

TE TIRATU

Hauora

Raahui Pookeka me Ngaaruawaahia

2026

Ko Tainui te waka,
Ko Taupiri te maunga,
Ko Waikato te awa
Ko Pootatau te wherowhero te tangata
He Piko He Taniwha He Piko He Taniwha
Waikato Taniwharau

E te Kuini,
Nga wai hono i te po,
Teenei te mihi kau atu ki a koe.
Ko koe te puna koorero,
Te puna maaramatanga,
E rere nei ngaa wai o te aroha i raro i too maru.
E tau nei te rangimaarie,
E kootuitui ana ngaa awa o te tangata,
I raro i te korowai o te poo.
Noo reira, e te Kuini,
Teenaa koe, Teenaa koe, Teenaa raa koe

Mihi | Acknowledgements

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

We would like to acknowledge the many whaanau, health, social service and community stakeholders that provided insights. Ngaa mihi nui ki a koutou katoa.

The information contained in this document is true and correct to the best of our knowledge at the time of printing.

He Kupu Whakataki |
Shared whakapapa, shared place

Raahui Pookeka and Ngaaruawaahia are closely connected through Ngaati Mahuta whakapapa, whenua, marae, Waikato-Tainui and the Kiingitanga. The Waikato awa, Taupiri maunga, Tuurangawaewae and Waahi Paa are more than geographic landmarks. They carry histories, identities, relationships and responsibilities that continue to connect whaanau across both communities.

This report considers the towns of Raahui Pookeka and Ngaaruawaahia together because their whaanau, histories, community relationships, services and wellbeing are closely linked. Whaanau move between the two communities for kaupapa at marae, health care, education, employment, sport, cultural activities and the everyday mahi of supporting one another.

The report looks at the strengths shared across both places, the different ways current pressures are experienced, and where collective or locally tailored responses could make the greatest difference for whaanau.

The present-day health and wellbeing picture cannot be separated from the history of the rohe. Raupatu, land loss and the disruption of Maaori social and economic systems affected the ability of whaanau and hapuu to retain whenua, resources and control over their own development. These impacts have continued across generations and remain an important context for understanding current conditions relating to housing, income, employment, transport and access to services.

Both historic and more recent economic and population changes have shaped the two communities in different ways. Raahui Pookeka has been strongly influenced by mining, electricity generation, dairy and pastoral farming, manufacturing industry and changes in local employment. Ngaaruawaahia has experienced significant housing growth and increasing movement between the town and Kirikiriroa for employment, education and social activity. These developments have created opportunities while also increasing pressure on infrastructure, local services and community connection.

Both communities hold significant strengths. The marae, whaanau networks, kaupapa Maaori and iwi-affiliated providers, schools, kura, sports organisations, community houses and voluntary services contribute to hauora in ways that are not always visible in formal health data. They provide manaaki, navigation, trusted relationships and places where whaanau can seek support before needs become more serious.

The data and whaanau voice in this report should therefore be read within this wider context. Differences between Raahui Pookeka and Ngaaruawaahia help identify where responses may need to be tailored, while shared whakapapa and relationships provide a strong foundation for collective action.

From Waahi Paa to Tuurangawaewae, whaanau and services already work across the two communities. The task now is to strengthen those connections and make sure support reaches people in ways that fit life in Raahui Pookeka and Ngaaruawaahia.

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Whakaraapopototanga
| Executive Summary

Raahui Pookeka serves as a hub for whaanau and for people from surrounding communities who rely on the town for health care, schooling and work, along with everyday services. Waahi Paa is an important marae for the Kiingitanga and local hapuu Ngaati Mahuta and Ngaati Whawhakia.

Ngaaruawaahia provides a key base for the Kiingitanga with many important activities hosted at Tuurangawaewae each year. Ngaaruawaahia has seen an increase in new housing development, increasing the population who now live in Ngaaruawaahia, but travel out of the area to work, attend education and socialise in Kirikiriroa. This has started to alter the fabric of the community. Housing prices have increased as a result, and so has the need for community infrastructure.

Both towns have a significant Maaori population and a notably young age profile, with nearly half of residents under 30 years old. Long-term conditions, mental wellbeing needs, and whaanau stress emerge early and sit alongside work, caregiving responsibilities, and tight household budgets. The environments in which whaanau live, work, and play shape wellbeing and contribute to preventable health conditions.

Primary care data shows that asthma, diabetes, gout, cardiac conditions, and mental health needs are being managed locally across all age groups. This reflects regular, ongoing engagement rather than crisis-driven use. Providers across primary care, kaupapa Maaori services and community organisations are operating close to capacity, carrying heavy workloads week after week. Even brief gaps, staff absences, full appointment books, or temporary service reductions, have immediate impacts because there are few alternative options for whaanau. Recent primary health care funding changes have also affected the clinical workforce available for Hauora Maaori Providers in North Waikato.

It is strengthening the points where whaanau feel pressure first: early GP access (including for unenrolled Maaori), reliable dental care, locally delivered specialist clinics, transport in particular for kaumaatua, and sustained support for kaupapa Maaori and community providers. Initiatives that create positive healthy environments where healthy choices are easy and supported also need continued investment.

Raahui Pookeka and Ngaaruawaahia have strong foundations: mana whenua hauora and social service providers with strong community relationships and delivery, outdoor recreation spaces, including the Hopuhopu base, and Tuurangawaewae marae - the heart of the Kiingitanga. The priority now is to protect what is working and to support the development of providers who understand, are from and live in the community.

When help is accessible early and locally, issues remain manageable. As access becomes more distant or inconsistent, costs rise for whaanau, services, and the wider system, but for decisions that reflect how life actually works for whaanau.

Focusing effort earlier, locally, and on what already works reduces pressure on whaanau and across the whole system. Waiting until hospital-level care is required, narrows options and increases costs.

A strengths based approach led by community based hauora Maaori providers will result in a sustainable and healthier future for whaanau.



He Orotau Hohonu

| Key Insights

Rautaki Koiora - Koiora is the Oranga Strategy for the iwi.

Ngaa Whaainga Matua - Strategy Outcomes

- Waikato people will achieve their full health and wellbeing potential
- Waikato people are leaders in health and wellbeing
- Our models of holistic care and innovation will lead to sustainable health and wellbeing outcomes for whaanau
- Improved accessibility and quality support for whaanau engaged with the health and social wellbeing sector.

To achieve those outcomes, three Pou are identified. For each Pou there are strategic goals which are accompanied by actions to achieve the Koiora outcomes of Waikato whaanau.

Ngaa Pou - Focus Areas	**Ngaa Whakaraakei - Strategic goals** For each of these pou, there is a set of strategic goals.
Mana Motuhake Self determined Health and Wellbeing	**Mana Motuhake** • Whaanau Driven Health and Wellbeing • Partnership Supported • Whaanau-Enabled
Leadership Carrying the voice of the people	**Leadership** • Iwi Leadership • Influence and Advocate • Waikato-Tainui Model of Care
Designing our future Doing it our way	**Designing our future** • Data and Technology Solutions • Collective Impact • Invest and Innovate

Koiora, **Te Tiratuu** Community Health Plan and Hauora Priorities Report, are important documents as key tools to advocate to Health NZ and any relevant government agencies. They provide solutions and outline the health inequities and barriers for Maaori in the Waikato.

One whakapapa, two local realities

Ngaati Mahuta whakapapa, the Kiingitanga, Waahi Paa, Tuurangawaewae, Taupiri and the Waikato awa connect the communities. The connection is shared; the pressure is not identical in every place.

The paa is part of the hauora system

Whaanau value care where they feel known. Whether the clinical service is at a paa, mobile outreach or Hauora Maaori fixed site setting, services matter because trust, tikanga, whaanaungatanga and practical access are part of whether care is used.

Getting a GP appointment is the first roadblock

Whaanau commonly described planned waits of three or four weeks. When an urgent appointment is not available, the choices narrow to waiting, travelling or using A&E.

Mental-health need is bigger than the coding

The PHO figures show only the people who reached a service and were coded. Whaanau and providers are also carrying grief, anxiety, addiction and rangatahi distress outside those numbers.

Rangatahi need places, people and purpose

The Huntly College Oranga programme, sport, taiao and local youth workers show what helps. Ngaaruawaahia whaanau also identify too few affordable activities and facilities for tamariki and rangatahi.

Raahui Pookeka is carrying concentrated pressure

Damp homes, overcrowding, low incomes and the cost of kai, power and petrol make small access barriers hit hard, particularly for whaanau already managing long-term conditions.

Ngaaruawaahia is growing faster than some services can keep up

New housing towards Horotiu and stronger movement to Kirikiriroa are changing the town. Growth brings opportunity, but it is also stretching roads, schools, recreation, primary care and community support.

The awa, taiao and whaanau activity are part of oranga

Walking beside the awa, gardening, hunting, fishing, kapa haka, sport, time at the paa and maara kai were all named as things that fill the wairua and keep whaanau connected.



He Karanga ki te Waa
| Call to Action

Whaanau are not asking for another plan that sits on a shelf. They are asking for the first doors they visit for hauora services to open, for clinicians to be available and approachable, for local services to be backed properly and for support to fit the way life actually works from across Raahui Pookeka and Ngaaruawaahia.

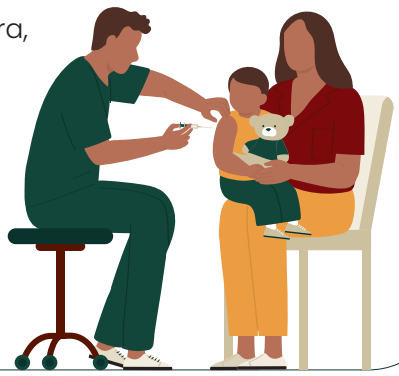


Whakamaheatia ngaa aarai - Fix the first roadblocks

- Increase same-day and urgent primary care access, keep low-cost options and provide a clear pathway for whaanau who cannot enrol with their preferred kaupapa Maaori service.
- Make after-hours pathways simple and visible so whaanau know who to call and are not left choosing between waiting, travelling to Kirikiriroa or using A&E.
- Protect clinics, walk-in access, home visits and outreach to the parts of local care that reach whaanau who will not always get to a standard appointment.

He taonga te aukati, puritia kia uu - Keep prevention close to the paa, kura and community

- Protect screening, immunisation, smoking cessation and long-term condition awareness through locally relevant health promotion messages, alongside regular monitoring.
- Collaborate and engage with marae, kura, workplaces, providers such as Te Whare Awhi, Ngaaruawaahia Community House, community events and mobile services when these make participation easier.
- Improve access to regular oral health, hearing and early-assessment services for tamariki and rangatahi.



Aawhinatia ngaa whaanau kei ngaa kaainga - Help whaanau manage long-term conditions at home

- Provide regular follow-up, health coaching, medication support and practical information for diabetes, asthma, cardiovascular conditions and gout.
- Strengthen annual checks and opportunistic blood testing.
- Link clinical care with access to affordable kai, participation in maara kai, Te Whare Oranga, healthy housing, pharmacy support and Whaanau Ora navigation.



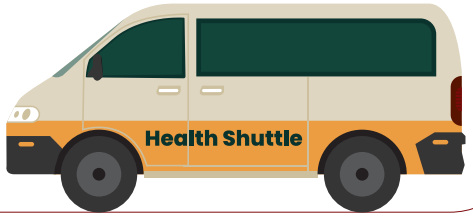
Whakamahea te hono ki ngaa ratonga mate hinengaro, mate warawara hoki - Make mental-health and addiction help easier to reach

- Increase timely kaupapa Maaori, whaanau and rangatahi mental-health and addiction support, including counselling that can be reached before a crisis.
- Provide options beyond standard office hours and stop making whaanau travel to Kirikiriroa before they can begin a local mental-health pathway.
- Address the current gap in rangatahi addiction counselling.



Kawea ngaa whaanau ki ngaa waahi tiaki tika - Get whaanau to the care they need

- Provide stable funding for North Waikato Transport and other medical shuttle services so volunteer drivers are not left carrying a health-system responsibility through grants and goodwill.
- Coordinate specialist appointments to reduce repeated travel and time away from work and caregiving.
- Improve local access to diagnostics, including x-ray and other basic assessment services.



