

Preventing Adverse Outcomes in Cardiovascular Kidney Metabolic Conditions

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Please make sure to periodically check for updated content.

Instructions:

The guidance is separated into the multiple sections.

Clicking on the yellow highlighted text will take you to the relevant section of the guidance on the guidance web site.

Clicking on a pink highlighted abbreviation will take you to the relevant abbreviation within the abbreviations section of this document.

Clicking on a blue link will open relevant external guidance in a new window for more detailed information.

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1. Commitment to equity in CKM care

Te Tiriti O Waitangi and our Shared Obligation

- Our clinical guidance is grounded in the articles and principles of Te Tiriti o Waitangi, which form the foundations of Pae Ora – healthy futures for Māori. We acknowledge the full text of Te Tiriti and the Ritenga Māori Declaration, which affirm Māori rights to tino rangatiratanga, equity, and the protection of cultural identity and mātauranga Māori
- Te Tiriti establishes obligations for the entire health system, including how care is designed, delivered, and experienced by Māori. These obligations are active and enduring, and must shape every aspect of our response to CKM conditions, from prevention to treatment to long-term support.

Equity in CKM conditions

- While Te Tiriti provides the foundation for Māori health, equity is a broader commitment that extends to all groups who experience disadvantage in health outcomes.

- CKM conditions drive some of the deepest and most entrenched health inequities in Aotearoa, particularly for Māori, Pacific, and Indian populations and the intersection with rurality, disability and co-existence of mental health conditions. These groups experience earlier onset, more severe complications, and higher mortality from CKM conditions. They are also less likely to receive timely, evidence-based, and culturally safe care.
- These inequities are not caused by individual choices or cultural behaviours, but stem from:
 - The historical and ongoing impacts of colonialism as it applies to Māori
 - Institutional racism and implicit bias
 - Unequal access to high-quality, culturally safe healthcare
 - Chronic underfunding of Māori- and Pacific-led models of care
- We also recognise the health needs and strengths of other populations who face structural barriers, including refugees and those experiencing socioeconomic hardship or disability.
- To change these outcomes, **our guidance must be implemented with intentionality, accountability, and resourcing** — especially to support Māori and Pacific-led solutions that are by, with, and for communities.
- **We can all achieve equity in CKM care by:**
 - Reflecting and challenging how personal, institutional and systemic racism shapes our practice
 - Create safe environments where Māori and Pacific whānau feel safe, respected, and understood: Prioritise whanaungatanga and mana-enhancing approaches.
 - Support whānau-centred models of care, including kaupapa Māori and Pacific providers where available. Enable shared decision-making that honours lived realities, cultural values, and whānau strengths.
 - Address social determinants of health wherever possible such as housing, kai/food security, and income, which shape CKM conditions and their management.
 - Challenging system constraints and continuing to advocate for access and funding to diagnostics, treatments (e.g. GLP1Ra, SGLT2i, CGMs, nsMRAs, PCSK9Is, etc.), and support services to reduce disparities.

Why equity matters:

- Achieving equity is not an aspirational marker of clinical excellence — it is the ethical foundation of quality care.
- Every clinical interaction is an opportunity to either uphold or underpin equity.
- We encourage you to use this guidance not only as a technical resource, but as a platform for transformative practice that challenges disparities and improves outcomes for all those most affected with CKM conditions.

Abbreviations:

CKM

Cardiovascular-Kidney-Metabolic

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