

*Nau mai
Haere mai
Welcome to
Taumarunui*



King Tāwhiao

"Kia hora te marino
Kia whakapapapounamu te moana
Ka tere te karohirohi i mua to huarahi"

"May the ocean be calm
And glisten like greenstone
And the shimmering light
Dance across your pathway"

In 1884 King Tāwhiao and a group of prominent
Māori Chiefs travelled to England to seek an audience with
Queen Victoria to discuss their concerns for Māori in Aotearoa.

Prior to his departure (in 1882), King Tāwhiao visited
Te Koura Marae for advice from the prophet, Rangawhenua.



Hauora

Taumarunui

2026



Puhaina Tongariro!
E rere nei Awanui,
Ko te wa inu inu tēnā,
Na Ruatupua i mua e
Puhaina Tongariro!
E rere nei Awanui,
Ko te wa inu inu tēnā,
Na Ruatupua i mua e

Tongariro erupts!
The great river flows,
Tis the thirst quenching waters,
Belonging to Ruatupua of ancient times



He Whakamihi

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 wish to acknowledge mana whenua, Ngāti Hāua, the central iwi in Taumarunui. They have very close ties to the upper Whanganui Iwi, Ngāti Maniapoto Tuhua-Hikurangi, Ngāti Tuwharetoa Hinetakuao, Ngāti Manunui, Hinemihi, and Hikairo ki Tongariro.

The iwi unified during COVID-19 to create the framework known as 'Te Whare Taumarutanga'^[1]. It places Māori at the heart of Taumarunui for community response and development. It honours the mana of these iwi, and shared history and especially in times of collective action and care.

We would like to recognise the Ngāti Hāua representative on Te Tiratū Iwi Māori Partnership [Board](https://www.tetaumarutanga.co.nz), Maxine Ketu, the Kairangahau for the Ngāti Hāua Whānau Voice Work in 2024, Kuru Ketu, along with the many whānau, health, social service, and community stakeholders that provided insights. Ngā mihi nui ki a koutou katoa.

^[1] <https://www.tetaumarutanga.co.nz>

Ngā Ihirangi | Contents

Whakarāpopototanga Executive Summary	4
He Orotau Hohonu – Key Insights	5
He Karanga ki te Wā Call to Action	6
Tiaki Mātāmua – Primary Care	7
He Taka Rongoā – Pharmacy	8
Ngā Ratonga Hohipera – Hospital Services	9
Ngā Ratonga Hauora, Pāpori Hoki – Health And Social Services	10
Hauora Whitimamao/Te Hono Ā-Matihiko Me Te Reo Matatini – Telehealth/Digital Connectivity And Literacy	10
Tirohanga Whānui – Overview	11
Data Snapshot – Taumarunui	13
Tirohanga whānui o te taupori Population	14
Ngāti Hāua (Taumarunui) – He aha ngā kōrero a te iwi? What did iwi say?	15
Ngā Moemoeā mō te Hapori o Taumarunui – Ngāti Hāua Hauora Aspirations for the Taumarunui Community include:	16
Ngā Moemoeā mō te Hauora o Ngāti Maniapoto, o ngā whānau, Ngā Miramira, Ngā Mahi – Hauora Aspirations for Ngāti Maniapoto whānau, Priorities and Proposed Actions.	17
Te Reo o Ngā Whānau o Ngāti Hāua me Te Rā Hauora o te Hapori o Taumarunui – He Whakahokinga Kōrero – Ngāti Hāua Whānau Voice And The Taumarunui Community Hauora Day (April 2025) Feedback	18
Te Whakatere I Te Pūnaha Hauora, Ngā Mōhiohio Me Ngā Mātauranga Hauora – Health System Navigation, Information and Health Education	19

Te Kounga O Te Ratonga – Quality Service Provision	19
Te Whai Wāhi Ki Te Mātanga Tiaki Me Te Whakarārangi – Access to Specialist Care and Triaging	20
Ratonga Ā-Niho, Ā-Taringa, Ā-Karu – Dental, Ear and Eye Services	21
Tūnuku – Transport	22
Te uru ā-tūnuku ki ngā tāpui – Transport Access to Appointments	22
He tautuhi i ētahi huihuinga tāngata o roto o te hāpori – Specific Population Groups within the Community	23
Rangatahi	23
Wharenoho – Housing	24
He aha ngā kōrero a ngā kaiārahi o ngā ratonga hauora, ratonga pāpori hoki o Taumarunui – What did the Taumarunui Health & Social Service Leaders Say?	24
Rangatahi	25
Whakawhanake Hungamahi – Workforce Development	30
He aha ngā take i haere ai ngā Māori o Taumarunui ki te Hohipera o Waikato – Why Māori From Taumarunui Travel to Waikato Hospital	33
Ngā Takenga Hauora – Determinants Of Health Wider Community Pressures for Whānau Impacting on Health Status	33
Ko Te Reo O Te Whānau Me Te Hāngai O Ngā Whāinga Hauora O Te Kāwanatanga – Whānau Voice and the Relevance of Current Government Health Targets	37
Te Whai Wāhi ki ngā Kai Haumate, ki ngā Waipiro hoki – Access to Unhealthy Food and Alcohol	41
Ngā Whakaaro Whakamutunga – Final Reflections	45
He Pukatara, He Kuputoro References/Hyperlinks	47



Whakarāpopototanga

| Executive Summary

Taumarunui, like many rural communities, faces geographic isolation, socio-economic hardship, and limited service access. Understanding access requires looking beyond policy to the everyday experiences of whānau navigating the health system.

This report identifies key opportunities, challenges, and systemic barriers affecting Māori health and wellbeing, supporting whānau, community leaders, and Te Tiritū to advocate for the services and resources needed for Taumarunui to thrive now and into the future.

The findings represent the collective voice of iwi, whānau, community, and local health, social service, and education providers, drawing on whānau surveys, iwi and provider insights, PHO-supplied GP data, national registries (cancer & immunisation), and Te Whatu Ora, including Taumarunui Hospital.

During the Covid-19 pandemic, Ngāti Hāua (Taumarunui) lead and delivered with our whanaunga, highly effective community-wide support and success through extensive monitoring and strong advocacy for whānau. However, when Health NZ funding and resourcing came to an end, the efforts by iwi to retain support were not upheld. This left Ngāti Hāua (Taumarunui) and the wider community feeling disappointed, particularly given the clear value of the services provided. Despite this setback, the iwi remains committed to pursuing pathways to reinstate these essential services, recognising that the need extends well beyond a pandemic context.

He Orotau Hohonu | Key Insights

- **High and preventable disease burden:** Māori in Taumarunui experience elevated rates of asthma, dental issues in tamariki, pre-diabetes and type 2 diabetes, cardiovascular disease, gout, and mental health needs requiring both primary and specialist support. COPD and cancers are present but less prevalent. Many conditions contribute to avoidable early mortality. Smoking rates remain slightly above the national Māori average.
- **Critical but strained hospital:** Taumarunui Hospital is essential but limited by staffing shortages and outdated facilities. Specialist visits are needed, as transport, cost, and whānau support barriers make accessing care outside the district difficult.
- **Limited local assessment for complex conditions:** Whānau report that serious conditions often trigger automatic transfer to Waikato Hospital, discouraging early presentation and placing financial and emotional strain on families.
- **Need for health literacy and coordinated services:** Whānau consistently seek clearer information on managing chronic conditions and navigating services. Siloed delivery undermines wellbeing highlighting the urgent need for agencies and providers to collaborate.
- **Rangatahi wellbeing at risk:** Young people, particularly rangatahi men, require more local mental health and social support services due to increasing distress without adequate local support.
- **Dental care gaps for tamariki:** Mobile dental services are valued but not frequent enough to prevent avoidable hospital admissions and costly specialist care.
- **Workforce development is essential:** More accessible health training pathways are essential to grow a skilled, local workforce capable of delivering high-quality care.
- **Positive engagement in early childhood care:** Plunket's strong whānau relationships have contributed to Māori childhood immunisation rates exceed the Waikato average..
- **Housing progress underway:** New social housing developments led by Taumarunui Community Kokiri Trust will help address critical housing shortages.

Despite challenges of isolation and limited resources especially for whānau who are disabled and identify as LGBTQIA+, Taumarunui is strengthened by resilient whānau and community-driven initiatives that uplift and empower its people.

He Karanga ki te Wā

| Call to Action

Whānau in Taumarunui are missing out on essential health services. Here is what must change.

We are calling for:

- 1** Immediate investment in rural specialist services.
- 2** Support for mobile clinics across the district.
- 3** A rural workforce recruitment package.
- 4** Improved transport for hospital appointments.

Without change:

- 1** Late cancer diagnosis.
- 2** Rising heart disease and respiratory illness.
- 3** Increased emergency transfers to Waikato.
- 4** Greater inequity for rural Māori communities.

Tiaki Mātāmua – Primary Care

Free!



Affordable, and accessible GP appointments.

Provide solutions for unenrolled Māori to GP services.

Long Term Conditions



Increased support for managing long-term conditions including cancers, cardiovascular disease, stroke, respiratory illness, mental health, diabetes, and gout through regular health sessions offering information, guidance, and training for whānau.

Health Promotion /Health Coaches

Increase the range of providers and initiatives including kaupapa Māori activities to support the achievement of healthy lifestyles and prevent/delay long term conditions.

Mobile Health Services

Expand mobile services to remote communities like Kaitieke, Tokarima, and Ohura, including workplace visits for roading, construction, forestry, and primary industries. Provide more regular mobile clinics in Taumarunui offering hearing, eye, screening, and affordable adult dental services.



Collaboration of Services



Improve access and continuity of care for whānau with health and support services, reducing repetition and navigating fragmentation, including shared data on early death rates from conditions like cancer.

Oral Health

Ensure the provision of a six-monthly oral health service for tamariki to prevent chronic conditions. Provide affordable dental care for those 18yrs+.



Tiaki Mātāmua - Primary Care

Rangatahi

Increase availability of fit for purpose competent rangatahi services, in particular Mental Health & Health Promotion services, along with Vaping, Sexual health Services, Oral health, Nutrition, Alcohol and other drugs.

Rongoa Māori

Increased information and investment needed, to provide these services to the community.

Blood Testing

Promotion of an annual blood test for early detection of a variety of health conditions Māori suffer from. Including this service in the triage area would increase the opportunities for whānau to access.



