Expand operating hours and contracts to allow wider availability and flexibility for whānau</li> <li>» Improve enrolment and transfer for children in primary school to a provider of adolescent oral health services.</li> <li>» Improve access to treatment of oral diseases and restorative services</li> <li>» Decrease the proportion of children requiring minor surgical services including tooth extraction</li> <li>» Decrease in ASH (Ambulatory Sensitive Hospital) Admission rates for Tamariki Māori</li> <li>» Improve access for all oral health practitioners to complete cultural safety training and competencies.</li> </ul>	<ul style="list-style-type: none"> <li>» Improve integration with primary care with community oral health services</li> <li>» Introduce free oral health care program for Māori mothers (18 to 30-years), low-income adults, and for those with chronic conditions</li> <li>» Develop a comprehensive workforce plan that transitions new graduates into a new entry training program, establishes an upskilling regime for practitioners. The workforce plan includes clinical competence, cultural safety, social responsibility, and equity.</li> </ul>		
Mana Whenua	Strengthening of kaupapa Māori services	<ul style="list-style-type: none"> <li>» Improve proportion of marae with access to a fluoridated water supply</li> <li>» Improve proportion of rural communities with access to a fluoridated water supply</li> <li>» Increase outreach services that are community based and orientated to whānau in the home.</li> </ul>	<ul style="list-style-type: none"> <li>» Increase Kaupapa Māori oral health promotion, prevention, and education, and integrate into National Service framework service specification</li> <li>» Expand the Voluntary Bonding Scheme to include oral health therapy; provide greater incentive for placements at Māori Oral Health Providers.</li> </ul>		

# System Accountability

System Accountability provides essential knowledge and insights to ensure system accountability.

## Priority Area: Health Targets

Whānau are facing challenges with prolonged delays in cancer diagnosis and treatment, difficulties in accessing specialist care, extensive wait times for elective treatments and long waits in the emergency department. Delays in treatment have led to late-stage diagnoses, reduced survival rates and worsened outcomes for conditions that are preventable or treatable with timely intervention. The delay in receiving appropriate care is distressing for whānau who have lost loved ones because of these systemic issues. Many whānau reported feeling abandoned by the health system, leading to increased anxiety and a decreased quality of life as a result of delays to necessary treatments. Key priorities under this priority area include:

- » Faster Cancer Treatment
- » Shorter stays in Emergency Department
- » Shorter wait times for specialist treatments
- » Shorter wait times for elective treatments
- » Improved Immunisations

## Faster Cancer Treatment

Whānau across the rohe share concerns about delayed cancer diagnosis and treatment. Whānau reported long wait times for appointments with specialists, which has led to late-stage diagnoses and reduced survival rates. This delay in receiving appropriate care is particularly distressing for whānau who have lost loved ones to cancer because of this. The emotional toll on whānau who have experienced delays in cancer treatment is significant. Many whānau reported feeling abandoned by the health system, leading to increased anxiety and a deep sense of distrust in healthcare services. The uncertainty caused by treatment delays exacerbates their stress and impacts their mental wellbeing.

*“We had to figure out the whole system ourselves. There was no one to guide us and it made the experience even more stressful”*

*“My father passed away this year from bowel cancer. It was a two-year journey with him, and it was clear that earlier diagnosis and treatment could have made a difference”*

*“My whānau was devastated when the surgery was delayed. It felt like the system didn’t care about us”*

## Shorter stays in Emergency Departments

Whānau consistently reported long wait times when accessing emergency departments. This often resulted in distress, discomfort, and frustration, especially for those with urgent health issues or those accompanying vulnerable whānau such as kaumātua and tamariki.

*“We were there about six o’clock in the evening and left about four o’clock the next morning. The wait time was unbearable”*

*“We waited 10 hours at Palmerston North Hospital with my sick pēpi. The conditions were horrible and there was no communication”*

*“There were a lot of kaumātua in the waiting room and if they’d got what I had – if I was contagious, then boom, they wouldn’t have handled what I had. They need to be treated with more respect and have another space for them when they come in and allow them to go through a quicker process”*



## Shorter wait times for specialist assessment (Health Target)

Whānau consistently reported experiencing long delays in accessing specialist care. These delays often result in worsened conditions by the time they are able to see a specialist with many expressing frustrations over the healthcare systems slow response. The need for shorter wait times for specialist appointments is seen as critical particularly for those with serious or life-threatening conditions.

*“My father passed away while waiting for specialist care. It’s heartbreaking knowing that things could have been different with quicker access”*

*“I had to wait months for an appointment and by then it was almost too late for my boy – we need services that are here and now”*

*“It’s taken two years to do these three steps to try and get her well. It’s so slow. It’s trying to get diagnosed”*

## Improved Immunisations

Our rohe is involved in a collaborative Winter Wellness programme aimed at improving immunity for our community with a specific focus on increasing public awareness and knowledge, access and engagement of services and ultimately the increase of vaccination rates for Māori and Pasifika. This programme of work includes a health promotion campaign, increase in kaimahi for outreach and improved data and digital support for both operational and reporting purposes. The below information was collected to inform the overarching initiative, due to consent restraints we are unable to re-use pure whānau voice here but have instead relayed the sentiment of the findings of the whānau experience.

- 1 - Whānau were wary of information and unsure what could be trusted.*
- 2 - Whānau didn’t know what services were available but wanted them to be at more convenient times and locations.*
- 3 - Whānau wanted to know more about the people delivering the services.*

## Shorter wait times for elective treatments (Health Target)

Whānau reported longer wait times for elective treatments that exacerbated health disparities and led to worsened outcomes for conditions that are preventable or treatable with timely intervention. Whānau reported feeling unheard, not taken seriously and a decreased quality of life as a result of delays to necessary treatments.

*“My mum was on a waiting list for four years for her surgery and when they finally did it they didn’t do it properly. She’s still living with the pain”*

*“My dad is almost blind in one eye. They kept telling him to be on eye drops every half an hour. They did tell him that he would have to go for surgery. We went for follow-ups, and he was told to be prepared because he was going in for surgery then at the last appointment he was told, sorry no surgery”*

# High Level Domain

## System Accountability

Priority Area: Five Health Targets  
 Key Priority: Faster Cancer Treatment.  
 MVP Action: Increase uptake of national cancer screening programmes for Māori

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	<p>Across high prevalent cancer types:</p> <ul style="list-style-type: none"> <li>» Breast</li> <li>» Colorectal</li> <li>» Lung</li> <li>» Prostate</li> <li>» Cervix</li> <li>» Uterus</li> <li>» Tangata Whaikaha</li> </ul>	<ul style="list-style-type: none"> <li>» Improved education about cancer prevention, early symptoms, and the importance of regular screenings through community-based programmes</li> <li>» More community health events that include cancer education</li> <li>» Regular tracking and reporting of increased health knowledge among whānau.</li> </ul>	<ul style="list-style-type: none"> <li>» Increased understanding of cancers, early detection and accessing services</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively.</li> </ul>	<p><b>Significant Reduction in the Impact of Cancer for Whānau Māori</b></p>
Primary and Community Care	Access to screening	<p>Across Takiwā, including ensuring access for rural whānau.</p> <p>Ensuring wāhine and tāne specific cancers are targeted and measured appropriately.</p>	<ul style="list-style-type: none"> <li>» Enhanced coordination and communication among healthcare providers for early detection, timely referrals, and continuous follow-up care</li> <li>» Greater use of telehealth and online health capabilities for remote consultations, follow-ups, and support</li> <li>» High-risk whānau receive all recommended screenings through tele and online health services.</li> </ul>	<ul style="list-style-type: none"> <li>» Increased participation in national screening programmes, particularly among Māori communities</li> <li>» Improved whānau satisfaction and health outcomes through better coordination of care among healthcare providers.</li> </ul>	
Hospital and Specialist Care	Reduction of avoidable disease and associated illness	<p>Accounting for prevalence, age-specific cancer incidence and screening requirements by ethnicity.</p>	<ul style="list-style-type: none"> <li>» More efficient referral process to specialist services, ensuring timely access to care</li> <li>» Shorter wait times for the first appointment with specialists</li> <li>» Secured improved funding for cancer treatment programmes, including advanced diagnostic tools, treatment facilities, and research</li> <li>» Increased investment in training healthcare professionals to support innovative treatment methods and improve overall care quality</li> <li>» Fewer barriers to care and a smoother treatment journey through dedicated navigators</li> <li>» Increased access to new cancer drugs through PHARMAC.</li> </ul>	<ul style="list-style-type: none"> <li>» Decreased hospital admissions related to cancer due to effective early detection and outpatient care strategies</li> <li>» Greater access to specialist care through expanded services and improved referral processes.</li> </ul>	

# High Level Domain

## System Accountability

Priority Area: Five Health Targets  
Key Priority: Shorter stays in Emergency Departments

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	Ensure high users are prioritised:	<ul style="list-style-type: none"> <li>» Improve public knowledge about appropriate ED use and alternative care options, such as urgent care clinics and tele and online health services.</li> </ul>	<ul style="list-style-type: none"> <li>» Decrease in the number of non-urgent cases presenting at EDs, leading to more efficient use of emergency resources.</li> </ul>	<p><b>Significant Reduction in the Length of Stay in our Emergency Department</b></p>
Primary and Community Care	Access to POAC	<ul style="list-style-type: none"> <li>» Tamariki &amp; rangatahi</li> <li>» Elderly</li> <li>» Individuals with Chronic Conditions</li> <li>» Those experiencing acute mental health challenges.</li> <li>» Tangata Whaikaha</li> </ul> <p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Improve enrolment with General Practice Teams</li> <li>» Increased use of tele or online health services for initial consultations and follow-ups, reducing the burden on ED</li> <li>» Improve access to Primary Options for Acute Care (POAC)</li> <li>» Improve opportunities to liaise with community based and secondary services when being transferred to and from secondary care to enhance whānau experience.</li> <li>» Increase the number of whānau included in developing a care plan to work alongside medical teams to help stop readmissions to hospital.</li> </ul>	<ul style="list-style-type: none"> <li>» Increased number of regular health checks and primary consultations for preventative care</li> <li>» Improved referral pathways can lead to quicker and more accurate diagnoses, ensuring whānau receive the right care at the right time</li> <li>» Improved follow-up post-ED visits to improve whānau outcomes by ensuring continuity of care and reducing readmission rates.</li> </ul>	
Hospital and Specialist Care	Improved connected care pathways		<ul style="list-style-type: none"> <li>» More efficient referral process to specialist services, healthcare professionals</li> <li>» Shortened total time whānau spend in the ED from arrival to discharge or admission</li> <li>» Reduced number of whānau admitted to the hospital from the ED</li> <li>» Fewer whānau needing readmission to the ED within 30 days of their initial visit</li> <li>» Improved whānau satisfaction scores based on feedback regarding their ED experience</li> <li>» Improve waiting conditions for whānau in ED</li> <li>» Improve system or allocate a designated person responsible for checking discharge summaries for medication or treatment changes and/or recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>» Sustained reduction in waiting times through continuous process improvements and technology integration</li> <li>» Improved outpatient and community care services to manage conditions that do not require hospital admission</li> <li>» Improved post-discharge support systems and community health programmes that address the root causes of readmissions</li> <li>» Improved whānau feedback mechanisms and targeted improvements based on whānau suggestions</li> <li>» Improved cost savings through reduced hospital admissions</li> </ul>	

# High Level Domain

## System Accountability

Priority Area: Five Health Targets  
Key Priority: Shorter wait times for specialist assessment

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	Ensure high users are prioritised: <ul style="list-style-type: none"> <li>» Tamariki &amp; rangatahi</li> <li>» Elderly</li> <li>» Individuals with Chronic Conditions</li> <li>» Those experiencing acute mental health challenges.</li> <li>» Tangata Whaikaha</li> </ul>	<ul style="list-style-type: none"> <li>» Increase public awareness about the importance of timely specialist assessments through targeted health campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved health literacy on the appropriate use of specialist services to help prioritise those who need urgent care, reducing unnecessary referrals</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively.</li> </ul>	<b>Significant Reduction in Wait Times for Specialist Assessments</b>
Primary and Community Care	Improving coordination and scheduling		<ul style="list-style-type: none"> <li>» Improved scheduling systems to optimize appointment slots and reduce no-shows</li> <li>» Improved coordination between primary care providers and specialists to streamline referral processes.</li> </ul>	<ul style="list-style-type: none"> <li>» Launch pilot programmes to test new models of care, such as tele or online health consultations, to provide immediate relief to overburdened specialist service.</li> </ul>	
Hospital and Specialist Care	Reduction of backlog & increase capacity		Post-operative patients  Across Takiwā, including ensuring access for rural whānau.	<ul style="list-style-type: none"> <li>» Improve administrative processes to reduce delays in scheduling and managing specialist appointments</li> <li>» Reduce the backlog of patients waiting for specialist assessments</li> <li>» Increase the number of specialist appointments available</li> <li>» Enhance triage processes to ensure whānau are seen by the appropriate specialist more quickly.</li> </ul>	

# High Level Domain

## System Accountability

High Level Domain: System Accountability

Priority Area: Five Health Targets

Key Priority: Shorter wait times for elective treatments

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	Ensure high users are prioritised:	<ul style="list-style-type: none"> <li>» Increase public awareness about elective treatments through targeted health campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved health literacy of elective surgery</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively.</li> </ul>	<p><b>Reduction in Wait Times for Elective Treatments</b></p>
Primary and Community Care	Improving coordination and scheduling	<ul style="list-style-type: none"> <li>» Tamariki &amp; rangatahi</li> <li>» Elderly</li> <li>» Individuals with Chronic Conditions</li> <li>» Those experiencing acute mental health challenges.</li> <li>» Tangata Whaikaha</li> </ul>	<ul style="list-style-type: none"> <li>» Improved scheduling systems to optimise appointment slots and reduce no-shows</li> <li>» Improved coordination between primary care providers and specialists to streamline referral processes.</li> </ul>	<ul style="list-style-type: none"> <li>» Launch pilot programmes to test new models of care, such as tele or online health consultations, to provide immediate relief to overburdened specialist service.</li> </ul>	
Hospital and Specialist Care	Reduction of backlog & increase capacity	<p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Increased number of whānau are included in developing a care plan to work alongside medical teams to help stop readmissions to hospital</li> <li>» Improve system or allocate a designated person responsible for checking discharge summaries for medication or treatment changes and/or recommendations</li> <li>» Improve administrative processes to reduce delays in scheduling and managing specialist appointments</li> <li>» Reduce the backlog of patients waiting for specialist assessments</li> <li>» Increase the number of specialist appointments available</li> <li>» Enhance triage processes to ensure whānau are seen by the appropriate specialist more quickly.</li> </ul>	<ul style="list-style-type: none"> <li>» Improve process to collect and analyse data on wait times and referral patterns to identify bottlenecks and areas for immediate improvement</li> <li>» Implement and measure improvement of wait times using a fast-track referral systems to prioritise urgent cases and reduce wait times for critical patients</li> <li>» Improve discharge planning and follow-up care to prevent unnecessary readmissions.</li> </ul>	

# High Level Domain

## System Accountability

Priority Area: Five Health Targets  
Key Priority: Improved Immunisations

MVP Action: Increase timely access to immunisations for whānau Māori with a view to increasing immunisation rates for pēpi Māori.

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Access to childhood	<ul style="list-style-type: none"> <li>» Immunisations measured at each milestone aged: 6 weeks, 3 months, 5 months, 15 months, and 4 years.</li> </ul>	<ul style="list-style-type: none"> <li>» Improve use of social media and promotion of immunisations</li> <li>» Increased number of schools participate in immunisation awareness programmes</li> <li>» Increased number of community health events include immunisation education</li> <li>» Increased number of parents reporting increased knowledge about immunisations.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved health literacy of childhood immunisations</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively.</li> </ul>	<p><b>Immunisations are Easily Accessible Across the Life Course to Protect Whānau Māori from Communicable Diseases</b></p>
Primary and Community Care	Access to influenza vaccinations	<ul style="list-style-type: none"> <li>» The influenza vaccine is accessible for pregnant people</li> <li>» The flu vaccine is accessible for tamariki (children) aged 4 years and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness</li> <li>» Immunisations are accessible for people aged 6 months and over who have a long-term medical condition like diabetes, asthma, or a heart condition</li> <li>» The flu vaccine is accessible for people aged 65 years and over</li> <li>» Tangata Whaikaha.</li> </ul>	<ul style="list-style-type: none"> <li>» Increase use of NIR National Immunisation Register notifications and data as an auditing tool for tracking babies prior to presentation for six-week check</li> <li>» Increased number of Immunised Māori children have a standardised checklist completed at 6 weeks, 3 months, 5 months, 15 months and 4 years</li> <li>» Increased regular use of missing whānau list from provider portal.</li> </ul>	<ul style="list-style-type: none"> <li>» Increase Integration of flu vaccination into routine prenatal care</li> <li>» Improved early identification and follow-up of pēpi for health interventions</li> <li>» Increased Immunisation coverage and adherence to developmental milestones</li> <li>» Reduced gaps in care for whānau with incomplete or missing health records.</li> </ul>	
Hospital and Specialist Care	Reduction of communicable disease, avoidable by vaccination	<ul style="list-style-type: none"> <li>» DTaP (Infanrix-Hexa, Infrarix-IPV)</li> <li>» MMR (Priorix)</li> <li>» Covid</li> <li>» Influenza</li> <li>» TdaP (Boostrix)</li> <li>» Rotavirus (Rotarix)</li> <li>» Pneumococcal (Prevenar 10 or 13)</li> <li>» Meningococcal B (Bexsero)</li> <li>» Haemophilus influenza type b (Hiberix)</li> <li>» Chicken pox (Varivax/ varivax)</li> <li>» HPV (Gardasil)</li> <li>» Shingles (Shingrix).</li> </ul>	<ul style="list-style-type: none"> <li>» Reduction in hospital admissions due to vaccine-preventable diseases</li> <li>» Increased number of high-risk whānau receive all recommended vaccinations.</li> </ul>	<ul style="list-style-type: none"> <li>» Reduction in outbreaks of communicable diseases in the community.</li> </ul>	

# Priority Area:

## Modifiable behaviour

The below behaviours are important lifestyle choices that can be determinants to whānau living healthier lives. Strengthening whānau lifestyle determinants is vital to extending life expectancy and improving the quality of life. The health sector has a responsibility to ensure the system is responsive, whānau have access to key resources and safe environments that are set up for whānau to achieve positive outcomes.

Key priorities in this priority area include:

- » Smoking
- » Alcohol and Drugs
- » Diet
- » Exercise
- » Social Cohesion

## Smoking and Vaping

Whānau expressed concerns about barriers that healthcare providers impose when discussing smoking and vaping habits with patients. Whānau felt that there was a level of distrust and scepticism from healthcare professionals when it comes to addressing smoking and vaping - related concerns. This adds frustrations to whānau already navigating other health challenges. Smoking and vaping cessation support was an area where more compassionate and culturally responsive communication is needed.

