

Karakia

Tūria, tūria te mata hau nō Rangi
Tūria, tūria te mata hau nō Papa
Paiheretia te tangata ki te kawa tupua,
ki te kawa tawhito

He kawa ora! He kawa ora!

He kawa ora ki te tangata

He kawa ora ki te whānau

He kawa ora ki te iti, ki te rahi

He kawa tātaki ki au mau ai

Tūturu o whiti, whakamaua kia tīna

Hui e! Tāiki e!

Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority

Shifting the System

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1 November 2023

Te Whatu Ora

Health New Zealand

Te Aka Whai Ora

Māori Health Authority

1

The health system will reinforce Te Tiriti principles and obligations

All people will be able to access a comprehensive range of support in their local communities to help them stay well

2



5

Health and care workers will be valued and well-trained for the future health system

Everyone will have equal access to high quality emergency and specialist care when they need it

3

4

Digital services will provide more people the care they need in their homes and communities

Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority

Health workforce plan
2023 – 2024

Health Workforce Plan

We launched our first **Health Workforce Plan** in July this year. We've already made progress on delivering it:

- 84 additional nursing students in July and August through helping match clinical placements with training places
- 700 additional nursing placements available from 2024
- 10 more Rural Medical Immersion Programme (RMIP) places from 2024
- funding for Pūhoro STEMM Academy and Ngā Manukura o Āpōpō.

A range of other parts of the Plan are underway, including our leadership academy, RMO Support Service and Kaimahi Health and Wellbeing service.

Growing our workforce

We've also seen great growth in our health workforce over the past year. Some highlights include:

- Around 1,170 more FTE nurses working for Te Whatu Ora by June 2023, compared to a year prior
- Over 6,000 more nurses across our health system with annual practising certificates in June 2023, compared to the year prior
- 100 more senior medical officers in June 2023 than we had in June 2022.



MĀORI WORKFORCE DEVELOPMENT



Te Aka Whai Ora
Māori Health Authority

WORKFORCE DEVELOPMENT

Māori are under-represented in our health workforce and are more likely to have unmet health needs. Our workforce does not reflect the diversity of our communities and makes it harder for Māori to consistently access care which is culturally safe and responsive. We need to accelerate growth in our Māori workforces today to change that.

Growing pathways

- Together, with Te Whatu Ora we created the Health Workforce Plan 23/24.
- Growing pathways for Māori in health was one of 6 priorities
- Te Aka Whai Ora has 10 key initiatives to deliver from the plan and to date have already delivered a numbers of those.

Current initiatives



Te Aka Whai Ora
Māori Health Authority



Te Aka Whai Ora
Māori Health Authority



Ngā Manukura o Āpōpō 



Aotearoa New Zealand Health Status – draft. Initial insights

Population Health Gain and Equity teams, Service Innovation and Improvement
Board, September 2023

A focus on Māori health, and on equity

- This is the first comprehensive national collation of data on the determinants, risk factors, health status and health care utilisation by Te Whatu Ora
- The evidence and data presented continue to underline the absolute need to address Māori health issues, and equity more broadly
- This work was developed with Te Aka Whai Ora, and further supports the Māori health priority areas identified by them
- The health sector is a critical contributor to effecting change and it was therefore imperative to ensure the marked differences between ethnic groups in a range of areas were adequately exposed in this report
- This in turn has highlighted the issues with the quality of ethnicity data generally and the impact this has on true representation of outcomes.



Initial insights from Te Aka Whai Ora

Opportunities

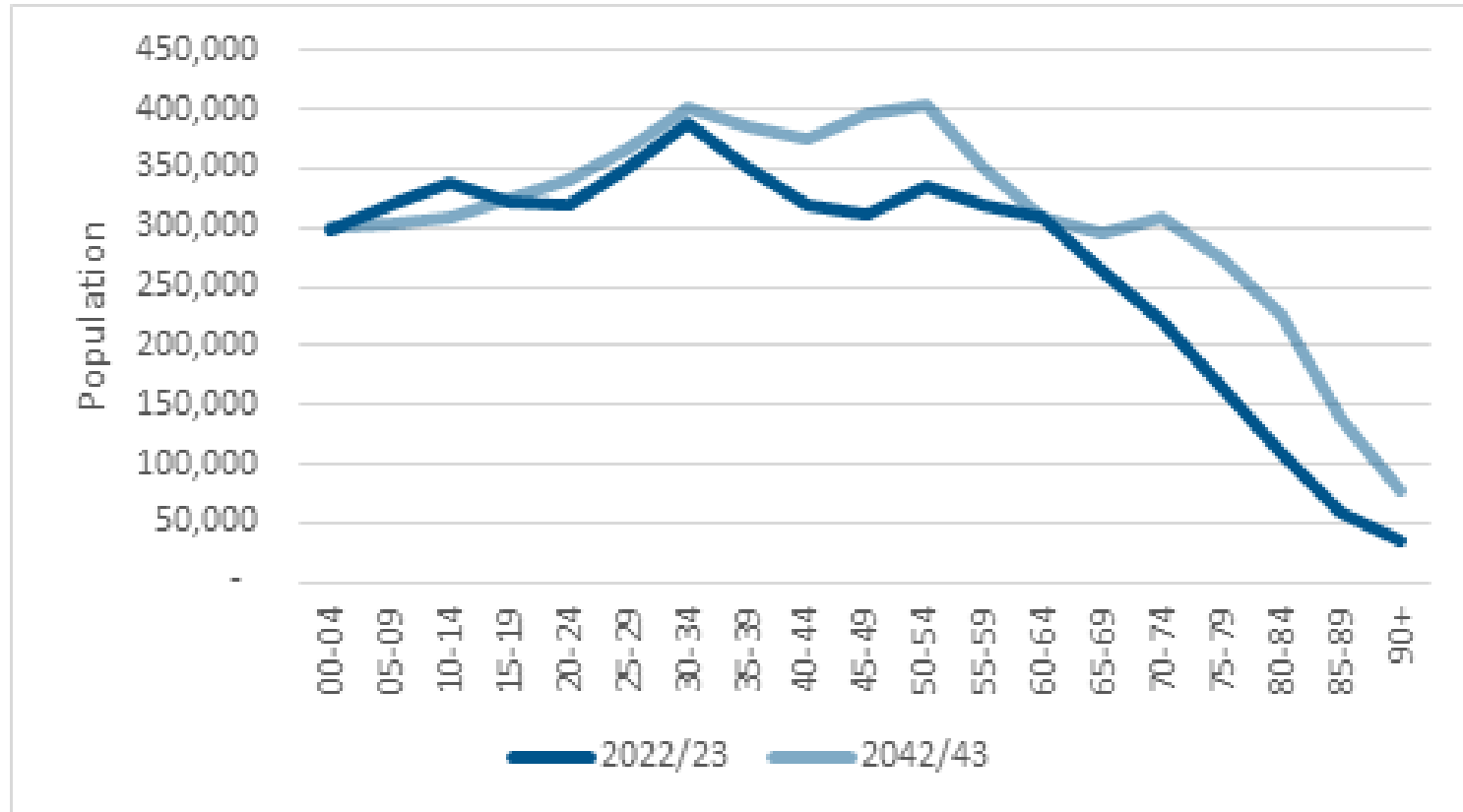
- Alignment to priority areas identified by Te Aka Whai Ora for health gain¹, Te Pae Tata and WAI2575 Stage One report
- Tool to uphold responsibilities under Pae Ora, with particular focus on addressing inequities across priority population groups
- Support and empower regional and locality planning