Antenatal

A program for first-time and young māmā supporting the wellbeing of māmā and pēpi, offering extended post-delivery care to establish breastfeeding and provide skills and resources for them and their tamariki.

He Taka Rongoā - Pharmacy

Support the Sole Pharmacist -

to continue to operate by supporting and maintaining a qualified pharmaceutical workforce for Taumarunui including supplying the hospital with medicines now and into the future.



Ngā Ratonga Hohipera – Hospital Services



Medical Specialists

Expand specialist hospital services in Taumarunui with more regular visits for key community health issues, including cardiology, dialysis, and chemotherapy.

Flexible Hospital Appointments



Coordinate flexible appointments at Waikato Hospital, allowing whānau to attend multiple visits in one day and align with the Taumarunui hospital bus service.



Transport to Waikato Hospital

Upgrade the bus/shuttle to Waikato Hospital to include air conditioning, heating and comfortable seating for the 6 hour return trip. Provide two services per day for morning and afternoon hospital appointments.

Rural Clinical Workforce

Provide incentives to attract, retain, and support clinical and health professionals like pharmacists, midwives, optometrists, and paramedics to live and work in Taumarunui.



Clinical workforce gaps limit whānau access to Taumarunui Hospital. With few local specialists, common conditions like cardiac and respiratory illness often require transfers and travel.

Source: Hospital service profile, PHO condition prevalence.

Ngā Ratonga Hauora, Pāpori Hoki – Health and Social Services

Healthy Homes



Increase collaboration and co-ordination of housing insulation and heat pump initiatives amongst iwi, government agencies, and providers to also support those with respiratory conditions, kaumātua, and young families who are in rental properties.

Health and Social Services Contracts –

Ensure a process that enables collaboration and quality service provision – rather than competition.



Health Information



Increase navigators that provide a centralised connection point and information for whānau to optimise the services available to them and improve their health literacy and knowledge of resources and services.

Workforce Development –

Increase the access and availability of training for the workforce to deal with complex mental health needs and increase Navigators knowledge of the type of services/support available to whānau.

Hauora Whitimamao/Te Hono Ā-Matihiko Me Te Reo Matatini – Telehealth/Digital Connectivity And Literacy

Increase Access



To affordable, high-quality digital connectivity (and subsidised satellite device provision for remote areas of surrounding Taumarunui) to help improve the uptake and use of telehealth and enable emergency call access.



Provide Digital Literacy Training/Support

For whānau to access health appointments, results and health service/literacy information.



Tirohanga Whānui – Overview

The health status of Māori in Taumarunui is part of a broader regional and national picture that highlights persistent inequities and targeted efforts to improve outcomes.

The focus on towns in the tribal/geographical locations of Te Tiriti IMPB partners, enables a picture of the current status of the hauora of our whānau in our rural and smaller towns. It provides a lens on the current barriers, the enablers, and structural issues alongside the wider impact of the determinants of wellbeing on the health status of our whānau.

It also provides a snapshot of the practical realities for achieving the five priority areas of the health system for Taumarunui as identified in the Government Policy Statement 2024–2027. It identifies the gaps in the priorities of the Rural Health [Strategy](#) 2023 for Taumarunui in regards to the access and availability of services closer to home, and for a rural health workforce.

This Taumarunui Town Report uses information gathered from the whānau voice work of Ngāti Hāua and Te Nehenehenui in 2024, PHO practice data for Taumarunui, additional whānau voice from the Community Hauora Day in April, Te Tiriti online survey information (as available/relevant), census data, and informal key stakeholder meetings to provide a current insight.

Me pēhea e pānui ai tēnei pūrongo – How to read this report

The main sections focus on what the data and whānau voice are signalling, not on listing every service or dataset.

Te whakamahinga o ngā raraunga o roto o tēnei pūrongo – Use of data within this report.

Data inconsistencies and gaps influence how need is understood, how resources are allocated, and how whānau realities are represented in decision-making.

Opportunities to strengthen the data system across agencies include:

- Improving consistency in data definitions and classifications
- Increasing transparency in data handling and assumptions
- Complementing quantitative data with qualitative and whānau-led insight
- Establishing shared standards that support trust, comparability, and accountability

A coordinated approach across data custodians (i.e. PHOs/Te Whatu Ora) will ensure that future reporting supports informed, equitable, and evidence-based decisions.

Better data is not an end in itself, it is a prerequisite for better outcomes, stronger systems, and services that reflect the realities of whānau.



Data Snapshot **Taumarunui**

Māori make up over half of the Taumarunui township population and nearly half of the wider catchment (2018 Census with 2023 estimates).



Nearly two thirds of residents live in NZ Dept 9–10 areas, indicating sustained socio-economic pressure.



PHO data shows high prevalence of asthma, diabetes, gout, cardiovascular disease, and mental health illness.



Hospital presentations reflect late escalation rather than early access.



Sources – Stats NZ Census, PHO enrolment data

Mahere Hauora, Rautaki Hauora – Hauora Plans & Strategies

In 2025, **Te Tiritū** launched its Community Health [Plan](#) and Hauora Priorities [Report](#).

These documents are used by Te Tiritū as key tools to advocate to Health NZ and any relevant government agencies. They provide solutions and outline the health inequities and barriers for Māori in the Waikato.

Tirohanga whānui o te taupori

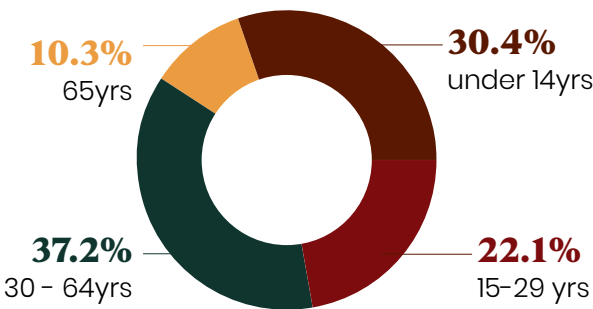
| Population

Taumarunui is a small rural town located in the Ruapehu District, and the Manawatū-Whanganui region, where the Whanganui and Ongarue rivers meet. It sits approximately 65 km south of Te Kūiti and 55 km west of Tūrangi, and functions as a central service point for a wider rural catchment that includes Ōtangiwhai-Ōhura, Ngāpuke, National Park, and surrounding communities. Historically, Taumarunui was a key hub in linking major transport routes and connecting to smaller Māori settlements.

Based on 2018 Census data with updated 2023 estimates applied, the total population across the Taumarunui township **and** surrounding areas included in this report is 8,382 people, with Māori representing 47.5 percent of the wider

population. Māori population proportions increase closer to the township, reaching over half of residents in Taumarunui North, Central, and East.

The total Māori population usually resident in Taumarunui township is 4821 comprising 54%. Taumarunui has a younger Māori population with:



With a high Māori population and a younger age profile than the national average, Taumarunui carries long-term demand across maternal health, rangatahi wellbeing, and chronic conditions earlier in life. This shapes service pressure well before hospital contact.

Source: Stats NZ Census 2018 with 2023 estimates.

	Total population	Māori descent population	
Otangiwhai-Ōhura	1077	369	(34.3%)
Ngāpuke	1353	612	(45.2%)
Taumarunui North	1656	840	(50.7%)
Taumarunui Central	1542	834	(54.1%)
Taumarunui East	1623	1029	(63.4%)
National Park	131	35	(26.5%)
Total Population	8382	3984	(47.5%)

Data sourced from Whaitua



Photo - whānau from the Taumarunui Hauora Day - 12 April 2025

Ngāti Hāua (Taumarunui) – He aha ngā kōrero a te iwi? What did iwi say?

- As a member of Te Tiratū IMPB, Ngāti Hāua (Taumarunui) engaged and worked with many people and communities within the rohe, in order to undertake the whānau voice feedback process in 2024. Many of the issues identified are not new conversations for the whānau, hapū, iwi and wider community.
- Ngāti Hāua also undertook a review of pre-existing data that had already been collected by the iwi, as well as data from other agencies including Te Whatu Ora. The research methods included online surveys, online webinars, and utilised social media to talk with people. This process concluded mid-July 2024 (Ngāti Hāua 2024).
- It should be noted from the Ngāti Hāua work in 2024, what arose from the discussions about priorities for Māori and solutions to address those, was an

overwhelming direction from the people that this process must also involve the participation of the wider Northern Ruapehu community. As a result, the Ngāti Hāua Trust undertook to give life to that direction by forming a working party that had the ability to connect with as many individuals as possible in the community within a short space of time, which provided a platform to talk with a varied cross section of the community.

- Emergency Disaster Management (EDM) – Ngāti Hāua via their programme Te Whare Taumarutanga provided a collective response to Covid. More recently, the local Civil Defence led through Ruapehu District Council has worked with local marae for the delivery of First Aid Training. The Co-ordinated Incident Management System (CIMS) approach for EDM provides a potential opportunity to support whānau/ Hapu/Marae Emergency Disaster Management and hauora in the future. *Locality Planning Findings Report Ngāti Hāua (2024) pg. 4.*

Ngā Moemoeā mō te Hapori o Taumarunui – Ngāti Hāua

Hauora Aspirations for the Taumarunui Community include:

- Increase access to knowledge of services available to self-determination in the health system, to positive experiences and to quality specialist services (both health and well-being related).
- The provision of quality services to the community, with Funders and Service Providers collaborating for the benefit of the community reducing “the competition mentality.”
- The provision of more doctors (primary healthcare and specialist) and nurses in the Community by undertaking enhanced national and international advertising to recruit and sell the rural lifestyle to them. An incentive system could also attract more health care professionals to rural communities. Incentives around housing, training and

lifestyle all add to the attractiveness of rural life.

- Provision of mobile health services to remote communities like Kaitieke and Tokarima, as well as potential for workplace visits for the roading, construction, forestry, and primary industry sectors.
- Improve the hospital bus service, including options such as smaller vans providing custom transport services to Waikato Hospital for more vulnerable people.
- Utilise the hospital premises to deliver more centralized services and/or provide specialist services for cancer and dialysis, which are in high demand for a large number of our community.
- Increase the rural training of health care professionals in Taumarunui, by bringing back compulsory rural placements and field work training to ensure health care professionals can deliver services for rural communities like Taumarunui and give training professionals a taste of rural living.