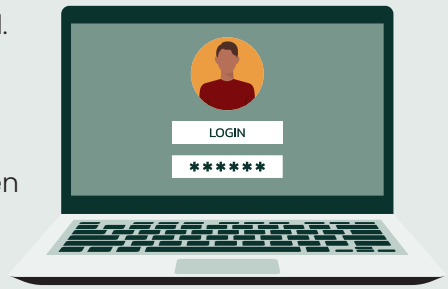
Taunakitia te hunga kaainga - Back the local people already doing the mahi

- Provide longer-term funding to Matawhaanui and Tuuhono, Waahi Whaanui, Ngaa Miro, Raukura and other locally rooted providers that have trusted relationships and will remain in the rohe.
- Fund the whole mahi: Clinical FTEs, navigation, advocacy, home visits, kai, transport, tikanga, rongoaa, whaanau follow-up and the time needed to build trust.
- Use procurement that builds capability and employment within the communities instead of continually bringing in outside services with limited local connection.



Honoa ngaa mahere ki ngaa whaanau o Ngaati Mahuta - Plans are connected to Ngaati Mahuta whaanau

- Coordinate workforce, prevention, data, transport and outreach across Raahui Pookeka and Ngaaruawaahia.
- Keep delivery flexible enough to respond to the particular circumstances of each community and neighbourhood.
- Continue planning with Ngaati Mahuta whakapapa, marae relationships and the way whaanau already move between the two places, not with a map drawn in an office.



Tirohanga Whaanui | Overview

This report brings together Census information, PHO data, screening results, local service mapping and koorero from whaanau and providers. The numbers tell us how much pressure is visible. The koorero tells us what that pressure feels like and what is helping. Detailed tables and definitions sit in the technical appendix.

Me peehea e paanui ai teenei puurongo | How to read this report

Some figures count people enrolled with a local practice. Others count residents inside a census area or wider service catchment. They are different groups, so the figures should not be added together as though they are one clean total.

The data sees what has reached a service and been entered into a system. It does not see everybody managing quietly at home, waiting for an appointment, using rongoaa, seeking help from a local kaimahi following a conversation at the paa or supermarket, or being held by whaanau and community services.

The figures help show what is shared and where the response needs to be shaped around one place, one neighbourhood or one group of whaanau.

Read the report as a practical picture: what whaanau are carrying, what local people are already doing and where support needs to be strengthened.



He Tirohanga Raraunga
| Data Snapshot

**Note -there are some slight variations in Census 2023 data and Stats NZ population figures for Raahui Pookeka and Ngaaruawaahia and surrounds, evident in population data in the section following. This can be explained through data captured on census night, versus estimated population data captured more recently by Stats NZ.*

Draft snapshot. Figures come from different sources and populations; they should not be added together or treated as direct practice-performance comparisons.

10,880 **Service Catchment**	Raahui Pookeka	**9,390**	Ngaaruawaahia–Horotiu
53.5% **Maaori / Young Profile**	Maaori ethnicity in Raahui Pookeka	**54.5%**	Ngaaruawaahia Maaori aged under 30
91.6% **High Deprivation**	Raahui Pookeka in NZDep 8–10	**74.6%**	Ngaaruawaahia in NZDep 8–10
1,959 **Enrolled Maaori**	Raahui Pookeka PHO extract	**2,278**	Ngaaruawaahia Medical Centre
315 **Asthma / Prevention**	Maaori with asthma recorded	**536**	Maaori with asthma recorded

The figures below are selected signals, not a complete measure of all need. Raahui Pookeka and Ngaaruawaahia PHO data come from different systems and reporting periods and should be read in separate panels.

Sources: Stats NZ Census 2023; PHO enrolled population and coded condition data; Ngaaruawaahia Medical Centre NHC monthly data October 2025–June 2026. PHO figures reflect enrolled and recorded populations, not whole-town prevalence.

Te Puutake o ngaa Koorero | Where the whaanau koorero came from

Raahui Pookeka	Shared Hononga	Ngaaruawaahia
• Whaanau attending Hui-a-tau/kapa haka/ regatta • Mata Whaanui / Tuuhono Hauora • Waahi Whaanui • Raukura Hauora o Tainui • Te Whare Awhi • Huntly College / Te Wharekura o Rakaumanga • Local pharmacies and practices	• Ngaati Mahuta whakapapa • Kiingitanga • Waikato awa and Taupiri • Whaanau movement • North Waikato Transport • Shared workforce and referrals • Travel to Kirikiriroa	• Whaanau attending Hui-a-tau/kapa haka/ regatta • Ngaa Miro Health Service • Raukura Hauora o Tainui • Ngaaruawaahia Medical Centre • Ngaaruawaahia Community House • Local kura, schools and koohanga reo • Horotiu growth corridor

Whaanau koorero and insights came from the Waikato-Tainui Hui-a-Tau at Hopuhopu in 2025, kapa haka regionals in 2025/26, the 2025 Tuurangawaewae regatta, Te Tiratuu surveys and local community and provider engagement. Some Hui-a-Tau participants lived elsewhere in the rohe, so these quotes are used as Waikato-Tainui whaanau signals rather than a representative survey of the two towns. Quotes have been lightly tidied for readability without changing their meaning.

District / area (service catchment components)	Total population	Maaori population (Census ethnicity)
Huntly Township (Urban Area)	8,232	4,404
Surrounding Rural & Semi-Rural Areas (Huntly catchment)	2,330	684
Ngaaruawaahia Township (Urban Area)	7,992	4,317
Ngaaruawaahia – Horotiu (catchment)	9,390	4,569

Data Sourced from census 2023 Whaitua



Tirohanga Whaanui o te Taupori | Population and Place

Raahui Pookeka and Ngaaruawaahia both serve whaanau well beyond their town signs. People come in from surrounding kaainga and rural areas for kura, health care, shopping, sport, community support and kaupapa at the paa.

The connection is lived every day. A whaanau may live in Ngaaruawaahia, work in Kirikiriroa, attend kaupapa at Waahi Paa and use a service in Raahui Pookeka. Another may live in Raahui Pookeka and travel to Tuurangawaewae, Ngaa Miro or a school in Ngaaruawaahia.

Raahui Pookeka is strongly Maaori and young. In the 2023 Census, Maaori made up 53.5% of the population and the Maaori median age was 25.5 years. Almost one-third were tamariki aged under 15, with a further 23.8% aged 15–29.

Ngaaruawaahia has a similarly young Maaori population, with about 54.5% aged under 30. The town is also changing as new housing spreads towards Horotiu and a larger commuter population moves between Ngaaruawaahia and Kirikiriroa each day.

That means the local system has to hold both ends of whaanau life: mama and pepi, immunisation, oral health, school and rangatahi wellbeing now, while also supporting more kaumaatua to manage long-term conditions and stay connected to whaanau and marae.

A plan based only on town boundaries will miss how people actually live. The better starting point is whakapapa, whaanau movement and the local doors people already use.

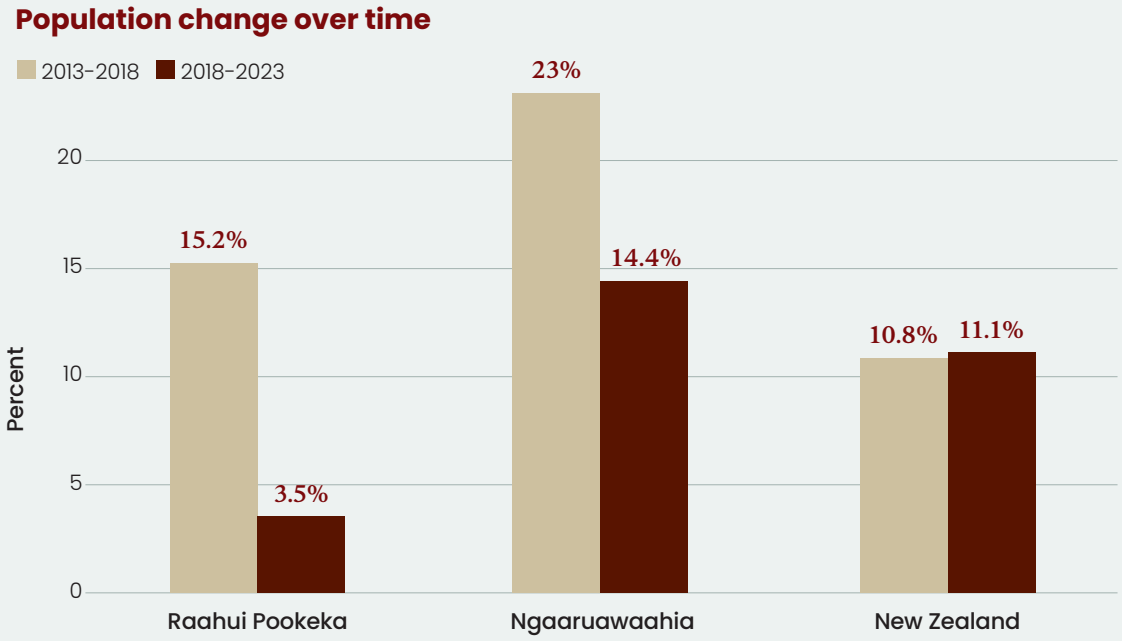


Figure 1. Population change over time, 2013–2018 and 2018–2023.

Source: Stats NZ Census.

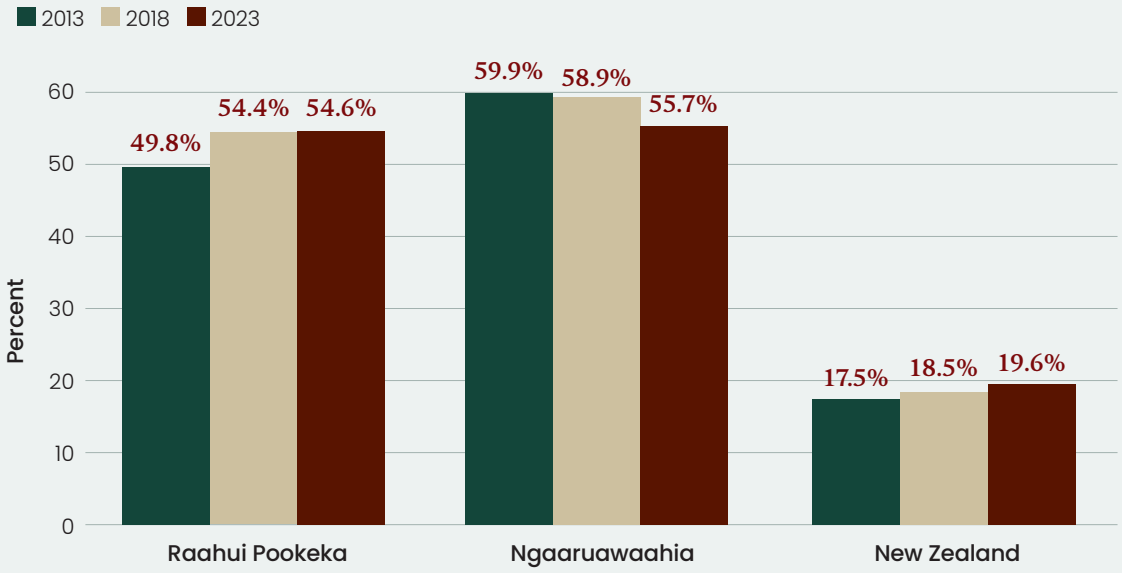


Figure 2. Maaori descent proportion over time.

Stats NZ Census 2013, 2018 and 2023. Ngaaruawaahia figures sourced from Ngaaruawaahia Technical Report V1, Table A1.3.

He aha teenei moo ngaa whaanau?

Plan around the way whaanau already move between Waahi Paa, Tuurangawaewae, kura, local hauora, sport clubs and Kirikiriroa not only around administrative boundaries.

These conditions influence health directly. Damp and mould contribute to respiratory illness. Crowding increases infection transmission among tamariki and older adults. Lower income reduces flexibility around transport, time off work and food choices. For whaanau managing diabetes, heart disease or asthma, these factors affect how consistently conditions can be monitored and controlled.



Te Reo o Ngaa Whaanau
| What Whaanau Are Telling Us

Whaanau koorero tells us what the numbers cannot, where the day becomes hard, what makes people feel safe and what happens when the first door they seek help from does not open.

The clearest message is that needing care is only one part of getting it. Whaanau also need an appointment, petrol, time away from mahi or tamariki, the consultation fee and a clear idea of where to go next.

