

Five reasons why we need a Māori Health Authority, and five questions for political parties

Successive governments have acknowledged the impact of healthcare inequalities on whānau Māori but failed to make sufficient and sustained investment or enact structural change and do things differently.

The Crown's failure to meet its obligations under Te Tiriti o Waitangi was detailed through the Wai 2575 hearings and the *Hauora* subsequent report. The establishment of Te Aka Whai Ora, the Māori Health Authority creates a means to target funding, grow the Māori workforce and improve accountability across the health system.

Inequity has been baked into our health system as well as in housing, education, justice, and social development. It has been compounded by the impact of colonisation, racism, and the social, economic, and commercial determinants of health.

The establishment of Te Aka Whai Ora is the Crown's acknowledgement of the need to do things differently to deliver healthcare, and to honour the centrality of the principles of Te Tiriti o Waitangi – Tino Rangatiratanga, partnership, active protection, equity, and options to realise this change. These guiding principles are the cornerstones for developing any patient and whānau-centred health model for all people in Aotearoa NZ

However, equitable health outcomes for Maori cannot be achieved solely by better design of healthcare delivery. The foundation posts of health sit deep within other aspects of wellbeing: access to safe and secure housing, liveable incomes, an education system that enables all students to fulfil their potential, a fair and unbiased criminal justice system, meaningful employment that fosters individual self-esteem, and adequate support for whānau during times of difficulty and hardship.

Te Aka Whai Ora is an opportunity to do things differently, through principles of Tino Rangatiratanga, Mana Motuhake and Mana Māori, and underpinned by Te Tiriti o Waitangi.

Five reasons why Aotearoa New Zealand needs a Māori Health Authority

1. Health services can be commissioned according to kaupapa Māori values
2. The life expectancy gap between Māori and European/Other persists
3. Sustained underinvestment in Māori health equity
4. Inequities in access to health services and health outcomes continue
5. Our understanding of health and wellbeing must be holistic and multidimensional

Five questions for political parties in election year

We call on all political parties to declare their plan for health equity and flourishing Māori lives. Specifically:

1. How does your party propose to meet the Crown's obligations to Māori health equity under Te Tiriti o Waitangi?
2. What investment is your party dedicating (in the short term and long term) to Māori health equity?
3. What is your timeframe to achieve equality in life expectancy outcomes?
4. How will your party work across the House of Representatives to achieve sustained change beyond the three-year parliamentary term?
5. What is the evidence base supporting your policy and plan?

Supporting information: Five reasons why Aotearoa New Zealand needs a Māori Health Authority

1. Health services can be commissioned according to kaupapa Māori values

The Waitangi Tribunal found that the “health system has not addressed Māori health inequities in a Treaty-compliant way, and this failure is in part why Māori health inequities have persisted”¹.

The Tribunal’s recommendation of an independent Māori Health Authority intended to reflect the call for recognition of Tino Rangatiratanga (self-determination) and Mana Motuhake (autonomy) in the design, delivery, and resourcing of Māori health¹.

A Māori Health Authority is a foundational pou for building sustainable Māori medical, dental, nursing and other health practitioner workforces. Aotearoa NZ is graduating Māori medical students at population parity: the future Māori senior medical workforce must be supported through leadership and advocacy at the highest levels. As the Medical Council of New Zealand and Te Ohu Rata o Aotearoa note “the aim is to transform the workforce and the profession, as well as the systems we work within, to contribute to achieving health equity”².

The Māori Health Authority is a tangible expression of the Te Tiriti o Waitangi principles. More than this, the Māori Health Authority’s existence builds on the oft-cited phrase “by Māori, for Māori” by adding “as Māori”.

2. The life expectancy gap between Māori and European/Other persists

Despite many years of health policies aimed at achieving health equity for Māori, Māori health status remains significantly poorer than that of New Zealand Europeans.

¹ Waitangi Tribunal. Hauora. Stage One Report of the Health Services and Outcomes Kaupapa Inquiry. Wellington: Waitangi Tribunal; 2020. Available from https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf.

² Medical Council of New Zealand and Te Ohu Rata o Aotearoa. Cultural safety baseline data report release and recommendations. Wellington: Medical Council of New Zealand; 2020. Available from <https://www.mcnz.org.nz/assets/Publications/Reports/f5c692d6b0/Cultural-Safety-Baseline-Data-Report-FINAL-September-2020.pdf>.

In 2017-2019, Māori life expectancy at birth was 7.6 years shorter for males, and 7.4 years shorter for females, compared to European/Other New Zealanders^{3 4}.

