



**TE KARU O TE IKA POARI HAUORA**  
**IWI MĀORI PARTNERSHIP BOARD**  
**COMMUNITY HEALTH PLAN**

**31 MARCH 2025**

**Ko te moemoeā te moemoeā**

**Kaua e tuku to moemoeā kia noho noa hei moemoeā**

**Waiho te moemoeā ki te hunga moe hoatu tātou me te hauora**

**Kia toitū te tangata, kia kaha rawa ngā whakarereanga, kia tū rangatira tatou**

**Nau mai e tama ki te taiao nei, kia whakangungua koe ki te**

**kahikātoa, ki te tūmatakuru, ki te taraongaonga**

A dream is a dream,  
Let us not just dream for the things that we want,  
Leave the dreams for those who sleep,  
Let us go forward together healthy and well,  
So that our people endure,  
So that our legacies are strong,  
So that we realise our full potential.  
Welcome little one into the living world,  
and become strong like the kahikātoa,  
become sturdy like the tūmatakuru, and  
become resilient like the taraongaonga  
(Te Karu o Te Ika Poari Hauora, 2023).

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# GLOSSARY

- Strategic commissioning for Iwi Māori Partnership Boards (IMPB) – Commissioning is a process widely described as including four components: Assessment of need through data analysis and engagement; prioritising needs and planning services to meet those needs; procuring services from providers (sometimes funders provide the services themselves); monitoring and evaluating the services to ensure they are meeting the needs. Within this cycle there are two layers of decision-making and action:

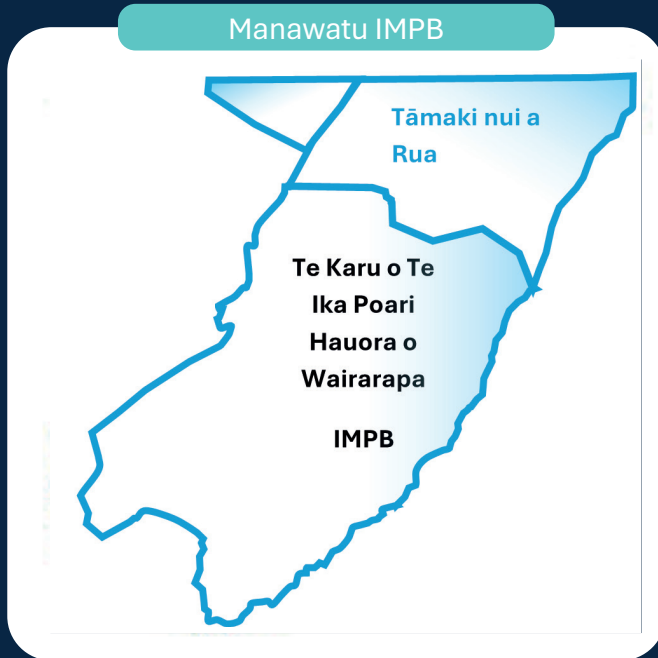
Commissioning Processes	Strategic Commissioning (IMPB focus)	Operational Commissioning (HNZ focus)
<b>Needs analyses</b>  <i>Section 30(1)(a) Engage with whānau</i>	Determine expectations for scope of engagement (where, who), timelines, scope of data analyses and expectations of the output.	HNZ role: Provide data to IMPB to support needs analyses (as per Section 15 Pae Ora Act)  IMPB role: Determine methods within the scope (e.g. surveys, hui, interviews, data requests and analysis), carry out these tasks and report to those directing strategic commissioning
<b>Prioritising and planning</b>  <i>Section 30(1)(b) Evaluate current state to determine priorities for improving Hauora Māori and 30(1)(c) Engage with Health NZ (HNZ) to determine priorities</i>	Determine priorities based on data and engagement findings. Plan for solutions to the priorities and engage with HNZ to embed priorities in their Regional Health plans and investments.	Embed priorities in team annual workplans and investment / budget planning. Plan and execute investments and disinvestments across budget and service areas
<b>Procurement</b>  <i>Section 30(1)(e) Support HNZ in stewardship of Kaupapa Māori investment</i>	Engage with HNZ on procurement priorities including planned investment allocations and planned disinvestments.	Procure services from providers (including going to market, engaging providers, developing contracts or disinvesting from contracts)
<b>Monitoring</b>  <i>Section 30(1)(d) Monitor the performance of the health sector in the IMPB area and (f) report out to Māori</i>	Set priorities for monitoring based on needs and priorities identified in planning phase.	Monitor providers contracted to HNZ Provide data to IMPBs to support their monitoring function



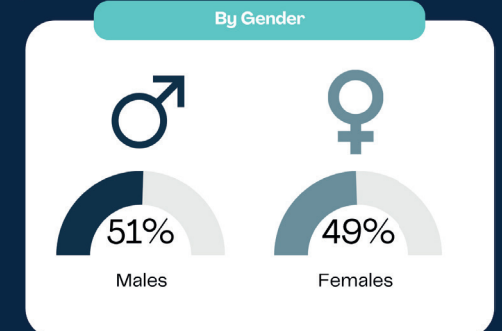
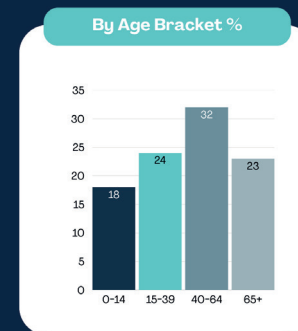
- **High-level direction** – operates at an oversight / managerial level – not an operational level. For instance - setting health and service priorities such as cancer screening and screening promotion programmes - while HNZ would be responsible for investing in and contracting service providers who undertake cancer screening and promotion.
- **Strategic procurement** – Is high-level influence and stewardship over operational procurement conducted by HNZ. It would include setting priorities for investment, disinvestment and reinvestment. Aligns with IMPB function described in Section 30(1)(e) Pae Ora Act 22: “To engage with HNZ to support stewardship of Hauora Māori and priorities for kaupapa Māori investment and innovation”
- **Monitoring performance** – The Pae Ora Act states that IMPBs monitor the performance of the ‘health sector’ in their area (i.e. not just Health NZ). IMPBs plan for monitoring the sector phasing in the focus on agencies within the sector. IMPB priorities determined from planning process are the focus for monitoring. Government priorities impacting Māori are the focus for monitoring. Monitoring the performance of the sector against legislative requirements in the Pae Ora Act are the focus for monitoring. Indicators are determined for all monitoring areas. Monitoring is a mix of data analyses and comparative analysis with prior performance (e.g. Māori screening rates today compared to last quarter to assess trends up or down); assessments based on IMPB interactions with HNZ and other agencies; whānau feedback on the sector’s performance. This combination of information results in regular IMPB Monitoring reports.
- **Whānau-affirmed priorities** – Whānau engagement is conducted in many ways (hui, surveys, social media) and those issues mentioned or discussed the most by whānau in our area are the areas which we will prioritise for action. Alongside this, priorities identified through data analyses which do not emerge from engagement processes (i.e. where severe inequity gaps exist) are presented to and discussed with whānau to affirm that these should be additional focus areas for advocacy by the IMPB.
- **Holistic approach** – A holistic approach means we will focus on the broader social determinants of health (e.g. housing, education) as well as access to services in the health sector. We will focus on both cultural indicators of wellbeing as well as western indicators of illness and wellbeing. Health services are only one contributor to wellbeing – the remainder is influenced by social determinants and the behaviours of whānau themselves. A holistic approach addresses all of these factors.
- **Culturally responsive care** – Culturally-responsive care meets the cultural needs of whānau no matter where the individual whānau are on the continuum of knowledge and expression of tikanga and te reo Māori. Whānau should not feel judged or treated differently because of their culture (whether they are Māori or not). Health practitioners do not let their own culture or biases affect their approach to care of whānau.
- **Evidence-based decisions** – Evidence for IMPBs comes from two primary sources: whānau and health sector data. We know data comes with limitations and ethnicity is not collected routinely or accurately as research has shown. Comparative analysis is always conducted against non-Māori population outcome to identify inequities that need to be addressed. Whānau evidence comes from properly conducted surveys and valid sample sizes, as well as extensive and varied engagement across our IMPB rohe to reach all ages, urban and rural communities, and all genders. Wherever data can be analysed by these variables, this will be done.
- **Ineffective services** – Ineffective services are those that are persistently having little or no effect on health outcomes. For example a service and/ or provider in a certain area that is funded and contacted to immunise tamariki, yet is having little or no effect on immunisation rates, should be disinvested and replaced with a more effective and impactful service and provider.
- **Community-led approaches** – Once priorities are determined from needs analyses processes, the IMPB will work with local community stakeholders to help inform potential solutions and ideas for addressing those priorities. This would include stakeholders such as HNZ service staff, Council, Māori and mainstream providers and primary care providers operating in the local community. Their ideas and contributions shape the advice that the IMPB provides to HNZ (planning and funding managers) to influence stewardship of investments in Hauora Māori outcomes.

# OVERVIEW

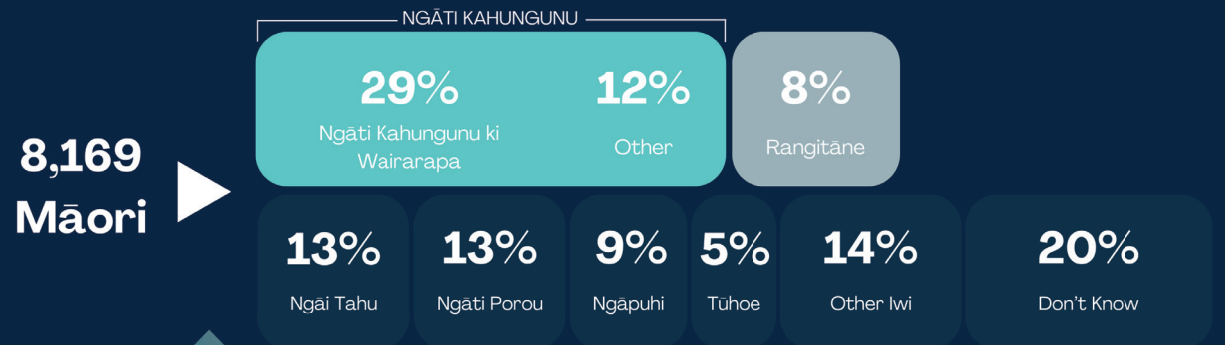
Te Karu o te Ika (TKoTI) Poari Hauora o Wairarapa IMPB was formally established in 2022 in response to the NZ health reforms. Based in Masterton, TKoTI has two key shareholders - Iwi Post Settlement Governance Entities Rangitāne Tū Mai Rā Trust and Ngāti Kahungunu ki Wairarapa Tāmaki nui a Rua.



## Wairarapa by the numbers



Respondents to the 2018 Census were able to specify up to five iwi to which they affiliated, therefore the % can be greater than 100%. 2018 Census data indicated that a total of 8,169 Māori lived in Wairarapa, affiliated to 86 different iwi groups. The majority (2,382 people) identified as Ngāti Kahungunu ki Wairarapa, while 693 people identified as Rangitāne.



# FOUNDATIONS OF OUR BOARD

First year activities



# STRATEGIC RELATIONSHIPS



Te Karu o te Ika Poari Hauora IMPB has established a number of key relationships across the rohe which help to promote the role of the IMPB, while also ensuring we have the right relationships in place to continue to address the social determinants of health. These relationships ensure the key stakeholders across the rohe have a voice in our mahi, and also that the IMPB has a voice in their mahi directed toward achieving the hauora priorities we have identified:

- Iwi, hapu across the rohe
- Other IMPBs in the region and across Aotearoa
  - Health System agencies such as Ministry of Health | Manatū Hauora, Health New Zealand | Te Whatu Ora
- Kaupapa Māori Providers
- Primary Health Organisation
- Territorial Authorities

## OUR ROLE AS STRATEGIC COMMISSIONERS

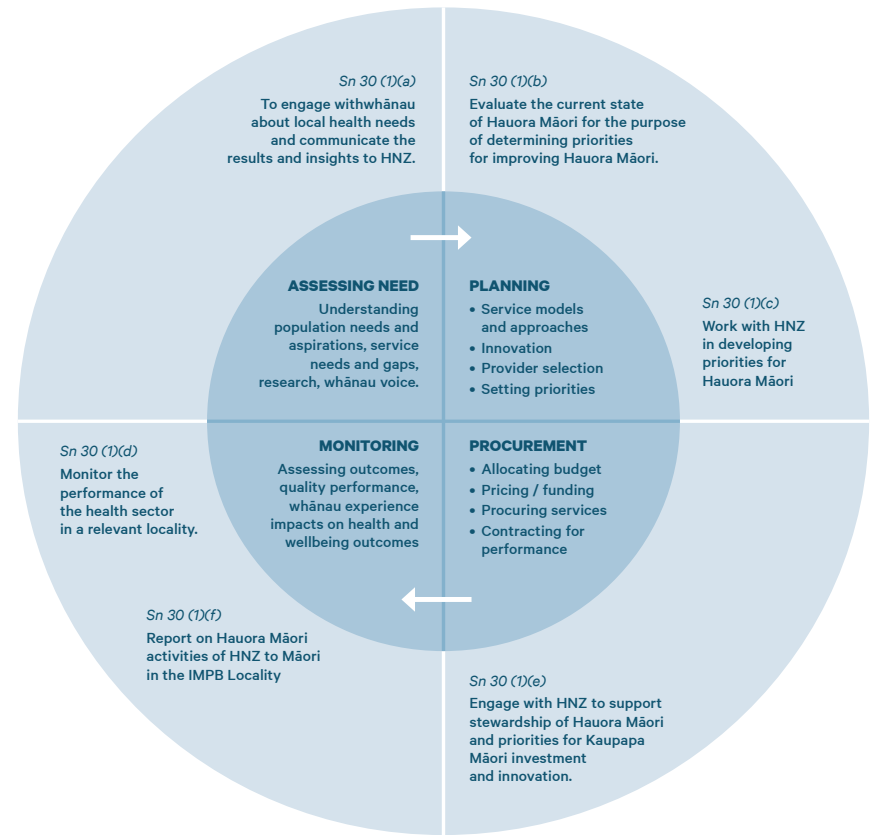
There are many ‘models’ of commissioning so we have selected a generally accepted model that is recognisable within the health system – and includes the four key processes of commissioning:

- Assessing need and engaging whānau
- Setting priorities and service planning with HNZ
- Informing procurement by HNZ to respond to priorities
- Monitoring performance of the health system

The functions of Iwi Māori Partnership Boards are outlined at Section 30 of the Pae Ora Act 2022 and have been mapped to this commissioning model to demonstrate our status as strategic commissioners.

