TE TIRATU

Hauora
Paeroa

2026

He Whakamihi - Acknowledgements

Ngā puke ki Hauraki ka tārehua. E mihi ana ki te whenua, e tangi ana ki te tāngata. Me mihi ka tika ki ngā ringa hāpai o te ao hauora i whai wāhi ai ki tēnei pūrongo.

This report has been prepared by Te Tiratū Iwi Māori Partnership Board. The Board has a statutory role to represent the hauora priorities, needs, and aspirations of Māori communities in te rohe o Waikato.

We would like to acknowledge the many whānau, health, social service, and community stakeholders who provided insights. Ngā mihi nui ki a koutou katoa.

He Whakataki | Introduction

Paeroa hauora is rooted in its history. The prosperity built around the Ohinemuri goldfields came with a process of land alienation and environmental damage to the Waihou and Ohinemuri rivers that once sustained local iwi. The Crown's recent apology to Ngāti Tara Tokanui names this harm and its ongoing impacts. These events matter for health today. Lower incomes, housing precarity, and reduced access is a direct result of this long shadow of history.

In Paeroa, whānau tell us the foundations for Hauora are **warm, dry homes, safe transport, trusted care**, and **a pathway for local rangatahi into health careers**. That aligns with the data: **Māori tamariki** have higher **respiratory ASH risk** (linked to cold, damp housing), and the district's **Population Spotlight** (older general population vs younger Māori) demands both **kaumātua supports** and **early pathways for youth**.

The health story of Paeroa and inequity are **historically caused**, so solutions must be **place-based and restorative**. **Housing quality and transport** are health interventions here, not just social services. Investing in **education and local health training** given the youthful population is a high-yield preventative strategy for the whole town.

Ngā Ihirangi | Contents

Whakarāpopototanga
| Executive Summary

The Hauraki region is confronting entrenched, system-level barriers that undermine health equity, workforce sustainability, and long-term wellbeing. A fragile rural workforce pipeline, preventable illness driven by poor housing, insecure funding for proven iwi-led services, and fragmented data systems collectively limit the region's ability to deliver proactive, culturally grounded care. Targeted investment and structural reform are required to shift the system from crisis response to prevention, partnership, and intergenerational resilience.

To address these challenges, five priority actions are recommended:

- **Rebuild the rural health workforce** through a formal partnership with the University of Waikato to establish a Hauraki Clinical Learning Centre Hub, ensuring a culturally competent, locally trained workforce by 2029.
- **Reduce preventable illness linked to cold, damp housing** by launching a Whare Ora Fund that enables clinicians to prescribe heating and insulation upgrades for high-risk whānau.
- **Stabilise and scale iwi-led care models** by moving from short-term contracting to long-term, outcomes-based funding for proven services such as Piki Te Ora.
- **Shift to proactive, data-driven service planning** through a mandated cross-system data partnership, including shared dashboards for early childhood, chronic conditions, and ED trends.
- **Strengthen intergenerational wellbeing** by ring-fencing funding for kaumātua respite care and culturally safe mental health supports for rangatahi and tāne, with transport solutions for rural whānau.

He ara - A pathway (simple & measurable):

- **Whare Ora:** fund heating/ insulation upgrades where clinicians identify high respiratory risk; track reduced respiratory presentations over winter.
- **Care-completion transport:** co-design an after-hours/ED discharge **Kaiāwhina transport**; measure safe returns home and reduced overnight distress.
- **Workforce pipeline:** support rangatahi and workforce pathways with **investment for student success and scholarships** for local Māori students; track enrolments, graduation, and local employment.

Collectively, these actions will secure a sustainable workforce, reduce avoidable hospital demand, embed equity, and empower iwi-led solutions that reflect the aspirations of Hauraki whānau. The result is a more resilient, culturally grounded health system capable of delivering better outcomes now and for generations to come.

He Karanga ki te Wā
| Call to Action

The fragile rural workforce pipeline in Hauraki threatens long-term service continuity. Housing insecurity is producing preventable illness at scale. Proven iwi-led models remain underfunded and constrained by short-term contracts. Fragmented data systems prevent early intervention, locking services into crisis response rather than prevention.

Without immediate structural change, inequities for kaumātua, rangatahi, tāne, and rural whānau will deepen.

The Case for Urgent System Change

The Hauraki region is experiencing entrenched and avoidable health inequities driven by system design failure not community deficit.

This is not a service gap. It is a system design failure requiring redesign, investment, and accountability.

Ngā Whakataunga - Priority System Shifts

Grow Our Own Workforce – Rural Health Sovereignty

Hauraki requires a self-sustaining workforce pipeline grounded in place, language, and culture.

Self-sustaining workforce pipeline

- Establish a formal partnership with the University of Waikato
- Create the Hauraki Clinical Learning Centre Hub
- First student intake by 2029

Warm, Dry Homes = Healthy Whānau

Housing conditions are now a primary driver of avoidable respiratory illness.

Housing is Health – Whare Ora Fund

- Establish the Whare Ora Fund by July 2026
- Enable clinicians to prescribe heating, insulation, and home upgrades for high-risk whānau
- Track winter respiratory emergency department admissions quarterly

Scaling Mana Motuhake

Services like Piki te Ora are proven but stuck on short-term contracts.

Fund What Works – Long-Term Investment in Iwi-Led Care

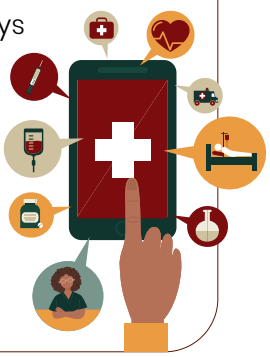
- Move to minimum 5-year funding agreements by June 2026
- Prioritise services such as Piki Te Ora
- Embed outcomes reporting on diabetes testing (HbA1c), Emergency Department presentations, whānau experience measures

Share & Work Together

Services don't share information well, whānau fall through the cracks.

