TE MOANA A TOI
IWI MĀORI PARTNERSHIP BOARD

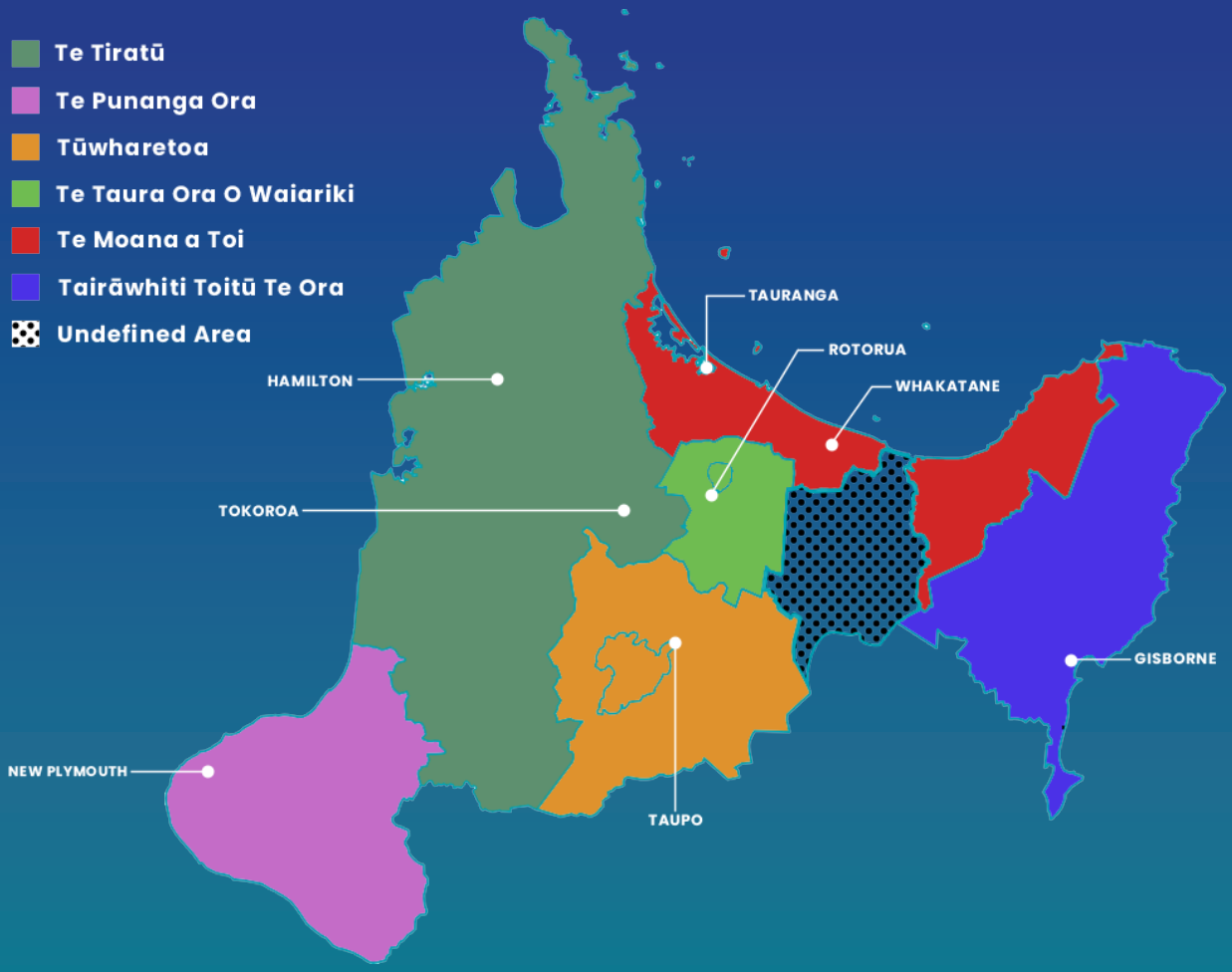
HAUORA MĀORI PRIORITIES

SUMMARY REPORT

30 September 2024

OUR IWI MĀORI PARTNERSHIP BOARD

Te Moana a Toi Iwi Māori Partnership Board is one of several in Te Manawa Taki region:



Te Moana a Toi is the name of the Iwi Māori Partnership Board (IMPB) represnting the Iwi across Mai i Ngā Kuri a Whārei ki Tihirau. The name originates from Toi our eponymous ancestor steeped in indigenous wisdon and knowledge. As a tohunga and the founding tupuna of Te Moana a Toi, he was regarded as an expert navigator and ancient explorer. Renoened as a pioneering ocean voyager, Toi was one of the first to land at Kakahoroa (Whakatāne) before establishing a settlement there. Toi is referred to by some as Toi Kairākau - the man sustained from the forest, and to others as Toi te Huatahi - the man of the first fruits. His many descendants are referred to as ‘Nga Tini o Toi’.

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INTRODUCTION

Photo: Mount Maunganui, Tauranga

Purpose

The purpose of Iwi Māori Partnership Boards (IMPB) under Section 29 of the Pae Ora Act 2022 is described below:

"The purpose of iwi-Māori partnership boards is to represent local Māori perspectives on—

(a) the needs and aspirations of Māori in relation to hauora Māori outcomes; and

(b) how the health sector is performing in relation to those needs and aspirations; and

(c) the design and delivery of services and public health interventions within localities"

In order to achieve this purpose, one of the first pieces of work commissioned by the IMPB was to understand the needs and aspirations of whānau Māori in our community by drawing on available information from the health system (e.g. IMPB profiles prepared by Te Aka Whai Ora, additional data from Te Whatu Ora and PHOs, and the voice of whānau).

How this report is organised

This report is a collation of available and selective (high-level) information from existing reports and whānau engagement results, sorted into a useable form for the IMPB, around three service domains. We needed to find a way to simplify the complexity and scope, and to have key information in one place. We know however that at any time we can and should refer to original source documents. Organising the available information this way was intentional in order for the IMPB to gain a strategic level overview of the situation for whānau in each of the three domains. Te Whatu Ora is currently organised into these three domains nationally and regionally:

- Public and Population Health
- Primary and Community Care
- Hospital and Specialist Services

and below each of these domains are numerous specific services and programmes. This report contains descriptions of services which sit in each domain, to help us as IMPB members to improve and increase our understanding and knowledge of these domains, and what is included (or excluded). The report does not cover every single service or programme from within the health system, but it does reflect the areas of high utilisation (or under-utilisation) by whānau Māori, greatest investment by Te Whatu Ora, and where we as an IMPB can have the greatest impact.

This is not necessarily how we as an IMPB think about health systems or hauora – we would prefer models that operate across the life-course, and which take consideration of the whole whānau - but this is not how our health system has evolved or is organised. In order for us to engage and be effective, we need to understand how each of the above three domains work or do not work for whānau.

This collation of information positions our IMPB to advocate for Māori interests with the relevant national and regional leaders of these three domains. Over time we would hope we can have life-course and whānau-centred dialogue – but for now we work with the system in the way it is organised in order to penetrate and influence the system now.

A note about information sources

Many sources of information were used to produce this report – two volumes of IMPB profiles from Te Aka Whai Ora; additional data requested from Te Whatu Ora on various services; data requested from PHOs; whānau engagement reports; research reports on kaupapa Māori and health services; and expertise of IMPB Board members. We retain the original source documents to enable us to refer back to the original information and analysis provided by the experts who prepared them.

Where we have used that data, we have noted the original source, and those source documents and profiles contain all of the academic references and bibliographies. The IMPB Profiles can be accessed for those wishing to review that information and we have chosen not to repeat it all for that reason. Additionally, experts in the field (e.g. those who developed the IMPB profiles) recognise the data limitations that exist, and these are important for us all to understand. Those data limitations and the positioning of the data was well-described in the profiles. The data supplied is also acknowledged by the system to contain ethnicity errors so likely most of the data under-reports the true situation for Māori.

We ran into some issues with data. Data we received from the health system applies to various time periods – it is not all 2024 current data. Some of the specific data that we requested was not time-stamped to match the data in the IMPB profiles for instance. Some of our data requests were not able to be met at the time of writing. For instance, we wanted to see more data on numbers of whānau Māori not making it to specialist appointments but did not receive it (we will continue to pursue remaining data). Our IMPB area does not cover all of the former Bay of Plenty (BOP)

district previously managed by the Bay of Plenty District Health Board (BOPDHB). Therefore, where BOP district data has been provided, it includes data related to the whole area – not just our IMPB area. We wait anxiously to begin receiving data specific to our IMPB coverage area and not the whole former BOPDHB district. Where the data we received was just for our IMPB area, it is identified accordingly. Some information was only available at a national level, reporting NZ results, regional data or Bay of Plenty district data - instead of results just for our IMPB area.

Working with imperfections

This is our first Hauora Māori Priorities report, and we recognise and acknowledge its imperfections – but it provides us with a good start. We expect to get more accurate and current data as the health system moves to tailor data provision to our IMPB area and to get better with ethnicity data and reporting what we want to know. That is the reason our IMPB has made data access and currency a key priority for the future.

We have agreed to work with these imperfections for now – as likely over recent years, the rates, utilisation and outcomes for Māori have not moved much. In fact, it was noticeable to those on our IMPB Board who have worked in the health system for a long time, that not much has changed over the past 3 – 4 decades! Inequities still exist across the health system in all areas. In fact, it is more likely that many areas are now worse off in a post-covid environment.

Again, we chose not to not wait for these imperfections to be fixed before we moved forward – the health of our people TODAY is our priority and waiting for perfect data just is not an option.

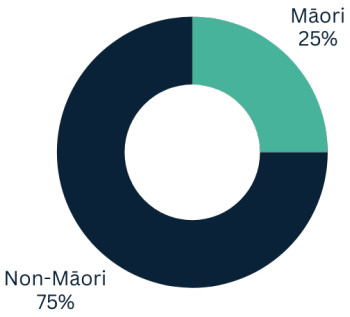
As the full Hauora Māori Priorities report is well over 230 pages of information, it is too unwieldly to share publicly, but it is an essential resource for detailed information to support our IMPB purpose and functions that we will continue to refer to over time, until we refresh the information in years to come.

NGĀ TANGATA | About the whānau in our IMPB area

Photo: Pāpāmoa Beach, Pāpāmoa

Demographic trends that the IMPB needs to plan for:

→ Te Moana a Toi rohe is home to just over 68,000 Māori (25% of the total population of 270,740 with 202,740 being non-Māori).