The main reason we see ourselves as ‘strategic’ commissioners is that we set high-level direction with HNZ based on whānau-affirmed priorities.

We (currently) do not undertake transactional procurement functions including contracting and monitoring of providers. Similarly - we undertake strategic monitoring of system performance in our IMPB area – not individual provider or contract performance.



Strategic commissioning aligned to IMPB Legislated functions

### Government expectations of us in strategic commissioning

The Government intends that IMPBs will have strategic commissioning powers from 1 July 2025<sup>1</sup>, although it is unclear at this stage how those powers will be conferred. Specifically, Cabinet has endorsed this function at:

Clause 38 of the Cabinet paper:

*“IMPBs’ key functions include the need to engage with whānau and hapū about local health needs, evaluate the current state of Māori health, identify priorities, and monitor local performance. These functions represent critical steps in an end-to-end commissioning cycle, which starts with understanding what Māori need and want within their local context, with continuous engagement and monitoring”*

Clause 39 of the Cabinet paper:

*“This can be described as ‘strategic commissioning’, which includes involvement in each stage but stops short of operational responsibility for procurement, contract management or budget-holding. This does not preclude IMPBs having a more direct role in health service commissioning in the future. However, it does recognise that IMPBs will need to develop appropriate capacity and capability first, including monitoring and accountability frameworks”*

1 Cabinet Paper (Proactively released): Disestablishment of the Māori Health Authority – Next Steps on Māori health: 12 August 2024

# ASSESSING NEEDS & ASPIRATIONS OF WHĀNAU

## LEGISLATED MANDATE

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*Pae Ora Act Sn 30(1)(a) to engage with whānau about local health needs and communicate the results and insights to HNZ.*

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### Our Role

The IMPB health priorities have been informed from the Wairarapa Māori Health Plan 2021, Whānau and Community Voice 2021-2023, and the Wairarapa Current State Report 2023.

In determining the health needs of the community, findings from eight reports were considered:

1. Wairarapa Māori Health Strategy, Wairarapa DHB (2021)
2. Recommendations for education – based interventions to improve the health and wellbeing of young people in the Wairarapa District, Joshua James Research (2023)
3. Te Rautaki Rangatahi o Wairarapa, Wairarapa Councils (2023)
4. Inquiry into the level and quality of service delivery to Māori in the Wairarapa DHB, Māori Women’s Welfare League - te Peka o Wairarapa (2022)
5. Making progress on Wairarapa Māori health and disability priorities through health sector reforms, Baker Consulting Ltd (2022)
6. Less talking more action: Views and experiences of Tāngata Whaikaha Māori in Wairarapa, McGregor et al (2023)
7. Wairarapa Current State Report (volumes 1 and 2), Te Whatu Ora (2023)
8. Iwi-Māori Partnership Board Health Profile: Te Karu o te Ika Poari Hauora (Volume one and two), Curtis et al (2023)

## Whānau Voice

A Māori health survey was conducted in the Wairarapa and results published in 2021. The survey sought views on mauri ora, wai ora, and whānau ora. In total, 461 people self-identifying as Māori completed the survey. Results from this survey revealed the following:

### HAUORA ASPIRATIONS

Participants were asked what good health and wellbeing meant to them, both as individuals and for their whānau.

#### Mauri ora

The survey asked respondents what good health and wellbeing meant to them as an individual. Many responses centred on a desire to obtain or have good health, live a long life, and be there for their whānau.

*“A longer life that does not have lots of ailments. Feeling good about myself and not feeling forgotten or overlooked because I am older.”*

*“Feeling good physically and mentally, for myself and my family.”*

*“The ability to function day to day without pain or a heavy weight of stress and mental strain.”*

*“Pain free, able to ... be more mobile.”*

Others highlighted the importance of access to quality healthcare.

*“Being able to access an understanding doctor.”*

A common thread in responses was a view of health and wellbeing that was holistic, incorporating all elements of physical, mental, and spiritual health and connected to whānau and culture.

*“My whare tapa whā being kept in balance.”*

*“It means that I am physically and mentally able, and spiritually balanced. It also means that my whānau are well and/or have the means to be well. It’s not really possible to have individual wellness without whānau having the same ... we need food and we need our home.”*

*Being able to have healthy kai and be more physically active was also an aspiration expressed throughout the responses.*

*“Being physically active, which takes care of my mental wellbeing.”*

*“Nutritional food. Emotionally happy. Physically well.”*

#### Whānau ora

The survey also asked what good health and wellbeing meant for the respondents’ whānau. Many respondents said that what they expressed for them as an individual flowed over to what they desired for their whānau (in relation to good health and wellbeing).



*“If I am sad, [some]one will make me happy, and vice versa. Talking to each other. We understand life has ups and downs but we get through.”*

It was common for respondents to equate whānau ora with happiness, as well as having their basic needs met.

*“An absence of ill health. That we are all able to care for ourselves and each other without too much intervention. Perhaps some guidance, advocacy, and knowing where to go for any health and wellbeing needs.”*

*“Happiness, laughing, eating well, a healthy home, being active, family time, time with friends and extended whānau, access to medical facilities, resting.”*

Some approaches to whānau ora considered that a holistic approach to health and wellbeing was essential.

*“Holistically well, including mental, physical, wairua, and mana being respected and intact, and our way of life being respected.”*

*Some identified a need for improved health and disability service options, as well as access to appropriately resourced Kaupapa Māori services.*

*“Kaupapa Māori nursing homes and Kaupapa Māori health facilities that are not overworked and hard to access. Affordable living.”*

*“Being financially able to access appropriate healthcare when needed. Also having the services needed in the communities where our families live.”*

The ability to access healthy kai and be physically active was an aspiration expressed throughout the responses about whānau ora.

*“Staying fit and strong. Eating well and keeping a healthy relationship with each other.”*

## **Wai ora**

When asked about their aspirations for wai ora, respondents consistently expressed concern regarding the physical environment and its management through genuine partnerships between the central or local government agencies and Māori.

*“More open green spaces, easier access to public transport, and lower-cost transport e.g. electric bikes.”*

*“The beaches full again and accessible.”*

*“Making sure everything is going good around the environment moana ... Our town needs to accept Māori – we are partners, not tenants, in this town.”*

The concept of wai ora extended to the built environment and places where people lived, with access to quality housing seen as a key determinant of health and wellbeing.

*“Warm, dry, clean home. Home that is not overcrowded.”*

*“Affordable house, papakāinga. Affordable, accessible kaupapa Māori facilities.”*

Respondents talked about a future health and disability service design that took a holistic approach that encompassed wai ora.

*“More healthy kai, mara kai. Collective impact so more agencies/services [are] working smoothly together.”*

## STATED PRIORITIES AROUND THE DETERMINANTS OF HEALTH

Common themes that emerged from an analysis of the responses:

### Affordability of daily living

When asked about health and wellbeing for themselves and their wider whānau, 20% of the respondents raised concerns about the affordability of daily living.

*“We have to worry about rent rises, food costs, power, etc. on limited incomes.”*

*“Make it cheaper for our families to access the things we need to be healthy, mentally and physically.”*

### Housing

Housing was a concern for 19% of the respondents, who expressed worries around the lack of housing stock and housing that was safe, warm, and dry.

*“We need a better home that is warmer in winter. The house is cold, which makes us sick; the high ceiling of a big house is not good.”*

*Respondents referred to their own challenges around housing, with many expressing concern about housing quality and affordability.*

*“Housing, rents, bills, [and] stress consume most whānau.”*

### Racism

The experience of racism impacting on health and wellbeing was mentioned by several respondents.

*“I get stressed due to racism, fighting against this, and seeing my family struggle.”*

*“Stop racism so that we can be given a chance.”*

*“The critical mass of people who are standing up against racism, which I feel is a factor of our mental health and the reason so many of our people are incarcerated, is growing. There are more people making a stand for equality and equity for Māori and those who are differently abled. It’s [becoming] more accessible, both physically and mentally. But it needs to improve even more and we must continue to push.”*

### Covid-19

A small number of respondents (3%) specifically mentioned the ongoing impacts of the Covid-19 pandemic on their health and wellbeing.

*“COVID-19 is still out there with new variant. [We] must continue to do all we have being doing to prevent [it, to] keep alert.”*

*“Covid is scary – the thought of what may be makes us all very anxious.”*



## CONCERNS AROUND INDIVIDUAL RISK AND PROTECTIVE FACTORS

### Wellbeing (nutrition and exercise)

Many respondents (38%) expressed either a need to improve, or their concerns around, fitness and nutrition.

*“Have meal plans, maybe talk to a nutritionist, start swimming, ... bike to work.”*

*“Eat proper food and fruit, [drink] water. Have programmes to learn how to eat healthy on a budget.”*

*“Lose weight, get fit, flexible, help me plan my goals, health coaching.”*

Respondents talked about wellbeing for the wider whānau, particularly in relation to the affordability and accessibility of resources to support their whānau to be healthy and well.

*“I need to motivate them and Masterton needs to offer more for the kids, without expensive price tags.”*

### Addictions

Eight percent of the respondents raised concerns about addressing addictions, such as smoking, often in the context of making changes for the benefit of their wider whānau.

*“My life has been a struggle against respiratory disease, as I had pneumonia when I was 11 months and my father was a heavy smoker. For me, the damage smoking does cannot be emphasised enough.”*

*“Quitline workshops to help me get a job [by helping] me to quit my addictions – drugs, alcohol, smoking.”*

*“Stop smoking, cut down the drinking. I think I need to make the changes.”*

*“Help with drug addictions is better one on one; consistency at Te Rangimarie Clinic.”*

## HEALTH STATUS – WHAT RESPONDENTS WERE CONCERNED ABOUT REGARDING THEIR HEALTH AND WELLBEING

### Perception of good health

Of those respondents who rated their own health (categorised as ‘poor’, ‘fair’, ‘good’ or ‘very good’), 82% indicated that they felt they had ‘fair’, ‘good’, or ‘very good’ health, although what that meant varied.

*“Fair. General health is good but chronic joint pain affects daily living and activities.”*

*“I’d rate my health as fair [to] good. I’m in no pain and take no medication.”*

Nineteen percent of the respondents who rated their own health indicated they felt that their health was ‘poor’, often in relation to specific health conditions.

*“Poor. I have gastrointestinal issues I have known about for some time, but I have not rectified due to costs, due to fear.”*

*“Not great. Just a lot of heart and blood pressure problems, lack of diet choices as healthy food is too expensive, being on a benefit.”*

### Whānau health and wellbeing

When rating the health of their whānau, most respondents (73%) indicated that the health of their whānau was ‘fair’, ‘good’, or ‘very good’. There was noticeable variation in the way people thought about and answered this question.

*“Above average. We are working together as a whānau to eat better and be more active [but] this comes at a cost. We have a two-income whānau – it would not be possible without both incomes.”*

*“Average. Everything could be better. Working too long and hard work, less time for each other. Depression, anxiety is a common subject ..., and suicide is common.”*

*“I rate my whānau health right now as ok. I think there is definitely more we can do to be ... healthier, but we have a roof over our heads and my whānau are fed.”*

Fifteen percent of the respondents rated their whānau health as ‘poor’.

*“It’s sad to say the health in my extended family is not good due to many deaths from cancer and heart problems.”*

*Twelve percent of the respondents said the health of whānau was variable.*

*“A few whānau are doing well, others are not. Some have had regular well-paid jobs and now own homes. Some have not. Some have been incarcerated and that disadvantaged their employment prospects hugely. They now struggle income-wise and are government dependent, and [their] health is very poor.”*

### Health conditions

Several specific areas of health and wellbeing concern or health conditions were raised by 32% of the respondents.

Mental health was directly raised by 10% of respondents (however, the need for a focus on mental health, including the impacts of stress, was raised throughout the responses). Many respondents made the connection between mental health and the overall health and wellbeing of both themselves and their wider whānau. Respondents specifically raised concerns about the stigmatisation of mental health, as well as the lack of appropriate mental health services in the district.

*“It’s hard at the moment, due to a whānau member needing support with his mental health, but due to mahi, we can’t find any after-hours [services] to support his needs.”*

Respondents discussed the impacts of specific health conditions (for either themselves or their whānau) such as diabetes (4%), respiratory conditions (4%), cancer (2%), and other health conditions (10%) such as dementia, stroke, Parkinson’s, gout, cardiovascular issues, and chronic pain. Some respondents mentioned multiple health conditions.