From Reactive to Proactive – Shared Data Infrastructure

- Establish cross-system data-sharing agreement by December 2026
- Real-time dashboards for:
  - First 2000 Days
  - Chronic disease
  - Emergency Department demand



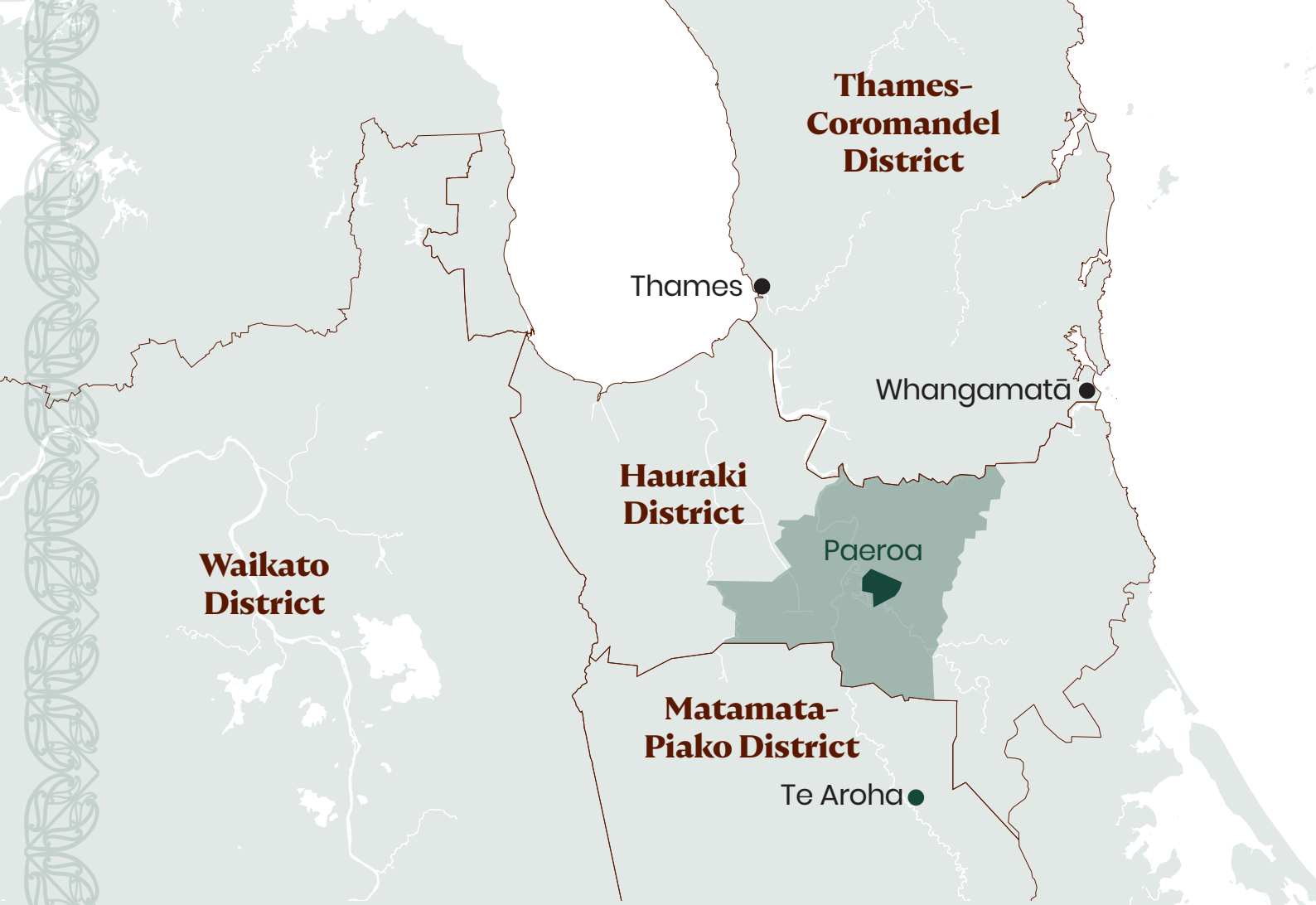
Intergenerational Care

Strong whānau achieves intergenerational resilience

Intergenerational Wellbeing – Kaumātua, Rangatahi, Takatāpui

- Ring-fence funding by September 2026 for:
  - Kaumātua respite care
  - Rangatahi mental health supports
  - Tāne wellbeing programmes
  - Takatāpui-safe services
- Ensure transport access in rural communities
- Establish participation targets

Hauraki does not need more pilots or short-term fixes. It needs system redesign, sustained investment, and accountability to whānau outcomes.



He Tirohanga Whānui
Paeroa | Paeroa at a Glance

Paeroa and surrounding rural districts is home to around **6,447 people**, with **Māori making up 28% (≈2,118)** of the population. The community has a noticeably **older median age of 49.1 years**, compared to the national average, while the **Māori population is much younger at 29.8 years**, signalling a growing and dynamic workforce.

Economic indicators show a **median personal income of about $30,800**, reflecting local earning patterns. Housing stability is strong, with **approximately 73% of households owning their homes**, though **equity gaps remain for younger and lower income whānau**, highlighting ongoing challenges in affordability and access.

	Total Pop.	Māori Pop.
Paeroa	4458	1563
Paeroa Rural	1989	555

Figure 1: Whaitua mapping tool: Rural Paeroa and Paeroa – used to define population

Whakapapa me te Whenua | Our cultural foundation

Ngahutoitoi Marae sits just south of Paeroa and is a living anchor for Ngāti Tara Tokanui. Its wharenui, Te Awapu, holds pūrākau, wai, and whenua together. Ohinemuri, Tapu-ariki, and the surrounding maunga remind us that our wellbeing is inseparable from place and whakapapa.

