

**Rural health; promoting oranga;
kaumātua views on health &
well-being; and additional
health priorities**

Report 4
2025



This report has been prepared for Te Mātuku Iwi Māori Partnership Board by Te Atawhai o Te Ao Independent Māori Institute for Environment and Health and Baker Consulting Ltd.

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Kupu Whakataki | Introduction

Te Mātuku is the Iwi Māori partnership board (IMPB) for the rohe of Te Ranga Tupua (which includes Whanganui, Ruapehu, Rangitīkei and part of South Taranaki), as set out in Schedule 4 of the Pae Ora (Healthy Futures) Act 2022.

Te Mātuku is dedicated to advancing the health and well-being of Māori communities across the wider Whanganui region, recognising the inherent links between cultural identity, whakapapa, whenua, and whānau. Te Mātuku is also committed to addressing longstanding health inequities and ensuring that whānau, hapū, and iwi receive health care that is accessible, culturally attuned and responsive to their unique needs and aspirations.¹

A key function of Te Mātuku is to engage with whānau and hapū about local health needs, which is why a whānau voice survey has been developed with Te Atawhai o Te Ao (an independent Māori institute for environment and health based in Whanganui) to ensure the voices of whānau can be heard directly and help shape local health sector activity.

The first of two Te Mātuku whānau voice surveys was conducted in February and March 2025 and had four main topics:

- Preventative health, public health initiatives, and health promotion (which contained eight survey modules, including a module on primary health care);
- Mental health and well-being (which contained two survey modules);
- Mokopuna and kaumātua ora (which contained three modules); and
- Rural health (which was a single module).

This is the final report from Te Mātuku whānau voice survey. This report (Report 4) covers the rural health module, the questions on health promotion and healthy lifestyles, and kaumātua ora. This report concludes with analysis of respondent feedback and ideas about other health priorities not otherwise covered in the survey.

In total, 276 Māori from Te Ranga Tupua rohe, aged 16 years or older, responded to the survey, which was in the field between February and March 2025. Respondents could choose for themselves which of the survey modules they would complete. The survey was designed to take between 15 and 30 minutes in total, depending on which modules were selected. Respondents were given a koha to thank them for their time.

As outlined in Figure 1, between 31 and 79 respondents chose to answer questions on each of the topics covered in this report.

¹ Te Mātuku (2024).

Figure 1: Respondents to survey questions covered in Report 4

Survey questions	Number of respondents
Rural health	60
Smoking and vaping	31
Alcohol	37
Diet and exercise	79
Kaumātua ora	45

All 276 respondents to the survey included free text comments on additional health priorities, and this is analysed in the final section of this report.

Although there was a survey module on needs assessment and survey coordination (NASC), the small number of substantive responses (fewer than 3) means it is not possible to complete robust analysis. As a result, the NASC questions have been excluded from this report. However, the voices of tāngata whaikaha Māori (Māori with lived experience of disability) and kaumātua who access disability support services are important – and too often ignored. It is likely additional work to gather the views of tāngata whaikaha Māori and their whānau is required in the future.

The survey methodology is explained in Report 1. Report 1 also contains a summary of the demographic and other information about survey respondents.

The content of this report

This report is split into four main sections.

- **Section one** looks at the questions about rural health.
- **Section two** looks at questions around promoting oranga and healthy lifestyles (which includes the questions on smoking, alcohol, diet, and exercise).
- **Section three** looks at kaumātua ora.
- **Section four** covers respondent views on additional health priorities for Te Mātuku.



Rural health

While most Māori in Te Ranga Tupua rohe live in urban areas (70%), a fair proportion live in rural areas (30%) and do so at a slightly higher rate than non-Māori (27% of non-Māori live in rural areas in the rohe).² Figure 2, below, uses a scale from 'Urban 1' to 'Urban 2' based on population size, and from 'Rural 1' to 'Rural 3' based on drive time to their closest major, large, medium, and small urban areas. From this data, it is apparent that most Māori who live rurally in the rohe live in what is classified as R2 areas, meaning they are up to 25 minutes away from other small urban areas, and between 60 minutes and 90 minutes from a major urban area.

Figure 2: Population distribution by urban and rural classification, former Whanganui District Health Board (DHB) region, 2023

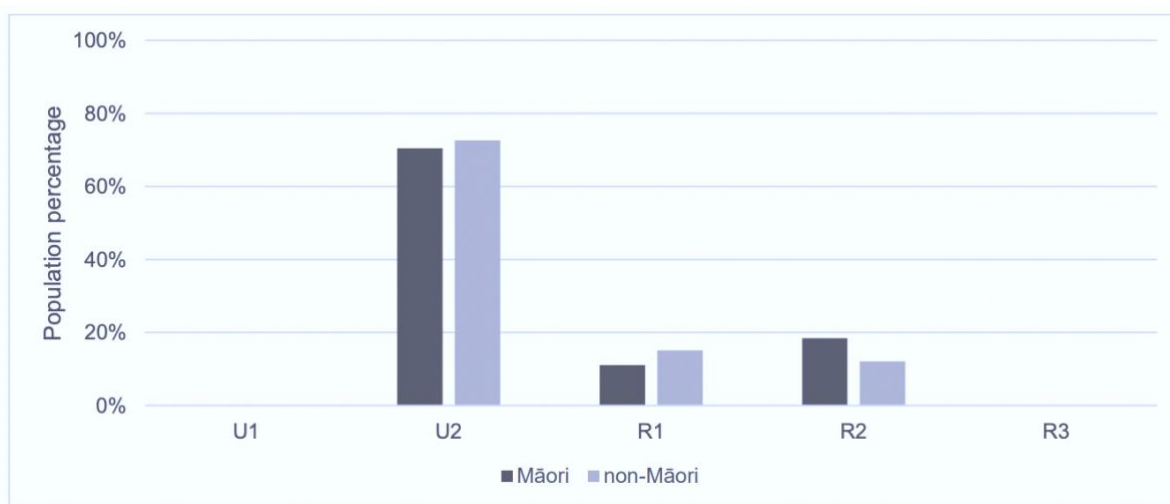


Figure note: this graph is from Te Mātuku Iwi-Māori Partnership Board Health Profile, Volume One.³ Note that the values may add up to more than 100% due to rounding.

The aim of the rural health questions in Te Mātuku whānau voice survey was to understand access to a range of health services for whānau Māori in rural areas and to gather feedback on what is most important to them. Sixty respondents answered questions on rural health.

Most whānau live less than ten minutes from their nearest health service

Most of those who answered the rural health questions live in a small town of between 1,000 and 9,999 people with basic amenities like shops, schools, and medical centres (47%, 28 respondents). Over a third of respondents live in rural area with farms and small communities but few shops or services (37%, 22 respondents). Only three respondents (5%) live in an isolated

² Curtis, et. al, (2023)

³ Curtis, et. al. (2023).

rural area (with very few people and almost no services). This is consistent with what we know of the population of Te Ranga Tupua rohe overall (as set out in Figure 2, above).

Respondents who lived in small towns or rural areas were asked how far they live from the nearest health services (such as a general practitioner (GP), pharmacy, or hospital).

Figure 3: How far is it to the nearest health services from your home?

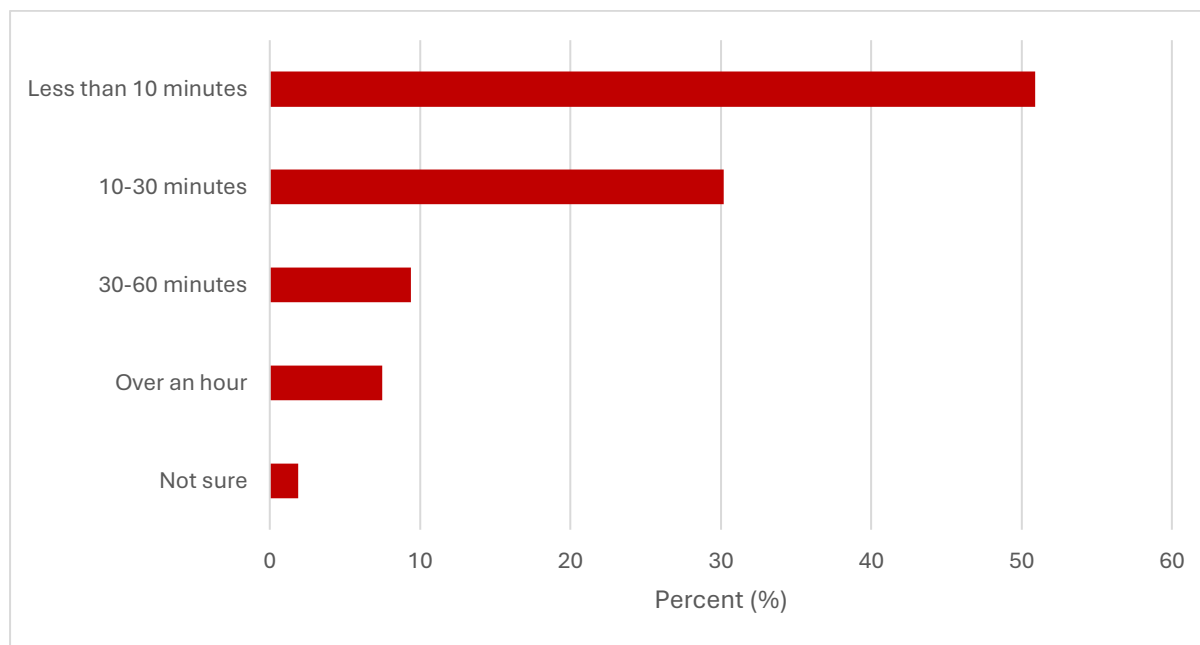


Figure note: n=53.

As Figure 3 shows, most respondents (51%, 27 respondents) live within a 10-minute drive⁴ of their nearest health services. Around a third (30%, 16 respondents) live between ten minutes and half an hour from their nearest health services. Four respondents (8%) have to travel more than one hour to their nearest service.

