Pae Ora Health Strategies

Summary of feedback from engagement

2023

Acknowledgements

This report summarises the major themes from feedback received during engagement undertaken to inform development of the health strategies required by the Pae Ora (Healthy Futures) Act 2022. It includes a selection of specific suggestions and quotes from contributors to illustrate themes. The report seeks to provide an overview and does not distinguish in all cases between the different types of engagement undertaken or the specific populations engaged.

We are grateful for everyone who took the time to share their views, experiences, and suggestions for how the strategies can serve as the foundations for positive change. We appreciate the effort that contributors have put into forming their feedback and/or attending engagement events. Every comment, message, submission, and interview has been read and has helped to understand what supports good health and wellbeing, and what needs to change. We acknowledge those people who have shared negative experiences, as well as those who have told us of their aspirations for the future.

Please contact the Ministry of Health's Privacy team if you want to view or correct any personal information that you provided to us when sharing feedback on the strategies. The Privacy Team can be contacted via email: privacy@health.govt.nz or by post:

This document is available at health.govt.nz

Contents

Introduction

Background to the Pae Ora strategies

The Pae Ora (Healthy Futures) Act 2022 requires that six health strategies are developed to set the long-term direction for health.

These are:

1. the **New Zealand Health Strategy**, which sets the overarching direction for health and the health system for the whole population

2. **Pae Tū: the Hauora Māori Strategy**, which sets the overarching direction for how the health system will honour Te Tiriti o Waitangi | the Treaty of Waitangi and prioritise achieving health equity for Māori

3. **Te Mana Ola: The Pacific Health Strategy**, which will set the direction for improving the health of Pacific peoples, building on, and aligning with, Ola Manuia: Interim Pacific Health Plan July 2022 - June 2024[1] and the All-of-Government Pacific Wellbeing Strategy[2]

4. the **Health of Disabled People Strategy**[3], which sets the direction for improving the health of disabled people, building on the cross-government New Zealand Disability Strategy[4]

5. the **Women's Health Strategy**, which is the first government strategy to set the direction for improving women's health

6. the **Rural Health Strategy**, which is also the first government strategy of its type, and sets the direction for improving health for people who live in rural communities.

Together, the suite of health strategies above set a long-term vision to achieve pae ora | healthy futures for New Zealanders. The strategies describe priorities and opportunities over the next ten years towards that vision, and provide a direction for the publicly funded health system.

[1] Ola Manuia Interim Pacific Health Plan July 2022 - June 2024 – Te Whatu Ora - Health New Zealand

[2] Ministry for Pacific Peoples — All-of-Government Pacific Wellbeing Strategy (mpp.govt.nz)

[3] The Health of Disabled People Strategy is provisional only and will be followed by targeted community engagement and focus.

[4] New Zealand Disability Strategy – Office for Disability Issues (odi.govt.nz)
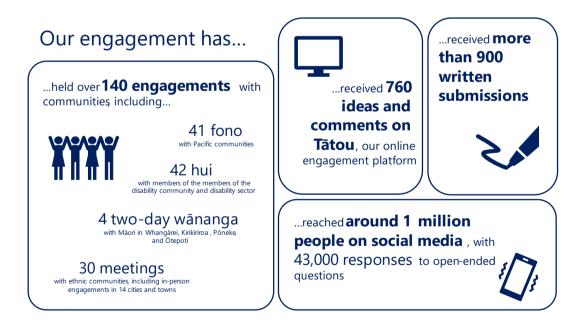
Engaging with people, communities and whānau

To support the development of the health strategies, and to reflect the vision of pae ora and the principles in the Pae Ora Act, Manatū Hauora | the Ministry of Health undertook extensive public and stakeholder engagement.

Between November 2022 and May 2023, the Ministry carried out a series of engagement activities to gather the opinions of people, whānau, communities. These activities ranged in scale and comprised a number of channels – from social media and online platforms to one-on-one interviews.

In designing the engagement programme for the strategies, particular consideration was given to capturing the voices of people who have been less well heard in past engagements, and who have been under-served by the health system.

Through this engagement, a large volume of high-quality, diverse and detailed feedback was received, and has been used to inform the development of each of the strategies. This feedback has been catalogued and will form an ongoing reference for policy and strategy development over the coming months and years.