In 2020, the Association of Salaried Medical Specialists estimated that it would take until 2090 to eliminate the life expectancy gap between Māori and European men, and well into the 22nd century for wāhine Māori to achieve life expectancy equality with European women⁵.

No government has narrowed this gap in any meaningful way. The fact that persistent inequity continues to be a driver of health system reform underscores the extent to which the 2001 Primary Health Care Strategy has failed tangata whenua in Aotearoa⁶.

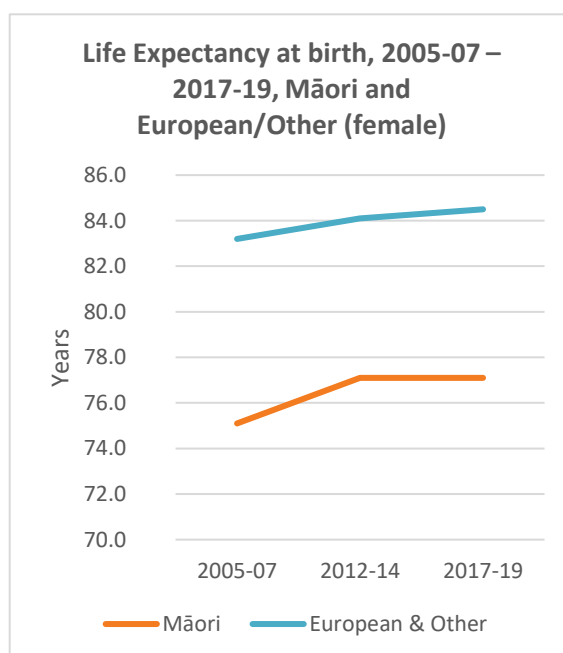
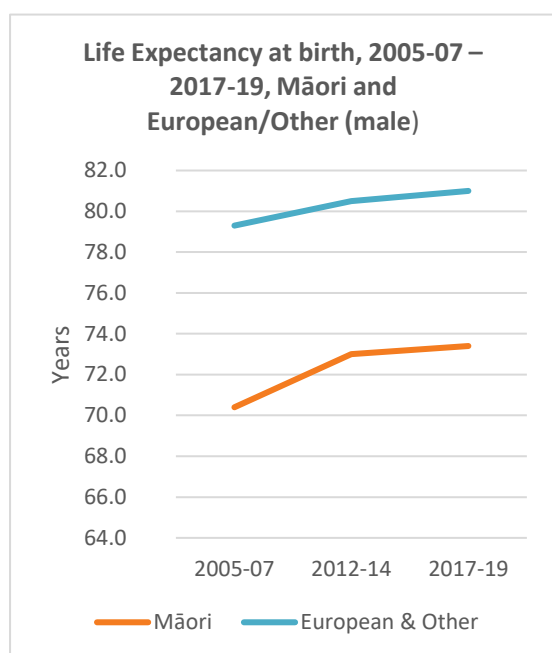


Fig 1: Life expectancy at birth (male)

Fig 2: Life expectancy at birth (female)

Source: Statistics NZ. National and subnational period life tables: 2017-2019. <https://www.stats.govt.nz/information-releases/national-and-subnational-period-life-tables-2017-2019/>.

³ European/Other ethnicity in figures 1-8 and 12-13 comprises of all non-Māori groups excluding Pasifika and Asian. In figures 10 and 11 (Ambulatory Sensitive Hospitalisations), European/Other includes Asian ethnicities but excludes Pasifika.

⁴ Statistics NZ. National and subnational period life tables: 2017-2019. Available from <https://www.stats.govt.nz/information-releases/national-and-subnational-period-life-tables-2017-2019/>

⁵ Association of Salaried Medical Specialists. Creating Solutions Te Ara Whai Tika: A roadmap to health equity 2040. Available from <https://issuu.com/associationofsalariedmedicalspecialists/docs/asms-creating-solutions-fa-web - final>.

⁶ Russell L, Boulton A et al. Indigenising our future: A call to action. Policy brief. Wellington: Whakauae Research for Māori health and Development, Victoria University of Wellington; 2022. Available from <https://insightsaotearoa.ac.nz/wp-content/uploads/2022/11/Policy-Brief-Indigenising-Our-Futures.pdf>.

3. Sustained underinvestment in Māori health equity

While health system funding totalled \$220 billion dollars in the first 20 years of the 21st century, the Tribunal found that this has resulted in “little measurable improvement to Māori health outcomes”¹.

The Crown has continued to apportion around 2 per cent of the health budget to Māori health providers, despite demonstrable need and inequities.