Total Māori Population
270,740

Māori Population
68,000

Non-Māori Population
202,740

Population estimates by age group, Te Moana a Toi, 2023

	Māori			Non-Māori			
Age Group (Years)	Number	Age Distribution	% of IMPB	Number	Age Distribution	% of IMPB	Total IMPB Number
0-14	20,255	30%		30,670	15%		50,925
15-24	12,285	18%		16,810	8%		29,095
25-44	16,465	24%		50,870	25%		67,335
45-64	13,030	19%		52,935	26%		65,965
65+	5,575	8%		51,760	26%		57,335
Totals	**68,000**	**100%**	**25%**	**202,740**	**100%**	**75%**	**270,740**

Projected Growth:
Māori Population in Te Moana a Toi to increase from 25% to 35%.

Investment Growth:
Current investment in Kaupapa Maori services must increase alongside this 10% population growth.

48%
Māori under 25 years old

VS

23%
Non-Māori under 25 years old

→ A significant focus must be on wellbeing, prevention, building capability for leading a healthy lifestyle, increasing school-based services, increasing participation in sports, healthy nutrition, smoking / vaping prevention and cessation.

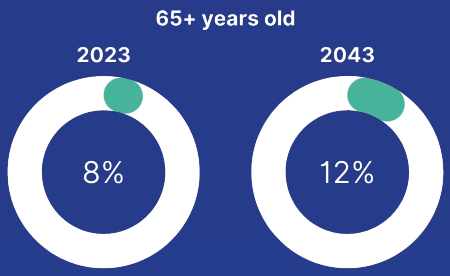
Younger Population

→ This younger population will vastly increase the Māori birth rate over the next 20 years.

This means appropriate maternity/midwifery care is needed to give parents and babies the best start in life. This includes immunisation, enrolment in dental care under 5 and support for early childhood education/Kohanga Reo.

Older Population

Over the next two decades, the Māori population in the IMPB areas is projected to be older - by 2043.

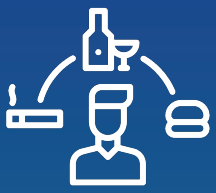


This means we need to grow and plan for more aged-care, homecare, falls prevention, rehabilitation, physiotherapy and Kaumatua engagement that encourages regular activity, socialising and healthy eating.

Social determinants have a significant impact on Māori

The Institute for Clinical Systems Improvement model of determinants of health and wellbeing, evidence suggests that:

50% of socio-economic determinants impact your wellbeing (income, education, home, job).



30% of determinants are health behaviours (eating, smoking, exercise).

20% of determinants are from health services.

The Māori population in Te Moana a Toi IMPB area have lower rates of income, job status, home ownership and education across the board so this **50%** of "influence" on wellbeing is severely compromised.

Māori are:

47% of the Māori population live in designated 'deprived' communities.

1.5x more likely to have incomes less than $20,000pa.

65%+ live in homes they do not own.

DIRECT IMPACT

The IMPB can have the greatest DIRECT impact on 50% through messaging and promoting healthy behaviours and advocating for increased investment in appropriate health services via working with the health system. A communications campaign for instance where IMPB Board members speak out (Iwi radio, hui) on key issues, findings in this data, and encouraging whānau to healthy pathways would demonstrate a public commitment by the IMPB.

INDIRECT IMPACT

The IMPB can have the greatest INDIRECT impact on the other 50% through influencing and advocating with other sectors responsible for job growth, housing and educational achievement. The focus should be on working primarily with MBIE / WINZ, MHUD and Education.

Cultural Factors

70%+ of Māori are engaged in Māori culture and Marae activities.

20% of Māori regularly use Te Reo at home.

This is another area where tikanga and te reo can be advocated for and uplifted through IMPB advocacy and promotional efforts, as cultural resiliency is known to contribute to health outcomes.

Causes of death for Māori in the rohe

The leading avoidable causes of death contributing to the life expectancy gap among Māori are lung cancer, coronary/ heart disease and diabetes, followed by COPD. The focus needs to be on:

- Ensuring those with these conditions are diagnosed, and supported to manage with medication, exercise and social / whānau supports, and that we prevent or mitigate deterioration or early death.
- Ensuring those "at risk" of developing these diseases (e.g. pre-diabetic) are caught early, diagnosed and supported to prevent onset of disease.

Life Expectancy

The life expectancy at birth for Māori born in Te Moana a Toi between 2018-2022 is

♀ **78.2 years for females**

♂ **73.8 years for males**

Māori life expectancy in Te Moana a Toi is

♀ **7.5 years shorter for Māori females**

♂ **8 years shorter for Māori males**

compared to non-Māori in Te Moana a Toi.

The leading avoidable causes of death contributing to the life expectancy gap among Māori in the region are lung cancer (0.9 years), coronary disease (0.8 years) and diabetes (0.6 years).

The leading causes of death for Māori in 2014-2018 were ischaemic heart disease, lung cancer, chronic obstructive pulmonary disease (COPD), cerebrovascular disease and diabetes.

Leading causes of avoidable deaths are as above and can be prevented through high quality health care and public health interventions (prevention).

For Māori females leading causes are lung cancer, ischaemic heart disease, breast cancer, cerebrovascular disease and COPD.

For Māori males, were ischaemic heart disease, lung cancer, diabetes, COPD and suicide).

WHĀNAU VOICE | General Feedback

Photo: Waihī Beach, Bay of Plenty

What works well for whānau

Whānau highlighted the importance of connecting with services in their place of choice, through quality communication, and working collaboratively. When services give more choice, flexibility and by increasing responsiveness, whānau are more likely to remain engaged and receive timely and quality care. Some key aspirations for health service delivery for whānau are described below:

The right workforce

Employing local staff/ kaimahi Māori who are known in the community because it strengthens whānau/provider relationships.

Kaiawhina support with transport, and support at other appointments.

Quality leadership and health care assistants to care for Tangata Whaikaha/people with disability.

The right settings

Home-based Services where able, in a non-clinical environment.

Onsite visits where and when needed, for example- kohanga, daycare, schools (school-based health services) or workplace.

The right supports for whānau

Addressing transportation issues, offering petrol vouchers.

Providers who help organise St John shuttle for pick ups.

Quit buddies, providing alternative non-funded tools and incentivising smokefree.

An account system for regular high needs customers so they can charge script and pack fees and pay later.

Offering free delivery to houses for prescriptions/medication.

Free blister packs to our coast customers (who also have no charges for GP visits).

Providers knowing barriers and stepping up to meet the needs with a non-judgemental approach.

Service delivery suited to whānau

Flexible times for appointments- after-hours, extended hours, twilight and weekend appointments.

Walk in appointments.

One week and day prior text reminders.

Ensuring time is prioritised for building that relationship and trust so whānau can communicate their unique needs with their support workers.

Telephone consultations if needed.

Taking a whānau ora approach and understanding whakawhānaungatanga key when engaging with whānau.

Free services.

Not receiving too much information at one time (overloading).

Responsiveness/Immediate referral onto other services where needed.

Health education and promotion through social media.

What does not work well for whānau

Participants identified the most prevalent barriers for whānau:

Limited Local Services

Areas like the east cape and Murupara were identified as not having enough services either in the community or coming to the community on a regular basis. In particular the lack of GP services including after-hours services, dental services and pharmacy. Some specific comments from whānau were:

There are service providers who say they are doing something in these communities but feedback from rangatahi and whānau is that they are not.

Negative past experiences

Whānau shared experiences of health providers giving them negative experiences through unresponsive and judgmental staff, and that this has led to mistrust of the health system.

Some specific comments from whānau were:

I see whānau wanting to access the health system but because of their bad experiences and negative messages from the health services they become so demoralised.

Larger providers don't mean better care.

Not only Māori but for pakeha too. They all have had bad experiences.

Communication and information

Some whānau stated they have a lack of awareness of available services especially where those services may be free. Some also suggested improvements are needed in health literacy such as understanding medication and knowing how to take it, why it is important, why you can't stop taking medication just because you feel better. Another challenge for providers is reaching whānau when the contact information changes frequently. Some specific comments from whānau were:

The Eastern Bay is not a wealthy community. Far from it yet the need to fundraise is relentless.

We offer an account system for our regular high needs customers so they can charge script and pack fees and pay later. We carry debt as a result of this – many have not paid for years and some die with outstanding accounts.

Even though baby might be free, mama can be hesitant in going to the Dr because of an unpaid bill with the GP.

Geographic isolation

Whānau participants and providers serving whānau identified that whānau from rural areas are disadvantaged by their geographic location as it meant limited access to services. For some this may involve a 2-3 hour drive each way to access basic services. Rural specific challenges were considered not to be given proper attention in health planning including options such as offering mobile services, or regular weekly services coming to the community.

Cultural considerations

Several comments were made of the need to ensure health services considered cultural factors when working with some whānau – especially the older generation. Many are whakama, stoic and feel uncomfortable accessing or asking for support. Some of this is pride, some is not wanting to use services that someone else might need, some think they can 'manage' on their own and not burden anyone, and some may be intimidated by authority – especially with doctors. Some specific comments from whānau were:

They don't mind waiting, but not because it's of concern or their care isn't urgent, they just don't want to make a fuss, it's the way their generation is.

Whānau think it is a waste of time having carer support if the person doesn't know how to manage stomas or pressure areas cares. It's better for their loved one if they just do it themselves and they decline the care. It's not really a true 'decline' it's because they are afraid that their loved one will be hurt or embarrassed by accidents like leaking colostomy bag.

Older clients aren't always open with their situation and are usually hesitant to open up about their struggles.

Once whānau feel comfortable with us, they trust us and then they pull back and allow you to deliver personal care to their loved ones. If there isn't trust, then they can't take a step back.

Challenges and aspirations for providers serving whānau

Lack of funding for sustainable services

Providers identified that funding is not keeping up with demand, and that there has been minimal shifts in funding for a long time. Providers are being asked to deliver new, diverse services to meet the growing needs of communities but with no additional funding, so sustainability becomes an issue. Often funding models are complex and inequitable as well, with no additional recognition for the acuity in the population, or distance / rurality. There is little recognition that despite having low populations, you still need sustainable core funding to sustain a small team to serve the population. There is also often more home visiting involved. Therefore, a population-based funding model does not work.