The graphic below provides a snapshot of the scale of engagement that was undertaken.

Our engagement has...

...held over **140 engagements** with communities including...

41 fono
with Pacific communities

42 hui
with members of the members of the disability community and disability sector

4 two-day wānanga
with Māori in Whangārei, Kirikiriroa , Pōneke, and Ōtepoti

30 meetings
with ethnic communities, including in-person engagements in 14 cities and towns

...received **760 ideas and comments on Tātou**, our online engagement platform

...received **more than 900 written submissions**

...reached **around 1 million people on social media** , with 43,000 responses to open-ended questions

Summary of key themes from engagement

This part of the report provides a summary of the key themes raised in engagement across all groups and through the range of channels and activities undertaken. Examples of the questions asked in engagements are provided in the appendix to this report.

The sections below describe the issues raised within each theme and outline feedback received. Many issues relate to more than one theme, but are included where most relevant.

The descriptions below endeavour to reflect the matters raised, and to reflect the context in which comments were provided. While we have sought to honour the voices heard through engagement, it is not possible to capture all feedback received in this report.

Many of the themes, views and specific insights in this report are also referenced in the individual health strategies, as part of the evidence base that has informed the ten-year direction. This report should be read alongside those strategies as a supporting document.

The views expressed do not necessarily reflect those of the Ministry of Health or Government, and their inclusion is not intended to be an endorsement of those views. The main themes of feedback identified relate to:

1. **the factors that determine health**, including the need for collaboration between services and agencies
2. **how health services are designed**, including a focus on preventive models and culturally appropriate services
3. barriers to **access to health services**, including health information and cost barriers
4. the role of the **health workforce**, including shortages and training
5. how the **health system is operated** and the role of different functions and enablers, including data and research.

1. Determinants of health

Factors influencing people's health

We received significant feedback about the wide range of factors that influence people's health outcomes and their access to, and experience of, health services. These included safe and warm housing, access to affordable and healthy food, sleep hygiene, and connection with whānau, whakapapa, and whenua. We also consistently heard that cost of living is a barrier is good health, and that the environments that people live in do not always promote good health – for example, the high density of alcohol and fast-food outlets in more deprived areas.

> "The system is not flexing to take into consideration the environment, e.g. the cost of living and the impact on whānau."
>
> - Attendee of Ngā Wānanga Pae Ora in Kirikiriroa/Hamilton

Safe and warm housing

We heard that stable, dry, and warm housing is fundamental to people's health, and that accessible housing for disabled people is a priority. Housing and neighbourhood planning were commonly linked with easy access to services and social connections, and affect how people develop a sense of whanaungatanga and belonging.

Family and community support and social cohesion

The importance of community connection and the ability to draw strength from each other was commonly reflected by all groups, in particular women and older people. Local support networks, such as community lunch groups, are important in addressing loneliness.

> "Having conversations in your communities is really important, and normalising healthcare concerns even with young adults is important, otherwise you feel ostracised."
>
> - Young person in Tāmaki Makaurau/Auckland

Young people reflected on the value of family and wider community support in looking after their wellbeing and supporting them to navigate and access the health system. Many expressed greater comfort in talking to their friends rather than parents, family/whānau, or wider community about certain health topics, such as mental health. For some Māori and Pacific young people, this preference stemmed from difficulties talking about mental health in cultural and family settings.

Family violence and sexual violence and other forms of abuse

We frequently heard about the effect of family violence and sexual violence (FVSV) on women's physical and mental health, and the need for health professionals to be better supported in identifying and responding to FVSV. We also heard about the need to address FVSV and neglect including those faced by older people, disabled people, rainbow communities and other groups, by utilising approaches that proactively protect and enhance the rights and wellbeing of these groups.

> "Abuse and violence are correlated with virtually all poor health and life outcomes. ... A health strategy that prioritises [tackling] violence and abuse can have an enormous impact on improving the health and life outcomes of women and children."
>
> - Written submission on Women's Health Strategy

Constraints specific to women in accessing determinants of health

We received feedback reflecting how experiences of gender inequality in employment opportunities, education, relationships and participation in society limits women's income and financial independence, which, in turn, impacts many women's ability to access health services.