Beyond this 2 per cent, the Crown’s evidence at the Wai 2575 hearings included the admission that District Health Boards and Primary Health Organisations were not required to spend capitated funding directed to address Māori Health needs on meeting those needs³.

In the 2017/18 Budget, of a \$907 million capitation fund for primary health providers, \$28.7 million (3.1 per cent) went to Māori services, despite evidence of Māori disproportionately represented in high-needs groups.

Whānau Māori access health services across the health system spectrum. Funding to improve Māori health has historically focused on primary care; yet the NZ Health Survey has consistently shown that Māori experience the greatest unmet need for primary care and were more likely to visit an emergency department than other groups^{7 8}.

Te Aka Whai Ora has the mandate to transform the deployment of funding to Māori health services, but it must be resourced to do so. Māori health can no longer be the area with the smallest budget but greatest expectations.

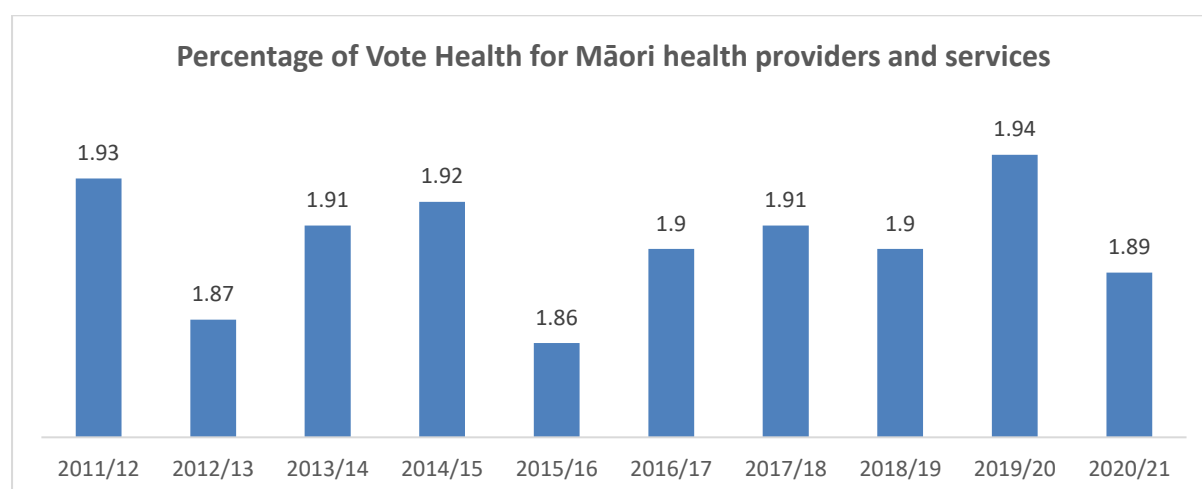


Fig 3: Percentage of Vote Health to Māori Health Providers and Services, 2011/12 – 2020/21

Source: Ministry of Health. Funding to Māori health providers by DHB; 2016/17 to 2020/21

<https://www.health.govt.nz/our-work/populations/maori-health/maori-health-providers/funding-maori-health-providers-dhbs>

⁷ Ministry of Health. Unmet need for one or more forms of primary health care - Adults. NZ Health Survey 2011/12 – 2020/21.

⁸ Ministry of Health. Emergency Department use – Adults. NZ Health Survey 2011/12 – 2021/22.

4. Inequities in access to health services and health outcomes continue

For whānau Māori, getting in the door to health services is one of the most persistent barriers. 34 per cent of Māori have an unmet need for primary health care, compared with 28.5 per cent of European/Other New Zealand adults.

Māori adults and tamariki are less likely to be referred by a doctor to a medical specialist compared to European/Other New Zealand adults and children. Māori adults were nearly twice as likely to experience unmet need for specialist treatment due to cost compared with non-Māori.

