TE TAURAKI
Kia maiea te kupu tauraki

Monitoring Report 2025

Te Tauraki Iwi Māori Partnership Board – September 2025

Foreword

Rakihia Tau, Chair, Te Tauraki

This monitoring report represents both a reckoning and a roadmap. It documents with stark clarity what whānau Māori across the Ngāi Tahu takiwā have lived and known for generations – that persistent, systemic inequities continue to undermine our health and wellbeing.

The data presented here is not merely statistical; it reflects the lived reality of our people. When we see that Māori experience cancer mortality rates of 66.1 per 100,000 individuals compared to 52.8 for non-Māori, or that wāhine Māori face hospitalisation rates for heart failure nearly three times higher than non-Māori women, we are confronting the human cost of institutional failure. These disparities are not inevitable; they are the predictable outcome of systems that have not been designed to serve Māori communities with equity and respect.

Te Tauraki has approached this work with integrity. Our monitoring framework, grounded in kaupapa Māori principles and centred on whānau voice, represents more than technical measurement. These are the data, stories, and future of whānau Māori in Te Waipounamu. By combining robust quantitative analysis with the wisdom and experience of our communities, we have created a tool for accountability that honours both evidence and whakapapa.

The challenges we face in accessing timely, accurate data from Crown agencies reflect broader issues of partnership and power. When our data requests are not responded to in a timely manner it undermines not only our monitoring efforts but the fundamental commitment to working together as Tiriti partners. This report demonstrates what is possible when we centre Māori knowledge and methods—and what we lose when institutional barriers stand in our way.

Looking ahead, this report serves as a foundation for transformative change. It establishes baselines, identifies priorities, and creates pathways for holding the system accountable to the outcomes our whānau deserve. The framework we have developed will evolve and strengthen over time, but our commitment remains constant: to ensure that data serves justice, that monitoring drives action, and that the health system truly reflects the promises of Te Tiriti o Waitangi.

Our people deserve nothing less than a system that enables us to flourish. This report is both a record of where we are and a blueprint for where we must go.

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Acknowledgments

Te Tauraki acknowledges the significant contribution of the Data Sub-Komiti to the development of the monitoring framework. The Sub-Komiti provided expert advice, technical input, and cultural guidance that shaped the foundation of the framework and ensured its alignment with kaupapa Māori values.

Their work involved reviewing existing data approaches, identifying gaps and limitations, and supporting the development of indicators that reflect whānau, hapū and iwi priorities. The inclusion of mātauranga Māori and tikanga throughout the framework was made possible through the Sub-Komiti's collective knowledge and commitment to Māori data sovereignty.

The insights and recommendations offered by the Sub-Komiti have been instrumental in ensuring that the framework is both technically robust and culturally meaningful. Their input has helped to create a monitoring tool that is not only fit for purpose but capable of supporting long-term transformation and accountability.

This work reflects a shared vision for Māori-led approaches to data and evidence. The contribution of the Data Sub-Komiti has laid the groundwork for ongoing monitoring and learning that will support Te Tauraki's broader kaupapa and objectives.

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Executive summary

This report presents the efforts of Te Tauraki in the monitoring of Māori health outcomes across the Ngāi Tahu takiwā. It confirms what whānau have long known: that inequities in health are deep, persistent, and systemic. It also highlights the steps Te Tauraki is taking to drive accountability and promote change which is grounded in kaupapa Māori values and whānau māori voice.

Persistent inequities in Māori health

- Māori across the takiwā experience worse outcomes in cancer, heart disease, diabetes, mental health, and access to care compared to non-Māori.
- Māori females are especially affected, with higher rates of early onset disease, hospitalisation, and psychological distress compared to non-Māori, but are not commonly reported on in media coverage.

System barriers and institutional failure

- Delayed data access, fragmented care, and culturally unresponsive services continue to disadvantage Māori communities throughout the takiwā.

Values-led monitoring approach

- A kaupapa Māori framework guides monitoring across the full cycle of care, from prevention to outcomes.
- Indicators are not only grounded in Ngāi Tahu values, but are designed to surface disparities and support transformative, accountable change.

Whānau voice and the path ahead

- Whānau Māori voice is central to the framework in an effort to provide lived insight that complements quantitative data.

Introduction

Te Tauraki has a legislated mandate as an Iwi Māori Partnership Board to monitor how the health system is serving Māori within the takiwā. This document outlines the monitoring efforts Te Tauraki has developed to fulfil that role. To do this, a monitoring framework and processes have been developed which are grounded in Te Tauraki values, whānau Māori voice, and the realities of health inequities.

The report aims to identify and address persistent gaps in health outcomes for Māori, enabling both visibility and accountability. It draws on a wide range of data sources and applies Māori-centred methodologies to ensure that monitoring is not just a technical exercise, but one that reflects whakapapa, whenua, and wellbeing.

This report is both analytical and informative, providing insights into current system performance, and documenting the process Te Tauraki has followed in building a culturally aligned monitoring model. It is intended for use by Te Whatu Ora to outline how Te Tauraki has attempted to not only meet, but go beyond, what has been mandated of them.

Ngāi Tahu Takiwā

Disclaimer

Due to ongoing data requests, the majority of data used in this report remains consistent with the baseline data extracted in 2024 from the Te Tauraki Health Profiles. Where new or updated information has been provided by other parties, Te Tauraki has made adjustments accordingly to reflect the most accurate insights available at the time of publication.

This document has been prepared for the specific purposes outlined within. It is not intended to be relied upon by any other party or for any other purpose. Te Tauraki accepts no liability to any third party for the use of this report or its contents beyond those intended purposes.

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PART 1

Strategic priorities

The Strategic Priorities developed in 2024 as a part of the Te Tauraki Strategic Plan have been established to guide and align efforts toward achieving the overarching goals of Te Tauraki as an Iwi Māori Partnership Board. These priorities ensure a consistent and focused approach across all areas of work, including the Monitoring Report, with a clear emphasis on delivering measurable outcomes for Māori in the takiwā.

Amplify whānau voice

Champion the use of whānau voice and provide a platform to compile, share, and advocate for whānau voices across the takiwā.

Monitoring the system

Use and protect Māori data, ensuring it is available, accurate, supports monitoring, and informs decision-making.

Influencing the crown

Support a shift of power and resources to communities by actively advocating for Papatipu Rūnanga, Māori communities, and Whānau Māori.

Monitoring priorities

Te Tauraki has identified seven key health priorities as part of its Provisional Community Health Plan to guide its work and focus across the Ngāi Tahu takiwā. Five reflect national priorities set by then Minister of Health, while three are Hauora priorities specific to the needs of the takiwā. These are outlined in the Provisional Ngāi Tahu Community Health Plan and form the foundation for focused and effective action to improve Māori health outcomes.

The priorities developed in August 2024 were informed by a range of evidence and engagement processes, including data from Te Whatu Ora and other government agencies, as well as insights from the whānau Māori voice review led by Te Tauraki. Volumes One and Two of the IMPB Health Profiles provided further context and analysis. Crucially, feedback from Papatipu Rūnanga and hauora Māori providers ensured that the final priorities reflect local realities, lived experience, and aspirations for hauora across the region.

❗ **Equitable access to quality care for whānau Māori in the takiwā**

❕ **Detection, screening and diagnosis of cancers are timely, comprehensive and effective**

❗ ❕ **Pakeke are accessing primary and community healthcare early with positive outcomes and experiences relating to cardiovascular disease (CVD)**

❕ **Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes**

❗ **Improved mental health outcomes for whānau Māori in the takiwā**

❕ **Whānau Māori are protected from communicable diseases through immunisations**

❕ **Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services**

❕ Government Priority ❗ Te Tauraki Priority

PART 2

What is the data telling us?

The available data shows a consistent pattern of inequity in health outcomes for Māori across the takiwā. This report relies largely on 2024 baseline extractions, as a formal data request submitted to Te Whatu Ora (Health New Zealand) in January 2025 is still in progress as of August 1 2025. Te Whatu Ora is prioritising requests where data sharing agreements are already in place.

On advice from Hauora Māori Services, we have paused progressing a new agreement until existing agreements are reviewed and updated, following recommendations from the Public Service Commissioner's inquiry into personal information protection.

As a result, some of the data is slightly outdated with periods ranging from 2018 to 2022. Where more recent information has been released, including from Statistics New Zealand, the Accident Compensation Corporation and others, it has been included to ensure the most up-to-date picture possible.

Despite improvements in some areas, the burden of disease remains disproportionately high for Māori, up to three times higher than for non-Māori in some health priorities.

Cancer is a leading cause of death, with lung cancer the most commonly diagnosed, while Māori screening rates still trail behind those of non-Māori.

Cardiovascular disease continues to drive early mortality, with higher hospitalisation and death rates from heart failure and acute coronary events for both tāne and wāhine Māori.

While **diabetes** is increasingly diagnosed earlier among Māori, especially wāhine Māori, gaps in monitoring and ongoing care remain, reflecting systemic weaknesses in prevention and follow-up. Mental health data also shows higher distress and hospitalisation for Māori, particularly wāhine, in areas such as mood disorders and self-harm.

Even in established systems like **immunisation**, tamariki and rangatahi Māori continue to have lower coverage than non-Māori, with rates declining since 2020. This may point to challenges in trust, access, and service delivery.