Figure 4 shows that while most respondents said they have a GP or medical centre (79%, 42 respondents), kaupapa Māori health services (59%, 31 respondents), and pharmacy services (57%, 30 respondents), in their local area, much smaller numbers of respondents have access to a full range of comprehensive health services.

⁴ The survey responses did not specify mode of transport, only the time it took to get to the services. Given, as Figure 2 shows most people who live in rural areas drive to services, this analysis assumes that the time to nearest services is based on driving in a car.

Figure 4: What health care services are in your local area?

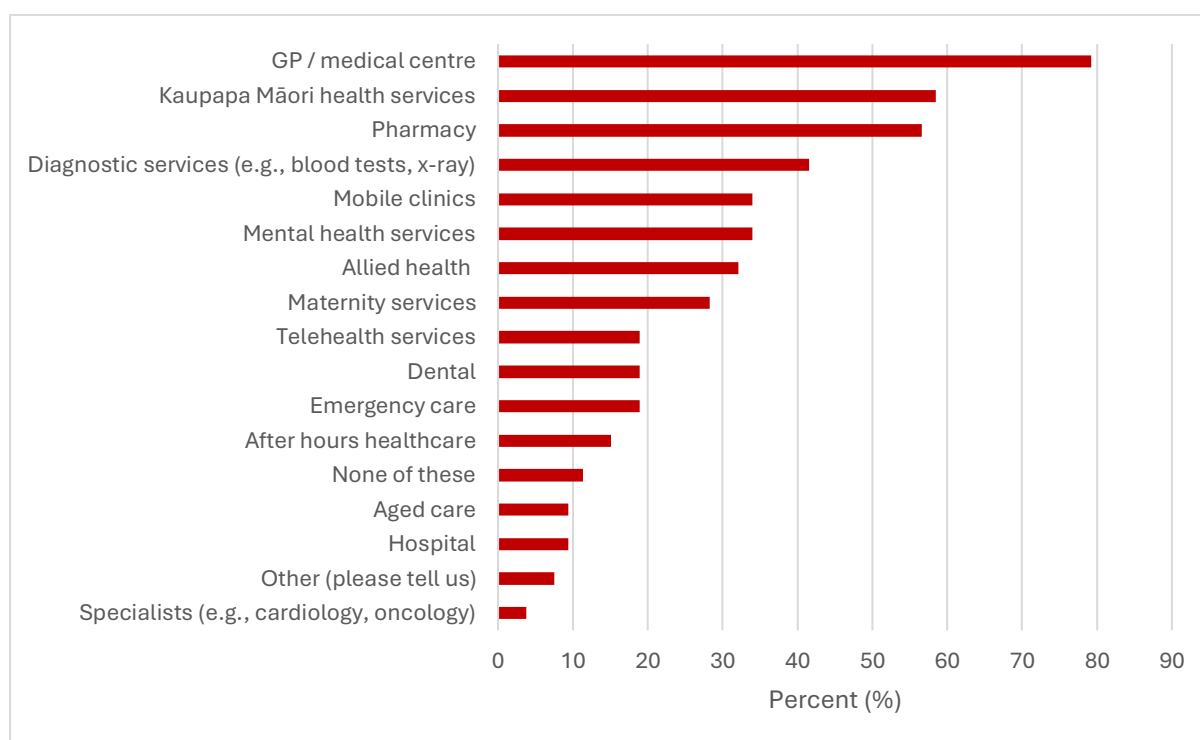


Figure note: n=53. This question allowed multiple responses.

Less than a third of respondents have maternity services in their local area (28%, 15 respondents). Access to oral health care is also limited, with only 19% (10 respondents) saying that there are dental services in their local area. While access to hospital services in the local area is low, this is not surprising given the definitions of rurality and the geography of Te Ranga Tupua rohe. However, the small numbers of those who have access to emergency care or after-hours health care in the region (19% and 15% respectively) are notable. In the comments, one respondent observed that there are alternative options in some cases even when health services are not available.

“Our fire brigade is very good. They can provide medical care if the ambulance is not available.”⁵

Access to health services in rural areas

Te Mātuku whānau voice survey asked a series of questions about access to health services, knowledge about available services, service availability, service quality, and transport barriers.

Oral health is an important issue

When asked which, if any, health services they would like to have better access to in their local community, the most common response was dental services (40%, 21 respondents).

⁵ Survey respondent.

Figure 5: Which, if any, health services would you like to have better access to in your local area?

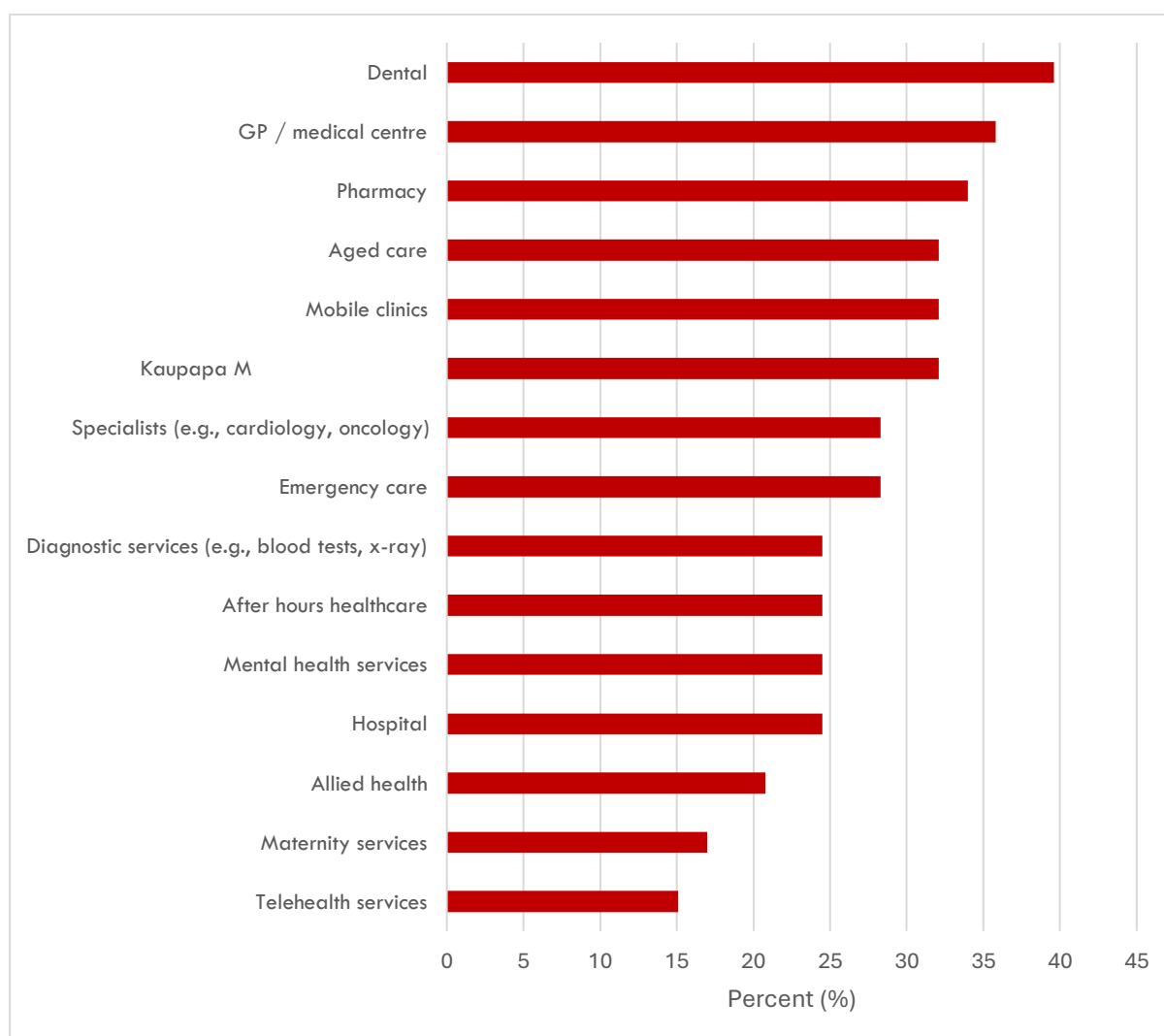


Figure note: n=53. This question allowed multiple responses.

As Figure 5 shows, over a third of respondents also wanted better access to a GP or medical centre (36%, 19 respondents) or to pharmacy services (34%, 18 respondents). It is also notable that aged care, mobile clinics and kaupapa Māori services were each identified by 32% (17 respondents) as needing a better local presence.

Respondents were asked to comment on what services were missing or insufficient in their local area.⁶ While most were unsure what service improvements were needed

(19 respondents) the next most common answer was that Māori who live rurally in Te Ranga Tupua rohe need more access to existing services (8 respondents), sometimes complemented by calls for more doctors and nurses in rural areas (5 respondents).

*"We have very limited resources in our area and only the basics [including] a nurse who is under pressure every day."*⁷

Six respondents emphasised the need for local vision and hearing services. Four

⁶ Fifty-three respondents. This question has been analysed in a way that counts multiple responses from single respondents.

⁷ Survey respondent.

talked about the need for dental services; another four mentioned a range of allied professions (including pharmacy, physiotherapy, and midwifery); and four discussed the need for better access to the hospital and hospital specialists.

“There is only the dentist at the school. There is nothing for anyone else, we have to travel to Whanganui.”⁹

“There is no eyes and ears doctors. There is only the dentist at the school. Our two physios both work part time and it’s hard to get into them.”⁸

Word of mouth is the main source of information about services

It is also noted that most of the respondents who talked about dental care said that the only services currently available are for tamariki.

When asked how they found out about health services or support in their local area, most respondents said they found out by word of mouth (60%, 32 respondents).

Figure 6: How do you find out what health services or supports are in your local area?