The marae has actively invested in future generations, revitalising facilities, hosting language and tikanga wānanga, and serving as a meeting ground for Hauraki iwi, often with limited funding and a heavy reliance on community-led effort.

This year, the **Paeroa Business Association** helped sponsor mural development alongside local mana whenua consultation at Ngahutoitoi. The new public art project blessed in November 2025 was designed explicitly to retell local stories and whakapapa through imagery of the **Ohinemuri River, Karangahake, Tapu Ariki**, and the arrival of **Ngāti Hako**, placing our worldview in the centre of town life.

That collaboration matters: when business, council, and marae leaders co-create mahi toi, the whole community sees itself reflected on its walls, and cultural resilience stops being an abstract value; it becomes daily practice in public space.

Te Pai o Hauraki Marae hosted this year's Kura Reo, **Te Whare Tahūhū Kōrero o Hauraki** has held fast for **thirty years** a sustained, intergenerational commitment to **language revitalisation** and identity. This long arc of **kōrero tuku iho** and reo immersion strengthens whānau confidence, belonging, and leadership across Hauraki. (Video link: Kura Reo 2025)

Te Pai o Hauraki is also one of the oldest marae in Hauraki, with rich history tied to **Ngāti Tamaterā** and the trading and movement of people and produce across the rohe. Another reminder that resilience is built through sustained cultural and economic activity.

What this tells us:

- Hauora in Paeroa is already being built on marae through **reo, pūrākau, and mahi toi**—it works because it's local, lived, and continuous.
- When public art, business, and mana whenua align, **place-based pride** and cultural safety grow—this is preventative care in action.

Our suggested solution is simple,:fund and measure what already keeps Paeroa strong. Reo, pūrākau, and mahi toi led by our marae. Integrated service teams can connect whānau into these programmes, enabling protective factors and health touchpoints so funders can see the value. When mana whenua, local businesses, Council, and health and social services providers move together, cultural resilience becomes everyday care, and Paeroa stays well, close to home.

Te Reo o te Whānau | Lived experience

Access to Primary Care

- "Having to wait five weeks for a GP appointment."
- "Long-term conditions are not being properly addressed at GP services."

Theme: Timeliness and continuity of care are major pain points. Whānau want proactive, local care that keeps them well and close to home.

Care Completion & Transport

- "People are being discharged in the early hours of the morning from the ED with no way of getting home."

Theme: Transport gaps create unsafe, stressful experiences after hospital or ED care. Whānau want co-designed transport solutions to complete the care journey.

Housing & Social Determinants

- "Warm, dry, safe homes" and "Affordable and secure homes" identified as non-negotiable priorities.
- "Whānau living in emergency care (motels) in Waihī struggle to find sustainable housing."
- "Local food banks are struggling to keep up with demand after food insecurity has doubled over the past year."

Theme: Housing insecurity and food stress are driving health inequities. Whānau see housing as a health issue and want cross-sector action.

Cultural Safety & Māori Models of Care

- "Whānau are requesting a shift toward Māori Models of Care, including Rongoā Māori and Mirimiri Māori."

Theme: Whānau want culturally grounded care embedded in mainstream services, not as an add-on.

Workforce Development

- "Increased availability and visibility of scholarships for rural Māori students to train as health professionals, with a return of service commitment to our rural locality."

Theme: Whānau see workforce development as a pathway to long-term health security and equity.

Inclusion & Safety

- "Address the significant service gap for takatāpui whānau."

Theme: Whānau want services that are inclusive and safe for all identities, with dedicated support for takatāpui.

Intergenerational Care

- "50% of students don't attend school due to illness, trauma, and poverty."
- "Hauraki Plains College has zero Year 13 Māori students studying science."
- "Older populations in our community are suffering from a degree of separation from whānau."
- "Respite care... we have no relief."

Theme: Systemic underinvestment is fragmenting support for both rangatahi and kaumātua. Whānau want education-health partnerships and funded respite care.

Mental Health & Addiction

- "Lack of support groups for tāne."
- "Drug and alcohol help for adults. Mā ngā Rangatahi Māori (Addiction)."

Theme: Whānau want targeted mental health and addiction support for tāne and rangatahi, delivered in culturally safe ways.

System Integration

- "Services need to work better together, not in isolation."
- "Hauraki Council needs to help more."

Theme: Whānau expects agencies to collaborate, share data, and stop operating in silos.

Ngā Pikitanga ā-Hapori 2025

Community Wins | Paeroa 2025

Celebrating local resilience and partnership - these wins show what happens when community, iwi, and organisations move together.

New Ambulance for Paeroa

First brand-new ambulance in years, donated by Caroline Lind to Hato Hone St John. Expected to respond to 10,000+ emergency calls over its lifetime keeping whānau safe in moments of crisis.

(Source: Local news, Dec 2025)

Hauraki Māori Business Awards

Celebrating Māori enterprise across the rohe - kai production, creative industries, health services. Economic wellbeing is a foundation for hauora: thriving businesses mean secure incomes, strong whānau, and local jobs.

(Source: Event coverage, Nov 2025)

Paeroa Community Māra Kai

Locals are banding together to create a community-led garden on Aorangi and Ainslie Roads - a space for connection, learning, and kai sovereignty. Plans include workshops on composting, rongoā planting, and youth involvement. Supported by Te Korowai Hauora o Hauraki and Hauraki Māori Trust Board.