- Create a one stop shop for services available in Northern Ruapehu, which acts as a hub, and provides a way that services could network with each other. The hub would link people with the knowledge and information regarding services available and could provide advocacy support.
- Provide solutions which empower and support whānau/Community with the options and training to deliver their own care. Thus, enabling some level of care to be delivered by whānau for whānau at home or in hospital.
- For whānau and the Community to have access to Healthy Homes initiatives so they can receive the support needed to ensure all homes are fit for purpose and meet the Healthy Homes standard. Funding policies also need to address (and monitor) support for those whānau in need who rent.
- Increase engagement and assistance from/by Te Whatu Ora, and for Te Whatu Ora to work collaboratively with other Ministries to help target particular issues based on existing data held by them.
- Ensure the commissioning of properly qualified and capable providers, particularly for priority areas like Mental health care. Commissioning also needs to have clearly communicated expectations of efficiency, delivery and reporting as well as collaborative and effectiveness provisions.

Ngā Moemoeā mō te Hauora o Ngāti Maniapoto, o ngā whānau, Ngā Miramira, Ngā Mahi – Hauora Aspirations for Ngāti Maniapoto whānau, Priorities and Proposed Actions.

Ngāti Maniapoto whānau voice work utilised whānau feedback gathered from Hui-a-Tau, other tribal hui and data. Themes from this information were then used to develop hauora/oranga priorities. The primary focus for Maniapoto whānau, hapu and iwi for the 2024-2028 period is ensuring Equitable access to quality healthcare for those 18 years & under and kaumātua.

- Empowering whānau with hauora education and literacy.
- Increasing whānau access to healthcare services / removing financial, geographical and cultural barriers to access.
- Upskilling & growing the Maniapoto health workforce.
- Researching, preserving and learning from mātauranga Maniapoto as it relates to hauora (health & wellbeing).
- Aligning and collaborating with Maniapoto to achieve the aspirations of Maniapoto whānau.

Punga is the first strategic milestone for Te Kawau Rukuroa the 2023-2027 Maniapoto 2050 Tribal [Plan](#). Activities completed include:

Te Nehenehenui has implemented a Kaumātua Health Insurance Scheme. A range of workshops on different hauora/oranga kaupapa were implemented in 2025. These included First Aid, Financial Literacy, Housing Maintenance and Repairs, Community and Marae Emergency Disaster Management and Resiliency, and various cultural initiatives upholding Maniapoto Identity.



Te Reo o Ngā Whānau o Ngāti Hāua me Te Rā Hauora o te Hapori o Taumarunui – He Whakahokinga Kōrero – He Whakahokinga Kōrero - Ngāti Hāua Whānau Voice and the Taumarunui Community Hauora Day (April 2025) Feedback

Access to services was the overriding issue amongst whānau, with wait times, health service availability especially specialist, transport and cost being the most common factors of concern.

Health decisions are often made around what can be afforded this week, not what would help most in the long run.

“The costs... keeping up with the wellbeing of my whānau has come at a huge cost... I would estimate I spent well over \$1000 in six months of GP visits and meds – money I can’t afford.”

Photo - whānau from the Taumarunui Hauora Day - 28 February 2026

**Te Whakatore I Te Pūnaha
Hauora, Ngā Mōhiotio Me Ngā
Mātauranga Hauora** – Health
System Navigation, Information
and Health Education

- Whānau voice work identified a real need for both health literacy and health education. Many whānau were not aware of the range of services provided in Taumarunui, how health insurance worked, what they were entitled to access, as well as information to support navigating and engaging with the system.

"I don't know what we are entitled to sometimes ...we normally find out when it's too late."

- Many still do not know their basic rights in the health system and found it hard to fight for any sense of equity once in the system. This ranged from not knowing that a patient and their whānau can stay the night with a loved one admitted to hospital and working through a discharge plan before leaving the hospital.
- Whānau identified that many health care workers and other stakeholders were also unsure of all the services available to assist, hence a basic need for knowledge upskilling amongst staff.
- Many whānau mentioned they did not feel fully informed about their health issues. The length of health appointments meant they were provided with brief information but did not feel the information received was adequate to help them long term. whānau with co-morbidities identified that they struggled to self-manage their care as the necessary resources were not available for them. This impacted on their level of health.

“It would be good to sit down with somebody and ask all the questions without feeling like you’re being rushed.”

Whānau identified feeling lost once they got to the door at Waikato Hospital not knowing where to go. Providing Navigation and/or advocacy services at (both) hospitals for Taumarunui were suggested as ways to address this issue.

Te Kōunga O Te Ratonga – Quality Service Provision

- A constant message about services are stretched and often feel rushed locally and from Waikato Hospital. Whānau felt quality had run thin and whānau reported inconsistent experiences and gaps in follow-up. This was linked to the limited number of doctors and nurses, the limited availability of specialist practitioners and the overall treatment they received. They accepted that this is a nationwide issue but felt more could be done to address this in a way that provided practitioners and the public with a sense of control over a health workforce issue that has existed for many years.

“Booking an appointment took three weeks, and I still didn’t see my own GP.”

- Many felt as though they had to continuously repeat their issues and became frustrated by the rigmarole this created or that the lack of communication between services

meant that they had to jump through hoops to access the specific care treatment they required.

“I am sick of having to repeat myself every time to all the services. It’s a hoha they don’t talk to each other.”

- Centralising the services in one location and providing a standardised data base would allow people and whānau to access more than one service during one visit, maximising their experience and potentially their particular health outcomes. The Taumarunui hospital facility was something that people wanted to see resurrected to its former glory, with the chemist, physio, dental, disability and mental health services (to name a few) all delivered out of these premises.
- Whānau identified instances where they felt members of the health workforce did not understand or want to understand Māori perspectives and health needs. As such, whānau felt they were unable to provide culturally appropriate health care for them. There was a call for more Māori staff into healthcare roles within the region. Whānau identified barriers in building a rapport with doctors whom they considered were just in town to get their residency/visa before leaving to work overseas.

“Whānau need advocates who can walk with us on our journey, like during Covid with Te Whare Taumarutanga.”

Te Whai Wāhi Ki Te Mātanga Tiaki Me Te Whakarārangi – Access to Specialist Care and Triaging

- There was an all-round concern that specialist doctor access and age care services were limited. People were then required to travel for this, taking time away from work and the added expense that brings. In addition to this, the triaging process was considered ineffective. The community told us that blood testing that tested for a variety of issues was needed in the triaging space. Many had experienced being sent home and then subsequently presented later to Accident & Emergency with cancer, broken bones, and other diseases/ viruses.

“We want specialists to come to Taumarunui, I can’t afford to go up to Waikato and leave my kids behind with others.”

“I have constant pain from my chest around to my back, on a five-year waitlist to be tested if I have a heart condition, because I failed the stress test.”

Another explained: “I was told four months ago my knee replacement would be done, now I’ve been taken off the list and put back on – I’m still waiting in severe pain.”



Ratonga Ā-Niho, Ā-Taringa, Ā-Karu – Dental, Ear and Eye Services

- Whānau Voice feedback identified the lack of dental, ear and eye services in Taumarunui. Many travel for these services or don't access them at all. This has resulted in whānau having teeth pulled out (as a cheaper option), living with poor eyesight and/ or poor hearing. The costs associated with these issues were enough to deter entire communities of people from even thinking about making an appointment.
- There is no Optometry service in the town, and one user pays Audiology service. A whānau member at the Health Day identified that they had been waiting 2 years for cataract surgery.
- A dentist service is available in the community and provides emergency dentistry after hours on a case-by-case basis however this is often not affordable. A mobile dental service has been recently provided to address the back log of tamariki waiting to be seen. In addition, the community water supply does not have fluoride in it.

“I don’t want my kids to have bad teeth like mine. I can’t afford to go to the dentist, I just put up with the pain.”

Tūnuku – Transport

Access to Emergency Care Transport

- The limited yet overly stretched ambulance service incurs long wait times and even instances where the ambulance did not turn up at all because it had to do a self-prioritisation of the emergency calls it was receiving. This meant that many whānau had to drive themselves or arrange for someone else to drive them to the Emergency Department at Taumarunui Hospital. In some situations, their condition was such that they were sent to Waikato Hospital, which then strained the ambulance's capabilities to service the community at that time. Some whānau drove to Waikato Hospital while being in a critical condition. There was a call for more paramedic and ambulance service professionals.

“We need more ambulances and the people that can drive them.”

Te uru ā-tūnuku ki ngā tāpui – Transport Access to Appointments

- The Waikato hospital bus was a concern in this area, with whānau referring to the current poor condition of the bus, lack of heating and air conditioning, uncomfortable rigid seats and 6 hour return trip to Waikato Hospital. whānau identified that it was an uncomfortable and long trip particularly for the elderly and those that were in pain or in a vulnerable condition. The departure time of the bus meant that people cannot use the service if appointments have been scheduled between 8:30-10:30 am or later than 3pm. This is a long day for whānau who must wait all day to return back to Taumarunui (creating further stress and wellbeing issues that many felt were avoidable and easy to resolve).

“When I used the hospital bus, it had no heating or air conditioning ...it's too long a trip from Taumarunui and Waikato Hospital.”

- Mobility Van services in Taumarunui are staffed and driven by retired volunteers. Occasionally, the driver/s may take a patient up to Waikato, and a regular medication drop off round for some whānau from the Pharmacist is undertaken.
- More recently Horizons and Waikato Regional Councils have opened access to the wider public and introduced Bee cards. This has created additional challenges for drivers when issues occur such as, refusal to pay (for those who do not show evidence of a hospital appointment) and inappropriate behaviour. **The sub-standard service deters whānau from using it. A smaller bus is needed as an option.**

Hospital data shows that Māori often present later and with higher levels of unwellness, reflecting access constraints rather than lack of engagement. By the time whānau reach hospital care, issues are frequently advanced and require transfer. Hospital use therefore signals where local capacity has been exceeded, not where care began.

Source: Taumarunui hospital activity summary with 2023 estimates.

Hauora Hinengaro – Mental Health

- Mental health in general was seen by whānau to require significant attention. In particular, whānau identified a gap in relation to appropriate mental health service provision for rangatahi, with it taking too long to get support. Alongside this, whānau identified a need for quality and more specialist mental health services (including those that specialise in working with rangatahi) and upskilling and support of existing staff.
- As a small town, whānau identified seeing more examples where P or Methamphetamine (meth) use was becoming more visible than previously, and needed some focus on how to approach the issue in the community, particularly as Police consider meth supply in Taumarunui is connected to organised groups rather than casual or small-scale dealing.