*“I have been suffering with diabetic symptoms and thyroid issues. I am still suffering with back pain. However, this is being managed with medication.”*

*“[My] husband has heart failure, diabetes 2, COPD.”*

*“One waiting for knee surgery. One daughter with high health needs, one with scoliosis, and me waiting for help.”*

### Concerns around health and disability services

Half of the respondents (52%) identified concerns around health and disability services, primarily the availability of services, along with the quality of care. The cost of services was of great concern to respondents.

- **Physical access:** A small number of respondents talked about issues with physical access to services. *“Look at the amount of services we are having to access out of our area, and perhaps set up better access. Look into the disability parking accessibility.”*
- **Location of services and transport:** Some respondents (7%) also pointed to issues with accessing services because of their own location and/or lack of transport. *“The only after-hours service is in Masterton. What if you live in South Wairarapa? What if you have no access to a car? Difficult to get an appointment at after-hours service, costs a lot to attend. Often a long wait to be seen. High cost to see a GP during ‘normal’ hours.”* *“Living in Featherston and being so far from Masterton can be a financial burden. For a teeth specialist, I have to travel outside of Featherston. This is difficult while being a single parent.”* *“I think more services need to be provided for Māori kaumātua. Especially those of us living in South Wairarapa. Transport is a huge issue for us – shuttle not always available.”*
- Additional barriers for those with lived experience of disability. *“Financial assistance to get me to Paraparaumu, as there is no specialised stroke physiotherapy.”*
- **Availability of services:** When thinking about health and wellbeing, both as an individual and for the wider whānau, 22% of the respondents raised issues with accessing health services. They mentioned concerns about the waiting time for appointments and specialist services, and the need for flexible after-hours services. *“Shorter wait times, access to doctors when needed (usually have to wait days), check-ups to become the norm (especially for males) – ask them to come in and have an appointment already booked in.”* *“Access to healthcare locally, access to more after-hours services instead of waiting in ED, access to healthcare when you need it.”* *“Better access to healthcare. Phone consultation does not give true understanding of what the patient is going through.”*
- Access to mental health services was a common thread, with respondents commenting on how difficult it was to access them. *“More availability around Māori mental health and letting the Iwi KNOW how to access it.”* *“Check in on people’s mental health regularly at health appointments.”* *“More mental health services that can actually help. Like maybe focus on how to help people heal themselves, instead of advice or pills to suppress the problem.”*

### Quality of health and disability services

Eighteen percent of the respondents raised concerns about the quality of the health and disability care they received.



*“Better care for Māori. Racism and discrimination [are] issue[s]. Promote/inform patients about operations, appointments, waiting times. Kōrero more – listen to us [for] our perspective or suggestions.”*

The need for more Māori staff, as well as for more Kaupapa Māori health and disability services, were also highlighted.

*“Māori healthcare and services need to be available for the Wairarapa. Also end-of-life care and funeral services for Māori whānau.”*

*“Having a Māori doctor would be good. They get a bit whakamā going the medical centre. Feel they are judged.”*

*“Having more Māori health practitioners or a culturally appropriate option for whānau to feel safe, heard, not judged, not a minority, culturally respected, and not looked down on. Cultural competency in tauwi health practitioners needs to be ongoing.”*

### **Cost of health and disability services**

Fifteen percent of the respondents raised concerns about the high cost of accessing health and disability services. This was especially apparent when the respondents talked about oral health and wellbeing.

*“Specialist services are out of town and the cost to get there and to pay for the service decides whether you go or not.”*

*“[Need] cheaper rates to see doctors.”*

*“Everything we need is accessible except dental health. It is so expensive. Oh, also the fact we live away from Masterton and Wellington and Palmerston hospitals – that’s stressful.”*

*“Cheaper and easier dental care. Fair access to health providers. We live in Featherston and having to go to [a] specialist outside of Featherston is hard financially.”*

*“The world is expensive for everyone. Dental [care] is too much. Only go for emergencies.”*

*“Dental [care] is very expensive – my kids just don’t go. Hearing aids for [my] husband [were] \$3,000. Teach health professionals to consider that health for us is unaffordable.”*

While some respondents raised concerns regarding prescription costs, others wanted more options around the use of mātauranga Māori in health.

*“I can’t go without medication and it costs a lot for pensioners to pay.”*

*“A healthy environment would be one where everyone is able to access and understand their health[care] and to allow rongoā Māori and Kaupapa Māori healers.”*

*“Provide other services, such as rongoā Māori services. Provide [a] holistic health programme embedded in te ao Māori.”*



## **Te Taiao: Community- or marae-based programmes focused on traditional kai and intergenerational practices**

Evidence indicates support for marae and community initiatives to learn about and restore the physical environment, including gathering and preparing traditional kai<sup>2</sup> and support for the maintenance and sharing of traditional ecological knowledge and intergenerational practices.<sup>3</sup>

A focus on te taiao reflects what is important to whānau surveyed by Wairarapa DHB in 2021. This also reflects the strong connection between environmental wellbeing and cultural wellbeing for whānau Māori in the Wairarapa. The focus on kai within this recommendation also aligns with the high rates of gastrointestinal disease linked to climate change over the period 2011 to 2022, with some populations (including Māori) being more vulnerable.<sup>4</sup> There is some evidence of the effectiveness of māra kai and land-centred community development initiatives.<sup>5</sup> There is also evidence of community gardens as having public health benefit, especially when linked to programmes such as green prescription.<sup>6</sup>

## **Rongoā: Supporting holistic, Indigenous, Māori models of health and wellbeing**

Several reports reviewed for evidence in health needs and priorities had recommendations or key findings in favour of more rongoā services, with the most tangible recommendation being that local health and disability sector commissioning include provision for rongoā Māori as part of supporting holistic health and wellbeing of whānau Māori.<sup>7</sup> Rongoā is a taonga tuku iho. Supporting rongoā is part of recognising and respecting Indigenous ways of knowing and being and aligns with Māori models of wellbeing. Rongoā has been established as having links to Māori wellbeing and outcomes.<sup>8</sup> Sustaining Indigenous Māori health practices is seen as a way of both valuing Māori knowledge and Māori wellbeing through the “alleviation of symptoms and enhanced wellness for individual clients, as well as the promotion of cultural values and traditions, and maintenance of environmental relationships for Māori, iwi, hapū and whānau collectives”.<sup>9</sup>

## **Tamariki health and wellbeing: Lifting immunisation rates**

Following Covid-19, inequities in immunisation rates have increased for tamariki in Wairarapa. For example, at six months of age 56.6% of pēpi Māori are fully immunised compared with 88.9% of non-Māori pēpi (as at December 2021).<sup>10</sup> Immunisation rates are often a sign of how effective primary health care is. So it is useful to also note that enrolment with a GP by 3 months of age is lower for Māori (73%) than for non-Māori pēpi (96%).<sup>11</sup> A review of literature in 2019 found potential in having a range of different approaches for tamariki immunisation. Findings included:

- Cultural understandings can help shape effective interventions and help counter vaccine hesitance

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2 Wairarapa DHB (2021).  
3 Baker Consulting Ltd (2022).  
4 Te Whatu Ora (2023).  
5 Hond et al (2019).  
6 Clegghorn et al (2013).  
7 Wairarapa DHB (2021)  
8 Waitangi Tribunal (2011)  
9 Ahuriri-Driscoll (2008).  
10 Te Whatu Ora (2023)  
11 Te Whatu Ora (2023)

- Understanding the impact of colonialism in Aotearoa New Zealand and its relationship with the mistrust of health professionals by some Māori patients’ needs to be considered
- Multiple strategies, each specifically tailored to address specific barriers to immunisation, are required.<sup>12</sup>

### **Rangatahi health and wellbeing: School-based health programmes**

There were two specific recommendations for school-based health programmes in the report Recommendations for education – based interventions to improve the health and wellbeing of young people in the Wairarapa District (2023): Establish school-based health leadership programmes and/or clinics and Health care services and programmes best run by health kaimahi than teachers. A focus on school-based health programmes is supported by data in the current state report for Wairarapa. This includes over a quarter of those enrolled in the region’s 35 schools identify as Māori; a larger proportion of Māori rangatahi, compared with non-Māori rangatahi, are unable to access health care when needed and issues for rangatahi in the Wairarapa include not enough chlamydia testing and high hospitalisation rates for self-harm. School-based health programmes are not new in Aotearoa New Zealand. Positives from other programmes include lower reported rates of depression and suicide, higher levels of health service use, and lower use of hospital accident and emergency departments.<sup>13</sup> It has also been found to represent value for money in some cases.<sup>14</sup>

### **Kaumātua health and wellbeing**

Evidence supported a greater focus on kaumātua in the Wairarapa. This included a call for better aged care services,<sup>15</sup> establishing papakainga with attached health service centres,<sup>16</sup> dedicated kaumātua primary health care services.<sup>17</sup> Recommendations in relation to kaumātua health and wellbeing also emphasised the need for social connectedness and having services that focused on holistic wellness, not just the treatment of disease.<sup>18</sup> Around 8% of those over 60-years of age in the Wairarapa identify as Māori. However, it is noted in the Current State Report from HNZ that many Māori in the region do not live to retirement age. Evidence shows lower access to timely surgical operations and lower rates of dental Māori kaumātua compared with non-Māori in the rohe.<sup>19</sup> Academic reviews emphasise the need for kaumatua-centred health services but stress the need for services to be directed by and designed to suit kaumātua and whānau preferences.<sup>20</sup>

### **Rural services**

In its inquiry into the level and quality of service delivery to Māori in the Wairarapa DHB area, the Māori Womens Welfare League (MWWL) made several recommendations around rural mobile services including dialysis, chemotherapy, dental care and general health units.<sup>21</sup>

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12 Allen+Clarke (2019)  
 13 Denny et al (2017).  
 14 King et al (2022).  
 15 Wairarapa DHB (2021)  
 16 Inquiry into the level and quality of service delivery to Māori in the Wairarapa DHB (2022)  
 17 Inquiry into the level and quality of service delivery to Māori in the Wairarapa DHB (2022)  
 18 Wairarapa DHB (2021)  
 19 Te Whatu Ora (2023)  
 20 Dawes et al (2021)  
 21 MWWL (2022)



While mobile units run by Māori health providers have been positively received,<sup>22</sup> a 2020 review of mobile primary health care services for Indigenous populations in Australia, Canada, Aotearoa New Zealand, and the United States puts it “there is a paucity of evaluations supporting the use of mobile clinics for Indigenous populations and a need for organisations implementing mobile clinics specifically for Indigenous populations to share their experiences.”<sup>23</sup>

## Oral health

### Low-or no-cost services for Māori 18-years and older

The 2021 Wairarapa DHB Māori Health Strategy talks about the need for more low- and no-cost oral health services available for Māori aged over 18 throughout the Wairarapa, so that fewer Māori are forced to go without routine oral health treatment each year.<sup>24</sup> In 2021/22 there were 136 oral health related emergency department visits in the Wairarapa for people aged over 20 years of age. For people aged 5- to 59-years in Wairarapa, oral health was also amongst the most common chronic condition.<sup>25</sup> However, access to oral health services is limited, especially in areas like Featherston and Eketahuna, neither of which have any dentistry providers.

### Improved oral health access for tamariki

The Wairarapa DHB Māori Health Strategy recommended improved access to high-quality, free, oral health care for tamariki and rangatahi throughout the Wairarapa, and an increase in the number of Māori who are dental caries free at age five.<sup>26</sup> Oral health is connected to nearly half of all ambulatory sensitive hospitalisations for Māori. Tamariki Māori have lower rates of being caries free at 12 and 13 years-old – only 75% of Māori in this age group are caries free, compared with 84% of non-Māori – and have a slightly higher average number of missing and filled teeth at year 8 than non-Māori.<sup>27</sup> Only 83% of Māori aged under 5-years are enrolled in community oral health compared with 97% of non-Māori tamariki, and only around 41% of Māori are caries free at 5-years of age, compared with 97% of non-Māori tamariki.<sup>28</sup>

## Mental health and addiction: Increased access to services

There were several findings from the evidence on the importance of improved mental health and wellbeing, for example for rangatahi, and the need for better access to mental health and addiction services.<sup>29</sup> The number of Māori accessing mental health services in Wairarapa has increased over time, but this increase has been less pronounced than the increase for the European/other ethnic group over the same time period.<sup>30</sup> Around 38% of Māori accessing mental health services are rangatahi (compared with 25% of non-Māori young people).<sup>31</sup>

22 Makowharemahihi (2016)

23 Beks et al (2020)

24 Wairarapa DHB (2021).

25 Te Whatu Ora (2023).

26 Wairarapa DHB (2021).

27 Te Whatu Ora (2023).

28 Te Whatu Ora (2023).

29 See for example, Wairarapa DHB (2021).

30 Te Whatu Ora (2023)

31 Te Whatu Ora (2023)

The top mental health admissions hospital for Māori in the Wairarapa are bipolar affective disorders, schizoaffective disorder, schizophrenia, unspecified nonorganic psychosis, and severe depressive episode without psychotic symptoms, with the last of these being more common than amongst other ethnicities).<sup>32</sup>

### **Ending smoking and vaping in the Wairarapa**

Smoking and vaping are noted in several reports as a priority for hauora Māori, this includes recommendations that there be increased access to quit services for Māori<sup>33</sup> and additional smoking and vaping interventions for both primary-and secondary-aged students.<sup>34</sup> Over one third of Wairarapa Māori are current smokers.<sup>35</sup> There are also low numbers of smokefree households for pēpi Māori in the Wairarapa (46% of pēpi Māori have smokefree households compared with 73% for non-Māori babies).<sup>36</sup> There is significant evidence of importance of reducing tobacco use in rangatahi and Māori populations,<sup>37</sup> and there are widely accepted benefits of Māori-led cessation programmes.<sup>38</sup>

