



## What measures and why?

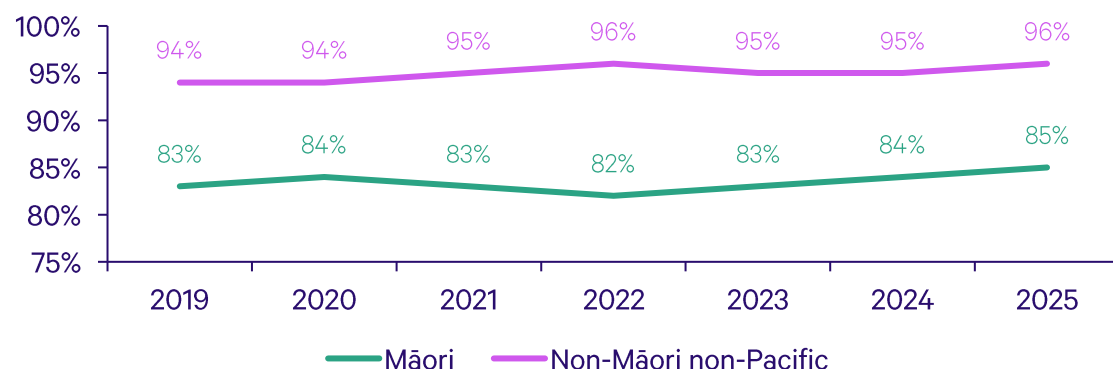
This priority investigates the impacts primary care access has on preventing and managing diabetes and cardiovascular disease (CVD). The lead measures for this priority provide insight into how pakeke Māori interact with general practices (GPs) and primary care, including PHO enrolment, the type of GP practices where Māori are enrolled, and their experiences when in contact with their healthcare professional.

Supporting information provides further context, including barriers to accessing primary care, and the most recent primary care experience. Diabetes complications and CVD hospitalisations and mortality are explored, as well as self-rated health and workforce.



## General practice enrolments for pakeke Māori

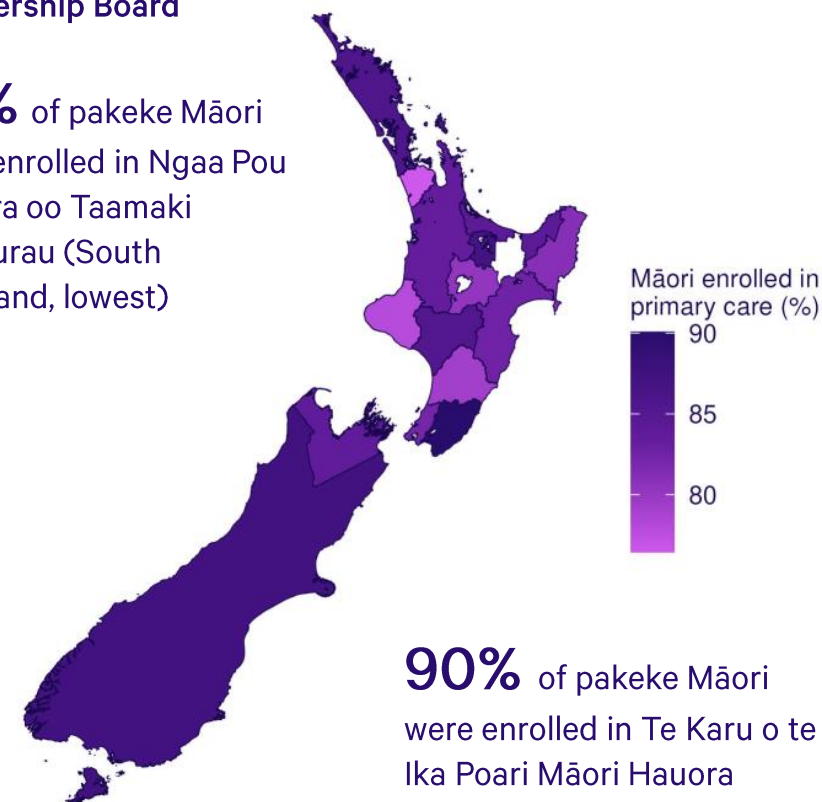
Percentage of Māori and non-Māori non-Pacific peoples (15+ years) enrolled in primary care



Between 2019 and 2025, non-Māori non-Pacific enrolment was on average 12% higher than Māori enrolment.

