TE TIRATU

Hauora
Tokoroa

2026

“Hutia te rito o te harakeke, kei hea te kōmako e kō?”

If you pluck out the centre shot of the flax, where will the bellbird sing?

Photo - Raukawa Hauora Staff

Ngā Mihi | Acknowledgements

He mihi nui tēnei ki ngā tāngata me ngā rōpū i tuku i tō rātou wā, i ō rātou whakaaro, me ō rātou wheako hei whakaatu i te hōhonutanga o te mahi hauora kei Tokoroa me te rohe o Waikato ki te Tonga.

Ko ā koutou kōrero me tā koutou ū ki te oranga o ngā whānau he pou tokomanawa nui mō tēnei pūrongo.

Nō reira, ka mihi atu mātou ki Te Whetū Oranga, Rongoā Tuku Iho, Tīwai Hauora o Raukawa, South Waikato Pacific Island Community Trust, Wera Aotearoa Charitable Trust, Transform Aotearoa and The Tokoroa Council of Social Services.

We extend our sincere thanks to the organisations and people who generously gave their time to share insights and highlights from their mahi. Their knowledge, experience, and commitment to whānau wellbeing have been invaluable in shaping this report.

Ngā Ihirangi | Contents

Whakarāpopototanga
| Executive Summary

Tokoroa is a community rich in history, resilience, and heart. This report reflects the voices, hopes, and strengths of our whānau, iwi, and local leaders. Together, we face challenges, but we also hold the solutions within our own hands.

We hear the call of the korimako (bellbird), echoing through our region, reminding us to listen closely to the aspirations of our people. The urgency for change is real, and the answer lies in embracing Te Ao Māori and locally led models of care. When our communities are empowered, we become innovators, connectors, and champions, transforming health and wellbeing for generations to come.

Local providers work tirelessly, often with limited resources and short-term funding, yet their dedication and expertise shine through. Sustainable investment in these locally led models is vital to expand their reach and impact.

Tokoroa and the surrounding districts have over half their population living in areas of high deprivation. Many are spread across R1 and R2 rural classifications, this means getting to a doctor, seeing a social worker, or accessing specialist support is much harder. Nearly half of the Māori population is under 25 years old. If the right supports are in place, this generation can be uplifted. Factors like distance from services, fewer local health and social professionals, fewer opportunities, and high barriers across education, employment, housing, and wellbeing do not sit in isolation; they stack.

This report is shaped by the lived experiences of our whānau and community. Māori, Pasifika, faith-based groups, tāngata whaikaha, aged-care, pharmacy, and primary health organisations. We draw on data, stories, and feedback from a wide range of sources, painting a clear picture of our health needs, service gaps, and the urgent call to action for equity and better outcomes for all whānau.

Lasting, meaningful change in rural communities like ours comes from empowering whānau, iwi, and local leaders. When we are resourced and trusted, we use our deep local knowledge and cultural strengths to design solutions that truly fit our needs. This builds trust, improves health equity, and strengthens our resilience.

Tokoroa is more than just a town. It is a vibrant hub of care, connection, and collaboration. Our diverse communities, with strong Māori and Pacific roots, face higher levels of social deprivation than most, but we also show remarkable strength and unity. Together, we are shaping a future where everyone can thrive.

"It's not just one thing, it's everything. Whānau know what good care looks like. The system just needs to catch up. These stories are not isolated, they are consistent, urgent, and reflect the reality that for many whānau, the health system is not delivering what it promised."

Te Tiratū Whānau Voice Report May 2024

Iwi

Raukawa is a people with a deep and enduring connection to the land and to each other. Over 500 years ago, the people of Raukawa established our traditional homeland in the central North Island, which includes the towns of Tokoroa, Putāruru, Tīrau, Matamata, Mangakino, and Te Awamutu. Our iwi is named after the ancestor Raukawa, who was born about 20 generations ago. Raukawa grew up at Rangiātea near Ōtorohanga and was named after the fragrance of the Raukawa oil worn by his mother Māhinaarangi. Today, there are almost 30,000 iwi members who trace their ancestral roots to their ancestor Raukawa.

The Raukawa Iwi organisation is made up of many moving parts that have different functions and roles; as a whole, they collectively form the Raukawa Group. Led by elected governors, the Raukawa Settlement Trust, which represents 16 Raukawa marae and provides the overall direction for the group. The subsidiary, the Raukawa Charitable Trust, works to deliver social development aspirations, while the commercial and economic aspirations are furthered by the subsidiary company, Raukawa Iwi Development Ltd.

Today, Raukawa maintains strong cultural, social, and environmental stewardship, including co-management of rivers and forests, and continues to uphold its identity through marae, language revitalisation, and governance structures across the Raukawa Group.

$260m
grown wealth from $50m in 2012 to over $260m today

2,500
wāhi tapu (sites of significance) in Raukawa database

16
mandated Raukawa marae across the rohe

530,000
hectares of land that makes up the rohe

100
kaimahi who work across the takiwā, advancing the collective asprations of its people

4
offices throughout the rohe – Tokoroa, Te Awamutu, Putāruru and Matamata

He Karanga kia mahia te mahi! | Call to Action

This call to action reflects a whole-system shift, grounded in Te Ao Māori, driven by whānau voice, local data, and community insight, and enabled through sustained investment in locally led solutions.

Te Ao Māori must sit at the forefront of all solutions. This means placing decision-making in iwi, hapū, and community-led design, delivery, and evaluation, not as an add-on, but as the foundation.

When iwi and locally led providers across Tokoroa's health and social services are properly resourced, the impact will be immediate and measurable. Whānau, communities, and frontline organisations already hold the knowledge, relationships, and solutions. What is required now is investment and trust in their leadership.

Empowering rural communities to lead prevention is essential to achieving pae ora, healthy futures for all in Aotearoa.

Te Ao Māori & Whānau-Centred System Design

- Place Te Ao Māori at the centre of all solutions
- Ensure iwi, hapū, and community-led design, delivery, and evaluation
- Embed whānau voice, lived experience, and local leadership in decision-making
- Support kaupapa Māori models (including Rongoā, Pacific models, rangatahi approaches)
- Enable whānau to lead their own wellbeing journeys (pae ora)

"It's not just one thing, it's everything"

Te Tīratu Whānau Voice April 2025 Report.