### **Suicide prevention: Community-led suicide prevention programmes**

The MWWL inquiry into Māori health in Wairarapa had a series of findings and recommendations around suicide prevention. The main recommendations were that local Māori be adequately resourced to deliver suicide prevention programmes, that awareness programmes are designed and delivered in schools with whānau, for young people. The MWWL report also recommends support is given to iwi to establish respite facilities and provide wrap-around support to intervene when whānau are at heightened risk.<sup>39</sup> There is some evidence that Māori-led suicide prevention can be designed, delivered, and implemented successfully within whānau, hapū, iwi, and communities.<sup>40</sup>

### **Disability: Increase the voice and influence of tāngata whaikaha Māori**

The Less Talk, More Action report (which was based on interviews with tāngata whaikaha Māori me ō rātou whānau) recommended that mechanisms for tāngata whaikaha Māori to have a say in policy design, service development, and how services are monitored be established in the Wairarapa rohe. At a community (district) level this could be a quarterly forum where “officials” meet with tāngata whaikaha Māori over kai, or a formal tāngata whaikaha Māori community advisory committee, or something else entirely.<sup>41</sup> Data on health needs and aspirations of tāngata whaikaha Māori in Wairarapa is extremely limited or non-existent due to decades of inaction by health and disability agencies. There is a growing body of research on the importance of giving a platform for the voices of Māori with lived experience of disability and the intersection of indigeneity and disability.<sup>42</sup>

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32 Te Whatu Ora (2023)

33 Wairarapa DHB (2021)

34 Joshua James Research (2023)

35 Te Whatu ora (2023)

36 Te Whatu Ora (2023)

37 Edwards et al (2020)

38 See, for example, Carson (2014)

39 MWWL (2022).

40 Lawson et al (2020); Centre of Māori Suicide Prevention (2021).

41 McGregor (2023).

42 Jones et al (2023).

## Clinical services

### Co-design a primary health strategic agenda

Primary health care was recognised as important in many of the reports, including recognition of the inequities in Māori health outcomes and Māori provider funding related the Primary Health Care Strategy 2001.<sup>43</sup> One recommendation is that a primary health care strategic agenda be co-designed with the leadership of kaupapa Māori health experts. The aim of the agenda would be achieving equitable health outcomes.<sup>44</sup> This recommendation aligns with other findings across the eight reports, such as the importance of telehealth initiatives for rural communities.<sup>45</sup> Primary Health Organisation (PHO) enrolment rates for Māori (at 89.2%) are lower than non-Māori enrolment rates (at 95.2%) in the Wairarapa.<sup>46</sup> Pakeke Māori have high unmet need for primary care due to cost and travel. Māori are also more likely to have unfilled prescriptions due to cost.<sup>47</sup> Ambulatory sensitive hospitalisation (ASH) rates (which are driven by hospitalisations that could have been avoided with care in the community) are high for Māori (Māori making up nearly half of all relevant hospitalisations in the rohe).<sup>48</sup> The importance of primary health care is well established, as is its impact on health inequities for Māori and the inequitable funding for Māori primary health care organisations and providers.<sup>49</sup> Further evidence would likely be identified through the first phase /plan development if this recommendation is advanced.

### Diabetes self-management

The Wairarapa DHB Māori Health Strategy signals the importance of increasing skills and confidence in self-management and gaining confidence in whānau Māori managing their own health, with a focus on diabetes and possibly in partnership with clinical/primary health care services.<sup>50</sup> Diabetes and Chronic Obstructive Pulmonary Disease (COPD) combined contribute 0.7 years to the life expectancy gap for Māori compared with non-Māori, non-Pacific populations.<sup>51</sup> Diabetes prevalence for Māori in Wairarapa (7.7%) is the same as for Māori across Aotearoa New Zealand, but the inequities here are more pronounced as non-Māori rates in Wairarapa (3.1%) are lower than non-Māori rates across the country.<sup>52</sup> Of the people with diabetes enrolled in a GP practice in Wairarapa, almost one fifth are Māori. Most Māori in this group are aged between 15 and 74 years.<sup>53</sup>

### Cancer care and prevention

The MWWL Inquiry into hauora Māori in the Wairarapa made several findings in relation to cancer care and prevention. The report specifically recommended that targeted cancer prevention and control programmes be developed and that these be culturally appropriate and based on a

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43 Ministry of Health (2001).

44 MWWL (2022).

45 Te Whatu Ora (2023).

46 Curtis et al (2023).

47 Te Whatu Ora (2023).

48 Te Whatu Ora (2023).

49 Waitangi Tribunal (2019).

50 Wairarapa DHB (2021).

51 Curtis et al (2023).

52 Te Whatu Ora (2023).

53 Te Whatu Ora (2023).

Māori world view. The programmes would be developed in consultation with Māori communities and based on the principles of Te Tiriti o Waitangi. The MWWL inquiry also included support mobile chemotherapy options.<sup>54</sup> Cancer is a serious issue for Māori in the Wairarapa. Lung cancer is the leading cause of death for Māori women in the rohe, with breast cancer the third leading cause of death. For Māori men, lung cancer is the second leading cause of death and prostate cancer is the fifth leading cause of death.<sup>55</sup> While there is a wealth of cancer data available, HNZ has not provided this for Wairarapa by ethnicity.<sup>56</sup>

### Culturally appropriate palliative care

As part of its recommendations, the MWWL inquiry report highlights an urgent need to address the issues facing Māori patients in accessing palliative care services.<sup>57</sup> There is limited data available on palliative care in Wairarapa, but it is primarily used by non-Māori (77% of those who access palliative care in Wairarapa are non-Māori and 11% are Māori).<sup>58</sup> The most common place of death for Māori is in their own home (54% for Māori compared with 39% for non-Māori).<sup>59</sup> While it is difficult to draw conclusions from this data, it does appear that a different model of palliative care is needed for Māori compared with non-Māori. Evidence highlights the additional barriers to palliative care for Māori and the need for palliative care to be culturally aligned.<sup>60</sup> There is also evidence on the need for culturally appropriate palliative care that supports whānau health literacy.<sup>61</sup>

### Working in a way that support hauora Māori outcomes

Findings on how the health system could or should operate reveal a focus on ensuring appropriate values are driving health sector decision-making (such as supporting rangatiratanga for Māori in the Wairarapa), and on identifying the necessary building blocks for any investment or commissioning to be successful (such as having high quality ethnicity data to monitor performance).

### Invest in Kaupapa Māori health and disability services

There were many findings on the need to invest in and support Kaupapa Māori health and disability services. Māori-owned and Māori-governed services is both an expression of rangatiratanga and a necessary part of whānau Māori having options to access appropriate Māori-led care.<sup>62</sup>

### Data and transparency

Several findings from the evidence focus on the importance of high-quality data to identify and address inequities for Māori and to monitor performance of the health system (especially the services delivered and commissioned by HNZ or the former Wairarapa

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54 MWWL (2022).

55 Curtis et al (2023).

56 Te Whatu Ora (2023).

57 MWWL (2022).

58 Te Whatu Ora (2023).

59 Te Whatu Ora (2023).

60 Jones et al (2023).

61 Rauawaawa Kaumātua Charitable Trust Research Project Team (2014).

62 The guarantee of rangatiratanga and the principle of options have been identified by the Waitangi Tribunal as Treaty of Waitangi principles relevant to primary health care (Waitangi Tribunal, 2019)



DHB). There was also a focus on ensuring that Māori in the Wairarapa have more access to data that is important to them. Across all reports there is a sense that not only should data be collected appropriately, but it should be analysed regularly and robustly and should be incorporated into decision-making.

### **Māori involvement in decision-making**

Increasing Māori involvement in decision-making emphasises the importance of whānau, hapū, iwi and hapori Māori having a say in decisions relevant to the health and disability sector. This grouping of recommendations tends to support an increasing role for Iwi Māori Partnership Boards (including when it comes to commissioning hauora services in the rohe).

### **Māori workforce development**

Several findings directly address building the Māori health and disability workforce, many of the areas for investment discussed earlier in this report are dependent on a large, well-trained, highly-competent, and well-supported Māori health workforce. Encouragement for local activities like training and resourcing local Māori to be pou in the community, and national-level concerns such as addressing the under-representation of Māori across a range of health professions.

### **Eliminating racism**

Eliminating racism is a necessary pre-condition to ensuring the best health outcomes for Māori and honouring Te Tiriti o Waitangi. However, there were findings that looked at how anti-racism is built into the way services are purchased, monitored, and evaluated. This requires a commitment from leaders and decision-makers to eliminate racism within all Wairarapa health and disability organisations<sup>63</sup> and taking a comprehensive approach to planning and designing delivery programmes that are backed by evidence of what works to eliminate barriers created by racism.<sup>64</sup>

### **Areas for advocacy: social determinants of health**

The three main themes of these findings from the evidence are the need for wider system changes (including to legislation); Housing and the built environment, and Disability support services – as well as addressing family violence as a priority issue.

Findings on wider system change included:

- Increased and expanded roles for Iwi Māori Partnership Boards<sup>65</sup>
- Increased Iwi and Māori involvement in environmental decision-making<sup>66</sup>
- Increased Māori health funding<sup>67</sup>

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63 Wairarapa DHB (2021)

64 Wairarapa DHB (2021)

65 MWWL (2022)

66 Wairarapa DHB (2021)

67 MWWL (2022); Baker Consulting Ltd (2022)



- Commitment to Māori Data Sovereignty principles across the health and disability system<sup>68</sup>
- Increased prominence to evidence-based decision-making<sup>69</sup>
- Increased cultural safety across the health and disability system<sup>70</sup>
- Greater focus on working across sectors to improve wellbeing for whānau Māori<sup>71</sup>
- Adequately recognising and responding to the levels of inequity in the rohe.<sup>72</sup>

Issues of housing were raised in both the Wairarapa DHB Māori Health Strategy and the MWWL Inquiry report. The specific recommendations included greater collective action to increase healthy housing initiatives;<sup>73</sup> increased investment in affordable housing developments<sup>74</sup> and investment in papakainga development (with associated health services, this is also discussed in relation to Kaumātua health and wellbeing, above).<sup>75</sup>

In addition to substantial changes within the health system, there have been several changes to the disability sector. The most significant of these is the change in responsibility for disability support service funding from the Ministry of Health to a newly-established Whaikaha (Ministry of Disabled People). While this move was based partially on the need to give greater prominence to disability issues across government, it has also cemented the separation between health services and disability services. Thus, the recommendations on disability support services made between 2021 and 2023 are focused on navigating this change and how to give effect to the emphasis in the Pae Ora (Healthy Futures) Act 2022 on improving the of disabled people. Specific recommendations include:<sup>76</sup>

- Apply learnings from the ‘Mana Whaikaha’ pilot (a disability support services focused pilot run in the former MidCentral DHB area as part of implementing the government’s ‘Enabling Good Lives’ policy) in a way that ensures tāngata whaikaha Māori have more choice and control over their lives and over the controls they receive
- Increasing the physical accessibility of local Wairarapa communities

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69 Wairarapa DHB (2021)  
 70 Wairarapa DHB (2021); McGregor et al (2023); Te Whatu Ora (2023)  
 71 Wairarapa DHB (2021)  
 72 MWWL (2022)  
 73 Wairarapa DHB (2021)  
 74 Wairarapa DHB (2021)  
 75 MWWL (2022)  
 76 McGregor et al (2023)



# HEALTH PLANNING & SETTING PRIORITIES

## LEGISLATED MANDATE

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*Pae Ora Act Sn 30(1)(b) evaluate the current state of Hauora Māori for the purpose of determining priorities for improving Hauora Māori.  
Sn 30(1)(c) work with HNZ in developing priorities for Hauora Māori*

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### Our Role

This is work that we will continue to repeat over time as the data improves, and as we continue to gather specific whānau voice information about the health system. Having current information will ensure that we make informed and evidence-based decisions when undertaking strategic procurement work with HNZ, as well as monitoring.

To drive health system change, our role in this function is to utilise and share our Hauora Māori Priorities to collaborate with HNZ to address the priorities for Hauora Māori as we work toward achieving high quality community led culturally responsive health care in our rohe. Key mechanisms for recognition of our priorities are:

- Embedding the IMPB priorities in the Regional Health and Wellness Plan for Te Ikaroa as this drives the regional work programme of leaders and their teams within HNZ.
- Working together at regular sessions with HNZ which involves senior leaders responsible for key parts of the system.

It will take a multi-pronged collaborative approach with HNZ, the broader health sector (e.g. PHOs) and Hauora Māori providers to inform the strategic commissioning process for Hauora Māori priorities and services. We expect that some approaches will involve:

- Focusing Hauora Māori and mainstream health services (including those delivered by HNZ) who deliver relevant services, to adapt to better ways of reaching whānau Māori.
- Planning for disinvestment of ineffective services that are not reaching whānau (or impacting the access, utilisation or benefit of services) and re-investing in more effective approaches.
- Resourcing the development of new Te Ao Māori designed models of care meet the needs of whānau through new funds or re-prioritising existing investments.

The board will focus on a collaborative approach with HNZ both nationally and regionally to improve current mainstream and Hauora Māori services to plan for a renewed focus on our priority areas identified by our whānau.