Percentage of Māori adults enrolled in primary care by Iwi-Māori Partnership Board

**76%** of pakeke Māori were enrolled in Ngaa Pou Hauora oo Taamaki Makaurau (South Auckland, lowest)



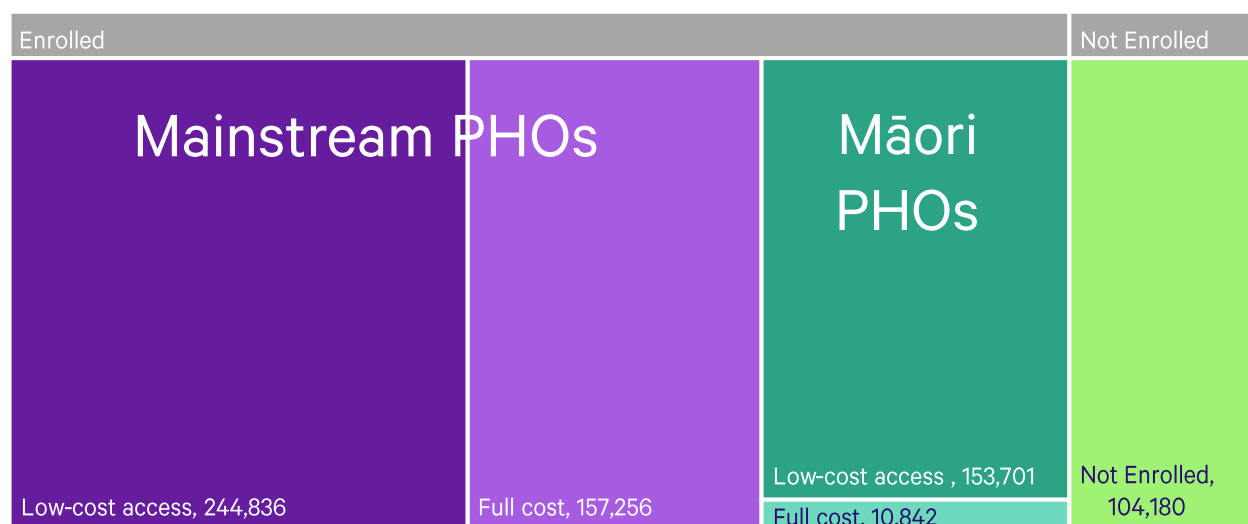
**90%** of pakeke Māori were enrolled in Te Karu o te Ika Poari Māori Hauora (Wairarapa, highest)

**25%** of pakeke Māori were enrolled in a Māori primary care clinic

**59%** of pakeke Māori have access to low-cost primary care clinics

26% of GPs in New Zealand have closed books (27% of mainstream GPs and 22% of Māori GPs)

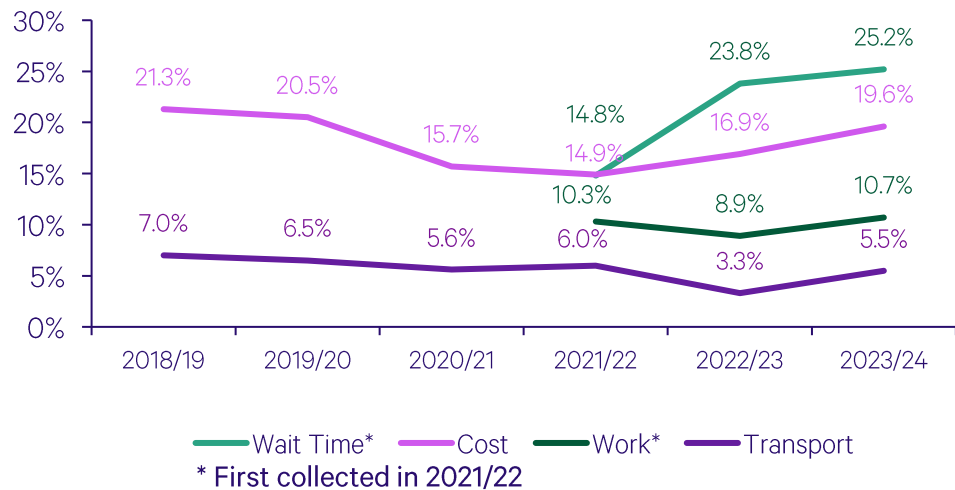
Number and proportion of pakeke Māori (15+ years) enrolled in primary care