Whakapakaritia kia ū ki te tiaki mātua me te tiaki aukati – Strengthen Access to Primary and Preventive Care

Access to Primary & Preventative Care

- Expand mobile, outreach, and community-based services
- Increase screening, immunisation, and early intervention programmes
- Improve affordability, appointment availability, and walk-in access
- Strengthen health promotion and education, especially for rangatahi and hapū māmā
- Grow community nursing and local PHO capacity
- Develop Māori-led respite and transitional care pathways

Me anganui ki ngā ārai tūnuku, ki ngā ārai whakatere hoki – Address Transport and Navigation Barriers

Transport & System Navigation

- Invest in affordable, reliable community transport (e.g. shuttles)
- Reduce missed appointments and delayed care
- Provide clear, culturally appropriate navigation support
- Align appointment systems with transport realities
- Establish more local specialist services where possible

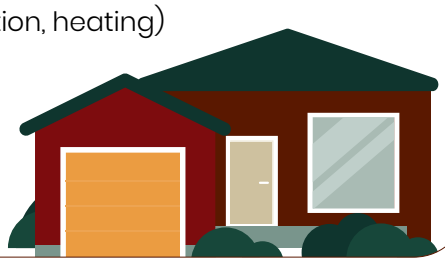
Whakatikahia ngā Hauora tautika kore - Tackle Health Inequities

Equity & Social Determinants of Health

- Prioritise Māori and high-deprivation whānau
- Address financial, geographic, and systemic barriers

Invest in:

- Healthy homes (housing quality, insulation, heating)
- Food security and nutrition initiatives
- Ensure equity monitoring and accountability (data by ethnicity/deprivation)



Tautokona te Whakawhanake i te Hunga Kaimahi me ngā Ratonga Mauroa - Support Workforce Development and Service Sustainability

Workforce Development & Sustainability

- Train and retain a locally based, culturally competent workforce
- Build Te Ao Māori-capable health professionals pipeline
- Provide recruitment incentives (housing, rural support, training)
- Expand innovative delivery models (nurse-led, telehealth)
- Secure long-term workforce and infrastructure funding

Whakatenatenahia te Hapori kia Rapua te Ora - Foster Integrated and Community-Led Solutions

Integrated, Community-Led Service Models

- Foster collaboration between health, social, and community services to address broader determinants of health (housing, income, transport, education).
- Fund navigator roles, shared data systems, and cross-sector collaboration platforms to reduce fragmentation.
- Recognise and support existing community networks and resilience, building on whānau decision-making and rational service use.
- Involve whānau and community leaders in service design, evaluation, and governance to ensure relevance, trust, and cultural responsiveness.
- Support initiatives addressing broader determinants of health, including housing, education, and employment.
- Develop integrated service hubs and cross-agency partnerships to improve coordination and outcomes.
- Integrated service hubs: Develop central locations where whānau can access multiple services (health, social, education) in one visit, reducing fragmentation and improving coordination.
- Cross-agency partnerships: Encourage regular meetings and shared planning between health, social services, iwi, and community groups.

"Rongoā is becoming the norm for people in our community, GPs are referring more and we are connected with our local physiotherapists and chiropractors. Increased funding into growing our workforce, will allow us to meet the growing demand. Money would be good, but that is not the focus of our mahi. If people need us, we are here."

Rongoā Tuku Iho Kaimahi 2025

Whakarākeitia te Hauora Hinengaro me ngā Ratonga Rangatahi - Enhance Mental Health and Rangatahi Services

Mental Health & Rangatahi Wellbeing

- Expand rangatahi-focused, culturally grounded mental health services
- Increase access to local specialists and early support
- Fund school-based, peer, and confidential services
- Embed Te Ao Māori and Pacific models of care

Whakarākeitia te Kohi Raraunga me te Toha - Enhance Data Collection and Sharing

Data, Evidence & Continuous Improvement

- Improve local data collection (chronic disease, access, outcomes)
- Track whānau journeys and service effectiveness
- Enable safe data sharing across providers
- Use data to drive equity, accountability, and system improvement

Haumarutia roatia ngā Haumi me ngā Tūāhanga - Secure Sustainable Investment and Infrastructure

Sustainable Investment & Infrastructure

- Shift to multi-year, secure funding models
- Invest in locally led services and infrastructure
- Prioritise funding for:
  - » Community leadership
  - » Transport solutions
  - » Mobile/outreach services
- Support scaling of proven kaupapa Māori models

"It is paramount that whānau are provided with the services and support needed to walk their unique pathways to wellbeing and flourishing. Thus, we strongly advocate for continued funding of health services that align with the overarching focus on empowering whānau to take control of their health and wellbeing journey."

Raukawa Whānau Voice Report 2024

Raraunga – Data

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

Data inconsistencies and gaps are not just technical; they influence how need is understood, how resources are allocated, and how whānau realities are represented in decision-making.

Opportunities to strengthen the system 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.

Tirohanga whānui o te taupori
| Population Overview

Tokoroa is a medium-sized Waikato town with an estimated population of about 14,500 people as of June 2025, making it the largest settlement in the South Waikato District.

- **Population size:** Approximately 14,500 residents (June 2025 estimate).
- **Regional context:** Largest town in the South Waikato District and the fourth-largest in the wider Waikato region.
- **Age structure:** Tokoroa has a relatively young population, with strong representation of children and working-age adults. Ethnic composition: The town has a high proportion of Māori and Pacific peoples, alongside European communities.
- **Growth pattern:** After historic and recent fluctuations linked to forestry and mill employment, the population has stabilised and modestly increased in recent years.

Māori share of population - Tokoroa and New Zealand (2013-2023)

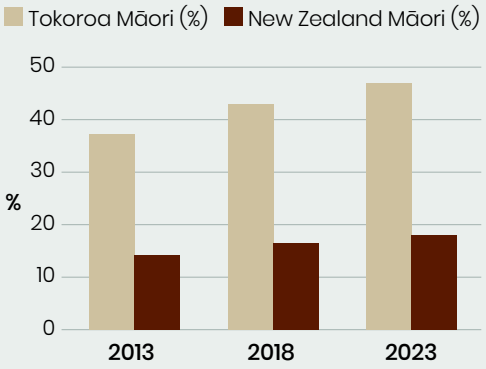


Fig 1. Source:Stats NZ Census. Calculated as Māori ethnic group census count divided by total census usually resident population count.

This graph shows how the proportion of Māori in Tokoroa compares to the national Māori share, and how that proportion has changed over time. This shows that Māori are the majority population in Tokoroa, not a subgroup within it.

Koinei i whaitake ai tēnei kauwhata - Why this graph is relevant

This shows that Māori are the majority population in Tokoroa, not a subgroup within it.

Māori make up a substantially larger share of the population in Tokoroa than nationally, and this share has increased over time. This reinforces that kaupapa Māori approaches are not an add-on or targeted response. They are the appropriate default design lens for services, engagement, and investment in Tokoroa.

Population age structure - Tokoroa and New Zealand (2023)

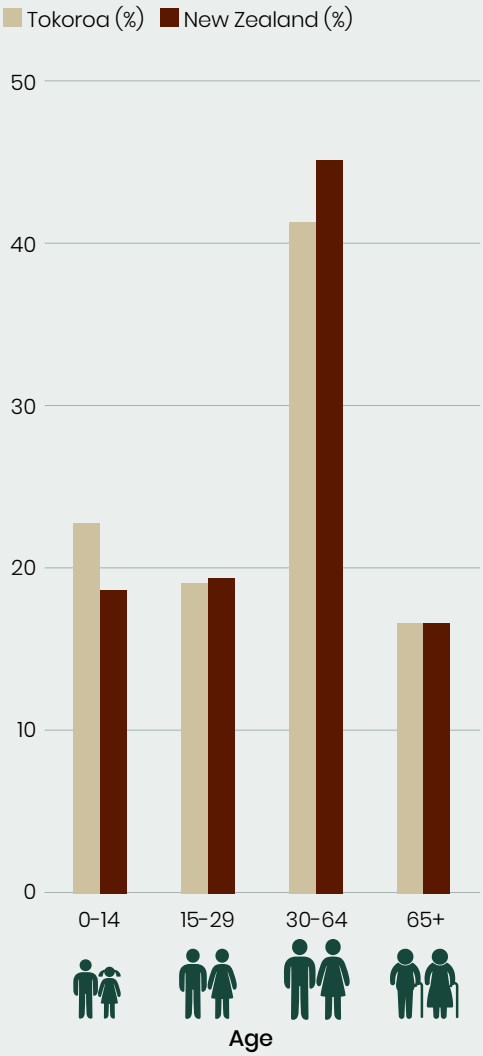


Fig 2. Source: Stats NZ Census 2023. Percent is the total usually resident population.