What the data confirms is what whānau already know: inequities are long-standing, structural, and deeply embedded. Timely, transparent, and complete data is vital, not just to track progress, but to support iwi-led, culturally grounded solutions that can address these inequities in a meaningful and accountable way.

Cancer – Burden and mortality

66.1↑

deaths due to cancer per 100,000 individuals for **Māori**

52.8

deaths due to cancer per 100,000 individuals for **non-Māori (2016 to 2022)**

Cancer remains a leading cause of death in the takiwā, with Māori continuing to experience a disproportionately high burden. This section highlights the most common types of cancer affecting Māori in the takiwā and compares mortality rates between Māori and non-Māori populations within the region, providing a clearer picture of the inequities that persist locally.

Key insights

Higher cancer mortality among Māori

The average standardised cancer death rate for Māori is 66.1 per 100,000 individuals. This is significantly higher than the 52.8 for non-Māori. This disparity is consistent across all regions in the takiwā and suggests inequities in both early detection and treatment pathways.

Lung cancer leads as most common diagnosis

Lung cancer is the most commonly diagnosed cancer across the takiwā, followed closely by breast and prostate cancer. These patterns reflect a mix of lifestyle influences and gender-specific health risks that continue to impact whānau.

Regional variation highlights geographic inequity

Canterbury shows even greater disparities between Māori and non-Māori death rates with 18.8 more cancer deaths per 100,000 individuals. This geographic trend underlines the importance of localised, whānau-based care models that respond to regional realities.

Challenges and considerations

- **Late presentation of disease** – Lower screening uptake as seen on the next page leads to later-stage diagnoses, reducing treatment success.
- **Inconsistent treatment access** – Rurality and systemic bias may influence how and when people receive care.

Figure 1 **Most common cancer deaths rates by site per 100,000 individuals (2016 to 2020)**

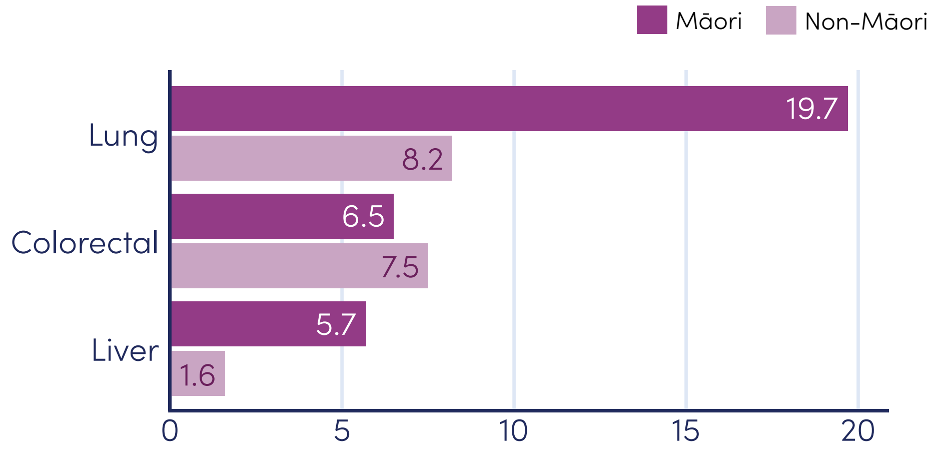
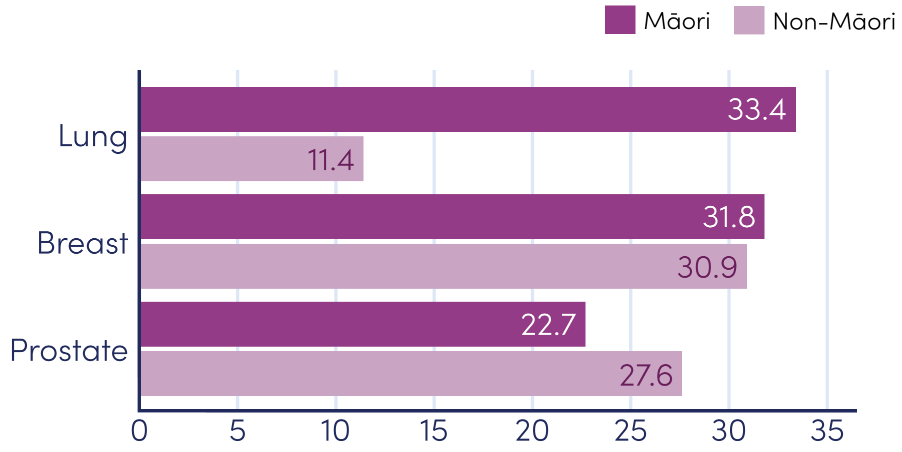


Figure 2 **Most common cancer registrations by site per 100,000 individuals (2016 to 2020)**



Cancer – Prevention and screening

Effective cancer prevention relies on immunisation and early detection through screening. This section tracks screening coverage for breast, cervical, and bowel cancers across the takiwā, with a focus on Māori and non-Māori comparison.

Key insights

Māori continue to face lower screening rates

Māori consistently have lower participation in cancer screening programmes compared to non-Māori. As seen in **figure 3**, these gaps are consistent across bowel, cervical, and breast cancer screenings. This ongoing gap suggests the need for more culturally tailored engagement strategies to support equitable access to early detection and care.

Early intervention needed for engagement

Screening participation among Māori increases with age but remains consistently lower than non-Māori across all groups. This pattern is seen in **figure 4** for bowel screening, which highlights ongoing inequities and the need for targeted outreach to improve early detection and health outcomes for Māori communities.

Screening programmes are not reaching equity targets

Although national screening services are available, participation remains below equity goals for Māori. The consistency of lower uptake across programmes suggests systemic barriers, not isolated service issues.

Challenges and considerations

- **Systemic access** – Barriers such as cost, transport, and inflexible service hours need to be investigated about their contribution to lower Māori engagement.
- **Missed prevention opportunities** – Gaps in screening lead to delayed diagnosis and treatment, increasing long-term cancer risks.

Figure 3

Percentage of eligible population receiving bowel cancer screening by age (as of Oct 2024)

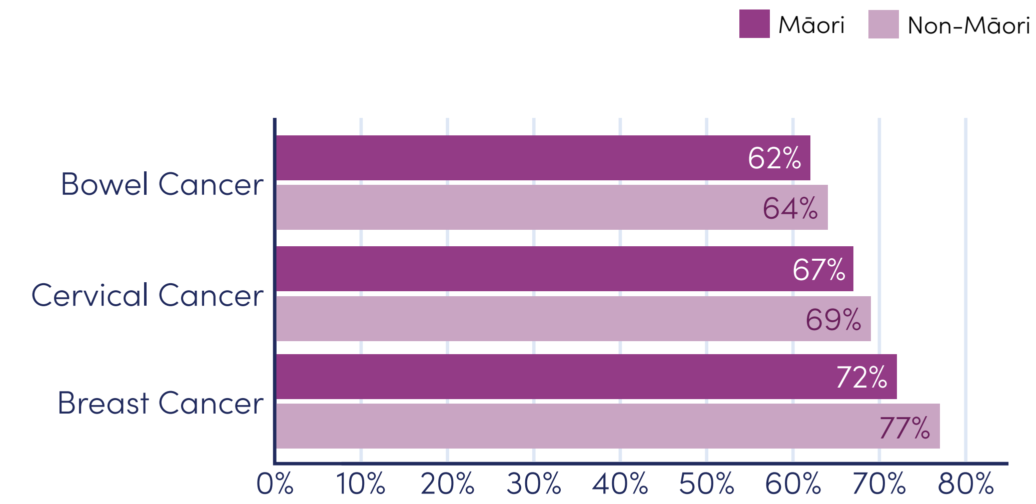
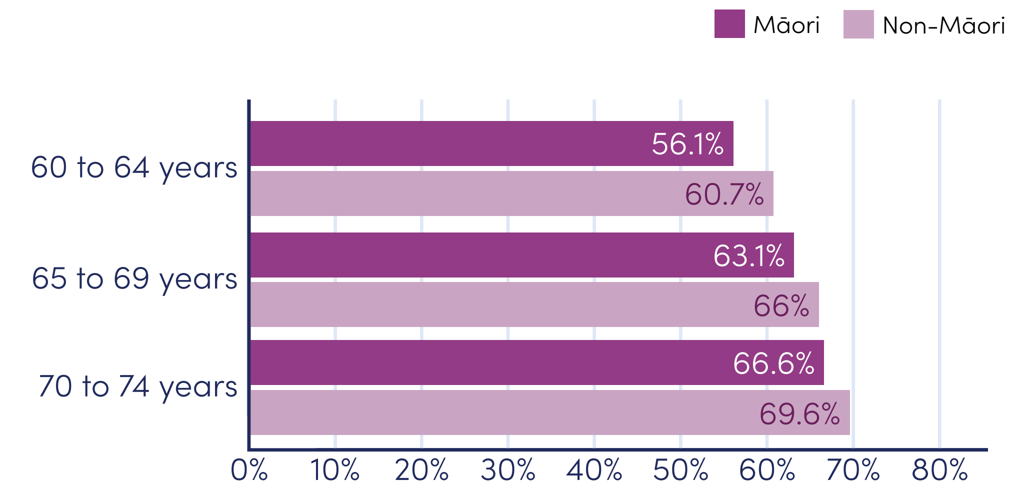


Figure 4

Eligible population having access and completing bowel cancer screening by age (2021 – 2023)



Cardiovascular disease – Urgency among Māori

In the takiwā, cardiovascular disease is not only the leading cause of death for Māori, but also one of the most significant drivers of early mortality. Māori are dying younger and at significantly higher rates than non-Māori, with ischaemic heart disease emerging as the most critical concern. These patterns reflect longstanding health inequities and point to the importance of developing regionally focused, culturally informed responses.