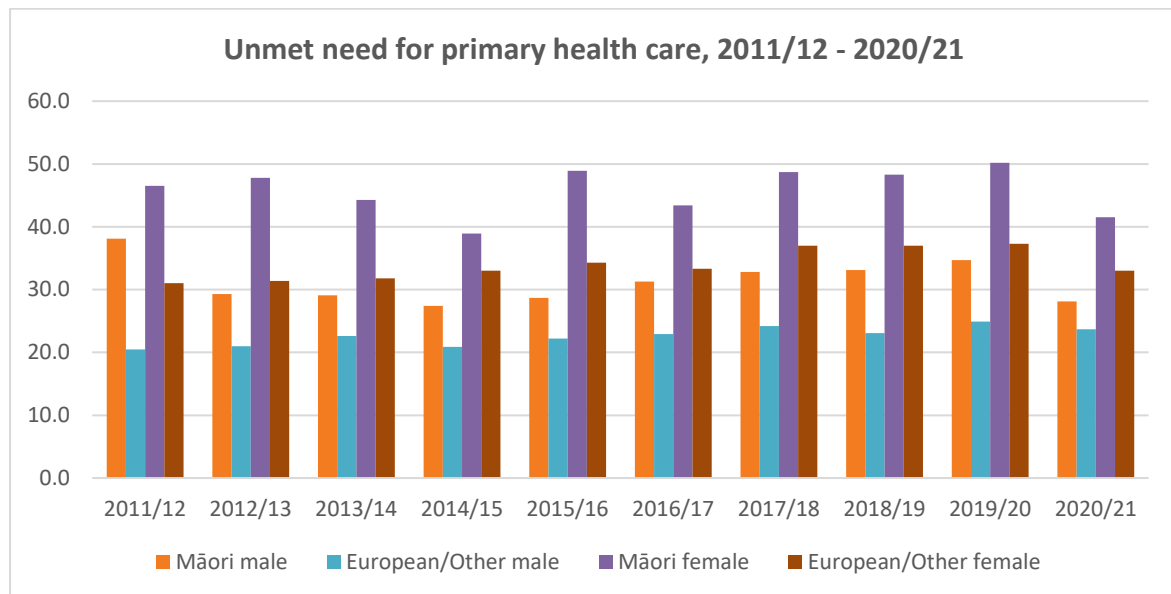


Fig 4: Unmet need for one or more forms of primary health care, 2011/12 – 2020/21, Māori and European/Other by gender

Source: Ministry of Health. Unmet need for one or more forms of primary health care – Adults. NZ Health Survey 2011/12 – 2020/21.

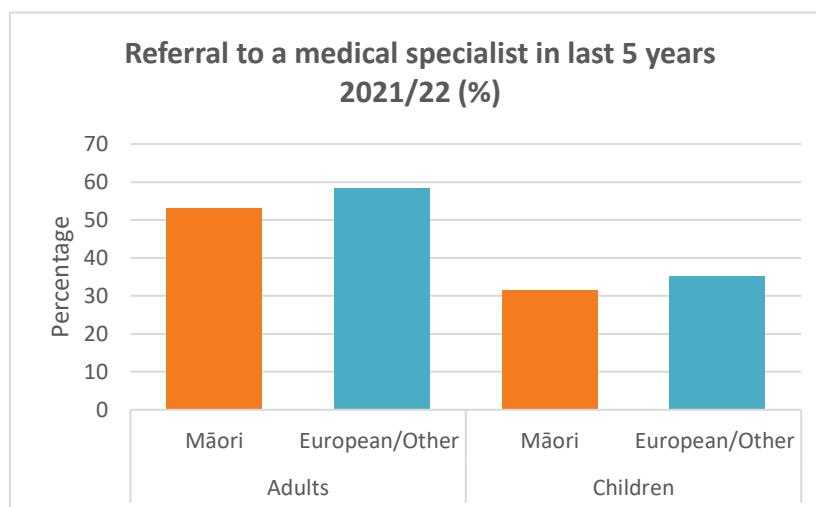
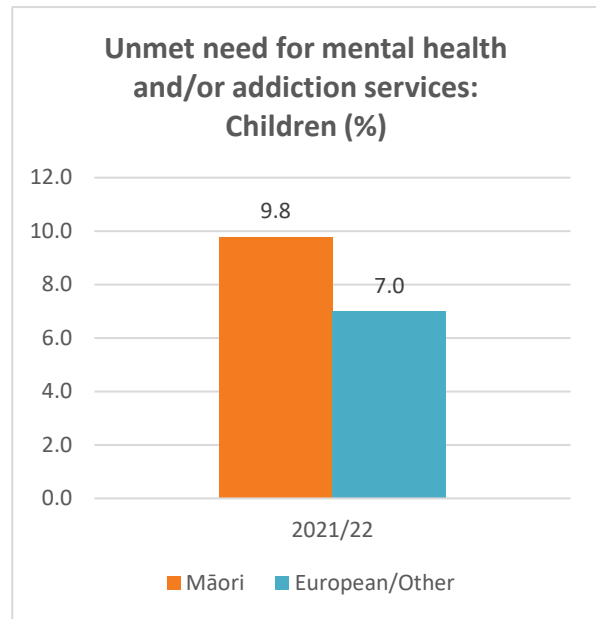
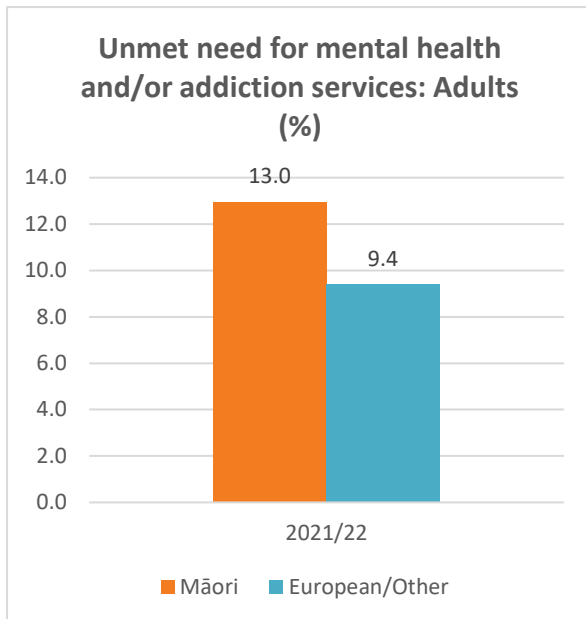