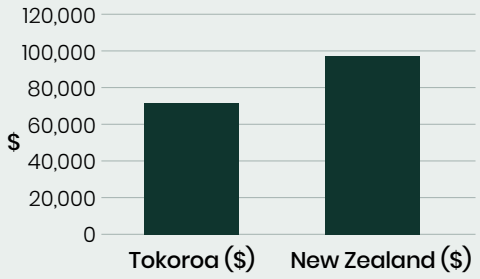
This graph compares the age structure of Tokoroa with New Zealand overall. It shows how the population of Tokoroa is spread across age groups - from children and young people to working-age and older adults. Age structure shapes demand. A younger population changes the type, timing, and intensity of services needed across education, mental health, whānau support, and early intervention.

Koinei i whaitake ai tēnei kauwhata - Why this graph is relevant

Age structure shapes the demand of health services. A younger population changes the type, timing, and intensity of services needed across education, mental health, whānau support, and early intervention.

Tokoroa has a higher share of children and young people than the national average, and a smaller share of working-age adults. This means pressure shows up earlier in life, often before problems are formally visible in hospital or acute data. Planning needs to lean toward prevention, rangatahi support, and whānau-based responses rather than late-stage intervention.

Median household income



Median weekly rent

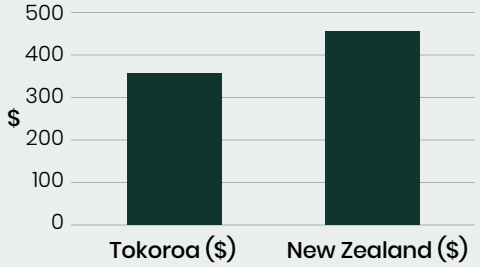


Fig 3. Source: Stats NZ Census 2023.

Figures 3 and 4 compare median household income, median weekly rent, and family structure in Tokoroa with New Zealand overall.

Koinei i whaitake ai tēnei kauwhata - Why this graph is relevant

Income alone does not explain pressure. Cost context matters. This graph shows how much room households have to move when costs rise.

Tokoroa households have lower median incomes while still facing rising housing costs. Even where rents below the national median, the gap between income and essential costs remains tight. This reduces flexibility for transport, health appointments, food, and unexpected expenses, and increases reliance on informal support and local services.

One-parent families as a share of all families: Tokoroa vs New Zealand

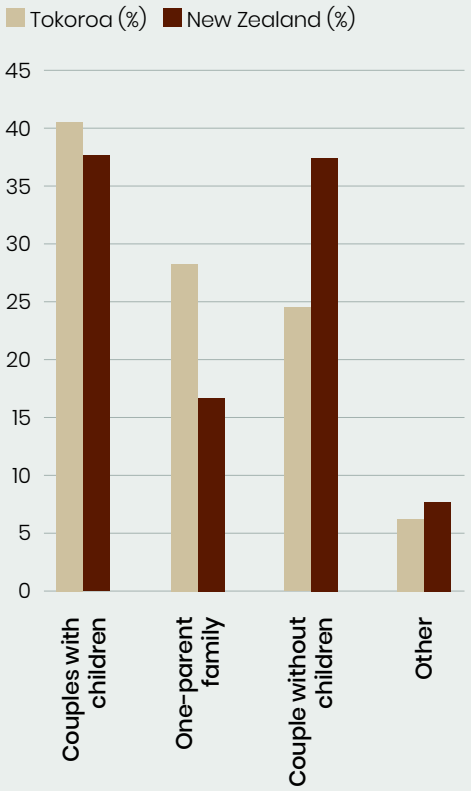


Fig 4. Source: Stats NZ Census 2023

This graph compares the proportion of one-parent families in Tokoroa with the national average.

Koinei i whaitake ai tēnei kauwhata - Why this graph is relevant

One-parent households often face tighter time, income, and transport constraints, increasing reliance on local, flexible services.

Tokoroa has more one-parent families, which means everyday life carries more pressure, and there is less backup when services are hard to reach.

Ngā haramaitanga ki te Tari Ohotata i te wā e tāmia ana te tiaki mātua - Emergency Department presentations when Primary Care is constrained

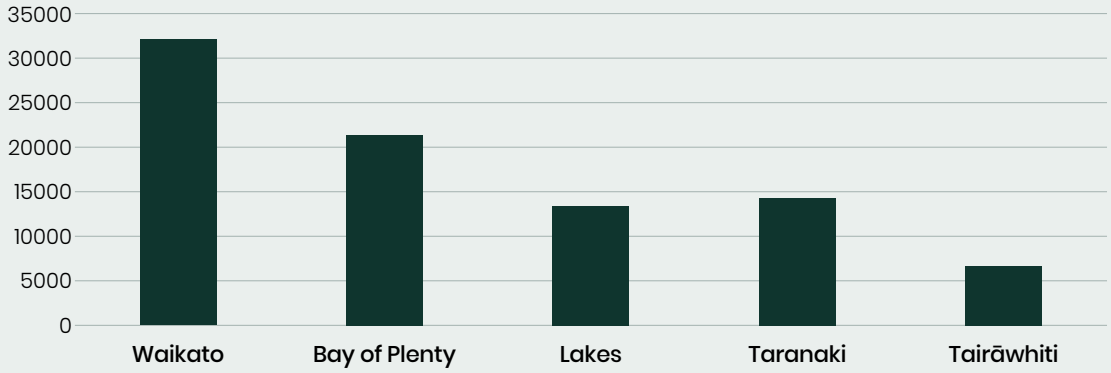


Fig 5 . Source: National Non-admitted Patient Collection (NNPAC) - Clinical Performance/ Te Whatu Ora

This graph shows emergency department (ED) presentation volumes for the Waikato region compared with other parts of the country, using the most recent available data (July–September 2023).

Koinei i whaitake ai tēnei kauwhata - Why this graph is relevant

ED use is a pressure indicator. When access to primary care, mental health, or community support is constrained, whānau often end up in ED as the service of last resort.

Ko tētahi Māramatanga - Key insight

Waikato has one of the highest ED presentation volumes in the country. This signals system pressure upstream — particularly for Māori and whānau dealing with mental health stress, cost barriers, and gaps in timely local support — rather than sudden increases in acute illness alone.

When paired with Tokoroa PHO data, a consistent pattern emerges. Primary mental health referrals and long-term condition signals show where pressure enters the system, while ED data shows where that pressure surfaces when earlier support is delayed, fragmented, or inaccessible.

It is important to note that ED data is released with a time lag and limited Māori-specific granularity. For Māori health researchers and Iwi Māori Partnership Boards, this limits timely response and makes it harder to track emerging needs or the impact of kaupapa Māori and community-based services in real time.

Taken together, the data reinforces the case for early, local, whānau-centred intervention. Reducing downstream hospital pressure depends less on expanding ED capacity and more on strengthening access, continuity, and integration across primary care, mental health, and community services.