Planned GP waits of three or four weeks were common in the feedback. Urgent appointments were sometimes found for pepi, tamariki and rangatahi, but when the clinic was full the choices were often to wait, travel to Kirikiriroa or use A&E.

> **"If it's urgent and we can't see the doctor, then we'll go to the hospital A&E—not Angelsea. It's too expensive."**
>
> Whaanau feedback, Kapa haka 2026



For many households, the decision starts before the clinic. Consultation fees, prescriptions, petrol and lost wages sit beside rent, power and kai.

> **"The cost of living means we have to make a choice, kai or the doctors? Um, it's not really a choice, is it, because we all need to eat."**
>
> Whaanau feedback, Kapa haka 2026

Kaumaatua and kuia were more likely to raise transport and cost, especially outside the town centres. North Waikato Transport sees the same pattern: people try every whaanau option first and ask for the van only when there is no other way.

Whaanau also spoke about the difference it makes to be seen in a place where people know them, understand the whaanau and respect the tikanga of the setting.

> **"We feel more comfortable going to the clinic at the paa, but now the hours have been reduced, it's harder to get seen."**
>
> Whaanau feedback, Waikato-Tainui Hui-a-Tau 2025

Good care was described simply: somebody listened, followed up and understood Maaori whaanau dynamics. That is the standard people are asking for, not special treatment, just care that makes sense.

"Having a personal relationship with the doctor so that they can inform us how we're doing in words we understand and so we also understand what we need to do. Unfortunately, a lot of us go to clinics where doctors change all the time, so we have no idea who we're going to see, and we have to keep updating them. This information sits with them, and we have to request it.

Some of our whaanau are too whakamaa to do that. I've heard my own whaanau say, 'Why should I go to the doctors?' A huge number of our whaanau are afraid to go to the doctor for various reasons, including shyness, not wanting to show that they can't afford it, or not knowing which doctor to see. So, the only time they go is when the ambulance takes them to the emergency room."

Whaanau feedback, Kapa haka 2026

Mental-health support was another common concern. Whaanau described having to tell the story several times, call different people and wait until things were serious before the right help appeared. Hospital admission was often distressing for the whole whaanau, not only the person admitted.

"In the hospital, they can have this attitude like they know everything and you should know what we're talking about. That's what I mean when it comes to engagement, practices, and attitudes around my health because a lot of my whaanau are real whakamaa around health facilities. They end up hurting and know they're sick, but they're too whakamaa to get the support and medical attention they need. So, health for me is my whaanau, my hapuu, my iwi, and educating them about the options and advocacy for them."

Whaanau wanted somebody who could sit down, explain what was available, help with the forms and make sure the next step actually happened. Diabetes, hearing, menopause, mental health and specialist pathways were all areas where people felt left to work things out themselves.

Whaanau also asked for better access to hearing support, women's health information, rongoaa and mirimiri, and for disabled whaanau to be able to take part in te reo, kapa haka and community life and not sit on the side.

Whaanau were equally clear about what fills their cup: kapa haka, rugby and netball, gardening, walking beside the awa, hunting, fishing, time at the paa, Zumba, community kaupapa and simply being with whaanau.

"Put recycling in gardens so that it's a welcoming place, and people feel naturally proud to be Maaori, to be on their marae, to be hapuu, and iwi."

"We also spoke about rongoa on the marae, running rongoa workshops, kapa haka, and whakapakari tinana."

He aha teenei mo ngaa whaanau?

Whaanau want the first door they try to find help to open, the cost to be manageable and somebody to stay with the issue until the next step is clear.



Te Noho o ia Raa
| The everyday things shaping hauora

Hauora decisions are being made around the kitchen table, in the car and at the supermarket, not only in a hauora clinic.

In Raahui Pookeka, median household income was $78,400 in 2023, compared with $97,000 nationally. Many whaanau work in construction, manufacturing, health, education, logistics and service jobs. But having a job does not always mean having spare money, paid leave or the freedom to attend a daytime appointment.

Shift work, physical work, school pickups and caring for others all shape whether someone can get to a clinic. A whaanau member can be enrolled, worried and ready to seek help, but still unable to make the appointment fit the day.

Housing pressure is visible in both the data and provider koorero. Among Maaori in Raahui Pookeka, 48.6% reported a home that was always or sometimes damp and 38.4% reported visible mould always or sometimes. More than half did not own the home they lived in, including through a family trust.



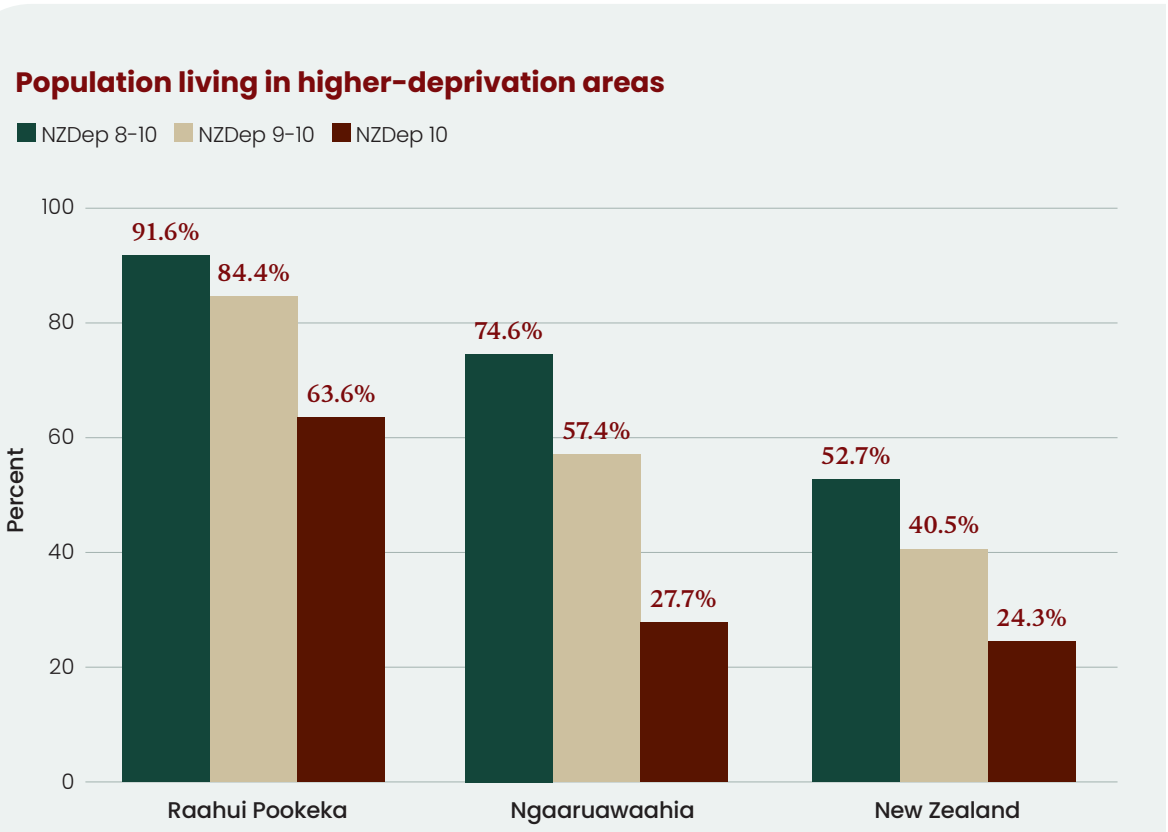


Figure 3. Population living in higher-deprivation areas.

Source: Stats NZ / EHINZ NZDep.

Local providers are seeing higher rents, more overcrowding and portable cabins placed on sections. They also see whaanau staying in damp private rentals because there is nowhere affordable to move to. In Ngaaruawaahia, rapid housing growth has not automatically produced affordable homes or matching community infrastructure.

A damp bedroom shows up later as wheeze, asthma, poor sleep, missed days at kura and work and another visit to the doctor. Housing is part of the hauora story because whaanau live with its effects every day.

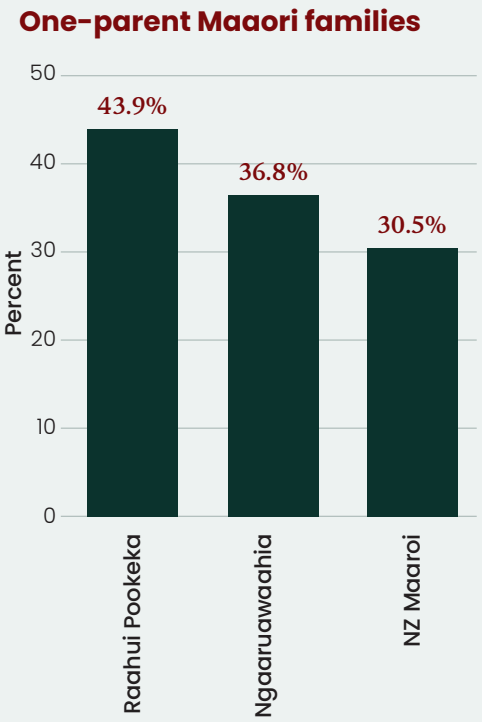


Figure 4. One-parent Maaori families

Source: Stats NZ Census 2023.

Transport is another everyday calculation. With limited public transport, an appointment may depend on petrol, somebody else's shift, a whaanau member giving a lift or whether the community van has room.

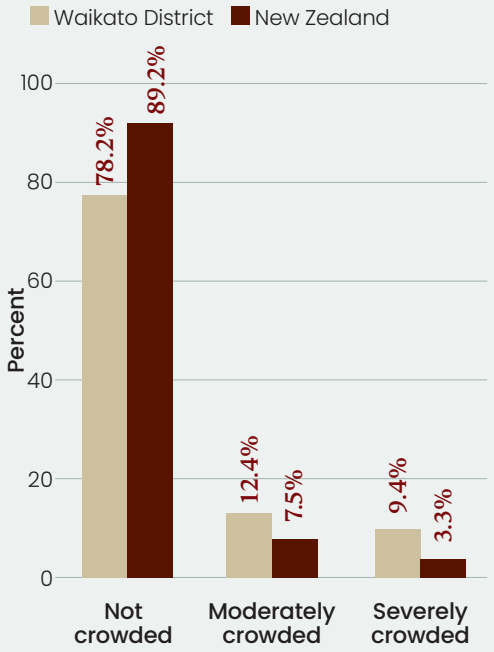


Figure 5. Household crowding, Waikato District compared with New Zealand.

Source: Stats NZ Census 2023, Canadian National Occupancy Standard. Waikato District is used as a proxy.

Fig 6. Household Crowding (CNOS) – Waikato District vs New Zealand (2023 Census)

Ngaaruawaahia presents a more mixed profile. Median household income is higher than in Huntly and above the national median. Maaori home ownership is also higher. However, the township areas have high Maaori population proportions and visible deprivation, while surrounding peri-urban communities have lower Maaori proportions and different income profiles. The overall data reflects this combination.

Employment participation among Maaori is active in both towns, with many adults in full-time work across manufacturing, construction, retail and service sectors. Full-time employment does not automatically remove vulnerability where wages are modest or work is physically demanding

and inflexible. Appointment attendance during business hours can be difficult, particularly for shift workers.

The economic baseline in Huntly is more constrained across a larger share of households. In Ngaaruawaahia, stability varies by area. These differences influence how easily long-term conditions can be managed and how consistently preventive services can be accessed.

> **"Landlords don't want to put in the effort, but are happy to take money off our people."**
>
> Raahui Pookeka provider insight.

Housing

Matawhaanui is the sole Maaori-owned Community Housing Provider and property management team in Raahui Pookeka. The service empowers whaanau with safe, vibrant, and affordable homes. After witnessing the impact of Covid 19 on whaanau, Matawhaanui explored how best to serve whaanau who wanted and needed a place to call home. Matawhaanui registered as a Community Housing Provider (CHP) in August 2022. The service has a focus on government owned properties, and currently has 60 houses with 45 leased to Kainga Ora.

Waikato Tainui is currently on the first stage of a 57 housing development site out at Hopuhopu. The development has recently seen 41 roofs installed, with planting around the storm water area. The development is due to be completed in around 7 months, in time for Te Matatini Festival being held at Hopuhopu in the last week of February 2027.