Fig 5: Referral to a Medical specialist, Māori and European/Other, adults and children

Source: Ministry of Health. Referral to a medical specialist in last 5 years. NZ Health Survey 2021/22



Figs 6 and 7: Unmet need for Mental health and addiction services, Māori and European/Other, adults and children

Source: Ministry of Health. Unmet need for Metal health and addiction services. NZ Health Survey 2021/22.

The rationale for doing things differently is writ large in health outcomes data: the existing system has a deficit approach focused on disease, and not what enables whānau Māori wellbeing.

Whānau Māori experience higher rates of psychological distress, anxiety and depression than European/Other New Zealanders. This has increased significantly since the onset of Covid-19.

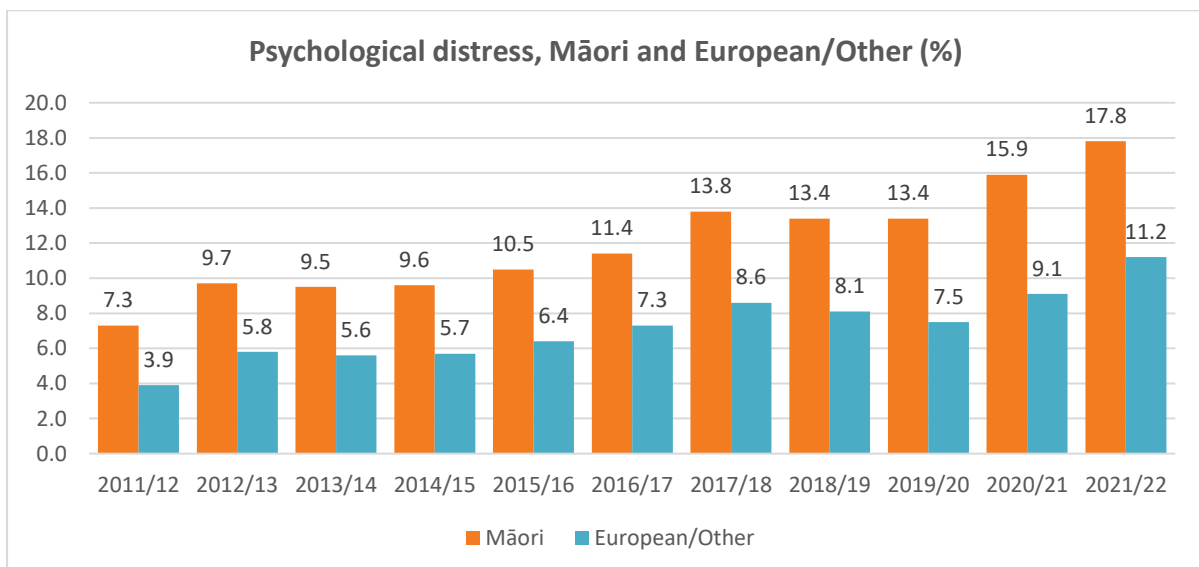


Fig 8: Psychological distress – high or very high in last 30 days, Māori and European/Other

Source: Ministry of Health. Psychological distress: high or very high. NZ Health Survey 2021/22

Once diagnosed, whānau Māori with cancer have worse survival rates for all common cancer types when compared to non-Māori. Māori mortality rates are between 12 and 156 per cent higher across every cancer type compared to non-Māori.