## Barriers to access for and experiences of primary care for pakeke Māori

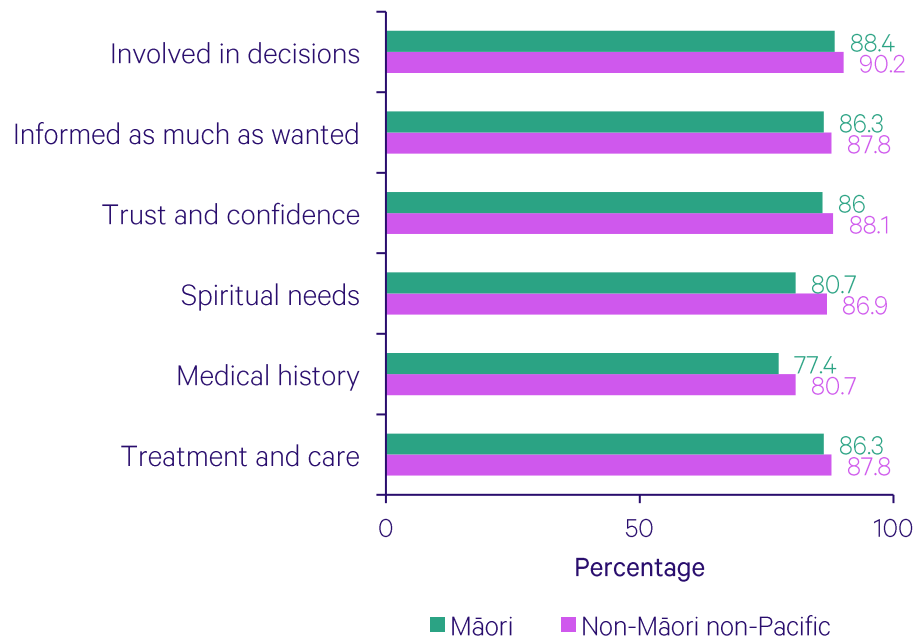
Barriers to accessing primary care for pakeke Māori (15+ years)



Since 2020/21, barriers to accessing primary care have increased for pakeke Māori due to wait time, cost, and a lack of time off work, and decreased slightly due to a lack of transport.



Pakeke reporting positive experiences in primary care settings, by ethnicity, 2024

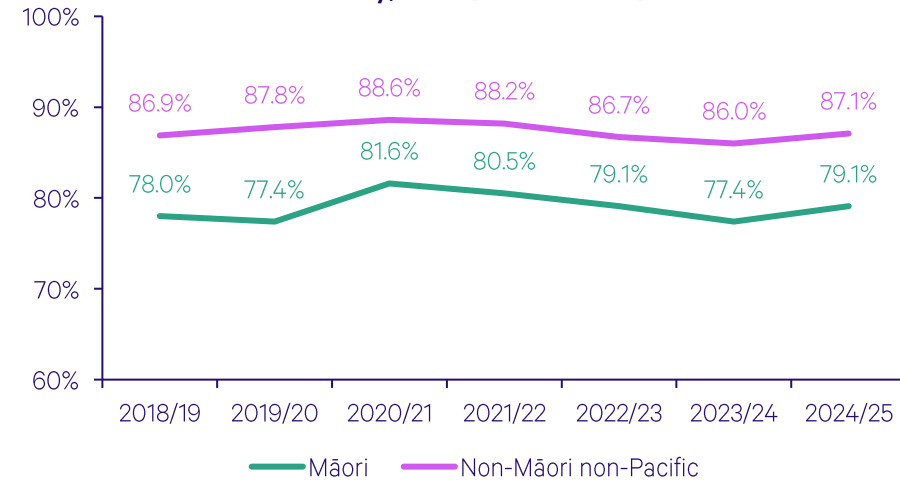


Pakeke Māori primary care experiences in 2024 were positive, although less positive than those reported by their non-Māori non-Pacific counterparts.