Another factor especially for rural health providers is that other agencies often tap into those groups as the main

service provider in the community, to reach out to whānau for other purposes, or to disseminate information, call hui, undertake research or promote a particular event. But they do not recognise or compensate the time and cost. Some specific comments from providers were:

Other agencies use us to do their work because we are here - when we are not resourced to do this, but we do it anyway

I'm not funded to extend my pharmacy hours, there's no incentive. I might get 2 scripts after 5pm but that might be 2 of the most important scripts because some of the whānau here have left their medications for weeks and weeks. So that delay matters

Solutions recommended by providers

- **Sustainable and Equitable Funding Models:** Advocate for long-term, sustainable funding that ensures continuous support rather than temporary fixes. This could involve establishing pilot programs or securing specialised funding streams tailored to the unique needs of the Rāwhiti region.
- **Holistic, Integrated Care Approach:** Develop a comprehensive care model that integrates healthcare with education, housing, and community support. This model should focus on addressing the social determinants of health that contribute to issues like generational trauma, rangatahi disengagement, and homelessness.
- **Re-engagement Strategies for Rangatahi:** Implement targeted interventions aimed at re-engaging rangatahi with healthcare services. These could include youth-specific outreach programs, culturally appropriate mental health services, and support systems that resonate with young people's needs and aspirations.
- **Strengthening Mental Health Crisis Teams:** Improve the responsiveness and effectiveness of mental health crisis teams in Whakatāne. This might involve additional training in cultural competence, increasing staff numbers, and ensuring better coordination with other community services to provide comprehensive support during crises.
- **Addressing Generational Trauma:** Incorporate trauma-informed care practices across all services, particularly in mental health and social services. This approach should recognize the impact of historical and ongoing trauma on whānau and provide appropriate support to break the cycle.
- **Reducing Homelessness Through Integrated Support:** Collaborate with housing services to provide stable, long-term housing solutions for whānau at risk of or experiencing homelessness. This should be accompanied by wrap-around services that address underlying issues, such as mental health support, employment assistance, and social services.
- **Improving Accessibility to GP Services:** Increase access to GP services by addressing the root causes of disengagement, such as lack of trust, cultural barriers, and service availability. This could involve employing more Māori healthcare providers, offering extended hours, and improving the patient experience.
- **Enhanced Communication and Navigation Support:** Strengthen communication between healthcare providers and whānau, ensuring clear, consistent, and culturally sensitive information is provided. Additionally, develop support systems that help whānau navigate the healthcare system, especially during complex situations like cancer treatment.
- **Community-Led Solutions:** Encourage and support community-led initiatives that address local challenges. This could involve empowering whānau and community leaders to design and implement solutions that are tailored to the specific needs and strengths of their communities.
- **Regular Monitoring and Evaluation:** Establish mechanisms for ongoing monitoring and evaluation of the implemented strategies. This will help ensure that the interventions are effective, culturally appropriate, and capable of being adapted as the community's needs evolve.

Other ideas offered by providers:

Theme	Provider Ideas
Increase whānau choice	When services give more options around appointment times and locations, attendance rates are better: ▪ Extend opening hours ▪ Have drop in services ▪ Offer options for appointments – telephone, kanohi te kanohi ▪ Telehealth support in pharmacy for those who want it.

Theme	Provider Ideas
Focus on resolving barriers	*"We could provide support with childcare while parents are attending appointments".* *"Equitable access to resources, choices and opportunities- so a service that front faces with an identifiable and relatable service for whānau i.e. kaupapa led approach, staff that they can identify with, high cultural value placed on tamariki and rangatahi clients"* Services offered in the home or place of choice, when whānau want to see us, within or outside of hours: ▪ Integrate services into the community and schools ▪ Focus on unenrolled and disengaged ▪ Community and home based.
Tautoko whānau into the workforce	*"We have recruitment challenges, and we are a service that can prevent many long-term and chronic health issues for whānau".* Workforce development, recruitment and training were raised as priorities. Workforce and kaimahi being from within their communities were highlighted a number of times. The interviewees were 90% Māori. ▪ Empower whānau from the community to step into health care roles ▪ Grow the local workforce ▪ Enabling people to work throughout the system without penalisation ▪ More Māori in the workforce through extra funding in contracts, so that it is not the financial responsibility for the organisation.
Focus on prevention and promotion	*"Prevention also needs to be a priority, rather than waiting at the bottom of the cliff, there needs to be a fence at the top that meets and intervenes with whānau earlier".* *"Our staff collect real time notes and can act quickly when needing to respond or address whānau needs. Referrals can be made quickly and supports put in place. This helps prevent hospital admissions. We are wanting to work on new initiatives, but we are limited with funding to improve our internal systems and resources to better meet the needs our whānau".* To reduce barriers for whānau, providers suggested that there needs to be more of a focus on preventing poor health, as well as promotion of health information and services. Increasing enrolment with primary care was identified as a priority as well as parents getting recall reminders and/or education around immunisations at the time the chid is due. Key themes are: ▪ Education, in particular immunisation information ▪ Focus on screening ▪ Better engagement with unenrolled and disengaged whānau.
Work collaboratively	*"Communications from colleagues in hospitals to advise us that one of our patients is going to be needing a drug that isn't normally stocked by a pharmacy, this would help us to order it in time."* Working more collaboratively across the sector to ensure information is disseminated at every point of care contact (every door is the right door), as well as smoothing transition between service was identified as a solution by participants: ▪ Providers should work together to fill service gaps ▪ Greater awareness between services of what is available for whānau ▪ More communications between primary and secondary care ▪ Primary care to step into the role of connectors

Theme	Provider Ideas
Increase cultural approaches to care	Participants identified as mainstream organisations, it is important to recruit Kaimahi Hauora Māori, and where possible cultural advisors. This ensures that services are supporting whānau appropriately and enhances cultural sensitivity, as well as delivering Te Ao Māori approaches. ▪ Holistic approach and models of care, for example, Te Ūkaipō framework in school-based health services ▪ Building whānau ngatanga and mutual respect using Te Reo ▪ Support to access Kaupapa providers through raising awareness of available services ▪ Workforce development – Cultural capability.
Improve communication with whānau	▪ Building whānau ngatanga and mutual respect using Te Reo ▪ Involving whānau-in-care planning strengthens communication ▪ Text reminders ▪ Clear information when whānau need it ▪ Promotion of services ▪ Not overwhelming people with information ▪ Social marketing and health promotion ▪ Improving efficiencies in existing programmes such as Kiri Ora ▪ Raise the profile of all providers, not just the larger and more well-known ones ▪ Vary methods based on health literacy of the person.
Make essential improvements to the system	*"Primary Care needs to change and grow in meeting the needs and responding to whānau".* ▪ Providers noted that if they were more adaptive and responsive, with a values base that was evident in their systems and processes, that would greatly improve services. ▪ Improve referrals ▪ Every door is the right door approach ▪ Enable quick adaption to meet needs ▪ Having overarched regional service design to ensure no service gaps ▪ Greater access to patient information.
Involve rangatahi in the solution	Building whānau ngatanga with rangatahi to ensure that when they need to access school-based health service, or other services, it aligns with an approach that they are comfortable with. Advocacy and representation of the rangatahi voice into meaningful improvements and services designed by them for them.
Address funding	*"A landscape review is needed. There is ACC, MSD, TWO and so on. Within each there are ways to deny poor people access. For example, it can be misleading to say someone can access a $1000 pa grant. It depends on if the person can afford to get through all of the steps in the application process, then make it to the agency, then be made to feel bad and then be declined because you might be a whānau who relies on tank water, and you ordered a water delivery which cost $400. But you ordered 2 deliveries in that one year, so you are declined your dental grant because you've had your fair share of support"* Providers mentioned that ensuring free care for children is 100% taken up and supported. One provider ran an Oral Health initiative with Whakatāne high school a number of years ago and worked with school leavers which achieved 82% coverage of the school leavers who were seen before they turned 18. Unfortunately, this initiative hasn't continued. More FTE was identified as another solution to people accessing timely appointments, as well as extra funding for extended pharmacy programmes.

Spotlight on Toi Rāwhiti Locality (Whakatōhea, Ngāi Tai and Te Whānau-ā-Apanui)

The Eastern Bay of Plenty area (Opotiki, Torere to Te Kaha) was selected as a Prototype locality by Te Whatu Ora in 2021 – 2022 to prototype how localities (expected to be rolled out under the Pae Ora Act 2022) might look as they were implemented across the country. The governors of the locality describe the area as:

Our Toirāwhiti Locality serves our three iwi, Whakatōhea, Ngāi Tai and Te Whānau-ā-Apanui and the wider Opotiki District. Our unique East Coast Rural prototype aims to develop a tribal ecosystem framework, as defined by our people for our people. This prototype will not only privilege a mana whenua world-view of wellbeing, but it will staunchly and unapologetically assert that our whānau, hapū and iwi are determining, defining and deciding what it means to be well living here in Toirāwhiti - and in turn, how the system must be redesigned by us, for us, to effectively uphold Te Tiriti o Waitangi and to equitably respond to our rights to health as indigenous peoples.

As part of this work, the Toi Rāwhiti Locality Iwi leaders (Whakatōhea, Ngai Tai, Te Whānau a Apanui) and their team undertook community engagement, and formulated responses to address what whānau wanted. Therefore - whānau voice has already been included in that work.