*“When I don’t want to deal with it or people, I smoke”*

*“It was always the same question – do you smoke around the baby? And it felt like no matter what we said, they didn’t believe us”*

*“Whānau need holistic, whole of whānau approaches that include being Smokefree as part of a wider aspiration for whānau health and wellbeing instead of interventions focused singularly on quitting smoking”*

## Alcohol and Drugs

Alcohol and drug use was a key concern for many whānau, often linked to trauma, stress and lack of support. Whānau across the rohe report long wait times, limited local services, and a lack of culturally responsive AOD support. Many whānau are forced to travel out of their communities to access services, which adds stress and limits their ability to seek consistent help. Whānau expressed the need for more culturally appropriate rehabilitation services, community support, and stronger measures to address the root causes of addiction, including trauma and systemic barriers.

*“We’ve been trying to get addiction support for my brother but there are no local services that fit with our culture and values”*

*“AOD services are 17 plus and we can’t take rangatahi because our contract says we can’t”*

*“I started smoking pot when I was eight years old. I’ve been doing drugs my whole life. It was a way to cope with everything I’d been through”*

## Diet

Key concerns for whānau included access to affordable kai, culturally relevant and sustainable food options as well as the importance of re-establishing traditional food practices for both health and cultural reasons. Whānau also highlighted issues such as geographic isolation and environmental degradation especially in rural areas.

*“As an athlete my focus is on affordable high-protein options.  
I have to spend more to meet these needs which can create barriers”*

*“As tangata whenua my focus is kai sovereignty. I feel our dependence on  
supermarkets and farmers is too high and pathways to becoming self-sufficient  
are hard to access”*

*“Environmental degradation reduces availability of traditional and locally  
sourced kai”*

## Exercise

Whānau see the value of exercise in the context of overall health, accessibility to activities and its connection to managing long-term conditions. Despite this whānau expressed concern about the lack of opportunities for physical activity in their community, affordability of gym memberships, inadequate facilities and the need for culturally responsive services.

*“I can't afford a gym membership and wouldn't know what to  
do if I had one anyway”*

*“I know that a lot of spaces, especially cross-fit gyms, our whānau are a bit  
whakamā. So when they see that it is a Māori kaupapa and Māori tikanga it is  
a bit more inviting”*

*“[Funders] have helped us fund this kaupapa to make it free for our whānau,  
because the barrier of pūtea is huge. When we take away that barrier of  
pūtea for our whānau it becomes more accessible”*





# High Level Domain

## System Accountability

Priority Area: Five Modifiable Behaviours  
Key Priority: Smoking and Vaping

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	Ensure high users are prioritised:	<ul style="list-style-type: none"> <li>» Increase public awareness about smokefree lifestyles through targeted health campaigns</li> <li>» Increase of stop smoking campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved health literacy of smoking and vaping cessation</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively.</li> </ul>	<p><b>Significant Reduction in Smoking, vaping and Smoking Related Harm on Whānau Māori</b></p>
		<ul style="list-style-type: none"> <li>» Babies 6-weeks Post-natal</li> <li>» Tamariki &amp; rangatahi</li> <li>» Pregnant women</li> <li>» Elderly</li> <li>» Those experiencing respiratory illnesses or long-term conditions.</li> <li>» Tangata Whaikaha.</li> </ul> <p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Reduction of babies living in smokefree homes at six weeks postnatal</li> <li>» Increase of local stop smoking programmes specific for pregnant Māori women</li> <li>» Increase after hour support via phone to provide SBA's and offer referrals</li> <li>» Improve prescription competency and knowledge of pharmacotherapy to provide free and preferable options for smoking cessation</li> <li>» Improve staff awareness of Iwi and Māori smoking cessation services providing local programmes specific to Māori.</li> </ul>	<ul style="list-style-type: none"> <li>» Reduction of smoking while pregnant</li> <li>» Increase public awareness of local stop smoking services to ensure whānau are aware of their choices</li> <li>» Reduction in vaping up take with rangatahi.</li> </ul>	
Primary and Community Care	Improved Access to Support	<p>Across high prevalent respiratory illnesses and diseases caused by cigarette smoking</p> <ul style="list-style-type: none"> <li>» Cancer</li> <li>» Heart Disease</li> <li>» Stroke</li> <li>» Lung Disease</li> <li>» Diabetes</li> <li>» COPD – Chronic Obstructive Pulmonary Disease</li> <li>» Emphysema</li> <li>» Chronic Bronchitis</li> <li>» Asthma</li> </ul>	<ul style="list-style-type: none"> <li>» Increase available smoking cessation support across all specialist hospitals</li> <li>» Improve staff capabilities through training to utilise dashboards for smoking status and provide SBA's (Smoking Brief Advice)</li> <li>» Ensure SBA's are discussed in the action plan for all Māori patients with respiratory codes: COPD, Asthma, Emphysema, and Chronic Bronchitis.</li> </ul>	<ul style="list-style-type: none"> <li>» Reduction of smoking related acute-disease and chronic-disease mortality and morbidity</li> <li>» Implement and monitor clinical guidelines and protocols for staff training at a multi-level approach to ensure smoking cessation care into routine practice across health services.</li> </ul>	
Hospital and Specialist Care	Reduction of severe health conditions related to smoking				

# High Level Domain

## System Accountability

Priority Area: Five Modifiable Behaviours  
Key Priority: Alcohol and Drug

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	Ensure high users are prioritised: <ul style="list-style-type: none"> <li>» Tamariki and whānau of those who are misusing alcohol and drugs</li> <li>» Rangatahi</li> <li>» Socioeconomically Disadvantaged whānau</li> <li>» Homeless Individuals</li> <li>» Those experiencing mental health challenges.</li> <li>» Tangata Whaikaha.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved awareness through community based programmes about the risks of substance use, particularly among young people, helping to prevent the initiation of harmful behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively</li> <li>» Reduction of alcohol found in wastewater</li> <li>» Reduction of drugs found in wastewater.</li> </ul>	<b>Significant Reduction in Alcohol and Drug Related harm on whānau Māori</b>
Primary and Community Care	Increased Access to Support Services		<ul style="list-style-type: none"> <li>» Improve access to support services, including counselling, rehabilitation programmes, and social services</li> <li>» Strengthen engagement with Haumarū/Safe Sleeping, Smoking Cessation, Tamariki Ora/Well Child, Oranga Hinengaro (Māori Mental Health), Family Violence, Drug and Alcohol, and Breastfeeding support</li> <li>» Reduced waiting times for community alcohol and drug service waiting times</li> <li>» Reduction of liquor licenses issued by local authorities.</li> </ul>	<ul style="list-style-type: none"> <li>» Increased number of individuals seeking and engagement in treatment programmes</li> <li>» Reduction in substance use</li> <li>» Improved social stability (eg housing &amp; employment) – increased life satisfaction (whānau voice)</li> <li>» Improved whānau cohesion (whānau voice)</li> <li>» Improved access to mental health services to help address co-occurring mental challenges</li> <li>» Reduction of liquor outlets.</li> </ul>	
Hospital and Specialist Care	Reduction of severe health conditions related to misuse of alcohol and drugs		Across Takiwā, including ensuring access for rural whānau. <ul style="list-style-type: none"> <li>» Reduction in the number of emergency department visits and hospital admissions related to alcohol and drug use</li> <li>» Reduction of alcohol related traffic incidents.</li> </ul>	<ul style="list-style-type: none"> <li>» Reduction of alcohol and drug related acute-disease and chronic-disease mortality and morbidity</li> <li>» Reduction in criminal behaviours associated with substance misuse.</li> </ul>	

# High Level Domain

## System Accountability

Priority Area: Five Modifiable Behaviours

Key Priority: Diet

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	<p>Ensure high users are prioritised:</p> <ul style="list-style-type: none"> <li>» Tamariki &amp; rangatahi</li> <li>» Whānau</li> <li>» Elderly</li> <li>» Individuals with Long-term conditions</li> <li>» Socioeconomically disadvantaged whānau</li> <li>» Tangata Whaikaha.</li> </ul>	<ul style="list-style-type: none"> <li>» Increase public awareness about nutrition and diet through targeted health campaigns</li> <li>» Reduction of marketing of unhealthy food to children</li> <li>» Increasing access to healthy lunches in schools</li> <li>» Reduction in number of whānau who are disproportionately harmed by food insecurity and unhealthy food environments</li> <li>» Improve the availability of affordable healthy kai for whānau</li> <li>» Increased access to resources and knowledge to grow your own vegetables.</li> </ul>	<ul style="list-style-type: none"> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively</li> <li>» Improve health equity and protect our food supply from the impacts of climate change</li> <li>» Reduction of the impacts of the cost of living and poverty rates limiting whānau ability to eat well.</li> </ul>	<p><b>Significant improvement in dietary health of whānau Māori</b></p>
Primary and Community Care	Increased Access to Support Services	<p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Reduction of diet related obesity</li> <li>» Reduction of diet related malnutrition</li> <li>» Increased number of health assessments to check obesity related conditions like high blood pressure, high cholesterol and elevated blood sugars</li> <li>» Reduction in the impacts of nutritional deprivation affecting children growth and development.</li> </ul>	<ul style="list-style-type: none"> <li>» Reduction in the impacts of nutritional deprivation in children affecting oral health</li> <li>» Reduction in the impacts of nutritional deprivation in children affecting learning outcomes</li> <li>» Reduction in the impacts of nutritional deprivation in children resulting in weakened immune system</li> <li>» Increase and increased access to community māra kai.</li> </ul>	
Hospital and Specialist Care	Reduction diet related disease		<ul style="list-style-type: none"> <li>» Reduction of the development of chronic conditions such as obesity, type 2 diabetes, cardiovascular diseases, and certain cancers.</li> </ul>	<ul style="list-style-type: none"> <li>» Reduction of diet related disease and disability</li> <li>» Reduction of diet related obesity related premature death.</li> </ul>	

# High Level Domain

## System Accountability

Priority Area: Five Modifiable Behaviours  
Key Priority: : Exercise

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	<p>Ensure high users are prioritised:</p> <ul style="list-style-type: none"> <li>» Tamariki &amp; rangatahi</li> <li>» Elderly</li> <li>» Individuals with Chronic Conditions</li> <li>» Those experiencing acute mental health challenges</li> </ul>	<ul style="list-style-type: none"> <li>» Increase public awareness about physical exercise through targeted health campaigns</li> <li>» Improved mood and mental health</li> <li>» Increased energy levels</li> <li>» Enhanced social interaction.</li> </ul>	<ul style="list-style-type: none"> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively</li> <li>» Enhanced patient quality of life</li> <li>» Reduced risk of chronic diseases</li> <li>» Improved community health</li> <li>» Increased physical activity levels</li> <li>» Increased access to parks and recreational spaces.</li> </ul>	<p><b>Significant Uplift of Positive Impacts of Physical Activity for Whānau Māori</b></p>
Primary and Community Care	Improved Access to Support	<ul style="list-style-type: none"> <li>» Tangata Whaikaha.</li> </ul> <p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Better management of acute conditions</li> <li>» Enhanced patient engagement</li> <li>» Increased access to Te Whare Hiwa – Māori based community initiatives</li> <li>» Increased access to Green Prescriptions</li> <li>» Increased access to exercise physiologist</li> <li>» Increased access to initiatives run by Sports Manawatū.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved management of chronic conditions</li> <li>» Increased patient adherence to treatment plans</li> <li>» Enhanced community support</li> <li>» Reduced stress.</li> </ul>	
Hospital and Specialist Care	Reduction of prolonged or unnecessary hospitalisations		<ul style="list-style-type: none"> <li>» Faster recovery times</li> <li>» Reduced hospital stays</li> <li>» Improved patient outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>» Better management of complex conditions</li> <li>» Reduced readmission rates</li> <li>» Enhanced rehabilitation outcomes.</li> </ul>	

# Priority Area: Pathologies

Chronic conditions such as diabetes, cardiovascular disease, respiratory illnesses, cancer and mental health issues are significant health concerns for Māori in the rohe. Whānau face challenges in managing these conditions due to access issues including a lack of availability of services in their takiwā. They've identified the need for better healthcare systems that include regular check-ups, preventive care, and education on managing long-term health. Whānau highlighted the need for more timely and effective diagnosis and treatment. Late-stage diagnoses are common due to long waits for specialist appointments and feeling unheard and unbelievably by health professionals, resulting in poorer health outcomes. Many whānau expressed frustration over the healthcare system's delays, which often make early detection and treatment impossible. There is a need for more locally accessible kaupapa Māori mental health support that addresses the cultural needs of whānau Māori. Long wait times and the limited availability of culturally competent mental health providers have left many whānau without the support they need. The key priorities under this priority area includes:

- » Cardiovascular Disease
- » Respiratory Disease
- » Cancer
- » Diabetes
- » Mental Health

## Cardiovascular Disease

Whānau frequently discussed heart health and raised concerns about access to healthcare, long wait times, and the impact on those with long term conditions. Whānau expressed the challenges of maintaining their health due to the complexity and inefficiency of the health system. They expressed frustration about having to manage their conditions with limited support. Whānau also expressed concerns about culturally responsive services and needing to access services where they feel more welcome and understood.

*"My husband has a heart condition, but we only found out at a Hauora Māori event because our GP missed it"*

*"I can't get to all these appointments they have scheduled, and I don't understand what they are talking about"*

*"I have high blood pressure, cholesterol, and am diabetic. I can get my prescriptions locally but to be honest I just come here because I feel more comfortable talking to the people here because they know me, they don't judge me and they don't have a preconceived idea based on my race"*

## Respiratory Disease

Respiratory health issues are a significant concern for whānau across the rohe. Whānau noted ongoing systemic challenges including limited access to primary care, high costs and a healthcare system that struggles to provide timely, affordable services leading to instances where preventable conditions escalate because whānau are unable or unwilling to access medical care early on. Accessing healthcare was a challenge due to registration issues and the high costs of consultations which sometimes needed to be paid in advance of children being seen.

*"I have to sit here and give you \$60 before you can actually check if my son's going to die or not"*

*"I don't have a GP, I usually borrow other whānau members inhalers"*

*"A whānau member went to hospital via ambulance because he had a cold for three weeks and turns out that he's had pneumonia for a while"*

## Cancer Treatment

Whānau have significant concerns about the delays in cancer diagnosis and treatment, which often result in late-stage detection and reduced chances of survival. Many felt that by the time they are able to see specialists, it is already too late to make a meaningful difference in treatment outcomes. The strain on the healthcare system is also contributing to these delays, with whānau expressing frustration over losing loved ones due to lack of timely access to necessary care.

*“By the time we are getting our appointments to see specialists, it’s too late”*

*“I’ve just recently lost my wife to cancer. She was diagnosed and only lived 10 weeks after diagnosis, which should have been done years ago”*

*“We’re losing our people because of the strained-up system”*

## Diabetes

Whānau face challenges in managing diabetes, particularly in accessing the right information and support for healthier lifestyles. Many express feelings of uncertainty about how to improve their diet or where to begin managing their condition. Community events held by hauora providers have played a key in identifying undiagnosed diabetes related conditions and providing immediate support.

*“I wondered why I was feeling off, thankfully my high blood pressure got picked up at a health event. I didn’t have a GP so they even helped me register with one”*

*“It’s been a struggle to keep my blood sugar levels down, especially with limited access to healthy food options”*

*“After being diagnosed with diabetes I realised how much I needed consistent support to stay on track with my health, but getting that support has been difficult”*

## Mental Health

Mental health continues to be a key concern for whānau in the rohe particularly the lack of accessible and culturally appropriate care. Many whānau face challenges related to trauma, addiction, and isolation, and felt misunderstood by mainstream services, leading to a reluctance to seek help. The impact of mental health challenges is compounded by difficulties in accessing timely, affordable care, and the absence of culturally responsive support.

*“Our young people are struggling with anxiety, and we need local services that can help them in a way that resonates with them”*

*“Too many of our young people are falling through the cracks. They’re struggling, and there’s no one there to help them until it’s too late”*

*“We need mental health services that are kaupapa Māori and really understand our way of dealing with grief and anxiety”*

*“When it comes to seeking mental health support out of hours you ring mental health services and it was just going around in circles, getting nowhere”*

*“With regards to mental health services there’s pretty much next to nothing. We ended up having to call on the ambulance. It wasn’t until things got really serious in front of them that they decided to take that person to the services in Palmerston North”*

*“Our young people are struggling with anxiety, and we need local services that can help them in a way that resonates with them”*

*“Mental health services should be available without long wait times and they need to be more supportive of Māori”*

# High Level Domain

## System Accountability

Priority Area: Five Pathologies  
 Key Priority: Cardiovascular Disease  
 MVP Action: Increase access and uptake of (CVD) cardiovascular risk assessments

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	Ensure high users are prioritised: <ul style="list-style-type: none"> <li>» Obesity among tamariki &amp; rangatahi</li> <li>» Men aged 35-years and older</li> <li>» Women aged 45 years and older</li> </ul>	<ul style="list-style-type: none"> <li>» Increase public awareness of benefits of screening and early treatment for CVD</li> <li>» Improve resources for health promotion and community action projects to support healthy eating</li> <li>» Improve community action models of health promotion for CVD prevention.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved health literacy of healthier lifestyle behaviours</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively.</li> </ul>	<b>Significant Improvement in Cardiovascular Disease Risk and Management for Whānau Māori</b>
Primary and Community Care	Improved Access to Support <ul style="list-style-type: none"> <li>» Stroke patients</li> <li>» Those with a direct family history of CVD</li> <li>» Tangata Whaikaha</li> </ul> Across Takiwā, including ensuring access for rural whānau.	<ul style="list-style-type: none"> <li>» Provide equitable, best practice access to CPR and defibrillation</li> <li>» Ensure all Māori patients with a long-term condition have a clear and up to date action plan</li> <li>» Early access to primary and community healthcare to improve positive experiences and outcomes relating to CVD</li> <li>» Increase pre-hospital fibrinolytic therapy provided by GP's in rural areas that have an ambulance response time greater than 60 minutes</li> <li>» Improve referrals of minor strokes or TIA (Transient Ischemic Attack) to community rehabilitation.</li> </ul>	<ul style="list-style-type: none"> <li>» Improve communication and lack of information sharing between health professionals and healthcare consumers</li> <li>» Improve whānau access to high quality clinical services delivered through a strength-based model of care using Māori approaches that support whānau care</li> <li>» All primary health care providers consistently provide culturally appropriate primary health care management of CVD risk and disease</li> <li>» Ensure cardiac and stroke patients who fit within the criteria and financial support receive home support to assessed need irrespective of diagnosis, age, and area of residence</li> <li>» Create service delivery models more conducive to chronic care management.</li> </ul>		
Hospital and Specialist Care	Reduction of hospitalisations	Across the high prevalence of CVD-related conditions that make up the avoidable admissions of hospital rates: <ul style="list-style-type: none"> <li>» Angina</li> <li>» IHD (ischemic heart disease)</li> <li>» CHF (Chronic Heart Failure)</li> <li>» Stroke</li> <li>» Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>» Improve access to tertiary cardiac interventions including angiography, angioplasty and coronary artery bypass grafts</li> <li>» Ensure safe systems are in place for discharge processes of Māori patients with long term conditions post hospitalisation (i.e. timely identification and follow up)</li> <li>» Improve stroke patients access to specialist stroke assessment and rehabilitation according to the NZ Guidelines for stroke management</li> <li>» Improve availability of technicians and equipment for exercise tolerance testing (ETT).</li> </ul>	<ul style="list-style-type: none"> <li>» Provide a comprehensive cardiac rehabilitation service</li> <li>» Improve specialist cardiology leadership and consistent, equitable provision of best practise for acute coronary syndrome (ACS).</li> </ul>	