The reason that we have organised themes from the data and whānau voice this way is that this aligns generally with how the health system is organised for instance:

- **Public and population health services** and programmes are overseen, funded, partially delivered and commissioned by the NZ Public Health Service (NZPHS) so it is important we engage closely with NZPHS leaders to advocate for the interests of whānau in our rohe. Their mandate includes cancer screening, health promotion, prevention and wellness, and social determinants of health
- **Primary and community care** is managed and commissioned (and partly delivered) by the Regional Commissioner for HNZ, so it is vital that we have a strong working relationship with this leader, to ensure they and their team understand the issues facing our whānau and reflect this in their budgeting, service planning and procurement practices
- We also need to have a strong relationship with leadership for **hospital and specialist services** in the district, to influence the quality of care for Māori, as well as equity of access, utilisation and outcome. For instance, a key area for discussion with both the hospital leadership and PHOs will be to undertake a ‘deep dive’ into emergency department presentations and to determine how much of this is impacted by lack of access to primary care.
- **Enablers** such as workforce development and quality data / information have dedicated leaders and teams at both national and regional levels, and it will be important that we use the information that we have gathered and documented, to influence their planning and resourcing.

### **Our Hauora Māori Priorities**

The 25 priorities for Te Karu o te Ika Poari Hauora emerge from the analysis of several needs assessment reports and health profiles generated by health agencies, Iwi and local providers – and focus on what is important for whānau. These have been summarised in an analysis by G Baker and the priorities are therefore drawn from that report. It is noted that 8 of the priorities have already been identified by the Government – leaving **17 priorities that are unique to our IMPB:**



#	DOMAIN	IMPB PRIORITY	GOVERNMENT PRIORITY
1	Public and population health	Environmental restoration and access to traditional kai	Yes (diet)
2		Ecological & intergenerational knowledge transfer	
3		Immunisation promotion	Yes
4		Smoking (and vaping)	Yes
5		Suicide Prevention	
6		Social determinants of health (esp. housing)	
7	Primary and community care	Increase Rongoa services	
8		Primary health care redesign	
9		Immunisation provision	Yes
10		Rangatahi school-based services	
11		Kaumātua health and wellbeing	
12		Rural mobile services	
13		Oral Health – pēpi through to age 18	
14		Mental Health and Addictions	Yes
15		Diabetes self-management	Yes
16		Access to Palliative Care	
17		Cancer care	Yes
18	Hospital & specialist services	Access to cancer specialists and treatment	Yes
19		Access to specialists for Tāngata Whaikaha	
20	Enablers	Increase voice of Tāngata Whaikaha	
21		Improve Commissioning approaches	
22		Improve Data access and accuracy	
23		Increase Māori decision-making role	
24		Increase Māori Workforce development	
25		Eliminate Racism in the sector	



# STRATEGIC PROCUREMENT

## LEGISLATED MANDATE

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*Pae Ora Act Sn 30(1)(e) Engage with HNZ to support stewardship of Hauora Māori and priorities for Kaupapa Māori investment and innovation*

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### Our Role

An essential function and role of the IMPB is to support HNZ in the procurement, development and delivery of services that address our Hauora Māori priorities focusing on Kaupapa Māori investment and innovation. Within this function, we see two roles with HNZ, and we intend to add a further strategic commissioning role to influence investments by other sectors into the social determinants of health.

1. The first role is working with HNZ's Hauora Māori services in relation to the Hauora Māori Appropriation, inherited from the former Te Aka Whai Ora. We know from evidence and tracking by Manatū Hauora that generally the Hauora Māori Appropriation (primarily the expenditure on Māori providers or initiatives specifically addressing Māori inequities) is around 3% of Vote Health.
2. The second role is working with HNZ's Regional Integration Team (RIT) to influence, co-design and co-decide priorities for Hauora Māori across the services that HNZ both provides and commissions. This effectively is where the other 97% of Vote Health lies.

This is further endorsed by the 12 August Cabinet paper describing IMPB functions at Clause 40:

*“To embed whānau, hapū and community voice in service planning and design, and improve the quality of investment, IMPBs need to be well integrated into HNZ's business planning, service design and monitoring processes, alongside other groups that represent community needs”*

### **Directing the Hauora Māori Appropriation (the 3% of Vote Health)**

This is the appropriation inherited by HNZ's from Te Aka Whai Ora. Prior to that Te Aka Whai Ora inherited the contracts and resources from former DHBs and the Ministry of Health after the 2021 Health reforms (known as Legacy Agreements), and new appropriations to Te Aka Whai Ora from 2021 – 2022 annually have since been added to the appropriation.

At present we do not yet have a line of sight over the allocations made within the appropriation for our area for 2024 – 2025. It is unclear at this point what the more recent investments (July 2024 – June 2025) has been targeted toward and whether this meets the identified health needs as defined by our Hauora Māori Priorities. Once we have transparency over the 2024 – 2025 investments made over and above this sum in our district, we will have the full picture and can generate solutions and decisions based on complete information for investment priorities beyond 1 July 2025.



HNZ would then be expected to undertake the relevant procurement and contracting processes (which may involve disinvestment and reinvestment), to bring about the desired focus on priority areas. The IMPB has a key goal of increasing the Hauora Māori Appropriation from the current 3% level – and to see it increase cumulatively each year, as this will be essential to allow Hauora Māori Providers to build and expand services to meet the extensive array of needs of whānau and to tackle persistent inequities.

### ***Strategic commissioning with HNZ (the 97% of Vote Health)***

The collaboration with HNZ is essential to maximize the IMPB's influence over the services delivered and commissioned from the remaining 97% of Vote Health. As mentioned previously, we expect to see the investment in Hauora Māori services increasing to focus on the many inequities across the system including key government priorities – and for the investment in Hauora Māori Provider delivery to grow. It is long overdue, and many providers have been significantly under-funded for a long time.

In this function, we will negotiate to have the Hauora Māori priorities that we have identified, embedded into the Te Ikaroa Regional Health and Wellness Plan. Now that we have evidence to hand from the data and from whānau, we are in an even stronger position to influence the prioritisation of the current investments and service delivery models, toward Māori inequities and priorities.

At present HNZ delivers the vast majority of hospital and specialist services in our district – yet we still have significant numbers of emergency department presentations; avoidable hospitalisations and whānau who are missing out of specialist appointments and planned care. We want to see more services moved out of hospital settings into community provision to make it more accessible to whānau (e.g. allied health, district nursing, community mental health, dental care). We also plan to learn more from whānau about their experiences of health services so that we can focus on quality, cultural safety and assuring whānau of a positive journey through the system.

HNZ's role is also to ensure that our IMPB is involved and kept abreast of the end-to-end process of planning, strategic commissioning and procurement of Hauora Māori and Kaupapa Māori services. A collaborative approach to planning supports a shift in decision-making and resources closer to communities. A key enabler will see HNZ supporting community-led and localised approaches for our various hāpori. Key areas for further exploration with HNZ include Māori workforce planning and development; building a future workforce to cope with population growth; data and digital infrastructure; and sustainable funding for Hauora Māori providers.

### ***Alignment of IMPB strategic procurement functions with Government Priorities***

The Government has identified 15 health priorities (known as the 5+5+5) which are described below. It is our assumption therefore that HNZ will focus on these priorities in order to meet its obligations as a Crown agency – but it is also incumbent on our IMPB to work alongside HNZ to give effect to addressing inequities for Māori in those processes. As well as driving our own priorities, we will also be driving a focus on Māori inequities in the government's priorities.

We have already identified that all of the Government priorities matter to whānau, as inequities for Māori exist across all of these domains. It will be our expectation that HNZ will work with us on designing solutions to meet the targets, and we will also be monitoring these 15 health priorities across our hāpori through regular IMPB-specific reporting.



## GOVERNMENT'S HEALTH PRIORITIES

<b>5 X HEALTH TARGETS</b>	Faster Cancer treatment -90%	Improved Immunisation for children-95%	Shorter stays in ED-95%	Shorter wait times for first specialist assessment-95%	Shorter wait times for treatment-95%
<b>5 X PATHOLOGIES</b>	Cancer	Cardiovascular disease (CVD)	Respiratory Disease	Diabetes	Mental health ( <b>see specific targets below*</b> )
<b>5 x MODIFIABLE BEHAVIOURS</b>	Smoking	Alcohol	Diet	Exercise	Social cohesion
<b>*MENTAL HEALTH AND ADDICTIONS – specific sub- priorities</b>	Faster access to specialist MH&AS-80%	Faster access to primary MH & AS-80%	Shorter MH & Addiction-related stays in ED-95%	Increased MH&A workforce development (train 500 MH&A professionals)	Strengthened focus on prevention and early intervention – 25%

### HAUORA MĀORI ADVISORY COMMITTEE (HMCA) PRIORITIES

#### PRIORITY DOMAIN

#### ALIGNMENT WITH IMPB PRIORITIES

1. Māori are protected from communicable diseases across the life course (eg, immunisation rates at 2 years)	<i>Part of existing immunisation priority</i>
2. Māmā and pēpi receive consistent quality care during pregnancy and into the early years (eg, enrolment with a primary care provider in the first trimester of pregnancy)	<i>Tautoko. Māori inequities exist in LMC uptake, birth outcomes and primary care enrolment</i>
3. Early prevention of long-term illnesses for tamariki and rangatahi (eg, ambulatory sensitive hospitalisations for respiratory disease in 0-5)	<i>Tautoko. This will be part of our review of hospitalisations as well as support for Kahu Taurima</i>
4. Rangatahi experience stronger mental health and resilience (eg, timely access to mental health and addiction services)	<i>Tautoko. This is on our primary mental health and addictions priority list</i>
5. Rangatahi are engaging in healthy behaviours and are surrounded by protective social factors (eg, smoking prevalence)	<i>Tautoko. Identified as part of the 'modifiable behaviours mahi with NZPHS</i>
6. Identification and treatment pathways for cancer are faster, timely, comprehensive and effective (eg, patients receiving cancer management within 31 days of decision to treatment)	<i>Part of existing government priority for faster cancer treatment. We have also identified cancer screening as a major priority especially breast, cervical and bowel screening</i>
7. Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease (eg, people with diabetes regularly receiving any hypoglycemic medication in the relevant year)	<i>Primary care enrolment (vs utilisation) and non-enrolment is a key priority for us</i>
8. Kaumātua are supported to live well through managing complex co-morbidities (eg, rate of polypharmacy in over 65s)	<i>As above</i>
9. IMPBs are well supported to deliver on their roles and respond to hapori and whānau wellbeing needs (e.g., resourcing and capability)	<i>Tautoko. We await notification on what additional support will be provided to add capability once strategic commissioning has been formally conferred. A key strategic focus for us is to grow our capability and reduce dependence on the system for us to perform our functions successfully</i>

# STRATEGIC MONITORING

## LEGISLATED MANDATE

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*Pae Ora Act Sn 30(1)(d) Monitor the performance of the health sector in a relevant locality  
Sn 30(1)(f) Report on Hauora Māori activities of HNZ to Māori in the IMPB Locality*

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### **Our Role**

Identifying our Hauora Māori Priorities is an initial step towards understanding the current state of health services and whānau experiences of health service delivery in the rohe. Our role is to maintain a continued focus on monitoring through gathering whānau voice on needs, aspirations and experiences. Monitoring Hauora Māori outcomes and health system responsiveness is essential to supporting sustained effort as well as shifts in resource that support better health outcomes for whānau in the rohe.

The weakness of the information in our first Hauora Māori Priorities analysis is that the data we received was variable (different dates / scope) and the data did not meet our needs for locally tailored information in local hāpori – such as smaller rural communities such as Featherston.

We will report to whānau, hapū, Iwi and providers in our rohe on the results of our monitoring efforts through quarterly reports.

We have determined some priorities of our own which we will monitor, and we also expect to receive regular reports (minimum quarterly) from HNZ on the status of the government's 15 health targets. The government's health targets align and relate to many of the key Hauora Māori Priorities that we have identified.