Considerations

- Limited visibility of SDoH and impact on inequitable outcomes
- Limited disaggregation of data by factors such as gender, age, and deprivation
- Ethnicity data quality
- Total population approach does not capture unfair and inequitable impacts faced by certain population groups

1. Māori Health Priorities Report: <https://www.teakawhaiora.nz/assets/Uploads/MHA-specific/230830-Maori-Health-Priorities-Report-Te-Aka-Whai-Ora.pdf>

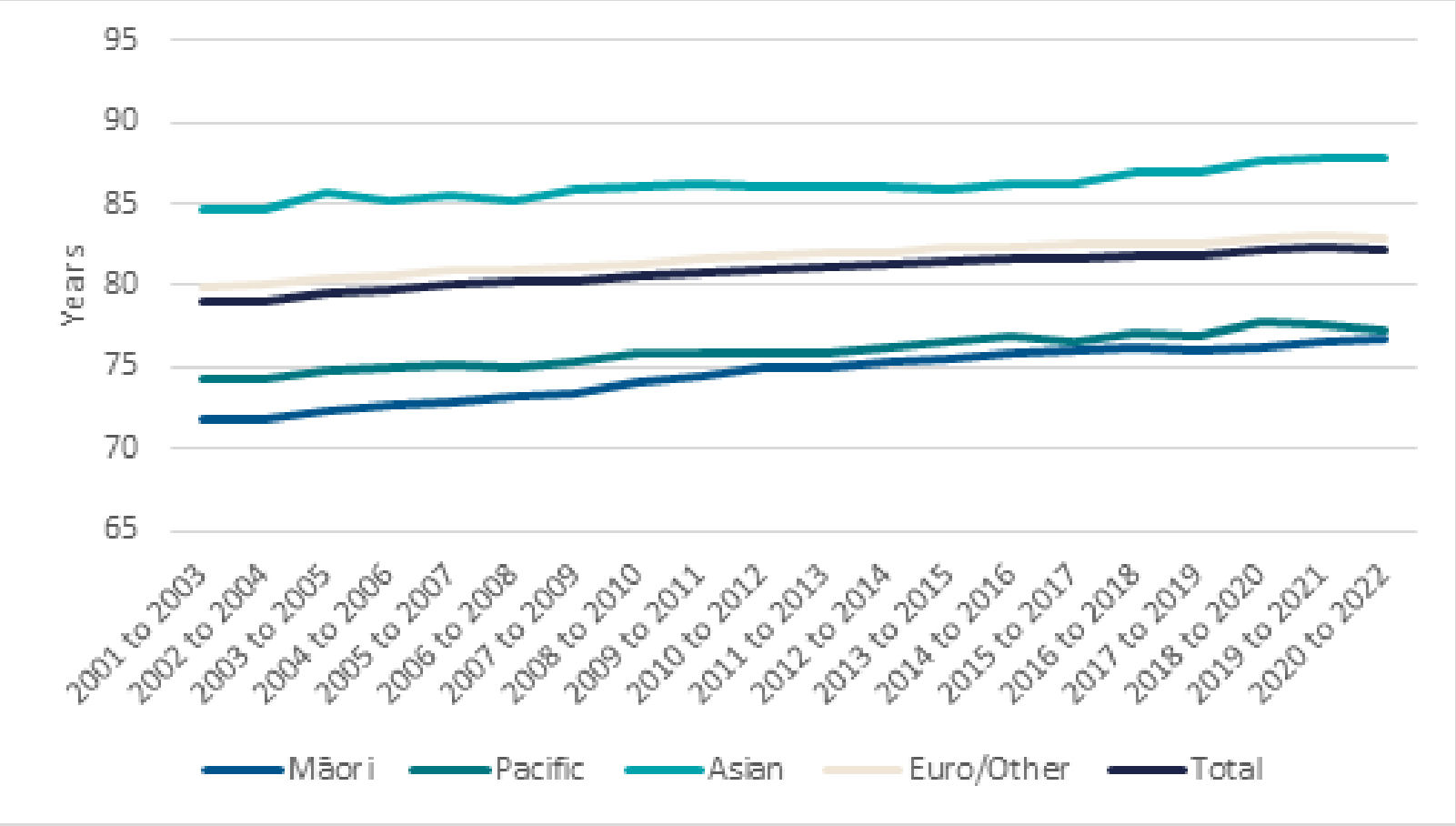
Aotearoa New Zealand's population



National 2022/23 population and projected 2042/43 population by age band

- There are 5.1m people living in Aotearoa New Zealand in 2022/23 - 17% Māori, 7% Pacific, 16% Asian and 59% European/Other
- By 2042/43 it is projected to increase by 400,000 people, 7.8% larger than it is now and considerably older.
- Almost one in five (19%) New Zealanders, just under one million people, live in rural areas. Rural areas have a higher proportion of Māori (23%) than urban areas (16%), and a higher proportion of people aged 65 years and over. Ensuring good access to services is a key concern.