North Waikato Transport – a local service keeping care within reach

North Waikato Transport uses three vehicles, including a wheelchair-accessible van with a hoist, to take people to doctors, hospital appointments and essential errands. Most passengers are over 55, but the need is wider whenever mobility, cost or whaanau availability becomes a barrier.

Most drivers are retired local volunteers. The rising cost of petrol for the volunteers that travel into Raahui Pookeka is challenging. The coordinator says kaumaatua and whaanau usually try every family option first. By the time they ring, they often have no other way to get there.

The service keeps the vehicles moving through grants, volunteer time and constant fundraising for petrol, insurance and maintenance. Medical trips are the priority, yet no direct Health NZ support is received.



3 community vehicles	**1** wheelchair-accessible van with hoist
Medical Trips are prioritised	**Local Volunteers** including retired drivers
Grants + Goodwill cover petrol, insurance and maintenance	**Funding Gap** no direct Health NZ support recorded

He aha teenei moo ngaa whaanau?

Care is not close to home when the only way to reach it depends on a volunteer driver, borrowed petrol money or a day off work that the whaanau cannot afford.

Tiaki Maataamua | Getting through the first door

Most whaanau start with a local doctor, nurse, hauora or pharmacy. That first door matters because it is where problems are picked up early or left to grow.

The Raahui Pookeka and Ngaaruawaahia figures come from different PHOs, dates and practice systems. They are shown separately. The point is not to compare the practices; it is to see the steady health workload already being managed in each place.

Being enrolled is only the beginning. Whaanau still need an appointment, a clinician who listens, prescriptions they can collect and follow-up that does not disappear when the first visit ends.

What local practices are already carrying in Raahui Pookeka

The Huntly PHO extract included 1,959 enrolled Maaori. Of these, 886 were aged under 25. Recorded need included 315 patients with asthma, 181 with diabetes, 154 in the pre-diabetes HbA1c range, 95 with gout, 43 with cardiovascular disease or a stroke history, 34 referrals to primary mental-health services and 33 recorded with severe mental-health issues.



What Ngaaruawaahia Medical Centre is already carrying

Ngaaruawaahia Medical Centre had 6,091 enrolled patients in June 2026, including 2,278 Maaori. Almost half of enrolled Maaori were aged under 25 yrs. Recorded Maaori need included 536 patients with asthma, 163 with gout, 138 with cardiovascular disease or atrial fibrillation, 46 with a recorded stroke and 26 with a severe mental-illness code.

The latest usable metabolic figures are from March 2026, when 171 Maaori patients had a Type 2 diabetes code and 218 had a pre-diabetes code. Zeros reported from April 2026 onward appear to reflect a coding or reporting break rather than the disappearance of need.

What primary care is seeing in Raahui Pookeka.

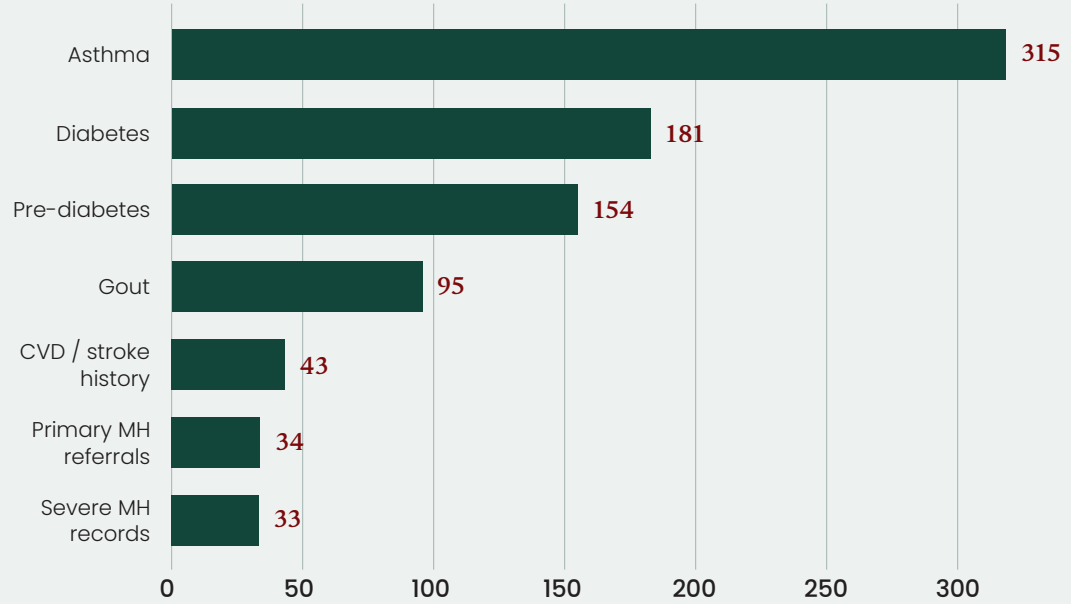


Figure 6. Recorded primary-care workload among enrolled Maaori in Raahui Pookeka.

Source: supplied PHO extract, 2025. Counts are not whole-town prevalence.

What primary care is seeing in Ngaaruawaahia

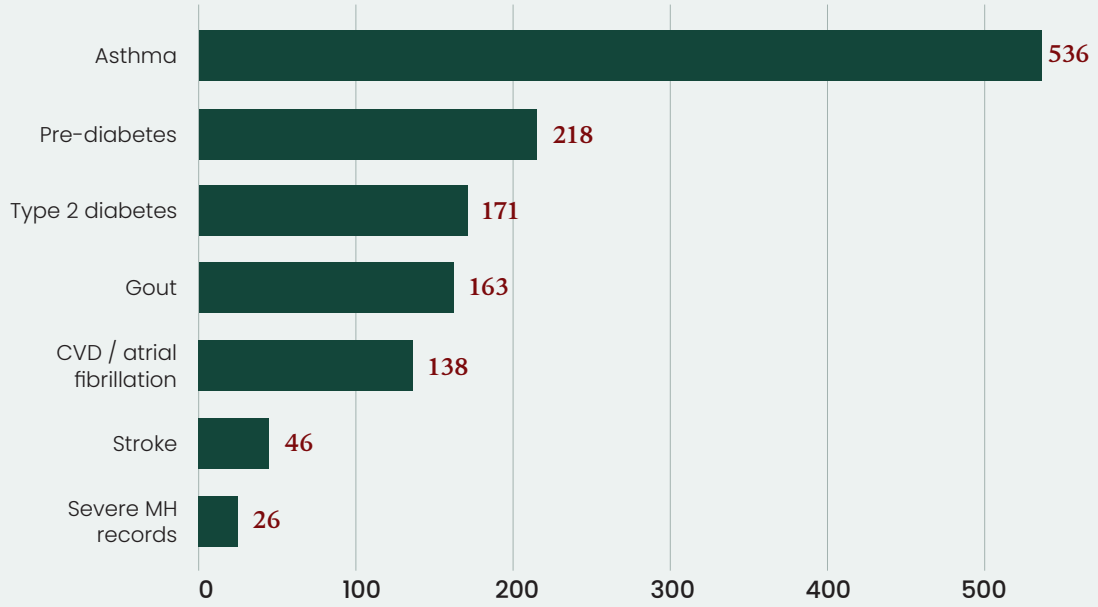


Figure 7. Recorded primary-care workload among enrolled Maaori at Ngaaruawaahia Medical Centre.

Source: NHC monthly extracts. Metabolic values use the latest usable month, March 2026; other indicators use June 2026.

Across the two datasets, the same broad story appears: asthma, diabetes and metabolic risk, heart and circulation conditions, gout and mental-health need are not occasional work. They are part of the weekly load.

He aha teenei moo ngaa whaanau?

The service through the first door needs enough time and people to listen, treat, follow up and connect whaanau with the next service before a manageable problem becomes an urgent one.

Asthma (Maaori Enrolled Primary Care

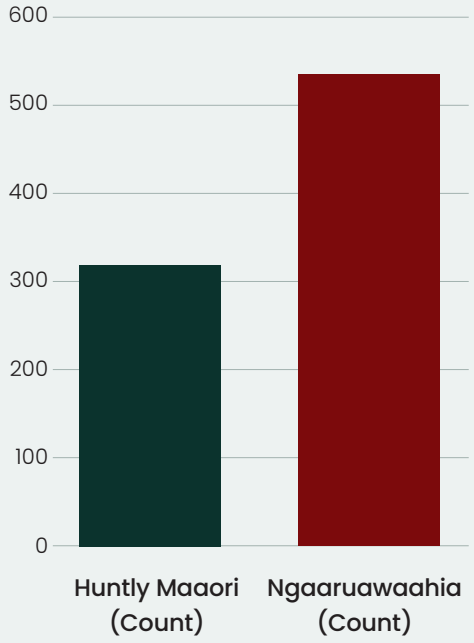
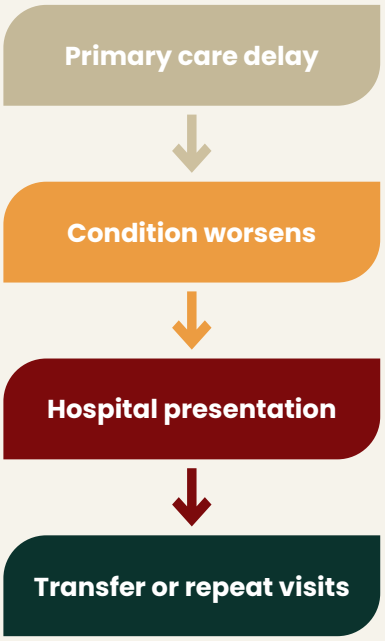


Figure 8. Asthma (Maaori Enrolled - Primary Care) Source PHO

How waiting turns into bigger problems



Ambulatory Sensitive Hospitalisations (ASH) - Waikato Region

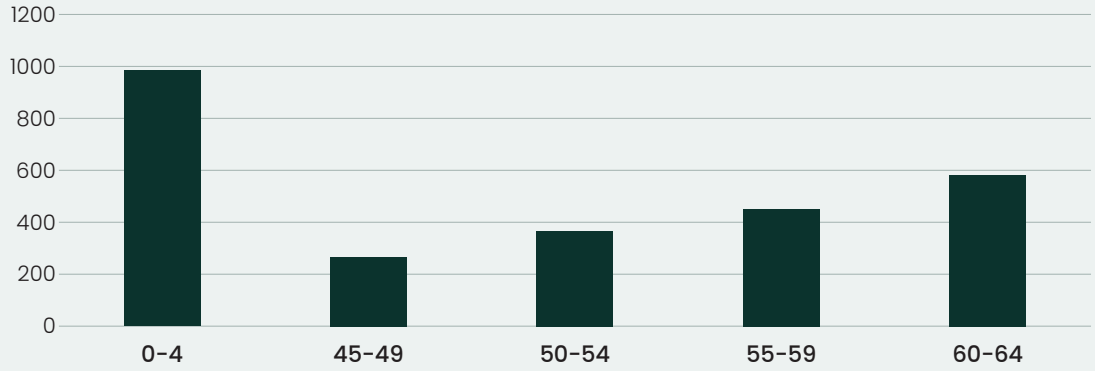


Figure 9. Emergency Department Presentations – Waikato Region (Latest Quarter)

Source: National Non-Admitted Patient Collection (NNPAC) – Te Whatu Ora

For whaanau, problems getting care don't always look dramatic. It looks like waiting longer, managing symptoms at home, or deciding not to go back until things are worse. By the time whaanau re-present, the issue is often harder to resolve.

Te Aarai Mate me te Kite Wawe | Prevention, Screening and Early Detection

Prevention is often low key but important mahi: a vaccination at the right time, a blood test, a screening appointment, a recall call, a medication check or kaimahi reminding somebody not to leave it another year.

Across Raahui Pookeka and Ngaaruawaahia, whaanau are taking part in bowel, breast and cervical screening. That matters because the communities are already carrying a heavy long-term condition load.

Bowel screening participation has improved over time. In Raahui Pookeka, participation increased from 37% in 2022 to 41.8% in 2025. In Ngaaruawaahia, it rose from 37.3% in 2022 to 43.6% in 2024.

Breast screening coverage fluctuated before recovering. Cervical screening shows the strongest improvement, with Raahui Pookeka increasing from 46.5% in 2022 to 64.4% in 2025 and Ngaaruawaahia increasing from 46.4% in 2022 to above 50% in 2024 and 2025.