## Expected outcomes from our monitoring role

The over-arching goal is improved life expectancy and quality of life for whānau Māori. Our IMPB expects the performance of the health sector to significantly improve and ideally exceed the expectations of whānau connecting with the system. Specifically, the outcomes that the IMPB expects are:

1. That whānau have a culturally safe and respectful experience of the health sector – no matter what service, provider or location of the sector they come into contact with
2. That whānau health outcomes improve and match or exceed health target expectations for non-Māori, and that this is measured through accurate ethnicity data collection
3. That the health sector inclusive of all its agents and providers, consistently provides culturally safe and effective care for whānau, through effective planning, funding, delivery and quality performance
4. That the need to focus on pervasive and persistent Māori health inequities is eradicated
5. That the health sector does not perpetuate racism or discrimination toward whānau Māori
6. That the health sector workforce is reflective of the Māori population which it serves, and undertakes focused workforce development strategies that grows and advances the Māori health workforce
7. That the health sector upholds its obligations under Te Tiriti o Waitangi as defined in the Pae Ora Act 2022

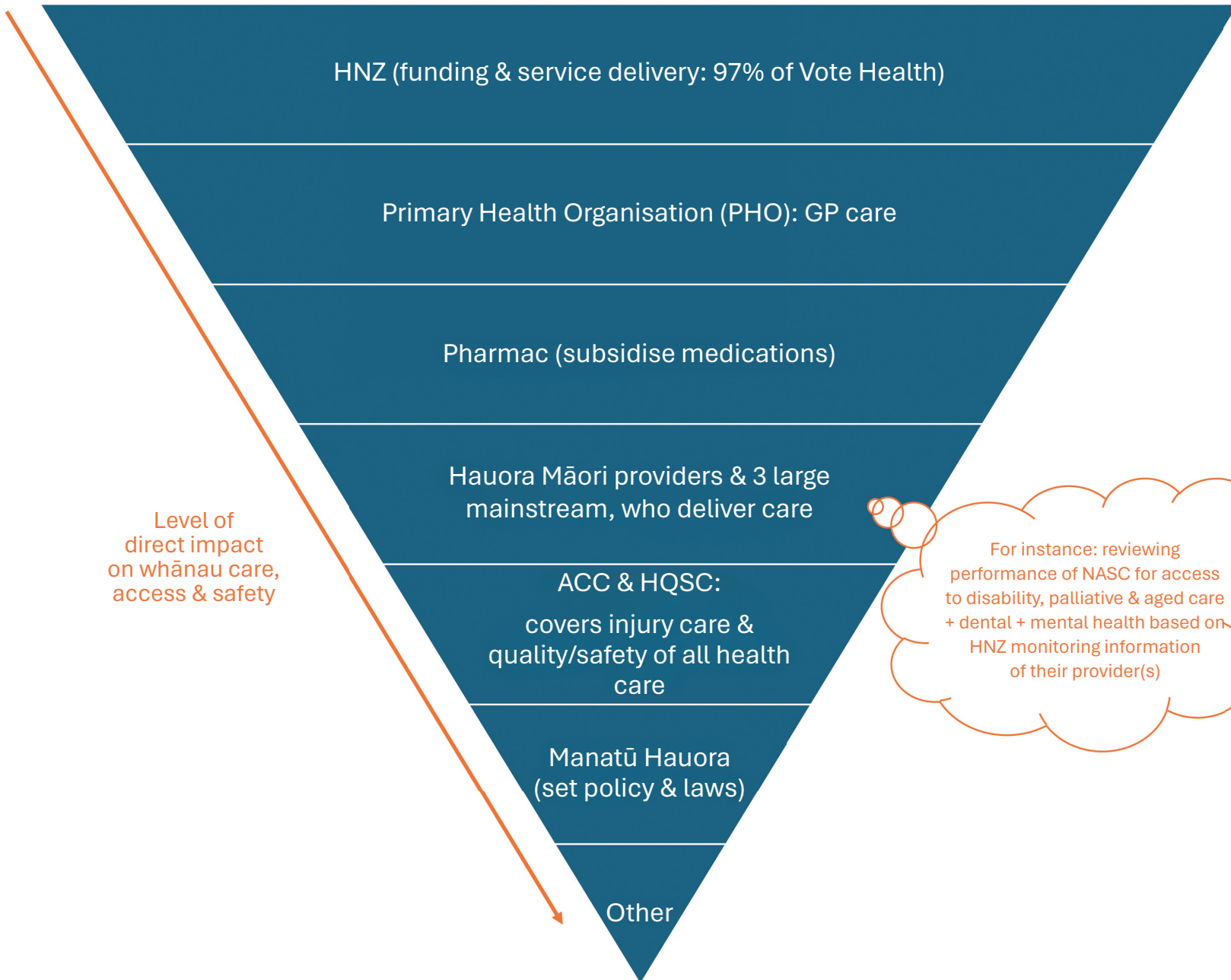
## Defining the ‘Health Sector’ in the context of monitoring

The Pae Ora Act 2022 is specific in that it defines the IMPB’s role as “monitoring the performance of the “health sector”. The health sector in reality involves a complex mix of organisations and it will be challenging for any IMPB to monitor the performance of the entire sector and how well they perform in their local area.





For the above reasons, a phased and focused approach is planned beginning with those who have a direct or immediate impact on health care for whānau in the community and who consume most of the health care resource – to those who have less direct impact on whānau. This may be demonstrated as follows:



Performance monitoring would be “initiated” each year in a sequence, proposed as:

1. 2025: HNZ primarily because HNZ consumes around 97% of Vote Health; because they deliver or fund the vast majority of health care accessed by whānau; and because any under-performance by HNZ in the delivery of surgical or community care to whānau, has dire consequences for whānau
2. 2026: Access to primary care (GP/Nurse services) overseen by PHOs – quality of GP care; access (location, hours, mobility); availability; management of chronic conditions for Māori; screening and immunisation rates
3. 2027: Access to subsidised medications through Pharmac’s work and benefits to whānau Māori
4. 2028: Performance of Māori providers and at least 3 large or impactful mainstream providers based on contractual performance information supplied by HNZ (summarised – not patient data)
5. 2029: ACC and HQSC. Māori have very high injury rates and much of their care whether at a GP, physio or hospital – is covered by ACC. HQSC has a focus on safety (including cultural safety) and quality of care – both of which are essential across the health sector, to protect whānau. IMPB would monitor their performance against their mandated and legislated obligations
6. 2030: Manatū Hauora shape policy and legislation that determines how the sector operates, its underlying legislation and policies on Hauora Māori. They do not deliver services so do not have a direct impact on whānau care in the community as they set the foundations for HNZ and other agencies – but are a key part of the sector
7. 2031 and beyond: Performance information (aggregated by HNZ) for all other provider services in our rohe. HNZ to provide information on performance for Hauora Māori by providers they are contracting and monitoring.

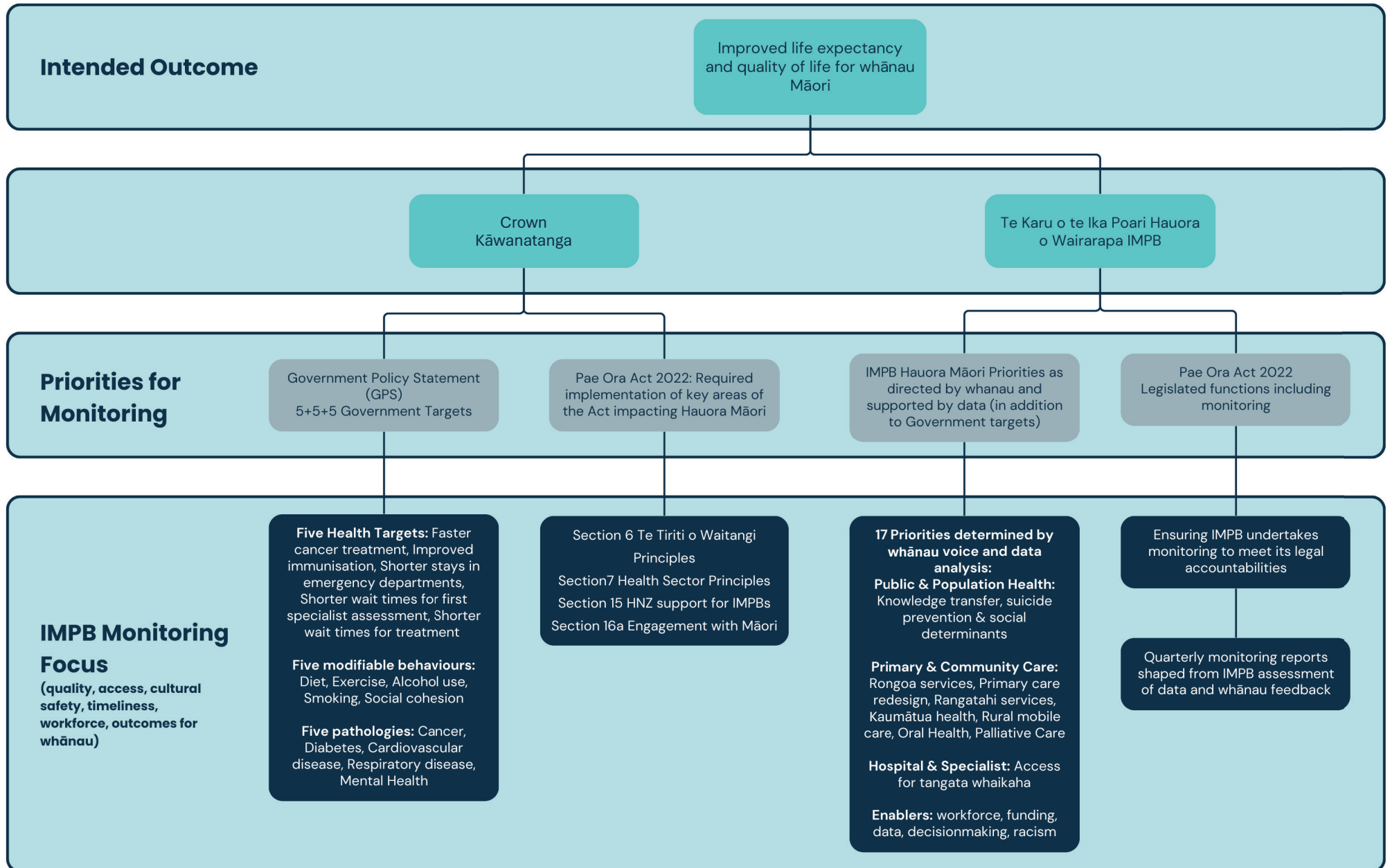
## Key monitoring processes

For each agency as it is phased in:

1. Data supplied by health sector agency (e.g. HNZ for Government (GPS) priorities and IMPB priorities from 2025) on a quarterly basis based on indicators identified in this plan
2. Analysis by IMPB of data findings compared to previous baseline results gathered in 2024 for Community Health Plans
3. Whānau engagement on Government and/or IMPB priorities analysed and contributes to monitoring assessment (level of whānau satisfaction or issues related to service access, cultural safety and quality)
4. Assessment by IMPB of health sector agency against their mandated and legislated obligations to Māori
5. Production of quarterly IMPB Monitoring Reports identifying areas for improvement and/or areas achieving expected results
6. Annually expanding Monitoring reports to include other agencies each year through negotiating priorities, indicators and data expectations



# TE KARU O TE IKA POARI HAUORA: MONITORING FRAMEWORK



# SPECIFIC INDICATORS FOR IMPB PRIORITIES

## Public and Population Health

DOMAIN (* shaded are Government priorities so already captured)	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR
*Community- or marae-based programmes focused on traditional kai and intergenerational practices (Diet is Government priority)	Support for marae and community initiatives to learn about and restore the physical environment, including gathering and preparing traditional kai <sup>77</sup>	Extent of Public Health investments in Māori food sovereignty and kai initiatives in Wairarapa (as part of focus on Government priority = diet)
	Support the maintenance and sharing of traditional ecological knowledge and intergenerational practices. <sup>78</sup>	# wananga conducted in Wairarapa annually that transmit ecological knowledge
*Tamariki health and wellbeing: Lifting immunisation rates	HNZ Wairarapa work with tamariki ora providers to lift childhood immunisation rates. <sup>79</sup>	Expanded health promotion and information to whānau on importance of immunisation and where to access is available across the rohe in both Te Reo and English
*Ending smoking and vaping in the Wairarapa	Smoking and vaping are noted in several reports as a priority for hauora Māori, this includes recommendations that there be increased access to quit services for Māori <sup>80</sup> and additional smoking and vaping interventions for both primary-and secondary-aged students. <sup>81</sup> Over one third of Wairarapa Māori are current smokers. <sup>82</sup> There are also low numbers of smokefree households for pēpi Māori in the Wairarapa (46% of pēpi Māori have smokefree households compared with 73% for non-Māori babies). <sup>83</sup> Students who participated in the Wairarapa health and education research (2023) identified vaping and mental health as the two most important health and wellbeing needs. <sup>84</sup>	Steady reduction in number of smokers (from 1/3 of Māori smoking today) reported annually  Increase in smokefree homes in Wairarapa  Increase in regulation of tobacco and vape outlets in Wairarapa  Decrease in uptake of Māori taking up vaping

77 Wairarapa DHB (2021).  
 78 Baker Consulting Ltd (2022).  
 79 Baker Consulting ltd (2022)  
 80 Wairarapa DHB (2021)  
 81 Joshua James Research (2023)  
 82 Te Whatu ora (2023)  
 83 Te Whatu Ora (2023)  
 84 Joshua James Research (2023)



DOMAIN (* shaded are Government priorities so already captured)	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR
Suicide prevention: Community-led suicide prevention programmes	Local Māori be adequately resourced to deliver suicide prevention programmes, that awareness programmes are designed and delivered in schools with whānau, for young people.  Eight people in the Wairarapa DHB rohe died by suspected suicide in 2020/21.	Annual reduction from 8 suicides in 2020/21 to eliminate suicide in Wairarapa  Increase in suicide prevention programmes (e.g. Kia Piki te Ora) targeting schools and Rangatahi
	Support is given to iwi to establish respite facilities and provide wrap-around support to intervene when whānau are at heightened risk. <sup>85</sup>	Iwi-led respite option is available in Wairarapa for whānau at risk of suicide
*Cancer prevention	Targeted cancer prevention and control programmes be developed and that these be culturally appropriate and based on a Māori world view. The programmes would be developed in consultation with Māori communities and based on the principles of Te Tiriti o Waitangi. Lung cancer is the leading cause of death for Māori women in the rohe, with breast cancer the third leading cause of death. For Māori men, lung cancer is the second leading cause of death and prostate cancer is the fifth leading cause of death. <sup>86</sup>	Increases in Māori screening Rates for: <ul style="list-style-type: none"> <li>• Breast-screening</li> <li>• Cervical screening</li> <li>• Prostate screening</li> <li>• Bowel screening</li> <li>• Lung cancer screening</li> </ul> Steady reductions in mortality rates for Māori from cancer
Addressing social determinants of health through a Population Health approach across sectors	Housing: Issues of housing greater collective action to increase healthy housing initiatives <sup>87</sup> <ul style="list-style-type: none"> <li>• Increased investment in affordable housing developments<sup>88</sup></li> <li>• Investment in papakainga development (with associated health services, this is also discussed in relation to Kaumātua health and wellbeing, above).<sup>89</sup></li> </ul>	IMPB has formal relationship with MHUD and other housing investors to advocate for safe and suitable whānau housing  Number of Māori homeless reduces  Increases in Māori home ownership