# High Level Domain

## System Accountability

Priority Area: Five Pathologies  
Key Priority: Respiratory Disease

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	<p>Ensure high users are prioritised:</p> <ul style="list-style-type: none"> <li>» Babies 6-week post-natal</li> <li>» Tamariki &amp; rangatahi</li> <li>» Pregnant people</li> <li>» Elderly</li> <li>» People with compromised immune systems</li> </ul>	<ul style="list-style-type: none"> <li>» Increase public awareness about respiratory disease through targeted health campaigns</li> <li>» Target programmes in the most socio-economically deprived neighbourhoods</li> <li>» Health promotion offered where whānau live, play, work – such as kohanga reo</li> <li>» Better patient understanding of their condition and self-management techniques, leading to improved adherence to treatment plans</li> <li>» Improved education on health homes.</li> </ul>	<ul style="list-style-type: none"> <li>» New and extended programmes to reduce the severe ethnic and socio-economic inequities in respiratory disease</li> <li>» Improve evidence-based initiatives to improve housing quality, warmth, and reduce dampness to reduce respiratory illness</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively.</li> </ul>	<p><b>Significant Reduction in Respiratory Disease Related Harm on Whānau Māori</b></p>
Primary and Community Care	Improved Access to Support	<ul style="list-style-type: none"> <li>» Those that experience chronic conditions such as asthma, diabetes, cancer and COPD</li> <li>» Those living in socio-economically deprived neighbourhoods,</li> <li>» Those living in damp, substandard housing</li> <li>» Those living in over-crowded homes</li> <li>» Tangata Whaikaha.</li> </ul> <p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» All patients should have an individualised care plan co-developed with their GPT</li> <li>» Improved management of symptoms such as breathlessness, coughing, and wheezing through timely interventions and medication adjustments</li> <li>» More accessible healthcare services, including tele and online health and community clinics, reducing barriers to receiving timely care</li> <li>» Improved access to funded preventer and reliver inhalers.</li> <li>» Improved access and support for tamariki with childhood respiratory illness</li> <li>» Increased access to COPD POAC</li> <li>» Improved access to THINK Hauora “Better Breathing Programme”.</li> </ul>	<ul style="list-style-type: none"> <li>» Improve communication and lack of information sharing between health professionals and healthcare consumers.</li> <li>» Enhanced overall quality of life for patients through consistent monitoring and support, reducing the impact of respiratory diseases on daily activities</li> <li>» Decrease in the prevalence and severity of chronic respiratory conditions as children grow.</li> </ul>	
Hospital and Specialist Care	Reduction of severe health conditions related to smoking		<ul style="list-style-type: none"> <li>» Lower rates of hospital admissions and emergency department visits due to better management of chronic respiratory conditions</li> <li>» Decrease in the frequency and severity of acute respiratory exacerbations by providing early treatment and preventive care</li> <li>» Reduction in winter peak ED presentations for 0-4 years olds.</li> </ul>	<ul style="list-style-type: none"> <li>» Decreased healthcare costs associated with fewer hospitalisations and emergency interventions</li> <li>» Improved long-term health outcomes through sustained management and prevention strategies, reducing the progression of chronic respiratory diseases</li> <li>» Implement and monitor clinical guidelines and protocols for staff training at a multi-level approach to ensure respiratory care into routine practice across health services.</li> </ul>	



# High Level Domain

## System Accountability

Priority Area: Five Pathologies  
Key Priority: Cancer

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	<p>Across high prevalent cancer types:</p> <ul style="list-style-type: none"> <li>» Breast</li> <li>» Colorectal</li> <li>» Lung</li> <li>» Prostate</li> <li>» Cervix</li> <li>» Uterus</li> <li>» Tangata Whaikaha</li> </ul>	<ul style="list-style-type: none"> <li>» Increased health promotion and cancer awareness through social media platforms</li> <li>» Improved education about cancer prevention, early symptoms, and the importance of regular screenings through community-based programmes</li> <li>» More community health events that include cancer education</li> <li>» Regular tracking and reporting of increased health knowledge among whānau.</li> </ul>	<ul style="list-style-type: none"> <li>» Increased understanding of cancers, healthy behaviours, and recommended screenings among whānau</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively.</li> </ul>	<p><b>Significant Reduction in the Impact of Cancer for Whānau Māori</b></p>
Primary and Community Care	Improved Access to Support	<p>Across Takiwā, including ensuring access for rural whānau.</p> <p>Ensuring wāhine and tāne specific cancers are targeted and measured appropriately.</p>	<ul style="list-style-type: none"> <li>» Establishment of a comprehensive network of healthcare providers, including hospitals, clinics, and specialists</li> <li>» Enhanced coordination and communication among healthcare providers for early detection, timely referrals, and continuous follow-up care</li> <li>» Greater use of telehealth and online health capabilities for remote consultations, follow-ups, and support</li> <li>» High-risk whānau receive all recommended screenings through tele and online health services.</li> </ul>	<ul style="list-style-type: none"> <li>» Increased participation in national screening programmes, particularly among Māori communities</li> <li>» Improved whānau satisfaction and health outcomes through better coordination of care among healthcare providers.</li> </ul>	
Hospital and Specialist Care	Reduction of severe health conditions related to smoking	Accounting for prevalence, age-specific cancer incidence and screening requirements by ethnicity.	<ul style="list-style-type: none"> <li>» More efficient referral process to specialist services, ensuring timely access to care</li> <li>» Shorter wait times for the first appointment with specialists</li> <li>» Secured improved funding for cancer treatment programmes, including advanced diagnostic tools, treatment facilities, and research</li> <li>» Increased investment in training healthcare professionals to support innovative treatment methods and improve overall care quality</li> <li>» Fewer barriers to care and a smoother treatment journey through dedicated navigators.</li> </ul>	<ul style="list-style-type: none"> <li>» Decreased hospital admissions related to cancer due to effective early detection and outpatient care strategies</li> <li>» Greater access to specialist care through expanded services and improved referral processes.</li> </ul>	

# High Level Domain

## System Accountability

Priority Area: Five Pathologies

Key Priority: Diabetes

MVP Action: Increase access and uptake of annual diabetes reviews.

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	<p>Ensure high users are prioritised:</p> <ul style="list-style-type: none"> <li>» Babies 6-weeks post-natal</li> <li>» Tamariki &amp; rangatahi with type 1 &amp; 2</li> <li>» Pregnant women</li> <li>» Elderly</li> <li>» Those with type 1 and other insulin-dependent diabetes.</li> <li>» Tangata Whaikaha</li> </ul>	<ul style="list-style-type: none"> <li>» Increase public awareness about diabetes and health lifestyles through targeted health campaigns</li> <li>» Improve access to personalised expert advice on lifestyle choices such as good nutrition and regular physical activity together with help with behaviour change, smoking cessation advice and support if required.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved health literacy of health lifestyles and diabetes.</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively</li> <li>» Improve communication and lack of information sharing between health professionals and healthcare consumers.</li> </ul>	<p><b>Significant Reduction in Diabetes Related Harm on Whānau Māori</b></p>
Primary and Community Care	Improved Access to Support	<p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Reduce the frequency of pharmacy visits and potential gaps in medication adherence by allowing access to a larger supply</li> <li>» Streamline refill process or implement auto refill process to ensure patients can easily renew their prescriptions without delays</li> <li>» Increase use of pharmacy delivery services to reduce transport challenges to access</li> <li>» Improve use of tele and online services for annual reviews and/or other required appointments</li> <li>» Ensure/improve patient follow up process to ensure whānau are given appropriate support (including text and call reminders)</li> <li>» Improved use of Manage My Health/ Indici – both by whānau and the GPT to communicate, book appointments and track health indicators</li> <li>» Pregnant women with established diabetes, either type 1 or type 2, and those developing gestational diabetes (GDM) will have access to prompt expert advice and management, with follow-up after pregnancy</li> <li>» Increase access and uptake of annual diabetes reviews.</li> </ul>	<ul style="list-style-type: none"> <li>» Improve equity and quality of patient care throughout the PHO/DHB with DHB diabetes governance groups to have full and timely access to PHO and DHB performance and activity data. This will include analyses by ethnicity, by deprivation and, where appropriate, by rurality</li> <li>» Enhance access to regular assessments for individuals with active foot problems by ensuring they are referred to a specialist multidisciplinary foot care team</li> <li>» Improve access to tailored care for vulnerable individuals with diabetes, including those in residential facilities and those with mental health, intellectual disability or cognitive problems</li> <li>» Ensure care is offered close to an individual's home by their primary care or community team, ensuring access to financial subsidies such as Care Plus, High User Health Card (HUHC), prescription subsidy schemes, Community Service Card (CSC), etc. as well as non-governmental organisation (NGO) support services, eg, Diabetes New Zealand.</li> </ul>	
Hospital and Specialist Care	Reduction of severe health conditions related to diabetes		<ul style="list-style-type: none"> <li>» Increase follow-up coordination in liaison with the primary care team and/or a specialist diabetes team for patients with uncontrolled diabetes or diabetic ketoacidosis</li> <li>» Improve active following up and patient management for those with severe hypoglycaemia requiring emergency department attendance or admission, in coordination with their primary care team and/or a specialist team</li> <li>» Ensure comprehensive educational support to patients with newly diagnosed type 1 diabetes before discharge, improving their understanding and management of the condition.</li> </ul>	<ul style="list-style-type: none"> <li>» Reduction of diabetes related acute-disease and chronic-disease mortality and morbidity</li> <li>» Those with uncommon causes of diabetes (eg, cystic fibrosis, monogenic, post-pancreatectomy) will have access to specialist expertise with experience in these conditions.</li> </ul>	

# High Level Domain

## System Accountability

Priority Area: Five Pathologies

Key Priority: Mental Health

**MVP Action: Increase access to rangatahi mental health and addiction services (non-hospital)**

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Public & Population Health	Improved Health Literacy	<p>Ensure high users are prioritised:</p> <ul style="list-style-type: none"> <li>» Babies first 2,000 days (5-years)</li> <li>» Tamariki</li> <li>» Rangatahi under 25-years</li> <li>» People with disabilities</li> <li>» Takatāpui &amp; Rainbow Community</li> <li>» People living with mental distress, illness or addiction.</li> <li>» Tangata Whaikaha</li> </ul> <p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Increase public awareness about mental health through targeted health campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>» Improved health literacy of mental health</li> <li>» Whānau are equipped with the knowledge and resources to manage their health effectively</li> <li>» Improve mental health and addiction workforce training pipelines, through increasing the number of psychiatrists and psychologists being trained, and by working with the Minister for Tertiary Education and Skills to remove any barriers for growing the workforce.</li> </ul>	<p><b>Significant Reduction of Mental Health Impacts on Whānau Māori</b></p>
Primary and Community Care	Improved Access to Support	<ul style="list-style-type: none"> <li>» Increase access to rangatahi mental health and addiction services (non-hospital)</li> <li>» Increase access to free mental health counselling and specialist services for young people through funding Gumboot Friday initiatives</li> <li>» Improve access to Te Ao Māori mental health services through the devolution of Oranga Hinengaro to community and the establishment of the Horowhenua Kaupapa Māori Mental Health Service</li> <li>» Increase access to clinics in schools and accessible community locations, mobile services that travel to where young people are, and online or face-to-face options for engaging with mental health practitioners</li> <li>» Increase support services for people with serious mental health problems, so whānau can live well in the community and avoid hospital stays</li> <li>» Ensure the delivery of resources to community providers, reducing demand on specialist services</li> <li>» Increase digital and telehealth services as early intervention services to reduce the pressure on specialist mental health and addiction services</li> <li>» Increase access to integrated primary health care (including mental health) services in schools to overcome the barriers that some young people can experience.</li> </ul>	<ul style="list-style-type: none"> <li>» Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services</li> <li>» Improve efforts towards strengthening and growing the mental health and addiction workforce</li> <li>» Implement and monitor clinical guidelines and protocols for staff training at a multi-level approach to ensure mental health care into routine practice across health services.</li> </ul>		
Hospital and Specialist Care	Reduction of Mental Health and Addiction-related emergency department presentations	<ul style="list-style-type: none"> <li>» Increase available mental health support across all specialist hospitals</li> <li>» Implement regular and timely phone-check ins and employing NGO providers to support young people on the waiting list to specialist services</li> <li>» Reduction in Compulsory Treatment Orders.</li> </ul>	<ul style="list-style-type: none"> <li>» Reduction of mental health related acute-disease and chronic-disease mortality and morbidity</li> <li>» Reduction of intention self-harm hospitalisation.</li> </ul>		

# Mana Motuhake

Mana Motuhake looks at key priorities and indicators to support the continued building of Iwi and Māori capability and capacity to contribute to the expression of Iwi and Māori Mana motuhake.

## Culturally Competent Care

The need for culturally competent care that respects and integrates Māori beliefs and practices is consistently raised across the rohe. Whānau often feel disconnected from mainstream healthcare services that lack cultural understanding and express a desire for services delivered by Māori health professionals using kaupapa Māori frameworks. This cultural disconnect leads to lower engagement with healthcare services, often resulting in poorer health outcomes. The integration of mātauranga Māori including rongoā Māori into healthcare was considered an important way to foster greater trust and better health outcomes for whānau. Increasing the representation of Māori in the health workforce was seen as key to improving culturally competent care.

Source image: Lou Lou B\_ Unsplash

*“It makes a difference when someone knows your whakapapa and sees you as a whole person, not just a patient”*

*“It’s about respecting our culture. When that happens, we feel more supported and willing to engage with services”*

*“We want doctors and nurses who understand our culture and don’t make us feel whakamā”*

*“Healthcare needs to respect our culture; we shouldn’t have to leave it at the door when we go to the doctor”*

*“It’s about respecting our culture. When that happens, we feel more supported and willing to engage with services”*

# High Level Domain

Mana Motuhake

Monitoring Domain	Indicator	Outcomes			
		Priority specific inclusion factors	Short Term	Mid Term	Long Term
Equity for Māori	Ensuring services that support Māori are reflective of the health and wellbeing of the Māori population	<ul style="list-style-type: none"> <li>» Kaimahi</li> <li>» Tangata Whaikaha</li> <li>» Rongoā</li> </ul> <p>Across Takiwā, including ensuring access for rural whānau.</p>	<ul style="list-style-type: none"> <li>» Improved recording and quality of ethnicity data for whānau</li> <li>» Improved resourcing for kaupapa Māori organisations</li> <li>» Increase in the proportion of the Māori health workforce.</li> </ul>	<ul style="list-style-type: none"> <li>» More accurate and responsive health services for Māori whānau</li> <li>» Enhanced capacity and sustainability of kaupapa Māori health services</li> <li>» A growing and culturally competent Māori health workforce.</li> </ul>	<p><b>Significant Reduction of Oral Health Impacts on Whānau Māori</b></p>
Quality Service Improvement	Strengthening of Kaupapa Māori Services	<p>Stronger emphasis on the connection between the taiao and hauora.</p>	<ul style="list-style-type: none"> <li>» Improved engagement with Māori communities to co-design health services that meet their specific needs and values</li> <li>» Improved access for whānau to view, update and add to their health information</li> <li>» Strengthened partnerships between mainstream health providers and kaupapa Māori health organisations to improve service delivery and outcomes for Māori whānau</li> <li>» Improved connectivity between systems to ensure a unified view of whānau health information.</li> </ul>	<ul style="list-style-type: none"> <li>» Culturally responsive and tailored health services</li> <li>» Greater autonomy for whānau to lead their health journey for Māori</li> <li>» Streamlined and coordinated health services across providers.</li> </ul>	
Māori Workforce Development	Improved capability and capacity of kaimahi		<ul style="list-style-type: none"> <li>» Improved training, knowledge and use of Te Tiriti o Waitangi (required for whole of workforce)</li> <li>» Improved uptake of cultural responsiveness in practice training (required for whole of workforce)</li> <li>» Improved clinical training opportunities (for Māori both working in mainstream and kaupapa Māori services)</li> <li>» Increased access to scholarships and training opportunities for Māori in healthcare-related fields</li> <li>» Increased participation of Māori in healthcare education.</li> </ul>	<ul style="list-style-type: none"> <li>» Enhanced understanding and application of Te Tiriti o Waitangi in health care</li> <li>» Increased cultural competency in healthcare delivery</li> <li>» Greater number of skilled Māori health professionals</li> <li>» More pathways and support for career advancement in health.</li> </ul>	

# CHAPTER 3: ROHE AND TAKIWĀ DEMOGRAPHICS

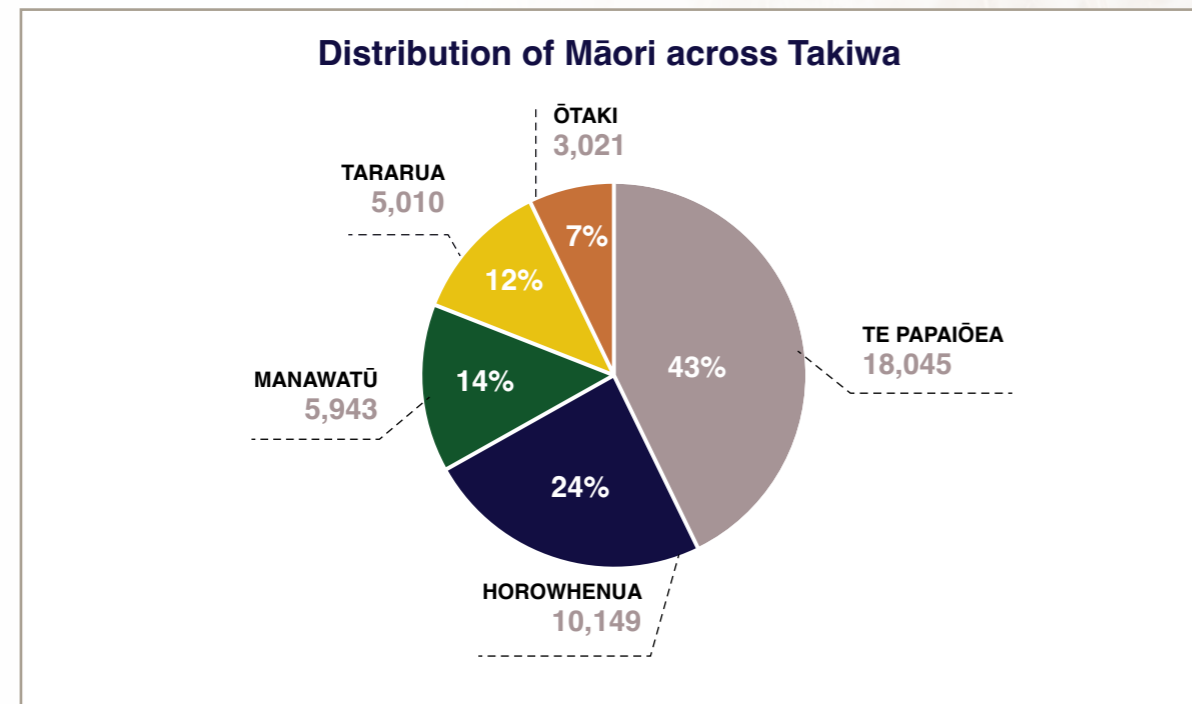
# Rohe and Takiwā Demographics

## Māori Population

As of December 2023, Te Whatu Ora estimated 43,270 Māori live in our rohe, making up one in five (or 22.1%) of the 195,620 people living in our rohe.

