



23 October 2024

Ministry of Health | Manatū Hauora
133 Molesworth Street
Thorndon
WELLINGTON, 6011

By email: maorihealth@health.govt.nz

Tēnā koe

Submission on the Hauora Māori Strategy

Thank you for the opportunity to provide a submission on the Hauora Māori strategy.

The Royal New Zealand College of General Practitioners (the College) recognises the significance of Te Tiriti o Waitangi as a founding document of Aotearoa and the rights of Māori both as a Tiriti partner and tangata whenua.

The College is the largest medical college in New Zealand. Te Akoranga a Māui, the colleges Māori representative group, has over 300 members and was the first indigenous representative group established in any Australian and New Zealand medical college.

Our general membership includes 6,238 specialist GPs and rural hospital doctors comprising 40 percent of New Zealand's specialist medical workforce. Our workforce is the first point of contact for most health concerns, undertaking 23 million patient contacts each year all over Aotearoa. As such we recognise our role to ensure our members are culturally safe and competent to work well with all communities including Māori through our Training, CPD and Quality¹ programmes.

Our submission

Our submission is made in accordance with He Ihu Waka, He Ihu Whenua, He Ihu Tangata, He Rautaki Māori, The College's Māori strategy, which aims to promote health equity and the wellbeing of Māori GPs and the communities that are served.^{i ii} We, the College, have a responsibility to advocate for a Hauora Māori strategy that aims to both eliminate Māori health inequities and deliver improved outcomes for Māori communities.

The College supports the views and voices of whānau, hapu and iwi Māori being centred within the Hauora Māori strategy and in the determination of priorities, outcomes and measurements by which success can be measured. The College fully supports investment in Hauora Māori to address current health needs, and the social and economic determinants of health.

Māori health inequities are known to arise from multifaceted determinants, primarily embedded in the historical and ongoing impacts of colonisation. Differential access to socioeconomic determinants, such as education, employment, and housing maintains integrational poverty within Māori communities. This economic instability correlates strongly with worse health outcomes.

Our recommendations include:

- 1. Focus on Equity and addressing determinants of health**
- 2. Expand the Māori medical workforce**
- 3. Ensure funding and staffing for rural clinics**
- 4. Improve environment to improve health**

1. Focus on addressing determinants of health and equity

Promoting and uplifting Hauora is more important than simply managing illness. Prevention of ill health is a key strategy and addressing the inequities in access to determinates of health is one of the ways to do this. This would require a cross-governmental approach that would seek to address the socio-economic determinants of health, including education, employment and access to good quality housing.

Māori health inequities have been well described for many decades and are known to disproportionately impact Māori across almost the entire spectrum health conditions including shorter life expectancy and higher rates of preventable morbidity and mortality from heart disease, diabetes, and mental health conditions (to name but a few).ⁱⁱⁱ The Ministry of Health and society recognise these health inequities as being unjust and unfair. Data has shown that they negatively impact our health system and wider society from both a social and economic perspective and are costly to maintain.^{iv} The Government and health sector are also obliged to address and eliminate these health inequities in accordance with Te Tiriti o Waitangi.^v

Investing in preventative measures targeted towards improving Māori health outcomes would be one of the most effective measures to benefit both the health system and New Zealand's economy. Recent statements from the government have proposed a shift from the evidence-based, ethnicity-targeted resourcing approach in favour for an alternative "*needs-based approach*".^{vi} Only considering an individual's needs ignores the role of systemic factors, like barriers, which impact populations differently and contribute to worse health outcomes for Māori. Leading health experts, researchers and academics maintain that ethnicity is a superior and more accurate predictor of health outcomes because being Māori is a marker of exposure to risk factors included within our system, all associated to worse health outcomes. This remains true even if adjustments are made for factors like comorbidities or rurality and poverty.^{vii} The College is committed to focused initiatives that cater to the health needs of Māori communities. This includes preventative healthcare and extends to addressing current unmet need.

2. Expand the Māori medical workforce

Adequate representation of Māori within our workforce, is an evidence-based solution, shown to facilitate access to health services and is associated with improved experiences for whānau Māori and more equitable outcomes.^{viii}

Meeting the diverse needs of Māori communities and delivering culturally safe and competent care to all is imperative. This is particularly true for populations who are currently underserved by our health system and who continue to experience unmet needs. We are concerned that 44% of Māori report unmet primary care needs, highlighting the need for targeted action.^{ix}

Māori remain significantly underrepresented across all aspects of Aotearoa's health workforce, including in General Practice. Despite the absolute number of Māori members of the College being over 300, Māori GPs still only constitute less than five percent of the current GP workforce in Aotearoa. While this number has been increasing, it is still a long way off equitable representation. Governance, policy, strategy, investment, and incentives are all needed to reduce barriers and increase opportunities for Māori and other underrepresented populations to successfully progress through our medical schools and the College's own GPEP and DHRM training pathways.