(Source: Valley Profile, Apr 2025)

Ngā Ratonga | Paeroa Services

- **Te Korowai Hauora o Hauraki: Paeroa GP Clinic:** Primary care cohort used for this report; GP and nurse care; Hinengaro; Tamariki Ora; Kaumātua Ora; Ohu Kāinga; rongoā/mirimiri; whānau navigation.
- **Paeroa Medical Centre:** General practice & urgent care for enrolled patients; enrolment pressure noted locally.
- **Unichem Paeroa Pharmacy:** Dispensing; vaccination support; medicines advice.
- **Paeroa Community Support Trust:** Social services & youth programmes, connection, activities, practical support.
- **Hauraki Māori Trust Board:** Whānau Development: Mentoring; cultural identity support; navigation.
- **Hato Hone – St John:** a wide array of health services, including ambulance services, first aid training, and community health programs. They also offer resources like medical alarms and health shuttles to support individuals in their wellness journeys. With a focus on building resilient communities, St John emphasises the importance of mental health first aid and offers various courses to empower learners in both personal and professional settings.
- **Te Whāriki Manawāhine o Hauraki (Women's Refuge):** 24/7 protection; crisis support; safe pathways for wāhine & whānau.
- **Tok Chiropractic:** visits once per week.
- **The Natural Health Clinic:** offers Naturopathic consultations for either chronic or acute conditions.
- **The Wellness Clinic:** a range of holistic health services.

Te Horahanga, ngā Āputa, me ngā Mahi | Coverage, gaps & actions

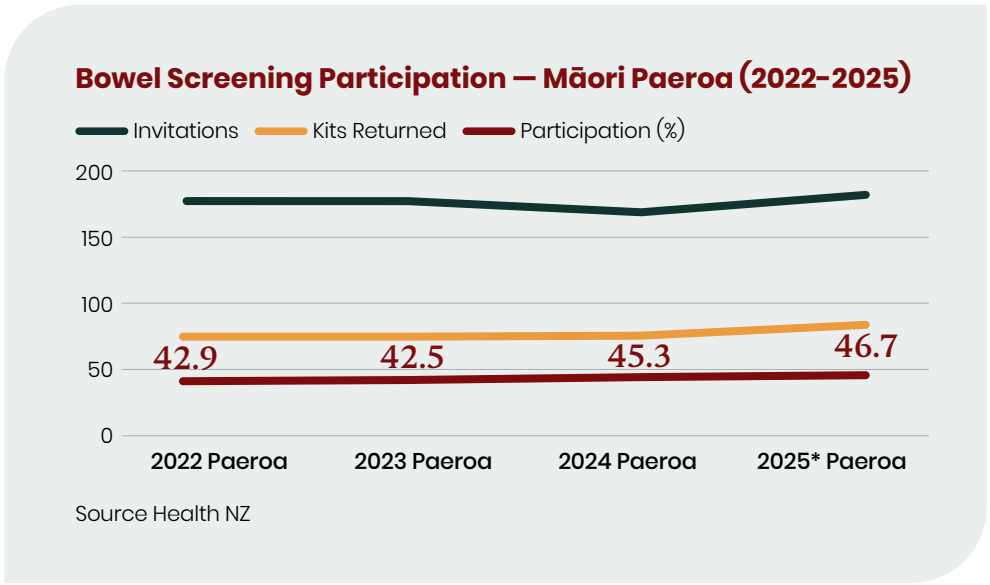
Whānau theme	Current coverage	Gap observed	Action we can take
Long waits; chronic conditions unmanaged	Te Korowai GP + Paeroa Medical Centre	Timeliness & continuity limited	Establish Paeroa Clinical Learning Centre Hub; extend hours; fund Piki te Ora long-term
ED discharges without transport	Ad-hoc whānau help; limited formal coverage	Last-step barrier to completing care	Pilot Care-Completion Transport Kaiāwhina (evenings/weekends)
Māori models of care requested	Te Korowai delivers rongoā/ mirimiri	Integration & funding uneven	Embed Māori models across providers; secure 5+ year contracts
Warm, dry, affordable homes	Housing services outside health	Cold/damp homes drive respiratory harm	Enable Whare Ora "housing prescriptions": heating/insulation via cross-sector fund
Food insecurity; emergency housing stress	Pataka Kai; community providers; refuge	Demand outstrips capacity	Coordinate MSD–Council–iwi; resource local kai & housing pathways
Takatāpui inclusion & safety	Regional/national supports	Local face-to-face gap	Co-design a local takatāpui youth support hub
Kaumātua respite & caregiver relief	Ohu Kāinga; informal whānau care	Limited funded respite & navigation	Ring-fence respite; strengthen connectors
Tāne groups; adult AOD; rangatahi addictions	Hinengaro; Youth INtact	Dedicated tāne & adult pathways thin	Set up tāne groups; expand adult AOD linked to iwi providers
Stop the silos	Multiple active providers	Fragmented handovers & data	Mandate cross-system data partnership; warm handover intake

Ngā Aroā Raraunga | Data-linked insights

Paeroa Hauora at a Glance

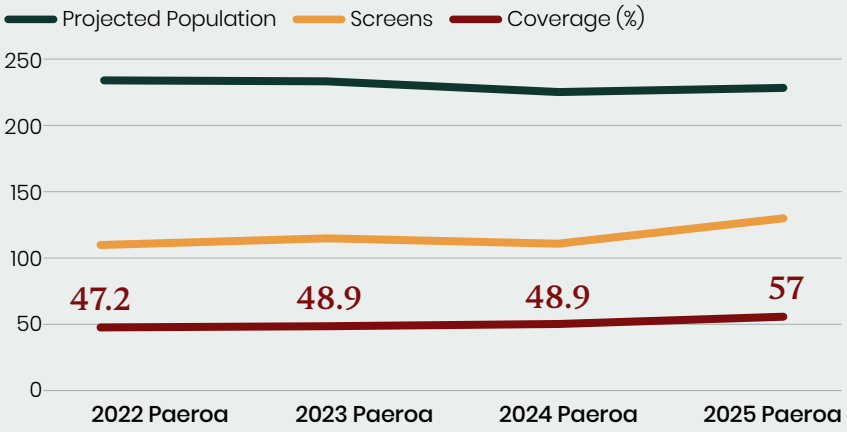
Data period

- **Screening:** Cervical ~65.5% (Māori); Breast ~59.6%; Bowel ~70.2%. Flu 65+: Māori ~40.8% vs non-Māori ~52.7%.
- **Chronic Conditions:** Diabetes (30+) Māori ~16.6% vs ~11.3%; Gout (30+ males) Māori ~22% vs ~12%; COPD (40+) Māori ~13.9% vs ~7.1%.
- **Smoking/Vaping (15+):** Māori ~38% vs ~22%.
- **ED presentations:** Māori 800 vs non-Māori 754 (higher proportionality)