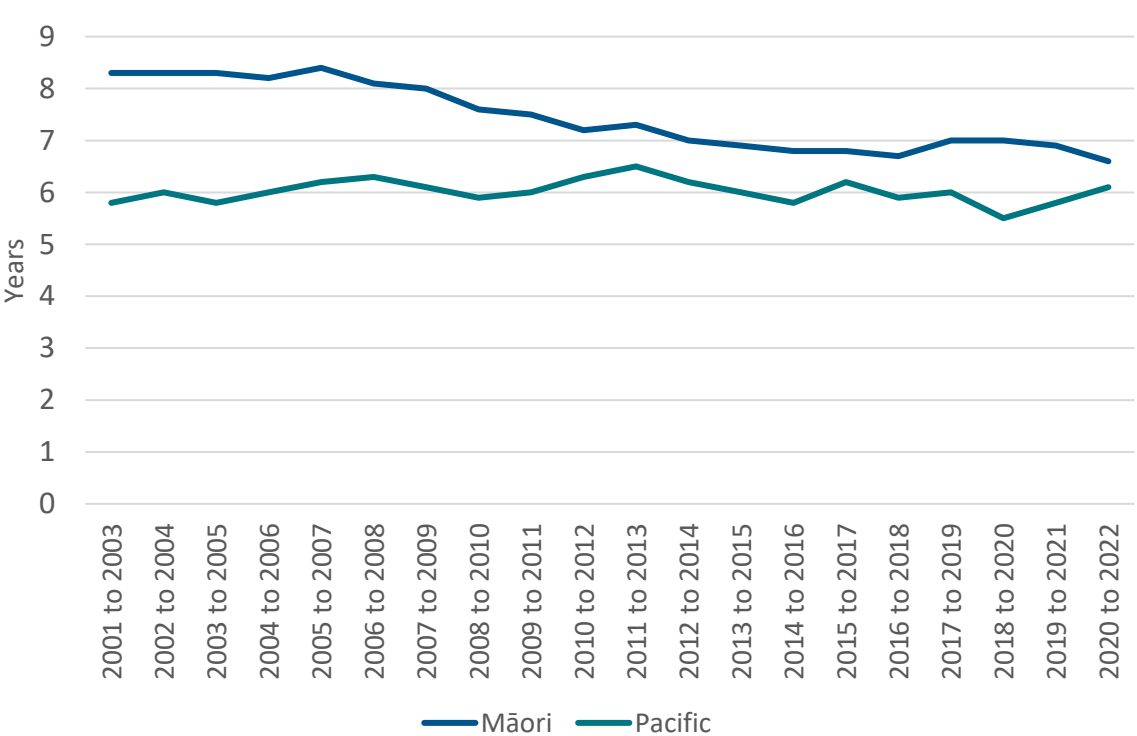
Life expectancy



- Aotearoa New Zealand has high life expectancy compared with other countries, ranking 16th in the world at 82 years – increasing by 3 years over the past two decades. Many countries dropped over the covid years, NZ one of the few that have not
- Life expectancy is much lower for Māori at 76.8 years and Pacific people at 77.3 years, and varies by area of deprivation. Males lag females by 3-4 years.

Trend in life expectancy at birth, national by ethnicity – 2001-03 to 2020-22

Life Expectancy gap – trends over time



Māori
Highest gap but reducing

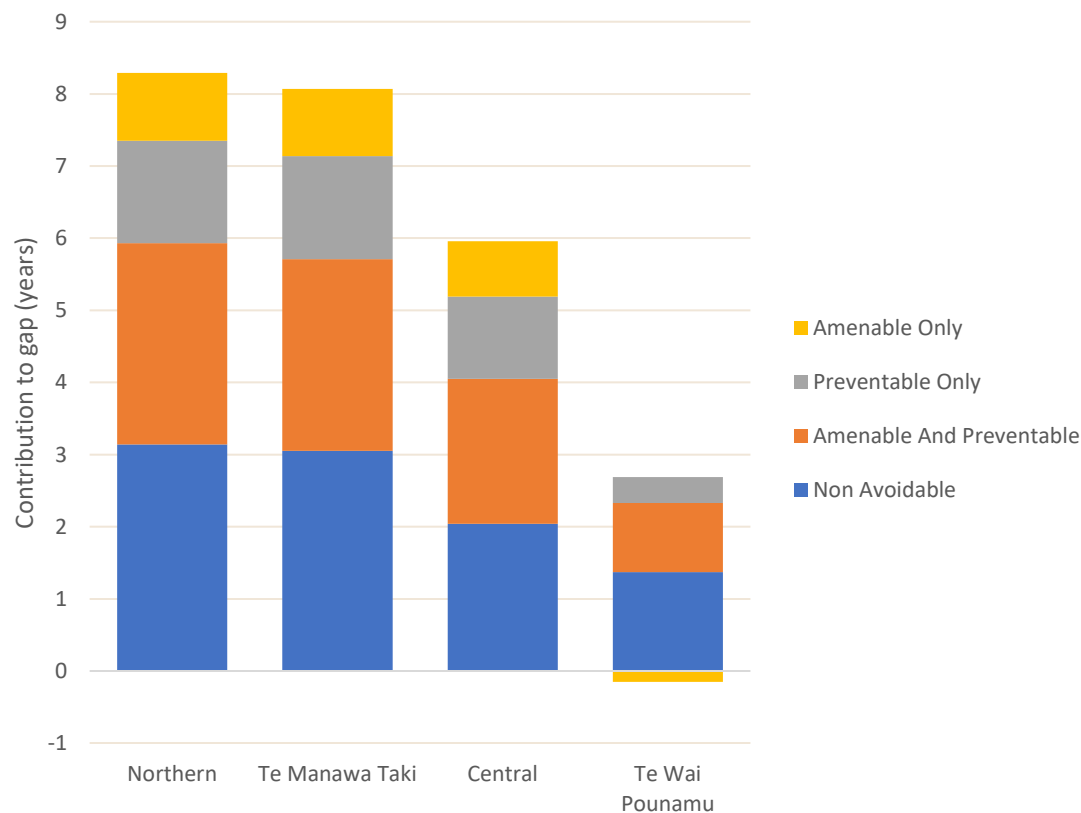
- coronary disease (0.9 years)
- lung cancer (0.9)
- diabetes (0.4)