The group has continued focusing on these priorities set by whānau – even though the current Government does not intend to continue with the 'localities' programme of work. Key priorities determined by the Toi Rāwhiti whānau and responses are outlined in the Toi Ora investment plan and are summarised below:

TOI ORA DOMAIN	WHAT WHĀNAU WANT
Toi Tohunga – Healing hands & hearts	▪ Healers and alternative practitioners ▪ Healing spaces throughout Toirāwhiti ▪ Rongoā Māori availability ▪ Hapū Rangatira are valued in meaningful ways
Toi Kairākau – Growing kai, growing villages	▪ Learning how to grow, preserve, store and catch kai ▪ Create a local culture for growing, preserving, catching kai ▪ Create local collectives and markets to build food economy ▪ Hapū and Iwi sovereign food systems that protect traditional knowledge and customary practices
Toi Tuku Iho – Sharing gifts, sharing life	▪ Opportunities to learn and experience Te Ao Māori ▪ Te Reo Māori is a living and visible language ▪ Māori cultural art forms are valued mode of healing ▪ A strong Toirāwhiti identity and future
Te Tini o Toi Kāinga – building homes, building people	▪ Whānau living in warm, dry, safe and affordable homes ▪ All Māori land better managed, utilised and developed ▪ More whānau returning home and living on their whenua ▪ Alternative energy and connectivity options
Toirāwhiti Ora – culturally appropriate coordinated care 24/7	▪ Open doors to quality, integrated health care that meets the needs of whānau when and where they need it ▪ A health system that supports our whānau holistically and equitably ▪ Free and supported access to healthcare for all ▪ A space and place that encourages whānau to see wellness

TOI ORA DOMAIN	WHAT WHĀNAU WANT
Mauri Ora – Māmā and Mokopuna Ora – flourishing births, flourishing beginnings	▪ Māmā and pēpi connected to a health system where their mauri is protected ▪ Māmā have a choice of where they want to birth their pēpi ▪ Māmā are empowered to birth like their tūpuna ▪ Māmā have a choice to stay home or return to work and supported no matter what
Mauri Ora – Pakeke Ora – thinking well, living well	▪ Open access to regular and meaningful whānau-based services and support ▪ Open access to immediate, responsive and meaningful whānau-based services and support ▪ A methamphetamine-free Toirāwhiti ▪ A local beautiful and culturally safe place of healing and respite for our whānau affected by mental health and addictions to go to
Mauri Ora – Pakeke Ora – Better dental, better wellbeing	▪ Free dental care and waka niho for adults ▪ Help when they need it – before it's too late (essential vs emergency care)
Mauri Ora – Kaumatua Ora – Ageing well, dying with dignity	▪ Whānau ageing well in Toirāwhiti ▪ Whānau supported at all stages of end-of-life care ▪ Whānau dying with dignity at home ▪ Whānau supported to age well and die with dignity in a Kaupapa Māori aged care facility
Manaaki Toirāwhiti – working together for collective impact	▪ Successful iwi-led collective impact approach at governance level – and at operational level - that has intergenerational impact in pursuit of realising Toi Ora ▪ A shift of power, resource and information back to iwi and communities to drive towards Toi Ora ▪ A Tiriti-honouring Iwi-led approach that drives the purposeful transformation of whole of government systems and challenges business as usual
To Ohu Toi Ora – Building our Toi Ora workforce	▪ Confidence in the people that serve our community ▪ Our own people working for us across sectors ▪ A culture and a community that cares about every single person in it and supports individuals and whānau to flourish
Toi Tiaki Tangata – whānau-determined Toi Ora commissioning	▪ Flexible funding and resources that support whānau top meet their unmet needs and aspirations ▪ Whānau at the centre of solutions and services ▪ Solutions and services that best meet the needs and aspirations of whānau
Tāwharautia Toirāwhiti – building our collective resilience	▪ Locally led, coordinated and resourced responses to emergency management and events ▪ Establishment of a Coast Response Team that will mobilise in the event of an emergency ▪ Hapū and community based civil emergency hubs ▪ All Toirāwhiti Marae flourishing, well cared for and administered and invested in to protect our taonga for future generations

PUBLIC & POPULATION HEALTH

Photo: Ōhope Beach, Ōhope

Findings from the data

Screening and Cancer Vaccination

- Cancer screening checks people without any cancer symptoms, to look for pre-cancerous changes or cancer which can be treated if found early. NZ has three national cancer screening programmes: breast, cervical and bowel cancer.
- In Bay of Plenty DHB in 2023, 58.9% of eligible Māori women aged 45 to 69 years had been screened for **breast cancer** in the previous two-year period, compared to 66.4% for non-Māori women.
- For **cervical cancer**, 58.9% of eligible Māori aged 25 to 69 years in Bay of Plenty DHB in 2023 were up to date with their cervical screening, compared to 72.0% of non-Māori.
- In general, **cervical screening** rates were lower for younger women, with only 53.1% of Māori aged 30 to 34 years and 52.0% of Māori aged 35 to 39 years up to date with cervical screening (compared to 67.5% and 74.9% for non-Māori).
- For **bowel cancer**, 44.5% of the eligible Māori population in Bay of Plenty DHB as of June 2023 had been screened, compared to 60.2% of non-Māori (Table 36).
- **Bowel screening** rates were lower for younger age groups across the Bay of Plenty DHB – which has a more significant impact for the Māori population, where 45% of Māori eligible for bowel screening are in the youngest 60-64 years age band (compared to only 35% of non-Māori).
- By 14 years of age, only 46.4% of Māori in Bay of Plenty DHB in June 2023 had been fully immunised for HPV, compared to 60.8% for non-Māori – 0.8 times the rate of non-Māori.

Public Health Programming (Health Promotion, Protection and Regulation):

- **Injury prevention:** The rate of hospitalisation due to injury was 36% higher for Māori than for non-Māori during 2011-2013. The most common causes of injury resulting in hospitalisations among Māori were falls, exposure to mechanical forces, complications of medical and surgical care, assault, and transport accidents. Rates of hospital admission for injury caused by assault were 6.7 times as high for Māori females as for non-Māori females, and 2.4 times as high for Māori males as for non-Māori males. Injury mortality was nearly twice as high for Māori as for non-Māori in the Te Moana a Toi area.
- **Smoking and Vaping:** According to the NZ Census 2018, 30.8% of Māori aged 15 years and over (31.6% of Māori women and 30.0% of Māori men) in Bay of Plenty district were regular (daily) smokers. Māori were 2.7 times as likely to be regular smokers. For rangatahi, 14.3% of Māori females and 15.2% of Māori males (aged 15 to 19 years) in Bay of Plenty district were regular smokers. These rates were 3.0 times higher than for non-Māori females and 2.5 times higher than for non-Māori males, respectively. Based on data from the New Zealand Health Survey (NZHS), in Bay of Plenty district between 2017 and 2022, 10.1% of Māori aged 15 years and over were vaping on a daily basis.
- **Overweight and obesity:** A healthy body size is recognised as important for good health and wellbeing. Evidence shows that obese children and adults are at greater risk of short- and long-term health consequences. Body mass index (BMI) provides a useful population-level indicator of excess body weight, and is used internationally to classify underweight, overweight and obesity. It should be noted that BMI does not distinguish between weight associated with muscle and weight associated with fat. However, it is considered to be a good estimate of increased risk of health conditions associated with obesity. Based on findings from the NZHS, between 2017 and 2021, 77.0% of Māori (aged ≥15 years) in Bay of Plenty district were overweight or obese. 50.4% were obese (48.6% for Māori women and 52.4% for Māori men). Māori women were 2.0 times more likely to be obese than non-Māori women and Māori men were 2.2 times more likely to be obese than non-Māori men.
- **Use of alcohol and drugs:** Hazardous drinking is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others, and it is assessed using a standard international questionnaire. Between 2017 to 2022, 35.7% of Māori respondents (≥15 years) in Bay of Plenty district (42.7% of Māori men, 28.8% of Māori women) were found to have a hazardous drinking pattern during the last year. This was 1.4 times higher than the rate of hazardous drinking among non-Māori respondents in Bay of Plenty district. Between 2017 to 2022, 31.2% of Māori respondents (≥15 years) in the Bay of Plenty district reported they had used cannabis in the past 12 months, 1.7 times the rate for non-Māori.

Whānau voice

Keeping well through healthy behaviours such as eating good kai and exercising is everyone's responsibility. Whānau were asked about their ideas for maintaining wellbeing and preventing illness and many focused on good nutrition, diet and access to kai, as well as exercise. Just as eating well and exercising regularly are important to maintaining well-being, so too is taking care of one's mental wellbeing and staying connected to family, friends and community. Whānau provided several responses when asked about hauora and wellness:

Think clearly Live without judgement Love all thy neighbour's truthfully.

Limit the stress.

Having support and safety community connections and good opportunities for all ages but mainly youth.

To always get your daily health checks, to encourage although a check-up may be embarrassing to make our whānau feel okay and comfortable no matter the circumstance.

Just knowing and understanding what types of food should be.

Give kids soap and stuff.

Access to better kai/māra kai rauemi.

Bowel Screening

The main health concerns for the bowel screening programme for whānau are the barriers faced by whānau to get screened:

I often korero with the individual or their whānau regarding the barriers they face to complete their test.

Because of the age group many are already dealing with co morbidities, diabetes, other cancer treatment current or past, physical disabilities, no access to transport. Some are prepared to take the risk and not complete the test.

Too much going on.

Many (10% Māori) are unable to be contacted by phone, they have no whānau support listed on Webpas or RCP, not registered with a GP, address, and phone invalid, living in temporary accommodation so difficult to track down.

Social determinants of health

There were many comments from whānau, and from providers serving whānau, about issues related to the social determinants of health. These included cold, damp, and/or overcrowded housing; the cost of living and people living below minimum wage; lack of food security; difficulties accessing and/or paying for childcare; sole carers missing appointments because they can't leave their whānau; complex daily lives; disability of other whānau members, making it hard to access services and domestic violence. Some specific comments from whānau were:

It can sometimes feel like a waste of time and effort when we don't even know what the Drs or others have said to us.

When whānau realise meds are free because of their cards or ages they get a shock. They say that's why they didn't come in sooner.

There is opportunity for better promotion.

Public understanding of what we do is really limited. Same for some health professionals. They think we are just pill counters, syrup pourers and labellers medicines.

Whānau are not aware of the services they can receive or are entitled to unless they know someone in the system.

More mahi options Support for tauira within healthcare Education and Agriculture (especially parents studying).

Promotion of community activities and healthy eating and medical tips at community activities.

Feed our kids kai to sustain their minds, body and soul Whangaihia a tatou tamariki/mokopuna.

Hauora Employment Housing Awesome mental health.

Less barriers for whānau access to education, health and employment.

Promote population wellbeing

Increased population from 68,000 to almost 92,000 within next 10 years – will put pressure on services which are already stretched with today's population! Need to build capacity of workforce and services to meet future demand.

In the Toi Ora survey conducted by Te Moana a Toi Iwi Māori Partnership Board, whānau were asked how the IMPB could support whānau to achieve their whānau health and wellbeing priorities. Whānau survey respondents want to see the IMPB want the IMPB to support promotion of healthy homes, and also to ensure consultation processes are authentic and in the community:

Promote healthy homes and raising awareness

Come to our pakeke, marae hui and functions to korero with our whānau

Better local health inihanui - rongoa Māori māra kai

Do what and how you feel needs to be done with open doors

Accessibility and support coming to us

Whānau survey respondents provided a number of ideas as to areas where improvements can be made to help whānau maintain health and wellbeing:

Encourage community / family activities

More activities at festivals.

More activities.

Help the community.

More Māori kaupapa for my whānau.

Nighttime works for men, in the eastern bay. We held a Men's Health night at a local rugby club, the engagement and information/supports were all present and it was very successful, they came out after work. We went to them and worked in a way that met their needs.

More attention to Kaumatua and Rangatahi.

Kotahitanga Manaakitanga Awhi whānau.