Māori leadership in health highlights the importance of culturally informed practices, community engagement, and the integration of traditional and contemporary health approaches. It underscores the need for Māori representation in health governance and development of policies that address the unique health challenges faced by Māori communities.

The College's Māori representative group, Te Akoranga a Maui, and our Academic Tāhuhu are examples of Māori wellness embedded within the College objectives to achieve Māori health equity. Māori GPs contribute to the cultural competence and cultural safety of registrars in the General Practice Education Programme (GPEP) and our Rural Hospital Medicine Training Programme (DHMTTP).

General practice teams benefit from the presence of specialist Māori GPs. Specialist Māori GPs and other health professionals contribute to the growing body of research, advocacy, and actions to mitigate health inequities.

The College's Māori representative group, Te Akoranga a Māui, and our Academic Tāhuhu are examples of Māori wellness embedded within the College objectives to achieve Māori health equity. Māori GPs contribute to the cultural competence and cultural safety of registrars in the General Practice Education Programme (GPEP) and our Rural Hospital Medicine Training Programme (DHMTTP). Specialist Māori GPs and other health professionals contribute to the growing body of research, advocacy, and actions to mitigate health inequities.

3. Ensuring funding and staffing for rural clinics

While ethnicity is a strong indicator of need, health disparities also exist in rural communities and is where some of the health inequities experienced by Māori are even greater than in urban settings. Accessibility is a predominant barrier which the College aims to address, by increasing the capacity of rural health services through our Rural Hospital Medicine Training Programme.

General practice, especially rural practices, are struggling to sustain viable services, with service reductions across the country becoming more frequent.^{x xi xii} This is in tandem with a reduction in emergency service capacity in these areas. Accessibility is already a barrier to care for rural communities. Barriers to care experienced by Māori living in rural communities is becoming more entrenched, compounding barriers to access, and widening health inequities.

The Waitangi Tribunal highlighted the problems of inequitable primary care funding and primary care health system disadvantages to providers in areas with high-needs populations. This particularly affects Māori communities.^{xiii} Continued lack of action to improve funding and access to health services in high-needs areas results in persistent inequities and inability to meet Te Tiriti obligations.

4. Improve environment to improve health

The College supports environmental protection and wellbeing approaches being incorporated into the Hauora Māori strategy. It is a contributing factor already affecting the health and wellbeing of communities in Aotearoa. This reflects Te ao Māori values and is encapsulated within the College's Climate Change position statement and by health research.^{xiv xv}

Health impacts of climate change (or other negatively impacting environmental actions) will exacerbate health inequities. Māori are disproportionately affected by poorer housing quality and suffer more from the burden of diseases such as respiratory illness, asthma and allergies.

Te Tiriti obligations endorse Māori authority to manage climate change risks and promote the wellbeing of their people, ancestral land, water, sites, wāhi tapu, valued flora and fauna, and other taonga.^{xii} Māori rangatiratanga over environment is necessary for rangatiratanga over health.

Conclusion

The College believes that Māori voice and contributions should be centred in our Hauora Māori strategy. We recommend Māori should define terminology and determine specific priorities, preferred solutions and identify key measured outcomes. We recognise the role that Māori always have and continue to play in both advocating and working tirelessly in communities in the quest to improve Māori wellbeing and Māori health outcomes. The College also acknowledge the role and contributions that Te Akoranga a Māui and our Māori GPs make not only to our organisation and training programme, but also the wider health system and our communities around Aotearoa.

The Government has a responsibility to both advocate for and ensure our health system provides equitable health outcomes to all, including Māori. It is essential that our health workforce is representative of our community and that all health care is culturally safe, accessible and appropriate for whānau, hapū and iwi, irrespective of people's

situation and location. The College is committed to developing and growing our Māori workforce in general practice including increasing the numbers of our Māori members including both registrars and fellows.

Addressing the inequitable access to determinates of health is key for creating thriving healthy communities and the prevention of avoidable ill-health and Māori health inequities. This makes sense from a humanitarian, system, and economic perspective.