Key insights

Circulatory system diseases are a major cause of early mortality

Between 2014–2018, tāne and wāhine Māori in the takiwā consistently died from circulatory system diseases at much higher rates than non-Māori, pointing to a longstanding, urgent health crisis.

Māori face higher risk of early death from heart disease

Māori, particularly tāne, are far more likely to die before the age of 75 from heart disease than their non-Māori counterparts. Wāhine Māori are also disproportionately affected, with a death rate nearly three times that of non-Māori women.

Ischaemic heart disease is the leading cause of death

As shown in figures 5 and figure 6, Ischaemic heart disease is the leading cause of death for Māori, affecting both tāne and wāhine. It contributes substantially to premature mortality among wāhine Māori but is not always reflected in the focus of public health narratives.

Challenges and considerations

- **Late detection** – Māori often enter care too late, when heart disease is already advanced. Earlier identification of symptoms and risk factors is critical before hospitalisations occur.
- **Culturally responsive care for wāhine Māori** – Heart disease in wāhine Māori remains underrepresented in mainstream health messaging. Care that reflects both cultural and gender contexts is needed to close this gap.

2.6↑

times higher early death rate from Circulatory System Disease for **wāhine Māori** than non-Māori

2.4↑

times higher early death rate from Circulatory System Disease for **tāne Māori** than non-Māori

Figure 5 **Leading causes of death for male per 100,000 individuals (2014 - 2018)**

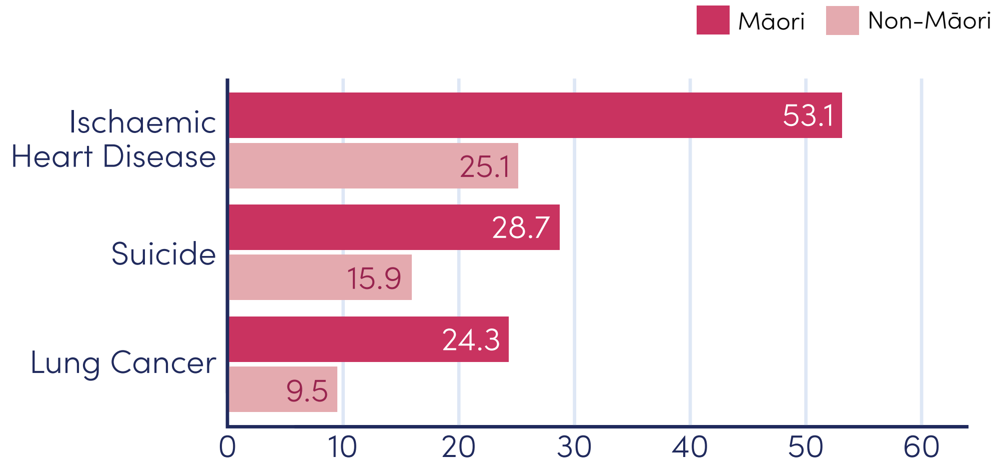
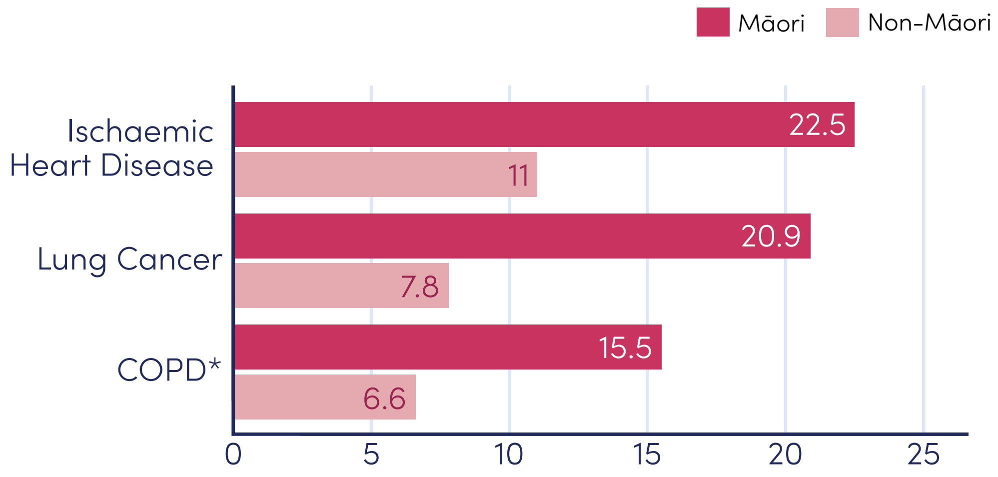


Figure 6 **Leading causes of death for female per 100,000 individuals (2014 - 2018)**



* Chronic Obstructive Pulmonary Disease

Cardiovascular disease – Hospitalisation disparities

Hospitalisation data shows ongoing gaps in the early detection and management of cardiovascular disease. Māori are frequently admitted with conditions that may have been preventable or mitigated with earlier intervention, and Māori females remain overrepresented in advanced stage presentations. These patterns point to areas where system-level engagement could be strengthened to improve early access and outcomes.

Key insights

Heart failure hospitalisations are significantly higher for Māori

Māori in the takiwā are hospitalised for heart failure at more than twice the rate of non-Māori. Tāne Māori show the highest rates, but Wāhine Māori also carry a heavy burden.

Elevated rates of ischaemic heart disease in wāhine Māori

Wāhine Māori experience much higher hospitalisation rates for ischaemic heart disease and acute coronary syndrome than non-Māori women — a sign of more severe, late-stage illness. This can be seen in **figure 7** for the period of July 2020 to June 2023.

Procedural interventions reflect disease burden

Wāhine Māori in the takiwā undergo higher rates of angiography and angioplasty than non-Māori women, underscoring the advanced stage of disease by the time care is accessed.

Challenges and considerations

- **Earlier detection, equitable care** – Hospitalisation rates reveal a need for better primary care access and screening, long before cardiovascular disease becomes critical.
- **Timely intervention over emergency response** – The system's reactive approach must shift toward prevention and early-stage management to avoid worsening health outcomes.

141.7↑

hospitalisation rate due to heart failure per 100,000 **wāhine Māori**

58.2

hospitalisation rate due to heart failure per 100,000 **non-Māori female**

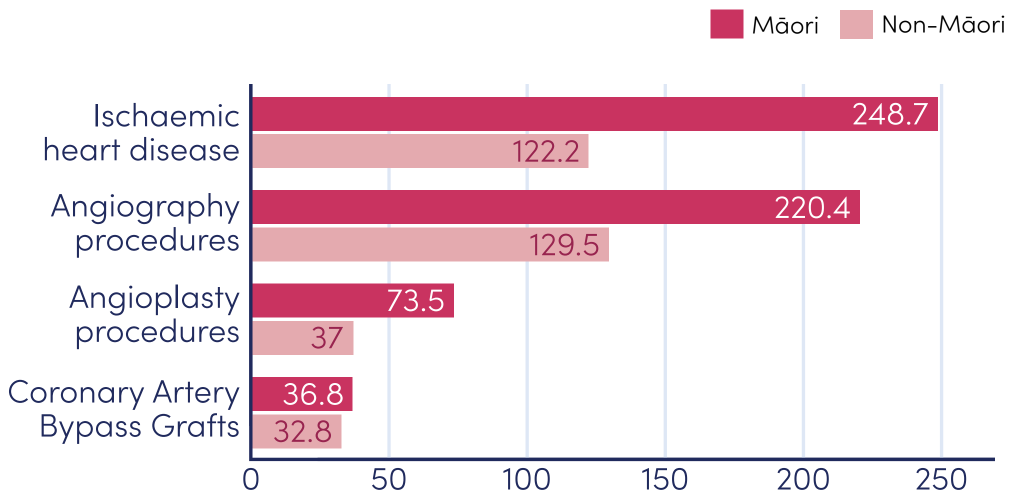
212↑

hospitalisation rate due to heart failure per 100,000 **tāne Māori**

88.1

hospitalisation rate due to heart failure per 100,000 **non-Māori males**

Figure 7 **Female ischaemic heart disease related hospitalisations per year ***



* per 100,000 individuals

Diabetes – Prevalence and care

Diabetes continues to be a significant and pressing health issue for Māori in the takiwā. Despite improvements in service access and monitoring, Māori continue to experience a higher burden of diabetes than non-Māori. This disparity could reflect the ongoing impact of social and structural factors such as access to culturally appropriate care, socioeconomic inequities, and barriers to timely diagnosis and prevention.

Key insights

Elevated prevalence

As seen in **figure 8**, diabetes is more common among Māori, with the disparity most marked among wāhine Māori. Across both populations, there is almost a 2 percent point disparity for the Māori population.

Gaps in treatment

While many Māori with diabetes are receiving medications such as metformin or insulin, the treatment rate remains lower than that of non-Māori, suggesting room for improvement in medication access and adherence support. The disparities in care are shown in **figure 9**.