“We see people on our streets now with weird behaviour. Think they have mental health issues caused by meth...It’s a small community... people talk.”

Wastewater monitoring across the Waikato and Central regions shows rising methamphetamine presence. While local prevalence is difficult to quantify, whānau and provider feedback indicates increasing visibility and associated mental health impact.

Source: NZ Police ESR wastewater monitoring, whānau and provider feedback with 2023 estimates.

He tautuhi i ētahi huihuinga tāngata o roto o te hapori – Specific Population Groups within the Community

- Within the community as a whole, rangatahi, minority communities (Asian, Pacific Islander, LGBTQ+) and the aging population, all noted a disconnect between their specific needs and the available services designed for them. There are no targeted or customised services that directly address their needs.
- Currently many rangatahi are not engaged in conversations about their health and wellbeing beyond school services.

Rangatahi

- Sport provides an important vehicle in the community to support rangatahi. Volunteers also offer a Mixed Martial Arts programme that is very popular and empowering for rangatahi mental wellbeing (referred to in the Stakeholder section). One local community sport coach provided examples of whānau feedback of how sport has been a way to help develop resiliency and life skills of rangatahi and in particular young men. This was also important where male role models were absent.

“Since my son was involved in (sports program) his behaviour has improved. He’s not the angry young man he was earlier in the year.”



Wharenoho – Housing

- Homelessness and home security are central issues for Taumarunui. Many have cold, damp, or near condemned housing/homes that they cannot afford to fix. Current Healthy Home initiatives do exist but are not enough to substantively address the issue; and accessing these initiatives is hard work, both administratively and emotionally, as people find it difficult to overcome the stigma that they feel and the perceived judgement that can exist in these circumstances. Funding criteria meant that whānau who rented, may sometimes fall through the cracks.
- The Critical Home Repairs programme delivered by Te Puni Kōkiri and partner agencies must be significantly strengthened with adequate, sustained resourcing, alongside a firm commitment to ensuring that all homes are warm, dry, and healthy.

“The houses are old, I reckon there will be many who don’t meet the rules for those healthy homes checks and probably not earthquakes either”.

Te Whatu Ora must enhance their healthy homes initiative and work with other Ministries to streamline similar initiatives so that more people can benefit, including those who rent. This will not only assist by decreasing the housing related health issues that present to the health system but will also go a long way to addressing mental health issues related to housing deprivation.

Locality Planning Findings Report/Ngati Hāua Whānau Voice (2024) pg. 16.23 estimates.

He aha ngā kōrero a ngā kaiārahi o ngā ratonga hauora, ratonga pāpori hoki o Taumarunui – What did the Taumarunui Health & Social Service Leaders Say?

Mama and Pepi – Kahu Taurima

- The expertise and community relationships of the Taumarunui Plunket Service Kaiawhina and Nurse have enabled successful service outreach with whānau, with 75% of their clients being Māori. The service has been highly successful due to the compassionate care provided by the kaitiaki and nurse that the mums and pepi respond positively to. The high immunisation rates are the result of a high trust relationship and rapport, and these rates are well above the Waikato average. Plunket sometimes picks up the mama and baby care from 3 weeks

old and has found that breast feeding is often not yet fully established before the mama and babies are discharged from the ward. There is currently no antenatal education or mothercraft unit/programmes available in Taumarunui. For those mama who require a specialist Obstetrician, the trip to Waikato Hospital can be stressful. Often childcare arrangements are needed for those tamariki at home while parents are travelling to Waikato.

- The Taumarunui Birthing Unit serves whānau of the King Country and Northern Ruapehu Districts. A Lead Maternity Carer is contracted to provide 24/7 on call midwifery cover for the unit that is staffed by nurses and supported by the ED medical and nursing staff. Two independent midwives provide maternity care for Taumarunui. It was also identified that there were currently no free wahakura (woven baskets) or pepi pods available. Plunket is also seeing some mums with postpartum depression, sometimes lacking motivation or the ability to carry out basic parenting, cooking and homecare tasks. Whānau and stakeholders identified examples of younger mums lacking the basic clothing and furniture necessities needed, however a circular giving group has been established locally by mums to re-distribute baby clothes and equipment. A Perinatal nurse is provided by Taumarunui Kokiri Trust.



Photo – whānau from the Taumarunui Hauora Day – 12 April 2025

Rangatahi

- As a small town with rangatahi health services primarily limited to one provider (including sexual health) this sometimes impacted on the desire of rangatahi for confidentiality. Many stakeholders identified a lack of trust by rangatahi for services generally, because of past experiences by themselves, their peers or whānau.
- Mental health for rangatahi requires significant attention, from education through to services that whānau could access easily especially in a crisis. Stakeholders identified an urgent gap in relation to appropriate Mental Health service provision for rangatahi, with a 4 month waiting list for the Infant Child Adolescent Mental Health Service. Concern for rangatahi self-harm meant that Police and St Johns sometimes had to step in out of urgency.
- A common theme to all of this, was that the services available locally needed increased quality and availability and be delivered by experienced health care professionals. Staffing gaps from issues such as sickness and availability meant whānau Navigators, teachers, social and youth workers sometimes had to fill the role by default. Stakeholders supported a need for more specialist mental health services (including those that specialise in working with rangatahi) as well as the upskilling and support of existing staff.
- While exact rates of Meth use were unclear, stakeholder feedback also identified that the issue was becoming more visible in the community and that this was contributing to the impact on mental health conditions of whānau. Education health welfare staff identified examples of an increased mental health burden on rangatahi who were having to step in and parent due to whānau addiction issues.

- To help uplift the wellbeing of a group of rangatahi, an unfunded mental health promotion programme called King Country Lee Gar seeks to uplift rangatahi self-esteem and wellbeing through the vehicle of mixed martial arts including kicking boxing and boxing. The free programme is run in the evenings and weekends. The programme has recently been offered a building to utilise within the hospital grounds. The programme co-ordinator, (who is employed through Te Whatu Ora Public Health Waikato) has recently created a program called He Ara Whakamua that King Country Lee Gar will be delivering on how mental well-being for Tamariki/rangatahi can be improved through physical activity. This kaupapa is expected to launch term one 2026 within six kura, however is seeking funding.
- Other programs for both King Country Le Gar and other rangatahi in the community also include activities which target tobacco and vaping, alcohol harm, sexual health and nutrition. The

nutrition work has 2 target audiences and involves working alongside a senior dietician from Public Health. The first focus audience is rangatahi moving out of home, and this group will be taught the basics of cooking a simple but nutritious meal. The second focus group is working alongside those who have chronic health issues. However, the activities rely heavily on two health promoters who are also required to cover all areas, as well as Te Kuiti.

- Feedback from the school nurse has identified gaps in the provision of oral health services, as well as the availability of optometry services for rangatahi. Te Kura o Ngāpuke has not had the Mobile Dental truck visit for several years. There is no visiting optometrist in Taumarunui. The closest optometrist is in Te Kuiti or Taupo, so many are unable to attend. Rangatahi can be referred to the Ear Clinic up to the age 17 years. Clinics are held once a month at Taumarunui hospital. The Year 9 Hearing & Vision Screening is no longer offered by the



Photo - whānau from the Taumarunui Hauora Day - 12 April 2025

Hearing and Vision team from Te Whatu Ora. Any issues in hearing and vision identified by the school nurse are now referred to the above services.

- The majority of rangatahi attending school/Kura seek out their health needs (including sexual health) from the School Based Health Service. The school nurse is onsite at both Ngapuke and Te Kura Kaupapa Māoro ō Taumarunui once a week, and the High School four days a week. She can prescribe most medications required, free of charge. Dr Anna visits the Kura once a month and the High School weekly. Rangatahi can come for free, confidential advice, contraception and STI screening which is all provided on site, as well as assessment, treatment and referrals for a range of health issues and injuries. This service does not replace their GP, but provides an easily accessible, youth friendly option for acute issues.
- The Maniapoto Marae Pact Trust Training Agency (MMPT) provides training opportunities for rangatahi to achieve NZQA and develop skills to work in Farming and Forestry. The agency provides education and training for rangatahi who have been less successful in the traditional New Zealand education system. The Trust has progressively invested in its own farm and forestry blocks allowing students to participate fully in activities required to manage these enterprises. The training academy provides opportunities to retain local rangatahi talent in Maniapoto helping to build their capacity and capability. In doing so, the MMPT is building the cultural, social, and economic development of Ngāti Maniapoto whānau.

Hauora Hinengaro – Mental Health

- Mental health challenges are widespread, but access to services is limited. Youth mental health is a growing concern. Many young adults feel overwhelmed by financial pressures, housing instability, and family

responsibilities at an early age.

- Services are often centralized in larger cities like Hamilton, leaving Taumarunui residents with long wait times and infrequent visits from professionals. Long wait times (and travel distances) make it difficult for families to get timely help.
- A Psychiatrist covers Taumarunui and Te Kuiti three days a week. One stakeholder questioned whether GPs actually knew the pipeline of support available. There are instances in in-patient mental health care where whānau have no fixed abode to go which makes registration with a GP and follow up difficult.
- There is a gap in the sharing of data between Primary Healthcare (primary mental health services) and TWO, and the visibility in monitoring, quality & funding for those community mental health services provided (funded) outside of Te Whatu Ora services. Funding alignment needs to be reviewed to meet and align with the current need.
- There is also a need to manage some of the community mental health in the way services are currently reacting/ referrals being made, to determine whether some of the cases could be better managed by other community and Māori health providers, including offering Māori solutions. For example, those cases around types of challenging behaviour that includes ADHD and autism.
- One of the challenges/gaps is the Crisis After Hours work rurally, and the changes to the statutory powers of the Police that impact negatively on whānau services available for a crisis. For example, how services respond to incidents & transport of whānau after hours with mental health issues. The current policy for police to attend ED with the patient is that they stay for a certain period of time then leave. There is a need to look at how the policy can be adapted to better support the needs of rural hospitals.

PHO mental health data shows significant referral activity among rangatahi and young adults, while specialist access remains limited and delayed. This gap between early need and timely support aligns with whānau and school feedback describing missed early intervention and crisis-driven response..