While gaps in experiences between pakeke Māori and their non-Māori non-Pacific counterparts were sometimes minor, all reported experiences were statistically significantly different.

## Self-rated health remains positive and steady for pakeke Māori

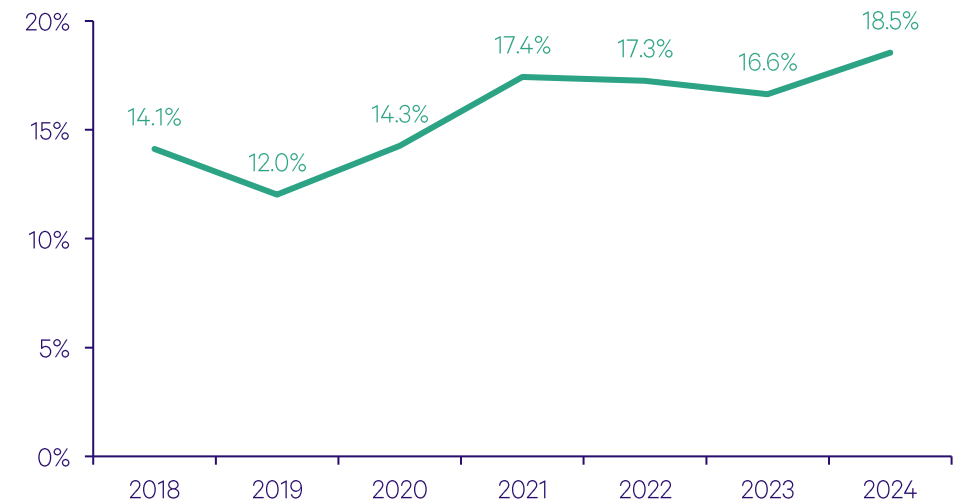
Pakeke self-rated health (good or above), by ethnicity, 2018/19 to 2024/25



Between 2018/19 and 2024/25, on average, pakeke Māori self-rated health was around 10% lower than their non-Māori non-Pacific counterparts.

## Hauora Māori workforce development

Māori medical students graduating as a percentage of all students, 2018 to 2024



Between 2018 and 2024, the percentage of Māori medical students increased from 14.1% to 18.5%, in line with demographic trends.

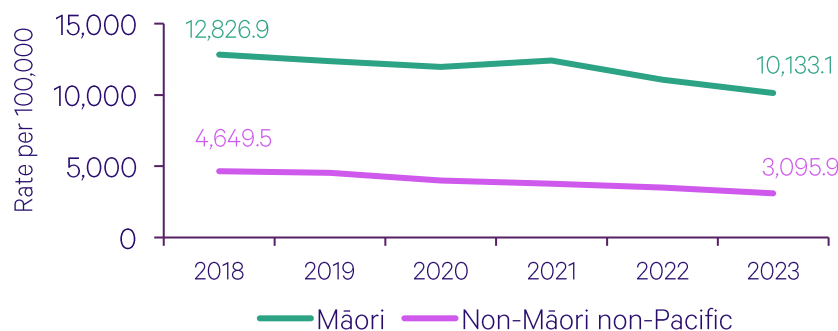
## Risk factors for long term conditions – NZHS and Virtual Diabetes Register

- On average, Māori adults (aged 15+) were significantly more at risk than non-Māori adults across all of the following risk factors:
- 2.57 times more likely to be a current smoker (NZHS)
  - 2.48 times more likely to have diabetes (VDR, age standardised rate, total population)
  - 1.54 times more likely to be obese (NZHS)
  - 1.27 times more likely to be diagnosed with, and taking medication for, high blood pressure (NZHS)
  - 1.22 times more likely to be diagnosed with, and taking medication for, high cholesterol (NZHS)

Disability-Adjusted Life Years (DALYs) equals one year a person could not live in full health due to disease, injury, or early death. In 2021, CVD, diabetes and kidney disease were the 2<sup>nd</sup> and 4<sup>th</sup> leading causes of DALYs for pakeke Māori.