Improving monitoring rates

Rates of blood glucose (HbA1c) testing and kidney screening among Māori with diabetes are still less than non-Māori, showing an improved clinical follow-up and engagement needs to also be a focus.

Challenges and considerations

- **Early detection and prevention** – The higher prevalence may indicate missed opportunities for earlier intervention and screening.
- **Data and interpretation limits** – Smaller population numbers in some outcome measures make it harder to track trends reliably, emphasising the need for robust, locally relevant data collection.

Figure 8 **Diabetes prevalence, for individuals aged 25 years and over (2022)**

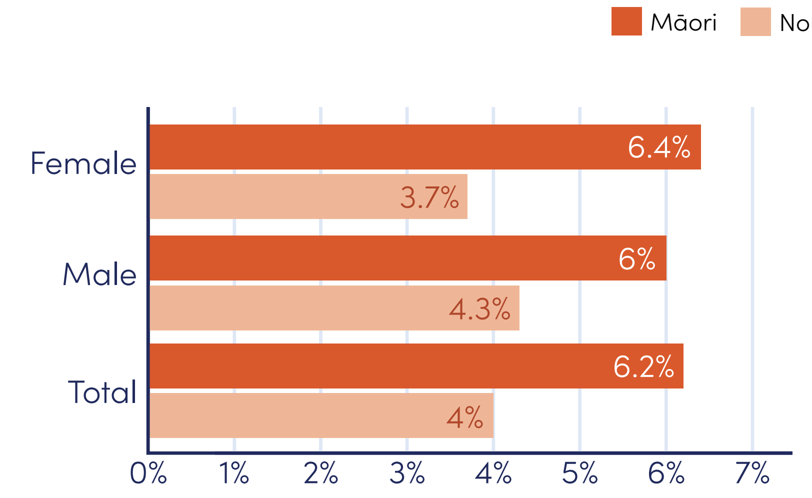
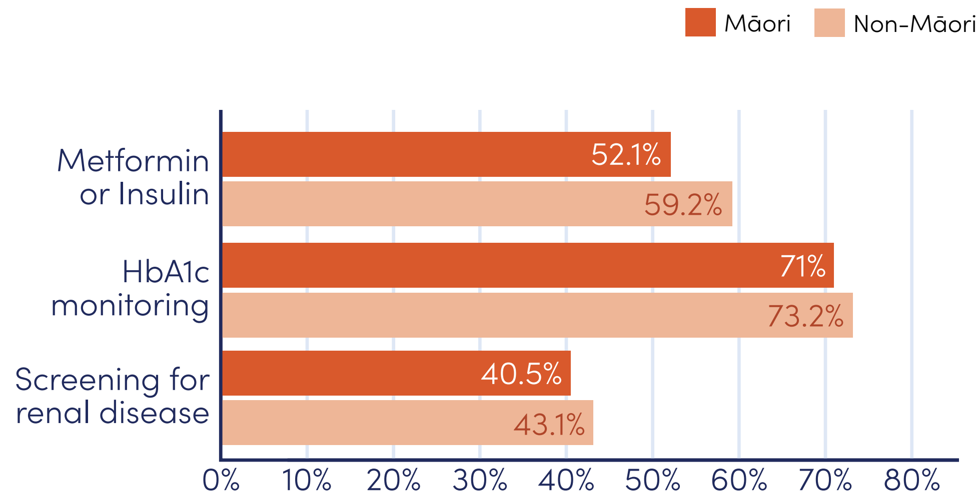


Figure 9 **Access to clinical best practice for adults over 25 years of age (2022)**



Mental health
– Depression and anxiety

Mental health outcomes in the takiwā continue to reflect significant inequities, with Māori experiencing higher rates of psychological distress, depression, and anxiety. This section explores the prevalence of these conditions, drawing attention to gendered patterns that shape mental wellbeing for Māori communities.

Key insights

Wāhine Māori face the greatest mental health burden

Wāhine Māori experience the highest levels of psychological distress, depression, and anxiety in the takiwā. This highlights a clear gendered pattern and signals the need for targeted, culturally grounded support. **Figure 10**

Clear ethnic gaps across all conditions

Māori consistently show higher prevalence of distress and diagnosed conditions than non-Māori. The gap is particularly wide among women, with wāhine Māori nearly twice as likely to experience anxiety compared to non-Māori women.

Regional disparities highlight local risk

Areas such as the West Coast reveal an even large differences between Māori and non-Māori for self-reported depression in females with a prevalence percentage of 44.3% compared to 28.5% for non-Māori. This indicates a need for locally adapted, equity focused responses.

Challenges and considerations

- **Missing data limits full understanding** – Incomplete figures for some groups, particularly tāne Māori in smaller districts, may understate the true scale of mental health need.
- **Access and equity barriers persist** – The consistent disparities reflect more than individual factors — systemic barriers such as service accessibility, geographic isolation, and institutional bias continue to shape outcomes.

Three out of 10 wāhine Māori have a diagnosed prevalence of depression

Two out of 10 tāne Māori have a diagnosed prevalence of depression

Figure 10

Prevalence of high/very high psychological distress, aged 15 years and older (2017 to 2022)

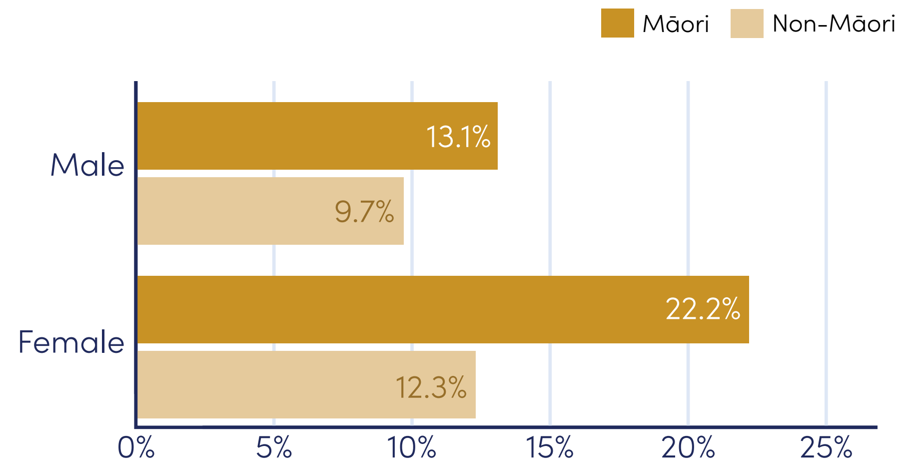
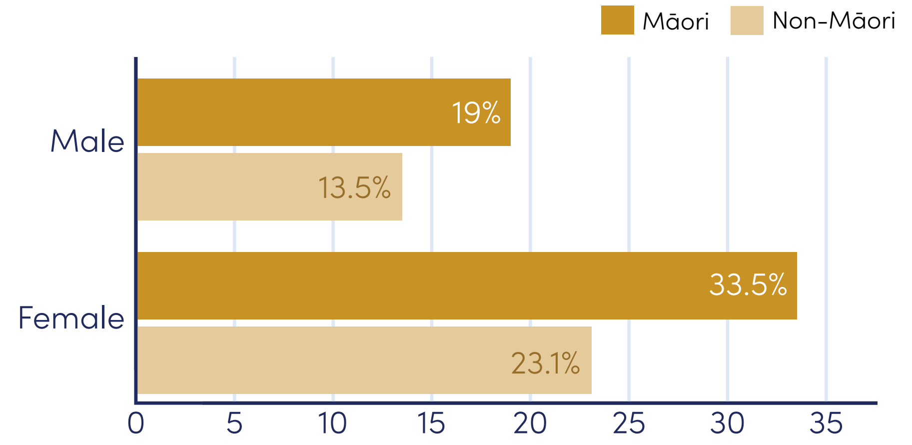


Figure 11

Prevalence of self reported diagnosed mental health depression, aged 15 years and older (2017 to 2022)



Mental health – Acute needs

Hospitalisation data highlights significant disparities in mental health outcomes across the takiwā. Māori are hospitalised at much higher rates than non-Māori for conditions such as schizophrenia, mood disorders, and self-harm. The data shows particularly high rates among wāhine Māori and points to deep systemic gaps in early intervention and culturally appropriate care.

Key insights

Māori experience disproportionately high mental health hospitalisations

Between 2020 and 2023, Māori had a mental health hospitalisation rate of 758.5 per 100,000—nearly 250 higher than non-Māori. This consistent overrepresentation signals systemic inequities in access to prevention, early intervention, and ongoing mental health support.

Schizophrenia hospitalisations are alarmingly high among Māori

Māori are hospitalised for schizophrenia at a rate of 263.1 per 100,000—more than three times that of non-Māori. This highlights the urgent need for culturally aligned treatment options and early detection services.

Intentional self-harm is a major concern for Māori communities

Hospitalisations for intentional self-harm are significantly higher among Māori (451.3 per 100,000) compared to non-Māori (301.9), reflecting deeper issues of trauma, disconnection, and barriers to effective mental health support.

Challenges and considerations

- **Hospitalisation rates reveal failures in early intervention** – The high rates of hospitalisation suggest that many Māori are not receiving timely mental health care, pointing to limited availability and accessibility of preventative, community-based support systems.
- **Tailored, whānau-centred responses are essential** – These disparities emphasise the importance of mental health services that are co-designed with Māori communities and grounded in tikanga Māori, to better meet cultural and systemic needs.