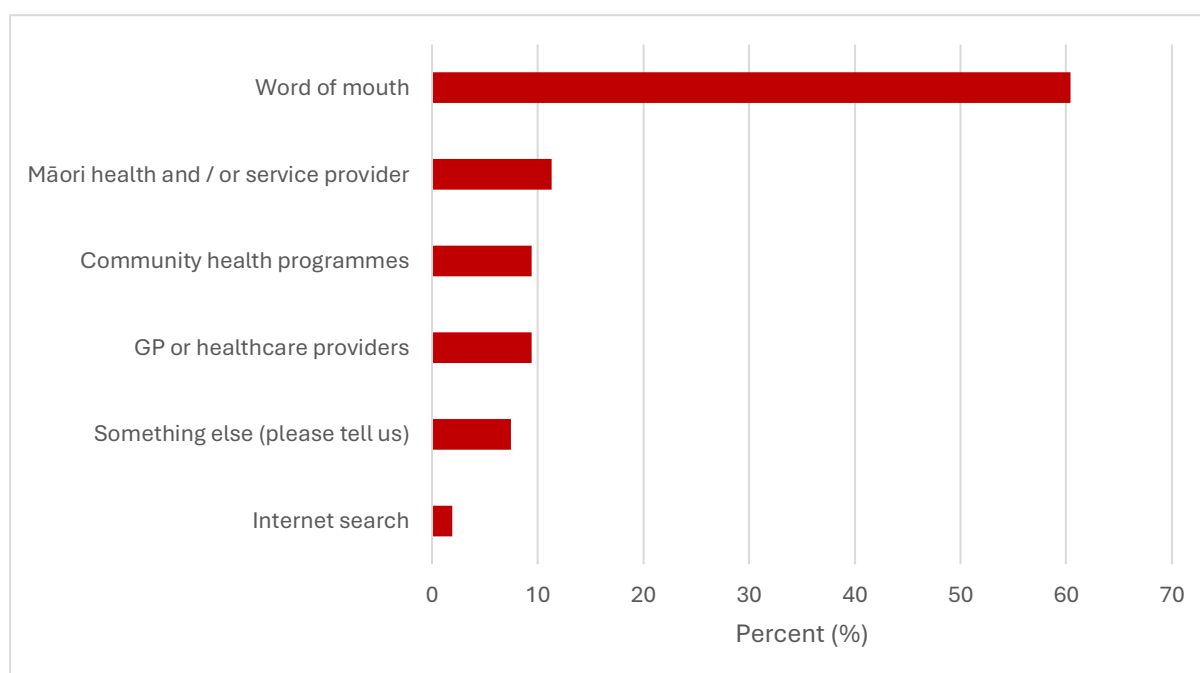


Figure note: n=53.

As Figure 6 shows, only a relatively small number of respondents find out about health services from any source other than word of mouth. The most common other source of information is Māori health or other service providers (11%, 6 respondents), followed by community health programmes, and GP or other health care providers (9%, 5 respondents each).

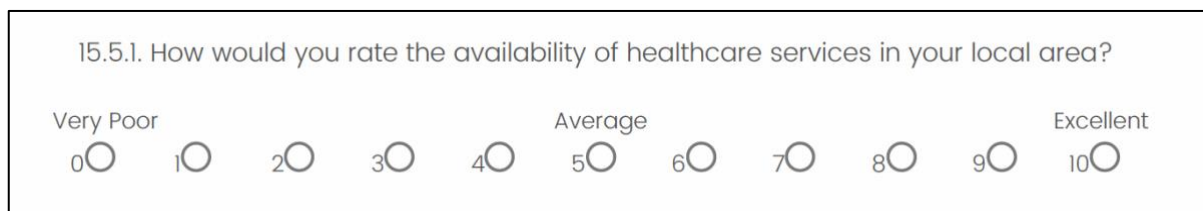
Around one third of respondents think service availability is very good or excellent

⁸ Survey respondent.

⁹ Survey respondent.

When asked about the availability of health care services in their local area on a scale from 0 (very poor) to 10 (excellent) just under one third of respondents rated local services as very good or excellent¹⁰ (30%, 16 respondents). A copy of the question is set out in Figure 7.

Figure 7: Scale used in responses to question 15.5.1 on availability of healthcare services



As Figure 8 shows, most respondents (55%, 29 respondents) gave a neutral or average rating (of 4 to 6 on the scale) to the availability of health care services in their local area. This could suggest that for many whānau service availability, while not as good as respondents would like, is not the biggest concern when it comes to accessing local health care. Eight respondents (15%) indicated that local availability of health care services is very poor or poor.

Figure 8: How would you rate the availability of health care services in your local area?

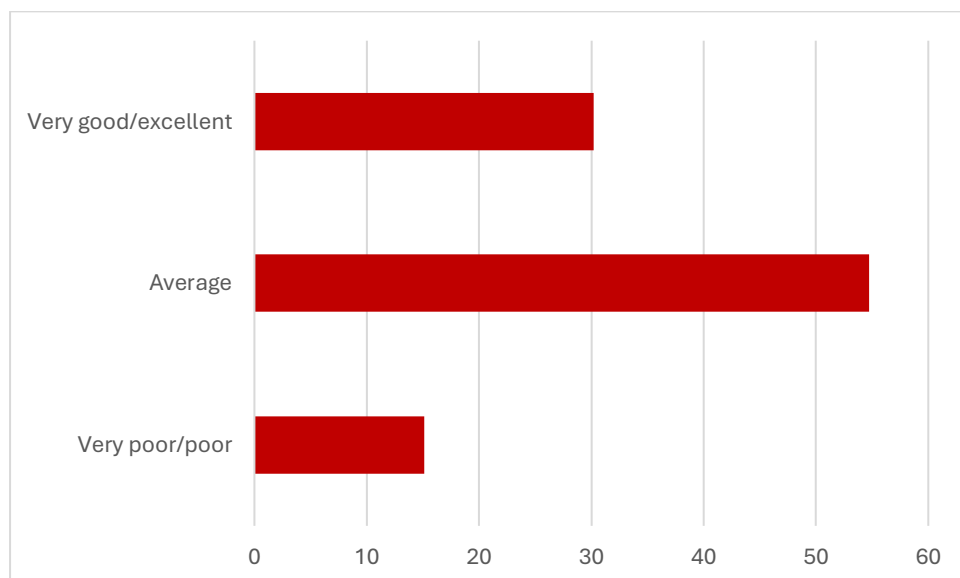


Figure note: n=53. This data is based on a score on a scale from 0 to 10. 'Very good/excellent' represents scores of 7-10, 'average' represents scores of 4, 5, or 6, and 'very poor/poor' represents scores of 0-3.

Two out of every five respondents think local health service quality is very good or excellent

When asked about the quality of health care services in their local area on a scale from 0 (very poor) to 10 (excellent), around two out of every five respondents rated local services as very good or excellent¹¹ (43%, 23 respondents).

¹⁰ 'Very good/excellent' is interpreted as being equivalent to a rating of 7.8, 9, or 10 on a scale from 0 to 10.

¹¹ 'Very good/excellent' is equivalent to a rating of 7,8, 9, or 10 on a scale from 0 to 10.

Figure 9: How would you rate the quality of health care services in your local area?

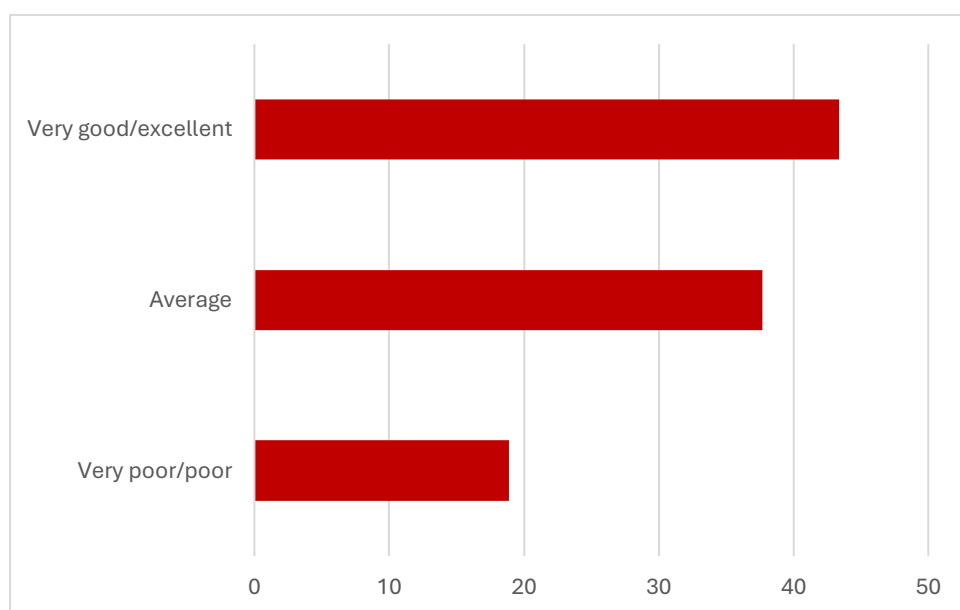


Figure note: n=53. This data is based on a score on a scale from 0 to 10. 'Very good/excellent' represents scores of 7-10, 'average' represents scores of 4, 5, or 6, and 'very poor/poor' represents scores of 0-3.

As Figure 9 shows, just over one third of respondents (38%, 20 respondents) gave a neutral rating of the quality of health care services in their local area. Ten respondents (19%) indicated that the quality of local health care services is very poor or poor.

When asked whether they think the quality of care in rural areas is as good as in urban areas within Te Ranga Tupua rohe, almost two-thirds of respondents said no (64%, 34 respondents).¹²

*"Kao. Many whānau suffer and ignore their health issues due to accessibility, transport, etc – myself included."*¹³

Twelve respondents (23%) said that the quality of care is as good, if not better than in urban areas.

*"Yes, possibly even better [than in urban areas]. [In rural areas] they actually know you and care about you, you're not just another patient."*¹⁴

*"Yes, it's much better. I used to live in Whanganui and I find it much better here in Taihape."*¹⁵

Respondents were also asked if they had any other comments on health services in their local area. The most common responses were positive, with 10 respondents saying they liked their local services or that they found local services really good.¹⁶

¹² Fifty-three respondents.

¹³ Survey respondent.

¹⁴ Survey respondent.

¹⁵ Survey respondent.