### The impact of diabetes complications

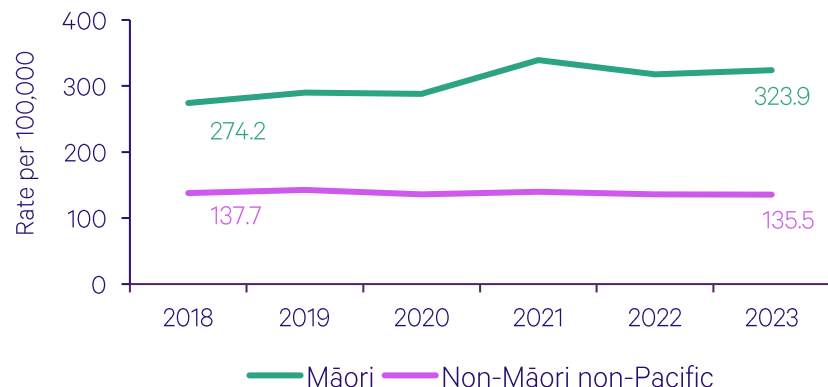
Renal failure-related hospitalisations for pakeke with diabetes, by ethnicity, 2018 to 2023



Between 2018 and 2023, the rate of renal failure hospitalisations for pakeke Māori reduced at a lower rate (21%) than their non-Māori non-Pacific counterparts (33%).



Limb amputation-related hospitalisations for pakeke with diabetes, by ethnicity, 2018 to 2023

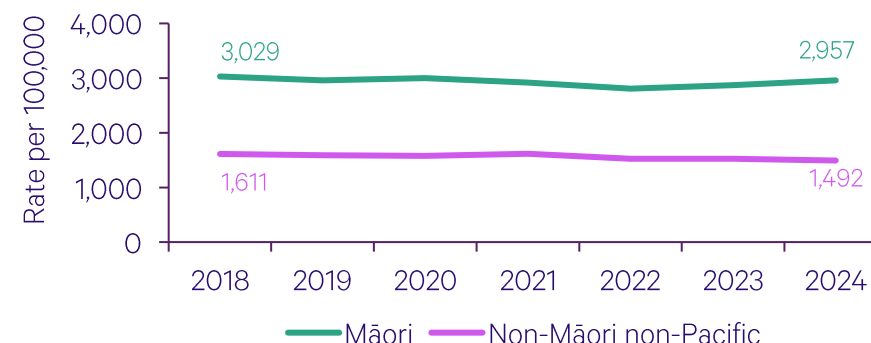


Between 2018 and 2023, the rate of limb amputations for pakeke Māori increased by 17.9%, while the rate for their non-Māori non-Pacific counterparts decreased by 1.5%.

### The impact of cardiovascular disease

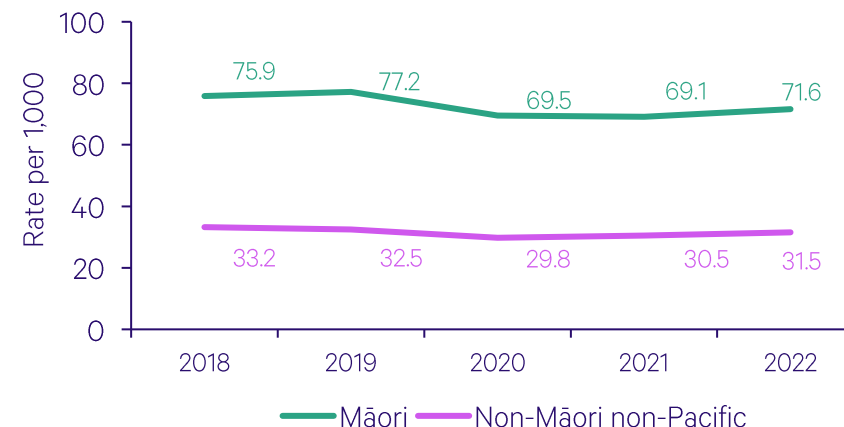


Pakeke CVD hospitalisation rates, aged 35+, by ethnicity, 2018 to 2024



Between 2018 and 2024, pakeke Māori CVD hospitalisations were on average almost twice as high as their non-Māori non-Pacific counterparts.