> "Women provide the majority of unpaid and caring work in the community, much of which the burden of is hidden, but results in many women being unable to afford health care or facing lengthy delays while they wait to access publicly funded hospital services."
>
> - Physiotherapy New Zealand

Women from ethnic communities (including recent migrants and refugees) can have these experiences compounded by factors such as social isolation when raising children in a new country, differences in cultural and social norms between different ethnic communities, and communication and language barriers.

Cross-agency and cross-sector collaboration and coordination

A consistent message across engagements was the need for cross-agency and cross-sector collaboration and coordination to address the wider factors that influence health. This included calls for cross-agency action on the health of people in prison and their whānau; accessible mental health services for young people; action on climate change; and environments that contribute to unhealthy behaviours.

2. The design of health services

Preventive models of healthcare

Across engagements, there was strong agreement on the need to focus on preventing, reducing and delaying the need for healthcare, including through health promotion and preventive interventions. Examples included offering a range of mental health supports, including alcohol and other drug treatment services, and 'green prescriptions' to support physical activity and improve diets through healthy food choices.

Feedback from disabled people also expressed the need to shift towards a 'strengths-based' model in which people are supported to live healthily and well.

> "Healthy systems should include a holistic approach to health and wellbeing. Health issues should be understood as an integrated response to the social, physical, emotional and contextual factors rather than only a physical or mental issue."
>
> - Representative of the health sector workforce

Culturally appropriate services

Many people from Māori, Pacific and ethnic communities expressed difficulties navigating the health system. A lack of cultural diversity and integration means that people from these communities are expected to navigate a health system that has been shaped by European world-views. For example, the use of clinical terminology was often found to be stigmatising and difficult to understand.

Many people expressed their aspiration for the health system to better reflect te ao Māori and honour Te Tiriti o Waitangi. Feedback included the need for:

- te ao Māori and mātauranga Māori to be integrated into health service design and delivery
- Māori providers to have greater freedom in the design and delivery of their services
- Māori leadership, engagement, representation, and participation at every level of governance and operations in the health system, including across the health workforce.

> "Embed the role of Te Tiriti o Waitangi, Tikanga Māori and Māori concepts, and the needs and aspirations of tāngata whaikaha Māori. A strategy with culturally and linguistically competent care for tāngata whaikaha Māori shows that the health system recognises the diverse backgrounds and is influenced by multiple social, economic, and cultural factors, all of which should be included in a comprehensive care."
>
> - Alzheimer's New Zealand

We received consistent feedback outlining the need for more Māori and Pacific models of care, such as Te Whare Tapa Whā and Fonofale, which deliver care in a holistic way and encourage the building of high-trust relationships through concepts of whakawhanaungatanga and manaakitanga. Other ethnic communities also expressed the need for more holistic models of health and wellbeing that integrate the use of traditional medicines and healing practices, such as ayurvedic medicine.

We also received feedback regarding the need for cultural and community engagement and empowerment in service design and delivery, to enable communities to have control over decisions that affect their health. This included:

- enhancing whānau voice in policymaking and system design
- tailoring services to suit Pacific peoples by utilising strong existing community networks such as churches
- connecting people from ethnic communities to the health system, including through supported navigation and translation.

Young people also expressed a particular desire to engage with services that appreciate the connection between, and intersectionality of, multiple parts of their identities.

A life-course approach to population health

Feedback from across the engagement reflected a desire for the health system to adopt a 'life-course' approach that considers all aspects of health from birth to old age. This includes age transitions and associated health changes, such as puberty and menopause.

> "Safe and secure, confident and comfortable with services received. You matter, are valued no matter what age you are – every generation you are heard."
>
> - Ethnic community member in Te Whanganui-a-Tara /Wellington

We heard from disabled people that age transitions can be particularly challenging, for example, when transitioning from teenage years to adulthood and from adulthood to older age. This includes the effect of changes in support and systems for disabled people, including potential gaps in care.