758.5↑

mental health disorder hospitalisations per 100,000 **Māori** individuals (2020-2023)

508.8

mental health disorder hospitalisations per 100,000 **non-Māori** individuals (2020-2023)

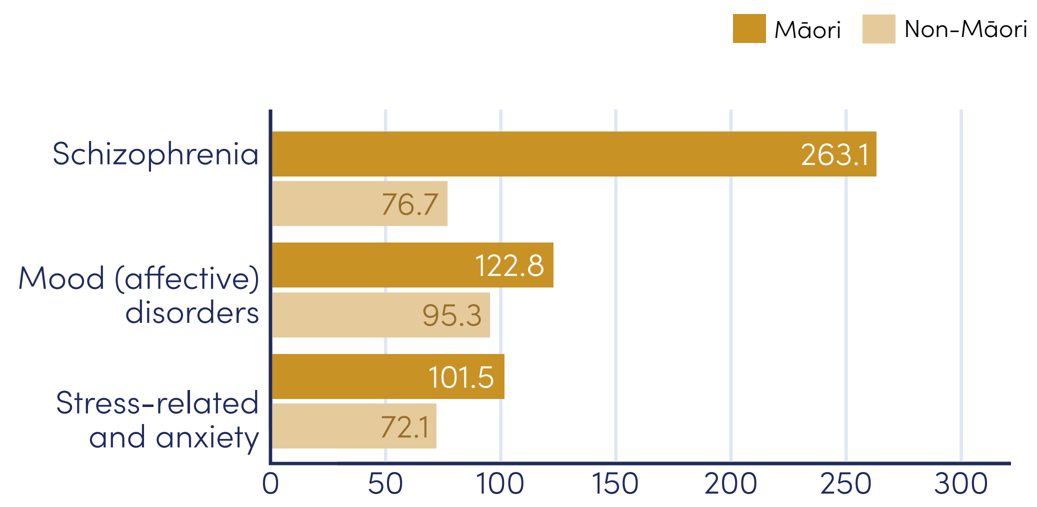
451.3↑

intentional self-harm hospitalisations per 100,000 **Māori** individuals (2020-2023)

301.9

intentional self-harm hospitalisations per 100,000 **non-Māori** individuals (2020-2023)

Figure 12 **Hospitalisation rates for various mental disorders per 100,000 individuals (2020 - 2023)**



Immunisations – Progress and gaps

Immunisation remains an important public health measure, yet disparities in coverage continue to affect Māori in the takiwā. While immunisation services are widely available, tamariki and rangatahi Māori experience lower coverage compared to non-Māori at nearly every milestone age. These differences may reflect persistent inequities in access to culturally appropriate healthcare, social determinants of health, and systemic barriers that affect timely uptake of vaccines.

Key insights

Lower early childhood coverage

As shown in Figure 13, only 80% of tamariki Māori are fully immunised at 24 months compared to 89% of non-Māori. The gap is even wider at six months (63% Māori vs. 79% non-Māori), suggesting inequities begin early and reflect challenges in timely access to primary care.

Parity in HPV immunisation

Despite early childhood gaps, HPV immunisation rates at age 14 are equal for both Māori and non-Māori (53%). This indicates more equitable access to school-based or adolescent vaccination programmes, potentially due to targeted public health efforts.

Narrowing gaps over time

Although disparities persist, the gap in full immunisation narrows by age five (77% Māori vs. 84% non-Māori), suggesting some catch-up occuring. However, sustained effort is needed to close the gap earlier in life to maximise protection during vulnerable developmental stages.

Challenges and considerations

- **Equity in service delivery** – Achieving equal outcomes requires culturally safe, whānau-centred services and improved engagement strategies for Māori communities.
- **Addressing structural barriers** – Broader socioeconomic factors, such as transport, income, and health literacy, must be addressed to improve immunisation access and uptake.

80%↓

of **Māori** fully immunised at 24 months

89%

of **non-Māori** fully immunised at 24 months

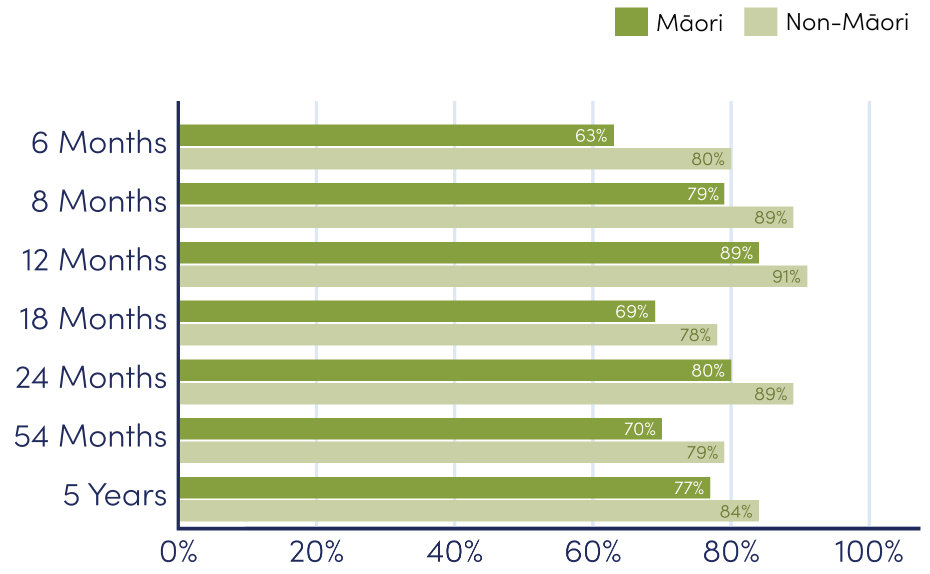
53%

of **Māori** aged 14 years of age fully immunised with HPV

53%

of **non-Māori** aged 14 years of age fully immunised with HPV

Figure 13 **Full immunisation by milestone ages (2024/2025 Oct-Dec)**



Access – Elective treatment and ED

Timely access to planned and emergency care remains a key marker of health system performance, yet current measures reveal ongoing delays that affect both Māori and non-Māori in the takiwā. While equity gaps are less pronounced in elective treatment and emergency department wait times, overall performance falls well short of national targets. These delays may reflect systemic pressures across the health system, raising concerns about capacity, responsiveness, and the ability to deliver timely, equitable care.

Key insights

Elective treatment wait times remain well below target for all groups

In Q2 of 2024/25, only 59 percent of Māori and 60 percent of non-Māori received elective treatment within the four-month target. This falls significantly short of the national goal of 95 percent and highlights ongoing delays in planned care access.

Prolonged waits are equally prevalent across ethnic groups

Te Tauraki data shows that 41 percent of Māori and 40 percent of non-Māori waited longer than four months for elective procedures. While equity gaps are minimal in this metric, the delays reflect wider system pressure affecting all patients.

ED throughput slightly better for Māori

During the same quarter, 80 percent of Māori patients were admitted, discharged, or transferred from ED within six hours, compared to 77 percent of non-Māori. Although both figures are below expectations, Māori patients experienced slightly better flow through emergency care.

Challenges and considerations

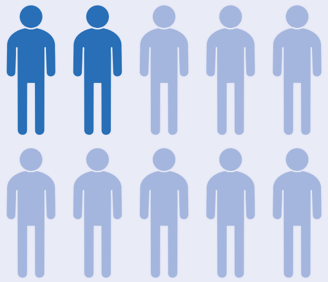
- **Systemwide pressure on planned care** – The significant shortfall against elective treatment targets points to broader constraints in capacity, staffing, and scheduling that impact timely access for all population groups.
- **Looking beyond wait times to outcomes** – While access delays appear similar across ethnicities, further analysis is needed to understand how wait times interact with clinical acuity and long-term health outcomes for Māori.

59%

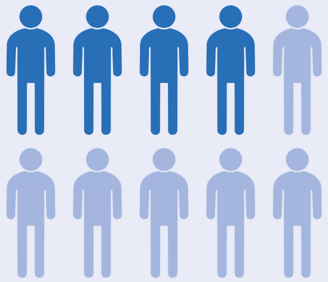
of **Māori** received elective treatment within four months in Q2 of 2024/25

60%

of **non-Māori** received elective treatment within four months in Q2 of 2024/25



Two out of 10 Māori waited longer than four months for elective procedures



Four out of 10 non-Māori waited longer than four months for elective procedures

80%

of **Māori** patients were admitted, discharged, or transferred from ED within **six hours**