Pacific
Gap is not changing

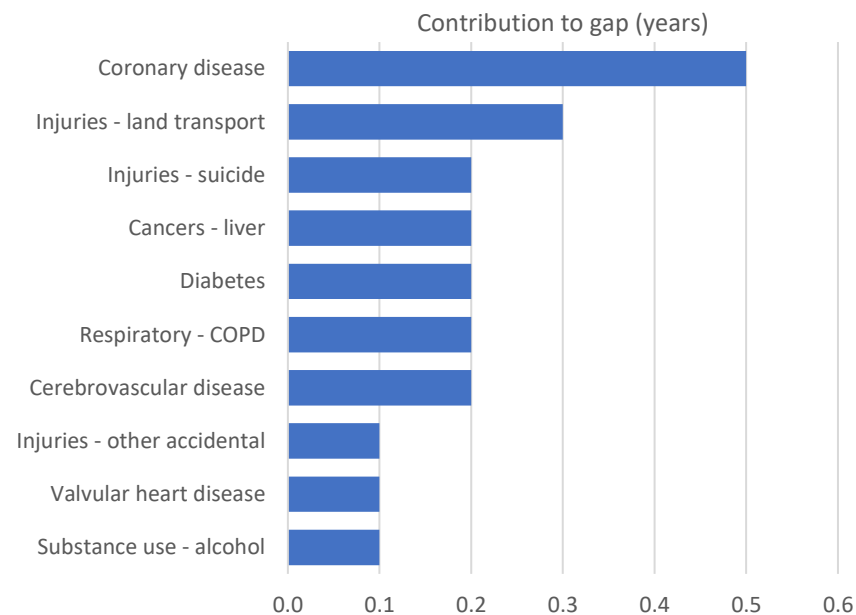
- diabetes (0.8 years)
- coronary disease (0.7)
- lung cancer (0.4)

- While the gap in life expectancy remains largest for Māori nationally when compared to the non-Māori/non-Pacific population, the gap is reducing over time
- However, the gap has remained relatively static for the Pacific population over the same time period.

Life expectancy gap between Māori and non-Māori/non-Pacific by region, 2018-2020



Top 10 avoidable contributors to LE gap between Māori and non-Māori/non-Pacific, Te Waipounamu Region 2018-2020

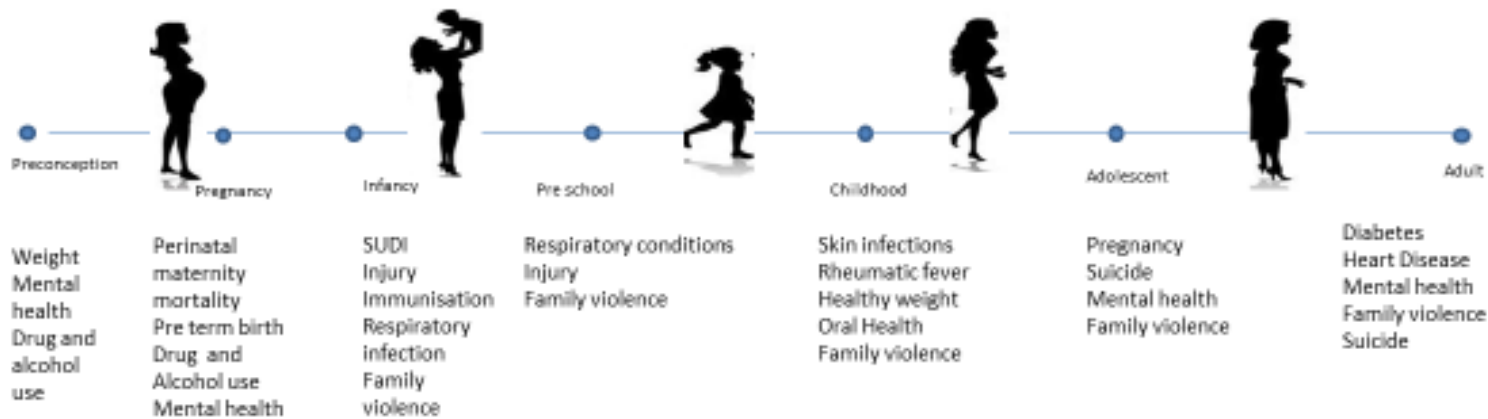


Life expectancy for Māori is higher in Central and Te Wai Pounamu, and the gap is correspondingly lower.

Te Waipounamu is the only region where lung cancer is not in the top 10 contributors to the life expectancy gap for Māori vs non-Māori/non-Pacific. In other regions it is the first or second greatest contributor.

Data source: Calculation from StatsNZ life tables, MoH mortality collection

Kahu Taurima – Pregnancy & Early Years



Drivers of health outcomes

- Income poverty
- Housing insecurity, crowding, poor quality
- Access to health care – maternity care, primary care, secondary care
- Education
- Quality of adult relationships
- Psychosocial distress