Census 2023 found a similar rate, with Māori making up 22.9% (42,168 out of 183,918) of the rohe. The TPORT rohe has a higher prevalence of Māori than is found nationally (17.8% from Census 2023, and 17.2% from Te Whatu Ora estimates).

Almost half of all Māori (43.8%) live in Te Papaioea, followed by 22.6% in Horowhenua, and smaller shares across Manawatū, Tararua and Ōtaki.

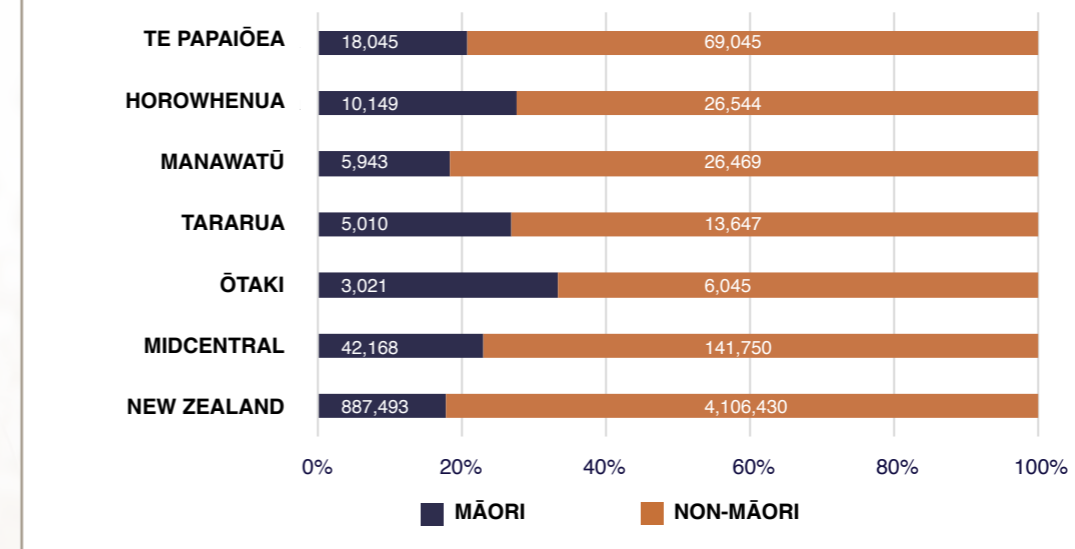


Whakaahua 1. Distribution of Māori across Te Pae Oranga o Ruahine o Tararua.

Source: Stats NZ, Census 2023

Compared with the overall share of Māori in the TPORT rohe (22.1%), Māori make up a larger proportion of the population in Ōtaki (33.3%), Horowhenua (27.7%) and Tararua (26.9%).

## PROPORTION OF MĀORI ACROSS ROHE



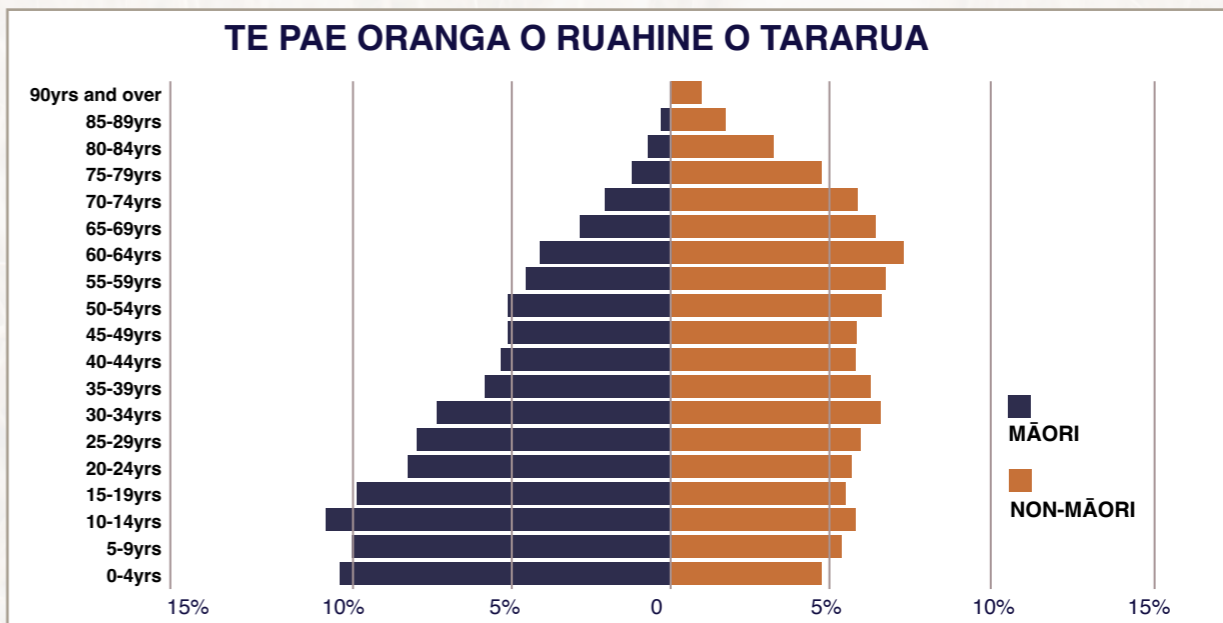
Whakaahua 2. Number and relative share of Māori and non-Māori by region

Source: Stats NZ, Census 2023

## Age Distribution

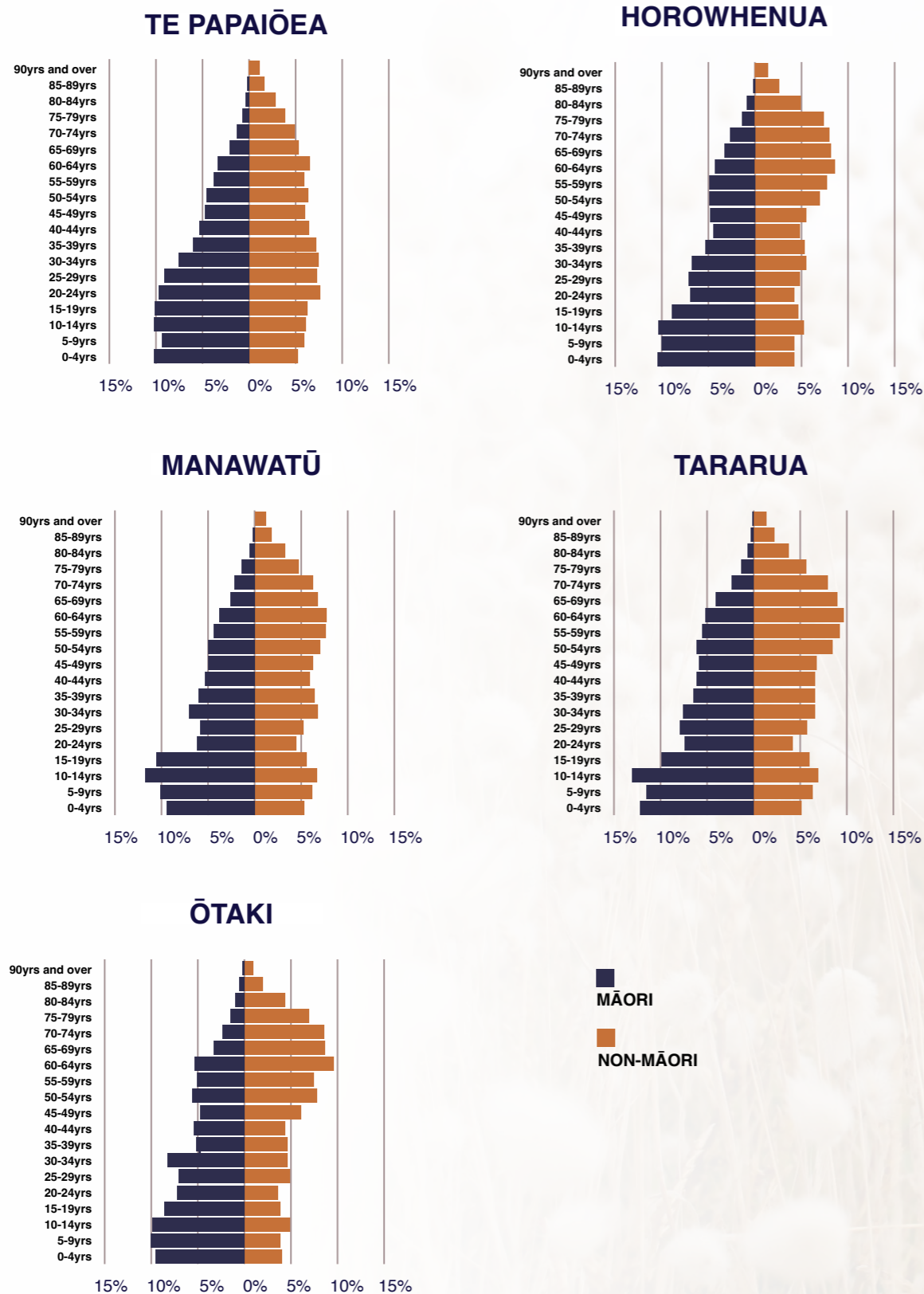
Māori are a far more youthful population in TPORT rohe, with half of Māori aged under 25, compared with one-quarter for non-Māori. This includes:

- » One-in-three (30.8%) aged under 15 years, compared with one-in-six (15.8%) for non-Māori, and 6.9% Māori aged 65 or older, compared with 22.7% of non-Māori.
- » Slightly higher share of Māori and non-Māori aged 65+ in Horowhenua (8.9% of Māori and 31.0% of non-Māori) and Ōtaki (8.3% of Māori and 31.1% of non-Māori).



Whakaahua 3. Age distribution for Māori and non-Māori in the Te Pae Oranga rohe.

Source: Stats NZ, Census 2023



Whakaahua 4. Age distribution for Māori and non-Māori by takiwa.

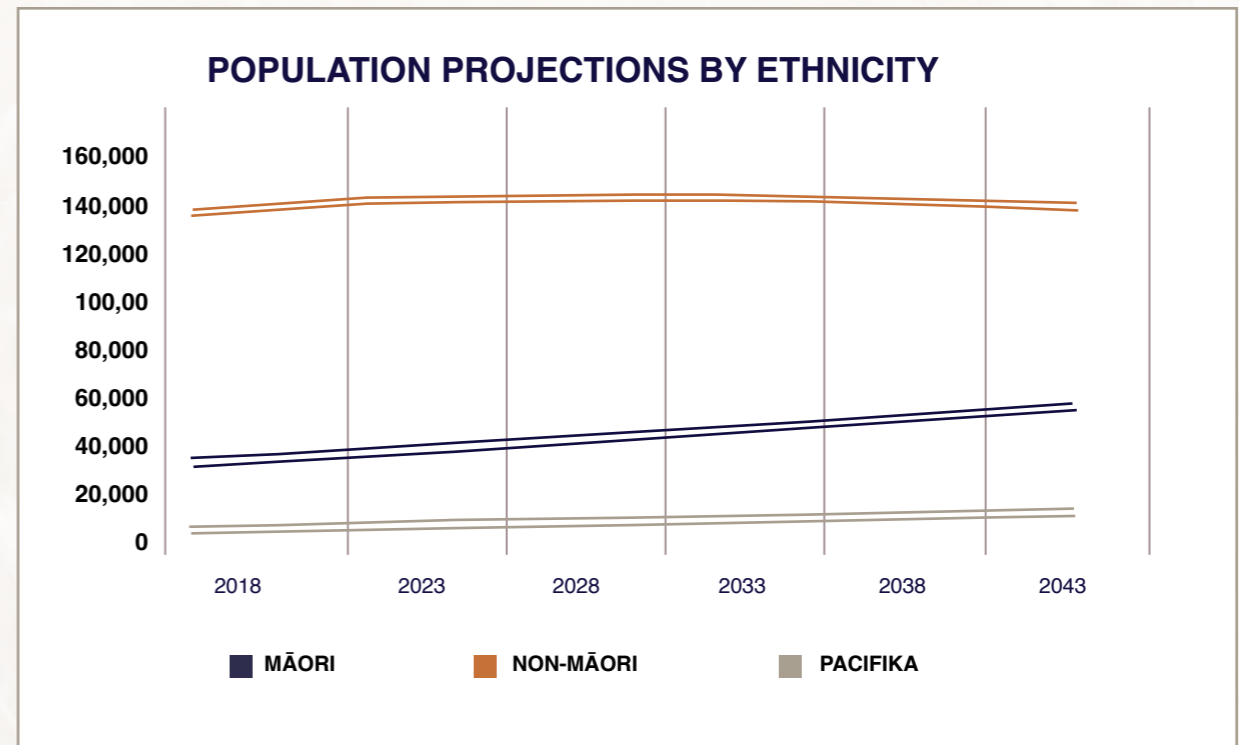
Source: Stats NZ, Census 2023

### Population Projections

Māori are projected to number almost 60,000 by 2043 and become a larger share of the population. Population projections across Te Papaioea, Horowhenua, Manawatū and Tararua suggest Māori will increase their share of the total population from 21.9% in 2023 to 29.3% by 2043.

The increased share is due to an increase in Māori by over 18,000 (or 45.5%) in 20 years, compared to a slight decrease for non-Māori of 2,300, or 1.6%, over the same period (from 141,790 to 139,480).

Pasifika, who are estimated to number 9,630 across the four takiwā are estimates to grow by 58.9% to be 15,300 by 2043.



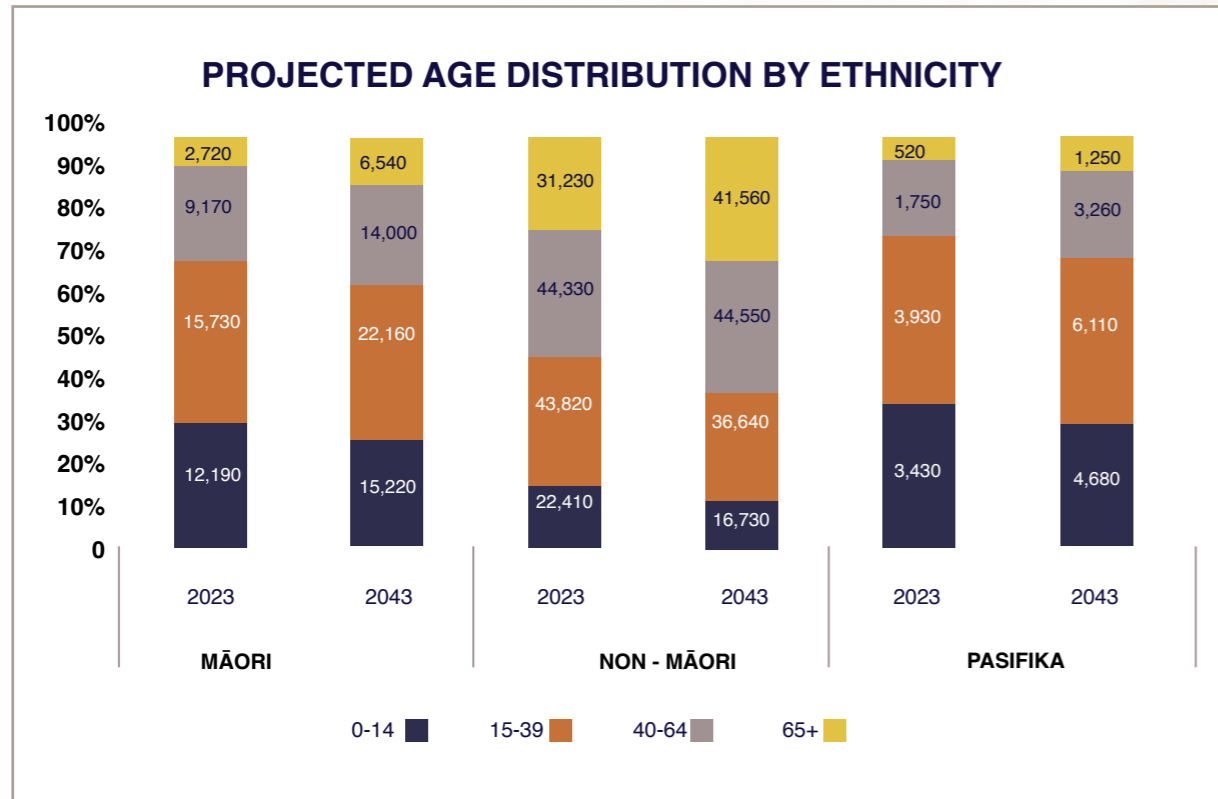
Whakaahua 5 - Projected number of Māori, non-Māori and Pasifika across four takiwā (Te Papaioea, Horowhenua, Tararua and Manawatū) from 2018 (based period) to 2043.

Source: Stats NZ.



## Age Distribution Projections

Growth across the entire life course is a key factor for the increasing share of Māori across TPROT. While the number of Māori for the 0-14, 15-39, 40-64, and 65+ age groups are projected to increase, non-Māori are only projected to increase meaningfully for those aged 65 and over (These is a modest projected growth of 220 for non-Māori aged 40-64



Whakaahua 6 Age distribution for Māori, non-Māori and Pasifika in TPORT, projected for 2023 and 2043.

Source: Stats NZ.