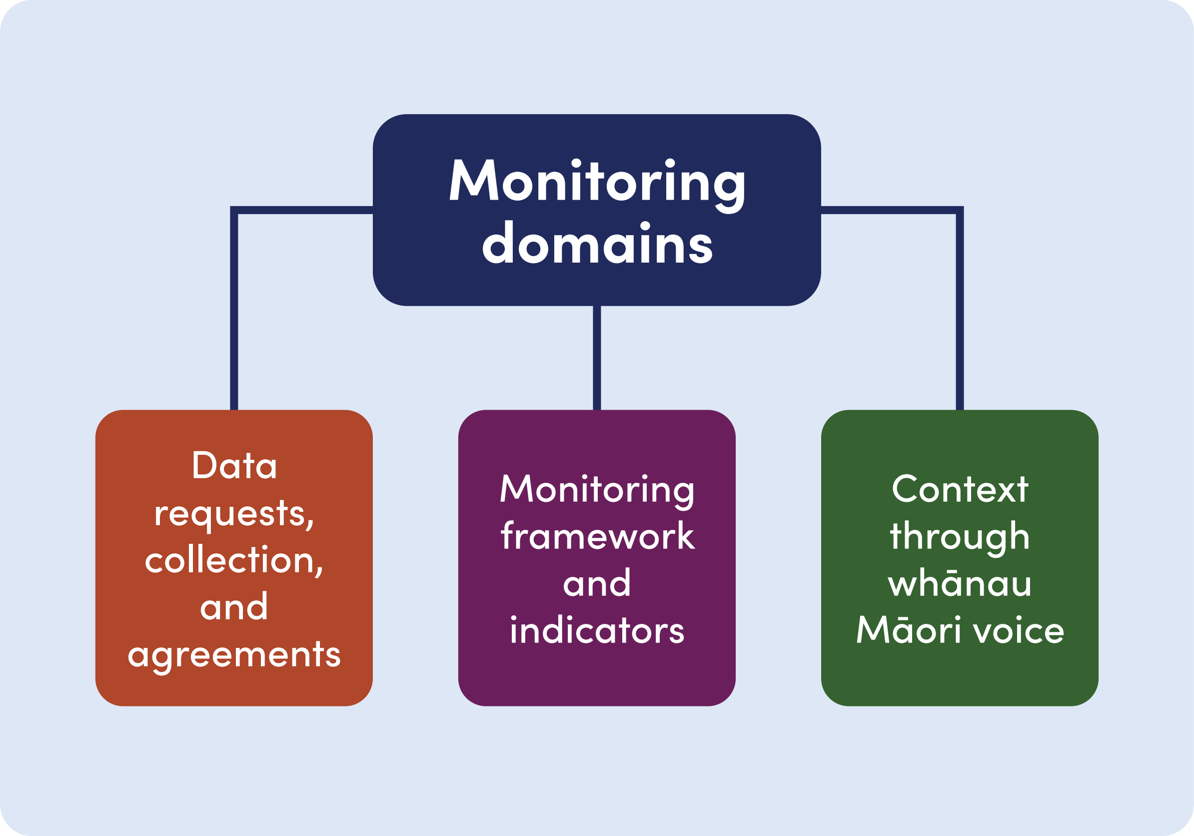
77%

of **non-Māori** patients were admitted, discharged, or transferred from ED within **six hours**

PART 3

How will Te Tauraki monitor change?

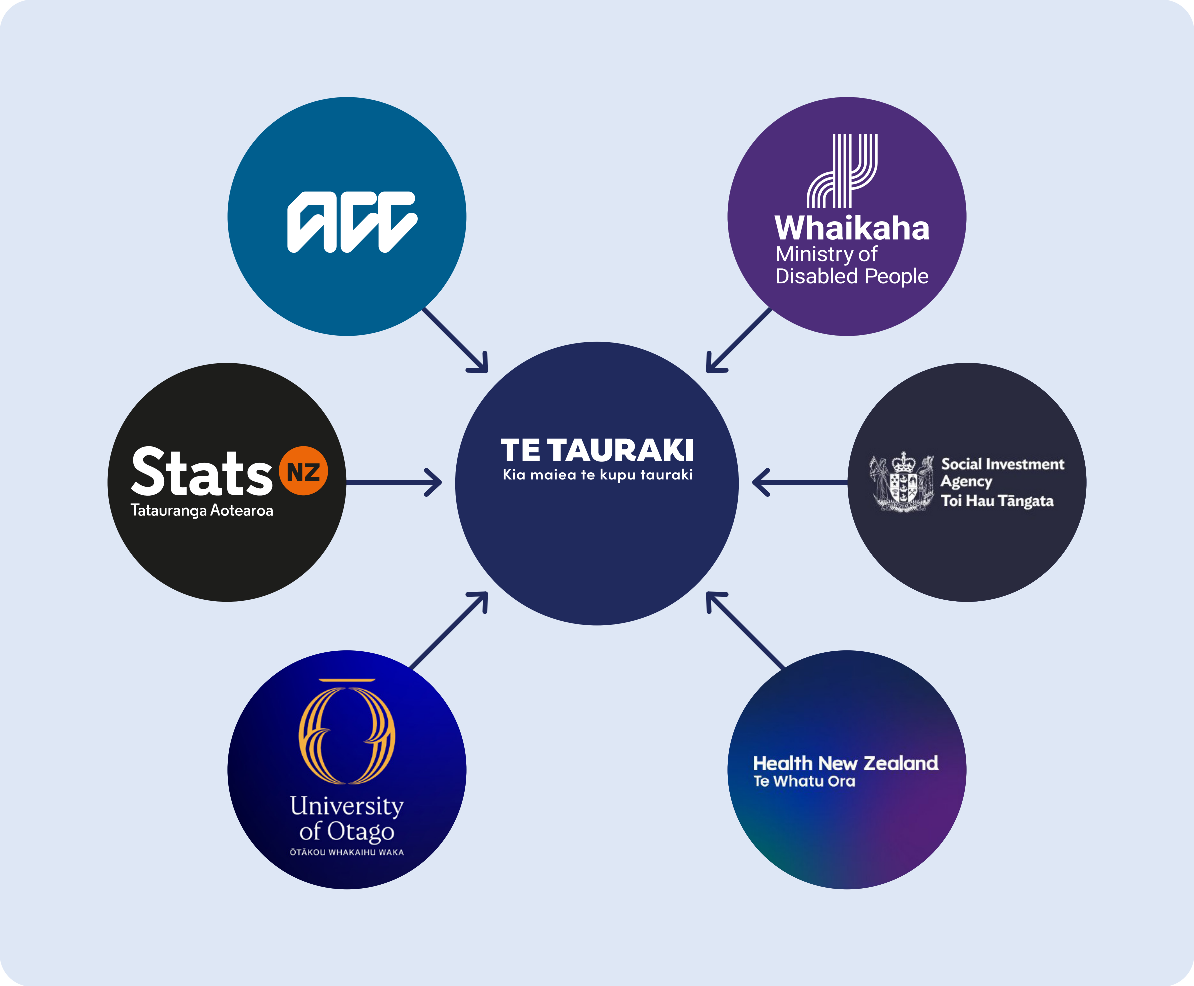
Having identified the vast health inequities that fall upon whānau within the takiwā, Te Tauraki is monitoring change by combining strong data systems with whānau Māori voice. It is setting up data-sharing agreements with various agencies such as Stats NZ and ACC that protect Māori Data Sovereignty and enable rangatiratanga over Māori data, while using collection methods that reflect the guiding principles of Te Tauraki. The development of clear indicators has also been key to track each of the seven health priorities, covering the full cycle of care. Alongside the numbers, Te Tauraki centres whānau Māori voice to ensure lived experience gives context to the data. This approach helps identify where the system is falling short and strengthens efforts to drive change that truly benefits Māori across the takiwā.



Data requests, collection, and agreements

Te Tauraki recognises that building a clear understanding of health and wellbeing across the takiwā requires strong relationships with a range of trusted partners. While accessing data from Te Whatu Ora is still progressing, Te Tauraki is deeply grateful for the support of many organisations that have contributed to this kaupapa and helped strengthen the foundation for monitoring and system change.

Te Tauraki acknowledges the partnerships it has been able to establish, including but not limited to, those listed throughout. To protect data integrity and ensure continuity, Te Tauraki is developing formal data-sharing agreements, several of which are already under way. These agreements are key to enhancing the resilience and independence of the monitoring system while upholding the principles of Māori Data Sovereignty.



Monitoring framework – Guiding principles

To enable Te Tauraki the ability to monitor health outcomes across the takiwā, one key initiative has been the development of a monitoring framework. This framework focuses on how change will be tracked over time and how insights will be used to inform and target health responses more effectively.

The development of the monitoring framework was guided by a set of foundational principles designed to ensure its effectiveness, integrity, and cultural relevance. These principles shaped every aspect of the framework's design and implementation, ensuring it delivers meaningful insights, supports long-term growth, and aligns with the values and aspirations of the takiwā.

1.	**Robust**	Ensures data is reliable, accurate, and secure through rigorous validation and protection measures.
2.	**Scalable**	Supports growth in data volume, users, and settings without compromising performance.
3.	**Actionable**	Delivers clear, useful, and timely insights to support informed decision-making.
4.	**Values-driven**	Upholds the guiding principles of Te Tauraki and Māori Data Sovereignty, respecting cultural significance and community empowerment.