Many people emphasised the importance of pregnancy and the early years – specifically, a child's first 2,000 days of life (from conception to five years old). They noted this as a critical period that has a profound effect on long-term health and wellbeing outcomes. This was also particularly expressed by Māori communities as a

key opportunity to support inter-generational experiences of health, for example the impact of interactions and relationships between members of different generations, including mothers and their babies. Feedback outlined the need for dedicated care and support for pēpē/babies, tamariki/children, mothers, and whānau during this life stage.

We also received feedback outlining the need to consider a life-course approach that accounts for women and gender-diverse people's experiences, and prioritises healthy ageing by addressing key risk factors that reduce quality of life for all groups of people.

3. Access to health services

Health education and information

Many people commented on the need for greater general and lifestyle-focused health education and information in the community, to support access to services and effective decisions for health and wellbeing. This was frequently raised, along with frustrations around the complexity and lack of transparency of the health system, making it challenging to navigate. Feedback also reflected the need for the health system to proactively educate people in a variety of formats that accommodate a wide range of needs (for example, vision impairments).

> "Health literacy starts young, not just telling children what to do, but why."
>
> - Member of the New Zealand Buddhist Council

We often heard about the need for equity of access to health information. Members of rainbow communities spoke to the importance of clear, free, and public information about healthcare pathways, particularly in primary and community settings, that is easy to access and enables opportunities to connect with appropriate peers and professionals. Pacific communities expressed the need for public health information to reflect the range of values and beliefs in Pacific cultures (such as collective wellbeing).

We also heard that disabled people are experiencing a broad range of issues in accessing health information. Formats of communications from health providers and online systems for receiving results and/or making appointments are causing inequitable access and subsequently, poorer health outcomes.

> "I recognise my medicines by what shape the blister pack is because there is no braille on medicines in New Zealand. It is quite frankly a miracle that we are still alive."
>
> - A disabled commenter on Tātou

Ethnic communities considered language barriers to be a significant issue for health access and education, particularly for older people. These communities expressed a desire for greater resource allocation towards increasing interpretation and translation services for the provision of information, as well as allocating longer appointment times to account for interpretation needs.

> "People have [the] right to feel comfortable to use their language when they go to healthcare."
>
> - Participant of health sector engagement in Ōtautahi/Christchurch

Feedback also recommended greater promotion of education for women and girls about women's health and related issues. This was also raised in the context of empowering people to understand and identify when people should seek health advice. This was particularly important for sexual and reproductive health, including access to information about contraception and menstrual conditions, as education currently provided by schools in these areas was thought to be insufficient.

General barriers to accessing health services

The cost of various health services and medication was a significant theme in feedback across all channels. Appointments with general practitioners (GPs), ultrasounds, prescription medication, mental health services, and dental care are health services that were often raised as being too expensive. The high cost of living was said to be causing a significant strain on many people's ability to afford preventive healthcare, with some instead deferring making appointments until symptoms became unbearable. Many contributors deemed the cost of GP appointments to be particularly expensive for older people and people whose immigration status does not qualify them for publicly funded healthcare.

> "For those on the lowest incomes, on benefits etc., an ambulance bill can be an entire week's income. That's not okay."
>
> - Commenter on Tātou

The indirect costs of healthcare were also discussed in the context of people's access to health services. These included:

- the cost of transport to, and parking at, healthcare facilities, in particular for rural communities
- inflexible opening hours and limited weekend appointments
- access to childcare for parents during appointment times

Indirect costs were raised as being particularly unaffordable for disabled people who often have few appropriate transport options. The centralisation of health services through 'health hubs' was suggested across engagements, to improve the access to healthcare in communities. Health hubs were seen as offering various benefits to users, particularly disabled people, such as reducing the travel burden to different providers, and to members of the health workforce who could work in more connected service models.

Wait times and appointment times

Experiencing long wait times to access healthcare (particularly primary, secondary and emergency care) was expressed as a key issue across engagements. People often described their experience of struggling to find a general practice that would accept

new enrolments. There were numerous comments about having to go to hospital with a health concern/issue due to not being able to get a timely appointment with a GP.

Once in the health system, some people said they felt rushed and as though health practitioners do not have the time to genuinely care about their wellbeing nor share in-depth information. This was particularly the case for people whose first language is not English and disabled people, as more time is often needed to make accommodations for communication needs or to fully address the complexity of their health issues.