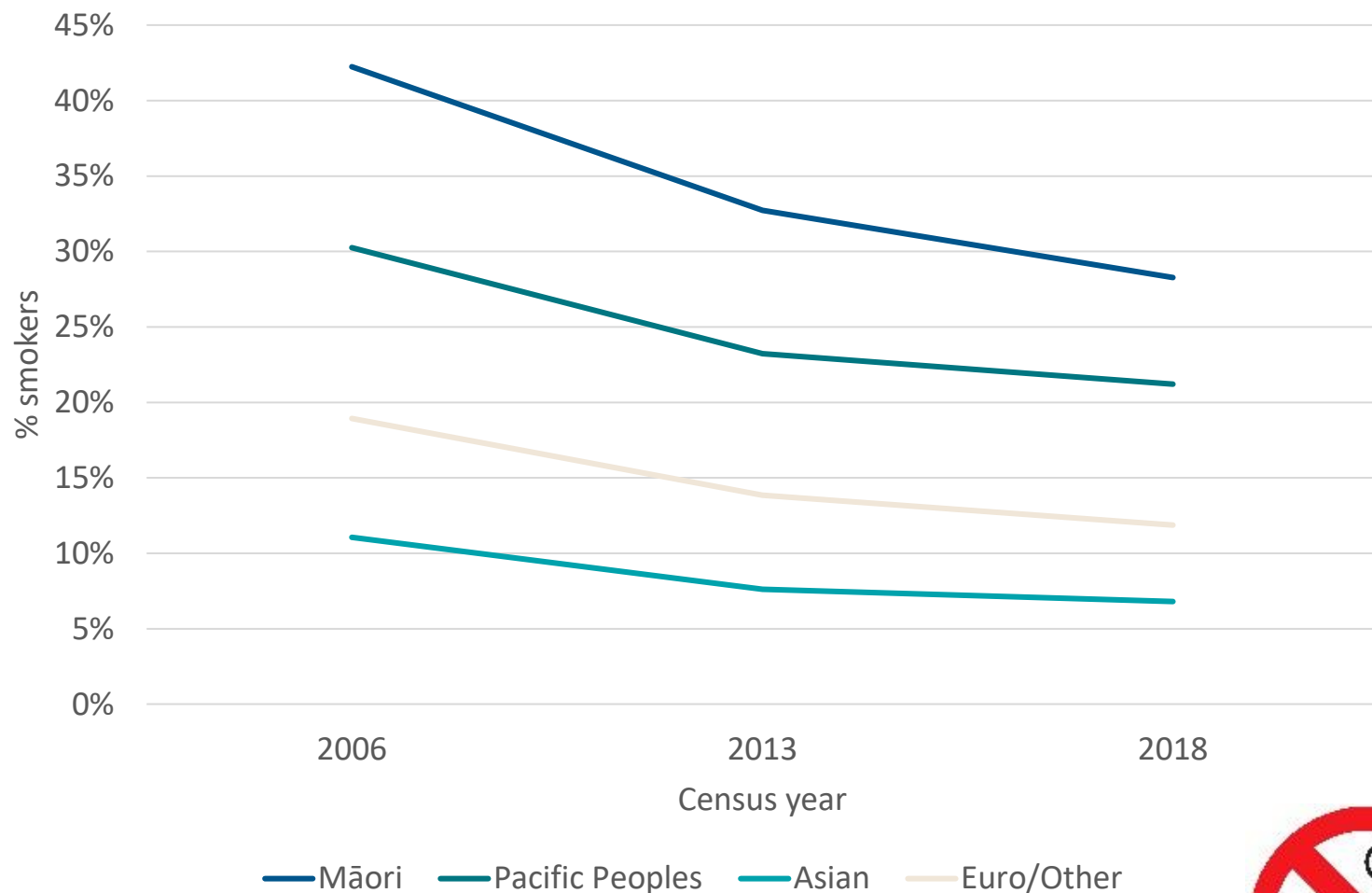
There are significant ethnic and socioeconomic inequities across most health and social outcome measures for children in Aotearoa New Zealand.

These include:

- deaths
- hospital admissions
- Infections and immunisation coverage
- injuries
- oral health (decayed, filled and missing teeth)
- exposure to family violence, including often lasting developmental impacts.

Inequalities in adults are often set in childhood.

Key risk factors for health loss: Smoking




Prevalence of regular smoking among people aged 15+ years, national by ethnicity at 2006, 2013 and 2018 censuses



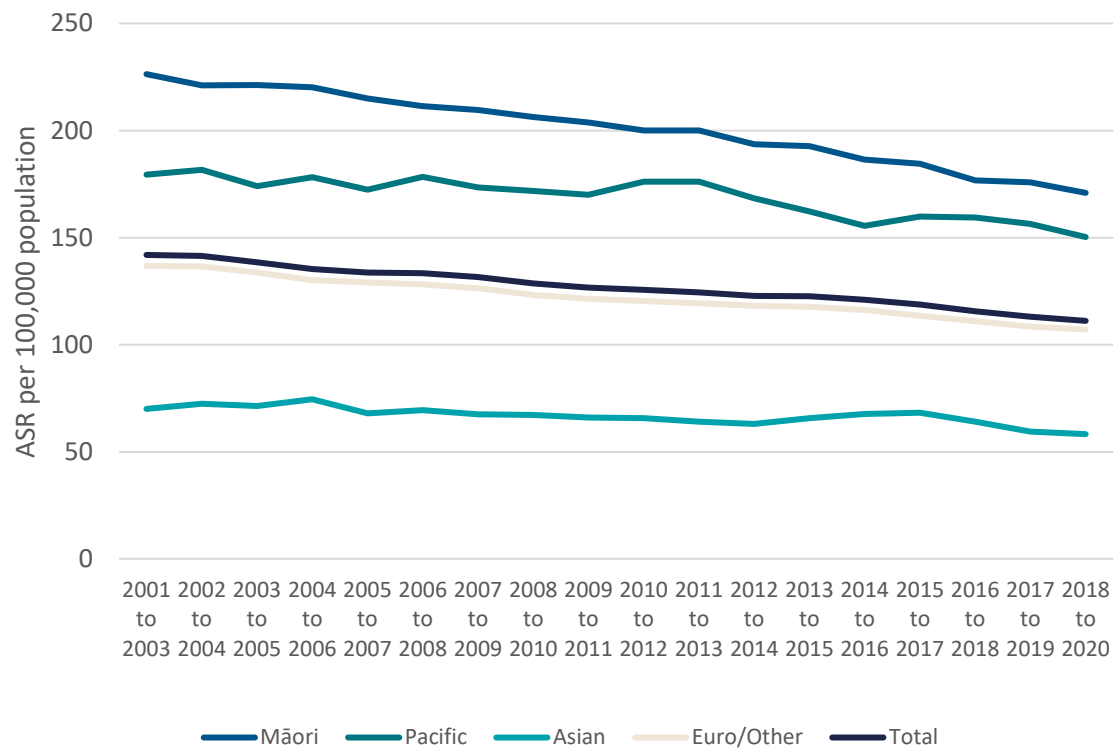
- The Global Burden of Disease Study 2019 ranks tobacco use as the leading risk factor in Aotearoa New Zealand, contributing 10.1% to the total burden of health loss
- Tobacco is the largest single factor in the life expectancy gap for Māori – eg in 3 of the top 4 – CVD, lung cancer and COPD
- The most recent smoking prevalence estimates are from the NZ Health Survey (2021/22), declining to 8.0% of adults smoking daily, from 9.4% the previous year. Momentum needs to be maintained to get close to the 2025 Smokefree target.