Monitoring indicator development – Full cycle of care

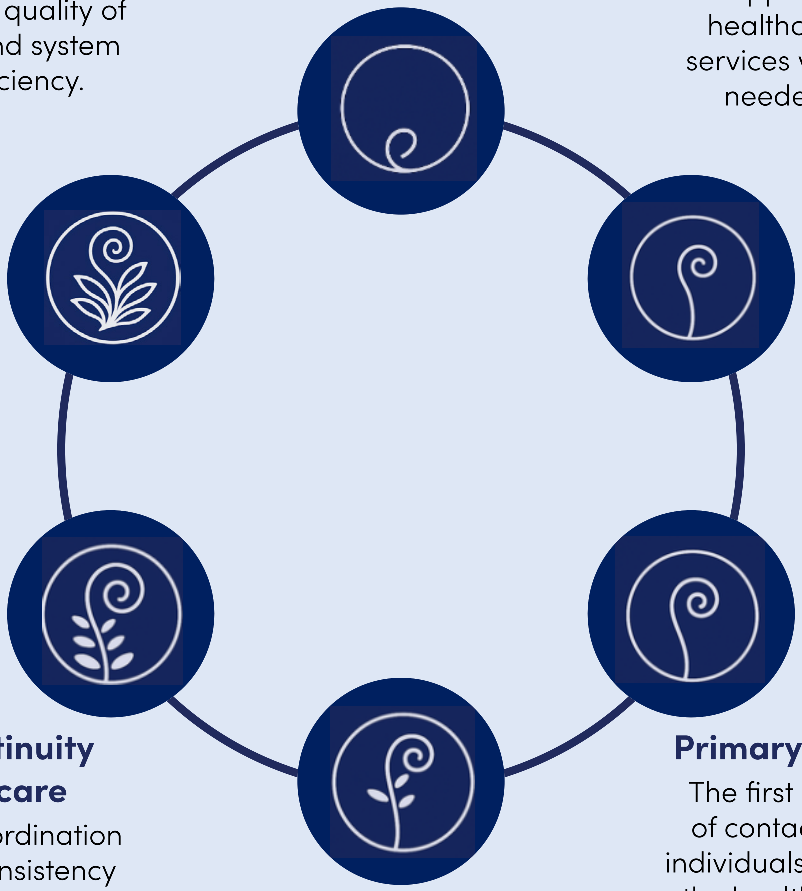
To effectively track progress and identify inequities across the seven health priorities, Te Tauraki has developed a set of monitoring indicators for each area. These indicators are designed to surface where disparities exist and provide meaningful, actionable insights that can support informed responses, system improvements, and better health outcomes for Māori.

One of the core methods used to guide indicator development is the full cycle of care Framework. This framework provides a comprehensive view of the health journey, covering early determinants of health, access to care, primary care, secondary care, continuity of care, and overall health outcomes. Each point along the cycle represents a critical stage where interventions can reduce inequities or strengthen outcomes.

The framework draws on Te Ao Māori concepts, including principles from Te Whare Tapa Whā and Te Ao me Te Pō, to ensure that the monitoring approach reflects Māori worldviews and ways of understanding wellbeing. These foundations support an holistic lens, allowing Te Tauraki to view data not just as a technical exercise, but as part of a broader narrative about whānau, whenua, and whakapapa.

This approach ensures that monitoring is not confined to isolated metrics but is embedded in a culturally aligned understanding of health and healing. It enables Te Tauraki to track meaningful change over time and generates insights grounded in Māori perspectives, values, and lived experiences.

Figure 16 **Full cycle of care framework**



Early determinants

Factors such as genetics, environment, socioeconomic status, and lifestyle that influence health outcomes before individuals enter the healthcare system.

Access to care

The ability for Māori to obtain timely, affordable, and appropriate healthcare services when needed.

Primary care

The first point of contact for individuals within the healthcare system, focusing on prevention, diagnosis, and management of common health issues.

Secondary care

Specialised medical services provided by healthcare professionals, typically following a referral from primary care.

Continuity of care

The coordination and consistency of healthcare services over time, ensuring seamless transitions between different levels and providers of care.

Overall health outcomes

The final results of healthcare interventions, measured in terms of patient health status, quality of life, and system efficiency.

Monitoring indicator development – Relevance criteria

Another way Te Tauraki is ensuring that its indicators support actionable change is through the development of a clear secondary selection criteria framework. While the full cycle of care provides a holistic structure for identifying where to monitor, this second layer ensures the indicators themselves are robust, useful, and aligned with the overall monitoring goals. This criteria draws on the method created in the Aboriginal Health and Wellbeing Framework developed by the Western Australian Government.[1]

Each indicator was assessed against a set of key criteria to confirm its value in supporting long-term system transformation. To begin with, indicators must be relevant and directly aligned with the objectives, strategic priorities, and areas of focus of Te Tauraki. They also need to be measurable, with data that is obtainable and capable of showing progress over time.

Indicators are selected to be attributable, meaning they can support accountability by identifying who is responsible for specific outcomes and where improvements are needed. They must also be comparable, enabling performance and progress to be tracked across different time periods and settings.

In addition, indicators must be well defined, using clear and simple language to ensure they can be easily understood by diverse audiences. They should be grounded in reliable data sources that are consistent over time, and timely, meaning data can be accessed without long delays. This, however, has been impeded by Te Whatu Ora to date. Finally, indicators must be credible, supported by evidence or research that shows their relevance to improving the priority areas being monitored.

By applying this dual-framework approach grounded in Māori values and backed by rigorous criteria, Te Tauraki has developed a set of indicators that will lead to better outcomes for Māori health in the takiwā found in Appendix 1.

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1. **https://www.health.wa.gov.au/~/media/Files/Corporate/general-documents/Aboriginal-health/PDF/Aboriginal-health-framework-monitoring-reporting-plan.pdf**

Figure 17 **Indicator selection criteria**

Criteria	Explanation
Relevant	Align with the objectives, strategic priorities and monitoring priorities of Te Tauraki
Measurable	Indicators to have obtainable data to show progress over time
Attributable	Indicators to be selected that can be used to hold the crown accountable and thus can be bettered
Comparable	Be able to compare indicators to previous measurements
Well-defined	Clear and easy to understand
Reliable	Data used for the indicator to come from reliable sources over a large period
Timely	Data to measure indicators can be obtained without long wait periods
Credible	Indicators selected to have correlation to improving monitoring priorities through research and evidence

Context through whānau Māori voice

> “The system changes need to include adequate, appropriate, cultural supervision; acknowledge the different roles in the system and examine how power plays out in clinical settings.”

> “We need collaboration between all the organisations supporting Māori, health, social, etc. Join up all the care.”

> “The policy environment needs to change. We are living in a country that disenfranchises and perpetuates poverty.”

> “We need data sovereignty for Te Waipounamu. The data belongs to us and will allow us to hold the power and support whānau to make informed decisions.”

Whānau Māori Voice Framework – Principles

Another important way Te Tauraki is monitoring and tracking progress across its health priorities is through the integration of whānau Māori voice. A dedicated framework has been developed to guide the collection, interpretation, and use of qualitative data, ensuring the lived experiences and aspirations of whānau are central to how progress is understood and acted on. This approach provides essential context to the quantitative data and helps ensure decisions are grounded in the realities of those most affected.

The Whānau Māori Voice Framework brings together insights from a wide range of sources. These include kōrero from whānau, hapū, iwi, and Māori providers, as well as community-generated data, digital platforms, and research reports. It also includes contributions from national health datasets, peer-reviewed research, and service provider data. This layered approach allows for a well-rounded understanding of both what is happening and why it matters.

By combining these sources, the framework supports strategic planning that reflects community priorities and strengthens the connection between data and action. It ensures that findings are not only evidence-based but relevant and meaningful to whānau. Strong engagement practices are built into the process, with a focus on trust, privacy, and informed consent.

Through this framework, Te Tauraki is not just collecting stories but elevating them to inform system change. The insights gathered help shape reporting, guide investment, and support decisions that honour Māori voice and leadership in health.

Figure 18 **Whānau Māori Voice Framework principles**

Whānau Māori voice:
Insights from whānau Māori, hapū, iwi, mātāwaka, hapori Māori, tāngata whaikaha Māori, and hauora Māori providers that reveal community priorities, aspirations and concerns captured in qualitative and/or quantitative form.

Whānau Māori Voice Framework – Process

Figure 19 **Whānau Māori Voice Framework sources**

Collection

- Gather voice from a range of sources: national health and wellbeing data, hauora Māori provider, Māori-led reports and direct kōrero.
- Use what's already available where possible.
- Only collect what's needed.
- Keep all information safe and treat it with care.

Engagement

- Build relationships and trust with whānau, iwi, and hauora Māori providers.
- Recognise whānau Māori voice in kōrero, health data, research, and community reports.
- Ensure the information will be used to benefit whānau.
- Prioritise privacy and informed consent.

Reporting

- Combine lived experience and data to give deeper insight.
- Highlight aspirations and priorities of whānau.
- Share findings in ways that are clear, accessible and relevant to whānau Māori.
- Ensure insights from whānau Māori voice are used to influence decisions that support improved outcomes and collective wellbeing.

Understanding and use

- Bring together all sources to create a well-rounded view.
- Check back with whānau where needed.
- Include Māori voices in making sense of the findings.
- Clearly document the process.

Our Vision is a health system that delivers on the guarantees and promises of Te Tiriti o Waitangi and truly meets the needs and aspirations of whānau Māori, particularly in the takiwā.

Our Mission is to influence hauora systems by holding the Crown to account for improved quality, access, and outcomes for whānau Māori.

Conclusion

This report reflects both a deep concern and a strong commitment. The data presented here confirms what whānau across the takiwā have long understood: despite national health efforts, Māori continue to face poorer outcomes across cancer, cardiovascular disease, diabetes, mental health, and access to care. These inequities are not isolated or purely because of the actions of Māori, but are systemic, persistent, and embedded in how services are designed and delivered.