Poor access to diagnosis and screening, higher rates of comorbid conditions and worse access to best-practice treatments have all been linked to these disparities.

Mortality rates for common cancer diagnoses, Māori and non-Māori

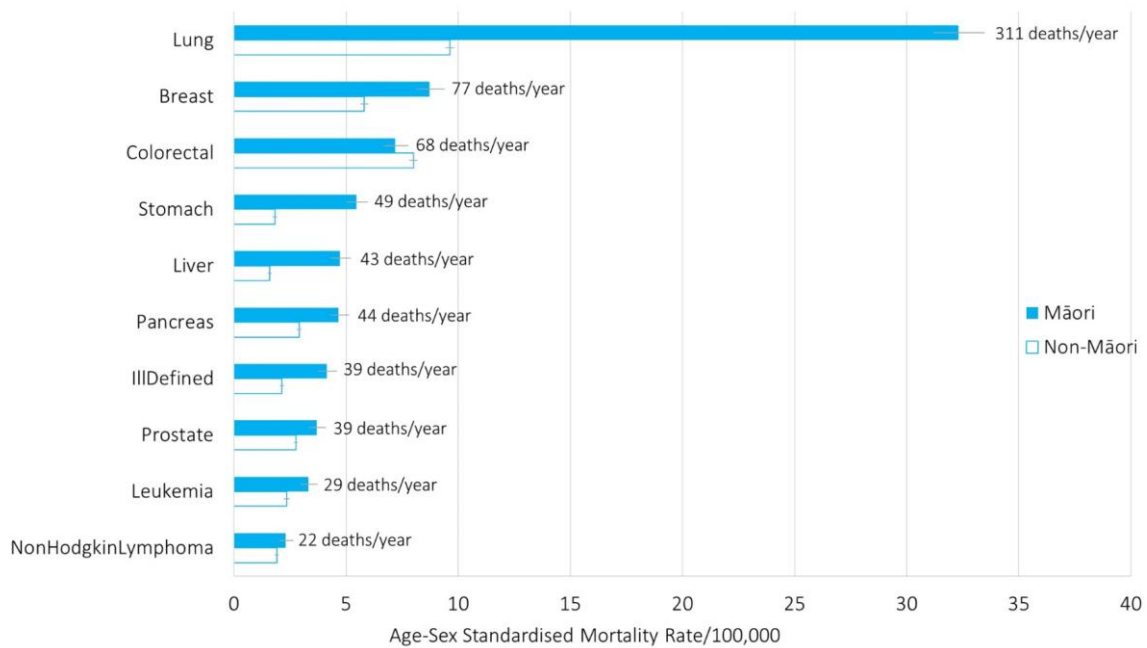
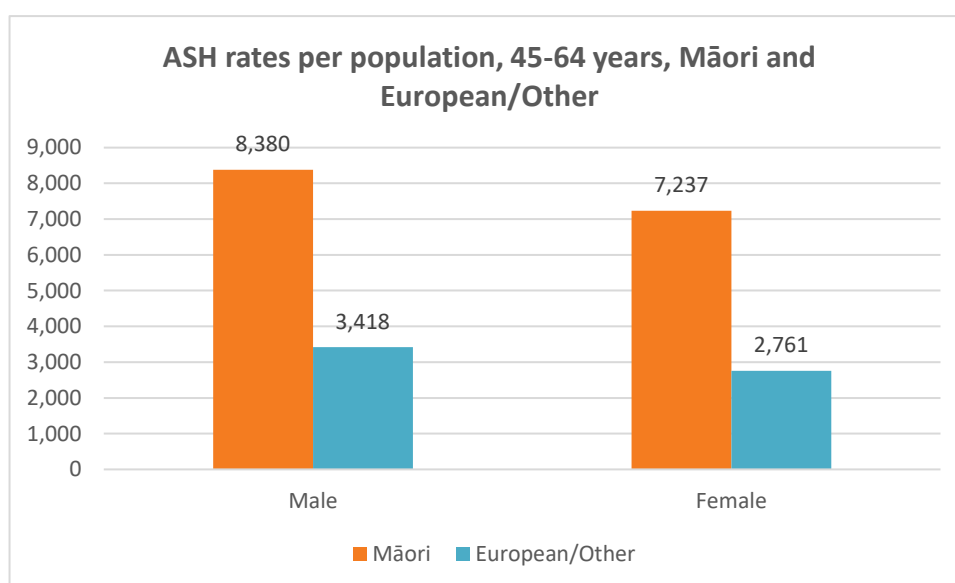
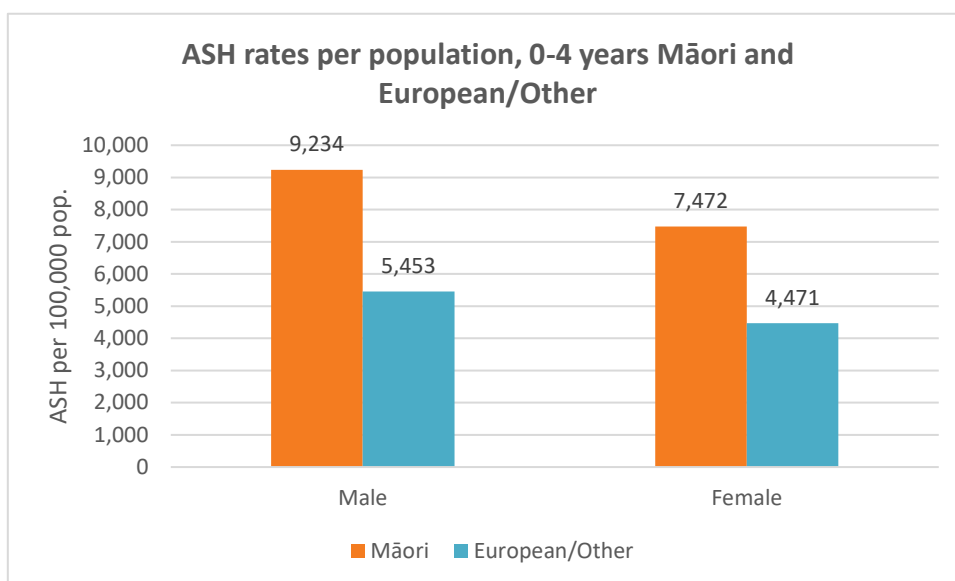