Ngā Kitenga Matua | Key Findings - Challenges

The South Waikato region faces considerable health equity challenges: lower median incomes, fewer qualifications, and reduced access to tertiary education compared to national values. Rurality, transport barriers, and service availability further restrict residents' access to primary and preventive care, contributing to disparities in chronic disease management, delayed care, and inequitable outcomes.

1. Te Tautika-kore o te Hauora - Health Inequities

- Māori face disproportionately high rates of chronic diseases (heart disease, lung cancer, COPD, stroke, diabetes), leading to premature and preventable deaths. The avoidable death rate for Māori is 2.4 times higher than for non-Māori.
- Māori account for 47% of Emergency Department presentations.
- Mainstream models of treatment continue to be prioritised, while Te Ao Māori healing approaches receive limited attention, recognition, and equitable funding.

Recorded prevalence of selected conditions among Māori – Tokoroa (PHO data)

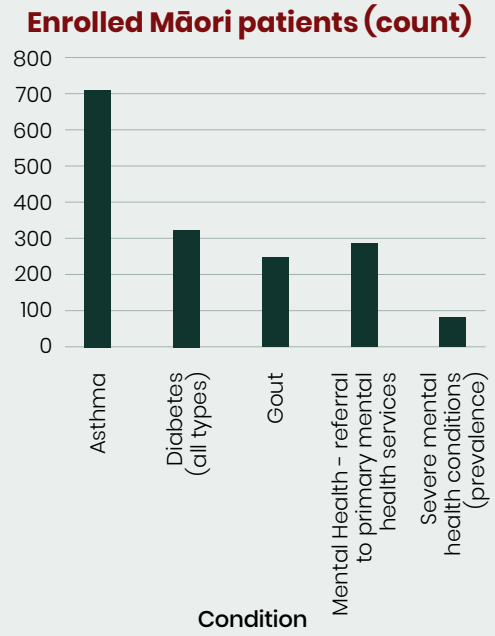


Fig 6. Source: PHO enrolment data (Tokoroa). Counts under 7 are suppressed. NHC data not included.

This graph shows recorded prevalence of selected long-term and high-impact conditions among Māori enrolled in primary care services in Tokoroa.

Koinei i whaitake ai tēnei kauwhata - Why this graph is relevant

Primary care data provides early system signals before pressure appears in hospital or acute settings.

Asthma, diabetes, gout, and mental health needs are all highly visible in primary care data for Tokoroa Māori. Many of these conditions appear across adulthood rather than only at older ages, pointing to cumulative pressure rather than isolated illness. This data reflects recorded system activity, not total community need, and likely understates lived experience shared by whānau.

2. Ngā Taupā Uru - Access Barriers

- Transport barriers to out of town specialists, outpatient, screening, and hospital appointments are challenging which can mean a six-hour round trip to hospital
- Long wait times for GP appointments, sometimes exceeding 6 weeks
- Lack of awareness about entitlements
- Limited hapū māmā services, with those that do offer, being stretched
- Limited knowledge, support and ability to access aged care facilities

> **"We're still waiting."**
>
> Te Tīratu April 2025 Whānau Voice Report

3. Ngā take e pā ana ki te Rāngaimahi - Workforce Issues

- Critical shortages of doctors, nurses, psychologists, psychiatrists, kaimahi, Rongoā practitioners, physiotherapists, community dieticians, clinical pharmacists, mental health workers, youth workers, counsellors, health coaches (but not limited to)
- Burnout and retention issues are common, with existing staff taking on extra shifts
- Lack of investment into increasing Hauora Māori and Pasifika Indigenous practitioners
- Rural location and limited housing options hinder recruitment and retention of skilled professionals
- Limited to no formal pipeline or funded strategy to support educational pathways into health

4. Raraunga me te Wehenga o te Matihiko - Data and Digital Divide

- Online consultations are inaccessible and culturally inappropriate for many older residents and low-income families
- Data acquisition is challenging

5. Te Pakukore ā-Hapori me te Tuawhenuatanga - Social Deprivation & Rurality

- Geographic isolation, socioeconomic hardship, inadequate housing, barriers to health food, safe housing and lack of employment opportunities are common challenges for communities with high impact potential
- Ongoing employment layoffs due to closures across the forestry sector had negative impact on families and community

Population living in high deprivation areas (NZDep 8–10): Tokoroa vs New Zealand

Socioeconomic Deprivation Profile (NZDep)

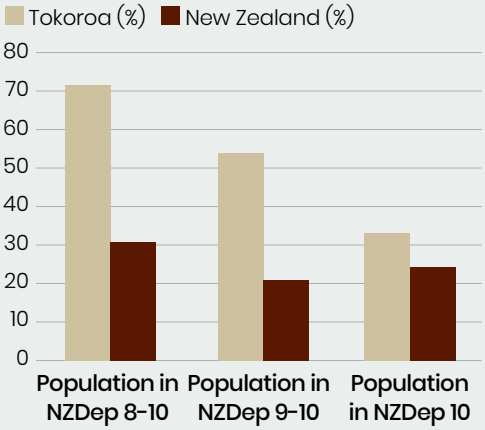


Fig 7. Source: Stats NZ Census 2023 (NZDep)

This graph shows the share of the Tokoroa population living in areas ranked among the most socioeconomically deprived in New Zealand, compared with the national picture.

Koinei i whaitake ai tēnei kauwhata - Why this graph is relevant

It anchors the section in structural pressure, not behaviour. It explains why cost, housing quality, transport, and health access challenges stack up in Tokoroa.

Ko tētahi Māramatanga - Key insight

Tokoroa has a much higher concentration of people living in high deprivation areas. This means everyday systems need to work harder, earlier, and more locally to prevent pressure escalating.

6. Te Iti o ngā Ratonga Hauora Hinengaro, Rangatahi hoki - Limited Mental Health & Youth Services

- Limited mental health services for rangatahi (youth) and adults, education spaces are stretched to meet demand
- Long wait times for specialist care and inadequate crisis response
- Community organisations provide some support but face funding insecurity to do more
- Lack of integrated mental health and addiction services tailored to communities

> **"If we want to see long-term social impact we will need to invest in tāmariki and rāngatahi."**
>
> Wera Aotearoa Trust

Mental Health Referrals by Age (PHO signal)

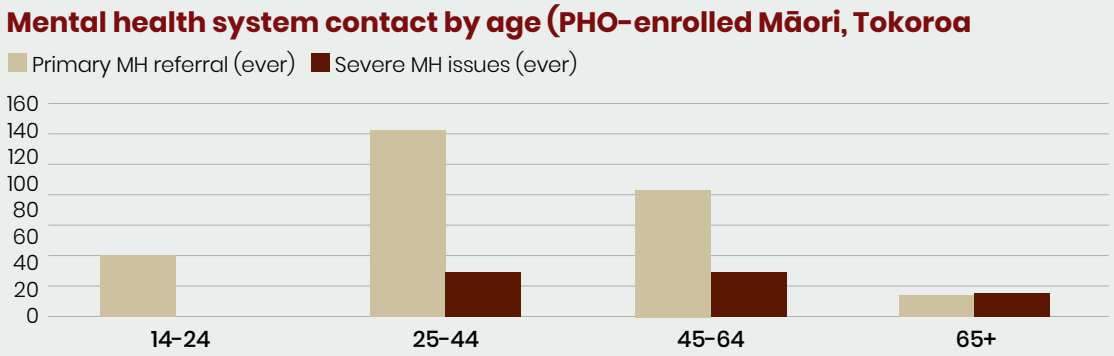


Fig 8. Source:Pinnacle PHO data (Tokoroa, Māori enrolled) Counts represent people who have ever had a referral or diagnosis recorded. PHO-enrolled Māori only. Suppression applied where counts <7. *This data reflects recorded system activity for enrolled patients only, not total community need.*

This graph shows recorded referrals to primary mental health services by age for Māori enrolled with PHO services in Tokoroa.