The improvement matters. It tells us whaanau will take up early checks when recall is reliable, the service is easy to reach and somebody follows through. The people most likely to be missed are often those already juggling transport, mahi, care of others and household costs.

Screening works best as part of the wider local network: immunisation, smoking support, blood testing, diabetes monitoring, paa and community outreach, pharmacies and regular GP follow-up. Small denominators and different PHO reporting rules are explained in the technical appendix.

Bowel screening participation for Maaori

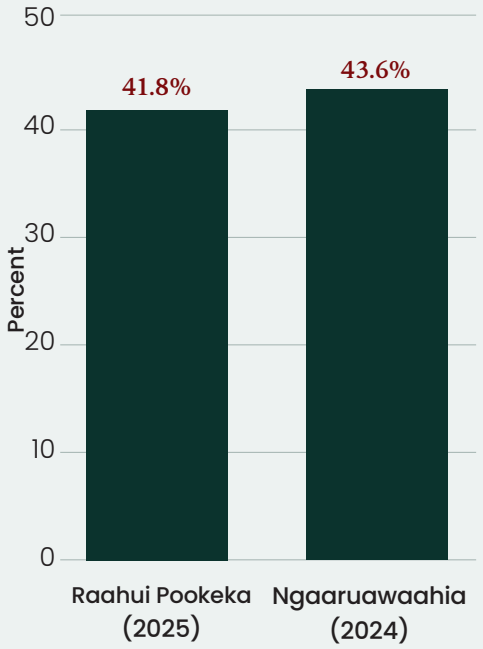


Figure 10. Bowel screening participation for Maaori.

Source: Screening data used in the working report. The latest available year differs between the two communities.

Raahui Pookeka: 2022 46.5%, 2023 47.4%, 2024 59.0%, 2025 64.4%.

Ngaaruawaahia: 2022 46.4%, 2023 46.5%, 2024 53.4%, 2025 52.0%.

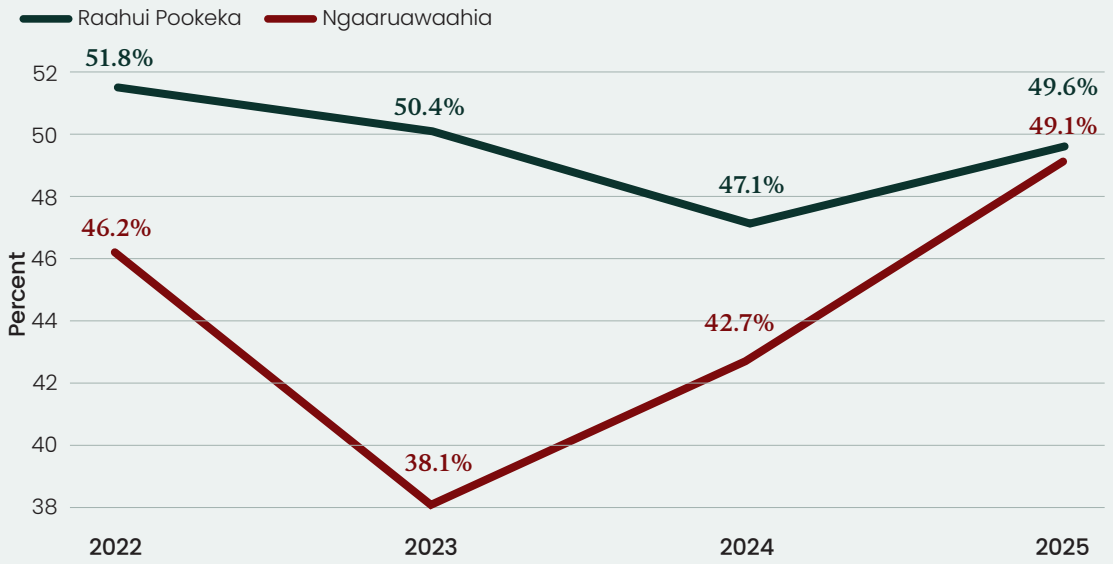


Figure 11. Breast screening coverage for Maaori, 2022–2025.

Source: Screening data used in the working report.

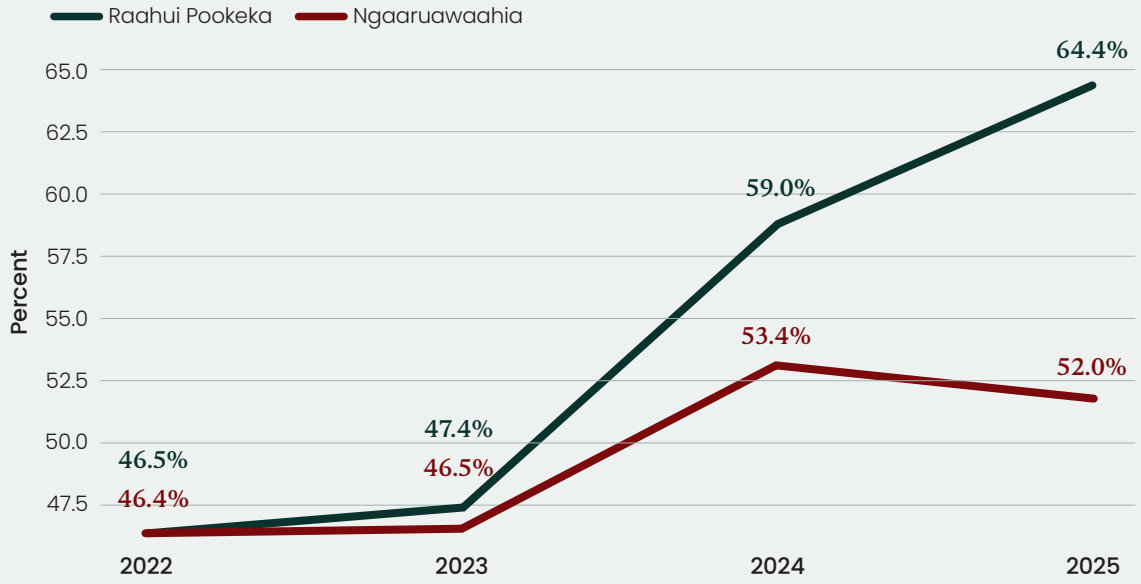


Figure 12. Cervical screening participation for Maaori, 2022–2025.

Source: Screening data used in the working report.

He aha teenei moo ngaa whaanau?

Keep the preventive mahi going through the types of messages that resonate with whaanau and the places we know whaanau already use: the paa, hauora, kura, pharmacy, community house and local events.





Poster for a local breast screening campaign run by Tuuhono in memory of Hine-puuawai Brooks from Raahui Pookeka



Oral Health

Oral Health Services for tamariki from birth to 18 years old are provided free through Te Whatu Ora, Health New Zealand. Raukura Hauora o Tainui Oral Health Truck provides services to Te Wharekura o Rakaumangamanga and Ngaaruawaahia High for those in years 9-13 or 12 years to under 18 years at the time of check up. Services are able to be provided to those not enrolled at school as long as they are under 18yrs old.

When more dental work is required, and with prior approval from an approving dental officer; the High Caries treatment plan allows a 6 monthly recall if the patient requires 4 or more posterior one surface fillings. This does not accommodate anything more complex than one surface filling which is not much use to the rangatahi patient group who often have much more complex needs.



There are two dental practices for paid visits in the area; North Waikato Dental Surgery in Ngaaruawaahia and Huntly Dental Clinic in Raahui Pookeka. For emergency dental care, whaanau must travel to Kirikiriroa to access Emergency Dental Services. Unless a whaanau member qualifies under ACC, payment is required at the time of visit. While payment plans are available with interest free options, this adds additional burden to already tightened whaanau budgets. In extremely severe cases as a result of additional injury and pressing health issue, whaanau access the Accident and Emergency Department at Waikato Hospital .

Vaping, Alcohol, Gambling and Fast Food Outlets

Vape, alcohol, gaming and fast food outlets are highly visible and centrally located in both communities contributing to normalisation of harm environments relative to protective infrastructure.

Vape retailers are slightly more concentrated in Raahui Pookeka relative to population size. Kaimahi also identified single use vapes being sold at the $2 and More Shop. In both locations, supermarkets, gas stations and dairies also supply limited vape flavours.

Refer to Appendix H Register.

Liquor Licensing

"When the easiest shops to reach are vape, booze and those that provide a cheap feed, that becomes the default. You do not have to lecture people to see the problem."

Whaanau Voice participant online survey 2025

Ngaa Mate Mauroa | Long-Term Conditions

The data does not point to one illness that can be fixed with one programme. It shows several conditions being carried together, often in the same household and over many years.

Asthma is visible from tamariki through to adults. Diabetes and pre-diabetes mean blood tests, medication, kai changes and regular review. Gout and heart conditions affect movement, sleep, work, sport and the ability to do the ordinary things whaanau rely on one another for.

One person may be managing diabetes, blood pressure, gout, breathing difficulties and mental distress while still getting tamariki to school, working a shift or caring for a kaumaatua. The condition does not arrive on its own; it arrives in the middle of whaanau life.

Clinicians and pharmacists carry part of the work. Whaanau carry the rest at home: remembering tablets, stretching the kai budget, organising a lift, watching symptoms and deciding whether this is the day to ring the doctor again.

What helps is continuity, seeing somebody who knows the story, getting prescriptions on time and having information explained in a way that can be used at home.

> **"It took me 18 months to get control of my diabetes. I felt lost in the system."**
>
> Kaumaatua feedback, Waikato-Tainui Hui-a-Tau 2025

He aha teenei moo ngaa whaanau?

Good long-term condition care means whaanau know what is happening, who to ring and what the next step is before the condition takes over the household.

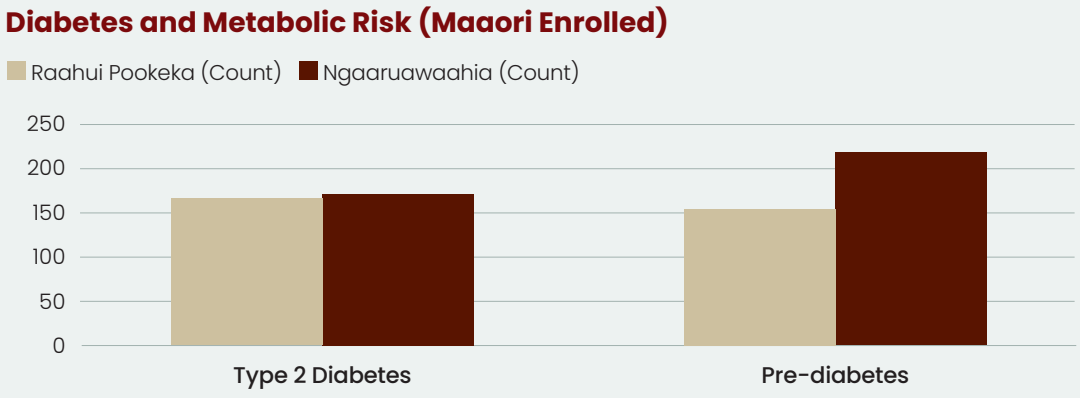


Figure 13. Diabetes and Metabolic Risk (Maaori Enrolled) Source PHO

Hauora Hinengaro | Mental Health and Addiction

The mental-health numbers are only the part of the story that reached a service and was coded.

In Raahui Pookeka, the PHO extract recorded 34 primary mental-health referrals and 33 people with severe mental-health issues. In Ngaaruawaahia, 26 Maaori patients had a recorded severe mental-illness code in June 2026.

They do not count everybody carrying anxiety, depression, grief, addiction, family stress or rangatahi distress. Nor do they show all the support being provided through Waahi Whaanui, whaanau, kura, youth workers, counsellors and community services.

Whaanau described having to tell the same story to several people before reaching the right help. Waahi Whaanui identified a gap in rangatahi addiction counselling, while some mental-health pathways require whaanau to travel to Kirikiriroa for the first assessment before local support can begin.

A referral letter is not the same as help. Whaanau need somebody to answer, somewhere safe to go and support that stays alongside them after the first conversation.

He aha teenei moo ngaa whaanau?

No whaanau should have to repeat the whole story three times or wait for a crisis before the right person becomes available.

He aha ngaa koorero a ngaa kaiaarahi o ngaa ratonga? | What Local Health and Social Service Leaders Are Seeing

The local providers know the whaanau behind the referral. They see the damp house, the empty cupboard, the missed appointment, the grieving rangatahi and the kaumaatua who will not ask for a ride until every other option is gone. Their work rarely fits neatly inside one contract.