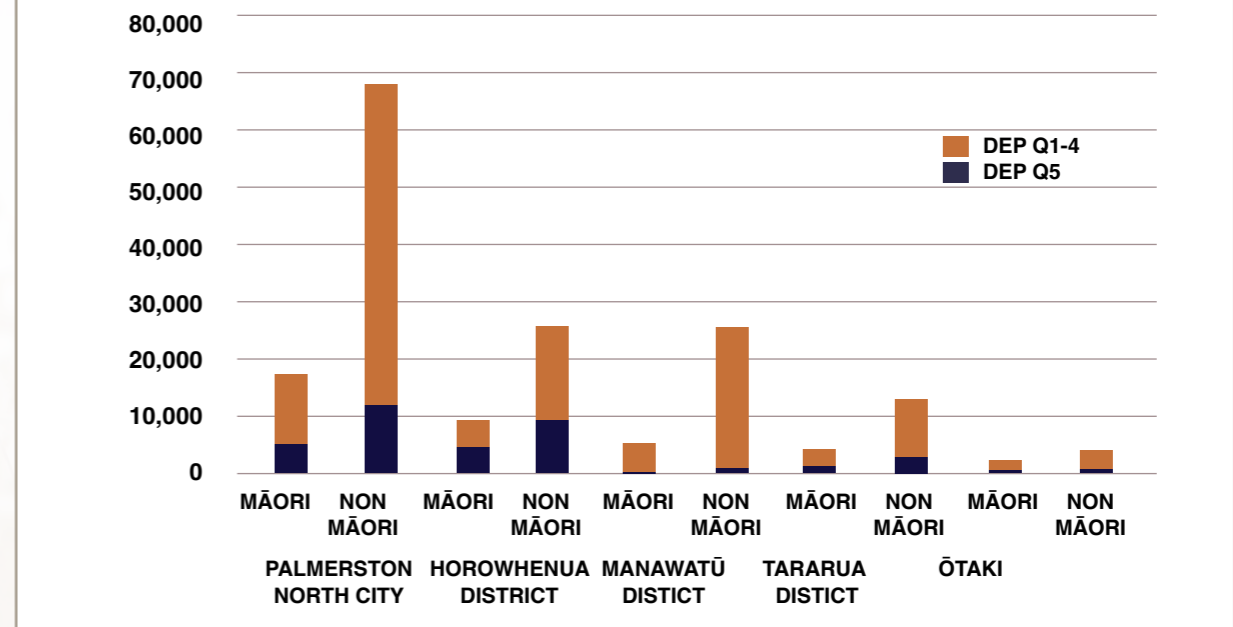
## Social Deprivation

There are areas of high deprivation throughout the rohe. There are 43,404 people living in areas with the highest deprivation quintile, making up 23.8% of all people in the TPO rohe. By comparison, 20.8% of the population lives in the highest deprivation quintile nationwide.

Māori are more likely to live in areas of highest deprivation, with 14,682, or 35.1% of all Māori, in Deprivation quintile 5. This compares to 28,722 or 20.5% of non-Māori. Over three-quarters of people in highest deprivation live in either Palmerston North (18,174, 41.9%) or Horowhenua (15,528, 35.8%).

There are elevated levels of people living in high deprivation for Horowhenua (42.3%), Tararua (30.6%) and Ōtaki (27.4%), compared with Manawatū (6.2%) and nationally (20.8%).

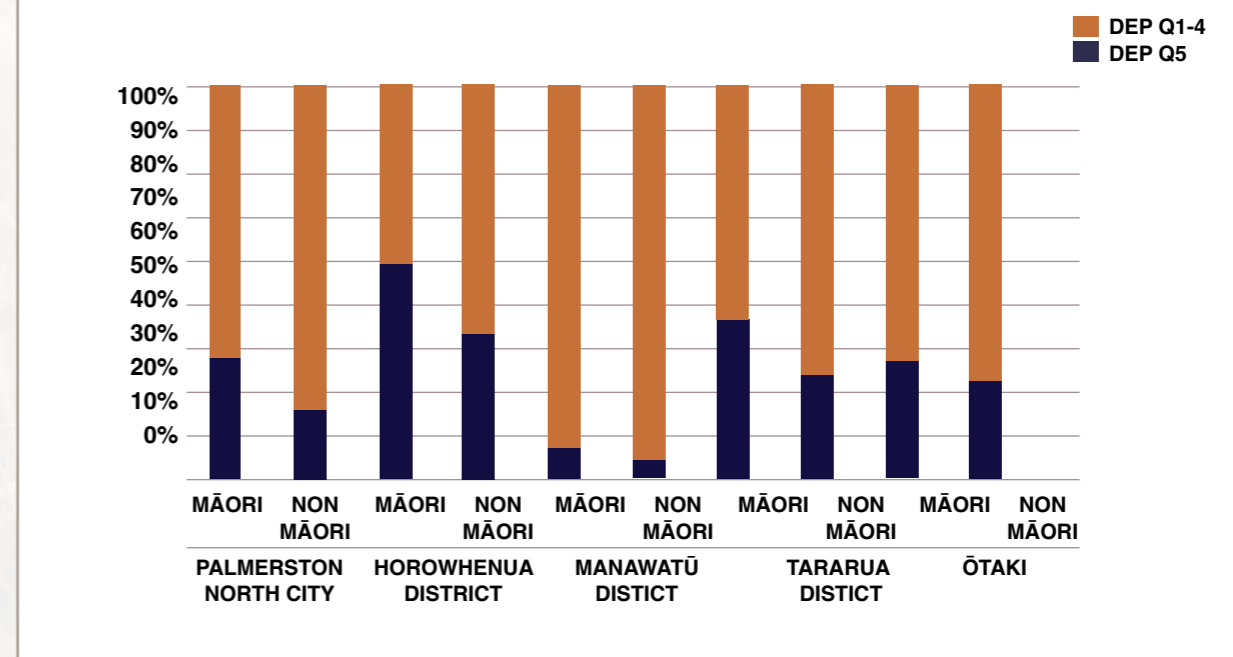
## NUMBER OF INDIVIDUALS BY DEPRIVATION, ETHNICITY & TAKIWĀ



Whakaahua 7. Number of Māori and non-Māori by Deprivation and Takiwā

While the number of Māori living in high deprivation is lower than that of non-Māori (14,682 compared with 28,722), this affects a higher proportion of Māori (35.1%) compared with 20.5% for non-Māori. A similar pattern also occurs for each takiwā.

## PROPORTION OF DEPRIVATION BY TAKIWĀ



Whakaahua 8. Percent of Māori and non-Māori in Deprivation Quintile 5 (highest deprivation), by Takiwā.

# CHAPTER 4: HAUORA PROFILES



# Hauora Profiles

The following hauora profiles are based on the Te Pae Oranga o Ruahine of Tararua PowerBi Reports , developed for the Iwi Māori Partnership Board to monitor the health and wellbeing of Māori in our rohe. The data used in these reports was sourced from Te Whatu Ora MidCentral (covering six years from 2018) and THINK Hauora PHO (covering three years from 2021). These reports were co-designed with the Te Pae Oranga board to encourage users to further investigate the data. Users can select the date range of interest, pivot between Māori and non-Māori views to ensure an equity lens, and choose from two lists of demographics, including age group, takiwā, deprivation quintile, and gender. This allows users to display any combination of these demographics together. The selected demographics then update the headline stats shown in the blue-bordered cards as well as the corresponding graphs.

The Hauora profile is split across two sections:

- » Primary Health
- » Secondary Health

This primarily due to limitations of the data; data is aggregated therefore we do not have the ability to join these datasets. This makes it difficult to fully understand the whānau journey as they engage across the health system. Additionally, this data was given as a one-off manual dump. This means the data will soon be out of date. We are working hard alongside both our rohe based partners and with Te Whatu Ora to broker a more reliable and automated data sharing process and formal data agreement.

## Primary Health


Primary Health in Te Pae Oranga o Ruahine o Tararua includes a network of 30 General Practice teams, Māori and Iwi providers, Pharmacies, and Community based services. We have one PHO – THINK Hauora. The following sections include:

- » Enrolments
- » Consultations
- » Mental Health
- » Long Term Conditions
- » And Primary Options for Acute Care

<sup>1</sup> The current report is a component of a larger programme of work to support the broader role of the IMPB, including:

- Collect and use whānau voice to provide information on the performance of services and solutions that address the health, wellbeing and disability needs of Māori that are commissioned in our rohe.
- Integrate information from a range of sources, including Te Whatu Ora and other health sector agencies, to assess trends, issues and indicators of Māori utilisation and outcomes from the health system
- Reporting to iwi, hapū and whānau Māori, and mātāwaka within the locality and rohe of Te Pae Oranga
- Advocate on behalf of whānau to influence the health system and broader social/wellbeing systems
- Potential for the product to support commissioning and the commitment of resources in the future.

## Enrolments



**Populations of interest**

Māori vs non-Māori

**Month Selector** | 2024-May | Māori

**Enrolled Māori**  
33,012

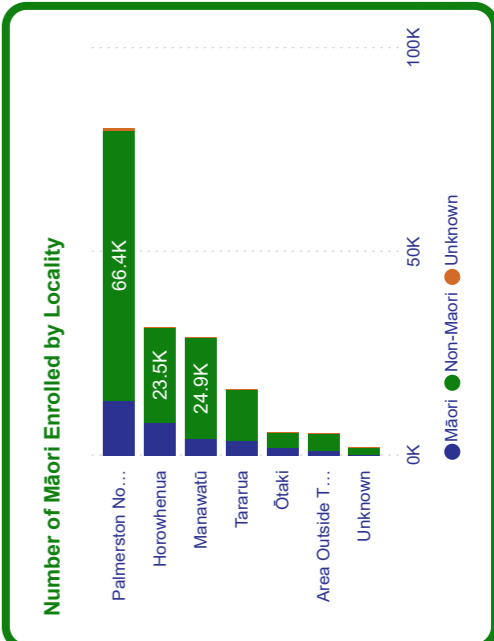
**Enrolled non-Māori**  
136,753

**% Māori**  
19.3%

**Māori % of Dep 5**  
29.6%

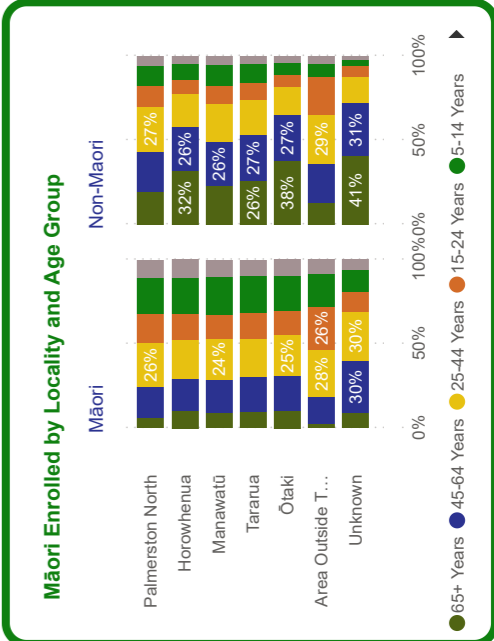
**Māori % of Under 5s**  
32.8%

**Main demographic breakdown:** Locality




Locality	Māori	Non-Māori	Unknown
Palmerston No...	66.4K		
Horowhenua	23.5K		
Manawatū	24.9K		
Tararua			
Otagi			
Area Outside T...			
Unknown			

**2nd demographic breakdown:** Age Group



Locality	65+ Years	45-64 Years	25-44 Years	15-24 Years	5-14 Years
Palmerston North	26%	26%	26%	27%	27%
Horowhenua	24%	24%	26%	26%	26%
Manawatū	25%	25%	26%	27%	27%
Tararua	25%	26%	26%	27%	27%
Otagi	25%	26%	26%	27%	27%
Area Outside T...	30%	30%	26%	29%	29%
Unknown	30%	30%	26%	29%	31%

**Number of Enrolled by Quarter and Locality**



In May 2024, 34,805<sup>2</sup> Māori were enrolled with a PHO in the Te Pae Oranga o Ruahine o Tararua rohe. Based on recent population estimates, this equates to an enrolment rate of 80% for Māori in the rohe, compared to 95% for non-Māori.

- » While most of the 34,805 enrolled Māori living in the rohe are enrolled with THINK Hauora, 14% of enrolled Māori living here are enrolled elsewhere (predominantly in the neighbouring PHOs in Wellington, Whanganui, and Hawkes Bay regions). Conversely, 1,450 Māori living outside of the rohe are enrolled with THINK Hauora.
- » The general patterns of enrolment tend to mirror those from the population, by takiwā and deprivation.

#### Key Insights

- » There are a high number of Māori that are not enrolled with a PHO.
- » The distribution of Māori enrolments across TPORT is similar to the population distribution found from Census 2018.
- » Initiatives that target Māori by enrolment or location may capture a majority of Māori but may miss a sizeable number.
- » As at May 2024, 33,012 Māori were enrolled with General Practice Teams in the rohe, making up 19.3% of total enrolments.
- » The number of Māori enrolments has slowly increased by 2,515, since 2021. In May 2021, there were 30,497 Māori that were enrolled, making 18.3% of the enrolled population.

#### Takiwā

- » Te Papaioea has the highest number of Māori 13,488 in TPORT, making up 41.0% of all Māori enrolments. Horowhenua enrolments include 8,002 Māori (24.3% of all Māori enrolments). Manawatū, Tararua and Ōtaki have smaller amounts of Māori enrolments, also consistent with the underlying population.
- » Te Papaioea has the largest number of enrolled Māori in the rohe with 13,511 enrolled Māori, making up 16.8% of all enrolments in Te Papaioea, lower than the 18.7% share for Māori from Census 2018.
- » Māori enrolments in Ōtaki, with 1,995 enrolments, make up 34.5% of all enrolments. This is the highest share by takiwā, and consistent with the high share for Māori in the population in 2018 (30.3%).

#### Age

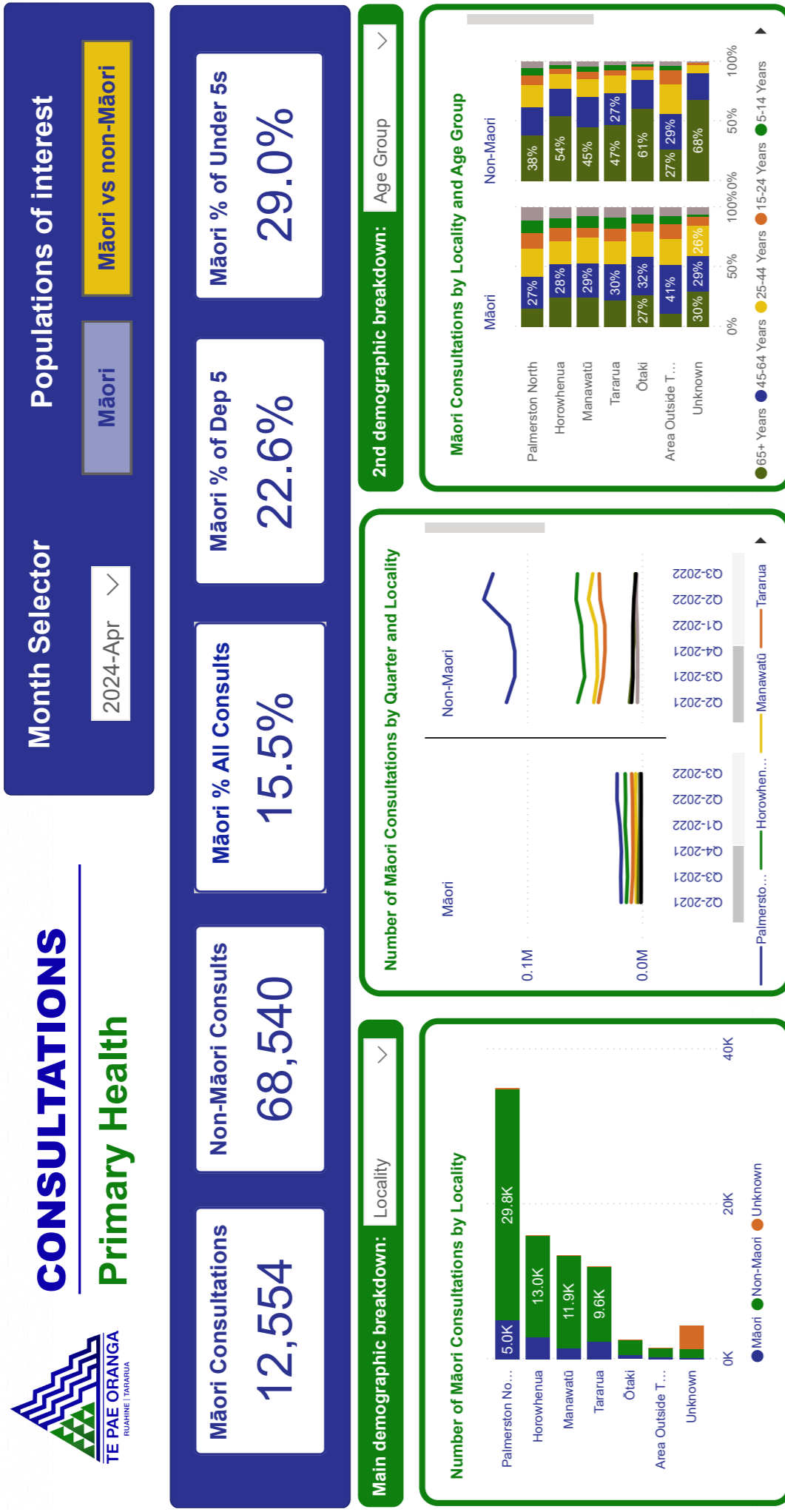
- » The age distribution of Māori enrolments is similar to the distribution for the Māori population.
- » Māori make up 32.8% of enrolments for under 15-year-olds, compared with 35.8% in for all under 15-year-olds.
- » Māori make up 7.7% of enrolments for those aged 65 or over, compared with 6.9% in for all aged 65 or over.

#### Deprivation

- » Over one-third of all enrolled Māori (39.0%) live in areas with high deprivation. This compares to 22.2% for enrolled non-Māori.
- » The distribution of Māori enrolments by deprivation is similar to the distribution for the Māori population.
- » The general patterns of enrolment tend to mirror those from the population, by takiwā and deprivation.



<sup>2</sup> <https://www.tewhātuora.govt.nz/our-health-system/primary-care-sector/primary-health-organisations/enrolment-with-a-general-practice-and-primary-health-organisation/>



In April 2024, Māori had 12,554 consultations with a GP. Māori represented 14.8% of all consultations for the month, far less than their share of enrolments and the population.

- » For the month of April 2024, Māori made up 14.8% of all GP consultations, lower than their share of the enrolment population (19.3%) and Census 2018 population (20.3%).
- » Numbers of Māori consultations have remained relatively consistent, with monthly consultation rates hovering between 14.5% and 17.2% from April 2021 to April 2024. This has occurred in spite of a massive drop off in consultations in 2024, where consultations plummeted from an average of 109,000 monthly consultations in 2023, to 85,000 monthly consults for the first four months of 2024.

**Key Insights**

- » Across all takiwā, non-Māori have a higher relative consultation rate than Māori.
- » Māori and non-Māori aged 65 and over have relative high consultation rates, while those aged 5-14 have relatively low consultation rates.
- » Consultations in 2024 are far fewer than 2023, without an effect on the Māori share of consultations.


**Takiwā**

- » Te Papaioea has the largest number of Māori consultations in the rohe with 5,009 consultations, making up 39.9% of all consultations in the rohe, consistent with their share of enrolments (40.9%) and the population based on Census 2018 (43.8%).
- » Māori enrolments in Ōtaki, with 1,995 enrolments, make up 34.5% of all enrolments. This is the highest share by takiwā, and consistent with the high share for Māori in the population in 2018 (20.6%).