Koinei i whaitake ai tēnei kauwhata - Why this graph is relevant

It shows the ages where people first start needing help, particularly for rangatahi and working-age adults, and where early support is most needed.

Ko tētahi Māramatanga - Key insight

Mental health demand appears early and remains high through adulthood. This reflects sustained pressure rather than short-term crisis, and likely understates need where whānau are disengaged or accessing non-clinical support.

7. He Pūtea Tikoki - Funding Instability

- Short-term contracts and siloed funding streams hinder long-term planning and service continuity
- Contractual limitations, competition vs Outcomes Based funding; inhibits service delivery working across the whole of hauora spectrum if providers are able to
- Whānau present with multiple co-morbidities and conditions, providers work with the full spectrum of care and outside of contract specifications, which is not costed for.

8. Ko te whakatutuki i ngā Whāinga Hauora ā te Kāwanatanga e tāmia ana i te iti o Rawa mō ngā Hinonga ā-hapori - Limited resourcing to locally led initiatives inhibits targeted Government Health Policy Alignment.

- Lack of funding to do more in the community, to support general practice team targets, could be bolstered.
- Population Health teams can play a vital role in building trust in the system, providing navigation, self-management, and condition prevention. Due to a lack of funding, community teams could do more to raise immunisation for

children, provide wrap around services to whānau who may attend emergency departments because they are unenrolled, are in debt with their primary care provider, have little knowledge of how to access other services in their community

- Population Health teams, if funded more, can play a vital role in targeting non-communicable diseases:
  - Respiratory Disease
  - Heart Disease
  - Diabetes
  - Cancer
  - Poor Mental Health

9. He āputa, he tautiki-kore hoki o roto o ngā Tiaki Kaumātua me te Pūnaha – Aged-Care Equity gaps and system misalignment

- Access to aged residential care is often constrained not only by need but by funding structures, complex assessment and subsidy processes, and health and care systems that are difficult to navigate—particularly for whānau already under pressure—resulting in later, crisis-driven engagement rather than planned and supported transitions.
- Māori make up approximately 7-8% of residents across aged care facilities
- Whānau-led care norms: Kaumātua care is relational and collective; residential care is often viewed as a last resort, not a planned transition.
- Institutional design: Facilities are experienced as clinical and hospital-like rather than as "home".
- Cultural misalignment: Limited visibility of tikanga, te reo, and whānau presence reduces trust and comfort.
- Historical mistrust: Longstanding experiences with state systems influence how safe and welcoming aged care feels.
- Late engagement: Entry into care often occurs under crisis conditions, limiting culturally safe planning.
- Mana and identity concerns: Fear of becoming "a patient rather than a person" is a powerful deterrent.

10. Ngā Ratonga Whaikaha – Disability Services

- Limited local disability services and specialist support, meaning many whānau must travel outside the district for assessments, therapies, and ongoing care.
- Workforce shortages across disability and allied health roles, creating long wait times and reducing continuity of care for disabled people and their families.
- Fragmented service navigation, with whānau often struggling to understand who does what, how to access support, and how to coordinate between health, education, and social services.
- The health infrastructure is under significant pressure, with a growing young Māori population and an aging general population. Māori experience higher rates of chronic disease and preventable conditions
- Use ED usage and outcome data to discuss local hospital pressures and outcomes.

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

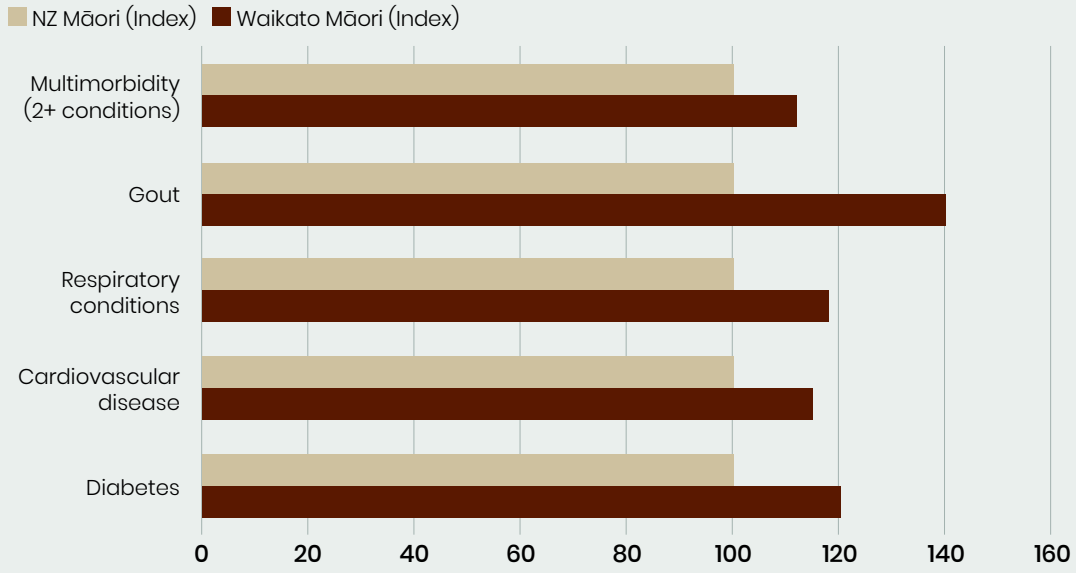


Fig 9. Source NZ Health Survey 2024/2025: NZ Health Survey data is not available at town level. This graph provides regional and national context only. The Waikato Māori pattern closely aligns with the long-term condition burden visible in Tokoroa primary care data and Whānau Voice.

Avoidable hospital admissions by age group (Waikato)

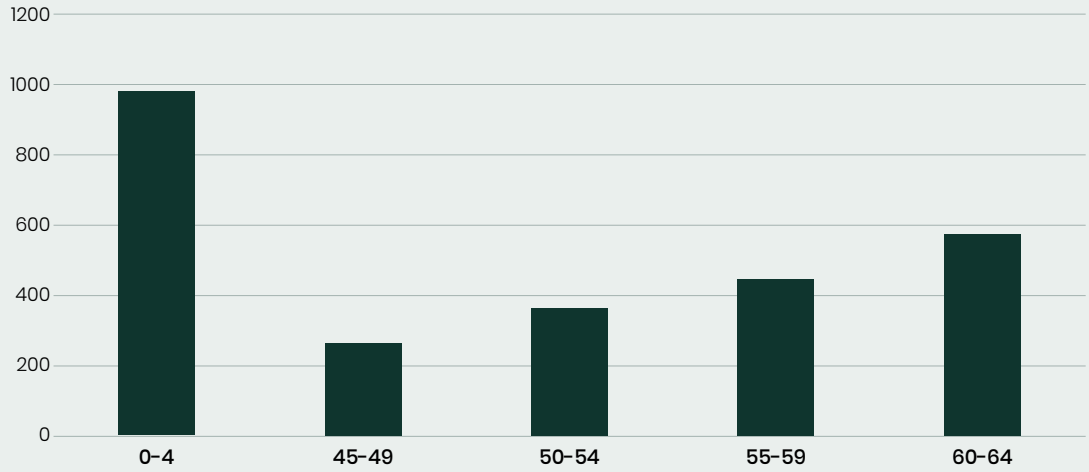


Fig 10. Source: Health Quality & Safety Commission ASH data, Waikato, year ending June 2024. Data shown by age group. Regional data used to contextualise local patterns.