> **"It's us that are going to save ourselves. We are clear on our solutions. We keep repeating ourselves, but this is going in the wrong ears."**
>
> Local provider koorero, Raahui Pookeka

Tuuhono Hauora Matawhaanui - Raahui Pookeka

Tuuhono is the Pou Hauora for Matawhaanui. The service was established after seeing the needs in the community during and after COVID-19. Other Pou which make up other services and initiatives provided by Mata Whaanui, help ensure an oranga approach.

The clinic which is open 10-6pm, is located in Huntly West shops close to Waahi Paa, and responds to the whole whaanau, not only the presenting condition. Walk-in and booked clinical care is provided, including weekday, home visits and Saturday access. Afterhours support is provided by Ka Ora telehealth, which is seen as easier to navigate. Tuuhono Clinic and Matawhaanui Services include;

- GP, nurse practitioner, registered nursing, nurse prescriber and vaccination capacity.
- Home visits, outreach and virtual urgent medical support.
- Counselling, health promotion, medication support and advocacy.
- Te Puna Ora rongoaa Maaori clinic and mirimiri pathways.
- Te Whare Oranga Community Gym, maara kai, Para Kore work and Taniwha Cart rangatahi enterprise.
- Maaori community housing and property management.



Recent changes in the Comprehensive Primary and Community Care funding has impacted four clinical roles within the service that supported after-hours, weekend and home-based care. For whaanau, that means less access, with fewer staff available to conduct home visits. The reduced staff funding and criteria, has now been replaced with a part time clinical pharmacist. This has meant the pharmacy in Huntly West is open for 3 days a week instead of the 5, however it has been able to avoid permanent closure.

The opening in early 2026 of the Whare Tai Timu Tai Pare next to Waahi Paa and the Whare Oranga-Gym, provides a space for whaanau to access other community health service providers for appointments.



Waahi Whaanui - Raahui Pookeka and Ngaaruawaahia outreach

Waahi Whaanui works from the understanding that hauora, whaanau life, addiction, housing, rangatahi and the health of the awa are connected. The service is open 8.30-5pm.

- Alcohol and other drug counselling, including video-supported counselling.
- Weekly counselling outreach at Ngaaruawaahia Community House.
- Whaanau Ora navigation, budgeting and advocacy.
- Family support, early childhood services and transition-to-adulthood support for rangatahi.
- Environmental leadership and monitoring of impacts on the Waikato awa.

Insight: Kaimahi identified no dedicated addiction counselling pathway for rangatahi and a mental-health process that can require a first trip to Kirikiriroa before local support begins.





Whaanau Ora

Waahi Whaanau Whaanau Ora navigators are specialist kaimahi who advocate for whaanau, provide navigation and support working with whaanau to find the services and support needed. The common issues identified by the navigators included housing, affordability of kai, the ability to eat healthy kai and addiction issues amongst whaanau.

Ngaa Miro Health Service - Ngaaruawaahia

Across the road from Tuurangawaewae, Ngaa Miro carries forward the aspiration of Te Puea Heerangi to improve the wellbeing of the people through care that is locally known and connected. The service is open 8.30-5pm, and continues to operate when large kaupapa are held over the road at Tuurangawaewae marae. These times create a large workload for the kaimahi who each carry special responsibilities at the marae.

- GP and practice nursing.
- Whaanau Ora navigation and health promotion.
- Screening and community engagement.
- kaumaatua programmes and local connection.

Local insight: Kaimahi are seeing more Type 2 diabetes and cardiovascular need among pakeke and kaumaatua. They are also seeing the cost-of-living pressure directly when some kaumaatua arrive at programmes hungry.





Raukura Hauora o Tainui - Mama, pepi and whaanau

The Taurima - Te Paa Harakeke provides wrap-around care for hapu mama, pepi and the wider whaanau. The service is an integrated, community based programme of support based around a Traditional Maaori Paa. The service provides clinical care, rongoaa, mirimiri, respite and experienced waahine kaimahi working alongside the whaanau. The service is open from 9-5pm.

- Antenatal and postnatal support.
- Tamariki Ora and group or individual whaanau sessions
- Health Education and information, whaanau advocacy
  - Whaanau Goal setting
  - Midwifery, nursing, rongoaa and mirimiri support.
- Respite and practical support from experienced kaumaatua or "nanny" roles.
- Space for independent midwifery care.

Local insight: This model shows the value of wrapping clinical care around mama, pepi and the wider whaanau rather than treating maternity as a series of isolated appointments.



Raukura Hauora o Tainui also provides additional Maaori health clinical services in both towns. This includes supporting Nga Miro with the primary health care service, and oral health services (referred to in another section). The clinic at Ngaa Miro is open Monday to Friday 8.30-5pm. The clinic at Waahi Whaanau Complex in Parry Street, Raahui Pokekaa has been temporarily closed for a few months while the GP is away on planned leave overseas. Patients have been diverted to one of Raukura Hauora's other clinics or offered phone consults. The doctor is due to return in August. A centralised call centre takes bookings for all clinics.

For tamariki under 13 years there is no charge, for those aged 14-17 years fees are $5 for the GP and nurse with a community service card and $13 for the GP with $10 for the nurse without a card. For those aged 18-64, the cost with a community service card

is $15 to see the GP and $10 for the nurse. For those without a card $19 for the GP and $15 for the nurse. For those over 65 there is one standard charge of $5. For visits where ACC can be applied, a $10 charge is applied across all age groups.

Te Koohanga Reo me Ngaa Pokapuu Nohinohi - Koohanga Reo and Early Childhood Centres

For Mokopuna and Tamariki Oranga, participation in koohanga or early childhood education is important in supporting tamariki (and whaanau) identity and development. There are a selection of kohanga and early learning centres in both towns. In Ngaaruawaahia Te Koohanga Reo o Waikeri, Te Koohanga Reo o Tuurangawaewae, Te Kohanga Reo o Te Kaahu, and Te Koohanga Reo o Tawerawera in Taupiri. In Raahui Pookeka, Te Kauri Koohanga Reo, Kai Tumutumu Koohanga Reo, Puketapu Koohanga Reo, Te Whaanui Koohanga Reo and Raahui Pookeka Koohanga Reo.

Koohanga in Raahui Pookeka and Ngaaruawaahia

Early Childhood Centres include; Bizzy Bodz Early Learning Centre, Huntly Early Childhood Centre, Tic Tac Toe Educare, Huntly Kindergarten, and Te Kohanga Reo o Tuurangawaewae, Good Range Day Care, the Moko Club, Gailbraith and Newcastle Kindergartens, Two Rivers Educare, Caring Kids, Play Centre and Home Based Childcare.

Te Whare Awhi - Huntly West

Te Whare Awhi sits in the heart of Huntly West. It is the kind of place whaanau can walk into for kai, a form, a licence class, a curtain, a koorero or simply some company.

- Cooking on a budget and diabetes-focused cooking.
- Digital literacy, learner licence classes and mental-health first aid.
- Curtain bank, paataka kai and fruit-and-vegetable cooperative.
- Twice-weekly community lunches, exercise and walking groups.
- After-school activities for tamariki and rangatahi.

Local insight: Kaimahi see housing, kai, Type 2 diabetes, transport, mental health and a loss of hope as part of the same whaanau reality, not six separate referrals.

Advertised hours for Te Whare Awhi are 9-3pm Monday to Friday, however given needs closure time may vary.



Ngaaruawaahia Community House

The Community House is a practical doorway into support for whaanau who may not know which formal service to approach first.

- AOD and general counselling, supervised access and probation support.
- Paataka kai, food parcels, fruit-and-vegetable cooperative, meals on wheels and Kaivolution.
- Free hearing clinics, legal and JP services, budgeting and financial mentoring.
- Digital-literacy support, CVs, printing, email and office services.
- Community groups and rooms for local organisations.

Local insight: Staff report increased demand for food parcels, tamariki stopping for kai after school, and uniform costs contributing to attendance pressure.



Taunakitia ngaa whaanau?

Back the people who know the whaanau and will still be here after a short-term contract ends.

The digital literacy sessions are popular in particular with kaumaatua who have increased concern regarding digital security and scams. A weekly session is held with Skinny Jump modems/wifi packages provided (if required) along with some tablets.

Waahi Whaanau provides the weekly budgeting service based at the Community House, with the probation service office manned 3 days a week. The lawyer from the Community Law Centre is at the Centre every other Monday and provides support/ advice for Power of Attorney and Wills.

Other services include a post shop, printing and other office services such as copying, emailing, scanning and binding, CV & cover letters. The Community House also provides room hire, acts as an intercity travel agent, and a recycling point for cellphones, reading glasses and chip packets.

It was also noted that there is an increased demand on the Pataka Kai and food parcels. Staff are mindful of the type of food packed in parcels, ensuring that the type of food for those receiving it, is able to

be prepared. Workshops are also held at the Centre to help provide tips for the food products that are commonly placed in the parcels.

The Community House advertised opening hours are Mondays 9-1pm and Tuesdays to Fridays 9 -3, however Kaimahi often work outside of a 3pm finish.

Te Waka Tuuroro o Hato Hoone - St Johns Ambulance

A St Johns Ambulance is stationed in Raahui Pookeka 24 hours a day. Staff are noticing that whaanau call the ambulance late when dealing with an issue, with many having a mistrust of the health system. Often there is a lack of knowledge or understanding about a health condition.

Changes in how staff deal with extreme mental health cases, has seen the police only involved if there is a threat to life, and the Crisis Assessment team alerted. When whaanau ring, the calls are triaged over the phone.

St Johns provides health shuttles, and also runs community programmes. It has been a challenge recruiting in the smaller towns. Recognising the need for more first responders in the communities, St Johns has recently completed a training program which has included community members from Raahui Pookeka and Ngaaruawaahi. Kaimahi have recently graduated from the Koiora - Te Awa Haapai cohort. From a first responder role, people can then move into training as an Emergency technician, then additional post graduate training into paramedic roles.



Tuu Tangata

Based in Ngaaruawaahia, Tuu Tangata provides social support for whaanau in the community, including parenting programmes, counselling and integrated safety response activities. Funded through the Ministry of Social Development/Oranga Tamariki, the service operates on a minimal budget shared amongst three part time staff working in the community. The service is open 8.30-5 Monday to Friday.

Changes in policy saw a reduction in funding lines, the service sees well over what they are contracted for. The funding is inadequate to now meet the needs/ demand by the community.

As well as social work support, the service also provides access to basic digital infrastructure, (wifi, tablets and keyboards) enabling and supporting community members to access what they need, for example typing and printing letters, CV, emails. Community members are unable to access this at their local WINZ office or library, with the library often too crowded. At the same time kaimahi are also able to help educate and build important skills and help iron out "road bumps' - help whaanau deal with issues that may at first appear insurmountable for them.

The kaimahi from the community, identified that whaanau are worse off than pre-Covid 19.



Major changes by the Government have meant whaanau on the cusp just trying to get back to normal after covid, have now been pushed back further

Te Oranga o te Rangatahi | Rangatahi

School nurses, youth workers and community providers are seeing rangatahi carrying grief, anxiety, anger, food insecurity, unstable housing, vaping, skin and oral-health problems, disability and neurodiversity often at the same time.

The two-person Whai Maarama Youth Services team covers Raahui Pookeka, Ngaaruawaahia and a wide northwest Waikato area. The kaimahi support rangatahi not in education, employment or training, as well as young parents navigating youth payments and government systems.

They see anxiety, grief after the loss of a parent, anger, homelessness, food insecurity, disability and pressure at home. They also spend time explaining whaangai and wider whaanau care to agencies whose rules do not always understand how the household actually works.

The lesson across both places is the same: rangatahi need people, places and purpose, not only a referral when things go wrong.

Ngaa Mahi maa te Rangatahi – Activities for Rangatahi (Ngaaruawaahia)

In Ngaaruawaahia, whaanau and the Community House also identify too few affordable activities and facilities for tamariki and rangatahi. The local pool was identified as not fit for purpose, lacking a heat pump and only being open in summer. Other than a small number of sports codes (rugby, league, netball and soccer) a lack of activities for tamariki/rangatahi was identified. Barriers to participation by tamariki/rangatahi also include a lack of suitable gear such as boots. In general, there is a lack of recreational facilities for the community.