Source: PHO primary mental health data, Whānau Voice feedback.23 estimates.

community hubs for rural and isolated communities with access to government and non-government services, information, and technology. Digital literacy training provided for kaumātua is helping support the development of skills which help contribute to telehealth use. Driver's licensing programs help whānau safety and assist in avoiding the cycle of fines when drivers remain on learner licenses.

- The recent establishment of a neurodiverse hub will enable access to support for those in the community in particular tamariki, rangatahi and their whānau, where early intervention can help with the future wellbeing trajectory. A reduction in engagement service support provided by REAP due to funding, has meant schools have seen truancy levels rise by 50% over the last 12 months. Staff have also noticed more anxiety and bullying amongst students, a rise in young adults returning from Australia without education qualifications, an increase in social

Mātauranga Ā-Hapori Noho Tuawhenua - Rural Community Education

- The Taumarunui Rural Education Activities Program ([REAP](#)) provides



Photo - Staff from Central King Country Rural Education Activities Programme (REAP) Hiraina Tarawa and Molly Jeffries with Te Tīratū Tumu Whakarai, Brandi Hudson.

anxiety around safety by the elderly and are noticing more undiagnosed mental health issues.

- While Digital connectivity has improved, geographical challenges, and less investment in infrastructure (compared to the more populated areas in the Waikato region) means that internet speed is still patchy in some pockets in Taumarunui, and some black spots for cell phone coverage also remain. Chorus is retiring the old copper network (3G) in remote areas, replacing it with satellite services such as Star Link to help enable more coverage in rural areas. However more education is needed around the changes, and this will require rural households to invest in the technology equipment. For some whānau, this also requires additional training/support to encourage the uptake/use for telehealth services.



Photo – (Left) Harris Devon, Whānau Ora Lead – Taumarunui Community Kokiri Trust and Christine Arihia Brears from Taumarunui Kokiri Trust and Maniapoto Whanau Ora Centre (Right).

Wharenoho – Housing

- The Awhi Healthy Homes is funded through the National Hauora Coalition and delivered locally by Taumarunui Community Kokiri Trust. The program provides whānau with skills, knowledge and connections to services (such as Maru Trust) to improve the conditions of their homes.
- Maru Trust is a Charitable arm of The Lines Company (Power) covering Taumarunui, and Te Kuiti, and provides support for housing insulation and heat pumps for those whānau who meet the criteria. Those that rent homes do not qualify. One of the requirements of the subsidy is that whānau may be required to get rid of their fireplace (dependent on fireplace type), which may impact on whānau uptake. The Maru Trust programme receives funding through the Warmer Kiwi Homes Programme, so is influenced by policy/funding decisions made by the Government. Additional funding support for the programme is also provided by Ruapehu, Otorohanga Councils and King Country Trust Maru Energy [Trust](#).

Housing pressure in Taumarunui is widespread. Census data shows over half of households are renting, with high rates of dampness and visible mould reported. These conditions are strongly linked to the high asthma prevalence seen across tamariki, rangatahi, and adults in PHO data.

Source: Stats NZ housing quality data, PHO asthma prevalence. 23 estimates.

Whare Rongoā – Local Pharmacy

- The only Taumarunui pharmacy, services the hospital, rest home and wider Northern Ruapehu region with the closure of the Ohakune Pharmacy. Once the Pharmacy is closed on a Saturday lunchtime, whānau must travel to Taupō for medication. The Pharmacist has identified a gap in medication support for those whānau who are not beneficiaries but on low waged incomes.
- Attracting trained Pharmacists has been an ongoing issue for the only Pharmacist who has lived in the community for many years. The opening of Chemist Warehouse and Supermarket Pharmacies, Retirements, and loss of staff overseas has drained the pool of available Pharmacists in New Zealand. They are unable to get the support and changes needed from Health NZ/Ministry of Health Pharmacy Council to address the ongoing concerns rural towns face, the Pharmacist has at his own expense sponsored a pharmacist from overseas for a year as a temporary solution. This situation is not ideal for long term continuity.

Whakawhanake Hungamahi – Workforce Development

Workforce development/access to appropriate training in health is an ongoing

area of need identified by whānau to increase the quality of support provided.

Like many rural communities, Taumarunui faces ongoing challenges in sustaining a skilled workforce. Distance, funding limits, and small local labour pools all shape what is realistic.

These constraints make it even more important to focus on changes that reduce avoidable escalation and make the best use of existing capacity, rather than relying on growth that may not be achievable.

- Reduce demand before it escalates – Put more effort into holding issues early so fewer cases tip into urgent or crisis response. Protect time for prevention and follow-up, even when it is less visible, so staff are not pulled disproportionately into high-intensity work.
- Use skills flexibly, not rigid roles – Organise work around what people can do, not just job titles. Allow safe crossover between roles, use broad skill sets with some depth, and cut down duplication from repeated assessments and handovers.
- Keep expertise close – Bring specialist input into the town without relying on permanent staffing. Use visiting clinicians, rotations, scheduled clinics, and remote supervision so local staff can hold relationships with backup when needed.



Photo – whānau from the Taumarunui Hauora Day – 28 February 2026

- Make retention easier than recruitment – Focus on keeping the people already here. Reduce unnecessary admin, keep workloads realistic, and invest in supervision and development that can happen locally. Design work people can sustain, not just survive.
- Grow local capability over time – Build the workforce from within. Support training pathways, internships, and step-up roles that let people develop gradually. Value local knowledge and lived experience alongside formal qualifications.

Staffing to carry system gaps

- Reduce situations where staff are compensating for access issues, after-hours limits, or poor coordination. Be clear about what can and cannot be delivered safely with current capacity, rather than stretching people further.

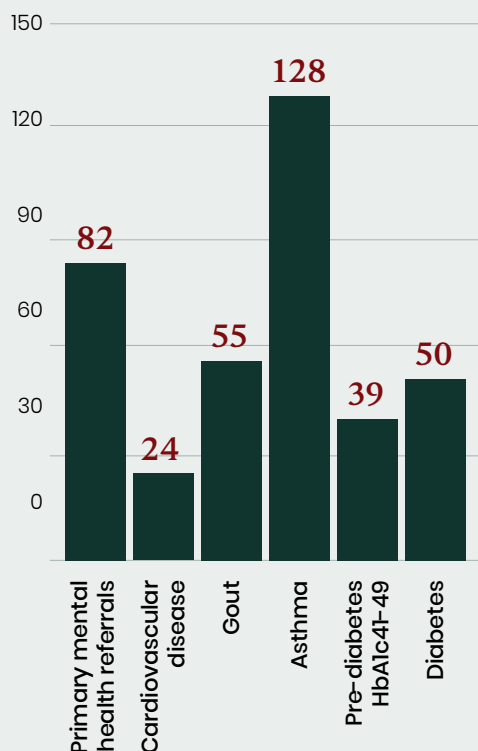
Te Ine Hauora O Te Whānau – Current Health Status Of Whānau

- The Primary Health Organisations (PHOs) servicing Taumarunui are the National Hauora Coalition and Pinnacle Health. Taumarunui is supported by two general practices. Due to differences in the practice management systems (PMS) used by each PHO, the data they provided was inconsistent and could not be combined for this report. In addition, Data Agreements and confidentiality requirements limited access to some information. Despite these constraints, the available data reveals several concerning health issues.
- Enrolment with a general practice does not guarantee timely access to appointments. In Taumarunui, the ability to see a clinician often depends on factors such as appointment availability, transport, and whether whānau can afford both the wait and the associated costs.

Ko Ngā Raraunga Māori Mō Taumarunui – Pho Enrolled Māori Data For Taumarunui

The following tables are high level explanations of the data PHOs provided in the appendices.

Long-term conditions already managed in Taumarunui primary care (Māori)

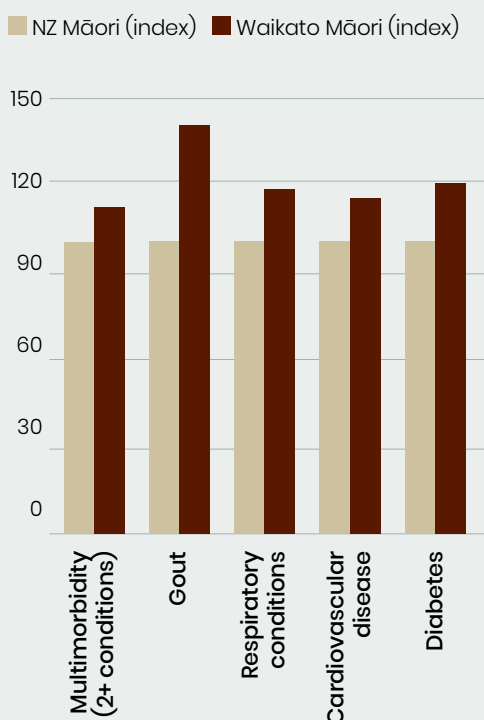


This graph uses **PHO data only** showing conditions already visible and managed within Taumarunui primary care for Māori enrolled patients. These are **NOT** estimates of total need. It represents that data provided for the medical practice work being undertaken locally before any hospital escalation occurs.

Note: Some numbers in this report are counts of people enrolled with local GPs. Some are Waikato or national figures used for context. They don't measure total need in the community – they show what the health system can currently see and record.

Whānau Voice feedback suggests that the mental health issues are significant and are NOT being captured in the PHO & Hospital data. Māori Health Providers are covering the high needs of mental illness in Taumarunui with limited resources as whānau feel comfortable and prefer their services.

Long-term conditions among Māori adults: Waikato compared with national pattern



Source: NZ Health Survey 2024/2025: NZ Health Survey data is not available at town level. This graph provides regional and national context only. The Waikato Māori pattern closely aligns with the long-term condition burden visible in Taumarunui primary care data and Whānau Voice.