Key risk factors for health loss: Nutrition, physical activity and body weight, and alcohol use

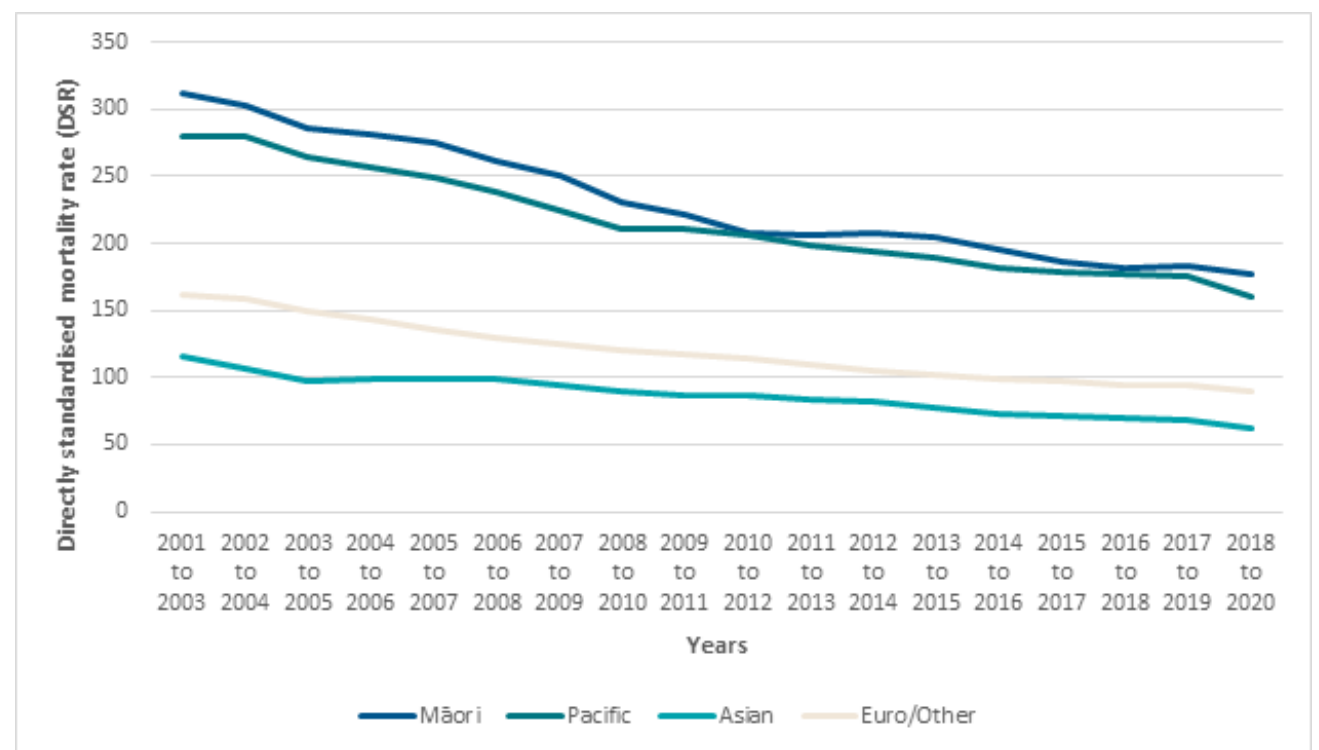
- **Three in ten (31%)** of the adult population have excess body weight - BMI ≥ 30 . Excess body weight is much more common in Māori (48%) and Pacific (66%) populations and much less common in Asian populations (15%).
 - Adults living in those areas with the most socio-economically deprived NZDep scores are twice as likely as adults living in those areas with the least socio-economically deprived NZDep scores to have excess body weight (44% vs 23% in 2019/20)
 - Only 65% of adults eat the recommended daily intake of vegetables, 52% eat that of fruit
 - Under half of children eat recommended servings of fruit and vegetables (44%). Around one in ten eat takeaways three or more times per week.
 - The largest single factor in the life expectancy gap for Pacific – diabetes and CVD are directly related.
- 
- Alcohol use is **the leading risk factor for health loss in people aged 15-49 years**
 - Approximately four out of every five people in Aotearoa New Zealand drink alcohol (79.1%). Nearly one in five adults (18.8%, approximately 780,000) reported a hazardous drinking pattern - Asian lowest at 6.0%, with Māori at 33.2%, Pacific 21.7% and European/Other 20.1%.
 - Key risk factor for liver disease, various cancers, mental illness and injury.