¹⁶ Fifty-three respondents. This question has been analysed in a way that counts multiple responses from single respondents.

“The medical centre are very affordable and make sure they take their time. You don’t mind if they are running late because you know that... we all need it sometimes.”¹⁷

“For a little town the healthcare service is very good I think.”¹⁸

Six respondents indicated that they thought local healthcare services were of poor quality or missing, or (in the case of Waiouru) not available to everyone in the area.

“There is nothing in Waiouru – all health services are for soldiers. So, what happens to their whanau? Absolutely nothing. [You have to] find your own [and] waiting list are ridiculous.”¹⁹

When it comes to local service improvements, four respondents indicated more health professionals were needed (including doctors, social workers, and physiotherapists).

“With limited funding, there are therefore limited services. We need support for our rangatahi with providing social workers for support to their mental wellbeing.”²⁰

Three respondents commented on travel to services, including an observation that while there are transport options available, these are not always well known and not at convenient times.

“I didn’t know we had a lot of them and didn’t know you could get picked up for appointments if you needed help. It would be good to know that, to be aware.”²¹

There were also three respondents who emphasised the need for more holistic approaches to health services – especially approaches that value Māori understandings of hauora.

“Our health services operate within a mainstream framework, where patients typically undergo standardised procedures. While they provide the essential services needed, there may be limited follow-up care or additional support needed beyond the initial treatment.”²²

After-hours and emergency health services

As was indicated in Figure 4 (page 10), relatively small numbers of respondents indicated that they had access to after-hours or emergency health services. Te Mātuku whānau voice survey asked respondents directly if they had access to after-hours health services in their local area. Most do not (47%, 21 respondents) or are not sure (33% or 15 respondents). Only 20% (9 respondents) said that they had access to after-hours health care services (see Figure 10).

¹⁷ Survey respondent.

¹⁸ Survey respondent.

¹⁹ Survey respondent.

²⁰ Survey respondent.

²¹ Survey respondent.

²² Survey respondent.

Figure 10: Can you access after-hours healthcare services in your local area?

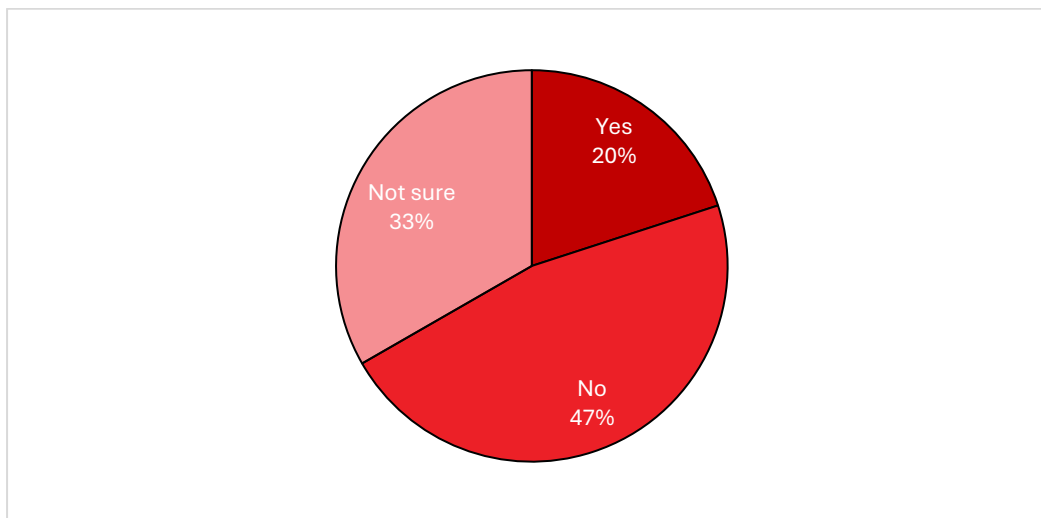


Figure note: n=45.

Respondents were also asked about access to emergency health services in their local area. While the most common answer was that services were generally easy to access, albeit sometimes slow (34%, 18 respondents), almost as many respondents said it was hard or very hard.

Figure 11: How easy is it to get emergency health services in your area?

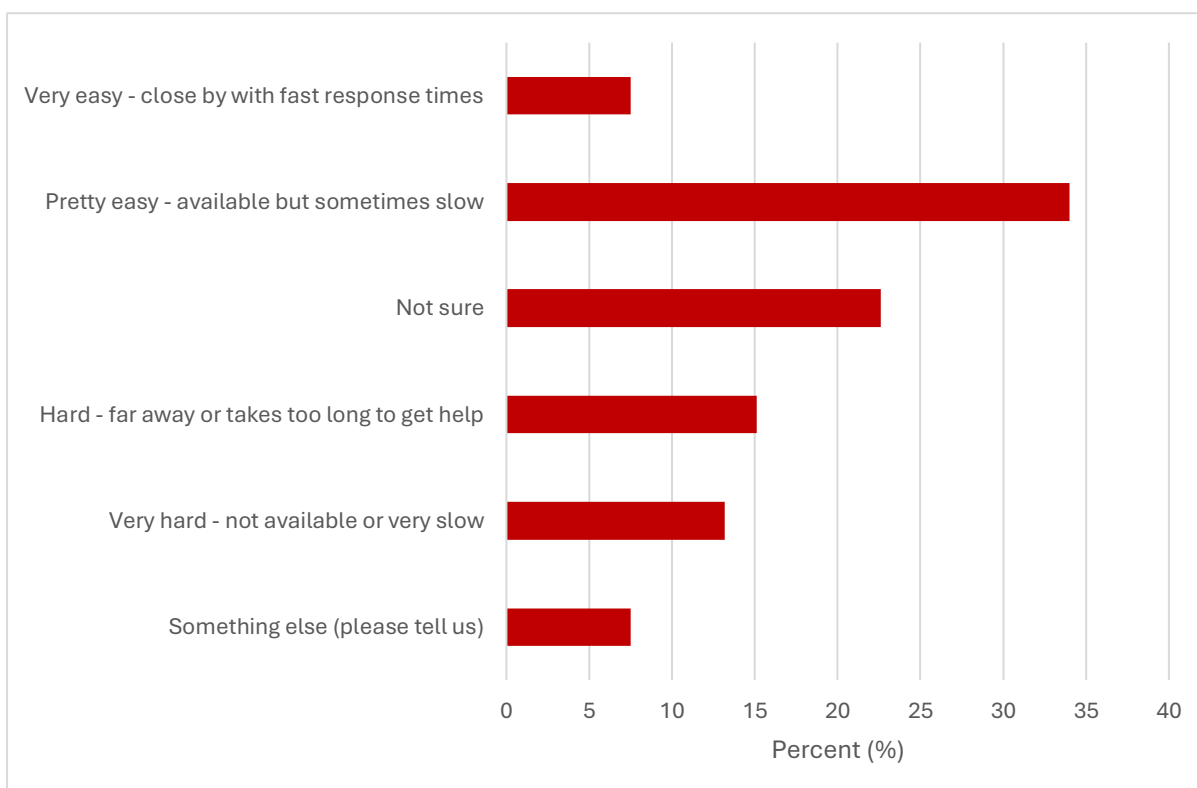


Figure note: n=53.

As Figure 11 shows, 15% (8 respondents) said that it was hard to get emergency health services in their area (for example, because they're far away or it takes too long). Nearly as many

respondents (13%, 7 respondents) said that it was very hard to get emergency health services (for example, because they're not available or very slow).

Nearly one quarter of respondents (23%, 12 respondents) said that they were not sure about access to emergency health services, presumably because they have not experienced an emergency that required such services.

Travel to services

Most rural respondents to Te Mātuku whānau voice survey have to travel outside of their local area to access health services at least some of the time.

Figure 12: How often do you need to travel outside your local area to access healthcare services?

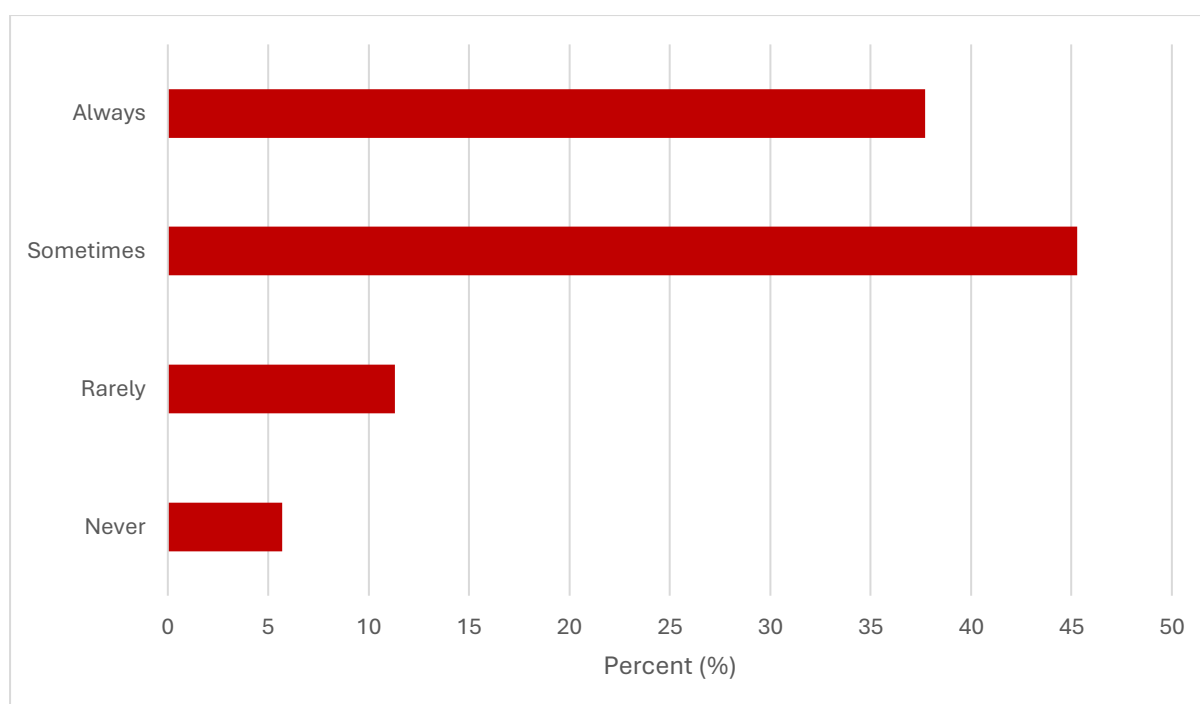


Figure note: n=53.