Ngā Whakahoki Kōrero Mō Te Hohipera O Taumarunui – Taumarunui Hospital Feedback

- Whānau admitted to the hospital are significantly more unwell than previous years. There are gaps in the clinical experts needed for Taumarunui Hospital, with challenges in attracting a clinician workforce to Taumarunui. There are no specialists located at the hospital, and inadequate bus transportation to Waikato. The travel time/distance to Taumarunui combined with the waiting lists at Waikato has meant some Specialists are also unavailable to travel or are only available monthly. There are no Cardiologists who travel to Taumarunui clinics, yet conditions associated with heart disease is an area in which whānau are overrepresented.
- Buildings at the hospital are extremely dated, and some buildings on site are not up to Earthquake Code of Compliance. The Rural Hospital Facilities program has earmarked possible new facilities for Taumarunui, however this remains 5-10 years away.
- Whānau also lack the knowledge & awareness of what they are entitled to for health services, hence the benefit remains un-realised. There is an increased need for health prevention education and management of conditions, as well as a needle exchange program in the community.

Te Whai Wāhi Ki Te Hohipera O Taumarunui – Access to Taumarunui Hospital

Taumarunui Emergency Department usage in November 2025 identified a small but steady pattern of unplanned care visits, peaking late morning to early afternoon. Māori make up a large share of these visits which varies hourly across the day.

Limited local services after-hours: When Taumarunui services close or become limited in the evening, urgent care options drop off sharply. This leaves whānau with

very few choices after 5pm. The nearest pharmacy is over an hour and a half drive to Taupō.

Reduced clinical capability for higher-acuity issues: Māori whānau who experience more complex conditions (e.g., cardiac symptoms, respiratory distress, injuries, diabetes complications) often cannot be fully assessed locally.

Lengthy delays or redirection: Many whānau know from experience that if they present at Taumarunui with anything serious, they will likely be transferred to Waikato Hospital anyway. This discourages local presentation, however the travel time and financial struggles on whānau is significant.

In a small system, there are only so many doors. When one is hard to open, there isn't always another close by. Delays don't remove need – they push it further down the track, where it reappears later and harder to manage.

He aha ngā take i haere ai ngā Māori o Taumarunui ki te Hohipera o Waikato – Why Māori From Taumarunui Travel to Waikato Hospital

Whānau are bypassing Taumarunui Hospital for certainty of care, choosing to head straight to Waikato Hospital because they trust that:

- specialists will be available.
- diagnostics (e.g., CT, ultrasound) are onsite.
- they will not be sent home and told to return later.
- they will not lose time being transferred.

This reflects a lived experience of **“If it's serious, go to Waikato.”**

Complex and high-acuity issues cannot be managed locally.

The conditions that disproportionately affect Māori, such as diabetes complications, severe respiratory events, cardiac issues, and injuries often cannot be resolved in Taumarunui.

Transport patterns match the clinical picture for whānau Māori.

Many whānau travel regularly between Taumarunui and Hamilton for:

- dialysis.
- cancer treatment.
- specialist clinics.
- acute review.

This normalises using Waikato Hospital as the primary hub, not the secondary option. This is where the bus service from Taumarunui to Waikato Hospital is used however the bus is not fit for our whānau and the purpose of this service as it has no air conditioning or heating for a 6 hour return trip.

Ngā Takenga Hauora – Determinants Of Health Wider Community Pressures for Whānau Impacting on Health Status

Ngā Tautika-kore hauora o ngā whānau Māori – Māori Whānau Inequities

- Māori families often face things that



make it hard to access healthcare, housing, and education. In Taumarunui, a range of health outcomes are impacted by effects and impact of the wider determinants of health.

- 38.5% of residents were employed in fulltime work versus the national average of 51.2%, 11.3% were employed in part time (national average 13.4%), 5.3% of residents were unemployed (national average 3%). 45.1% of residents were not in the labour force, much higher than the national average of 32.4%.
- Nearly two thirds of the population 65.2% of Taumarunui residents live in Deprivation 10 (high deprivation in comparison to the national average of 24.3%).

Economic Hardship

- Unemployment and low incomes are persistent issues. Economic stress often leads to food insecurity, limited access to healthcare, and reduced educational opportunities for children.
- Whānau are sometimes forced to leave town in search of work, which can disrupt community ties and support networks.
- Figures from the Regional Economic Profile for Taumarunui (2024) identify personal incomes in Taumarunui ranging from 24% earning under \$20,000, 24% of residents with income between \$20–\$30,000, 24% between \$30–\$50,000, with just 26.5% earning over \$50,000.
- This economic disparity affects access to healthcare, education, and nutritious food, reinforcing cycles of disadvantage.
- 78% of Taumarunui households had the internet compared to the national average of 89.4%.
- For many whānau, decisions about health sit alongside rent, power, and petrol. Care is often delayed not because it isn't valued, but because something else has to come first.

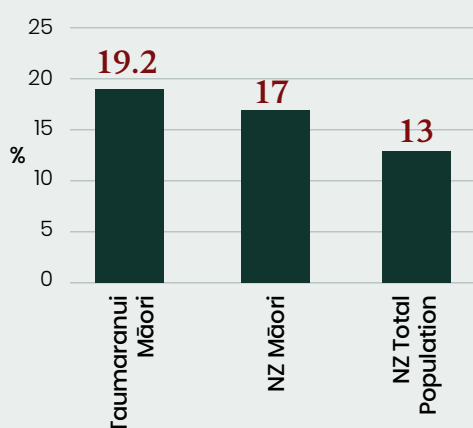
Wharenoho tūwhena-kore, kōpā hoki – Housing Instability & Overcrowding

- 47% percent of the whole population own their own homes compared to 51% nationally, with 53% renting in comparison to the national average of 49%.
- 21.6% identified that mould the size of A4 or more was sometimes in the house, with 8.6% identifying that mould of A4 size and larger was always present in their home. In relation to dampness, 30.7% of the population identified their home was sometimes damp with 7.4% identifying their home was always damp.
- Many homes in Taumarunui are aging and lack proper insulation or maintenance, contributing to respiratory illnesses and poor living conditions. High rates of respiratory issues in particular Asthma are identified across all age groups in Taumarunui. (PHO data)
- A shortage of affordable housing has led to overcrowding and stress for families. Emergency and transitional housing projects have been launched to address this, offering short-term relief and wraparound support.
- Nearly half of Taumarunui residents are renters, and much of the housing stock dates back to the 1960s—before insulation regulations were introduced.
- Rising rents and limited housing options contribute to housing insecurity, which in turn affects physical and mental health.
- Monthly visits are made by the Waka Hauora team (Taumarunui Community Kokiri Trust), to Council Flats and Kāinga Ora Houses. As state housing, the majority of whānau engaged with are either elderly, sick or within the lower socio-economic demographics. These groups are important because they are vulnerable if they do not have consistent connection with health and social service stakeholders, such as Kokiri.



Photo supplied by Taumarunui Community Kokiri Trust

Asthma prevalence (%) - Taumarunui Māori compared with National context



Asthma has been coded in 19.2% of enrolled Māori patients in Taumarunui. National Health Survey data indicates asthma prevalence of approximately 17% among Māori nationally and approximately 13% across the total population. This suggests that the respiratory burden in Taumarunui Māori is elevated relative to national benchmarks.

Source: PHO Town-Level Data (2025); New Zealand Health Survey (latest available cycle).

Asthma prevalence reflects housing quality, environmental exposure, and everyday living conditions. Whānau Voice suggests that Asthma and respiratory conditions are much worse than what the PHO data shows.

Raukoti pūroi, Whakatūroro Whanau - Substance Abuse & Family Harm

- Drug and alcohol addiction particularly methamphetamine has been identified as a major social issue. It is closely linked to family violence, mental health and community safety concerns.
- Reports of family harm are frequent, with local papers documenting multiple incidents weekly. This creates a climate of fear and trauma for many households.

- Police Wastewater results for Drugs in Quarter 2 of 2025 identify an increase in the presence of Meth in wastewater for the two regions that Taumarunui sits under, Waikato and Central. This information regularly collected one week a month is collected by ESR for the NZ Police.

Mana Tāne

An MSD contract which focuses on reducing male violence and male crime. This programme takes tāne between the Taumarunui and Te Kūiti offices and offers them cultural spaces such as marae and other rohe to broaden their mātauranga. The programme aims to view tāne in relation to the progress they can make, and what has happened in the past which has led to their involvement. The programme can be either court mandated or self-referral.

Addressing these inequities requires collaboration across government departments and service providers, culturally safe services, empowered Māori governance, and systemic reform at all levels.

Despite these challenges, Taumarunui is home to resilient communities and grassroots initiatives working to uplift families.

Te Hōtaka Wharenoho o te Tarahiti o Taumarunui Community Kōkiri – Taumarunui Community Kokiri Trust Housing Project

- The Trust's housing project in Taupō Road, Matapuna, is in full swing, with construction expected to be completed by next year. These whare will offer safe, warm and modern accommodation for our whānau – a significant taonga due to the competitiveness of the Taumarunui housing market, as well as the financial limitations for some whānau.

Addressing Food Security and moving to Food Sovereignty

- Taumarunui Whakaarotahi Trust was established as that solution in 2020 with the aim to empower people and reduce poverty by working together as a community to provide healthy nutrition and develop character. Trust Waikato has supported Taumarunui Whakaarotahi Trust with grants for the last three years towards their community solution to poverty and increasing resilience and connectivity in Taumarunui.
- The Trust operates a community garden in Manunui where volunteers can take produce from the garden and those who regularly assist receive a meat koha\donation at the end of the week. This model prepares people for better employment, encourages community volunteerism and empowers people to realise they can contribute to something. It also provides nutritious food to those who otherwise would struggle to afford regular fresh vegetables and meat.
- The produce then goes into vegetable boxes sold within the community at a discounted rate and gifted towards tangi. The surplus vegetables are preserved to reduce food wastage. Vegetable seedling packs are provided to local kura, school and marae to assist them in establishing their own gardens. They began holding regular markets to sell the vegetable boxes, providing a space for local entrepreneurs and creatives to showcase their talent and sell their own products, and have a catch up with others in the community.
- Their ongoing partnership with Te Awanui a Rua Trust and Land Based Training enabled the maara and adjacent hall to be used for teaching local people new skills such as horticulture and apiculture, thereby increasing self-sufficiency. Recent

developments include bee hives, establishing a native nursery and the expansion of their orchard. (Source: Taumarunui Whakaarotahi Trust Facebook and stakeholder feedback).

He Mātai Hauora ā-hapori utu kore – Free Community Health Checks

- On the first Sunday of every month the Kokiri Waka Hauora team goes out to rurally isolated areas such as Ōhura to offer free health checks to the community. This is impactful where there is extremely limited access to resources.