Positive gains in cancer and CVD mortality rates – especially smoking reductions

Health Status: Cancer



Cardiovascular disease

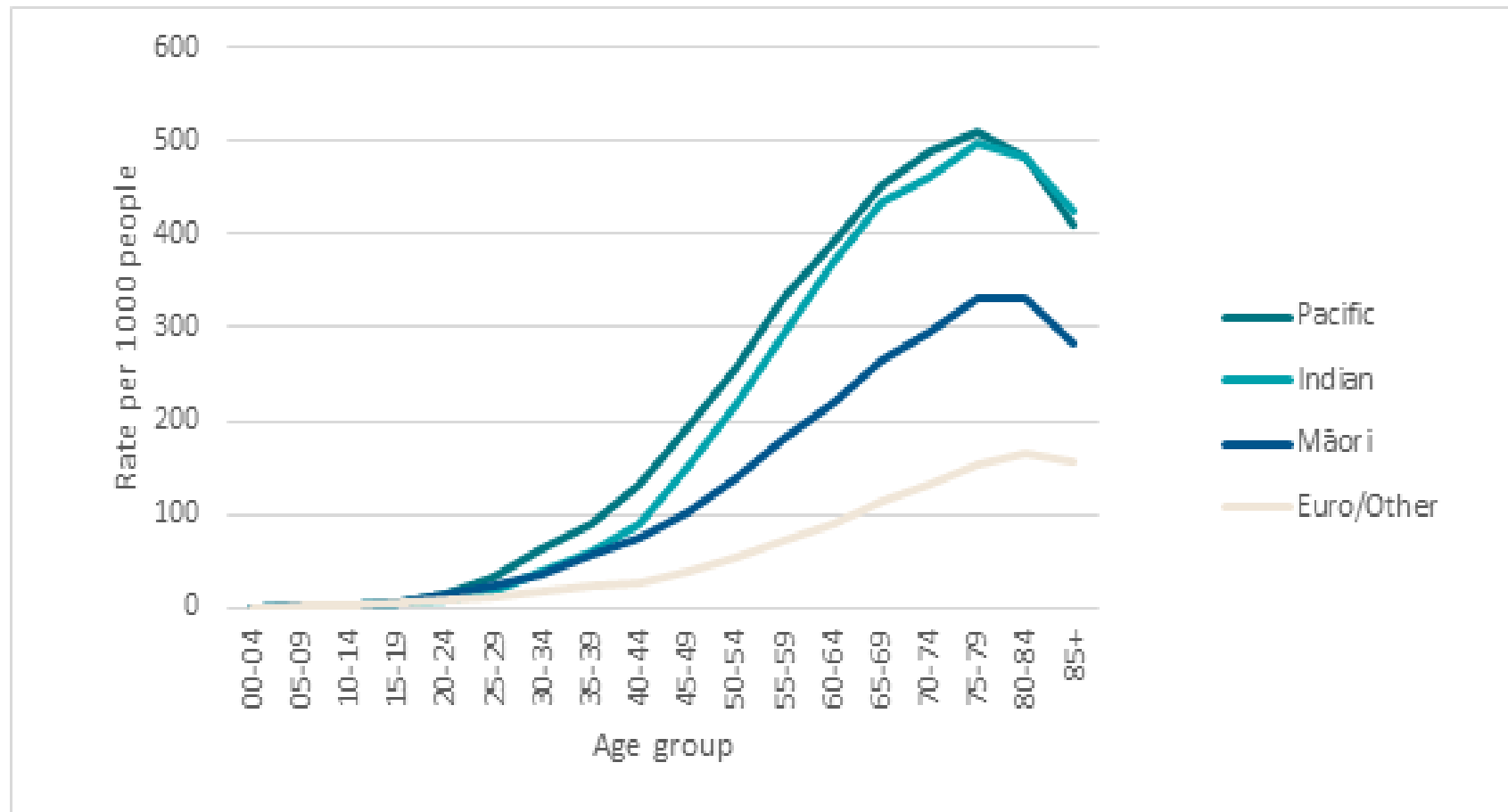


Directly age-standardised mortality rate per 100,000 population for all cancers (left), and CVD (right), national by ethnicity, three-year rolling average, 2001-03 to 2018-20

- In 2019 the equivalent of over 220,000 years of life in full health was lost due to cancer. It was the leading cause of health loss, closely followed by CVD
- For both causes mortality has been dropping steadily, with falling tobacco consumption and other risk reductions, along with significant treatment gains.

Diabetes rates rising fast, major issue for Pacific, Māori

Health Status: Diabetes

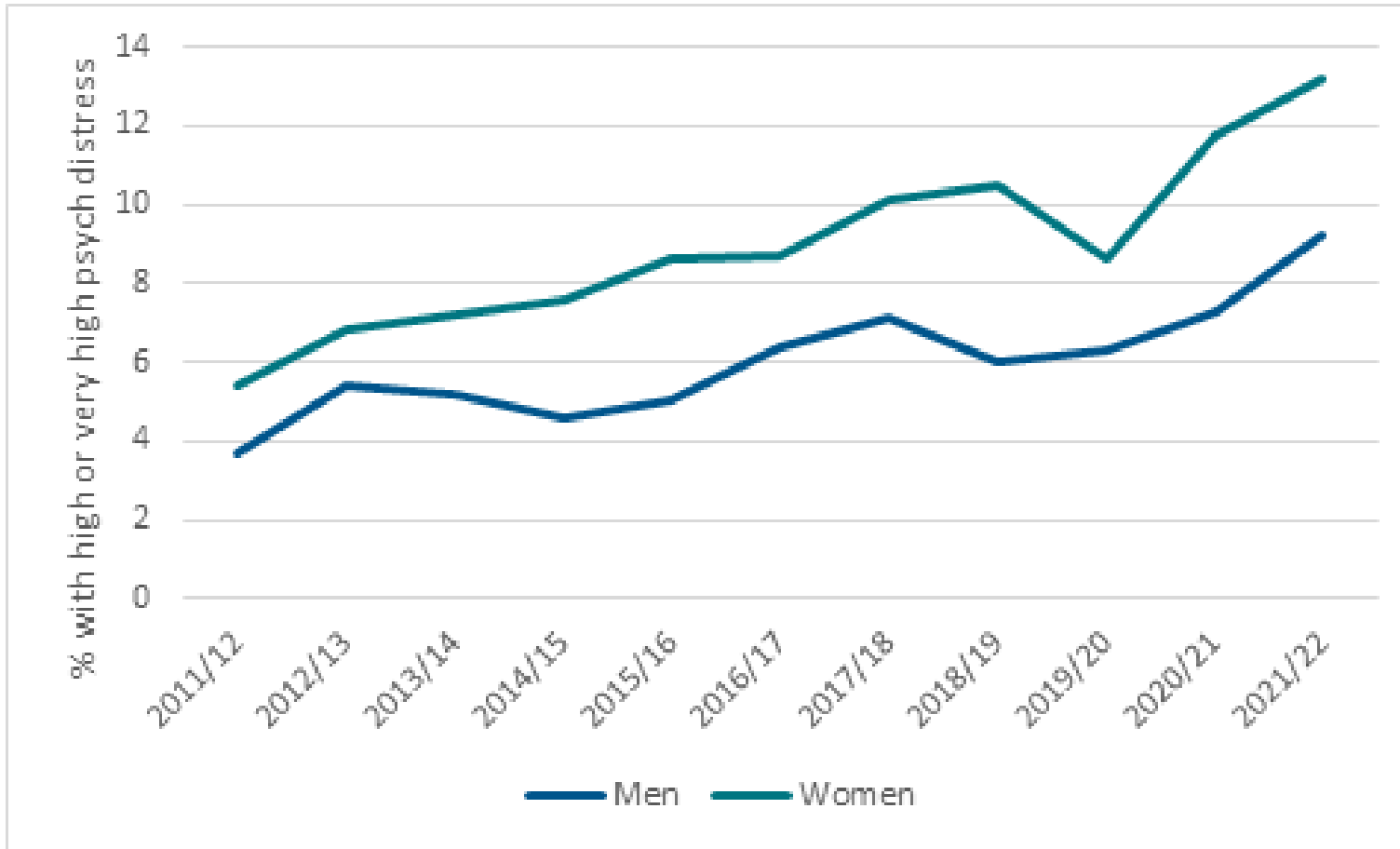


Estimated rate of diabetes per 1,000 people by age group and ethnicity, 2021

- Based on the Virtual Diabetes Register, the Ministry of Health estimated that 292,400 people in Aotearoa New Zealand have some form of diabetes as of December 2021
- Rates of diabetes are highest for Pacific, followed by Indians and then Māori. Rates of poor control and complications are inequitably high for Pacific and Māori
- Prevalence of diabetes is rising, mainly Type 2, mainly driven by increased weight.