85 MWWL (2022).

86 Curtis et al (2023).

87 Wairarapa DHB (2021)

88 Wairarapa DHB (2021)

89 MWWL (2022)



DOMAIN (* shaded are Government priorities so already captured)	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR
	<p>Tāngata Whaikaha:</p> <ul style="list-style-type: none"> <li>Increasing the physical accessibility of local Wairarapa communities</li> <li>Building connections between health services and Whaikaha.</li> </ul>	<p>IMPB advocates with Council(s) for increasing disability access across Wairarapa</p> <p>IMPB initiates relationship with Whaikaha and increases their visibility as an agency in Wairarapa</p>

## Primary and Community Care

DOMAIN	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR (* = Government Priority)
Clinical services: Co-design a primary health strategic agenda	<p>A primary health care strategic agenda be co-designed with the leadership of kaupapa Māori health experts. The aim of the agenda would be achieving equitable health outcomes. <sup>90</sup>This recommendation aligns with other findings across the eight reports, such as the importance of telehealth initiatives for rural communities.<sup>91</sup></p> <p>Primary Health Organisation (PHO) enrolment rates for Māori (at 89.2%) are lower than non-Māori enrolment rates (at 95.2%) in the Wairarapa.<sup>92</sup> Pakeke Māori have high unmet need for primary care due to cost and travel. Māori are also more likely to have unfilled prescriptions due to cost.<sup>93</sup></p> <p>Ambulatory sensitive hospitalisation (ASH) rates (which are driven by hospitalisations that could have been avoided with care in the community) are high for Māori (Māori making up nearly half of all relevant hospitalisations in the rohe).<sup>94</sup></p>	<p>IMPB and HNZ develop primary care strategic agenda for Wairarapa to increase:</p> <ul style="list-style-type: none"> <li>Māori enrolment rates</li> <li>Access to primary care (increased utilisation rates of GP services)</li> <li>Options for primary care (virtual, online, mobile, Nurse-led care)</li> </ul>
Rongoā Māori	Supporting holistic, Indigenous, Māori models of health and wellbeing	Extent of and increased investment in Rongoa Māori by HNZ (Hauora Māori Services)
*Tamariki health and wellbeing (Kahu Taurima): Lifting immunisation rates	Wairarapa HNZ work with tamariki ora providers to lift childhood immunisation rates. <sup>95</sup>	Increase in immunisation rates for Tamariki Māori*

90 MWWL (2022).

91 Te Whatu Ora (2023).

92 Curtis et al (2023).

93 Te Whatu Ora (2023).

94 Te Whatu Ora (2023).

95 Baker Consulting ltd (2022)



DOMAIN	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR (* = Government Priority)
Rangatahi health and wellbeing: School-based health programmes	Establish school-based health leadership programmes and/or clinics. Health care services and programmes best run by health kaimahi than teachers.	All school-based services in Wairarapa schools documented by HNZ and reviewed with IMPB  Increase in leadership-focused school programmes led by Māori
Kaumātua health and wellbeing	More support for kaumātua, focused on wellness: better aged care services, <sup>96</sup> establishing papakāinga with attached health service centres, <sup>97</sup> dedicated kaumātua primary health care services. <sup>98</sup> Recommendations in relation to kaumātua health and wellbeing also emphasised the need for social connectedness and having services that focused on holistic wellness, not just the treatment of disease. <sup>99</sup>  Lower access to timely surgical operations and lower rates of dental Māori kaumātua compared with non-Māori in the rohe. <sup>100</sup>	InterRai data on NASC for Kaumātua to assess: <ul style="list-style-type: none"> <li>• Access to NASC compared to non-Māori</li> <li>• No. accessing home support compared to non-Māori</li> <li>• No. referred for residential care compared to non-Māori</li> <li>• No. Kaumātua (over 55) registered with primary care (PHO) and utilisation rates compared to non-Māori</li> <li>• No. Kaumātua on wait lists for surgery</li> </ul>
Rural services: Mobile health services to rural areas <sup>101</sup>	Rural mobile services including: <ul style="list-style-type: none"> <li>• Dialysis</li> <li>• Chemotherapy</li> <li>• Dental care</li> <li>• General health units.<sup>102</sup></li> </ul>	Evidence of current mobile rural services to set baseline  IMPB establish relationship with mobilehealth.nz to increase services in rural Wairarapa
Oral health: Low- or no-cost services for Māori 18-years and older  Improved oral health access for tamariki: improved access to high-quality, free, oral health care for tamariki and rangatahi throughout the Wairarapa	Need for more low- and no-cost oral health services available for Māori aged over 18 throughout the Wairarapa, so that fewer Māori are forced to go without routine oral health treatment each year. <sup>103</sup>	Reduction in children with caries  Increase in the number of Māori who are dental caries free at age five. <sup>104</sup>  Access to dental for high need adults increased

96 Wairarapa DHB (2021)

97 Inquiry into the level and quality of service delivery to Māori in the Wairarapa DHB (2022)

98 Inquiry into the level and quality of service delivery to Māori in the Wairarapa DHB (2022)

99 Wairarapa DHB (2021)

100 Te Whatu Ora (2023)

101 Note that telemedicine is also raised as a solution to a lack of services in rural areas. This is not discussed here as it appears to be related to extending current mainstream services for the total population.

102 MWWL (2022)

103 Wairarapa DHB (2021).

104 Wairarapa DHB (2021).



DOMAIN	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR (* = Government Priority)
*Mental health and addiction: Increased access to services	<p>There were several findings on the importance of improved mental health and wellbeing, for example for rangatahi, and the need for better access to mental health and addiction services.<sup>105</sup> Around 38% of Māori accessing mental health services are rangatahi (compared with 25% of non-Māori young people).<sup>106</sup></p> <p>The top mental health admissions into hospital for Māori in the Wairarapa are bipolar affective disorders, schizoaffective disorder, schizophrenia, unspecified nonorganic psychosis, and severe depressive episode without psychotic symptoms, with the last of these being more common than amongst other ethnicities).<sup>107</sup></p>	<p>Mental health hospital admissions for Māori compared to non-Māori by age range</p> <p>Baseline of community-based mental health services undertaken to determine baseline. IMPB review with HNZ to assess reach, scope, suitability and options of services for Māori</p>
*Diabetes self-management	<p>Increasing skills and confidence in self-management and gaining confidence in whānau Māori managing their own health, with a focus on diabetes and possibly in partnership with clinical/primary health care services.<sup>108</sup> Diabetes and Chronic Obstructive Pulmonary Disease (COPD) combined contribute 0.7 years to the life expectancy gap for Māori compared with non-Māori, non-Pacific populations.<sup>109</sup></p> <p>Diabetes prevalence for Māori in Wairarapa (7.7%) is the same as for Māori across Aotearoa New Zealand, but the inequities here are more pronounced as non-Māori rates in Wairarapa (3.1%) are lower than non-Māori rates across the country.<sup>110</sup> Of the people with diabetes enrolled in a GP practice in Wairarapa, almost one fifth are Māori. Most Māori in this group are aged between 15 and 74 years.<sup>111</sup></p>	<p>No. Māori enrolled with PHO diagnosed with diabetes</p> <p>No. managing vs not managing diabetes (HBAIC levels, regular medication, regular monitoring) with GPs</p>
*Cancer care	<p>Targeted cancer prevention and control programmes be developed and that these be culturally appropriate and based on a Māori world view.</p> <p>Lung cancer is the leading cause of death for Māori women in the rohe, with breast cancer the third leading cause of death. For Māori men, lung cancer is the second leading cause of death and prostate cancer is the fifth leading cause of death.<sup>112</sup></p>	<p>Lung cancer diagnoses Māori vs non-Māori</p> <p>Lung cancer mortality rates for Māori vs non-Māori</p>

105 See for example, Wairarapa DHB (2021).

106 Te Whatu Ora (2023)

107 Te Whatu Ora (2023)

108 Wairarapa DHB (2021).

109 Curtis et al (2023).

110 Te Whatu Ora (2023).

111 Te Whatu Ora (2023).

112 Curtis et al (2023).



DOMAIN	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR (* = Government Priority)
Culturally appropriate palliative care	Urgent need to address the issues facing Māori patients in accessing palliative care services. <sup>113</sup> Palliative care in Wairarapa is primarily used by non-Māori (77% of those who access palliative care in Wairarapa are non-Māori and 11% are Māori). <sup>114</sup> The most common place of death for Māori is in their own home (54% for Māori compared with 39% for non-Māori). <sup>115</sup> While it is difficult to draw conclusions from this data, it does appear that a different model of palliative care is needed for Māori compared with non-Māori.	InterRai data on: <ul style="list-style-type: none"> <li>NASC assessments for palliative care vs non-Māori</li> <li>NASC referrals for palliative / in-home hospice support Māori vs non-Māori</li> <li>Ratio of Māori vs non-Māori hospice / palliative workforce in Wairarapa</li> </ul>

## Hospital and Specialist Services

DOMAIN	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR (* = Government Priority)
*Specialist care for cancer	Support mobile chemotherapy options. <sup>116</sup>	Māori have equitable access to treatment for cancer (see Government priority indicator) Reductions in Māori cancer mortality rates for all cancers
Tāngata Whaikaha	Ensure all health services, including specialist services, are more accessible for disabled people	Annual engagement with Tangata Whaikaha community to assess improvements in access to specialist services

## Enablers

DOMAIN	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR (* = Government Priority)
<b>DISABILITY   TĀNGATA WHAIKAHA VOICE:</b> Increase the voice and influence of tāngata whaikaha Māori	Mechanisms for tāngata whaikaha Māori to have a say in policy design, service development, and how services are monitored be established in the Wairarapa rohe. Apply learnings from the 'Mana Whaikaha' pilot (a disability support services focused pilot run in the former MidCentral DHB area as part of implementing the government's 'Enabling Good Lives' policy) in a way that ensures tāngata whaikaha Māori have more choice and control over their lives and over the controls they receive.	Six-monthly forum for IMPB, Whaikaha and Councils with tāngata whaikaha Māori over kai – discuss options for increasing voice Including potential for a formal tāngata whaikaha Māori community advisory committee. <sup>117</sup>

113 MWWL (2022).

114 Te Whatu Ora (2023).

115 Te Whatu Ora (2023).

116 MWWL (2022).

117 McGregor (2023).



DOMAIN	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR (* = Government Priority)
<p><b>COMMISSIONING INVESTMENT:</b> invest in and support Kaupapa Māori health and disability services. Māori-owned and Māori-governed services is both an expression of rangatiratanga and a necessary part of whānau wellbeing</p>	<p>All Kaupapa Māori contracts go to authentic/mandated Māori providers<sup>118</sup></p> <p>Māori having options to access appropriate Māori-led care.<sup>119</sup></p>	<ul style="list-style-type: none"> <li>• HNZ provides list of Māori providers being commissioned to deliver care in Wairarapa</li> <li>• Scope of services and reach for the Māori provider (contracts) documented for IMPB and reviewed with HNZ for coverage</li> </ul>
	<p>An increased range of publicly funded health and disability services be offered by Māori health and disability providers in the rohe (including in the areas of mental health, suicide prevention, disability supports, and palliative care).<sup>120</sup></p>	<ul style="list-style-type: none"> <li>• Annual increases in total investment in Māori provider delivered services in Wairarapa</li> <li>• Increase in Māori provided disability services, mental health and suicide prevention services</li> </ul>
	<p>There be increased investment in Māori models of health (for example, moving outside the silos of clinical health services and instead taking a broad approach to hauora).<sup>121</sup></p>	<ul style="list-style-type: none"> <li>• Extent of devolution of clinical services from hospital environments into community</li> </ul>
<p><b>DATA:</b> importance of high-quality data to identify and address inequities for Māori and to monitor performance of the health system (especially the services delivered and commissioned by HNZ or the former Wairarapa DHB). There was also a focus on ensuring that Māori in the Wairarapa have more access to data that is important to them</p>	<ul style="list-style-type: none"> <li>• Greater accountability for achieving equity<sup>122</sup></li> <li>• Māori access to high-quality data and timely information so that they can make decisions guided by Māori Data Sovereignty principles<sup>123</sup></li> <li>• Rangitāne o Wairarapa and Ngāti Kahungunu ki Wairarapa are able to access governance over the collection, storage, access to, and analysis of, Iwi data<sup>124</sup></li> <li>• Engagement with digital services to tell the Wairarapa health story<sup>125</sup></li> <li>• Robust collection of Māori disability data<sup>126</sup></li> <li>• Improved ethnicity data collection and quality.<sup>127</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Data sovereignty and access to data by the two Iwi in Wairarapa via IDI and Data Sharing Agreements</li> <li>• All data reported by HNZ reveals Māori vs non-Māori rates</li> <li>• Ethnicity is routinely collected by HNZ for all services</li> <li>• A strategy is developed with Data &amp; Digital team at HNZ, Whaikaha and the Tāngata Whaikaha community to identify a process for capturing Tāngata Whaikaha data by the health system (facilitated by IMPB)</li> </ul>

118 Wairarapa DHB (2021)

119 The guarantee of rangatiratanga and the principle of options have been identified by the Waitangi Tribunal as Treaty of Waitangi principles relevant to primary health care (Waitangi Tribunal, 2019).