Photo – Megan Tunks, Christine Brears (CEO, Taumarunui Community Kokiri Trust), Brandi Hudson

Te Toro atu ki te Kura o Ngakonui Valley – Ngakonui Valley School Visits

Taumarunui Community Kokiri Trust's cultural clinical service line, Ahurei, has strong relationships with Ngakonui School. They helped the school to facilitate the Matariki Hautapu ceremony and continue to offer weekly tikanga lessons to tamariki. Ngakonui is based in Taringamotu which also has a small population.

Ko Te Reo O Te Whānau Me Te Hāngai O Ngā Whāinga Hauora O Te Kāwanatanga

– Whānau Voice and the Relevance of Current Government Health Targets

When asked if the targets were the right ones and did they work for Māori, whānau felt that other targets should also have been included.

“No way, especially if we are basing it on Pasifika and Māori. Our disease rates like diabetes are the highest.”

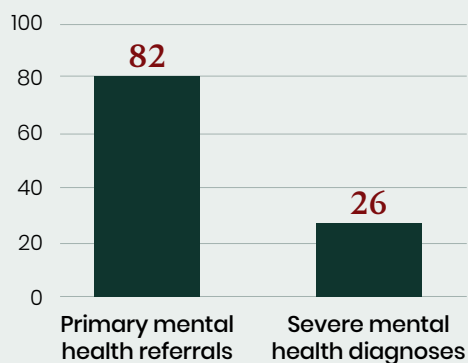
- **Shorter Stays in Emergency Department 95% of patients to be admitted, discharged or transferred from an emergency department within six hours.**
- Whānau Voice feedback from the Health Day identified on average a wait time of 3–4 hours in Taumarunui, however travel was frequently required to Waikato Accident & Emergency dependent on the condition. This meant an even longer wait (and travel) time.
- Transfer to Waikato Hospital means less availability of the ambulance for the community while in transit.
- **Improved Immunisation for Children 95% at 24 months.**
- The Plunket service in Taumarunui has been successful in delivering outreach immunisation and has been successful in raising rates to 70% above the Waikato region and national average for Māori.

- PHO data identified a 65% rate for those immunised through the GP Clinic, which is also higher than the Waikato region rate for Māori.
- **Shorter Wait times for First Specialist Assessment 95% of patients wait less than four months for a first specialist assessment.**
- Whānau are required to travel to Waikato Hospital to see the Cardiologist (due to workloads at Waikato Hospital). Other Specialists visit weekly or once a fortnight, however whānau may also be required to travel to Te Kuiti or on to Waikato depending on the nature of the condition.
- **Faster Cancer Treatment 90% of patients to receive cancer management within 31 days of the decision to treat.**
- There are no specialist services for cancer in the area, nor is there a central hub to assist the significant number of whānau accessing cancer services and treatment in Hamilton. Chemotherapy is currently only available at Waikato Hospital.
- The Cancer Lodge in Hamilton is available to stay for those who live more than 100km from Waikato, however some whānau choose to travel back on the Hospital Bus due to whānau commitments.
- One Cancer Navigator Nurse supplied by the Waikato/Bay of Plenty Cancer Society travels to Taumarunui once a month to facilitate a support session. The nurse is based at the Waikato Cancer Lodge to liaise and support whānau while undergoing treatment at Waikato.
- **Shorter Wait Times for Elective Treatment 95% of patients wait less than four months for elective treatment.**
- While there was little feedback specifically to this target, a small number of whānau identified wait times for surgical procedures such as hip and knee replacements.

The lack of services (in particular specialist services) for Taumarunui means the community is behind 'the starting line' to begin with for three of the 5 general health targets. Factors identified include the lack of availability of visiting specialists, absence of chemotherapy (and dialysis) chairs at Taumarunui hospital, wait times in general for Waikato hospital services and available support/assistance to travel.

- Less known publicly are the Mental Health and Addictions Targets. Whānau and stakeholder feedback identified concern for rangatahi mental health, anxiety amongst the elderly, and an increasing 'meth' problem, more visible amongst behaviour seen in the community. There are no residential facilities available for substance use. Referrals to ICAMS – Infant Child Adolescent Mental Health Service, are not being accepted unless urgent. While there is a clinically trained counsellor at the local hauora and a psychiatrist available 3 days a week, the demand for specialised mental health support from both a psychologist and psychiatrist is overwhelming.

Mental health managed in primary care (Taumaranui Māori)



Source: PHO enrolled population data, includes Taumaranui & NHC's Te Kuiti clinical data for 2024/2025.

Primary care data only counts people who have been recorded and coded. It misses a lot of whānau who are coping quietly, using kaupapa Māori services, or not seeking help until things are serious.

E Rima ngā pūtake tūraru e taea e tīni – Five Modifiable Risk Factors

- The five modifiable risk factors are – **Smoking, Nutrition, Physical Activity, Alcohol, Social Inclusion**. The lack of appropriate health education and health promotion initiatives for the community was a common issue raised by whānau and stakeholders. The once-a-year Hauora Day organised by the Health Promoter from Te Whatu Ora, Waikato was seen to be useful, however whānau wanted more regular initiatives aligned to the realities of the community.
- Social Inclusion – Stakeholders from REAP identified the establishment of a neurodiverse learning centre which will help support and address learning and wellbeing needs for tamariki/rangatahi.
- Overall smoking/vaping prevalence rates are higher at 18%. This is higher than the national Māori average at 18%. A positive aspect is that Ruapehu District

Council did not allow a recreational vape store to be brought into the Town. However, vapes are being accessed by rangatahi in other ways, and whānau can access through the dairies and the Gas station.

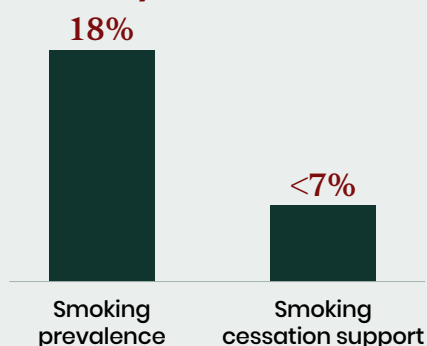
Smoking and vaping prevalence among Māori in Taumaranui sits above national benchmarks. While the town has avoided a dedicated vape store, access through dairies and fuel stations remains widespread. This aligns with high asthma rates seen in PHO data and growing concern from whānau about rangatahi exposure.

Reference: PHO smoking data, Tatau Kahukura Māori Health Chart Book 2024.



Photo – whānau from the Taumaranui Hauora Day – 28 February 2026

Smoking risk vs support availability



Data note: Values under 7 are suppressed to protect privacy of patients. For charting only, suppressed values are shown as 6 and labelled '<7'. This keeps the graph readable without implying an exact count.

- Whakaarotahi Trust helps support food security and develop food sovereignty with a community garden project in Taumarunui. A food bank also operates in town.

The scale of smoking risk exceeds the availability of cessation support.

When unhealthy options are the easiest to reach, harm becomes part of the normal everyday life rather than the exception.

Te mahi ā-rehia, Te kori-tinana – Recreation and Physical Activity

- Three fitness centres, martial arts, one indoor heated pool and one outdoor seasonal pool, a large local sports

domain, a range of parks and other outdoor spaces are available to the community. The local high school also provides a range of facilities.

- While there is little information available on participation in physical activity by the community, regular participation (alongside good nutrition and medication management) can help prevent and manage factors that impact on the lifestyle disease such as Pre and Type 2 Diabetes.
- Barriers to whānau participation in physical activity include: Cost, availability of organised activities (and age relevant exercise activities), disability, whānau and work commitments confidence, lack of whānau centred activities, weather, location, transport, equipment, technology, safety, motivation and physical health are all factors that impact participation. These are factors which can be addressed.
- Stakeholders/whānau identified limited presence from either of the Regional Sports Trusts Whanganui and Waikato within the wider community. The Green Prescription programme is delivered via Sport Whanganui however it is not certain where this is being delivered in Taumarunui. Health Coaches that work alongside GP practices have been shown to have success and would be useful to have in the Community.

Ngā Ratonga Hauora o Nāianeī – Current Hauora Providers

In Taumarunui, Māori health services are delivered by several kaupapa Māori providers who offer culturally grounded, whānau-centred care. These providers work in partnership with Te Whatu Ora and/or ACC to ensure services are responsive to local needs in Taumarunui and grounded in tikanga Māori.

Te Whai Wāhi ki ngā Kai Haumate, ki ngā Waipiro hoki – Access to Unhealthy Food and Alcohol

- Junk food is available through ten businesses and includes McDonalds, Golden Kiwi Takeaways, Hong Kong Fast food, Jayzees Dairy & Takeaways, Salt & Pepper Indian takeaways, Monsoon Indian, Pizza K, Bakehouse Cafe, Jasmines Cafe & Thai as well as the local BP station.
- Alcohol is available at the off-license in the New World Supermarket, Four Square, Super Liquor and Liquorland. On-licences include: The Rusty Nail Tavern, Zeebers Restaurant and Bar, Monsoon India, Taumarunui Cosmopolitan Club, Taumarunui RSA, and Taumarunui Golf Club.

Kaupapa Māori services are not filling gaps by accident. They are absorbing pressure that would otherwise surface later, and more acutely elsewhere in the system.

Taumarunui Community Kokiri Trust

Established in 1996, the Taumarunui Community Kokiri Trust (TCKT) provides a range of services to over 3,000 clients. The Trust employs over one hundred staff including clinicians, social workers, mental health practitioners, whānau Ora navigators and community support workers. The Trust provides 2 GP clinics, the Family Clinic in Taumarunui, and the Maniapoto Whānau Ora Centre in Te Kuiti.

Services include:

- Whānau Ora Chronic Disease Management, Health Promotion, Health & Disability – Service Coordination, Māori Housing Repairs & Maintenance, Pou Hakinakina – Healthy Lifestyle Programme.
- Tamariki Akoranga Bi-lingual – Early Childhood Education, Mama & Pepe, Family Start, Whare Ora – Healthy Homes initiative, Koroua & Kuia Support, Healthy Lifestyle Programme.
- Child & Adolescent, Alcohol problems, Drug Problems, Adult Mental Health.
- Family Start, Youth Advocacy & Support, Strengthening Families Facilitation Agency, Youth Mentoring, Building Financial Capability.