As Figure 12 shows, 38% (20 respondents) always travel outside their local area to access health services and 45% (24 respondents) sometimes have to travel to access health services. Eleven percent (6 respondents) say they rarely have to travel outside their local area to access health services, and only 3 respondents (6%) say that they never have to travel to access health services.

Figure 13: How do you usually travel to health services?

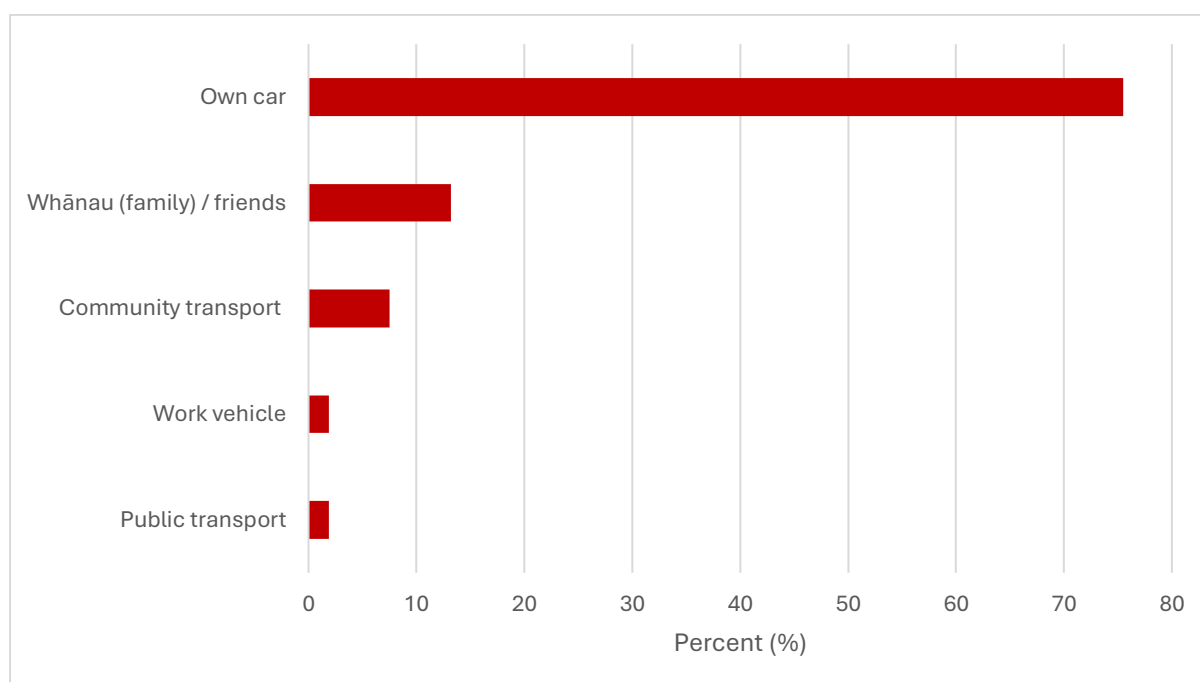


Figure note: n=53.

As Figure 12 shows, the vast majority of respondents (76%, 40 respondents) travel to health services outside of their local area using their own car. A small proportion of respondents have whānau or friends who provide transport (13%, 7 respondents), or use community transport (such as volunteer drivers or patient transport arranged by the health services, 8%, 4 respondents). Only one respondent usually uses public transport to travel to health services.

Respondents were asked what other transport options are available to them and their responses are set out in Table 1.

Table 1: What other travel options are available to you to travel to health care services / appointments?

Mode of transport	Number of respondents
Personal transport	29
Transport provided by whānau or friends	25
Public transport (e.g. buses)	4
Health service or hospital shuttle vans	13
Taxi or rideshare (e.g. Uber)	0
Other modes of transport (e.g. cycling)	0
Something else	10

Table note: n=53. This question allowed multiple responses.

Clearly, while there are some transport options offered by health services and some limited public transport, most rural respondents are reliant on their own cars or their whānau or friends to provide transport to health care.

Respondents who selected the 'something else' option were able to write in comments to this question. Four out of the ten comments talk about Mōkai Pātea support.

"The health service doesn't do shuttles, but Mokai Patea can drive you to appointments around town if you need them".²³

Respondents were also asked whether the cost of transport affected their access to health services.

Figure 14: Do transport costs affect your ability to access healthcare?

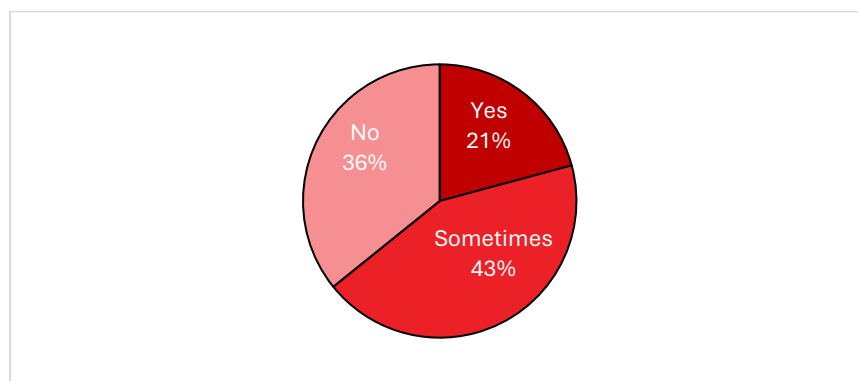


Figure note: n=53.

As Figure 14 shows, 21% (11 respondents) said that travel costs affect their ability to access health care and 43% (23 respondents) said that travel costs sometimes affect their ability to

²³ Survey respondent.

access health care. Thirty-six percent (19 respondents) said that transport costs do not impact their ability to access healthcare.

Hospital and related health services

Te Mātuku whānau voice survey asked participants if they had attended an outpatient clinic, specialist consultation, or diagnostic appointment at Whanganui Hospital in the past three years. As Figure 15 shows, more than half of respondents (60%, 32 respondents) had attended hospital appointments in the past three years.

Figure 15: In the past three years have you had to attend an outpatient's clinic, specialist, diagnostic appointment at the base hospital?

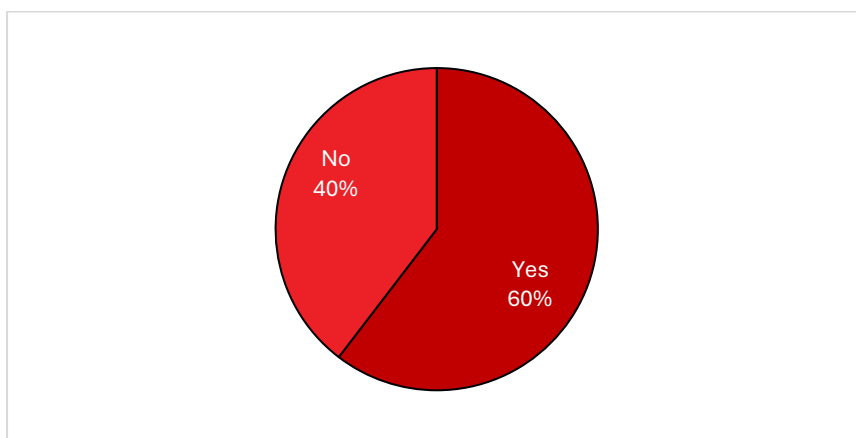


Figure note: n=53.

When asked how easy it was to schedule and attend their hospital appointment, most (17 respondents) said that it was fairly easy, especially when managed through their GP.²⁴

*"Very easy if you go through the doctor and you're sick enough."*²⁵

*"The doctor did it, so I didn't have to worry about it. I wouldn't know where to start."*²⁶

Eleven respondents said that it was 'not easy' or 'hard' to schedule and attend hospital appointments, though some respondents (4 respondents) commented on the difficulties finding or arranging transport.

*"I had to travel one hour to Whanganui to see a specialist, which was hard."*²⁷

²⁴ 32 respondents.

²⁵ Survey respondent.

²⁶ Survey respondent.

²⁷ Survey respondent.

Two respondents talked about the difficulties finding an appropriate appointment time and emphasised the long wait for appointments.

*"I had to keep to the allocated appointment otherwise I had to wait for another schedule letter to be mailed out to me."*²⁸

As Figure 16 shows, 47% (25 respondents) had stayed overnight at the hospital in the last three years.

Figure 16: In the past three years have you had to stay overnight at the base hospital?

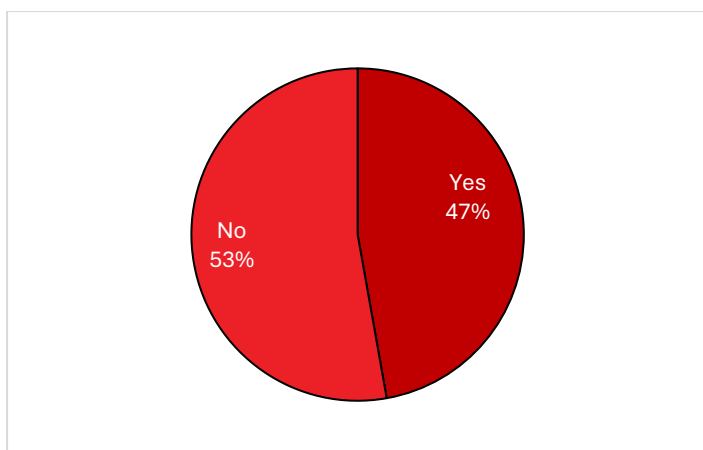


Figure note: n=53.