He Kai Whakangita – Food Security

The Community House centre co-ordinator has noticed an increased demand from tamariki and Rangatahi calling in on their way home from school to collect kai. Feedback was provided by staff on the unappealing nature and poor quality of the current school lunches provided to local schools.

Te Tae ki te Kura – School Attendance

Discussions are currently underway at the local high school regarding changes to the school uniform to make it more affordable. It is intended that this will help with the non attendance issue as a result of the students not having the correct uniform and getting in trouble.

He Hootaka Rangatahi me Te Kaareti o Huntly – Rangatahi Programme with Huntly College

At Huntly College, the locally developed Oranga programme facilitated by the Rangatahi Co-ordinator from Pinnacle PHO, links NCEA learning with maatauranga Maaori, taiao and positive role models. Rangatahi have trained with Daniel Kereopa at Whaaingaroa

and at Maungatautari about the moana, maunga, manu, safety, identity and mental wellbeing.

After feedback from rangatahi, and consultation with whaanau and kaimahi at the school, a rangatahi focused team at Pinnacle PHO established a pilot Oranga programme. Rangatahi earn credits with learning outcomes attached to NCEA credits. The programme is facilitated by an experienced rangatahi practitioner (who formerly worked at Te Ahurei-a-Rangatahi) and now employed by Pinnacle.

The programme provides different Oranga Pou incorporating the holistic perspective of oranga. It involves external role models who meet and engage with the rangatahi, sharing Te Ao Maaori perspectives with the rangatahi. This information is often new to rangatahi, many of whom have not had the chance to learn or experience this through their schooling years. This is quite different to those tamariki/rangatahi from Kura Kaupapa who have experienced an upbringing and learning where access to matauranga Maaori is part of their everyday reality.

A recent session held was a session on the taiao where students travelled and met Daniel Kereopa at Whaingaroa, who is well known for his knowledge of the moana, toi and as a kaitohunga heke ngaru. Daniel shared information about looking after and understanding the moana and wave motion, gathering kai, as well as water skills and safety. The module also looked at the importance of managing mental health wellbeing through participation in taiao. Another component of the Taiao Pou and learning module, included a session with Ngaati Koroki Kahukura, Kaiarahi Bode Taylor, at Maungatautari. The rangatahi learnt about the maunga, the manu and other flora and fauna within the maunga.

The pilot programme is supported with funding through the schools operational grant, however funding is tight.

Priority - Protect and extend rangatahi wellbeing, mental-health, addiction, oral-health and kaupapa Maaori programmes, including options outside standard office hours and support for ages 17–25 years.

Ngaa whaanau i ngaa Waahanga o te Ora |
Kaumaatua and disabled whaanau

Kaumaatua are managing long-term conditions alongside the rising cost of kai, power, transport and medical bills. Ngaa Miro kaimahi report that some kaumaatua arrive at local programmes hungry. That is a hauora issue, not simply a food issue.

> **We're seeing a large number of kaumatua showing up in court to support their mokopuna." "Some whaanau members suffering from mental health issues are moving in with our kaumatua, placing further pressure on them."**
>
> **"My primary concern relates to the over 65+ demographic and the growing trend of kaumatua needing supported care."**
>
> Koiora Provider feedback to Waikato Tainui

North Waikato Transport sees kaumaatua wait until every whaanau option is exhausted before asking for a ride. At Ngaaruawaahia Community House, digital sessions are popular because online forms, scams and security now affect access to money, appointments and everyday services.

Ngaa Whaanau Whaikaha - Disabled Whaanau

For disabled whaanau, access is not only a ramp into a clinic. It is being able to hear the koorero, join te reo or kapa haka, take part in recreation and remain connected after a stroke, hearing loss or other impairment.

> **"My impairment means I miss out on being able to participate. I just want to be able to take part in te reo activities."**
>
> Whaanau feedback, Waikato-Tainui Hui-a-Tau 2025

Providers expressed that whaanau often reported to them, frustration for wait times for specialised support and assessment, as well as changes in providers and funding.

Providers also noted that the system does not always recognise the shared role whaanau play in supporting whaanau whaikaha.

Provider korero July 2026

Only a small number of whaanau whaikaha were represented in the current engagement. This is a gap in the evidence base, and Te Tiratuu should undertake further engagement with whaanau whaikaha.

Taunakitia ngaa whaanau?
Hauora is also belonging, taking part and staying connected to whaanau, marae and community life.

Te Taiao o ia Raa | What surrounds whaanau every day

The main streets, shops, paa, community spaces and places to move, all shape what is easiest for whaanau to reach on an ordinary day.

The numbers do not tell us what any one person buys. They show what is visible, close by and available when the budget and the day are already stretched.

Selected outlets listed for Raahui Pookeka

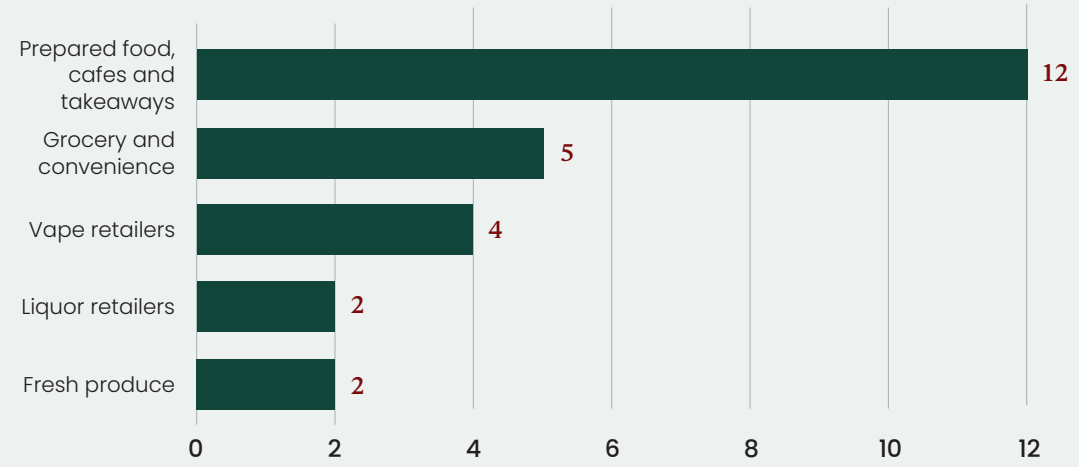


Figure 14. Selected outlets listed in the Whaitua working extract for Raahui Pookeka.

Source: Whaitua/local audit source and reconcile outlet counts.

Toa Hokokai | Food Outlets

The proliferation of fast food outlets in both communities provide easy access for whaanau with many eating options highly processed and providing lower nutrition value than home cooked meals. However rising food costs sometimes mean that the cheap highly processed alternatives are the only option for whaanau struggling to put kai on the table. With increasing rates of type 2 diabetes and oral health across all ages, this makes decisions about healthy choices harder.

Raahui Pookeka currently has 12 prepared food and takeaways, 5 grocery & dairies, and 4 fresh produce. Ngaaruawaahia currently has 20 prepared food and takeaways, 5 grocery and 3 fresh fruit. Taupiri has 12 venues with 10 located together at the Truck stop. A list of outlet names are provided in the appendix.

Note Supermarkets are counted more than once as they provide grocery and fruit.

"There's a bakery and dairy on all the corners. The cheap rubbish sold doesn't make the food environment easier."



He Tirohanga ki te Taiao | Everyday-Environment Picture

Category	Raahui Pookeka	Ngaaruawaahia	What this helps us see
Prepared food, cafes and takeaways	12 listed	20 includes RSA, & BP Wildbean Cafe. Taupiri food premises not included in count	What is quick, visible and available when whaanau are moving between mahi, kura and home.
Grocery and convenience	5 listed	5	Everyday food access, including the mix of supermarkets, dairies and smaller stores.
Fresh produce	2 listed	3	How easy it is to buy fresh kai locally and at an affordable price.
Vape retailers	4 listed	5 official, plus 2 dairies. Unofficially Two dollar and more shop sells single vapes	The visibility and normalisation of vaping, particularly around rangatahi.
Liquor retailers / off-licences	2 listed	4 listed - An additional venue in the town Miners Tavern & Event Centre (formerly the Workingmans Club) does not currently have a license and is not currently in Operation,	The presence and accessibility of alcohol within the local retail environment.
Gaming machines	45	25	The presence of a large number of gaming machines conveniently available can fuel an addiction
Protective local foundations	Waahi Paa, Te Whare Oranga, Te Whare Awhi, library, parks, kura, schools, sport and maara kai	Tuurangawaewae, Ngaa Miro, Community House, Waikato awa, kura, schools, sport and community groups	The places that build identity, connection, activity, manaaki and practical support.

Data note: Whaitua identifies the presence of listed services and outlets. It does not assess capacity, quality, affordability, utilisation or the choices made by individual whaanau. The Ngaaruawaahia environment picture remains a working placeholder until the local register has been checked.

The protective places are not secondary to hauora. Waahi Paa, Tuurangawaewae, the Waikato awa, community houses, kura, schools, gyms, sports clubs, walking groups and maara kai give whaanau places to belong, move, learn, share kai and ask for help.

The local challenge is to make healthy kai, cultural connection, recreation and positive spaces for tamariki and rangatahi at least as visible and easy to reach as the options that contribute to harm.

Taunakitia ngaa whaanau? The answer is not to lecture whaanau about choice. It is to strengthen the places, prices and opportunities that make the healthier and more connected option realistic on an ordinary day.

Ngaa Whakaaro Whakamutunga | Final Reflections

Ngaati Mahuta whakapapa, the Kiingitanga, the marae, Taupiri and the Waikato awa give this report its foundation. The whakapapa and relationship between the people from Waahi Paa to Tuurangawaewae is strong.

Whaanau are not sitting back. They are attending screening, managing conditions, caring for one another, growing kai, coaching teams, driving the van, running programmes and keeping local services going.

The data helps show where everyday life is placing strain on whaanau and on the people trying to help them.

There is no one problem and no one fix. Young whaanau need strong support around maamaa, peepi, tamariki and rangatahi.

Damp housing and tight budgets show up in asthma, stress and delayed care. Diabetes, heart conditions and gout need steady follow-up. Mental-health and addiction need is larger than the clinical coding can show.

The problem is that too much of the good mahi still depends on short contracts, volunteer petrol, reduced clinic hours and kaimahi stretching themselves to cover the next gap.

Some work should be shared across the two communities: workforce, after-hours care, transport, specialist outreach, prevention and better information. Other work needs to fit the place. Concentrated housing and cost pressure in Raahui Pookeka, and rapid growth and changing infrastructure needs in Ngaaruawaahia.

The people, relationships and local solutions are already here. The next step is to back them properly and remove the things that keep making care and hauora harder than it needs to be.

When the clinic is open and whaanau can be seen, when the local provider can visit the home, the transport van can take the kaumaatua and somebody follows up after the appointment, whaanau have a fair chance to deal with the issue early.

In short, whaanau have expressed a strong desire for better access to support them to achieve their health and wellbeing aspirations. This includes:

- easier access to services and programmes
- access to information and resources
- resourcing and support to lead their own wellbeing initiatives
- the need for a holistic approach to support whaanau that integrates cultural, hauora, educational, community, environmental, and social wellbeing.

That is the direction of this report: listen to the whaanau and the providers who know this community, back the local mahi and make the first doors to essential services easier to open.

Kaati, ko te kupu whakatau o te rahinga o Raahui Pookeka eke ai te whakaaronui ki o runga Waikato Taniwha rau, he piko he taniwha, he piko he taniwha.



He Pukapuka Taapiri | Appendices

These appendices follow the public-facing approach used in the Taumarunui report: selected source tables, clear limitations, data-use guidance, a provider register and references. Full technical tables remain in the separate technical report.