> "When I feel like [healthcare practitioners] are properly checking me instead of rushing me makes the experience better. When you feel like they genuinely care, it does make a big difference to how the experience turns out to be and makes you a bit calmer about the situation as well."
>
> - Young Niuean male in Tūrangi

Feedback also often highlighted the need for more mental health professionals to meet people's mental health needs. Pacific peoples and people in rainbow communities commonly reflected struggling to talk about and access sufficient support for mental health issues. This also highlighted the need to better support maternal mental health needs, not only to support the wellbeing of women, but also to reduce the risk of harmful outcomes for tamariki/children and rangatahi/youth.

> "You've got to sort out mental health, you also have to get more mental health professionals into schools and into the community. If you can sort that out you would probably take quite a strain off the rest of the health system."
>
> - Commenter on Facebook

We also heard that the long wait-times for mental health support impacted the ability to receive a diagnosis and medication for mental health conditions such as attention deficit hyperactivity disorder.

Ableism, discrimination, and racism

We consistently heard that experiences of ableism, discrimination and racism in the health system made people unwilling to use and trust the health system. We heard that racism and discrimination is experienced by people in many populations, including ethnic communities and rainbow communities.

> "Gender discrimination is a key contributor to health inequity for women, girls, transgender and non-binary people, particularly their sexual and reproductive health. ... It can be compounded with other forms of discrimination based on a person's age, ethnicity, sexuality or whether they have a disability."
>
> - Family Planning New Zealand

We received many first- and second-hand reports of ableist responses from health practitioners, and services and facilities that are ableist by design. For example, healthcare practitioners make assumptions about how disabled people live their lives

and what aspects of their care are important, such as presuming disabled people are asexual and do not need sexual or reproductive healthcare. Tāngata whaikaha Māori (disabled Māori) and tagata sa'ilimalo (disabled Pacific peoples) and their families and carers are reportedly experiencing compounding discriminations based on their ethnicity and/or disability.

Discrimination on the basis of gender and/or sexuality was also raised. This includes responding to women's experiences of pain and chronic conditions, such as endometriosis and treatment for menopausal symptoms. Some people called for the provision of gender-inclusive healthcare with more training for the workforce about rainbow communities, and more members of the community represented in the workforce, including the extended workforce such as receptionists and cleaners.

Compounding factors to access in rural and remote areas

People who live in rural and remote areas described a lack of health providers and reduced services. While aspirations for health are similar between urban and rural communities, the challenges are often exacerbated for people living in remote or rural areas. Feedback from rural communities included:

- the desire for localised services that minimise the need to travel to different providers, including the role of telehealth to improve access

- the need to boost the workforce in rural areas, including through financial incentives to train practitioners, amending immigration settings, enhancing scopes of practice, and promoting the health sector as a career path to secondary school students in rural areas

- the 'everyone knows everyone' culture of small rural communities affecting patient confidentiality, particularly regarding gender- and sexuality-related issues for rainbow communities

- the need to consider how experiences of rurality negatively impact the health access and outcome issues already experienced by groups such as Māori, Pacific peoples, women, people with disability, and older people.

"The staff in our local hospital are wonderful, but there aren't enough of them or enough facilities for them to do their jobs properly for the amount of sick people needing them. Try getting on a GP list in some regions. In some areas there is a four-year waiting list."

- Rural mother commenting on social media

4. Health workforce

Workforce capability and capacity issues

Feedback demonstrated awareness of the strain that many members of the workforce are under to fulfil their responsibilities. Many contributors supported improved pay for health practitioners, not only because they believe it would improve the quality of care they receive, but also because they think pay needs to better reflect the value of the workforce's services.

Many people expressed concern about the effects of workforce shortages for health equity, user choice, and good health outcomes. For example, the shortages of midwives was said to reduce women's ability to choose where they give birth and burden midwives with high workloads, particularly Māori midwives who also help meet people's cultural needs.