Te Tauraki has embraced its role as an Iwi Māori Partnership Board with purpose and clarity. Through this report and the development of a kaupapa Māori monitoring framework, Te Tauraki has laid the groundwork for a new kind of accountability, one grounded in values, community voice, and a full cycle of care. This approach strengthens the ability to measure progress and advocate for change that is meaningful to Māori communities.

However, barriers remain. The unresolved data requests continue to limit the availability of up-to-date information. Timely and transparent access to data is essential if monitoring is to drive real improvements. This remains a priority area for resolution.

Looking forward, Te Tauraki will continue to enhance its monitoring systems, deepen engagement with whānau, and advocate for the redistribution of resources in ways that honour tino rangatiratanga. The vision is clear: a future in which Māori not only live longer but healthier lives, served by a system that understands, reflects, and responds to their needs.

Glossary

Chronic Obstructive Pulmonary Disease (COPD)

A long-term lung condition that makes it hard to breathe due to narrowed airways and damaged lung tissue. It includes emphysema and chronic bronchitis and is most often caused by smoking or long-term exposure to irritants.

Ischaemic Heart Disease (IHD)

Also known as coronary artery disease, this condition occurs when blood flow to the heart muscle is reduced or blocked due to narrowed arteries, often caused by a buildup of plaque. It can lead to chest pain (angina) or heart attacks.

Angiography

A medical imaging technique used to see inside blood vessels and organs, particularly the heart. It involves injecting a special dye into the bloodstream and taking X-ray images to detect blockages or narrowing in arteries.

Angioplasty

A procedure used to open up narrowed or blocked arteries, often in the heart. A small balloon is inserted and inflated to widen the artery, sometimes followed by placing a stent (a tiny wire mesh tube) to keep it open.

HbA1c (Glycated Haemoglobin)

A blood test that shows the average level of blood sugar (glucose) over the past 2–3 months. It is commonly used to diagnose and monitor diabetes, with higher levels indicating poorer blood sugar control.

APPENDIX

Monitoring the priorities in the Ngāi Tahu takiwā

Jul 2024 - Jun 2027

	Targets	Indicators	Measures	Review cycle (Timeframe)
Equitable access to quality care for whānau Māori in the Takiwā	1. Increase in Māori patient visits to a health care provider 2. Reduction in first appointment wait times 3. Increased access to rural health care providers 4. Increased use of pharmacy provided services 5. Reduction of financial hardship to improve accessto health care 6. Improved telehealth integration in health services 7. Increase in NASC assessments processed within 20 working days 8. Increase in Māori accessing rongoā services	1. Utilisation of health care services by Māori 2. Appointment wait times (medical and surgical) 3. Health services access in rural communities 4. Utilisation of pharmacy services by Māori 5. Financial barriers to accessing primary care 6. Utilisation of telehealth services includingreferrals and follow up pathways 7. NASC assessment processing time 8. Access to rongoā services	1. N/% of Māori visiting a health care provider in year 2. Median wait time for Māori patients to get care 3. Number of health providers per capita in rural communities 4. Number of scripts filled/not-filled by Māori 5. Māori use of pharmacy provided services 6. N/% of Māori reporting financial barriers to access health care 7. N/% of Māori using telehealth services 8. N/% of Māori NASC assessment processed within 20 working days 9. N/% of Māori visiting a rongoā services provider	Review cycle is to be completed on a 6-month period aligning with reporting. However, quarterly data updates to be provided for available measures
Improved mental health outcomes for whānau Māori in the Takiwā	1. Reduction of hazardous alcohol use 2. Reduction in individuals experiencing psychological distress 3. Increase in MH&A disorder community interventions 4. Reduction of MH&A disorder hospitilisations 5. Reduction in suicide rates	1. Substance and alcohol misuse 2. Level of psychological distress 3. Community intervention engagements 4. Hospitalisations for MH&A 5. Suicide rates	1. N/% of Māori population that engage in alcohol or substance misuse 2. N/% of Māori reporting high/very high psychological distress 3. Number of community intervention engagements 4. Number of hospitilisations due to MH&A disorders per year 5. Number of suicides deaths reported per year	Review cycle is to be completed on a 6-month period aligning with reporting. However, quarterly data updates to be provided for available measures
Whānau Māori are protected from communicable diseases through immunisations	1. Increase of immunisation rates for Māori to that of non-Māori rates 2. Increase of immunisation rates for rural Māori to that of non-Māori rates 3. Increase of children receiving vaccinations within 14 days of due date 4. Increase of completed vaccinated schedules for Māori at 24 months of age (GPS) 5. Decrease in vaccine-preventable incidences 6. Decrease in vaccine-preventable hospitalisations	1. Immunisation rates among Māori 2. Immunisation coverage in rural Māori populations 3. Timeliness of immunisation delivery for children 4. Overdue vaccination catch-up timing 5. Completion of immunisation schedules at 24months (GPS) 6. Incidence rate of vaccine-preventable diseases 7. Hospitalisations due to vaccine-preventable diseases 8. N/% of eligible	1. N/% of Māori receiving recommended vaccines 2. N/% of Māori in rural areas receiving recommended vaccines 3. N/% of tamariki receiving vaccines on schedule 4. Median days to receive overdue vaccines once identified 5. N/% of Māori aged 24 months who complete the full series of recommended vaccinations (GPS) 6. Incidence rate of vaccine-preventable diseases 7. Hospitalisation rates for vaccine-preventable diseases	Review cycle is to be completed on a quarterly period aligning with reporting.

*(GPS) refers to Government Policy Statement on health identified targets. Te Tauraki IMPB will measure outcomes against the GPS targets.

The four priorities below are identified by the Minister of Health

	Targets	Indicators	Measures	Review cycle (Timeframe)
Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes	1. Reduction in regular use smokers 2. Increase in use of preventative and early intervention service 3. Increase in chronic disease management program engagement 4. Reduction in hospitilisation rates for cardiovascular disease (CVD) related incidences 5. Reduction in deaths from CVD 6. Increase in patients reporting a positive experience in the treatment of CVD	1. At-risk factors (regular smokers) 2. Community preventative and early intervention service use 3. Chronic disease management program engagement 4. Hospitalisation rates 5. Rate of death from CVD 6. Patient satisfaction	1. N/% of Pakeke with at-risk factors associated to CVD 2. N/% of Pakeke participating in preventive andearly intervention services 3. N/% of Pakeke enrolled in management programs 4. Rate of hospital admissions per 100,000 Pakeke 5. N/% of Pakeke who have died from CVD annually 6. N/% of Pakeke with self-reported positive experience	Review cycle is to be completed on an annual period aligning with reporting. However, quarterly data updates to be provided for available measures
Pakeke are accessing primary and community healthcare early, with positive outcomes relating to cadiovascular disease	1. Reduction in regular use smokers 2. Increase in use of preventative and early intervention service 3. Increase in chronic disease management program engagement 4. Reduction in hospitilisation rates for cardiovascular disease (CVD) related incidences 5. Reduction in deaths from CVD 6. Increase in patients reporting a positive experience in the treatment of CVD	1. At-risk factors (regular smokers) 2. Community preventative and early intervention service use 3. Chronic disease management program engagement 4. Hospitalisation rates 5. Rate of death from CVD 6. Patient satisfaction	1. N/% of Pakeke with at-risk factors associated to CVD 2. N/% of Pakeke participating in preventive and early intervention services 3. N/% of Pakeke enrolled in management programs 4. Rate of hospital admissions per 100,000 Pakeke 5. N/% of Pakeke who have died from CVD annually 6. N/% of Pakeke with self-reported positive experience	Review cycle is to be completed on an annual period aligning with reporting. However, quarterly data updates to be provided for available measures
Detection, screening and diagnosis of cancers are timely, comprehensive and effective	1. Increase in Māori receiving HPV immunisation 2. Increased participation across all screening services 3. Patients receiving diagnosis quickly 4. 90% of patients to receive management within 31days of decision to treat (GPS) 5. Decrease of cancer detections at stage 3 6. Decrease in cancer deaths 5 years after initial diagnosis	1. HPV immunisation rates 2. Screening participation 3. Time of first diagnostic test from initial presentation 4. Time of management plan following decision totreat (GPS) 5. Cancer stage detection 6. 5-year survival rates	1. N/% of eligible Māori who participated in screening services 2. Median days from presenting to first test 3. Median days from diagnosis to treatment (GPS) 4. N/% of Māori being diagnosed with stage 3 cancer 5. N/% of Māori dying within 5 years of initial diagnosis	Review cycle is to be completed on an annual period aligning with reporting. However, quarterly data updates to be provided for available measures
Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services	1. Increase in Māori accessing primary or secondary mental health services 2. Increase in Māori reporting they have access to appropriate services 3. Increase in referred Māori being seen within 3 weeks (GPS) 4. Decrease in Māori reporting a missed appointment 5. Increase in Māori participating in preventative mental health programs	1. Primary and Secondary mental health services use 2. Accessibility to appropriate services 3. Timeliness of mental health service access (GPS) 4. Frequency of mental health care 5. Community-based preventative mental health program use	1. N/% of Māori accessing primary and secondary mental health services 2. N/% of Māori who can access appropriate mental health services 3. N/% of Māori referred seen within 3 weeks 4. N/% of Māori who have reported missing an appointment 5. N/% of Māori who participate	Review cycle is to be completed on a 6-month period aligning with reporting. However, quarterly data updates to be provided for available measures HPV

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