**Age**

- » In April 2024, Māori aged 65+ had a higher share of consultation (20.2%) relative to their share of all enrolled Māori (8.1%). Non-Māori had a similar pattern (44.6% of consultations for 23.3% of all enrolled non-Māori).
- » This pattern coincides with a lower share of consultations by Māori aged 5-14 (9.5% of all consultations with Māori for 21.4% of enrolled Māori), as well as non-Māori (4.6% of non-Māori consultations for 11.5% of enrolled non-Māori)

Mental Health



**MENTAL HEALTH**  
Primary Health

Month Selector

2024-Apr

Populations of interest

Māori vs non-Māori

Māori Presentations

3,595

Non-Māori Presentations

16,108

Māori % All Presentations

18.2%

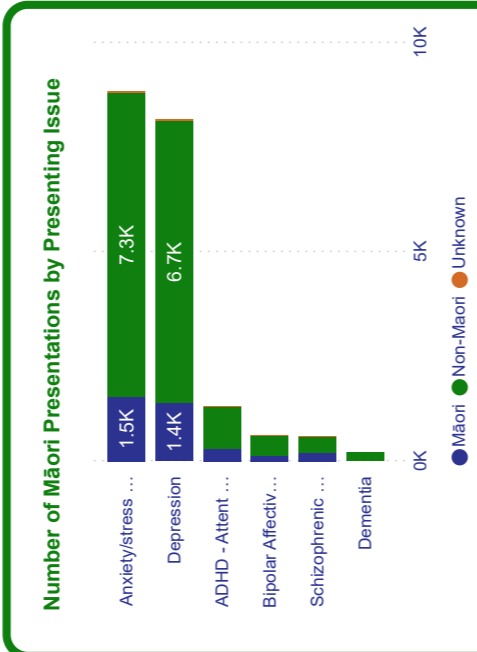
Māori % of Dep 5

25.4%

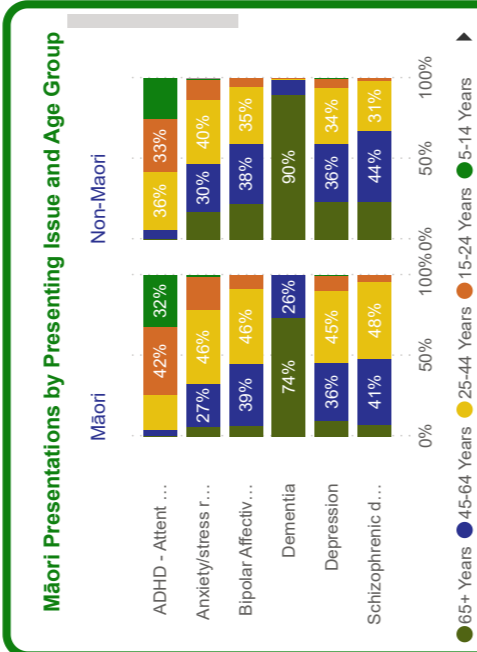
Māori % of Under 5s

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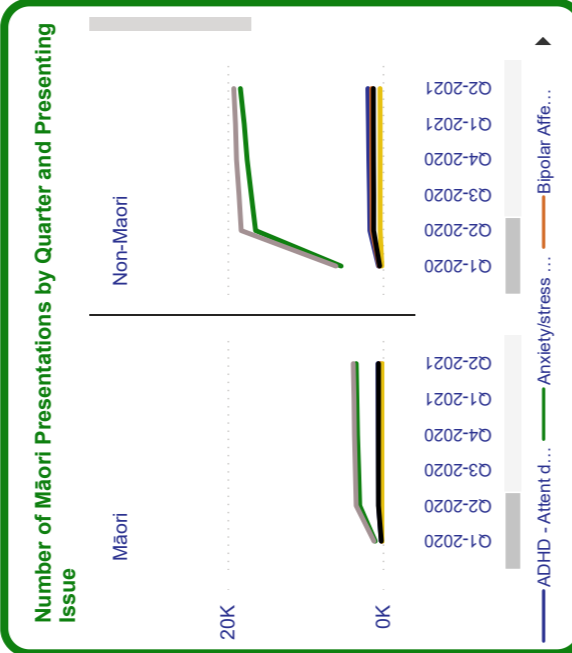
**Main demographic breakdown:** Presenting Issue



**2nd demographic breakdown:** Age Group



**Number of Māori Presentations by Quarter and Presenting Issue**



Māori mental health presentations at GPs have increased over the last four years. In May 2020, there were 2,573 mental health presentations by Māori, rising to 3,627 presentations in May 2024, an increase of 41.0% over four years. Over the same period, non-Māori have increased from 13,022 in May 2020 to 16,199 in May 2024, an increase of 24.4%.

**Key Insights**

- » Māori mental health presentations made up 18.3% of all mental health presentations to GPs in May 2024. The share of presentations by Māori was an increase from 16.5% in May 2020.
- » The overwhelming majority of mental health issues presented by Māori in May 2024 were Depression (39.3% of all mental health presentations) and Anxiety/stress-related problems (42.8%).
- » Non-Māori were more likely to present with Depression (41.9% of all mental health presentations) and Anxiety/stress-related problems (45.1%), due to slightly lower prevalences of ADHD (6.2% compared to 8.3% for Māori), Schizophrenic disorders (2.5% vs 5.5%), and Bipolar Affective Disorders (3.1% vs 3.6%). Dementia had a higher prevalence for non-Māori (1.3% compared with 0.5% in Māori).
- » While there are similar patterns of Mental health issues presentations along the distribution of Māori and non-Māori across TPORT, there are some pronounced differences for presentations of Bipolar Affective Disorder and Dementia.
  - There are a higher prevalence of Bipolar Affective Disorder in Horowhenua and enrolled Māori who have no known address, or live outside of the five takiwā. There is a higher prevalence of Bipolar Affective Disorder in Horowhenua and enrolled Māori who have no known address or live outside of the five takiwā.
- » Māori in Horowhenua are presenting relatively low levels of Dementia.

**Takiwā**

- » Māori mental health presentations across the rohe followed similar patterns to the underlying population distribution, with a few exceptions:
  - The share of Māori MH presentations in Horowhenua was slightly lower than the share of the overall Māori population (18.9% vs 22.6%)
  - Ōtaki has an extremely small share of Māori MH presentations, at less than 1%.

**Age**

- » Māori aged between 25-64 have a large overrepresentation in Māori Mental Health presentations. While 25–44-year-old Māori make up about 24.8% of all Māori in TPORT, they represent 43.2% of Māori MH presentations. Similarly, Māori aged 45-64 make up about 19.1% of the population but are 29.8% of Māori MH presentations
- » The high prevalence of presentations at these ages is offset but a disproportionately low number of MH presentations in those aged under 25; 48.0% of the population resulting in 19.6% of MH presentations.

- » A small prevalence of MH presentations for Māori aged 65 or older (7.3%) is consistent with their relative share of Māori in TPROT (8.1%).
- » A similar pattern is found for non-Māori:
  - Non-Māori aged 25-64 make up 67.8% of non-Māori MH presentations, although are 49.1% of all non-Māori,
  - Non-Māori aged 65 and over make up 19.5% of non-Māori MH presentations, slightly lower than their 23.3% share of all non-Māori,
  - Non-Māori aged under 25 are 12.7% of non-Māori MH presentations, however, make up 27.6% of all non-Māori.
- » While there are clear age effects for the mental health issues that are presented, these are consistent with the overall age distributions of Māori and non-Māori, and the relative prevalence of presenting issues with age, for example, ADHD issues in younger age groups, and dementia presentations most common in older age groups

### Deprivation

- » Māori living in areas of highest deprivation (Deprivation quintile five) have a slightly elevated prevalence of MH presentations than their share of the population (43.0% presentations from 39.1% of the Māori population). Presentations for Māori in other areas is consistent with the distribution of all Māori, however slightly lower due to the over representation at the highest deprivation.
- » This pattern is similar for non-Māori where presentations for non-Māori in areas of highest deprivation (27.7%) are slightly elevated than their share of all non-Māori (22.2%). Non-Māori in other areas have slightly lower levels of MH presentations, although consistent with their overall share of all non-Māori.
- » Schizophrenic disorders have a higher prevalence in Māori and non-Māori living in highest deprivation, while Dementia is proportionately lower in Māori in High dep, and proportionately high in non-Māori in High dep.



## LONG TERM CONDITIONS Primary Health

### Long Term Conditions

**LTC Selector** Any LTC

**Populations of interest** Māori vs non-Māori

**Main demographic breakdown:** Locality

**2nd demographic breakdown:** Deprivation Qui...

**Māori with LTCs**  
20.5%

**Māori with Asthma**  
23.9%

**Māori with Diabetes**  
19.3%

**Māori with Gout**  
24.0%

**Māori with Cardiac**  
12.8%

**Māori with COPD**  
21.4%

**Immunosuppressed Māori**  
15.8%

**Number of people with Any LTC by Locality**

Locality	Māori	Non-Māori
Palmerston North	4K	10348
Horowhenua	2K	3147
Manawatu	7K	3595
Tararua	3K	1573
Otago	7K	565
Area Outside T...	3K	578
Unknown	17K	220

**Number of people by LTC and Locality**

Locality	Asthma	Cardiac	COPD	Diabetes	Gout	Immunosu...
Palmerston North	2882	1401	739	555	344	251
Horowhenua	282	1401	739	555	344	251
Manawatu	282	1401	739	555	344	251
Tararua	282	1401	739	555	344	251
Otago	282	1401	739	555	344	251
Area Outside T...	282	1401	739	555	344	251
Unknown	282	1401	739	555	344	251

**People with Any LTC by Locality and Deprivation Quintile**

Locality	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
Palmerston North	36%	28%	58%	27%	51%
Horowhenua	42%	28%	36%	29%	35%
Manawatu	34%	29%	41%	28%	43%
Tararua	29%	34%	35%	29%	100%
Otago	29%	34%	35%	29%	100%
Area Outside T...	29%	34%	35%	29%	100%
Unknown	100%	100%	100%	100%	100%

A Long Term Condition (LTC) is any long term reoccurring chronic health condition. They are usually complex and comprise of more than one health issue. While they often come on gradually they can also have acute episodes. Long term conditions can compromise quality of life through physical limitations. Within the rohe, the LTCs reported through Primary Health include Asthma, Diabetes, Cardiac Conditions, Gout, COPD, and Immunosuppressed.

In May 2024, there were 9,460 Māori with at least one Long Term Condition. Māori made up 20.5% of all people in TPORT with at least one Long Term Condition.

- » Asthma was the most common Long Term Condition for 6,340 Māori, followed by 2,003 Māori with Diabetes, 1,273 with Gout, 1,053 with Cardiac Conditions, 887 with COPD, and 502 Immunosuppressed.
- » Non-Māori followed a similar pattern of Long Term Conditions, with one exception – a far higher number of people with Cardiac Conditions.
- » Most Māori (79.6%) and non-Māori (80.2%) with a Long Term Condition have only one

#### Key Insights

- » Māori are more prevalent among people with Long Term Conditions when compared to their share of the enrolled population Māori are more prevalent among people with Long Term Conditions when compared to their share of the enrolled population
- » Māori prevalence among Long Term Conditions is higher for those with Asthma, Gout or COPD. They are relatively less prevalent in people with Cardiac Conditions or Immunosuppressed.
- » Age is associated with the prevalence of Long terms conditions, with both Māori and non-Māori over 65+ a larger share of those with and LTC and also more likely to have multiple LTCs.
- » Living in High deprivation is associated with higher prevalences of co-morbidities (having multiple LTCs)

#### Takiwā

- » Palmerston North – with almost one half of all Māori (46.9%) with at least one Long Term Condition, and Manawatū with 16.9% of Māori with LTCs, were slightly overrepresented compared with their share of the overall Māori population. Horowhenua (19.1%), Tararua (9.7%) and Ōtaki (3.3%), had levels below their population share.

#### Age

- » Almost one third of Māori with at least one LTC were aged 45-64, followed by 23.9% aged 25-44.
- » Māori with at least one LTC were more likely to be aged under 25 (28.9%) than non-Māori (14.4%), and less likely to be aged 65 or over (17.8% compared with 39.2%).
- » Almost all (98.9%) Māori with an LTC aged under 25 have only one LTC, similar to non-Māori aged under 25 (98.2%). At older ages, both Māori and non-Māori with at least one LTC increase their rate of multiple LTCs, with almost one third (30.2) of LTC Māori aged 65+ having two LTCs, and 17% having three or more LTCs (vs LTC Non-Māori aged 65+ where 25.2% have two LTCs and 8.0% have three or more LTCs).


#### Deprivation

- » High Deprivation is also associated with a slightly increased risk of co-morbidities with LTC. 22.9% of LTC Māori living in High Deprivation (Quintile 5) have multiple LTCs, while 24.1% of LTC non-Māori in High Deprivation have multiple LTCs.





# Primary Options for Acute Care



**PRIMARY OPTIONS  
FOR ACUTE CARE**

Month Selector

2024-May

Populations of interest

Māori vs non-Māori

Māori Claims

73

Non-Māori Claims

328

Māori % All Claims

18.2%

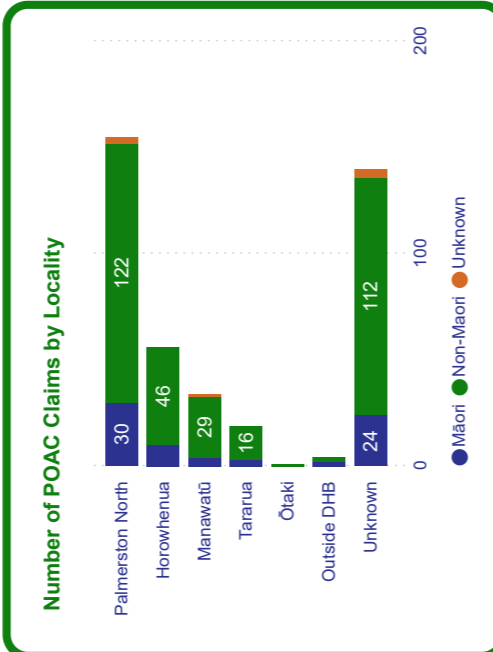
Māori % of Dep 5

25.4%

Māori % of Under 5s


100.0%

Main demographic breakdown: Locality



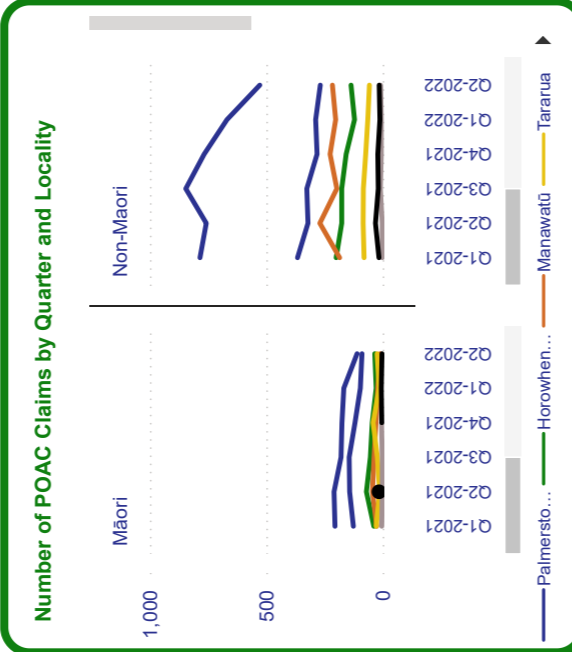
Locality	Māori	Non-Māori	Unknown
Palmerston North	30	122	46
Horowhenua	29	16	0
Manawatu	24	112	0
Tararua	0	0	0
Outside DHB	0	0	0
Unknown	0	0	0

2nd demographic breakdown: POAC Pathway



Locality	Māori	Non-Māori
Palmerston North	43%	43%
Horowhenua	40%	40%
Manawatu	25%	50%
Tararua	33%	67%
Outside DHB	100%	100%
Unknown	83%	60%

Number of POAC Claims by Quarter and Locality



Primary Options for Acute Care (POAC) is a patient centred service which enables General Practice Teams to safely manage acute illness, by accessing an increased range of specified services in the community. This service provides an alternative to referring patients to the Emergency Department

**Key Insights**

- » Overall, Māori POAC claims are generally proportionate to their share of the enrolled population, although they can fluctuate month on month. Overall, Māori POAC claims are generally proportionate to their share of the enrolled population, although they can fluctuate month on month.
- » POAC usage overall has declined dramatically over time.

Māori POAC claims numbered 73 in May 2024, and have steadily decreased from a recent monthly peak of 221 in May 2021.

- » There has been a level of variability in the share of Māori with POAC claims since 2021, ranging from 14.7% to 27.6% across all monthly POAC claims.

Recent Māori POAC usage was predominantly for:

- » Three pathways, Patient (ED) redirect, Flexible Packages of Care and Iron infusions.
- » 25–64-year-olds
- » Palmerston North and Horowhenua, although there were over half of Patient Redirects that were from an unknown location.
- » High deprivation quintile (four and five).

## Secondary Health

This section provides an overview of secondary health care data sourced from Te Whatu Ora MidCentral, covering the period from 2018 to June 2024 (excludes partial data obtained for July). The data is crucial for monitoring Māori engagement with secondary health service.

- It includes:
- » Emergency department
  - » Bed days
  - » Inpatient
  - » Maternity
  - » Radiology
  - » And theatre data.

This comprehensive dataset helps to ensure equitable access and outcomes for Māori within the healthcare system.