> "As Māori workforce we're getting smashed and have to step in and hold the limited workforce."
>
> - Attendee of Ngā Wānanga Pae Ora in Te Tai Tokerau/Northland

We often heard that the workforce needs to be comprised of and led by more Māori and Pacific peoples to better serve and connect with these populations. More apprenticeships and 'learn-while-you-earn' models in health were suggested as attractive pathways for Māori and Pacific peoples into the workforce.

We also heard that gaps in workforce capacity and capability are affecting disabled people and their whānau, whose needs and conditions are not being adequately identified and met.

Cultural safety of the workforce

We often heard the need for health workers to make their practice culturally safe by addressing and eliminating their cultural bias, assumptions, prejudice, and stereotypes about people they are interacting with. While some feedback commented on the professional and compassionate care they had received from the workforce, there was also feedback about the workforce needing to improve cultural understanding, particularly for Māori, Pacific peoples and ethnic communities.

We often heard that a lack of culturally safe care is leading to misdiagnoses and late diagnoses, and people feeling deterred or unable to disclose information. Pacific midwives, for example, recounted experiences of racist attitudes being expressed by their colleagues towards Pacific women and families. They remarked on the detrimental

impact this has in the quality of care (as prejudice can interfere with objective diagnosis and treatment), and on deterring Pacific peoples from returning to health providers.

"Healthcare providers should listen, observe, and avoid discrimination and stereotyping when working with [Asian and ethnic minority women], and communication strategies such as using interpreters and open-ended questions should be utilised."

- Asian Family Services

Many people suggested that more recognition of, and easier pathways into, the workforce for migrant health professionals would bolster the cultural diversity and subsequently, cultural safety of the workforce. Specific roles, such as health navigators and health coaches, were said to be working well in some places, where they connect people to health services by following up with them, and have sufficient cultural knowledge to considerately engage with people.

"Hospital culture, jargon and processes can be very difficult for people to understand, especially when they are sick and their focus and ability to figure things out is compromised."

- - Member of the New Zealand Buddhist Council

Many people also reflected on instances where they felt their culture was seen and respected by healthcare practitioners, such as practitioners being open to the therapeutic value of cultural practices/treatments like rongoā, being discretely asking about sexual health, and ensuring female doctors see female patients who requested them. Many young people, however, spoke of experiences in which their concerns were minimised, and they felt patronised and dismissed.

"When I would be listened to, and when staff tell me things about themselves as well - relating to me so I actually know they're human and not a robot."

- Rangatahi in Tāmaki Makaurau

5. Health system operations

Planning by the health system and providers

We received feedback on a number of operational settings and planning activities that were though to contribute to current challenges, such as:

- disproportionate distribution of funding at different levels of the health system
- inflexible and isolated commissioning and contractual arrangements
- inconsistent and/or inappropriate data collection, management, and reporting practices
- insufficient accountability measures including feedback and complaints processes
- a general 'top-down' approach that is often determined by the system, rather than communities.

Funding and commissioning models

Māori communities commented that Māori providers (particularly small providers) are under-funded, that funding arrangements lead to 'siloed' services, and that greater funding in the health system is not necessarily experienced directly by communities.

> "Give Māori the investment and trust their determination of its prioritisation."
>
> - Attendee of Ngā Wānanga Pae Ora in Te Tai Tokerau/Northland

In the context of simplifying and streamlining commissioning, they called for the voice of whānau and rangatahi/youth to be heard, Māori to define outcomes that determine funding decisions, and strengthened resourcing for iwi-Māori partnership boards (IMPB) to support hapū to understand how to apply for funding.

Pacific peoples proposed more sustainable funding through integrated contracts that reflect a person's journey and collaborative (rather than competitive) commissioning approaches and processes. Similarly, ethnic communities suggested prioritising funding for community-based health providers and services, including non-government organisations.

Data collection, management, and reporting

Māori contributors shared frustration with the 'right' data not being collected, a focus on quantitative data, and a lack of access to, and control of their own data. They spoke about the value of gathering data and insights but called for:

- the strengths of Māori to be highlighted, rather than only focusing on deficits
- quality measures to be broader than outcomes – for example, considering wider effects on people, whānau, and communities
- a shift away from mainstream standards of success as defined by Pākehā
- Māori data sharing and sovereignty
- robust information systems
- decreased reporting requirements.