Capabilities of the kawanatanga staff in all the "ministries" to understand tirohanga Māori.

Educating whānau on looking after their whare tapa wha.

OUR IMPB PRIORITIES

- Endorse Governments 5 priorities of "modifiable behaviours" alcohol use, smoking/ vaping, diet, exercise and social cohesion
- Add **Family Harm** as a key social determinant on health (harm causes mental health and illness – sadly a big issue amongst whānau but shows pressure of poverty and deprivation, colonisation)
- **Breast and cervical screening** priority. Need more local Māori designed promotional campaigns. Take screening to workplaces e.g. packhouses. Offer screening out of hours and weekends. Support Wellbeing Hubs in communities where trained screeners can do this. Bring mobile services in
- Advocate to **lower bowel screening age** for men to 50 years
- **Health promotion** and awareness big issue for Māori – needs to be localised, local messages and local delivery. Need a comprehensive end-to-end health promotion approach over the life-course "twinkle to wrinkle" (and use Māori clinicians to deliver messages. Whānau trust information coming from Māori; and get people with lived experience to educate e.g. someone who has done a screen or lived through a diagnosis). Need to interrupt the trajectory of illness
- **Health literacy** a major issue: Need to use language and styles that work for Māori so they can understand. Information should be designed by local workers. Need whānau to understand how to stay well, where to go, why they need health care (e.g. picking up and taking medications), is an issue across the board
- **Alcohol:** FASD an issue – some wahine keep drinking and don't know they are hapū. Need to raise awareness. Inter-generational addiction is an issue, some babies born with addictions
- **Smoking / Vaping:** Need education on dangers of vaping
- **Kai sovereignty:** return control of food to whānau (teach, grow, preserve good food) – needs Māori campaign. Have a focus on obesity in children as their trajectory is for disease in adulthood
- IMPBs want more Council data on outlets for alcohol, vaping and gambling so can advocate with Councils to limit and **regulate** this
- Need to add **Rheumatic Fever** prevention as a priority (previous Lakes/BOP initiative) – improve throat swabbing and treatment pathway for anti-biotics

PRIMARY & COMMUNITY CARE

Photo: Maketū Beach, Maketū

Maternal and pēpi health

- In NZ, wāhine Māori are more likely than women from other ethnic groups to have a vaginal birth and less likely to have a caesarean section. In NZ, wāhine Māori are less likely to register with a Lead Maternity Carer (LMC) in the first trimester (55.5%) compared to non-Māori and less likely to attend antenatal classes. Suicide is the leading cause of maternal death in Aotearoa New Zealand – wāhine Māori are 3.35 times more likely to die by suicide than women of other ethnicities. The Māori maternal mortality rate is twice that of European.
- Between 2018 and 2022 in Bay of Plenty district, 64.5% of Māori women were enrolled with a Lead Maternity Carer in their first trimester (before 14 weeks of pregnancy), meaning more than three in 10 pregnant Māori women missed out on this fundamental intervention.
- In 2022, there were 1,264 Māori babies born in Bay of Plenty DHB, making up 39.7% of all babies born in the Bay of Plenty DHB.
- Between 2018 and 2022, 6.2% of Māori babies in Bay of Plenty DHB had low birthweight (<2,500g) and 2.5% had high birthweight (>4,500g). Māori babies were 1.2 times more likely than non-Māori to be born prematurely.
- In 2022, 71.7% of Māori babies in Bay of Plenty DHB were enrolled with a primary care provider by the time they were three months old, compared to 100% of non-Māori babies.
- Breastfeeding is associated with many short- and long-term health benefits. Of those babies who were reviewed by their Lead Maternity Carer at two weeks of age, 71.0% of Māori babies in Bay of Plenty DHB were exclusively or fully breastfed at two weeks old.

Whānau Voice

Some specific comments from whānau about maternity care were:

Whānau need longer-term wrap around support.

If whānau have $$ they prioritise kai, or rent, not using the $$ for transport to get to us.

Whānau self-esteem, feeling overwhelmed with life, literacy and even dyslexia (filling out forms) can be barriers to whānau accessing our services.

Domestic violence is a key concern in which has significant impacts on the whānau and is of concern for mama, and her newborn, and usually there are other Tamariki in the home, this significantly impacts the physical and mental wellbeing of the whānau and can have long term consequences.

Sometimes they don't want to share what is going on for them, and we don't pressure them to tell us.

We are not always a priority for whānau, and we know that we are not the only thing going on in whānau lives.

OUR IMPB PRIORITIES

- **Fund more Māori models of care:** Kaupapa Māori ante-natal programmes and Māori birthing units in preparation for the future. Rural areas have limited access to LMCs – need more Māori childbirth educators who can do ante natal education. Expand successful programmes such as one currently educating wahine during step class about oral health, water, sugar, vaping, fluoride etc.
- **Sexual & reproductive health:** Contraception, Family Planning, Sexual health needed improve throat swabbing and treatment pathway for anti-biotics.

Well Child Tamariki Ora

The following outlines key child growth and development outcomes at the national level for Māori and until the IMPB receives specific data for the IMPB area, there can be some assumptions drawn from this data:

- By 28 days of age, 69% of tamariki Māori receive a referral to a Well Child Tamariki Ora (WCTO) provider compared to 77% of non-Māori children.
- 49% of tamariki Māori receive all WCTO core contacts in their first year of life, compared to 57% of non-Māori children.
- By three months old, 71% of tamariki Māori are enrolled with a general practice compared to 96% of non-Māori children.
- 41% of tamariki Māori are caries free at five years old in comparison to 64% of non-Māori children.

OUR IMPB PRIORITIES

(Former) Te Aka Whai Ora funded new **Kahu Taurima** programmes in the region – only to June 2025. These need continuity as they are important services for whānau and tamariki. The region needs more models like this in areas where they were not funded.

Immunisation

- There are very stark inequities in immunisation coverage especially for Māori. In Bay of Plenty DHB, between April 2023 and March 2024:
  - Only 33.4% are immunised at 6 months of age.
  - Less than 60% are fully immunised at 8 months of age.
  - At 5 years, 64.1% of Māori children are immunised before school age, leaving 35.9% (over 1/3) not immunised (compared to non-Māori non-Pacific at 72.8%).
- In Bay of Plenty DHB between April 2023 and March 2024, according to each key milestone in the National Immunisation Schedule, Māori immunisation rates were lower than non-Māori non-Pacific at every milestone age.

OUR IMPB PRIORITIES

- Endorsed this as one of Government's 5 Health Targets.
- The IMPB encourages the system to tap into trained vaccinators who were trained during Covid and to train more through available courses.
- The IMPB is aware that (former) Te Aka Whai Ora invested $50m into Māori immunisation in early 2024 so would like to see the impact of this investment on immunisation rates in the IMPB area and the region on a quarterly basis as part of its monitoring role

Primary Care – General Practice

- Enrolment data from the three PHOs in the region as at August 2024, indicates that there are 59,802 Māori currently enrolled in primary care. Based on the last Māori population figures in the district of over 67,600 (2023) this would appear to indicate that around 7,800 Māori are not enrolled or are enrolled in another area. Although caution should be exercised about the difference between the date of the population data (2023) and the date for the enrolment data (2024) – one would assume no significant movement would have occurred in that period to move beyond an estimate of 7,800. It is acknowledged that there may also be ethnicity data errors within the reporting.
- The impact of non-enrolment to primary care can mean a barrier to accessing specialists, NASC for disability support, and prescriptions needed to manage conditions.
- **Long Term Conditions:** A small group of long-term noncommunicable conditions: diabetes, cardiovascular disease, chronic respiratory disease, and stroke, not only form the leading causes of death and disability for Māori, but often coexist in the same people, and share common modifiable risk factors. These long-term conditions are highly preventable, and Māori experience higher rates of exposure to the leading causes of these conditions, namely tobacco, obesogenic environments, unhealthy diets, and alcohol.
  - **Cardiovascular disease** is the leading cause of death within New Zealand and contributes to many hospitalisations.
  - Between 2020 and 2023, Māori in Bay of Plenty district were 2.2 times more likely than non-Māori to be hospitalised for **circulatory system diseases**. This includes hospitalisations from conditions such as rheumatic fever, high blood pressure, ischemic heart disease, strokes, and other forms of heart disease. An average of 2,365 Māori per year in Bay of Plenty district were hospitalised from circulatory diseases.
  - Looking more specifically at **ischaemic heart disease**, Māori in Bay of Plenty district were significantly more likely than non-Māori to be admitted for ischaemic heart disease (1.7 times), acute coronary syndrome (1.8 times), angiography (1.6 times), angioplasty (1.3 times) and coronary artery bypass grafts (CABGs, 1.2 times).
  - Māori in Bay of Plenty district were:
    - 5.6 times more likely than non-Māori to be hospitalised for **heart failure.**

- 2.2 times more likely than non-Māori to be hospitalised for **stroke.**
- 2.4 times more likely than non-Māori to be hospitalised for **hypertensive disease** (disease related to high blood pressure).
- 3.9 times more likely than non-Māori to die from **circulatory disease** before the age of 75 years.

- Based on data held in the Virtual Diabetes Register (VDR) roughly 4,037 Māori (2,006 women and 2,031 men) aged ≥25 years in Bay of Plenty district had diabetes in 2022. After adjusting for differences in the population age structures, Māori in Bay of Plenty district were 2.4 times more likely than non-Māori to have **diabetes**. Ideally, all people with diabetes should be receiving regular monitoring (with appropriate adjustments to treatment), and screening for complications such as renal (kidney) damage. In 2022, only 69.0% of Māori with diabetes in Bay of Plenty district were receiving regular HbA1c monitoring. Less than half (49.7%) of Māori with diabetes in the Bay of Plenty district were receiving the necessary screening for renal disease. Māori with diabetes were significantly less likely than non-Māori with diabetes in Bay of Plenty district to receive regular monitoring or renal screening.
- Māori aged 45 years and over were 5.5 times more likely than non-Māori to be admitted to hospital for **chronic obstructive pulmonary disease (COPD)**. Asthma hospitalisation rates were higher for Māori than for non-Māori in each age group. Between 2020-2023, the highest asthma hospitalisation rate was among tamariki Māori. An average of 110 Māori children (≤14 years) per year in Bay of Plenty district were hospitalised for asthma – 2.5 times the rate of non-Māori. Asthma hospitalisations were high for Māori aged 35-64 years, with an average of 58 admissions per year – 5.3 times the rate of non-Māori in that age group in Bay of Plenty district.
- **Gout** is the most common form of inflammatory arthritis and is caused by an inflammatory response to monosodium urate crystals, which form in the presence of high urate in the blood. In 2022, 4,371 Māori (≥20 years) in Bay of Plenty district were identified as having gout, which affected more Māori men (n=3,263) than women (n=1,108). Māori in Bay of Plenty district were 2.8 times more likely than non-Māori to suffer from gout.