Fig 9: Age-Sex standardised mortality rate for common cancer diagnoses, Māori and non-Māori, per 100,000 population

Source: Gurney J et al. The most commonly diagnosed and most common causes of cancer death for Māori New Zealanders. N Z Med J 2020; 133(1521):77-96.

Ambulatory-sensitive (avoidable) hospitalisations (ASH) rates are significantly higher for tamariki Māori aged 0-4 years than for European/Other children 0-4 years.

This disparity is even greater for adults 45-64 years, with avoidable hospitalisations for Māori men and women more than twice the rate for European/Other.



Figs 10 and 11: ASH rates per population, 0-4 years and 45-64 years, Māori and European/Other by gender

Source: Ministry of Health. Ambulatory Sensitive Hospitalisations. National Minimum Dataset. Accessed January 2023.

Māori adults have the highest rates of unmet dental need due to cost compared to other ethnic groups. Poor oral health has profound effects on all aspects of health and wellbeing: living with constant pain, impaired sleep, risk of worsening chronic health conditions and increased likelihood of avoidable hospital admission due to severe infection⁹.

⁹ Association of Salaried Medical Specialists. Tooth be told: the case for universal dental care in Aotearoa New Zealand. Wellington: Association of Salaried Medical Specialists; 2022. Available from <https://issuu.com/associationofsalariedmedicalspecialists/docs/asms220501-tooth-be-told>.