When asked how easy it was to be discharged from hospital, responses were almost evenly split. Thirteen respondents said that it was easy being discharged, and 12 respondents said it was difficult.

Of those who found it easy, around half (6 respondents) qualified their answer by highlighting that the discharge process can feel rushed and that it does not take into account travel and other needs of rural whānau.

*"[Hospital discharge was] very easy – they just want to kick you out."*²⁹

*"[Hospital discharge was] easy when the hospital had Māori cultural advisors."*³²

*"[Hospital discharge was] no problem. They ship you out as fast as they ship you in."*³⁰

Of those who found hospital discharge difficult, half (6 respondents) said the wait to be discharged was too long, or the discharge process was too bureaucratic or complicated.

One respondent who found hospital discharge easy noted that this was due to the support provided by the hospital.³¹

²⁸ Survey respondent.

²⁹ Survey respondent.

³⁰ Survey respondent.

³¹ Although not specifically mentioned, it is likely that this respondent is talking about the Haumoana navigator service at Whanganui Hospital. For more information on the service, click [here](#).

³² Survey respondent.

“[The discharge process was] long. I had to wait for the morning doctors to come and do their assessment. Then had for my discharge notes which take approximately two hours each time.”³³

The other half of respondents (6 respondents) highlighted the difficulties in being discharged when travelling to rural areas. In these instances, hospital staff discharging patients are seen as being inconsiderate and not thinking about the needs of rural patients and their whānau.

“One time my husband was in hospital and they discharged him at 1am in the morning. I had to drive from Taihape to pick him up. Other times I’ve heard of people having to sit in the Emergency waiting room all night waiting to be picked up for their ride back to rural areas. A lot get kicked out of hospital at nighttime.”³⁴

“[Hospital discharge was] not that easy, they don’t consider that we have to travel to get home.”³⁵

When it comes to accessing diagnostic services (like X-rays, MRIs, and blood tests), most rural survey respondents have not had any issues.

Figure 17: Have you had challenges accessing diagnostic services?

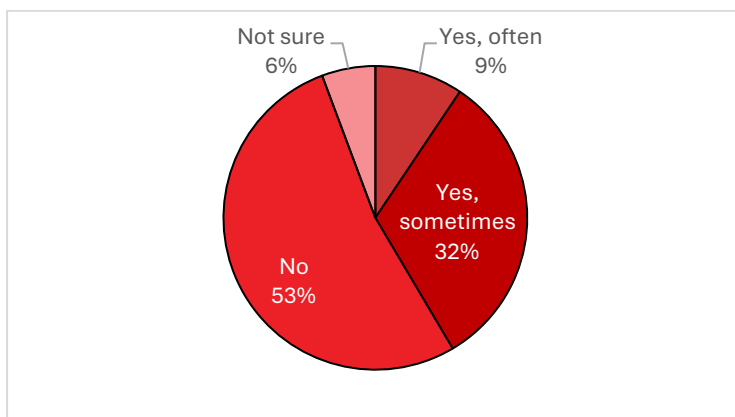


Figure note: n=53.

As Figure 17 shows, 53% (28 respondents) have not had any challenges accessing diagnostic services (although it is noted this may be because they have never needed to access such services). Thirty-two percent (17 respondents) have had challenges ‘sometimes’, and 9% (5 respondents) said that they ‘often’ have challenges accessing diagnostic services.

³³ Survey respondent.

³⁴ Survey respondent.

³⁵ Survey respondent.

Telehealth and mobile clinics

Te Mātuku whānau voice survey also sought to understand the accessibility of services other than those delivered from a fixed building or location.

For telehealth services, the survey sought to understand whether respondent internet connection or telephone reception were reliable enough for telehealth solutions.

Figure 18: Is your internet or phone connection reliable enough for telehealth services?

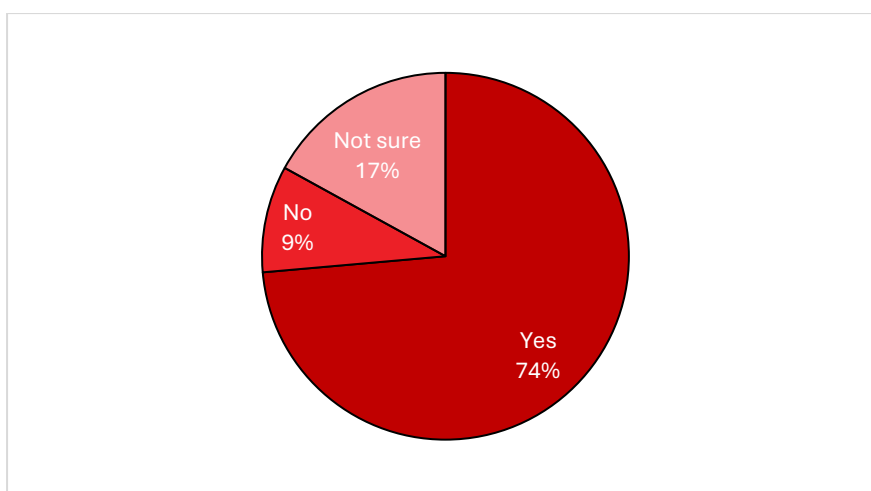


Figure note: n=53.

Nearly three-quarters of respondents (74%, 39 respondents) said that their internet or telephone connections were reliable enough for telehealth services. Nine percent (5 respondents) said that their internet or telephone connection were not reliable enough for telehealth services, and 17% (9 respondents) were not sure either way (see Figure 18).

For mobile health clinics, the survey sought to gauge interest in (and acceptability of) mobile health clinics in rural areas.

Figure 19: Would you like to see more mobile health clinics in your local area?

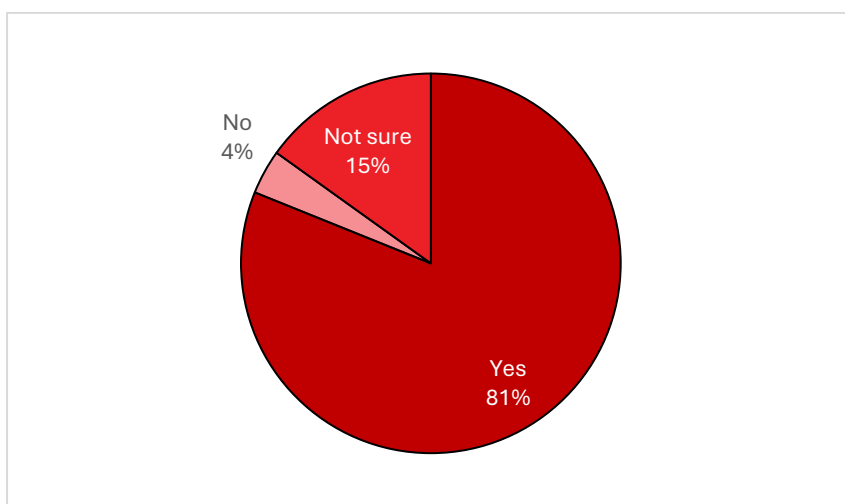


Figure note: n=53.

As Figure 19 shows, the vast majority of respondents would be supportive of more mobile health clinics in their local area (81%, 43 respondents). Only two respondents said they would not want to see more mobile clinics (4%).

Survey respondents were asked which services they would like to see included in mobile health clinics. Consistent with the other findings of the rural health survey, the most common responses focused on mobile dental services and vision services, including eye exams and glasses (63%, 27 respondents for each service type).

Figure 20: What mobile health services would you like to see in your local area?

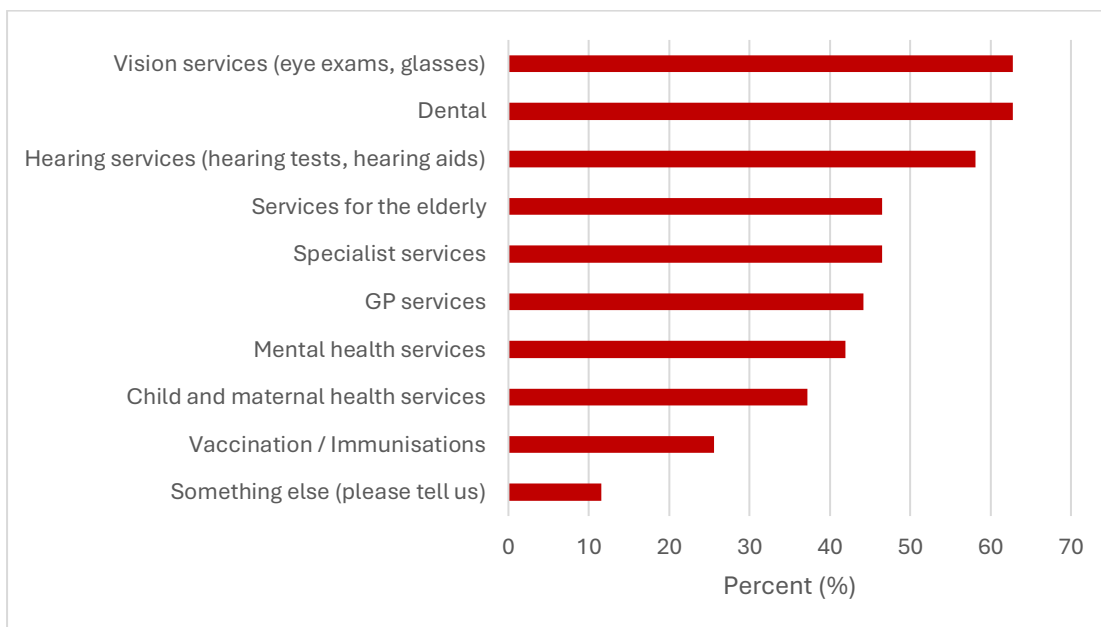


Figure note: n=53. This question allowed multiple responses.

More than half of all respondents (58%, 25 respondents) said they would like mobile health clinics to offer hearing services (such as hearing tests and hearing aids). Between 40% and 50% of respondents also indicated that they would like to see services for the elderly (47%, 20 respondents), specialist services (47%, 20 respondents), GP services (44%, 19 respondents), and mental health services (42%, 18 respondents) offered in mobile clinics (see Figure 20).