Ngāti Maniapoto Marae Pact Trust

The Ngāti Maniapoto Marae Pact Trust has a community service arm which provides comprehensive social, welfare & health services (non-clinical) in the Maniapoto rohe. Services include Tamariki Ora, Whai Ora or Mental health, whānau Ora navigators, Whaikaha-Disability support services and kaumātua programs.

Another arm of the Trust provides education and vocational training for rangatahi who have been less successful in the traditional New Zealand education system. Learning opportunities provide practical experiences with opportunities for employment through the wider agricultural and forestry initiatives of the Trust.

Hinengākau Matua Whāngai Social Services

Provides wraparound support for vulnerable families, focusing on strengthening the spiritual, physical, and mental wellbeing of whānau, hapū, and iwi. Programmes include Social Workers in Schools, Youth Mentoring, Strengthening Families programmes, Tikanga support and financial mentoring.

Circular Wellness

Is an ACC registered Rongoā Māori practitioner based in Taumarunui. The service offers a range of healing therapies and includes traditional healing including mirimiri (massage) and rakau rongoā (native herbal remedies), as well as Workplace wellness wananga and yoga. The service supports a need for increased service choice for whānau and increased collaboration amongst providers in the community.

Te Whānau Āwhina o Plunket – Plunket Whānau Āwhina

The service provides Wellchild Tamariki Ora checks normally following handover from a mid-wife following the 6-week postnatal checks. The service is also able to offer vaccinations to tamariki under 5 and hapu mama.

Avonlea Rest Home

Avonlea Rest Home and Hospital provides 24-hour hospital and residential care. Level 4 and Level 5 care is available, including both private and funded respite. The facility is administered by a Charity Trust Board, and managed by a team of health care professionals. The Avonlea grounds accommodate two facilities: Avonlea Rest Home and Avonlea Villas.

Ko ngā ratonga o te Hohipera o Taumarunui – Taumarunui Hospital provides the following services.

- Accident and Emergency
- A 10 bed Ward
- Birthing Unit
- Outpatient appointments
- Radiology offering basic X-Ray facilities (on call after hours)
- Lab service (on call after hours)
- An on call Private dentist is available for emergencies.

The following clinical staff are employed.

- Two Emergency Senior Medical Officers with rural training, one on ward and one in ED
- 50 Nurses across different departments
- Nurse Practitioner
- Two midwives servicing the Birth Unit with support from the nurses (and Drs), Independent midwives are contracted to provide support.

There are fortnightly/monthly visits to Taumarunui from the following specialists.

- Paediatrician
- Orthopaedic
- General Surgery
- ENT
- Ophthalmology
- Geriatrician Clinic (not frequent)
- Nurse led Diabetes Mellitus type 1 clinic.
- Nurse led HF Clinic
- Nurse led Children's hearing/audiology

Practice Plus (formerly Ka Ora Telecare) is a government-funded, national telehealth service in New Zealand providing free after-hours phone and video consultations (virtual consultations) with nurses and clinicians. The service is available to those living in or visiting rural communities across Aotearoa. It offers virtual consultations when local GPs are closed. It partners with local GPs, extending their services to offer accessible urgent and episodic care via calls to 0800 2 KA ORA or online booking, reducing strain on rural health systems. Nurse calls are free, clinician (GP, Nurse Practitioner) consults have a fee, with lower costs for Community Services Card holders or those over 65yrs, and free for children under 14yrs.

Ko ngā mahere me ngā rautaki hauora – Hauora Plans & Strategies

In 2025, Te Tiratū launched its Community Health [Plan](#) and Hauora Priorities [Report](#).

These documents are used by Te Tiratū as key tools to advocate to Health NZ and any relevant government agencies. They provide solutions and outline the health inequities and barriers for Māori in the Waikato.

Te Mātuku Iwi Māori Partnership Board also launched their Community Health [Plan](#) representing iwi across Taumarunui, Whanganui, and surrounding areas.

The plans from both Iwi Māori Partnership Boards aim to:

- Address long standing Māori health inequities.
- Promote culturally attuned and responsive healthcare.
- Engage whānau, hapū, and iwi in shaping services.

Key priorities include:

- Mental health and wellbeing
- Rural access and healthcare sustainability
- Mokopuna ora (child and adolescent wellbeing)
- Kaumātua ora (health of older people)
- Preventative health initiatives



**Ngā Māramatanga Hauora Māori
ā-Aotearoa – National Māori Health
Insights**

The Tatau Kahukura: Māori Health Chart [Book](#) 2024 and the Health Status [Report](#) 2023 provide national context, showing that Māori experience:

- Higher rates of chronic conditions like diabetes, asthma, and cardiovascular disease
- Lung cancer registration rates over 3x higher for Māori females than non-Māori
- Daily vaping rates around 3x higher among Māori youth and adults
- Greater psychological distress, especially post-COVID
- Ongoing disparities in life expectancy compared to non-Māori.

These reports emphasize the need for tailored, community-led approaches to close the gap and uplift Māori wellbeing.

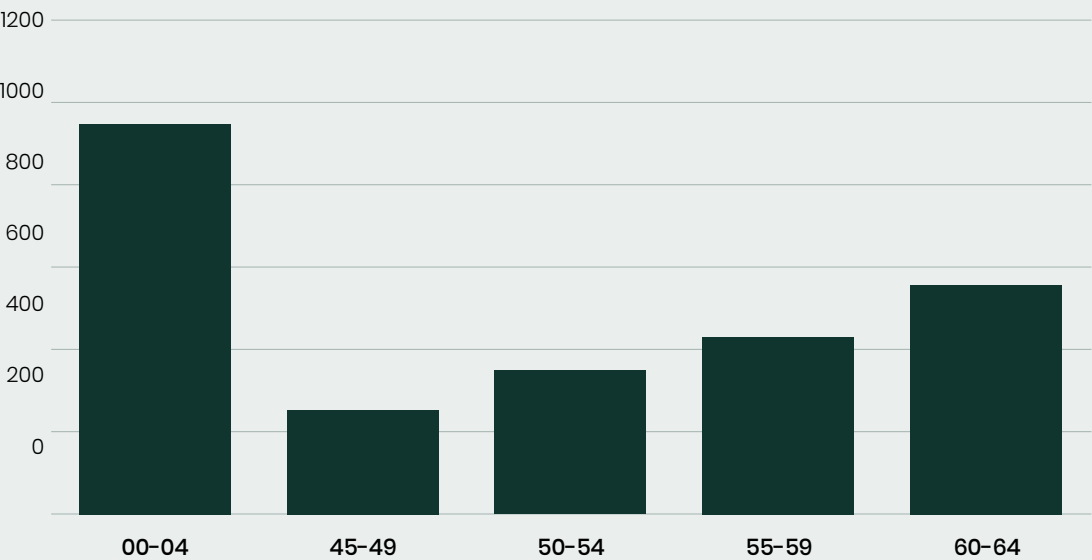
**ASH – Ambulatory Sensitive
Hospitalisations**

This is Waikato Hospital regional data as town whānau data is not available. These are hospital admissions that should often be avoidable:

- Early primary care
- Good access
- Prevention
- Timely support.

Waikato regional ASH data shows high avoidable hospital admissions among tamariki and increasing pressure again in older age groups. ASH admissions act as a late warning signal, indicating where earlier support was hard to reach in time. Regional data is used to contextualise local access and escalation patterns.

Avoidable hospital admissions by age group (Waikato)



Source: Health Quality & Safety Commission ASH data, Waikato, year ending June 2024. Data shown by age group. Regional data used to contextualise local patterns.

Ngā Whakaaro Whakamutunga – Final Reflections

Taumarunui is best understood by looking closely at how life actually works here. The long distances between services, the timing of support, and the way a small, isolated rural town and its surrounding districts absorb pressure until they can't.

This report brings together the lived experiences of whānau, the realities of access on the ground, and the moments where strain becomes visible once local coping mechanisms are exhausted. Together, these insights form a shared evidence base for shifting attention earlier toward the points where disruption can be prevented long before it escalates.

For health boards and health and social system leaders, the message is direct: progress is not about doing more, but about doing the right things first.

The evidence shows:

- Where early support must be strengthened and protected.
- Where access gaps are pushing whānau into crisis pathways.
- Where better coordination and continuity would ease pressure.
- How PHO, hospital, and crisis data can guide earlier, smarter action.

These are decisions about focus, sequencing and trade-offs.

What comes next is not a call for wholesale reform. It is a call to pay closer attention to what matters most to whānau and the community and to act in ways that genuinely fit Taumarunui.

He iti te mokoroa, nāna i kati te kahikatea.

Although the mokoroa is small, it can bring down the kahikatea.

Well-placed, collaborative health and wellbeing actions grounded in whānau insight and backed by coordinated health and social services can create powerful, lasting change when directed to the right places.



He Pukatara, He Kuputoro |

References/Hyperlinks

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Te Mātuku iwi Māori Partnership Board Community Health 2024 [Te Matuku IMPB Community Health Plan](#)

Te Kawau Rukuroa – Ngāti Maniapoto 2050 Strategy and Te Nehenehenui Hui ā-Iwi series (2023–2024) [Te Kawau Rukuroa](#)

Te Ōhākī Tapu o Ngāti Maniapoto with Manatū Hauora and Te Whatu Ora (July 2024) [Ngāti Maniapoto Deed of Settlement](#)

Te Tiratū Iwi Māori Partnership Board Hauora Māori Priorities Summary Report 2024 [Hauora Māori Summaries Report 24](#)

Te Tiratū IMPB Whānau Voice Community and stakeholder hui and meetings (July–August 2025)

Whaitua* Mapping Tool Te Tiratū Data <https://reports.hqsc.govt.nz/whaitua/>

Whānau Voice surveys and verbal feedback collected at the Taumarunui Community Hauora Day (April 12/2025)



Photo – Hapu Mama Wananga at the Ngapuwaiwaha marae. Pic courtesy of Taumarunui Kokiri Hauora.

He Tēpu Raraunga, He Mātāpuna – Data Tables and Sources

Selected datasets were sourced from Stats NZ, Whaitua, PHO enrolment and condition prevalence, and other relevant sources. The tables within this report provide the quantitative foundation for the trends and signals discussed in the main sections.

The main report focuses on interpretation and implications rather than reproducing full datasets.

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 Taumarunui. 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**