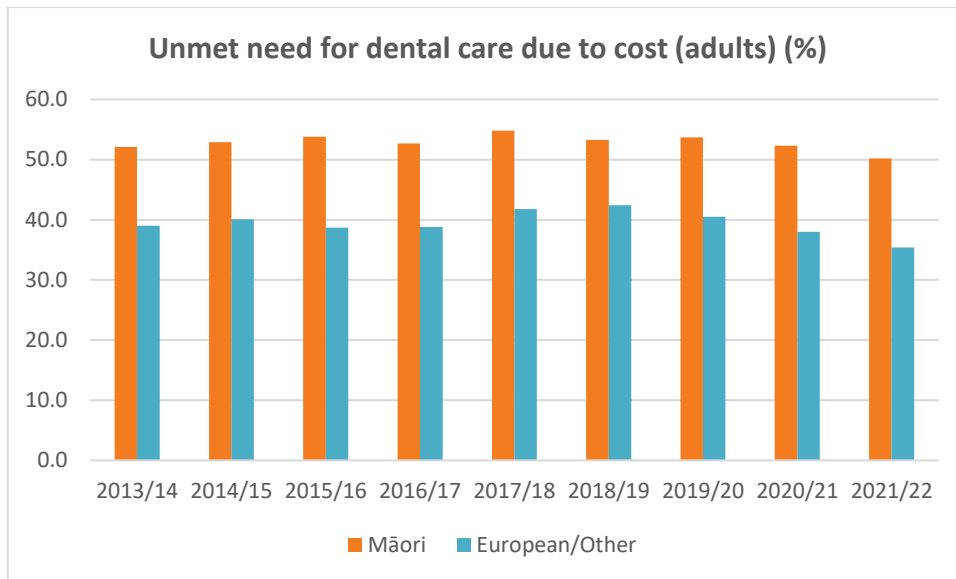


Fig 12: Unmet need for dental care due to cost in previous 12 months, Māori and European/Other adults 2013/14 – 2021/22.

Source: Ministry of Health. Unmet need for dental care due to cost. NZ Health Survey 2021/22

Tamariki and rangatahi Māori have disproportionately high rates of tooth removal due to decay, abscess or infection compared to European/Other children. Untreated dental decay affects a child’s ability to eat, sleep, play and concentrate at school. Children with extensive dental caries are often treated in hospital under general anaesthetic, given the severity and complexity of decay that has developed.

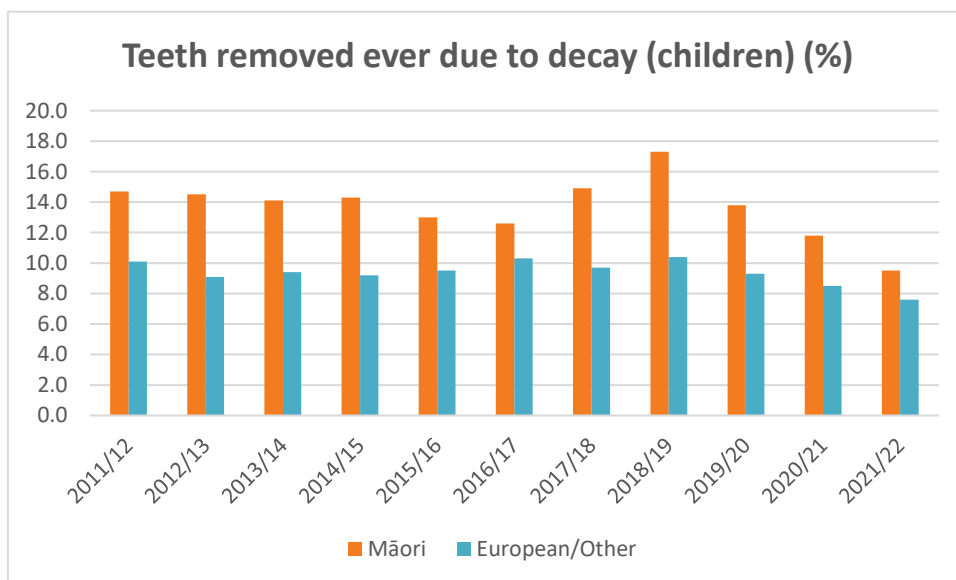


Fig 13: Teeth removed due to decay, abscess or infection over lifetime, Māori and European/Other children, 2011/12-2021-22

Source: Ministry of Health. Teeth removed due to decay, abscess or infection over lifetime. NZ Health Survey 2021/22

5. Our understanding of health must be holistic and multidimensional

E Tipu E Rea Whānau Services CEO Zoe Hawke recently wrote that “a home, food and money are whānau first priorities, and healthcare usually comes last as the former are requirements for the latter.”¹⁰ Health is dependent on safe and warm housing, food security, and liveable incomes: basic human rights.

Te Aka Whai Ora is not a magic bullet. Its establishment is the Crown’s acknowledgement of the need to do things differently in health, and the centrality of the principles of Te Tiriti o Waitangi – Tino Rangatiratanga, partnership, active protection, equity, and options to realise this change. Future governments and public services can draw from the model of Te Aka Whai Ora to realise equity and flourishing Māori lives.

This means moving beyond past approaches that have failed Māori to one informed by kaupapa Māori theory and practice, including self-determination, validity and legitimacy of cultural aspirations and identity, and a focus on the collective over the individual⁶.

¹⁰ Hawke Z. Is the new order of health really going to fix Māori inequalities? NZ Herald 20 December 2022. Available from <https://www.nzherald.co.nz/kahu/is-the-new-order-of-health-really-going-to-fix-the-massive-maori-inequalities/NX3W3IZ4W5DVVPZUEVIT3GYDKI/>