# EMERGENCY DEPARTMENT

## Secondary Health

Month Selector

2024-Jun

Populations of interest

Māori

Māori vs non-Māori

Māori Presentations  
**967**

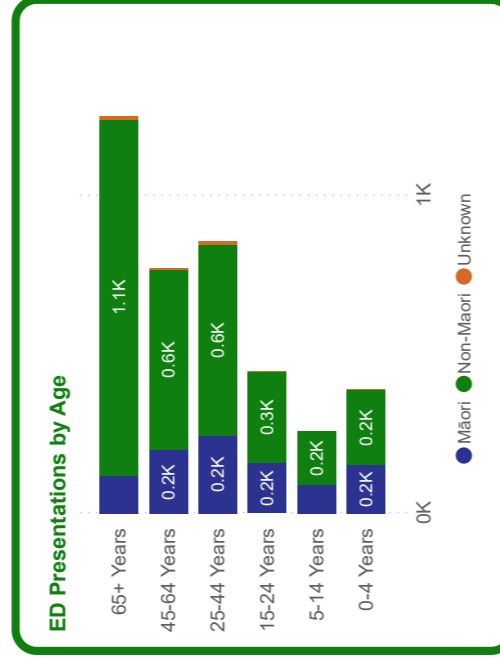
Māori % All Presentations  
**24.3%**

Māori waiting 8+ hours  
**291**

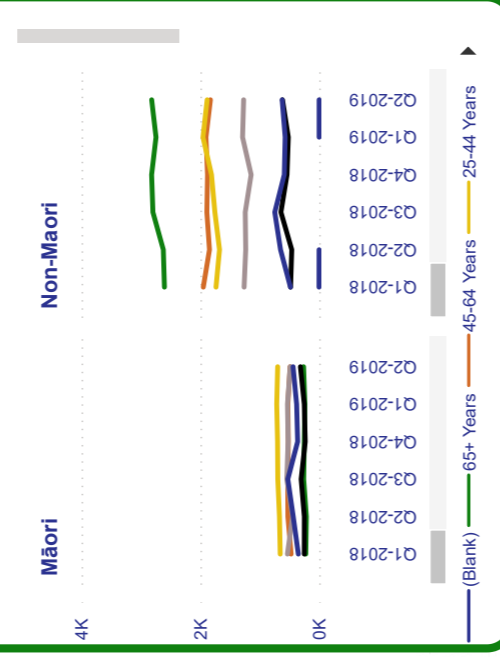
Māori % with Triage Code 1 or 2  
**25.4%**

Māori % all ED who waited 8+ hours  
**21.4%**

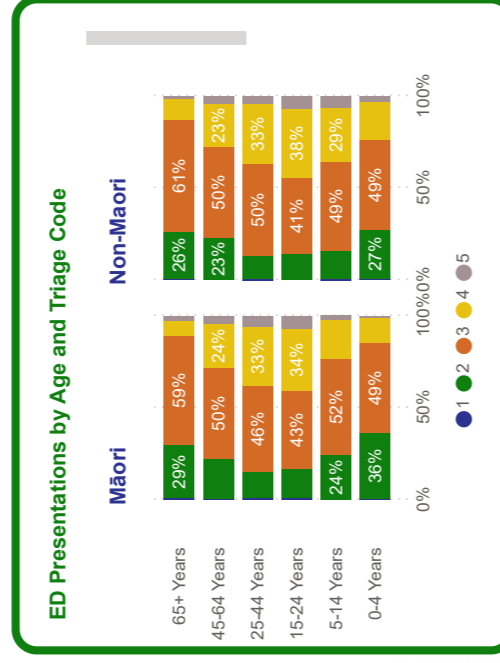
Main demographic breakdown: Age



Quarterly ED Presentations by Age



2nd demographic breakdown: Triage Code



In June 2024, 967 Māori presented at the Emergency Department.

- » This compares with an average number of Māori presentations of just over 800 from January to April this year, however higher levels May-August have been common over the past seven years.
- » Since 2018, Māori tend to consistently be around 22% of all ED presentations in the rohe.

### Key Insights

- » Māori have a slightly higher level of ED presentations, relative to their share of the population. This, however is slightly confounded by a high level of presentations by Māori living outside of the rohe. This, however, is slightly confounded by a high level of presentations by Māori living outside of the rohe.
- » Māori are presenting with life-threatening issues at a higher rate than non-Māori.
- » There are high rates of Māori waiting in ED for eight or more hours. These rates however are slightly lower than for non-Māori.

### Takiwā

- » Almost half (462 out of 967) of Māori that presented to ED in June lived in Te Papaioea; a consistent pattern over the past seven years. A slight increase in the proportion of Te Papaioea Māori at ED also seems to be associated with a relative decrease in presentations by Māori living outside of the rohe.


### Triage

- » Almost one quarter (22.1%) of Māori ED presentations in 2024 have been triaged as immediately or imminently life-threatening. This is an increase in the share from 16.7% in 2018. This has seen a similar decrease in the share of presentations triaged at codes 5 or 5 (29.0% in 2024, down from 36.1% in 2018).
- » Non-Māori presentations to ED are more likely to be coded 3 and less likely to be of high importance (1/2) or lowest important (4/5). The trend towards slightly more serious presentations for non-Māori is similar to that of non-Māori.

### Wait times

- » In June 2024, almost one-third of Māori waited in ED for eight or more hours.
- » The proportion of Māori waiting for 8 or more hours has dramatically increased since 2020, from 11.4% to 33.4% for the 2023 calendar year.
- » Wait times for Māori tend to be lower than for non-Māori across all triage codes and takiwā, however are slightly longer across Age groups.

Inpatient



**INPATIENT**  
Secondary Health

Measure Month Selector Populations of interest

Admissions ▾ 2024-May ▾ Māori vs non-Māori

Māori Admissions

539

Non-Māori Admissions

2,004

Māori % all Admissions

21.1%

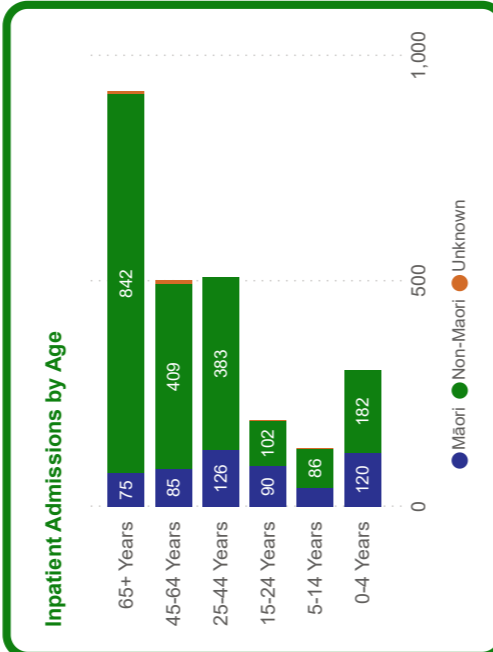
Māori % All Dep 5

30.8%

Māori % all Under 5s

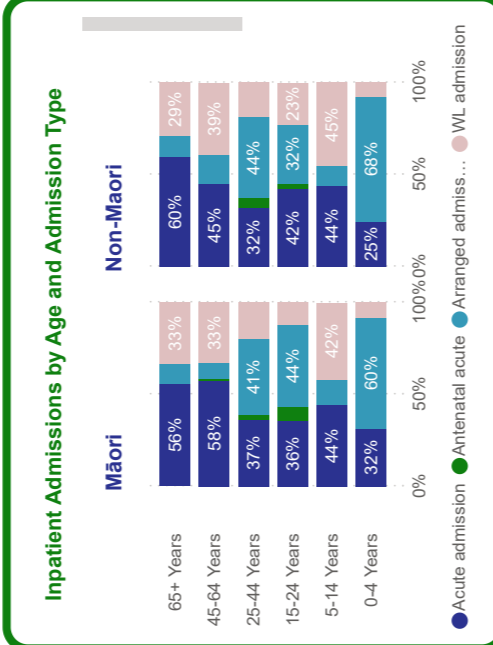
39.7%

**Main demographic breakdown:** Age ▾



Age Group	Māori	Non-Māori	Unknown
65+ Years	75	842	
45-64 Years	85	409	
25-44 Years	126	383	
15-24 Years	90	102	
5-14 Years	86		
0-4 Years	120	182	

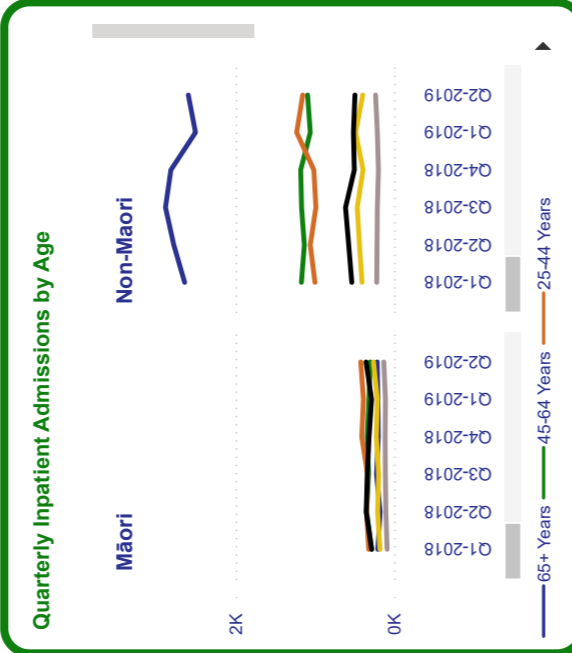
**2nd demographic breakdown:** Admission Type ▾



**Inpatient Admissions by Age and Admission Type**

Age Group	Māori	Non-Māori
65+ Years	56%	33%
45-64 Years	58%	33%
25-44 Years	37%	41%
15-24 Years	36%	44%
5-14 Years	44%	42%
0-4 Years	32%	60%

**Quarterly Inpatient Admissions by Age**



**Inpatient Admissions by Age and Admission Type**

Age Group	Māori	Non-Māori
65+ Years	56%	33%
45-64 Years	58%	33%
25-44 Years	37%	41%
15-24 Years	36%	44%
5-14 Years	44%	42%
0-4 Years	32%	60%

In June 2024, 111 Māori had inpatient admissions.

- » Annual Māori Inpatient admissions have hovered around 6,000-6,600 since 2018, with no trend, either positive or negative.
- » Māori Inpatient Admissions have consistently made up around 21% of all annual inpatient admissions.
- » Māori inpatient admissions are highest for Te Papaioea, with 43 in June 2024. Manawatū has proportionately high number of admissions (20.7% of Māori admissions however 12.5% of enrolled Māori).
- » Māori and non-Māori admissions have shown a dramatic decrease in those living outside of the rohe.

**Key Insights**

- » Māori inpatient admissions, numbers and relative share, has remained stable since 2018
- » Disproportionately high admissions for oldest and youngest Māori and non-Māori
- » Māori aged 45 and over more likely to have acute inpatient than non-Māori, and more likely to have waitlist inpatient admission when under 45.

**Takiwā**

- » Māori, compared to non-Māori, have a higher share of admissions from Horowhenua and outside rohe, and a lower share of admissions from Manawatū.

**Age**

- » Māori admissions are disproportionately high for those aged 0-4 (19.4% of all Māori admissions in 2024, compared with 10.3% of the enrolled population in May 2024) and 65+ (16.3% of all Māori admissions in 2024, compared with 8.1% of the enrolled population in May 2024). Admissions for Māori aged 5-14 were disproportionately low, with 8.1% of admissions, although making up 21.4% of enrolled Māori.
- » Non-Māori have similar age-patterns, although reflecting their higher prevalence of those aged 65+ and lower prevalence of younger people aged under 15.

### Deprivation

- » Inpatient Admission patterns by deprivation follow the patterns found in the enrolled population, almost 40% of Māori living in the areas of highest deprivation (Dep Quintile 5), and almost 5% live in the areas of lowest deprivation (Dep Quintile 1).
- » This pattern has minor variation, though no overall change, from 2018 to 2024.
- » Non-Māori have slightly more admissions from those living in areas with high deprivation (Dep Quintile 4 and 5), and lower admissions for the least deprived areas (10% of admissions from 15% of their enrolled population).

### Admission Type

- » In June 2024, acute admissions were the most common type of admission for Māori, followed by arranged and waitlist admissions. From 2022, admissions by type have remained stable.
- » There are clear age differences between Māori and non-Māori, with a high proportion of acute admissions for non-Māori aged 45 and over and a higher proportion of waitlist admissions for non-Māori for each age group under 45.

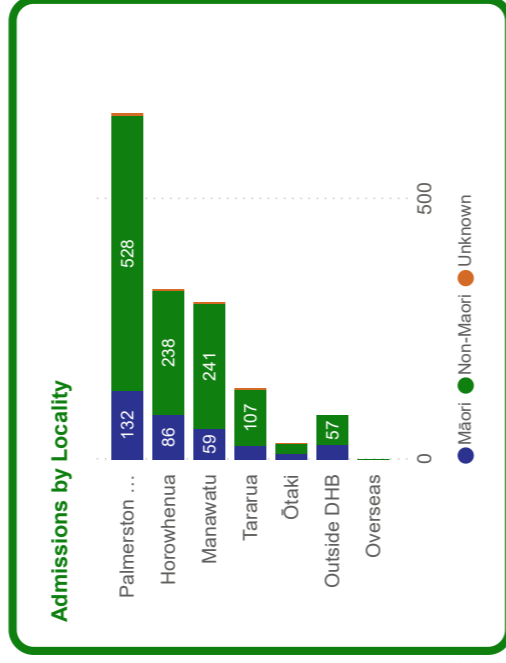




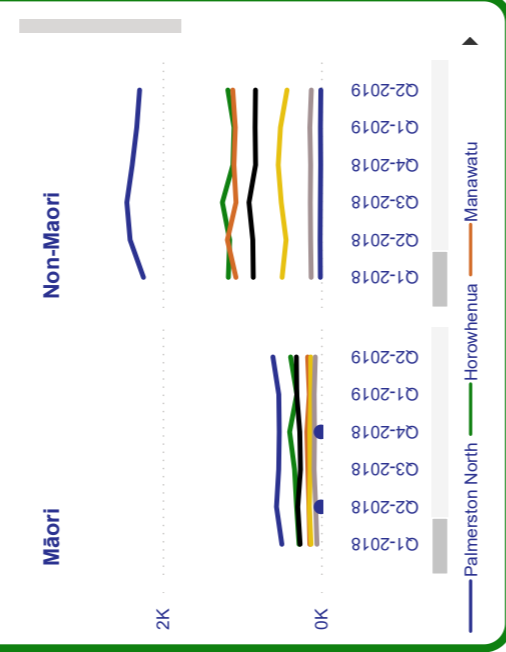
**Measure** Admissions **Month Selector** 2024-Jun **Populations of interest** Māori vs non-Māori

**Māori Admissions** 344 **Non-Māori Admissions** 1,190 **Māori % all Admissions** 22.3% **Māori % All Dep 5** 27.7% **Māori % all Under 5s** 38.9%

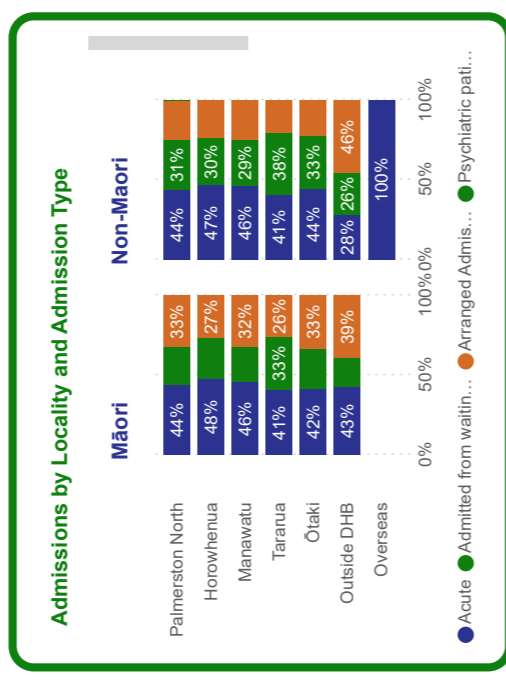
Main demographic breakdown: Locality



Quarterly Admissions by Locality



2nd demographic breakdown: Admission Type



### Key Insights

- » In May 2024, 578 Māori were admitted to any ward, and had so far stayed for 1,140 bed days. Māori length of stay has fluctuated, but averaged around 1,800 bed days per month.
- » The Māori share of bed days has fluctuated year on year from a high of 20.0% in 2021, to a current recent low of 17.0% so far in 2024.
- » Tairāia patterns of length of stay are consistent with the underlying Māori population.
- » Māori are over-represented in share of length of stay for 15-24 year olds (53.0% of all 15-24 year old beddays but 26.2% of the enrolled 15-24 year olds) and 25-44 year olds (30.2% of beddays and 19.8% of the population).
- » Bed day patterns by Deprivation tend to mirror the underlying population.



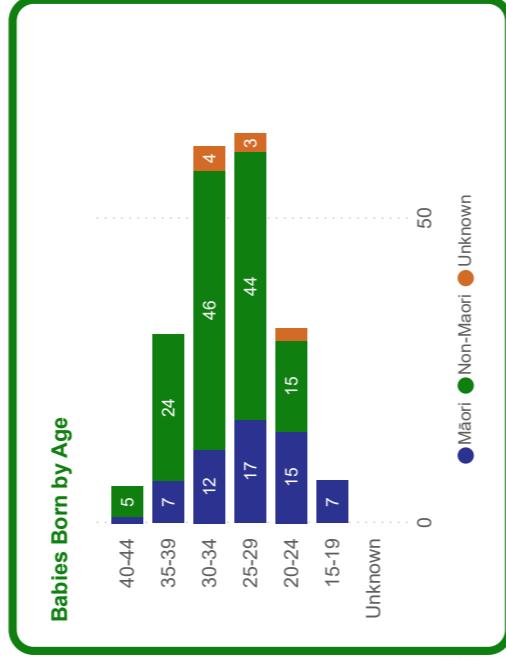
Measure **Babies Born** Month Selector **2024-May** Populations of interest **Māori vs non-Māori**

Māori Babies Born: **59** | Non-Māori Babies Born: **134**

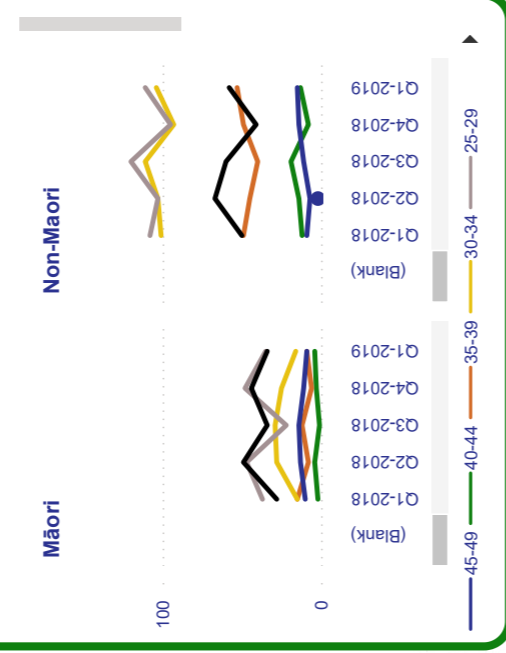
Māori % of all Babies Born: **28.9%** | Māori % Caesarean Babies Born: **28.2%**

Māori % Babies Born to Mums aged 35+: **22.9%**

Main demographic breakdown: Age



2nd demographic breakdown: NZDep



2nd demographic breakdown: NZDep



### Key Insights

- » There were 57 Māori births in May 2024. Births tend to generally fluctuate around 30-50 each month.
- » The share of Māori births also fluctuates around 20-30%, with one noticeable low point of 17% in Feb 2024 being an outlier.
- » Māori births are a proportionately higher share of birth in Te Papaioea (29.1%), Tararua (29.4%), and Horowhenua (46.0%). Māori births in the Manawatū (16.0%) and Ōtaki (33.3%) are similar to their population share.
- » 35.1% of Māori births are Caesarean, slightly lower than non-Māori (38.9%).
- » Across 2024, Age was factor for high caesarean birth rates with Māori aged 45-49 (40%, the only age group for Māori wāhine that exceeded 28%, whilst with non-Māori, caesarean rates progressively increase from 17.7% at 15-19 to 43% at 40-44, then peaks in 45-49 year olds at 64%.