Whānau Voice

The vast majority of feedback from whānau during the engagement activities undertaken by the IMPB in 2023 – 2024 related to primary care or lack of access to primary care. The feedback highlighted major barriers to accessing care. Some whānau comments were:

Opotiki has great medical services at Whakatōhea but need more doctors.

We need affordable appointments and prescriptions.

A top priority for our whānau is to stop avoiding te takuta (the doctor).

3 weeks wait for a GP far too long.

Negative experience in GP clinic and A&E having to wait hours. Try not to rely on health providers and keep ourselves healthy.

Family member collapsed and had to wait very long time to get/receive help as we are rural. Wish for this to improve.

Have just been told last night that my koro has prostate cancer. I guess there is one positive because he went to do his health check (over 60-65) we wouldn't have known he had this illness, so we are on a journey of battling mate pukupuku.

Going outside region to have access to the needs of diabetic with "lows to highs". Unable to live in my kāinga Maraenui due to no access (high risk).

Rural whānau often wait for a ride into town to access care, they will wait for a cuzzie to catch a ride with to care for baby's needs, this can be a barrier for baby's immunisations.

It's not ideal having to relay information to a carer or whānau member instead of the person. I don't get to see them in person or see their overall condition.

My thoughts are that we do not reach all of the rural people due to the disconnect with the health system.

Primary Care needs to change and grow in meeting the needs and responding to whānau.

Due to the barriers whānau are often acutely unwell by the time they access services.

Providers are noticing a growing complexity in health conditions and complex support needs.

Appointment times are insufficient to deal with these.

Conditions often get more acute due to lack of access to medication particularly with cost of prescriptions being reintroduced, cost of this but also whānau may not be able to get back in to pick up repeats (free) leading to acute

illness.

Whānau don't like being in hospital, they want to be in their own home, so they avoid it and that includes doctors too.

Gout is starting to overwhelm the community – I am seeing younger Tane, who are having to choose whether they can go to mahi or not.

These patients are being diagnosed after a trip to the emergency department for symptom management, which is too late for any precautionary care.

Whānau should be caught earlier.

Referrals come late, they need to come earlier so that we can intervene earlier and before major issues occur.

Whānau are sometimes left languishing, their situation becomes more complex and at times they become socially isolated.

Opening hours for appointments outside of work.

Appointment timing and location, unable to schedule around the needs of the person.

Family can help but this can be very stressful for them, rather than having it outsourced so that they can just be there for their loved ones in other ways.

Whānau have requested twilight and or weekend visits.

More space needed.

Spaces, medication and resources not accessible for Tāngata Whaikaha.

Whānau do not like computer consults. They want face to face, with real people.

How can someone on a computer tell us what's happening? They don't touch us, its impersonal. No aroha, no empathy.

Need to make virtual health another option – preference is still for face-to-face but need other options for Rangatahi who like use of technology; but also, as back up during workforce shortage or even weather events.

Establish capability for rural communities to connect into doctors and specialists (example Ngai TeRangi serving Matakana Island).

No access to internet or a computer.

Don't like telehealth, too impersonal.

Health IT systems that aren't integrated – doctors don't talk to hospital and vice versa.

More accessible health clinics.

Free health checks for all.

Free appointments or free meds.

Easy access to services and be informed of kaupapa.

Free health checks at work.

Appoint health navigators to help understand and access services based on needs.

OUR IMPB PRIORITIES

- Endorse the Government's pathology priorities for chronic conditions: CVD including stroke, diabetes, respiratory and cancer.
- **Access to primary care:** Need to make more use of mobile clinics. Need to support GP practices with high numbers of Māori patients especially to offer after hours services, making it sustainable, Doctors are moving to walk-ins model instead of booked appointments so they can see more people and this needs to be supported
- **Long-term conditions:**
    - Invest in more cancer support persons / navigators – currently there are not enough of the funded cancer navigators
    - Need more pre-risk screening e.g. checking for hardened arteries before people have heart attacks and strokes. We have lots of high risk whānau – make it accessible. CVD risk assessments can be done by Practice Nurses in clinics – but could be done by RNs in communities.

- Diabetes – need more pre-diabetes risk screening and more podiatrists – especially going into rural communities

- **Building a sustainable primary care funding and delivery model:** The IMPB wishes to have strategic discussions on primary care for those not enrolled or those enrolled not attending clinic such as establishing a Nurse-led model to support those who cannot or do not access GP clinics. May need a different funding model. Need strategic discussion on this with other IMPBs and with Te Whatu Ora. Important to have a solution as primary care is a gateway to specialists, prescriptions, NASC, home support and good management of chronic conditions. It is a major issue for both rural and urban communities.

Pharmacy - Medicine

- Large inequities continue with accessing medicine. In NZ, Māori remain overall much less likely to access dispensed medicine than non-Māori, despite their health need being higher with chronic conditions like diabetes, heart disease, respiratory conditions like asthma and COPD. The additional challenge is that even where a medicine is prescribed, some whānau are not collecting the prescription.
- Māori in Bay of Plenty district were significantly less likely (0.7 times) than non-Māori with diabetes to be regularly receiving diabetes medicines. While not all people with diabetes require medication, those that do should take it regularly for optimum diabetes control.
- Māori with gout have earlier onset and more severe disease, so to achieve equitable care would require higher levels of urate-lowering therapy than non-Māori. Only 39.7% of Māori with gout in Bay of Plenty district were receiving regular urate-lowering therapy. Some of these people with gout may have been prescribed a NSAID for a non-gout reason, however high rates of NSAID dispensing without urate-lowering therapy can also be a marker of inappropriate (and potentially harmful) gout treatment. These data do also not include people with gout using over-the-counter NSAIDs.

Whānau Voice

As a community pharmacist I have people walk in saying they can't get into a GP and need my help. I literally contact and advocate their doctors by either walking into GP clinic next door or over the phone for other GPs on average 10 times before lunch.

Every pharmacy has a cupboard full of Long-Term Condition medications or antibiotics still uncollected. This tells us that whānau are not able to pick up their own meds or don't even know there is no charge on many of them. Some pharmacies offer delivery services and others don't or for a fee.

The starting point of making a service better for whānau is to deliver it in the first place.

OUR IMPB PRIORITIES

- **Prescribing powers:** Need to relax the constraints on prescribing by pharmacists and midwives so they can offer more.
- **Access:** Blockages all the way – getting to GP, getting prescription, picking up prescription, actually taking the prescription, stopping when shouldn't, disposing of old prescriptions, hoarding medications, sharing medications. Needs lots of education (still an issue even when meds are free).
- **Privacy:** Concerns about privacy in chemist retailers (calling out names, birth dates, addresses, cell numbers in front of other customers).
- Need for **medicine reconciliations** between meds given in hospital and then meds given in primary care after discharge.

Oral Health

- Child oral health data shows a far greater proportion of tamariki Māori have dental disease and their experience of this disease is more severe. As a result, a greater proportion of tamariki Māori are admitted to hospital for treatment of this dental disease.

- In 2021 in Bay of Plenty district, 98.2% of Māori children aged 0-4 years were enrolled with community oral health services, compared to 100% of non- Māori children. Being enrolled with a community oral health service does not mean care is received. In 2022 in Bay of Plenty district, 58.7% of eligible Māori five-year-olds, and 71.3% of Māori Year 8 students, were examined by the community oral health service. This compares to 52.2% of eligible non-Māori five-year-olds, and 97.4% of non-Māori Year 8 students.
- Of those children who were examined, 68.3% of Māori 5-year-olds had decayed teeth (1.7 times the rate for non-Māori 5-year-olds).

Whānau Voice

Removal of teeth is high, and prevention is low.

People who need it the most fail to come, they need support.

Need to bring mobile bus out to rural areas – to Murupara. There are 3 parked up at the hospital.

Many adult whānau live with pain – they can't afford the dentist. That impacts other parts of their health.

OUR IMPB PRIORITIES

- Children's service goes into schools which works – but tamariki already have fillings from pre-school years of poor nutrition (sugar vs water)
- Make use of mobile dental (buses)
- Promotion to whānau and rangatahi of their entitlement to dental under 18 years - whether at school or not. Hard for those with local dentists who aren't signed onto the scheme
- More **mobile dental (buses)**. Trinity Koha work in dental well supported
- Pakeke have decaying teeth due to lack of dental care when younger; in pain; leads to poor eating and poor health in other areas – important to access dental care.

NASC, Home Support and Aged Residential Care (Rest Homes)

- InterRai data indicates that over a 5-year period 2020 - 2024, Māori in the Bay of Plenty accessed 10% of total CA and HC assessments compared to the national figure of 6%
- For assessments related to Long-Term Care Facilities, Māori were between 6 – 8 % of assessments conducted between 2020 – 2024. This compares to total national LTCF assessments of between 5 – 6 % for Māori:
- For assessments specifically for home care, the data indicates that on average Māori assessments for home care have increased over recent years from 11.6% of assessments (n=171) in 2022 (compared to 8.34% nationally), to 17.74% of assessment in the partial year of 2024 (n=121). This latter number may change with full year data as the data is not for the full year. Additionally, it is noted that Māori under age 50 and 60 years of age are accessing home care assessment which would include that people without age-related requirements are getting access to assessment:
- Data shows that as of April 2024, there were 127 Māori in aged residential care in the Bay of Plenty. This is .07% of the total number of residents. While not all residents may be over 65years of age, in 2023 Māori over 65years made up .09% of the total over 65years population of 57,335 in the Bay of Plenty district.

Whānau Voice

From a case study analysis several issues were identified for people accessing assessments and getting the care they need. It was noted that when assessing needs, insufficient recognition is given to knowledge of the whānau. *'They know the patient and can be instrumental in contributing to the journey to wellbeing'.* It was also noted that hospital staff need to be more aware of what 'culture' means as a third dimension alongside (a) clinical practice and (b) health infrastructure and operations ie the front line and the back line (e.g. cultural acts such as karakia and pronunciation would be an indicator of staff respect for Māori).

Overall, kaimahi in Hauora spaces need to understand how Māori both receive and deliver communication.

Understanding their own conscious and unconscious biases are simply a must.