Pakeke age-standardised CVD mortality rates, by ethnicity, 2018 to 2022



Between 2018 and 2022, pakeke Māori CVD mortality rates reduced at a greater rate than their non-Māori non-Pacific counterparts due to better risk management, however significant gaps still remain.

## GPS Expectations

### Access

- Expand access to community-based supports to improve prevention and management of non-communicable diseases, including kaupapa Māori and Pacific-led options.
- Work in partnership with IMPBs and local communities to ensure primary and community care services are increasingly tailored to better respond to people’s needs, including family and community-based services.
- Implement initiatives that support an increased understanding and uptake of online care and telehealth - particularly in primary and community health care settings, - and, to equip people, families and whānau to better meet their own mental wellbeing needs.

### Timeliness

- Support strengthened public and population health initiatives for non-communicable diseases to reduce pressure on the health system.
- Diversify people’s entry points into the primary and community health care system, to ease acute wait times, and support more point of care diagnostic testing for putting people on the care pathway they need sooner.

### Quality

- Improve data on communities, including data collection, reporting, monitoring and sharing for providers and treaty partners and enable outcomes to be monitored by ethnicity, gender, age, rurality, and disability.
- Strengthen public health surveillance to increase the detection of and response to communicable and non-communicable diseases, and on information on the distribution of wider determinants of health and wellbeing.

### Workforce

- Ensure public health, primary, and community health care services better enable local leadership in their design, delivery, and integration.

### Infrastructure

- Continue to progress digital initiatives to enable care closer to home.

## New Zealand Health Plan Actions

- Ensure timely access to community-led solutions for prevention, early risk detection, diagnosis and self-management solutions for long-term conditions that disproportionately affect Māori.
- Improve access and quality of care for people experiencing diabetes.
- Standardise and support adoption of Cardiovascular Disease Risk Assessments (CVDRA) within Primary and Community Care.
- Pilot and further develop Heart Health Plan (HHP).
- Progress locally designed and tailored whānau-centred and community-based mental health services and addictions initiatives for Māori.
- Establish and enhance National Clinical Networks and implement national pathways for the management of long-term conditions: cancer, diabetes, cardiovascular disease, respiratory disease, and Mental Health and Addictions.
- Improve access to and implementation of prevention services for older people.
- Improve the effectiveness of community care to support older people to maintain independence, self-care, and connection with family, whānau and communities.

## What’s happening in the system?

### Health New Zealand’s Letters of Expectations, 2025

Within the four letters of expectations from Minister Brown to Health New Zealand (HNZ), there are clear expectations to improve pakeke access to primary and community care. A new target has been set for >80% of people to receive a primary care appointment within one week. Furthermore, the Government has provided HNZ with \$400m of the 2025 Budget to deliver on actions in the Primary Care Tactical Plan. Additionally, in July 2025, a 24/7 digital health service was launched which allows New Zealanders to seek virtual consultations with NZ-registered doctors and nurses anywhere and anytime. Though there is not an explicit mention of diabetes or cardiovascular disease, these expectations will work to improve health outcomes for pakeke who are living with, or are at risk of, said conditions.

### Case Study: Heart Health Plan

HNZ is developing the Heart Health Plan for consumers who have recently had their CVD risk assessed. It aims to help people understand the outcome of their CVD risk assessment, take steps and set goals to make changes to lower the risk of a future cardiovascular event, and helps healthcare workers support consumers on their heart health journey. It supports shared planning, clearer advice, and continuity for pakeke with an elevated risk of CVD. This process can be delivered in primary and community care, and can be led by GPs, nurses, healthcare coaches and assistants, and kaiāwhina. The testing phase which providers conducted through pilots is now completed, and the results are being evaluated which will influence next steps.

### Case Study: Piki Te Ora

In last year’s report, we highlighted Piki Te Ora, a digital service that partnered with four rural communities to co-design a better way to support whānau who are living with long-term health conditions, including diabetes and CVD. Pilots have since been rolled out; these involved participants using an Android app (and connected devices like smartwatches) to complete daily symptom and vitals checks in under five minutes, with alerts to clinicians when readings exceeded thresholds. Formal evaluation findings are expected to be published soon.