Increases in mental distress across the lifespan

Health Status: Mental distress, illness and addictions

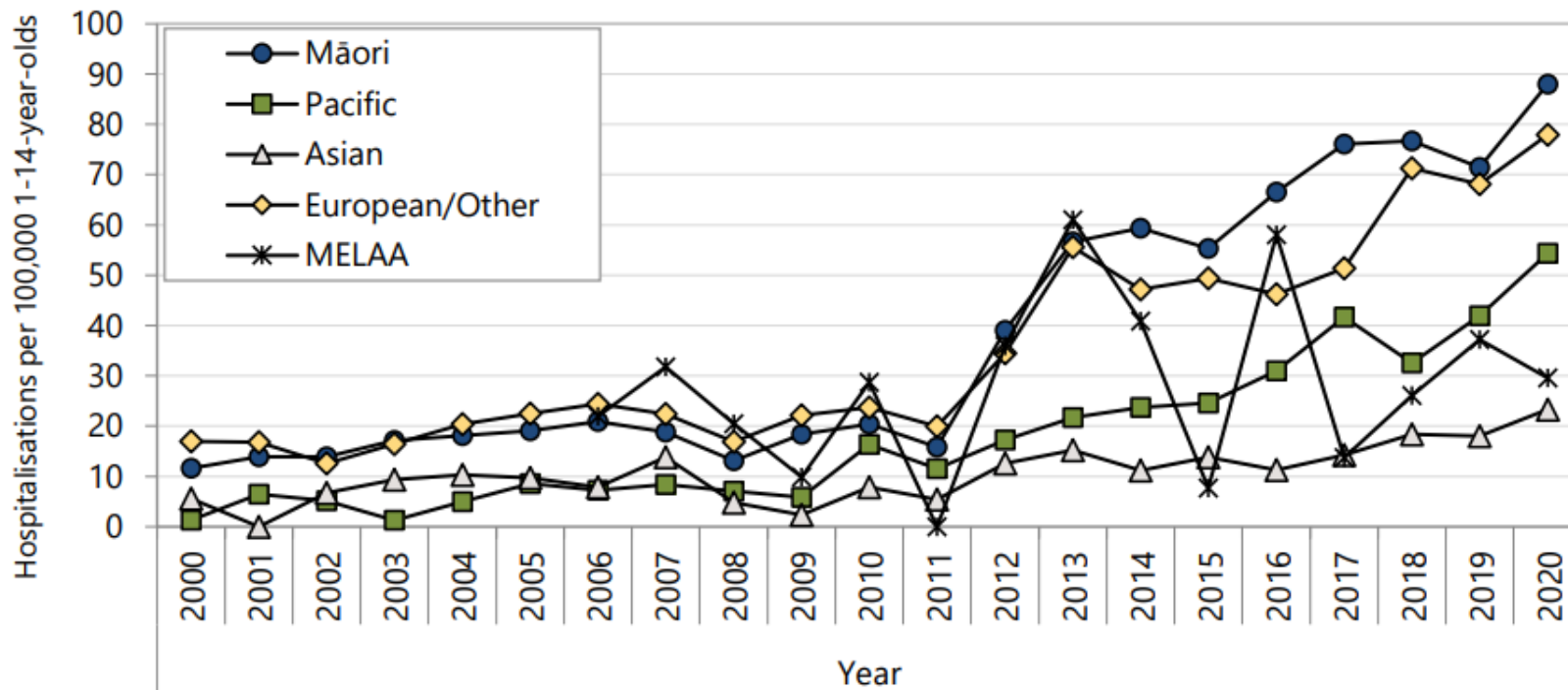


Proportion of population with high or very high psychological distress by gender, 2011/12 to 2021/22

- Mental and addictive disorders cause significant burden – 11.1% of all burden of disease in 2019 as measured in DALYs, and 21% of all years lived with disability in Aotearoa New Zealand
- Over half of New Zealanders will experience mental distress and addiction challenges at some point in their lives, with greater impacts for Māori
- Almost one in four (23.6%) young people aged 15-24 years experienced high or very high levels of psychological distress in 2021/22, up from 5.1% in 2011/12 (NZ Health Survey).

Child and youth mental wellness is deteriorating

Health Status: Mental distress, illness and addictions



Numerator: NMDS; Denominator: NZCYES Estimated Resident Population. Ethnicity is prioritised. Prior to 2006 MELAA was not a separately recorded ethnicity grouping, rates for MELAA based on small numbers.

Rates of national hospitalisation per 100,000 for intentional self-harm in 1–14-year-olds, by ethnicity, 2000–2020

- in the 2021/22 financial year, there were 538 suspected self-inflicted deaths in Aotearoa New Zealand
- Aotearoa New Zealand's suicide rate for adolescents aged 15-19 years was reported to be the highest of 41 OECD/EU countries (based on data from 2010)
- Rates of hospitalisation for self-harm among under-15-year-olds increased from around 14 per 100,000 age-specific population in 2000 to almost 70 per 100,000 in 2020.

Aotearoa's health status – summary

1. Overall our health status is doing well – internationally and over time
2. Inequities for Māori have improved, but remain unacceptably large across almost every health measure
3. Other groups – Pacific People, people living in more deprived areas – also show stubborn long-term inequity
4. The existing Te Pae Tata priorities (shown to the right) remain the most important areas of focus for equity and overall health gain
5. Perhaps the largest change compared to earlier health status reports is the rise and rise of mental health issues and psychological distress
6. The social determinants of health are of significant importance, require sound planning, investment and collaboration with other agencies to address. This is a long-term societal process
7. Investment needs to focus on upstream interventions – it makes population health sense, and it makes financial sense.

Pae ora | Better health and wellbeing in our communities

Kahu Taurima | Maternity and early years

Mate pukupuku | People with cancer

Māuiuitanga taumaha | People living with chronic health conditions

Oranga hinengaro | People living with mental distress, illness and addictions

Māori health

Pacific health

Tāngata whaikaha | disabled people



Questions?

Karakia

Kia whakairia te tapu

Kia wātea ai te ara

Kia turuki whakataha ai

Kia turuki whakataha ai

Haumi e. Hui e. Tāiki e!

Restrictions are moved aside

So the pathway is clear

To return to everyday activities