Investing in ā-kanohi kaimahi development is the only tika. Tikanga/Mātauranga Māori approach to achieving true oranga outcomes. Though throughput is important, delivering at an appropriate pace for whānau, is what will produce the best outcomes.

Here at Hospice, we have employed our own part time GP to support in this area at our own cost. This is more of a Band-Aid than a solution due to the fact we can only afford to supply an independent General practitioner for 8 contact hours a week.

Whānau supports are sometimes tired or stressed from advocating for supports of their loved one

Often, isolation of whānau is evident

Whānau carers can become stressed and burnt out

Respite and resource can differ across contracts, so care can differ, not always flexible to tailor to whānau needs

OUR IMPB PRIORITIES

- Must have choice of **Māori assessor. InterRai assessment tool** needs to include cultural assessment and people trained to use it properly – important as NASC is gateway to home care.
- Funding model for **home care workers** makes it hard to attract and retain workers (e.g. only 2 hours work).

Primary Mental Health and Addictions

- Between 2017 and 2022, 14.7% of Māori respondents (≥15 years) in Bay of Plenty district had a K10 score of ≥12, indicating high or very high levels of psychological distress.
- This was even higher for Māori women in Bay of Plenty district, 17.4% of whom experienced high/very high psychological distress. Māori in Bay of Plenty district were 1.8 times more likely than non- Māori to experience high/very high psychological distress.
- Between 2017 and 2022, 13.5% of Māori respondents (≥15 years) in Bay of Plenty district reported they had been diagnosed with depression, and 14.8% with an anxiety disorder.
- This was even higher for Māori women, with 17.8% reporting a diagnosis of depression and 21.2% of an anxiety disorder.
- According to the Suicide Web tool, there were approximately 35 confirmed or suspected deaths in 2022 in the Bay of Plenty district area. The age-standardised rate was 11.8 per 100,000 population in the Bay of Plenty compared to 10.4 in New Zealand
- Māori were over 50% less likely to receive regular medication compared to non-Māori. Medication is not the only treatment for depression, but this large ethnic difference in the rate of receiving antidepressant medication raises questions about access to and receipt of appropriate depression treatment for Māori in Bay of Plenty district.

Whānau Voice

A major research project was completed outlining the needs of veterans and the impacts of PTSD. There are recommendations for expanded psychology service support for veterans, and wrap-around care for the many spiritual, physical and mental health needs arising for veterans impacted by PTSD and the experiences of war.

OUR IMPB PRIORITIES

- Endorse the Government's priority for mental health
- 100% occupancy of **mental health beds** in all inpatient units in region – need more capacity (more demand than supply)
- Need more **community-based services** esp. with changes to police response and withdrawing from supporting mental health cases. Whānau are being harmed trying to cope with violent or meth-addicted whānau - need support. Volunteers are fearful
- **Impact of P / Meth huge** – needs aggressive programme of support, recovery, treatment as it creates chaos in whānau
- Need to **build resilience in Rangatahi** to cope with stress and strain, trauma – and push through – otherwise succumb to drugs, gangs, suicide, etc. Support a restorative approach. Opioid substitution difficult to access. Some people on long-term meds but it masks the trauma underneath
- Shortage of **rehab beds** for meth recovery

Palliative Care

According to research about Māori and Palliative Care by Te Ora Rata Aotearoa (2018), the proportion of Māori deaths relative to the total deaths in New Zealand is expected to remain fairly constant over the next 30 years (10.9% by 2038) however, the Māori population is projected to grow beyond 1 million by 2038. A significant feature of this period is the increasing age at which Māori will die. This may mean an increase in the prevalence of diseases associated with old age, such as dementia amongst Māori warranting further consideration for the type and appropriateness of palliative care services and supports required in the future by Māori who are dying and their whānau. Some of the key findings from the research were:

- Whānau are diverse and have various capacities and resources to provide care to a dying loved one
- For Māori living in rural areas, particularly remote rural areas, local palliative care services may be limited or non-existent
- Many Māori in advanced age were actively involved in whānau, iwi (tribal), marae (traditional gathering place) and community. Some find the transition from being the leader in the whānau, to someone requiring care, challenges kaumātua dignity and mana and requires a balance of relationships within the whānau.
- In some extreme cases kaumātua resist their whānau from being involved in their end-of-life journey to protect them from being overburdened.
- Direct costs for whānau include transport and parking for appointments and hospital admissions, clothing and linen, GP visits and medication, alternative therapies, and food. Indirect costs experienced as a result of caregiving comprise of exhausting annual and sick leave entitlements or forgoing employment altogether
- Evidence reveals gaps and inconsistencies in the provision of appropriate palliative care services to Māori. The experience of racial discrimination in New Zealand is likely to be a major health risk and a contributor to ethnic health inequalities.

Whānau Voice

The findings of whānau engagement for a service review of Palliative Care in eastern Bay of Plenty revealed several key issues in order to achieve quality end of life and palliative care for tangata whenua. A large proportion of the data indicated that care offered was not relevant to tangata whenua, they were dissatisfied with the nature of the care offered to them, they said that genuine engagement was difficult and felt forced. Tangata whenua wanted their voice to matter at a time they can engage competently and through a Tikanga Māori system that is known and appropriate. Tangata whenua spoken to felt they lacked visibility throughout their palliative experiences for example:

There is no accommodation for who we are. We want to express our home; lives represent and reflect our ways of being without being cut over and over.

We need a local response in the area. Someone that could be an advocate. Understands the systems, knows their needs, medically, spiritually, mentally. We want someone to be trained, to graduate that person or people and help them gain transferable skills. A prescriber, a paramedic, a nurse, and a holistic support service, locally grown personnel, or team to deliver these needs. We know exactly what we need out here, we've been waiting for you.

There is no thought given by staff to the distance travelled by some of these whānau, let alone the patient. There are times when scripts have been provided out of hours and these whānau either look for someone to stay with till they can get to the pharmacy, or they leave it for next trip into town.

OUR IMPB PRIORITIES

- Review the policy on follow-up or aftercare support after the 28-day limit on respite.
- Ensure there are whānau support advocates or advisors who can ensure all whānau are not dying in an undignified way due to lack of support for the whānau supports during palliative care.

Rongoā Māori

- While there is no specific data on use of Rongoa Māori by whānau in the IMPB area, there is evidence that Māori are using Rongoa services nationally.
- The Whakamaua Dashboard by Ministry of Health does reveal that for the year ending 30 June 2022, a total of 23,224 client contacts occurred in funded rongoā providers. Of these, 82 percent were client contacts for Māori (19,048 client contacts for Māori).
- The highest proportion of Māori client contacts were provided to Māori aged 60+ years (6,343 rongoā client contacts provided to Māori aged 60+ years). In comparison, in 2019/20, a total of 14,211 client contacts occurred in funded rongoā providers.
- In Te Moana a Toi area, there are 25 registered providers with ACC who can claim for mirimiri and therapies involved in rehabilitation and injury recovery.

OUR IMPB PRIORITIES

- Need to **expand Rongoā Māori** offerings across the region.
- ACC providers (25 identified in the region) – it is unclear who is endorsing them from a manawhenua perspective to ensure they are upholding local tikanga, and not putting traditional Māori healers at (reputational) risk.

HOSPITAL & SPECIALIST SERVICES

Photo: Kiwifruit Orchards, Te Puke

Avoidable hospitalisations

- Potentially avoidable hospitalisations are those admissions which could have been prevented by primary care, public health, or social policy interventions. Ambulatory sensitive hospitalisations (ASH) are those admissions which could have been potentially avoided through interventions in primary care.
- In terms of hospitalisations for any cause, Māori in Bay of Plenty district have slightly higher rates of hospitalisation than non-Māori.
- Between 2020 and 2023, there were an average of 18,531 Māori hospital admissions each year,1.2 times the rate of non-Māori in Bay of Plenty district.
- The rate of potentially avoidable hospitalisations was 1.2 times higher for Māori children than non-Māori children.
- Between July 2022 to June 2023 in Bay of Plenty district, there were 1,662 potentially avoidable hospitalisations in Māori children aged one month to 14 years.
- Between July 2022 to June 2023, 540 Māori aged 15 to 24 years in Bay of Plenty district had a potentially avoidable hospital admission.
- In adults aged 45 to 64 years, between July 2022 to June 2023 in Bay of Plenty district, 1,088 Māori had an ambulatory sensitive admission, 2.5 times higher than the rate for non-Māori in Bay of Plenty district.

Whānau voice

Secondary Care isn't always helpful in referrals, it's not a priority to them to promote and share information that can help whānau with other issues they may be facing

Communications from colleagues in hospitals to advise us that one of our patients is going to be needing a drug that isn't normally stocked by a pharmacy, this would help us to order it in time

OUR IMPB PRIORITIES

- Endorsed Government's priorities of Health Targets: faster cancer treatment, shorter wait times for FSAs and shorter wait times for Planned Care – adding that there needs to be an equity focus to ensure "everyone" including Māori is benefitting equally from these efforts.
- Hospitalisations are greater for Māori because of unchecked chronic conditions and lack of management in primary care. The IMPB has placed priority on significantly improving primary care access because of this, along with improved efforts on information sharing with whānau and health literacy.
- The IMPB is interested in receiving regular data on the government's priority areas as part of its monitoring role – but also wants data on missed appointments, and waitlists.