Several people from the disability community, including those caring for disabled whānau, shared stories in which they felt exhausted by inadequate information management and the cross-agency coordination associated with this, including incorrect recording of diagnoses, lost files, and lack of information-sharing. Similarly, members of the rare disorders community expressed a desire for greater transparency through updated systems to collect data and information of people with rare disorders.

> "We have so many people working with the kids and we have to keep telling the same story."
>
> - Parent of disabled children

Community and sector representatives called for a strategic focus on better data, including data on health outcomes, and information-sharing across health professionals in a coordinated, integrated way, to:

- better reflect the needs of disabled people to inform policy and service development
- accurately represent the variance and intersectionality between and within ethnic communities
- clearly and accurately reflect the health needs and experiences of rural communities

Accountability, continuous feedback and complaints

Ethnic communities commented on the value of health providers and services adopting a continuous improvement approach that provides transparency and actively seeks feedback from service users. Similarly, Māori communities called for greater monitoring, accountability mechanisms for performance across the health system, while also noting the current 'over-monitoring' of Māori, iwi, and non-government

organisations. They suggested empowering IMPBs and Te Aka Whai Ora as 'system monitors' and developing a clearer path from insights to actions.

> "Indigenise a feedback informed process, based in mātauranga Māori."
>
> - Attendee of Ngā Wānanga Pae Ora in Te Manawa Taki

Members of the disability community commented on the complexity of complaints processes and expressed their fears around losing access to support if they made complaints. They called for healthcare approaches and practices to be informed by lived experience and consumer-led experience through a genuine focus on continuous improvement.

> "Ka ma te ariki ka ma te tauira – be an active learner."
>
> - Attendee of Ngā Wānanga Pae Ora in Te Manawa Taki

Gender-informed research and healthcare

Feedback raised the issue of bias in research and practice, impacting women's ability to receive diagnoses and treatment. These limitations are said to be resulting in women and girls feeling unheard and misunderstood by practitioners, with some turning instead to alternative sources of knowledge and support.

> "Many members recounted experiences of not being able to see a female GP or any GP, of health needs not being taken seriously, not understood or dismissed. Women felt like they 'lacked agency' over their own bodies."
>
> - National Council of Women New Zealand

Feedback also reflected the need for better support for some groups of women to access primary care and cancer screening programmes, timely referrals to specialists, public education about women's health conditions, and more treatment options. This included a need to support women who are addicted to alcohol and/or other drugs through services that are accessible and appropriate for them and their whānau, such as services that accommodate women's responsibilities as caregivers for children.

We also heard about the need for more research into how health conditions and medication affect women.

Appendix One: Examples of questions asked in engagements

Engagements with ethnic community members and healthcare service providers:

- What does keeping people well in the community look, sound and feel like to you?
- If the health reforms are successful in achieving pae ora (healthy futures), what would you (and your children) see in 20 years?
- What are the top three things that would need to change to improve health outcomes for ethnic communities?

Engagements with Pacific communities and healthcare service providers:

- What are the health issues and challenges for Pacific people and communities?
- What are some of the things going well and should be strengthened in health?
- What are the most important things to focus on for Pacific health over the next 5 years?

Engagement on Tātou (Manatū Hauora's online discussion space):

Achieving pae ora (healthy futures)

- What does good health and wellbeing look like?
- What kinds of things help you feel or be well and healthy?
- What makes it hard or gets in the way of you feeling or being well and healthy?

Transforming the health system

- What's different in the health system? What are you seeing, hearing, and feeling?
- What are the biggest wins and shifts? Where have they occurred?
- What hasn't changed but should have? Why is that? What needs to be different?

The future of the health system

- What needs to change in Aotearoa for us to have an ideal health system?

Whānau ora, healthy families

- What does a healthy family look like to you?
- What has the biggest impact on the health and wellbeing of your whānau? What makes you feel well or unwell?

Wai ora, healthy environment

- What does a healthy environment look and feel like to you?

- How does a healthy environment help you to feel health and well?

- What things outside of the health system have the biggest impact on your health or the health of your whānau, family or community?

- How would having a healthy (or unhealthy) environment change your health or the health of your whānau, family or community?