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.

Ngā Kitenga Matua | Key Findings Strengths

What truly sets Tokoroa apart is the strength and history of this community. Guided by strong leadership, the voices of whānau, and care that is deeply rooted in the legacy of generations of building a town. Even when resources are stretched, people have come together collaborating, innovating, and supporting each other in ways that make a real difference.

The community is knowledgeable, adaptable, and relational. Tokoroa people know how to look after one another, and they are not afraid to transform systems from the ground up. Across Tokoroa, you will find population health initiatives in the form of community-led programmes, projects, and activities that keep people well—across the life courses of starting well, living well, or ageing well.

Locally led models of care are at the heart of the health system in Tokoroa. Tokoroa people recognise and invest in these strengths; they are able to create a health and social eco-system of support that truly reflects who they are and is well placed to deliver. It is this spirit of collaboration and care that helps the Tokoroa community thrive, even in the face of challenges.

1. Te Mahitahi o ngā Ratonga – Service Collaboration

- Community providers are connected locally through collaborative groups.
- Integrated care occurs where possible, linking health and social services.
- Community Clinical Pharmacy delivers accessible services.
- Local providers work in integrated ways, offering family support, youth services, and advocacy.

> **"Doing things this way was a real change for many of the clinicians who attended... their willingness to allow things to happen differently was just incredible... It was such a beautiful demonstration of primary and secondary health services working together."**
>
> Akarere Henry CEO SWPICT - Hauora Day 2025

2. Te Hautūtanga ā-Hapori, te Rautaki, me te Auaha – Community Leadership, Strategy & Innovation

- Long-standing iwi and community leaders are active at both strategic and operational levels, supported by newcomers to the region and youth.
- Leaders are connected through interest groups and serve on the local South Waikato District Council as elected members.
- Strong iwi and Pasifika leadership ensures cultural responsiveness and community connection.
- Community leadership drives strategic investments and planning (Iwi, Council, Providers, PHOs)

3. Te Reo o te Whānau me ngā Wawata - Whānau Voice & Aspirations

- Extensive whānau and community feedback informs local service design.
- Whānau know what they want. There is a strong call for culturally safe, locally responsive care delivered by people who understand the community.
- Aspirations include services closer to home and more Māori health professionals.

> **"I was privileged to be in the care of my kaimahi, who treated me with compassion, respect and dignity. I struggle with anxiety and PTSD and I was put at ease. You have no idea how much this treatment has impacted my life."**
>
> Whānau feedback,Rongoā Māori Tuku Iho

4. Te Tiaki ā-Hapori - Community-Based Care

- Care is delivered in homes, marae, community halls, churches, and recreational spaces.
- Services are embedded in everyday community settings, increasing accessibility.

5. He Tauira Tiaki ā-Iwitaketake - Indigenous Models of Care

- Kaupapa Māori and Pasifika providers deliver culturally grounded care.
- Rongoā Māori approaches are valued and increasingly grown in demand, general practice referrals into Māori healing traditions are becoming increasingly common.

> **"This whare and the services they are providing are a living taonga."**
>
> Whānau feedback, Rongoā Tuku Iho 2025

6. Te Whaiwāhi mai a te Rangatahi - Rangatahi & Youth Engagement

- Youth representation is strong at community leadership and service design.
- Local schools and youth programs support mental health and resilience-building activities.

7. Ngā Karapū ā-Hapori, ā-Ahurea hoki - Community Recreational & Cultural Clubs

- Volunteers provide outreach, transport, and peer support.
- Clubs strengthen social connection and wellbeing through recreation and culture.
- Community Clubs lead many movement, physical activities, and nutrition education, which support increased self-management.
- Health Promotion is led effectively by numerous groups, empowering whānau to live well.
- Community groups provide connection and care, creating a sense of belonging and wellbeing targeted at all ages (tamariki, youth, kaumatua).

8. Ngā Ratonga Hāhi, Monihua-kore hoki - Faith-Based & Non-Profit Providers

- Churches, hospice services, the Cancer Society, and other non-profits contribute to holistic care.
- Volunteers and local champions play a vital role in service delivery and support.

9. Te Tōpūtanga o ngā Ratonga me ngā Ahurea - Integrated Services & Cultural Connection

- Increasing adoption of kaupapa Māori and Pacific frameworks.
- Navigation support helps whānau access services.
- Emotional wellbeing is supported through school-based counsellors and community programs, though clinical access remains limited.

10. Ngā Mārohirohi ā-Hapori me ngā Auaha - Community Strengths & Innovations

- Community-led initiatives (e.g Tamaiti, Whānau Resilience, school-based programs).
- Innovative, community-driven initiatives bridge service gaps and strengthen trust.
- Collaboration among TCOSS, SWPICS, schools, and iwi enhances service integration.
- Volunteerism and local champions strengthen outreach and transport.
- Successful Events: One of many examples: March 2024 Hauora Day at Tokoroa Hospital – 600+ attendees, multi-service delivery, strong engagement.

Ko te Reo o Ngā Whānau - Hei Ārahi i te Hīkoi me te Whakarongo ki ngā Take hirahira | Whānau Voice - Guiding Our Steps and Listening to What Matters the Most

Raukawa Whānau Voice Report August 2024 - Summary

1. **Hāpū māmā and pēpē, and Kahu Taurima:**
   - (a) provide equitable and continued funding for Kahu Taurima
   - (b) support comprehensive, culturally responsive care models that integrate Te Ao Māori and Western practices, ensuring māmā and pēpē receive holistic support
   - (c) expand access to these services so that whānau receive the care they need during critical periods, reducing disparities in maternal and child health outcomes
2. **Te oranga hinengaro and Whakapakiri ai ngā Rangatahi:**
   - (a) provide equitable and continued funding for Whakapakiri ai ngā Rangatahi
   - (b) increase the availability of community-based te oranga hinengaro services tailored to the cultural needs of the Raukawa rohe population
   - (c) design services to support the individuals and their whānau
   - (d) support early intervention initiatives that focus on preventing mental health issues before they escalate, particularly for tāne
   - (e) integrate trauma-informed care into services to address the historical injustices and cultural dislocation
3. **High need areas:**
   - a) People living with chronic health conditions:
     - (i) support community-based and easily accessible services
     - (ii) offer localised management of chronic conditions
     - (iii) enhance secondary prevention efforts
     - (iv) empower whānau to take an active role in managing and improving their health

b) Rangatahi and kaumātua:

(i) provide early intervention, mental health support, and behavioural services tailored to rangatahi