Mental health services

Twenty three percent (12 respondents) needed to access mental health services for themselves or their whānau in the past three years (see Figure 21).

Figure 21: In the past three years have you or your whānau needed to access mental health services while living in a rural area?

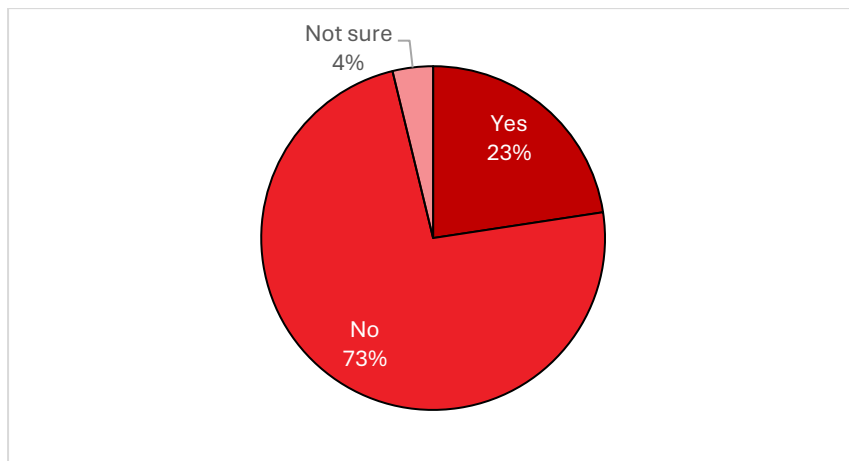


Figure note: n=53.

Of those who had needed to access mental health services in the past three years, half found it difficult (3 respondents) or very difficult (3 respondents). As Figure 22 shows, only one respondent found it very easy to access mental health services when they were needed.

Figure 22: How easy was it to get the mental health services you needed when you needed them?

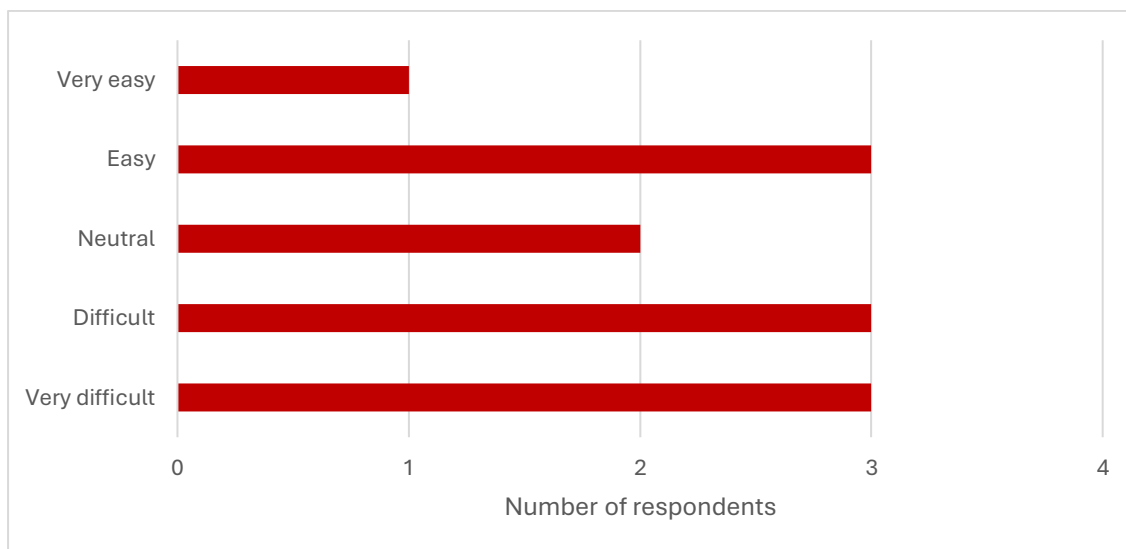


Figure note: n=12.

Respondents were able to add comments on mental health services in their local area.³⁶ There were some positive comments, such as “we are very lucky in our area”,³⁷ and “they are doing a

³⁶ Twenty-five respondents gave comments in response to this question.

³⁷ Survey respondent.

good job”³⁸. However, eleven respondents indicated there was a shortage of services – either across the board or in specific locations.

“The local iwi have services and that’s great, but we need more.”³⁹

“We need more health services in Raetihi.”⁴⁰

“I know there are none in Taihape, you have to get referred to Marton or Whanganui, or do it online or virtual counselling.”⁴¹

Four respondents talked about online mental health services and counselling as their only option. There were concerns that this counselling was delivered from outside of Te Ranga Tupua rohe, when local health professionals (with local knowledge) are preferred.

“I have to get counselling online, they are based in Dunedin. It would be good to see someone in Town.”⁴²

One respondent commented on the monocultural tendencies of the mental health system.

“Our mental health system needs to understand our Māori people, especially when it comes to their spirituality.....some believe they are just crazy and don’t understand our Māori spiritual ways and then they are labelled as mentally ill.”⁴³

Responsiveness of services and health professionals

Te Mātuku whānau voice survey sought to understand both the community responsiveness and the cultural safety of health services and professionals in rural areas.

Forty-three percent (23 respondents) said that health professionals in their local area understand the challenges of rural living. However, 34% (18 respondents) said health professionals in their local area only somewhat understood the challenges of rurality (see Figure 23).

Figure 23: Do healthcare professionals in your local area understand the challenges of living rurally?

³⁸ Survey respondent.

³⁹ Survey respondent.

⁴⁰ Survey respondent.

⁴¹ Survey respondent.

⁴² Survey respondent.

⁴³ Survey respondent.

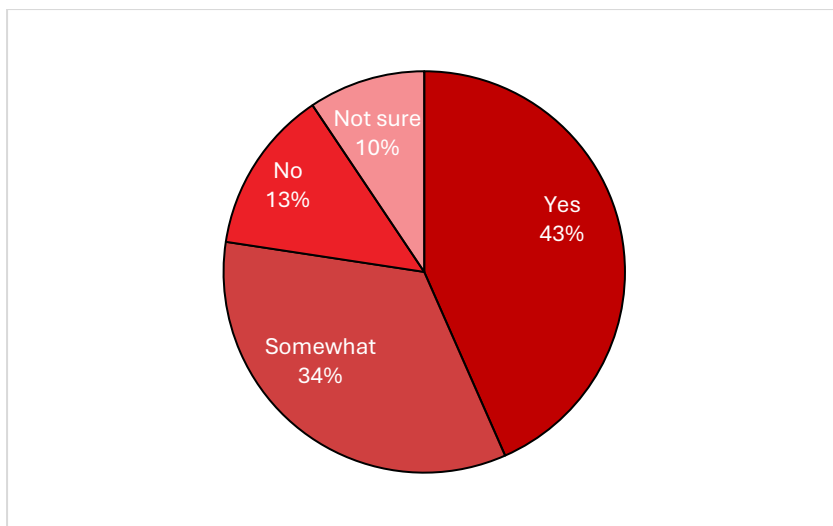


Figure note: n=53.

Over half of all rural respondents (60%, 32 respondents) said that local healthcare services are connected or very connected to their local community (see Figure 24).

Figure 24: How connected are your local healthcare services to the community?

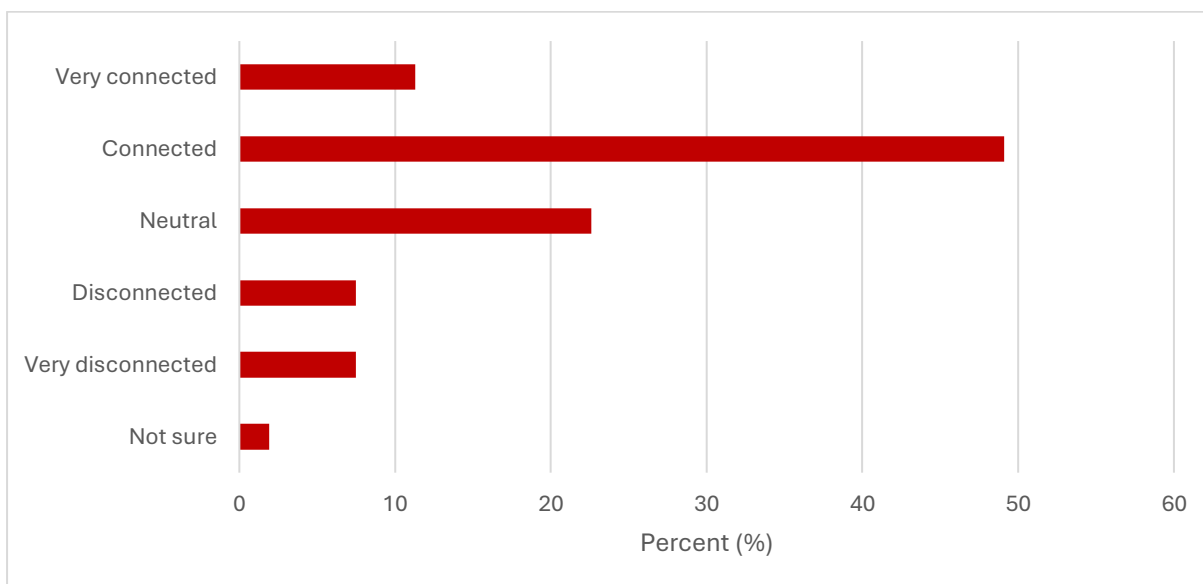


Figure note: n=53.

As Figure 24 also shows, 8% (4 respondents) said that local healthcare services are disconnected from the community, and the same number (8%, 4 respondents) said that local healthcare services were very disconnected.

Twenty three percent (12 respondents) said that local healthcare providers try to be culturally responsive and inclusive of Māori and other groups. A further 36% (19 respondents) said that local healthcare providers make an effort to be culturally responsive some of the time. However, as set out in Figure 25, 15% (8 respondents) feel that local healthcare providers do not put in the effort to be culturally responsive. In the comments to another question, one respondent suggested that their local population is becoming more culturally diverse and services need to respond appropriately.