We also recognise Māori concepts of Hauora and wellbeing which extends beyond that of the individual to the collective including whānau, hapu and Iwi levels and the interconnectedness of Hauora with the wellness of the physical environment, taiao and all precious taonga.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



Dr Luke Bradford
BM(Hons), BSc(Hons), FRNZCGP
Medical Director | Mātanga Hauora

-
- ⁱ The Royal New Zealand College of General Practitioners, Achieving Health Equity by Eliminating Health Inequities,
- ⁱⁱ The Royal New Zealand College of General Practitioners, 2017, He Rautaki Māori: *He Ihu Waka, He Ihu Whenua, He Ihu Tangata*
- ⁱⁱⁱ Sheridan, N., Jansen, R.M., Harwood, M. *et al.* Hauora Māori – Māori health: a right to equal outcomes in primary care., Pasifika Medical Association group, *Int J Equity Health* 23, 42 (2024). <https://doi.org/10.1186/s12939-023-02071-6> [Accessed 21/10/24]
- ^{iv} Reid P, Paine S-J, Te Ao B, et al., 2022, *Estimating the economic costs of Indigenous health inequities in New Zealand: a retrospective cohort analysis.*, British Medical Journal
- ^v Sheridan, N., Jansen, R.M., Harwood, M. *et al.* Hauora Māori – Māori health: a right to equal outcomes in primary care., Pasifika Medical Association group, *Int J Equity Health* 23, 42 (2024). <https://doi.org/10.1186/s12939-023-02071-6> [Accessed 21/10/24]
- ^{vi} Department of the Prime Minister and Cabinet. CO(24) 5 Needs-based Service Provision [Internet]. Wellington, New Zealand: Cabinet Office; 2024 Sep 13 [cited 2024 Sep 18]. Available from: <https://www.dpmc.govt.nz/publications/co-24-5-needs-based-service-provision#purpose> [Accessed 18.10.24]
- ^{vii} Loring. B, Reid. P, Curtis. E, McLeod . M, Harris .R, Jones .R, 2024, New Zealand Medical Journal, *Ethnicity is an evidence-based marker of need (and targeting services is good medical practice)*
- ^{viii} Espiner. E, Paine. SJ, Weston. M, Curtis. E, 2021, *Barriers and facilitators for Māori in accessing hospital services in Aotearoa New Zealand.* NZMJ 26 November 2021, Vol 134 No 1546 ISSN 1175-8716 © NZMA www.nzma.org.nz/journal.
- ^{ix} Sheridan et al., 2024, Hauora Māori – Māori Health: a right to equal outcomes in primary care international journal for Equity in Health, <http://doi.org/10.1186/s12939-023-02071-6> [Accessed 17.10.24]
- ^x Royal New Zealand College of General Practitioners, 2024, *Closing GP after hours clinics only widen health inequities faced by rural New Zealanders*, <https://www.rnzcgp.org.nz/news/media-releases/closing-gp-after-hours-clinics-only-widen-health-inequities-faced-by-rural-new-zealanders/>
- ^{xi} Hopkinson. J, 2024, New Zealand Doctor, *Pharmacies asked to open longer in wake of GP service reductions*, <https://www.nzdoctor.co.nz/article/news/pharmacies-asked-open-longer-wake-gp-service-reductions>, [Accessed 17.10.24]

-
- xii Cassie. F, 2024, New Zealand Doctor, 'Poster Child' practice closes satellite - workload "almost beyond untenable", <https://www.nzdoctor.co.nz/article/news/poster-child-practice-closes-satellite-workload-almost-beyond-untenable> [Accessed 17.10.24]
- xiii Waitangi Tribunal, 2019, *Hauora: report on stage one of the health services and outcomes kaupapa inquiry (Wai 2575)*, Lower Hutt. New Zealand: Waitangi Tribunal
- xiv Royal New Zealand College of General Practitioners, 2024, *Climate Change, Health and General Practice in Aotearoa New Zealand and the Pacific*, <https://www.rnzcgp.org.nz/resources/advocacy/climate-change-health-and-general-practice-in-aotearoa-new-zealand-and-the-pacific-position-statement/#:~:text=The%20current%20and%20projected%20effects,and%20the%20promotion%20of%20appropriate> , [Accessed 21.10.24]
- xv World Health Organisation, 2016, *Public Health and the Environment*, <https://www.who.int/data/qho/data/themes/public-health-and-environment> [Accessed 21.10.22]