Whānau presentations at emergency departments

- In 2023:
  - There were 21,787 Māori presented at ED residing in the Te Moana a Toi IMPB area
  - Māori represented 30.6% of all ED presentations in Te Moana a Toi and 33.2% in the Bay of Plenty district.
  - Māori were presented more acutely in ED (Triage category 1) than non-Māori when considering population sizes, represented 39.3% of all ED presentations with Triage category 1 in Te Moana a Toi. This is more prominent in the wider Bay of Plenty district with Māori represented 43.2% of all ED presentations with Triage category 1.
  - Close to half of all ED presentations at Whakatane ED were associated with Māori (49.2%) in Te Moana a Toi IMPB area and more than half of all ED presentations at Whakatane (52.2%) were associated with Māori that have a Bay of Plenty district domicile.
  - There were 33.3% ED presentations at Tauranga ED with triage category 1 that are associated with Māori in Te Moana a Toi IMPB area.
  - Most Māori residing in the Te Moana a Toi IMPB area in 2023, presented at ED with abdominal pain (2,041 Māori), followed by shortness of breath (1,793) and then Injury of upper extremity (1,305)

Service view presentations to ED, Bay of Plenty district

For period Jan-Dec 2023:	Tauranga ED for Domicile District of Bay of Plenty							
	Bay of Plenty District Total				Te Moana a Toi IMPB			
	Māori	Non-Māori	Total	% of Māori	Māori	Non-Māori	Total	% of Māori
ED Presentations Total	10,724	36,164	46,888	22.90%	10,326	35,570	45,896	22.50%
Cat 1 Triage	76	143	219	34.70%	71	142	213	33.30%
Cat 2 Triage	1,627	5,687	7,314	22.20%	1,561	5,594	7,155	21.80%
Cat 3 Triage	5,586	20,412	25,998	21.50%	5,401	20,084	25,485	21.20%
Cat 4 Triage	3,060	9,018	12,078	25.30%	2,940	8,866	11,806	24.90%
Cat 5 Triage	375	904	1,279	29.30%	353	884	1,237	28.50%

For period Jan-Dec 2023:	Whakatane ED for Domicile District of Bay of Plenty							
	Bay of Plenty District Total				Te Moana a Toi IMPB			
	Māori	Non-Māori	Total	% of Māori	Māori	Non-Māori	Total	% of Māori
ED Presentations Total	11,738	10,745	22,483	52.20%	9,375	9,694	19,069	49.20%
Cat 1 Triage	68	42	110	61.80%	55	38	93	59.10%
Cat 2 Triage	1,121	1,036	2,157	52.00%	889	939	1,828	48.60%
Cat 3 Triage	4,713	4,523	9,236	51.00%	3,842	4,142	7,984	48.10%
Cat 4 Triage	5,478	4,774	10,252	53.40%	4,317	4,239	8,556	50.50%
Cat 5 Triage	358	370	728	49.20%	272	336	608	44.70%

ED by presenting complaint

Most Māori residing in the Te Moana a Toi IMPB area in 2023, presented at ED with abdominal pain (2,041 Māori), followed by shortness of breath (1,793) and then Injury of upper extremity (1,305).

Top 20 SNOMED Presenting Complaints for Te Moana a Toi IMPB for Jan - Dec 2023, Bay of Plenty District of Service for people resident in the Te Moana a Toi IMPB area

Presenting Complaint	Māori	Non-Māori	Total
Abdominal pain	2,041	5,565	7,606
Chest pain	1,219	4,274	5,493
Shortness of breath	1,793	3,110	4,903
Injury of upper extremity	1,305	2,752	4,057
Injury of lower limb	1,214	2,574	3,788
Fever	873	1,987	2,860

Presenting Complaint	Māori	Non-Māori	Total
Cough	973	1,363	2,336
Localised superficial swelling of skin	855	1,316	2,171
Pain in lower limb	549	1,062	1,611
Injury of head	494	1,052	1,546
Headache	373	1,108	1,481
Asthenia	354	1,110	1,464
Palpitations	230	960	1,190
Syncope and collapse	249	878	1,127
Dizziness	232	821	1,053
Back pain	303	668	971
Follow-up visit	260	615	875
Altered mental status	173	695	868
Open wound	276	522	798
Superficial injuries involving multiple body regions	209	573	782

Data from Te Whatu Ora 12 July 2024. 12072024Te Moana a Toi IMPB data request v4 - Bay of Plenty.xlsx

Note: IMPB data is based on matching Domicile Codes and IMPB spatial data which is not 100% aligned, so presented as indicative approximation.

OUR IMPB PRIORITIES

- Endorsed Government's priority of Health Target: shorter ED wait times
- Data shows high Triage 3 and 4 in Whakatane and Tauranga hospitals which are believed to be those whānau with chronic conditions who can't get to a GP (e.g. inhalers, gout packs etc). The IMPB would like to work with Te Whatu Ora to undertake deeper analysis of the ED presentations to inform improvements in primary care

Mental Health Hospitalisations

- Hospitalisations are one aspect of mental health care – most mental health care is provided in the community. Diagnosis data in New Zealand tends to be more incomplete for mental health conditions than for other health conditions, and so mental health related hospitalisations may be underestimated. Importantly, the hospitalisation data presented below do not tell us anything about appropriateness of care – for example, whether the level of hospital care received is sufficient/appropriate to meet Māori population needs, or whether ethnic differences in mental health hospitalisations reflect a failure to manage mental health and substance use conditions effectively for Māori in the community and primary care.
- Hospitalisations data below include emergency department (ED) stays of ≥3 hours (which may or may not progress to inpatient hospitalisation). ED stays of ≥3 hours may have a different profile (e.g. acute alcohol intoxication) to those people requiring an inpatient stay.
- Between 2020 to 2023, there are significantly higher rates of hospitalisations for most mental health conditions for Māori in Bay of Plenty district compared to non-Māori.
- Overall, Māori were 1.8 times more likely than non-Māori to be hospitalised for any type of mental or substance use disorder, 4.2 times higher for schizophrenia, 2.0 times higher for mood disorders and 1.8 times higher for substance/alcohol use.

Between 2020 and 2023, Māori in Bay of Plenty district were 1.7 times more likely than non-Māori to be hospitalised for a traumatic brain injury. An average of 180 Māori per year were hospitalised for traumatic brain

Injury in Bay of Plenty District

- Between 2020 and 2023, Māori in Bay of Plenty district (aged 15 to 44 years) were 1.7 times more likely than non-Māori to be hospitalised for intentional self-harm. An average of 180 Māori per year were hospitalised for intentional self-harm in Bay of Plenty district (68 women and 112 men).
- In 2022, 79.5% of Māori in Bay of Plenty district who were referred to mental health services were seen within three weeks
- Māori were slightly more likely (1.1 times) than non- Māori to be seen within three weeks.

Planned Care

- There were 22,133 planned care interventions in the Bay of Plenty district in 2023, with 3,904 were for Māori.
- 2680 planned care interventions for Māori were inpatient events, compared with 9660 of planned care interventions for non-Māori were inpatient events.
- Majority of planned specialist advice were Medical non-contact First Specialist Assessment, totalling 767 events for Māori.
- In terms of access to specialist outpatient appointments, Māori in Te Moana a Toi are much more likely to have a missed first specialist appointment than non-Māori.
- In 2023, 10.5% of first specialist medical appointments and 10.9% of first surgical appointments for Māori were missed. This contrasts to only 3.3% of medical and 3.6% of surgical first specialist appointments missed for non-Māori in Te Moana a Toi, meaning Māori are over 3.0 times more likely than non-Māori to miss out on receiving their first specialist appointment. This adds further delays for Māori in accessing the operations and medical treatment they require and contributes to poorer health outcomes.
- Te Moana a Toi IMPB is still awaiting data about Māori on waiting lists and the number of specialist appointments and surgeries not attended by Māori across the district.

ENABLERS

Photo: Mystery Valley Olive Grove, Te Puke

Māori Workforce

- There are three PHOs providing primary and community health care across the Bay of Plenty region. Of the total number of 247 doctors, the data shows that there are less than 6% Māori doctors across the three PHOs.
- Forecasting data shows a significant increase in numbers from most of the professions in 2034 with the exception of slower growth seen in some allied health professions in particular the National data sets
- There is significant increase in Māori workforce numbers across Nursing, Dental/Oral Health professions, Midwifery, Sonographers and moderate growth seen in some of the allied health professions such as Pharmacy, Radiology Anaesthetic Technicians. The largest workforce growth areas nationally are Māori dental hygienists/therapists, Māori dentists, and Māori midwifes
- There is an increased growth in Māori doctors, however the proportion of Māori to non-Māori doctors does not change and is sitting at less than 5%, well below meeting the representative figure of 17% - 18% total Māori population.
- Priority Māori workforces for consideration include Doctors in particular GP's; Mental health workforce and an in particular increase in senior mental health clinicians; Nurse practitioners, prescribers; Pharmacists and Midwives.
- Key challenges for workforce in the district are:
    - Not enough training opportunities to grow the workforce
    - Not enough flexibility to extend workforce – e.g. extending prescribing rights to nurses
    - Staff shortages in: GP, Pharmacy, Primary Care in general
    - Carers and support workers are needed for aged care and home care
    - Hard to recruit skills and retain staff with there are pay parity issues

Whānau voice

Some specific comments from whānau and providers were:

"When a kaimahi isn't available the wife covers the whole shift. That means she works her full-time job and then does the 11pm-7am shift Monday to Friday plus the weekends. She is looking very unwell now."

"My sister and I both started our HCA journey together, but she had less literacy and numeracy ability than me. We both have whānau to raise, and I couldn't help her all the time. She dropped out because the institution didn't support students with literacy needs. She was the better out of the 2 of us but I made it through."

"I can only manage appointments or one on ones by sacrificing my lunch breaks."

"Our practitioners are people who are living within the communities we serve."

"Easier to get into Oz, less barriers, more money. NZ is not an attractive option."

"There are over 4500 pharmacists, 130 who are Māori, less than 2%. Only 5 Māori are owner operators of the 1000+ pharmacies in New Zealand. Yet the community pharmacy is a gathering point for whānau in our towns. We could do so much more if allowed to work at top of scope."

"There is no discretion even with all of the safety factors managed and given our team all know our roles and what can and can't be done by techs, if I were able to do a home visit with a koro within 10 minutes of my premises then why is that not allowed for?"

"We want to provide staff with what they are worth ($$) and the range of work they find themselves doing."

OUR IMPB PRIORITIES

Need to invest in more:

- Māori midwives and Māori childbirth educators
- Nurse Practitioners in primary care & Nurse Prescribers to ramp up the workforce now and for the future population growth including Health Care assistants
- Mental health workforce
- Dental hygienists
- Carers and support workers for aged care, home care, Kaumatua care
- Rongoā practitioners and kaimahi

- Podiatrists (esp. for diabetes care)
- The IMPB would also like to increase micro-credentialling for more:
    - Screeners
    - Vaccinators
    - Educators (including childbirth educators)

Data and Information

Data from the system is key to the IMPB being able to perform its role to monitor trends and concerns. Now that a baseline picture has been determined, ongoing quarterly monitoring will be able to determine if the system has responded to the needs and priorities identified in this report.

OUR IMPB PRIORITIES

- All data provided by Te Whatu Ora and PHOs needs to be available for the IMPB-specific boundary – not the former DHB districts
- All data provided should be able to be aggregated at lower levels so that data for specific communities can be reviewed (e.g. for population demographics, screening rates, immunisation rates etc). Te Moana a Toi IMPB district is too large to apply strategies across the whole area. We need to be able to localise data so we can localise solutions.

Back Photo: Whale Island, Whakatāne
Cover Photos: Wairaka Statue & Whale Island, Whakātane Heads

TE MOANA A TOI

Iwi-Māori Partnership Board