(ii) support kaumātua that address both physical health and social isolation

c) Service integration and workforce shortages:

(i) support growing stable and effective workforce capable of delivering high quality care

(ii) whānau with complex health needs experience seamless care

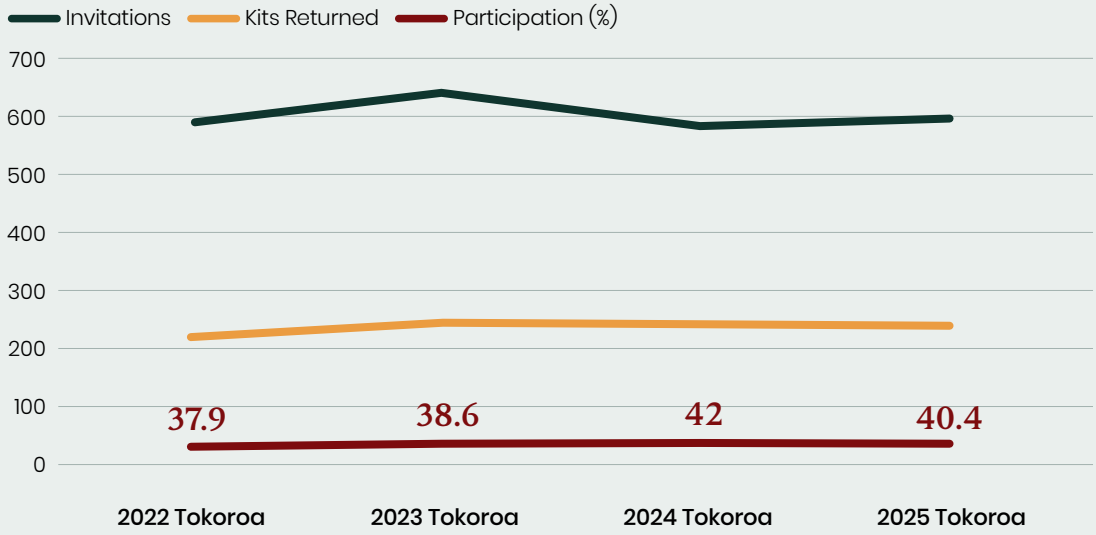


Fig 11. Source: Health NZ

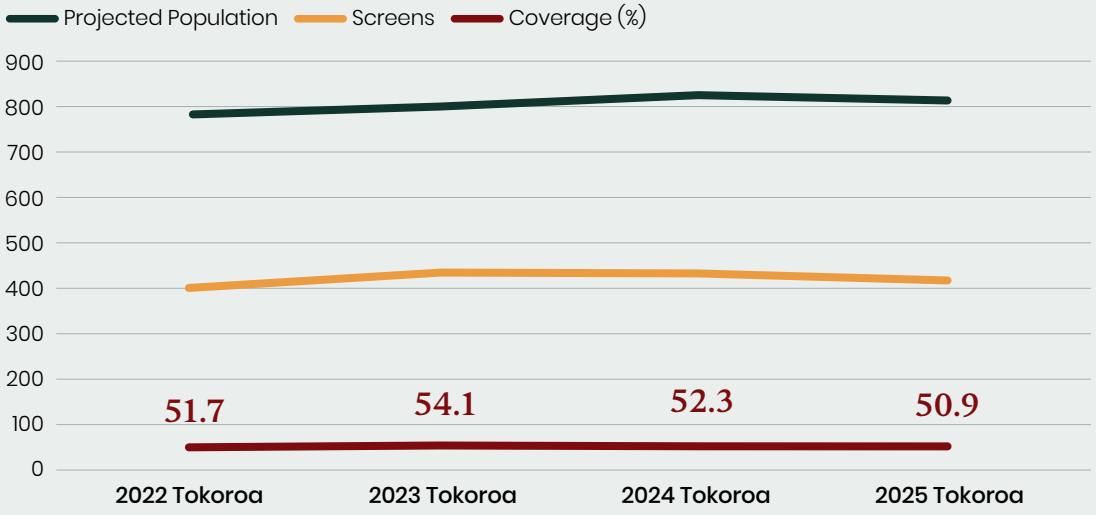


Fig 12. Source: Health NZ

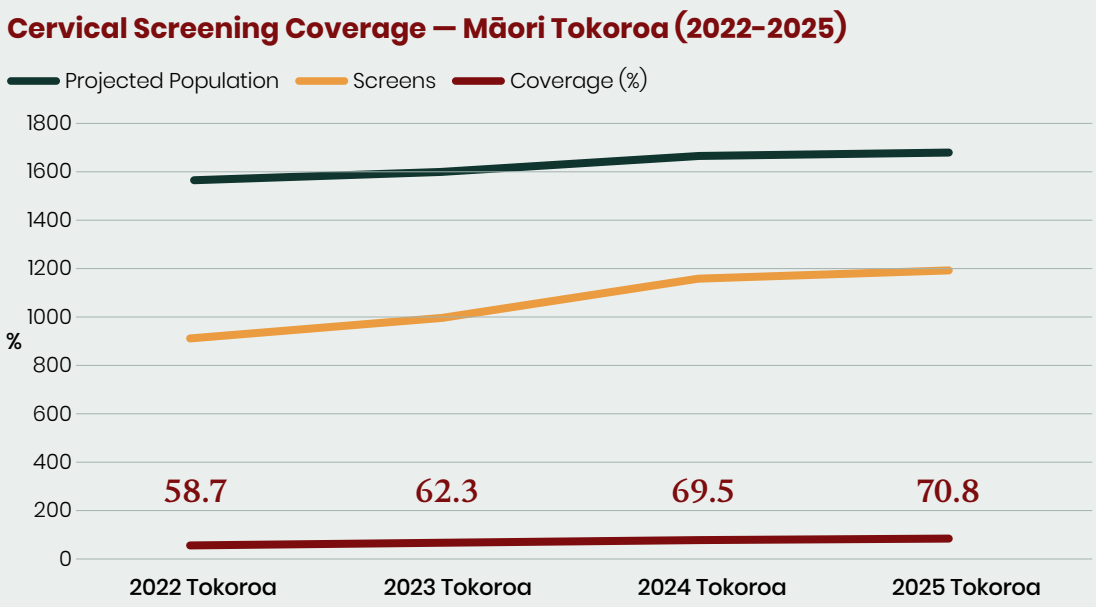


Fig 13. Source: Health NZ

2025 data preliminary due to 6-month kit return window.

Source: Bowel Screening Data Warehouse, Health NZ. Data as at 19/02/2025. Extracted 10/02/2026. Ethnicity prioritised Māori.Coverage calculated as screens divided by projected eligible population based on HPV test date.

Te Tiratū April 2025 Whānau Voice Report – Summary

Whānau across Tokoroa and the wider rohe shared clear and consistent experiences of a health system that is difficult to access and slow to respond, particularly for those living with long-term conditions, financial pressure, and rural isolation.

Te Uru me Te Whanga - Access and waiting

- Long waits for GP appointments, referrals, specialist care, and surgery were commonly reported.
- Delays were described as having a direct impact on health, wellbeing, and the ability to work or care for whānau.
- When primary care is unavailable or unaffordable, whānau often turn to hospital services for non-urgent care as a last resort.