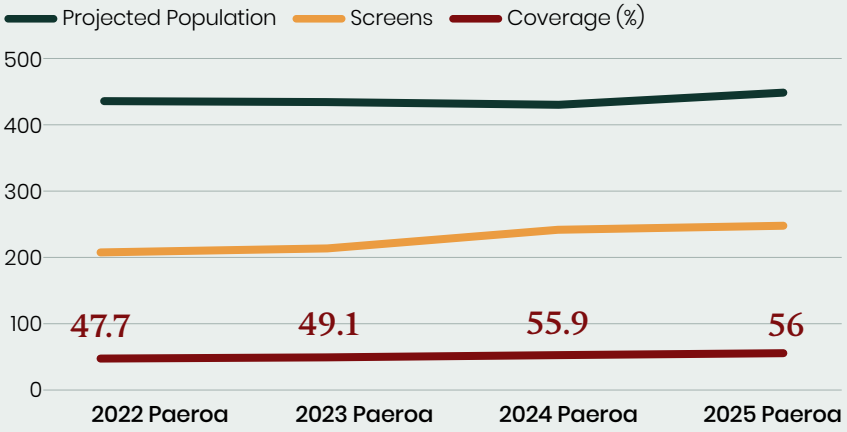
Source Health NZ

Breast Screening Coverage — Māori Paeroa (2022-2025)



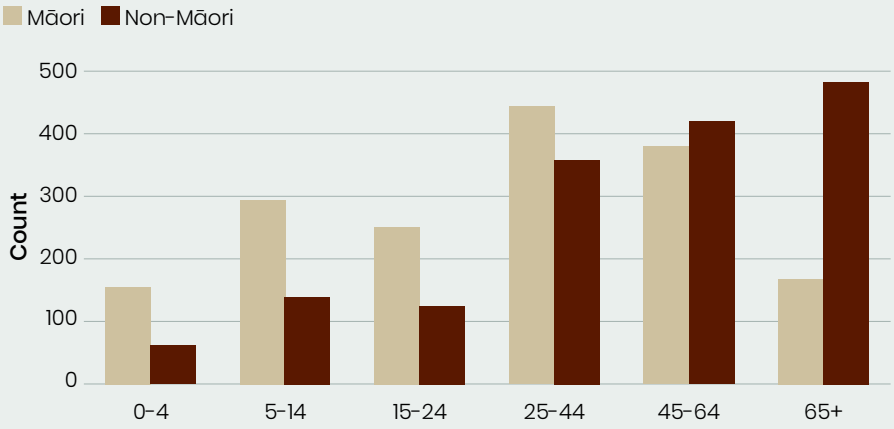
Source Health NZ

Cervical Screening Coverage — Māori Paeroa (2022-2025)



Source: National Cervical Screening Programme Data Warehouse, Health NZ; Stats NZ population projections. Extracted 10 February 2026. Ethnicity prioritised Māori. Coverage calculated as screens divided by projected eligible population based on HPV test date. *2025 data preliminary due to 6-month kit return window.*

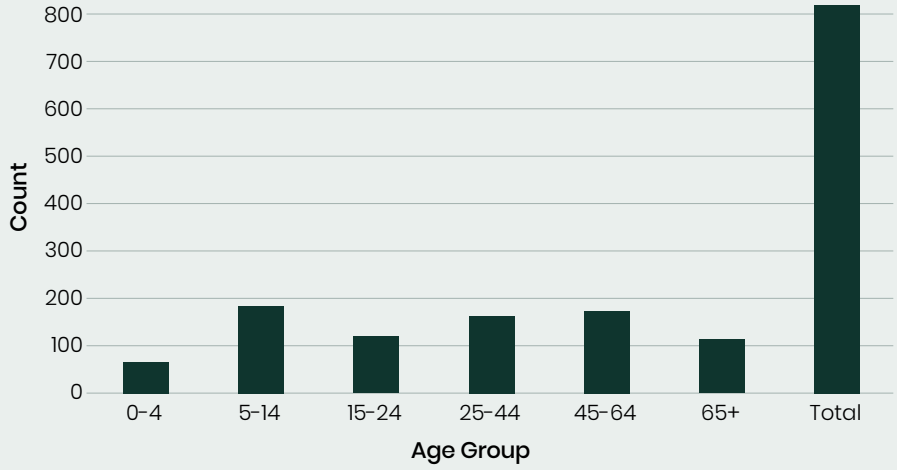
1. Enrolled population by age cohort (Māori vs Non-Māori)



Source: Te Korowai Paeroa – Hauraki PHO

What this tells us: The enrolled Māori population in Paeroa is **younger-skewed** (largest cohorts are **5–14** and **25–44**), while Non-Māori skew older (larger at **65+**). This has planning implications for **child, youth, and whānau-centred services** and the **future workforce pipeline**.