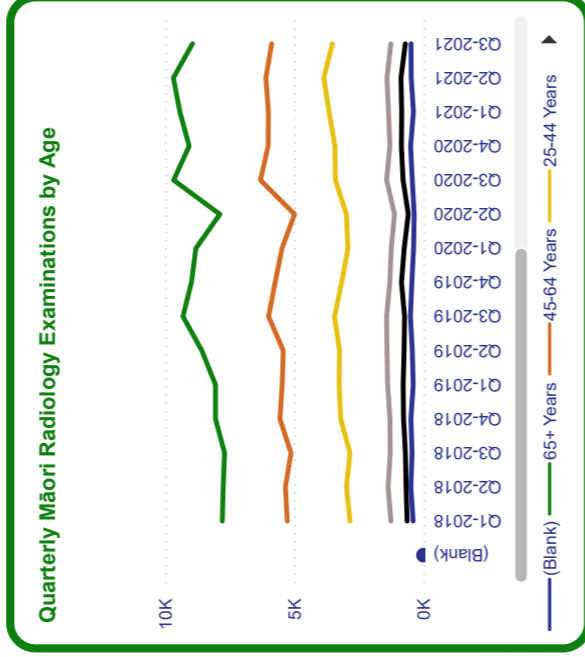
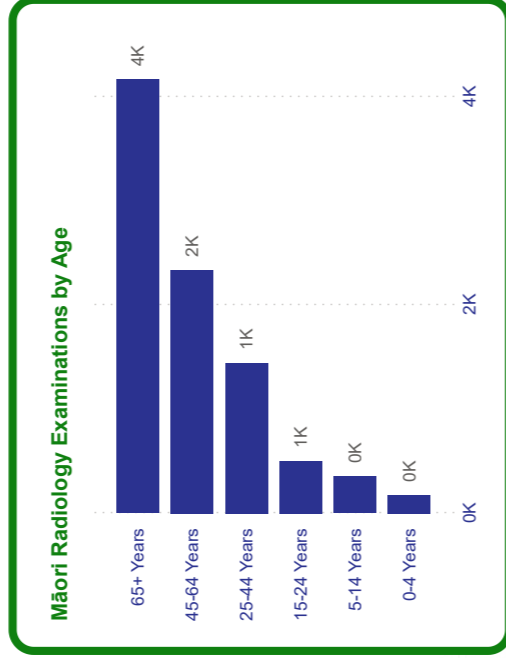


**RADIOLOGY**  
Secondary Health

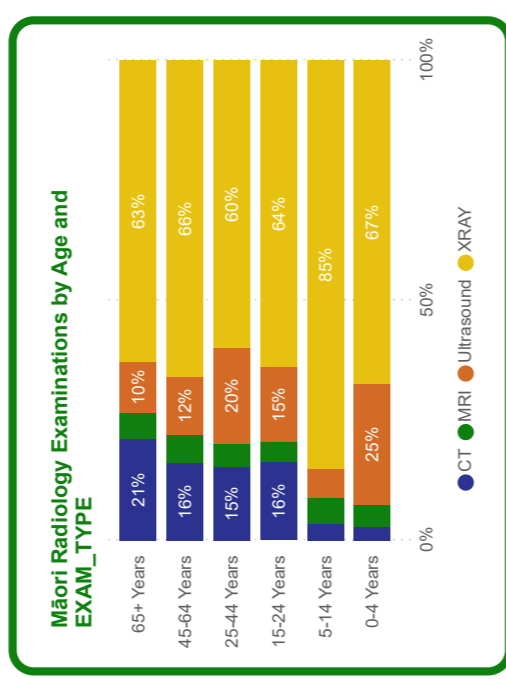
Month Selector 2024-May ▼ Populations of interest Māori Māori vs non-Māori

Māori Radiology Exams **1,350** Māori % All Radiology Exams **15.0%** Radiology Exams for Māori in Dep 5 **481** Radiology Exams for Māori Under 5s **48** Radiology Exams for Māori 65+ **351**

Main demographic breakdown: Age ▼



2nd demographic breakdown: EXAM\_TYPE ▼



**Key Insights**

- » Māori had 1,350 radiology examinations in May 2024. There has been a steady growth in examinations for Māori, from 10,557 in 2018 to 14,058 in 2023.
- » There has also been a steady growth on examinations for non-Māori, however there has been a slight increase in the Māori share of all radiology examinations, from 14.2% in 2018 to 15.4% in 2023.
- » The distribution of examinations by takiwā generally mirrors that of enrolments by Takiwā.
- » Older Māori (45-64 and 65+) have a disproportionately high.
- » X-rays (62%) was the majority of examinations for Māori in May 2024, followed by CT scans, Ultrasounds and then MRI. This pattern is consistent each year from 2020.



**THEATRE**

**Secondary Health**

Measure Month Selector Populations of interest

Operations

2024-May

Māori Operations: **211**

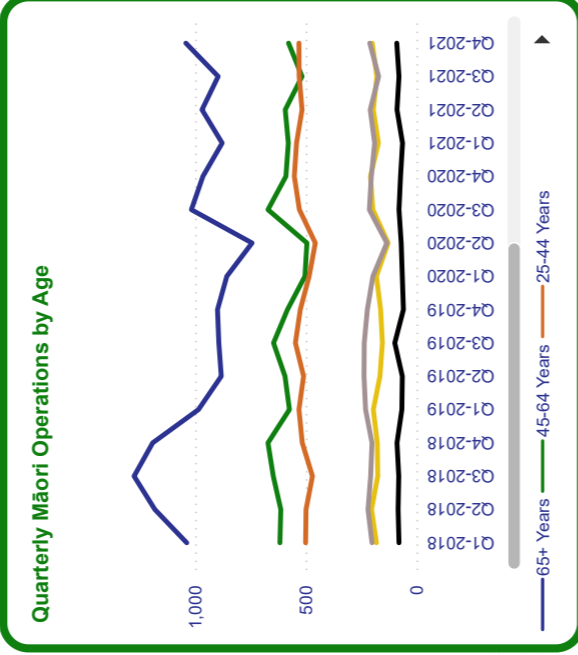
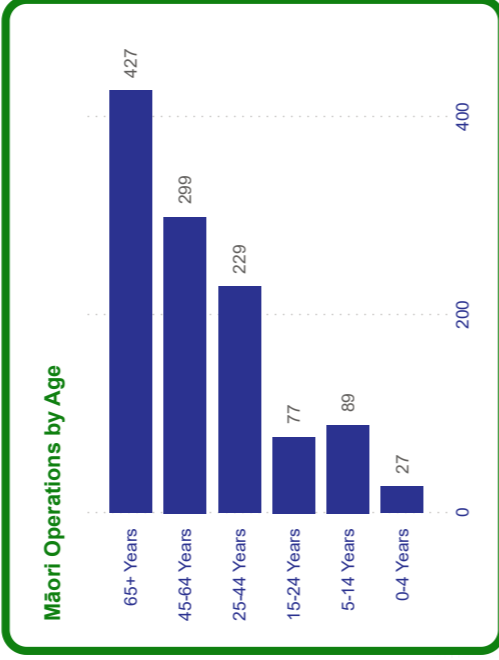
Non-Māori Operations: **927**

Māori % all Operations: **18.4%**

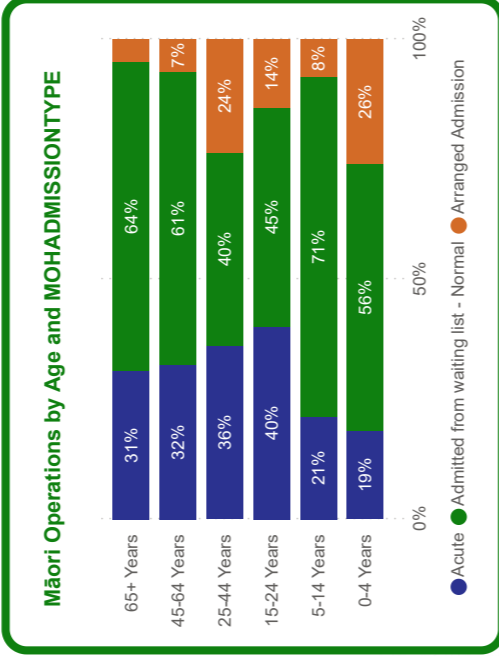
Māori % all in Dep 5: **27.4%**

Māori 5 all aged 65+: **9.4%**

Main demographic breakdown: Age



2nd demographic breakdown: MOHADMISSIONTYPE



### Key Insights

- » There were 211 operations on Māori in May 2024. Since 2020 there has been a year on year increase in the number of Māori operations from 1,772 in 2020 to 2,055 in 2023.
- » Over the same period, non-Māori have hovered around 8,000 annually, however 2023 has shown an increase to 9,932; the highest number of operations since 2018.
- » Māori have made up 18.0-20.0% of monthly operations since 2019.
- » The distribution of operations for Māori and non-Māori has mirrored the distribution of their underlying populations. There has been an increasing growth in the number of operations in Te Papaiōea, with a similar decrease in the number of operations for Māori and non-Māori living outside of the Rohe.
- » Māori aged 65 + make up 15.5% of all operations in May 2024, but 8.1% of enrolled Māori. Non-Māori aged 65+ also have a high share of operations (43.3%) given their share of enrolled (23.3%). This pattern is consistent each year from 2018.
- » The distribution of operations by deprivation is similar to that of the enrolled population, for both Māori and non-Māori.
- » In May 2024, over half (54.5%) of operations for Māori were admissions from Wait lists, one third (34.0%) are Acute admissions, and 11.5% were arranged admissions. Non-Māori had a slightly higher rate of Wait List admissions (61.5%), and lower acute admissions (29.8%).





# Disability

While disability is currently addressed as a separate section, our plan is to fully integrate it as a key factor of social inclusion, ensuring it is embedded across all measurement areas.

We have been working with Mana Whaikaha who supplied us with these snapshots of engagement data for the rohe.

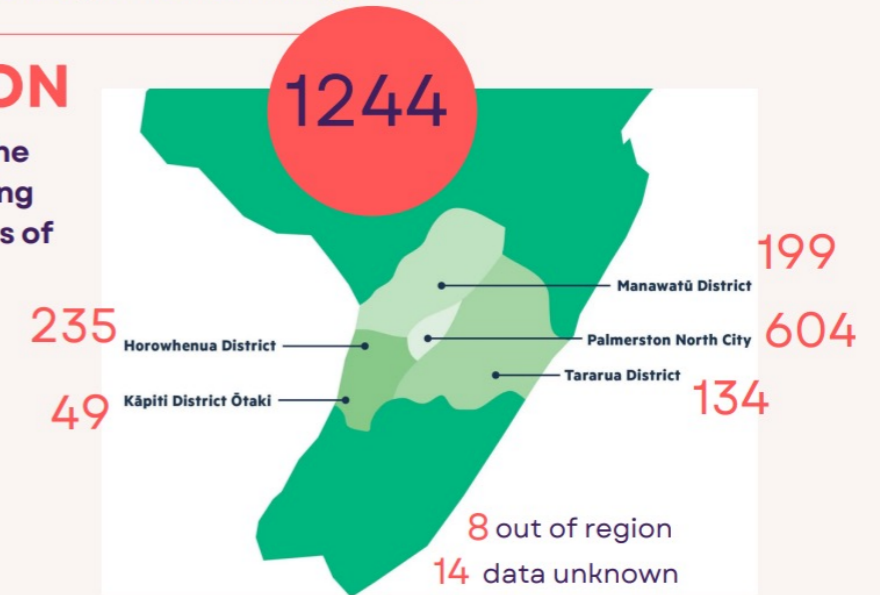
Mana Whaikaha have recently connected with the Ministry of Social Development (MSD) – we plan to leverage existing data sharing agreements between MSD and Te Tihi to explore opportunities to share data at a level that would allow us to create a unified view of disability and health data to support our understanding of how the health sector is performing for Māori with disabilities. We will also continue to work to improve to improve data collection to ensure disability is consider across all healthcare and wellbeing access and engagement.

## Summary of data for children and young people aged 0-24 years with active contact records with Mana Whaikaha

**1244** is the total number of children and young people in the Mana Whaikaha region between the ages of 0-24

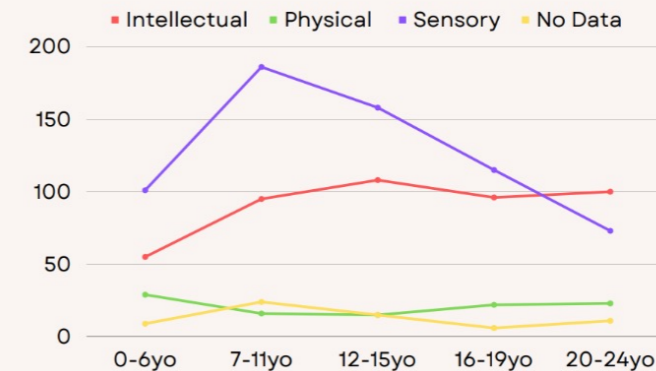
### LOCATION

District data of the children and young people 0-24 years of age.



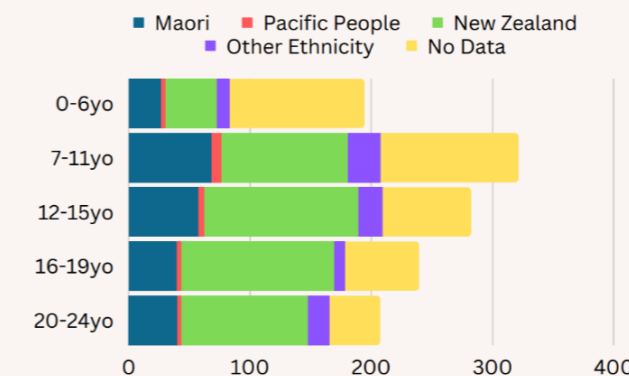
### PRIMARY IMPAIRMENT

Primary impairment data of the children and young people 0-24 years of age.



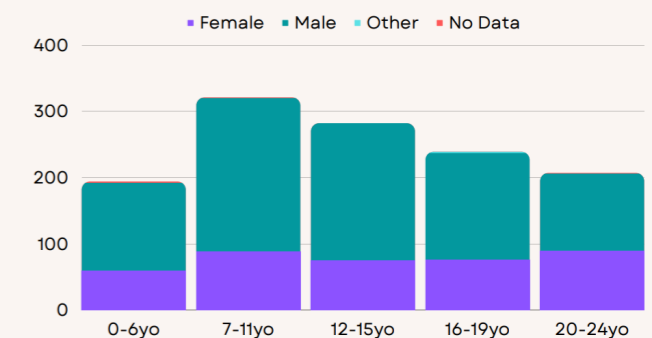
### ETHNICITY

Ethnicity data of the children and young people 0-24 years of age.



### GENDER

Gender data of the children and young people 0-24 years of age.



## Appendix 1: Whānau Voice Sources

Winter Wellness Survey (May 2024) Te Tihi Communications Team – social media based, 86 respondents.

Raukawa Whānau Ora (Feilding) (August 2024) Tāhū Ora Projects Team – focus group of 4.

Raukawa Whānau Ora & Aged Concern (August 2024) Tāhū Ora Projects Team – focus group of 20.

He Oranga Poutama Initiative (September 2024) Tāhū Ora Projects Team – 2 individual interviews.

He Puna Oranga o Ōtaki (September 2024) Tāhū Ora Projects Team – focus group of 8.

Ngāti Kahungunu ki Tāmaki-nui-a-Rua (September 2024) Tāhū Ora Projects Team - focus group of 30.

Provider Survey - Te Wakahuia Manawatu Trust (September 2024) – 40 respondents.

Te Kete Hauora o Rangitāne (Eketāhuna) (September 2024) Tāhū Ora Projects Team – 4 individual interviews.

Te Kete Hauora o Rangitāne (October 2024) Tāhū Ora Projects Team – 2 individual interviews and a focus group of 15.

Ngāti Kahungunu ki Tāmaki-nui-a-Rua (October 2024) Tāhū Ora Projects Team – 16 individual interviews.

Whaioro Trust (October 2024) Tāhū Ora Projects Team – 2 individual interviews.

Pae Ora Paiaka Whaiora Hauora (October 2024) Tāhū Ora Projects Team – 6 individual interviews.

Ngāti Kahungunu ki Tāmaki-nui-a-rua (Pahiatua location) (October 2024) Tāhū Ora Projects Team – 5 individual interviews.

Individual (October 2024) Tāhū Ora Projects Team – 1 individual interview.

Military Whānau (October 2024) Tāhū Ora Projects Team – 2 individual interviews.

Move to improve (October 2024) Tāhū Ora Projects Team – 1 individual interview.

Horowhenua District Council (October 2024) Tāhū Ora Projects Team – 1 individual interview.

# Appendix 2 – Data Sources

Content	Description	Source	Collection Method (URL)
Enrolments	Monthly Enrolments with THINK Hauora PHO	THINK Hauora	Bespoke Data Request. Data includes breakdowns by Ethnicity, Age, Gender, Deprivation and Takiwā.
Consultations	Monthly GP consultations (enrolled and unenrolled)		
Long Term Conditions	Enrolled patients with any LTC: Diabetes, Asthma, Gout, Cardiac Conditions, COPD, Immunosuppressed		
Primary Options for Acute Care	POAC pathway claims from GP services		
Mental Health	GP consultations with mental health as presenting issue		
ED Presentations	Presentations to ED at Palmerston North Hospital	Te Whatu Ora - MidCentral	
Inpatient	Inpatient admissions to MidCentral		
Theatre	Theatre use in MidCentral		
Maternity	Maternity events in MidCentral		
Radiology	Radiology examinations in MidCentral		
Beddays	Secondary Health Bed use in MidCentral		
Access to Primary Care	Enrolment numbers and rate, based on population estimates from Dec 2023	Te Whatu Ora	<a href="#">link</a>
Enrolment Demographics	Breakdown of enrolled population by range of demographic information including place and domicile of enrolment.		
Census 2023 Population (Ward and TLA)	Census 2023 data for Territorial Authority and Ward areas	Stats NZ	<a href="#">link</a>
Census 2023 Population SA1)	Census 2023 data for SA1 areas		
Population Projections	Population projections for each Territorial Authority - Five yearly projections to 2043 using 2018 as a base.		
NZDep2023	New Zealand Deprivation deciles by SA1 areas based on Census 2023	Department of Public Health, University of Otago	<a href="#">link</a>

# Appendix 3: Key Documents

## Relevant National docs

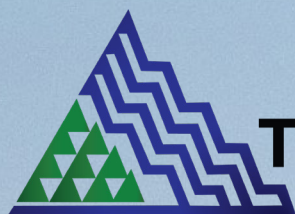
- » The New Zealand Health Strategy
- » Pae Tū: Hauora Māori Strategy
- » The Health of Disabled People Strategy
- » Rural Health Strategy
- » Women's Health Strategy
- » Whānau Voice current state of the system

## National docs developed for the rohe

- » Iwi-Māori Partnership Board Health Profile: Te Pae Oranga o Ruahine o Tararua Volume One
- » Iwi-Māori Partnership Board Health Profile: Te Pae Oranga o Ruahine o Tararua Volume Two

## Locally developed docs

- » TPO Strategic Plan
- » Tapatoru
- » Te Au Pae Tawhiti
- » Ngā Pou Tangata
- » Ka Ao Ka Awatea



**TE PAE ORANGA**

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