Ngā Tāmitanga o te Utu - Cost pressures

- The cost of healthcare was identified as a major and ongoing barrier.
- Whānau described having to balance appointments, prescriptions, and travel costs against essentials such as kai, power, and housing.
- Some reported delaying care, rationing medication, or waiting until conditions worsened before seeking help.
- These pressures were described as affecting dignity and stability, not just finances.

Te Tūnuku, Te Tawhiti, me te Tuawhenuatanga - Transport, distance, and rurality

- Travel time and distance to services were significant barriers, particularly for specialist and hospital care.
- Whānau described long, exhausting days involving transport coordination and extended waiting times.
- These challenges were especially difficult for kaumātua, māmā, pēpi, and whānau with complex or multiple health needs.

Te Haumaru ā-Ahurea me te hono - Cultural safety and connection

- Whānau consistently reported more positive experiences when care was delivered by Māori health workers or kaupapa Māori services.
- Feeling understood, respected, and treated with mana was seen as central to healing and trust.
- Some experiences highlighted care that felt impersonal or lacking compassion, reinforcing the need for culturally grounded, relational models of care.

E ai ki ngā Whānau me pēnei kia whakapai ai - What whānau say would make a difference

- More local doctors, appointments, and reduced waiting times.
- Lower costs and fewer financial barriers to care.
- Better transport options and services closer to home.
- Stronger coordination and communication between services.
- Whānau-centred, holistic approaches that recognise the links between health, housing, income, education, and cultural identity.

Overall, the Whānau Voice sends a clear message: challenges stack, pressure begins early, and solutions must be local, integrated, and community-led. Whānau know what good care looks like and are calling for a system that listens, responds, and works alongside them to support their pathways to wellbeing.

Ngā Whakaaro Whakamutunga | Final Reflections

The commitment of Aotearoa to Pae Ora—Healthy Futures For All, will only be realised when Te Ao Māori knowledge, iwi leadership, and community-driven solutions are placed at the centre of system transformation.

Tokoroa has made clear through whānau voice, local data, and the collective experience of iwi and community providers that meaningful change is both urgently needed and entirely achievable. When locally led organisations are resourced appropriately, the impact is immediate, culturally grounded, and enduring.

This call to action outlines a clear pathway forward: strengthen access to primary and preventative care, remove transport and navigation barriers, confront inequities head-on, enhance data systems, invest in a sustainable and culturally competent workforce, foster integrated and community-led models, expand mental health and youth services, and secure long-term, stable investment. These priorities are not abstract aspirations; they are practical, evidence-based steps that reflect the lived realities of whānau in Tokoroa and the wider South Waikato.

The message is unequivocal: rural communities know what works for them. Empowering iwi, Māori providers, and community organisations to lead prevention and care is the most effective strategy for improving outcomes and reducing long-standing disparities. Integrated service hubs, mobile outreach, kaupapa Māori models, strengthened navigation support, and sustained investment will build a resilient system that honours cultural identity, supports whānau autonomy, and responds to the broader determinants of health.

Tokoroa stands ready. The community has the vision, capability, and commitment to drive transformative change. What is required now is bold, long-term investment and a genuine partnership approach that recognises iwi and community leadership as essential to achieving equity and wellbeing.

By acting on these recommendations, decision-makers can help build a future where every whānau in Tokoroa can thrive, supported by a health and social service system that is culturally responsive, community-led, and designed for generations to come.

Kāti, ko te tai a kōrero ka mimiti. Ko te whakaaronui ka pania, e te mana o Raukawa nui, Raukawa rahi, tihei mauri ora.

Tohutoro | References

Stats NZ (Statistics New Zealand)

Statistics New Zealand. *New Zealand Census 2013, 2018, 2023*. Population, ethnicity, age structure, income, housing, and deprivation data used to describe demographic composition, socioeconomic conditions, and population trends for Tokoroa and national comparators.

Statistics New Zealand. *NZDep Index of Deprivation*. Used to identify populations living in high deprivation areas (NZDep 8–10) and compare Tokoroa with national patterns.

Te Whatu Ora – Health New Zealand (formerly Ministry of Health)

Te Whatu Ora. *National Non-Admitted Patient Collection (NNPAC)*. Emergency Department presentation data (July–September 2023) used to contextualise system pressure and downstream impacts of constrained primary care access.

Te Whatu Ora. *Emergency Department and Acute Care Data*. Referenced to describe hospital and emergency care pressures affecting the Waikato region and Tokoroa community.

Health Quality & Safety Commission (HQSC)

Health Quality & Safety Commission. *Ambulatory Sensitive Hospitalisations (ASH) Data, Waikato, year ending June 2024*. Used to illustrate avoidable hospital admissions by age group and as a late warning indicator of unmet need.

Ministry of Health / New Zealand Health Survey

Ministry of Health. *New Zealand Health Survey 2024/2025*. Regional Māori long-term condition prevalence data used to contextualise Tokoroa primary care and whānau voice findings where town-level data is not available.

Primary Health Organisation Data

Pinnacle Primary Health Organisation (PHO). *Tokoroa Enrolment and Long-Term Condition Data*. Used to identify recorded prevalence of chronic conditions, mental health referrals, and risk signals among Māori enrolled in Tokoroa primary care services. Counts under seven suppressed.

Iwi and Whānau Voice Sources

Raukawa. *Raukawa Whānau Voice Report 2024*. Whānau-reported priorities, lived experience, and aspirations informing service design, equity analysis, and calls for kaupapa Māori approaches.

Raukawa. *Raukawa Whānau Voice Report 2025*. Snapshot insights used to reinforce ongoing needs across maternal health, mental health, rangatahi, chronic conditions, and workforce sustainability.

Te Tiratū Iwi Māori Partnership Board. *Te Tiratū Whānau Voice Report May 2024*. Community-led insights shaping the Call to Action and framing system gaps experienced by whānau.

Te Tiratū Iwi Māori Partnership Board. *Turning Whānau Truths into System Change (May 2025)*. Referenced as a foundational kaupapa Māori evidence base informing recommendations and system reform pathways.

Local Government and Regional Context

South Waikato District Council. *Community, Place, and Regional Context Information*. Used to situate Tokoroa within the South Waikato rohe and describe local infrastructure, community assets, and population context (awaiting formal permissions for image use).

Community, Provider, and Programme Sources

Wera Aotearoa Trust. Community insights and commentary on rangatahi wellbeing and long-term social impact priorities.

Rongoā Māori Tuku Iho Practitioners and Providers. Provider kōrero and whānau feedback describing indigenous models of care, workforce pressures, and increasing referral demand.

South Waikato Primary Integrated Care Services Trust (SWPICT). Provider commentary on integrated service delivery and collaboration between primary and secondary care.

Additional Notes on Data Use

Some datasets referenced in this report (including Emergency Department data, ASH data, and national survey data) are subject to **time lag, suppression rules, and limited Māori-specific or town-level granularity**. Where local data was unavailable, regional and national sources were used **only for contextualisation**, alongside whānau voice and local primary care signals.

Ngā Kauwhata Raraunga me Ngā Puna Kōrero | 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 Tātari - 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 Tokoroa. 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.

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.

Ngā uiui rarunga tukua ki - Data requests can be made here:
Whakapā mai | Contact us - Te Tiratū Iwi Māori Partnership Board

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