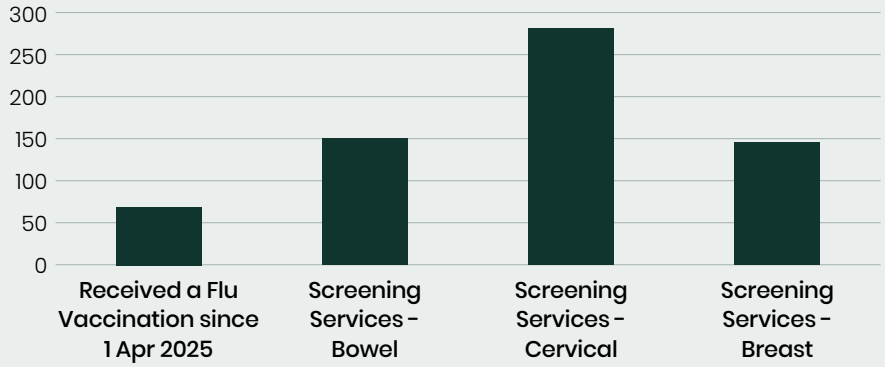
2. Māori patients by age group — Paeroa Medical Centre (counts)



Source: Paeroa Medical Centre – National Hauora Coalition

What this tells us: Within the Paeroa Medical Centre, Māori enrolments total **818**; the largest cohort is **5–14 years (183)**, reinforcing the need for **primary prevention, respiratory care, and school-based outreach.**

3. Preventive coverage — Screening & Flu (percentages)

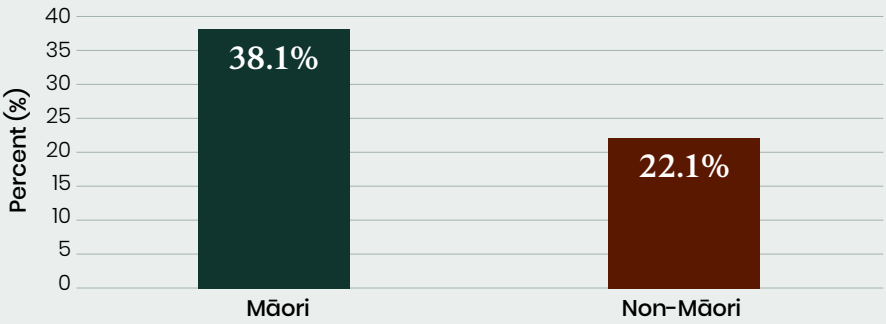


Source: Te Korowai Paeroa – Hauraki PHO

Key rates (Māori vs Non-Māori):

- **Flu (65+): 40.8%** (69/169) vs **52.7%** (254/482) → opportunity to lift Māori flu coverage via **Whare Ora + GP outreach**.
- **Bowel (60–74): 70.2%** (151/215) vs **72.0%** (290/403) → near parity; sustained **navigation + reminders** can close the gap.
- **Cervical (25–69): 65.5%** (283/432) vs **60.6%** (262/432) → Māori coverage is **higher**; protect this advantage with **community-led recall systems.**
- **Breast (45–69): 59.6%** (146/245) vs **58.6%** (188/321) → similar; **transport & kai support** improve attendance for both groups.

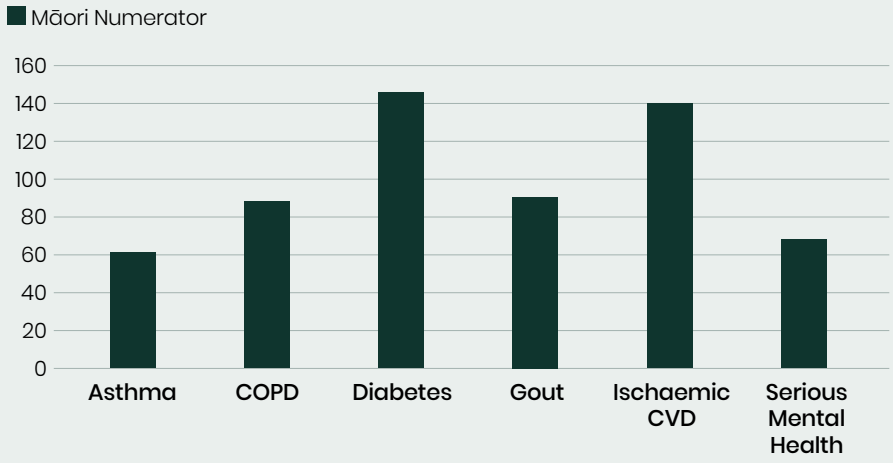
4. Smoking/Vaping (15+) — Prevalence %



Source: Te Korowai Paeroa – Hauraki PHO

What this tells us: Māori smoking/vaping prevalence (**38.1%**) is significantly higher than Non-Māori (**22.1%**), signalling need for **intensive cessation support** integrated with **respiratory & cardiovascular pathways**.

5. Long-term condition prevalence (Māori vs Non-Māori)



Source: Te Korowai Paeroa – Hauraki PHO

Headline differences (share of enrolled population):

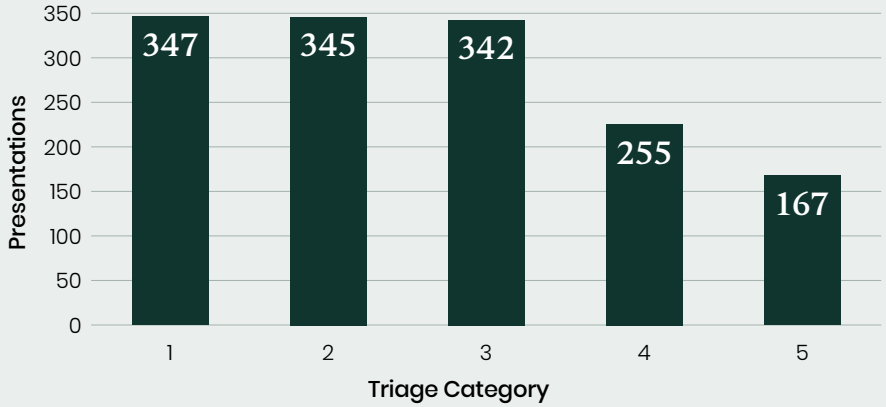
- **COPD (40+):** Māori **13.9%** vs Non-Māori **7.1%** → target **whare warmth & insulation + pulmonary rehab.**
- **Diabetes (30+):** Māori **16.6%** vs Non-Māori **11.3%** → expand **CCLC-linked diabetes education & kai ora.**
- **Gout (30+ males):** Māori **22.0%** vs Non-Māori **11.8%** → strengthen **uric acid testing & medication adherence** via whānau navigation.
- **Ischaemic CVD (40+):** Māori **21.9%** vs Non-Māori **24.5%** → maintain risk assessment + **smoking/HTN** focus.
- **Asthma (all ages):** Māori **3.6%** vs Non-Māori **4.7%** → sustained inhaler technique & **damp-housing remediation** still important.