120 Wairarapa DHB (2021); MWWL (2022)

121 McGregor (2023)

122 Baker Consulting (2022)

123 Wairarapa DHB (2021)

124 Wairarapa DHB (2021)

125 MWWL (2022)

126 Te Whatu Ora (2023)

127 Wairarapa DHB (2021)



DOMAIN	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR (* = Government Priority)
<p><b>DECISION-MAKING:</b> increasing Māori involvement in decision-making emphasise the importance of whānau, hapū, iwi and hapori Māori having a say in decisions relevant to the health and disability sector.</p>	<ul style="list-style-type: none"> <li>• More services designed by and led by Māori<sup>128</sup></li> <li>• Greater whānau voice opportunities to influence service provision<sup>129</sup></li> <li>• More marae and community initiatives<sup>130</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Increased and expanded roles for Iwi Māori Partnership Boards<sup>131</sup></li> <li>• Increased Iwi and Māori involvement in environmental decision-making<sup>132</sup></li> <li>• Increased Māori health funding<sup>133</sup></li> <li>• Commitment to Māori Data Sovereignty principles across the health and disability system<sup>134</sup></li> <li>• Increased prominence to evidence-based decision-making<sup>135</sup></li> <li>• Increased cultural safety across the health and disability system<sup>136</sup></li> <li>• Greater focus on working across sectors to improve wellbeing for whānau Māori<sup>137</sup></li> <li>• Adequately recognising and responding to the levels of inequity in the rohe.<sup>138</sup></li> </ul>
<p><b>WORKFORCE DEVELOPMENT:</b> address building the Māori health and disability workforce. The system is dependent on a large, well-trained, highly-competent, and well-supported Māori health workforce.</p>	<p>Local activities like training and resourcing local Māori to be pou in the community</p> <p>Addressing the under-representation of Māori across a range of health professions.</p>	<ul style="list-style-type: none"> <li>• Baseline of Māori health workforce working in HNZ Wairarapa region by 30/9/2025</li> <li>• Evidence of increase in ratio of Māori: non-Māori staffing in HNZ Wairarapa</li> <li>• National level reporting on Māori in health professions from HNZ National workforce team</li> </ul>

128 Wairarapa DHB (2021)

129 Te Whatu Ora (2023)

130 MWWL (2022)

131 MWWL (2022)

132 Wairarapa DHB (2021)

133 MWWL (2022); Baker Consulting Ltd (2022)

134 Wairarapa DHB (2021)

135 Wairarapa DHB (2021)

136 Wairarapa DHB (2021); McGregor et al (2023); Te Whatu Ora (2023)

137 Wairarapa DHB (2021)

138 MWWL (2022)



DOMAIN	SPECIFIC ACTION EXPECTED & RATIONALE	INDICATOR (* = Government Priority)
<p><b>ELIMINATING RACISM:</b> Eliminating racism is a necessary pre-condition to ensuring the best health outcomes for Māori and honouring Te Tiriti o Waitangi.</p>	<p>A commitment from leaders and decision-makers to eliminate racism within all Wairarapa health and disability organisations<sup>139</sup> Taking a comprehensive approach to planning and designing delivery programmes that are backed by evidence of what works to eliminate barriers created by racism.<sup>140</sup></p>	<p>Evidence of implementation of Ao Mai te Rā initiatives in Wairarapa. Ao Mai te Rā has been developed by Manatū Hauora and is an anti racism initiative for the Sector.</p>

139 Wairarapa DHB (2021)

140 Wairarapa DHB (2021)



**Tier 3** - the 5+5+5 Government Priorities monitoring of performance for whānau Māori **compared to non-Māori to determine reduction in inequities:**

- **Five Health Targets**
  - **Māori immunisation rates compared to non-Māori**
  - **Māori wait times for ED**
  - **Māori wait times for access to first specialist assessments**
  - **Māori wait times for access to cancer treatment**
  - **Māori wait times for elective surgery**
- **Five Modifiable Behaviours**
  - **Māori smoking and vaping rates**
  - **Access by Māori to healthy nutrition as evidenced by obesity and diabetes rates**
  - **Māori physical activity rates**
  - **Unsafe alcohol use rates**
  - **Māori connection to Marae, Hapū and Iwi and self-rated assessment of community connection**
- **Five Pathologies**
  - **Māori diabetes rates**
  - **Māori cardiovascular disease rates**
  - **Māori cancer rates**
  - **Māori respiratory disease rates**
  - **Māori mental health rates**

Our monitoring approach will also include a focus on monitoring the performance of the health sector in our rohe as mandated by Section 30 of the Pae Ora Act 2022. Specifically we will monitor alignment of the sector with the Tiriti o Waitangi and Health Sector Principles in the Act, as well as performance against our priorities alongside the Government's priorities.



# 3 YEAR WORKPLAN 2025 – 2027

Legislation Function	Year One Jan - Dec 2025	Year Two Jan - Dec 2026	Year Three Jan - Dec 2027
<b>Strategic commissioning</b> <b>focus:</b> assessing needs and aspirations of whānau	Identify priority areas for whānau engagement Complete Whānau Voice Phase 2 – synthesize and share findings. Contribute findings to health service planning and priority settings at regular engagements with HNZ Plan Phase 3 Whānau Voice for 2026 – targeting whānau experience Identify and confirm key priority areas of focus for year two	Implement Whānau Voice Phase 3 and report out to HNZ and to whānau Plan for 2027 Whānau Voice priorities Develop a means for storing whānau voice around key domains to track trends Maintain current information on website including whānau voice information Update Hauora Māori Priorities if needed and work towards key priority areas of focus year 3	Implement Whānau Voice 2027 plan and report out to HNZ and whānau Identify research projects where patterns in whānau voice identify areas that require specific “spotlight” and investigation
<b>Strategic commissioning</b> <b>focus:</b> Health service planning and priority setting	Ensure Hauora Māori priorities embedded in Te Ikaroa Regional Health and Wellness Plan Engage with HNZ and with health sector (PHOs) and Hauora Māori providers to address priorities and dedicate resources	Collaborate and plan with HNZ to ascertain funding appropriation/resource for current and new priorities	Review/Collaborate with HNZ to plan improvement projects for key priority areas  Review/collaborate/plan for funding/resource
<b>Strategic commissioning</b> <b>focus:</b> strategic procurement	Work with Regional management to review current Kaupapa Māori services / investment / innovations and possibilities beyond 1 July 2025  Review/advise HNZ on current Hauora Māori priorities, and government health targets	Work with HNZ to implement improvement projects focused on whānau voice key priority areas Work with HNZ to monitor implementation of focus areas from Regional Health and Wellness Plan Implement improvement projects focused on whānau voice key priority areas	Review progress of year two implement new improvement projects grounded in whānau voice and evidence
<b>Strategic commissioning</b> <b>focus:</b> strategic monitoring	Review/advise HNZ on current Hauora Māori priorities, and government health targets in order to design fit for purpose reporting Monitor the local performance of the health system and seek qualitative and quantitative input and information from Iwi Receive reports and monitor Government priorities (5+5+5) as well as identified IMPB priorities for the IMPB area Conduct critical analysis of data and information, share with HNZ and publish results. Advocate for targeted efforts in areas of under-performance	Update Monitoring Framework to embed results from whānau engagement in Y1 on what matters to whānau Negotiate agreement for IMPB to undertake a similar strategic commissioning role that includes monitoring of socio-economic results and ability to influence their investment decisions Receive reports and monitor Government priorities (5+5+5) as well as identified IMPB priorities for the IMPB area Conduct critical analysis of data and information, share with HNZ and publish results. Advocate for targeted efforts in areas of under-performance	Update Monitoring reporting to embed results from whānau engagement in Y1 on what matters to whānau Monitor the local performance of the health system and other systems that influence determinants of health. Receive reports and monitor Government priorities (5+5+5), social sector priorities, whānau-led priorities for the IMPB area Conduct critical analysis of data and information, share with HNZ and publish results. Advocate for targeted efforts in areas of under-performance

## RESOURCING REQUIREMENTS:

*“As IMPBs, you will have a stronger voice in local decision making, powering up communities to lead and shape the health system to work for them – alongside the needs of the wider community – We can shift the health system to be more outcomes-driven, and provide greater devolved decision-making to communities” – Rt. Hon Minister Reti*

In order to achieve the deliverables in our workplan, and to achieve the full scope of our IMPB role as outlined in the legislation – our resourcing requirements include the need for additional human capacity (funding for positions) to enable us to attract staff to carry out key functions:

### What we are funded for currently

To ensure clear delineation of roles and responsibilities across key entities, we emphasize that IMPBs will focus on strategic functions that enhance local-level decision-making, such as whānau engagement, service planning, and monitoring. Operational functions, including service delivery and day-to-day procurement, remain within the remit of HNZ. Our role is to provide strategic oversight, particularly in advocating for Māori health priorities and ensuring that regional and national health plans reflect these priorities. This strategic-operational distinction ensures there is no overlap, while both entities collaborate toward shared goals in health equity and outcomes-driven service provision. Additionally, we will work in partnership with Manatū Hauora to influence high-level policy decisions that impact our communities, without directly managing operational health services.

IMPB core functions in the strategic commissioning cycle include:

1. Whānau engagement and needs analyses
2. Health service planning and priority setting
3. Strategic procurement (while HNZ does operational procurement)
4. Strategic monitoring (while HNZ does provider and contract monitoring)

and as entities undertaking these legislated functions, we need to maintain governance and operations to remain accountable entities (e.g., Board, management, finance, administration, communications).

Currently each IMPB has operational resource to the equivalent of 4 FTE, with shared regional capabilities, and the costs of engagement, Board operations, as well as participating in regional and national meetings with HNZ. It is clear this is insufficient to meet the full suite of current and anticipated demands from HNZ, Manatū Hauora, our own communities and iwi. Our current funding covers some of the costs of these core functions:

- **Operations:** Operating our Board including Board secretariat; Financial management; Reporting as a legal entity; management, administration, some communications (e.g. website)
- **Community and Whānau engagement:** To identify and advocate for whānau health needs, ensure Māori-led service design, participate in co-design, and grow our strong community networks/presence



- **Data analytics:** To review data from PHOs and HNZ to include in our needs analyses and present findings
- **Planning:** To write Community Health Plan and Priorities, and engage with HNZ and Manatū Hauora (local, regional and national meetings)

**For our current investment we have delivered:**

1. Community Health Plan
2. Incorporation of surveys, hui, and evidence from existing Locality and IMPB Profile reports into our CHP
3. Evolving working relationship with HNZ (impacted by changes in personnel at HNZ)
4. Operational IMPB Board and management including communications

**What we need to be successful:**

Assuming a greater role in strategic commissioning means additional functions that require additional resources:

- **Service development and planning** – To inform, support and guide hauora Māori and other strategies that impact the wellbeing of our people in the region, advocating for our whānau and community health priorities. To identify and develop priorities and plans for enhancing hauora Māori at all levels, in partnership with local and regional sector leaders. The focus is on having the capability to review and respond to service improvement across all areas: Public & Population Health, Primary & Community Care; Hospital and Specialist Services; all enablers (workforce and provider development, funding, infrastructure).
- **Strategic procurement** – To lead and/or influence strategic commissioning and financial decisions to advance hauora Māori priorities [we exclude operational procurement which is a function we agree should remain with HNZ]. This requires transparency from HNZ on current investments so we can influence re-prioritisation and better targeting toward Government and IMPB priorities
- **Innovation** – To identify and support innovative care models, programmes and initiatives to address Māori health issues and enhance providers' innovative capabilities in our region. Working to achieve more cost-efficient results.
- **Policy Development** – To support Manatū Hauora when appropriate with advice on hauora Māori strategies, priorities and opportunities, regulations and policies for whānau and community health in our region
- **System improvement** – To champion system quality improvement for equitable outcomes and analyse regional service performance – including data quality and service delivery quality
- **Partnerships** - Foster strong relationships with local iwi, communities, service providers and cross-sector agencies for collaborative initiatives, holding our role as leaders in hauora Māori partnering with the health system (including other sector agencies to influence determinants of health)

- **Local intelligence and monitoring** – To develop high quality data analytics, social investment and outcomes-based commissioning capabilities to assess needs, inform priorities, set performance expectations and targets, guide commissioning, monitor Māori health outcomes, and evaluate local/regional health sector performance

Investment in several key functions and capabilities is required to deliver effectively on our role and give effect to whānau-enhanced commissioning in the region. Without the requisite investment and resourcing, we will struggle to provide high quality, well-informed, evidence-based advice, influence and decision-making. It is our view that we are currently funded only one quarter of what we really need to be successful, influential and impactful on both government, and our, health targets. Currently, the resource allocation to each IMPB only covers approximately 25% of what is required to meet both current and future demands. Key resource gaps include the following:

- **Clinical Expertise:** To monitor and influence clinical service performance and outcomes. This will support engagement with healthcare providers, particularly in improving services like Primary Mental Health and Tamariki Ora.
- **Data Analysis Capability:** Additional data scientists or analysts are required to independently assess and monitor health outcomes in real time. The absence of this expertise limits our ability to respond to issues swiftly and weakens our role in outcomes-based commissioning.
- **Communications:** Given the growing complexity of our role, strategic communications expertise is necessary. We need additional FTE dedicated to managing relationships with the Crown, communities, and media, alongside enhancing whānau and iwi engagement.

These investments are vital if IMPBs are to fulfil their strategic commissioning role effectively and influence the necessary improvements in Māori health outcomes.



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**TE KARU O TE IKA  
POARI HAUORA**