Appendix A — He Teepu Raraunga, He Maataapuna | Figure and Source Register

Figure	What it shows	Primary source	Important note
1	Population change, 2013–2023	Stats NZ Census	Town populations; use Raahui Pookeka for place labels.
2	Maaori descent proportion	Stats NZ Census	Maaori descent measure.
3	NZDep 8–10, 9–10 and 10	Stats NZ / EHINZ	Shows area-level deprivation, not individual circumstances.
4	One-parent Maaori families	Stats NZ Census 2023	Included to understand caregiving and time pressure; avoid deficit framing.
5	Household crowding	Stats NZ Census 2023 CNOS	Waikato District proxy, not a town-specific measure.
6	Recorded primary-care workload among enrolled Maaori in Raahui Pookeka	PHO extracts	Recorded conditions among enrolled Maaori; not population prevalence.
7	Recorded primary-care workload among enrolled Maaori at Ngaaruawaahia Medical Centre	PHO extracts	Practice-specific enrolled population; not a whole-town measure or direct performance comparison.
8	Asthma (Maaori Enrolled - Primary Care)	PHO extracts	Different systems and enrolled populations; not population prevalence or performance.
9	Emergency Department Presentations - Waikato Region (Latest Quarter)	National Non-Admitted Patient Collection (NNPAC) - Te Whatu Ora	Regional data, not town-specific.
10	Bowel screening participation for Maaori	Health NZ December 2025	Latest available years differ: Raahui Pookeka 2025; Ngaaruawaahia 2024.

Figure	What it shows	Primary source	Important note
11	Breast screening coverage for Maaori, 2022–2025	Health NZ December 2025	Confirm programme definition and annual values.
12	Cervical screening participation for Maaori, 2022–2025	Health NZ December 2025	Verify annual values and eligible-population definition.
13	Diabetes and Metabolic Risk (Maaori Enrolled)	PHO extracts	Recorded counts, not population prevalence. Ngaaruawaahia reporting break after March 2026.
14	Selected outlets listed in the Whaitua working extract for Raahui Pookeka	Whaitua / town technical extract / physical audit	Presence-based working count. Ngaaruawaahia outlet and protective-asset register still requires verification.

Appendix B — Ngaa Tau Matua | Selected Data Table

Indicator	Raahui Pookeka	Ngaaruawaahia	Source / note
Service catchment	10,880	9,390 (Ngaaruawaahia–Horotiu)	Whaitua / Census 2023; do not add overlapping geographies.
Maaori age profile	55.4% under 30	54.5% under 30	Stats NZ Census 2023.
NZDep 8–10	91.6%	74.6%	Stats NZ / EHINZ.
Enrolled Maaori	1,959	2,278	Different PHO systems and dates.
Asthma recorded	315	536	Enrolled Maaori; local coding signal.
Type 2 diabetes	166	171	Ngaaruawaahia latest usable month March 2026.
Pre-diabetes	154	218	Ngaaruawaahia latest usable month March 2026.
Severe mental-health record	33	26	Does not measure total mental-health need.

Appendix C — Ngaa Ratonga Hauora o Naaianei | Selected Local Provider Register

(at the time of report drafting - include but not limited to)

Community	Provider / service	Main local contribution	Confirmation before publication
Raahui Pookeka	Matawhaanui / Tuuhono Hauora	Walk-in and booked clinical care, outreach, home visits, counselling, rongoaa, health promotion, housing and community wellbeing.	Hours, current staffing, CPTC impacts and service wording.
Raahui Pookeka / outreach	Waahi Whaanui	AOD counselling, whaanau Ora, family support, budgeting, rangatahi transition and taiao leadership.	Current programme and contract status; quote approval.
Ngaaruawaahia	Ngaa Miro Health Service	GP and nursing, whaanau Ora, health promotion, screening and kaumaatua support.	Current services, spelling conventions and image permission.
Both / wider rohe	Raukura Hauora o Tainui	Primary care and maamaa, pepi and Tamariki Ora support, rongoaa, mirimiri and navigation.	Current sites, referral pathways and programme description.
Raahui Pookeka	Te Whare Awhi	Kai, digital literacy, licence support, mental-health first aid, exercise, curtains and community connection.	Current programme schedule and image permission.
Ngaaruawaahia	Ngaaruawaahia Community House	Counselling, kai, hearing, budgeting, legal, digital and practical community support.	Current services and staff approval.

Community	Provider / service	Main local contribution	Confirmation before publication
Both communities	North Waikato Transport	Medical and essential transport using community vehicles and volunteer drivers.	Funding status, vehicle count, eligibility and Health NZ contribution.
Both / wider area	Whai maarama Youth Services	Support for rangatahi not in education, employment or training, young parents and agency navigation.	Current team, coverage and programme name.
Raahui Pookeka	Huntly College Oranga programme	NCEA-linked oranga, maatauranga Maaori, taiao and positive role models.	School and rangatahi permission; current funding status.

Appendix D — Te Reo o Ngaa whaanau | Whaanau Voice Sources and Use

Whaanau koorero in this report was drawn from the Waikato-Tainui Hui-a-Tau at Hopuhopu in 2025, Te Tiratuu surveys, local community conversations and provider interviews. The Hui-a-Tau included uri from across the rohe, so those koorero are used as Waikato-Tainui whaanau signals rather than a representative survey of the two town populations.

Direct quotes have been lightly tidied for readability without changing their meaning. Before publication, the source, location, exact wording and permission status of each quote should be recorded in the quote register.

Whaanau voice is used to explain what sits behind the figures. It should not be used to make claims about how many people experience an issue unless a valid quantitative source is also provided.

Appendix E — Ngaa Tepenga Raraunga me te Whakamaaoritanga | Data Limitations and Interpretation

- The report combines Census, PHO, screening, Whaitua, regional and qualitative information. These sources do not always use the same geography, time period, population or definition.
- PHO data reflects enrolled patients and conditions recorded in practice systems. It does not count all residents, unenrolled whaanau, uncoded need or support provided outside formal clinical systems.
- The Huntly and Ngaaruawaahia PHO datasets come from different systems and reporting periods. They should be read in separate panels as indicators of local workload, not compared as practice performance or whole-town prevalence.
- Small counts may be suppressed to protect privacy. A suppressed or missing value does not mean there is no need.
- Where town-level data is not available, a district or Waikato regional figure may be used for context. This must be labelled clearly and must not be presented as a town-level result.

Appendix F — Te Take me te Whakamahinga o Ngaa Raraunga | Purpose and Use of Data

- This report brings together whaanau voice and selected health-system data to support shared understanding, advocacy and practical action.
- The information is not intended to judge individual whaanau, rank providers or claim precise local prevalence where the source cannot support that claim.
- Data is used to show patterns, access pressure and opportunities for earlier support. It must be read alongside whakapapa, local knowledge, provider experience and whaanau koorero.
- Better data is not the end goal. The goal is better decisions, stronger local services and improved outcomes for whaanau.

Appendix G — He Pukatara, He Kuputoro | References and Hyperlinks

- *Health Quality and Safety Commission (2025) Prevention Quality Indicators* *Prevention Quality Indicators*
- *Health New Zealand* 2024 Aotearoa New Zealand Health Status Report 2023. Health New Zealand, Te Whatu Ora. Wellington* *NZ Health Status Report 2023*
- Ministry of Health. 2024. Tatau Kahukura: Maaori Health Chart Book 2024 (4th edition). Wellington: *Ministry of Health*. Tatau Kahukura 2024
- *Minister of Health. 2023. Rural Health Strategy. Wellington: Ministry of Health* *Rural Health Strategy 2023*
- *Minister of Health. 2024. Government Policy Statement on Health 2024 – 2027. Wellington: Ministry of Health* *Government Policy Statement on Health. 2024 – 2027*
- *Ministry of Health. 2025. Rural Health Roadshow Insights Report. Wellington: Ministry of Health* *Rural Health Roadshow Nov 2025*
- Ministry of Health. 2025. *Annual Data Explorer 2024/25: New Zealand Health Survey*. Wellington: Ministry of Health Annual Data Explorer 2024/2025
- Primary Health Organisation enrolled population health data for Huntly and Ngaaruawaahia December 2025
- Stats NZ (2024). 2023 Census population, dwelling, and housing highlights. 2023 Stats NZ data
- *Te Tiratuu Iwi Maaori Partnership Board Hauora Maaori Priorities Summary Report 2024* *Hauora Maaori Summaries Report 24*
- Te Tiratuu Iwi Maaori Partnership Whaanau Voice *Community and stakeholder hui and meetings. Survey information collected over 2025/2026*
- *Davis, J, Moke, T (2024) Waikato Tainui Whaanau and Provider Feedback. Davis, J, Moke, T Waikato Tainui Report prepared for Te Tiratuu*
- *Waikato Tainui Koiora Strategy* *Koiora Strategy Waikato Tainui*
- *Whaitua Mapping Tool Te Tiratuu Data* *https://reports.hqsc.govt.nz/whaitua/*

Appendix H — Te Taiao o ia Raa |
Everyday-Environment Register

(at the time of report drafting - include but not limited to)

This register records the outlet and protective-environment information used in the public report.

Community	Category	Working count	Working examples / notes	Status
Raahui Pookeka	Prepared food, cafes and takeaways	12	Shands Bakery; Huntly Golden Bakery and Café; Huntly Coffee Lounge; McDonalds; Kentucky Fried, Subway; Pizza King; Curry Delight; Main Street Cafe; Thai Food House; Bridge Street takeaways;Huntly RSA Kitchen	Currently trading
Raahui Pookeka	Grocery and convenience	5	Woolworths; K Beez; Four Square; Huntly Food Market; Hakanoa Superette, Shop n Save, Huntly West Price Cutter	Currently trading
Raahui Pookeka	Fresh produce	4	Fruit King; Hansaali Fruit and Vegetables, Fresh Choice Huntly, Woolworths	Currently trading
Raahui Pookeka	Vape retailers	3 + 1*	Shosha Huntly Vapes (Lawless Vapes); The Vape Shed (Ecigdis Ltd) Huntly Tri-star Food Mart *Distributors Milan Trading Ltd Vape avail through delivery	2 sole vape stores currently trading in main street Note Vapes available in person and online from Woolworths Basic vape flavours avail from Petrol Stations
Raahui Pookeka	Liquor retailers (off license)	2	Super Liquor; Thirsty Liquor; Black Bull Liquor	Currently trading
Raahui Pookeka	Gaming machines/ Pokies	45	Essex Arms; McGintrys Huntly; Huntly RSA	Currently trading https://casinonearme.co.nz/pokies-near-me-nz

Community	Category	Working count	Working examples / notes	Status
Ngaaruawaahia	Prepared food, cafes and takeaways	20*	*Includes BP & the RSA; restaurant; Poppa's Rainbow Cafe & Takeaways; Ready Roast; Pizza Hut; The Corner Bakery & Cafe; Ngaaruawaahia Bakery & Cafe; Breaking Bread Cafe & Bar; Kaireka Cafe; Sartaj Indian Restaurant; Jesmond Kebab; Frootshack Icecream; Maddison Coffee Lounge; Shirls Takeaway; Waingaro Fish Chips & Takeaways; Hot Stuff Takeaways; Phat Pattie Burger; Hao Jing Takeaways; Golden House Takeaways; Aangar Taste Of India;	Currently trading
Ngaaruawaahia	Grocery and convenience	5	New World; Freshchoice Ngaaruawaahia; Hi way 1 Dairy; Shop and Save, Waingaro Dairy	Currently trading
Ngaaruawaahia	Fresh produce	3	FROOTKing; New World; Freshchoice	Currently trading
Ngaaruawaahia	Vape retailers	2 sole vape stores 3* Other providers supermarket, diary and BP	The Puff Club; NGA Vape Shop; *BP also sells limited vape types along with Freshchoice, New World and Highway 1 Diary.	Currently trading
Ngaaruawaahia	Liquor retailers	4	Bottle O; Super Liquor; Thirsty Liquor, Delta Tavern	Currently Trading
Ngaaruawaahia	Gaming machines/ Pokies	25	Oasis Bar Delta Tavern (Hotel); RSA	Currently Trading
Taupiri	Prepared food, cafes and takeaways	13	Hopin Stop Cafe, Taupiri Fish n Chips and Indian Cafe, Snack & Go Taupiri. Taupiri Truck Stop includes; BP Wild bean Cafe, McDonalds, Taco King, Robert Harris, New York Hunger, Ponyo Sushi, the Village Bakery, Kebab on Express, Subway, Indian Hunger	Currently Trading
Taupiri	Grocery and convenience	1	Taupiri Dairy	

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.

Ngaa uiui e paa ana ki ngaa raraunga | Data Enquiries

Enquiries about the data, source definitions or technical appendices should be directed to Te Tiratuu Iwi Maaori Partnership Board. Whakapaa mai | Contact us - Te Tiratuu Iwi Maaori Partnership Board





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