6. ED presentations (all ages) — counts by ethnicity

Source: Te Korowai Paeroa – Hauraki PHO

What this tells us: Paeroa-enrolled Māori show **800 ED** presentations vs **754 Non-Māori**—with a younger Māori age-structure and higher COPD/diabetes prevalence, this underscores the value of **early access pathways** and **proactive respiratory care**.

7. Thames ED — average length of stay by triage (minutes)



Source: Thames ED Slide – Health New Zealand, Te Whatu Ora

What this tells us: **Higher-acuity patients remain longest** (Triage 1–3 ≈ **342–347 min**) and low-acuity shortest (Triage 5 ≈ **167 min**). This supports **fast-track low-acuity pathways** and reinforces **community respiratory management** to reduce ED load.

Ngā Aroā → Hei Mahi – Insights → Actions

- **Younger Māori age profile** + high **COPD/diabetes** → Prioritise **Whare Ora housing prescriptions** (heating/insulation) and CCLC-linked rural training for culturally competent care close to home.
- **Screening parity (or Māori advantage)** → Lock in gains with **community-led recall**, transport, and kai support—especially for **flu** where a gap remains.
- **Higher smoking/vaping prevalence** → Integrate **cessation** within respiratory/CVD clinics and **whānau navigation**, plus **warm-dry homes** to reduce triggers.
- **ED usage + LOS patterns** → Build **proactive care pathways** (rapid GP/virtual follow-up, after-hours advice) and **fast-track low-acuity ED streams**.

Ko Ngā Mahi e Angitū ana | What We're Doing Well

Tiaki Mātāmua me te Aukati - Primary Care and Prevention

Te Korowai Hauora o Hauraki — Paeroa GP Clinic

Screening coverage for Māori is strong: cervical ~65.5% (283/432), breast ~59.6% (146/245), and bowel ~70.2% (151/215) showing that trusted, culturally safe local pathways keep whānau engaged in preventative care. Flu vaccination uptake for Māori aged 65+ sits at ~40.8% (69/169) and is a practical area for improvement.

Clinical Exemplar: Piki te Ora

Te Korowai's Piki te Ora model delivers high-contact, culturally safe chronic care with a median HbA1c reduction of 16.0 mmol/mol at 6 months for people with Type 2 Diabetes - proof that equity-centred, whānau-anchored care changes outcomes.

Paeroa Medical Centre

Provides long-term condition management, immunisations, sexual health, and screening from a purpose-built facility in town delivering same-day urgent care to enrolled patients and stabilising routine access for many whānau. While workforce constraints have limited new enrolments, the presence of Paeroa Medical Centre alongside Te Korowai forms a dual-system backbone that serves the town's needs when both are supported and connected.

Hauora Hinengaro me te Tiaki Ahurea - Mental Health & Cultural Care

Local providers are embedding Māori models of care into mental health support, including rongoā and mirimiri alongside mainstream services. These approaches are building trust and engagement for whānau who previously avoided care. Evidence shows how culturally safe, high-contact care transforms outcomes.

Takatāpui whānau have called for services that are inclusive and safe for all identities. While regional support exists, local face-to-face options are limited. Co-designing a takatāpui youth support hub in Paeroa would strengthen belonging and mental wellbeing, ensuring that hauora services reflect the diversity of our whānau.

Family Violence Response

Te Whāriki Manawāhine o Hauraki continues to provide 24/7 protection and crisis support for wāhine and whānau. Strong collaboration between refuge, iwi, and health services ensures immediate safety, but the community is calling for more prevention and wraparound support to break cycles of harm.

Education Partnerships

Community-led initiatives like marae-based wānanga and Kura Reo strengthen identity and confidence, creating pathways for rangatahi into science and health careers. These cultural foundations are protective factors that support attendance and aspiration critical for reversing the current trend of zero Year 13 Māori students in science.

Mokopuna Ora – First 2000 Days

Taurima Te Pā Harakeke

A kaupapa Māori service guiding whānau from conception to age five, ensuring access to maternity care, immunisation, and early childhood hauora. This collective approach reflects the principle Mā te pā te tamaiti e whakatupu – it takes a village to raise a child, and is a cornerstone for lifelong wellbeing.

Ratonga Tuku Awhikiri -Outreach Immunisation Services

Have protected our most vulnerable tamariki, and while funding has ended for Niho Ora ki Hauraki (mobile dental), its success shows the value of bringing care closer to home.

Tūāhanga Uru - Access Infrastructure

The critical missing piece of the hauora system in Paeroa is **Non-Emergency Medical Transport (NEMT)**. Whānau need reliable, fully subsidised, scheduled transport for routine primary care and pharmacy trips, not just hospital transfers. Volunteer models cannot meet the high-frequency needs of chronic condition management or overcome financial constraints. This gap is structural, not charitable, and requires dedicated funding integrated into the primary care model. Reliable transport is as fundamental to hauora as medicines or housing, it is the bridge between whānau and the care they deserve.

E tohu ana i te aha?
– What This Tells Us?

- Prevention pathways are working (Māori screening rates are comparatively strong). Keep funding culturally safe local pathways.
- Chronic care works when it's high-contact and whānau-centred (Piki te Ora's HbA1c gains). Scale what's proven.
- Paeroa Medical Centre and Te Korowai together stabilise access when partnerships and warm handovers are intentional.
- Inclusion matters: Whānau expect services to be safe for takatāpui and all identities. Local solutions must embed cultural and gender diversity as a core principle.
- Hauora is not just clinical care, it's infrastructure: safe homes, reliable transport, and culturally grounded support from conception through kaumātua care.
- Early life investment, cultural safety, and practical access solutions are the levers for change. When whānau can reach care easily, live in warm homes, and trust services that reflect their identity, health outcomes improve across generations.

Hei Whakakaurapa – Potential Actions

- Scale Piki te Ora with 5+ year outcomes-based funding; measure HbA1c change, contact frequency, and ED reduction for enrolled whānau.
- Lift flu 65+ uptake (Māori) via pharmacy + marae clinics and social prescriptions; track coverage by month over winter.
- Paeroa Medical Centre - Te Korowai warm handovers: shared intake + same-day booking paths (where capacity allows), to reduce retelling and delays; measure time to appointment for chronic care follow-ups.

Ngā Whakaaro Whakamutunga | Final Reflections

The evidence from Hauraki is clear: when care is culturally grounded, locally delivered, and centred on whānau, outcomes improve. Māori screening rates, the success of Piki Te Ora, and the stabilising effect of intentional partnerships all point to the same truth, prevention and connection work. Whānau thrive when services reflect their identity, honour diversity, and remove practical barriers like cold homes, transport gaps, and fragmented handovers.

The path forward is not theoretical; it is already visible in the models that are working today. Scaling proven iwi-led care, strengthening early-life investment, and embedding cultural safety across all services will shift the system from treating illness to enabling wellbeing. When whānau can access care easily, trust the people providing it, and live in conditions that support health, the benefits ripple across generations.

Hauraki has the blueprint. What is needed now is commitment long-term, outcomes-focused, and grounded in partnership to turn these insights into sustained transformation for our whānau and community.

Whakakapinga : Hei otinga ake, tēnā te ara hikoi hei huarahi atu ki te pae o wawata. Kia piki te ora e Hauora Paeroa e.

Āpitihanga | Data sources & notes

Quantitative Data Collection Sources

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2. Paeroa demographic & context: Statistics NZ
3. Thames Hospital ED and Te Whatu Ora Waikato analysis: Provided directly by Health NZ, Te Whatu Ora for the purposes of this report
4. National Hauora Coalition: Paeroa Medical Practice data
5. Local services list: Paeroa services directory and provider pages, affirmed in-person

Qualitative Data Collection Method

Strategic connections have been made to support streamlined data gathering.

a. In person interviews completed with key stakeholders including CEOs of Te Korowai Hauora o Hauraki and Hauraki PHO, Te Whatu Ora leadership and mana whenua

b. Regular hui and exploration hui with Te Whatu Ora and Hauraki PHO data scientists/analysts to support both overall and Paeroa and Thames reports.

c. Contextual inquiry/informal kōrero: Proactive participant observation at key forums (e.g. community events, service presentations, Ministerial visits) to capture the current political realities, community sentiment, and nuanced lived experience to support literature and interviews.

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Ngā Tepenga Raraunga me te Whakamāoritanga

Data Limitations and Interpretation

The data referenced in this report comes from multiple sources, including PHO datasets, national surveys, and regional indicators. These sources are not always aligned in definitions, classifications, or reporting practices. Apparent differences between datasets may therefore reflect methodological variation rather than actual differences in service delivery or population need.

In some cases, small numbers and aggregation methods limit the reliability of conclusions, particularly at the local or sub-population level. Certain datasets also lack sufficient transparency to allow full interrogation of assumptions or data handling processes. Where town-level data is unavailable or suppressed for privacy reasons, regional data has been used for context only.

Accordingly, while the data provides useful directional insights, it should not be relied upon in isolation for definitive decision-making. Interpretation requires caution, contextual knowledge, and triangulation with qualitative evidence, including Whānau Voice.

Te Take me te Whakamahinga o Ngā Raraunga

Purpose and Use of Data

This report brings together Whānau Voice and a selection of health system data to understand access and system pressures in Paeroa. The information presented is intended to support shared understanding and informed discussion, not to judge individuals, assess provider performance, or claim precise local prevalence.

- **Contextual data:** Some data in this report is regional rather than town-specific. It is included to provide context where local data is limited or suppressed, and to support understanding of system patterns.
- **Integrated perspective:** By combining local service data, regional indicators, and Whānau Voice, the report aims to illuminate pressures and access patterns without attributing causality or assessing individual behaviour.
- **Kaupapa-aligned approach:** Whānau Voice is central to understanding system pressures. Data is used to support learning and shared understanding, not to define communities, measure individual behaviour, or evaluate service effort.

Ngā Tepenga - Limitations

This report has the following limitations:

- Reliance on secondary data sources
- Limited Māori-specific town-level data for some health indicators
- Absence of service-level performance analysis
- Absence of cost, funding, or workforce modelling

These limitations are consistent with the purpose of the report, which is to support system sense-making rather than programme evaluation.

The information within this report is subject to what was sourced at the time of drafting it noting that services change.

Ngā uiui e pā ana ki ngā raraunga, tukua ki: - Enquiries about data can be made here: Whakapā mai | Contact us - Te Tiratū Iwi Māori Partnership Board


Ko Moehau
Ko Te Aroha
Te Maunga
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