“There is a growing Indian population, only in the last few years. I don’t know if our services support them enough or not.”⁴⁴

Figure 25: Do local healthcare providers make an effort to be culturally responsive and inclusive of Māori and other groups?

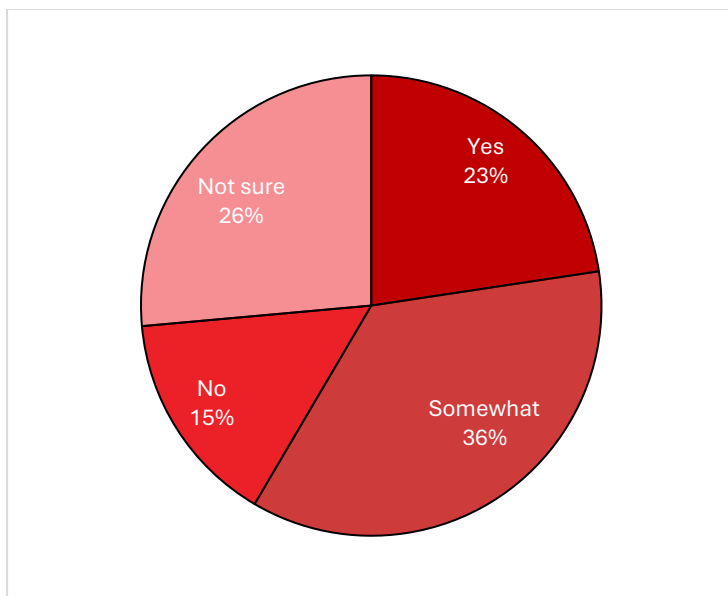


Figure note: n=53.

Collecting and acting on feedback is an important way for health services to ensure they’re meeting the diverse needs of the populations they serve. Te Mātuku whānau voice survey sought to understand if rural communities have opportunities to provide feedback and have that feedback taken seriously.

Figure 26: Are there ways to give feedback or raise concerns about healthcare services?

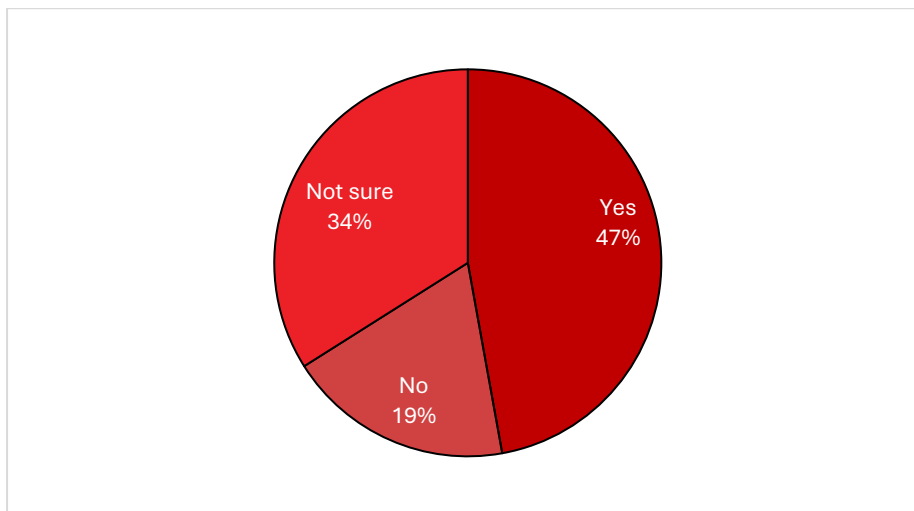


Figure note: n=53.

As Figure 26 shows, just under half of respondents said there are ways to give feedback or raise concerns about local healthcare services (47%, 25 respondents). The remaining respondents either said that there are no opportunities to give feedback (19%, 10 respondents), or that they were not sure (34%, 18 respondents).

⁴⁴ Survey respondent.

When asked whether healthcare providers act on their feedback or concerns, more than half of respondents said that the suggestions were acted on at least on some occasions. As Figure 27 shows, 15% (8 respondents) said that feedback was always acted on, 34% (18 respondents) said that feedback was sometimes acted on, and 17% (9 respondents) said it was acted on rarely. Nineteen percent (10 respondents) said that feedback or concerns were never acted on by healthcare providers.

Figure 27: Do healthcare providers act on your feedback or concerns?

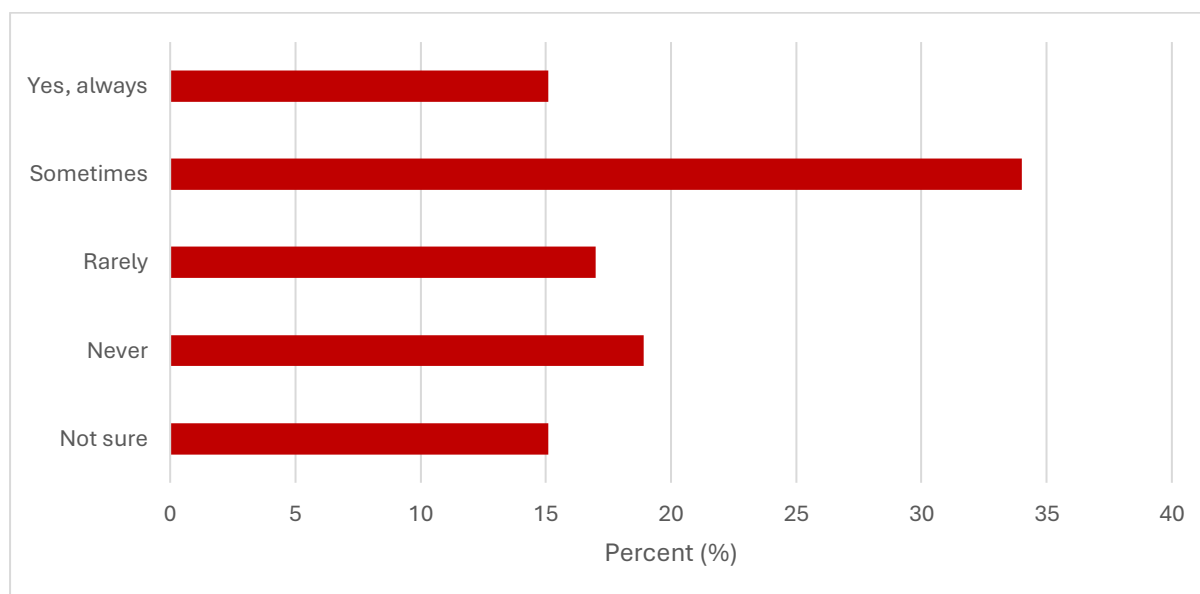


Figure note: n=53.

Māori health services

Over one third of respondents (36%, 19 respondents) said that there are specific cultural health services missing from their local area.

When asked what specific cultural health services are missing, most respondents (74%, 16 respondents) said rongoā Māori (traditional healing practices).

Figure 28: What cultural health services do you think are missing in your community?

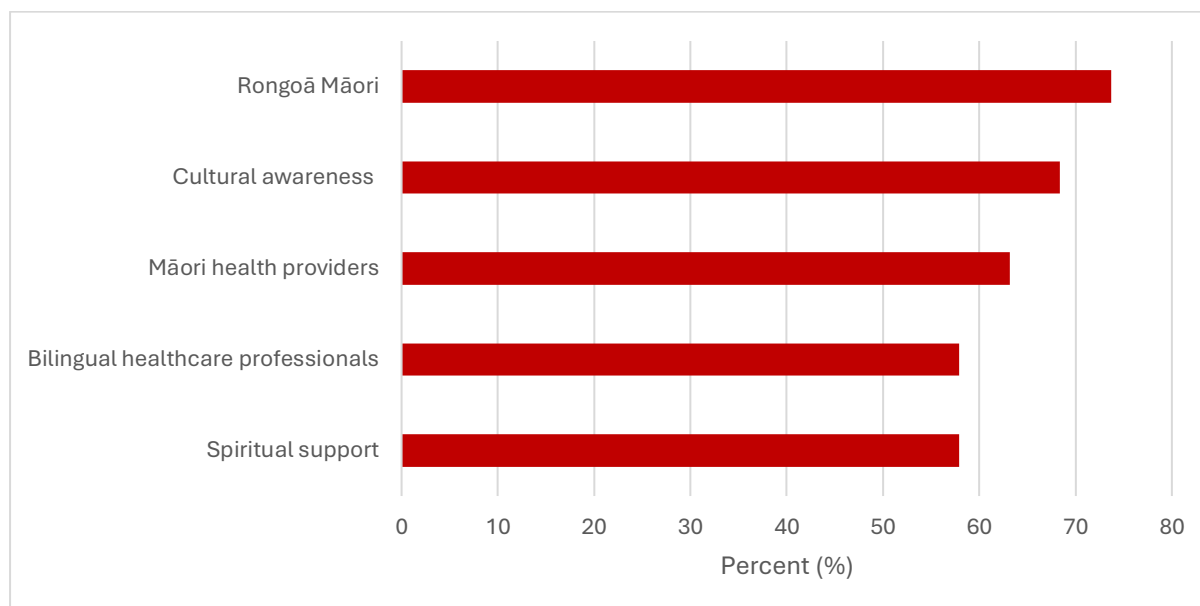


Figure note: n=19. This question allowed multiple responses.

As Figure 28 shows, 68% (13 respondents) want more cultural awareness from their local services, and 63% (12 respondents) want more Māori health providers. Both 'spiritual support' and 'bilingual healthcare professionals' were selected as missing in their local community by more than half of the respondents to this question (58% each, 11 respondents each).

Changes and improvements

Survey respondents were asked if they had ideas for improving healthcare services in rural areas. Just under half (49%, 26 respondents) shared their suggestions, with the most common suggestion being more community-based programmes (73%, 19 respondents), including wānanga and outreach events.

Figure 29: What changes or improvements would you like to see in the healthcare system to better support rural areas?

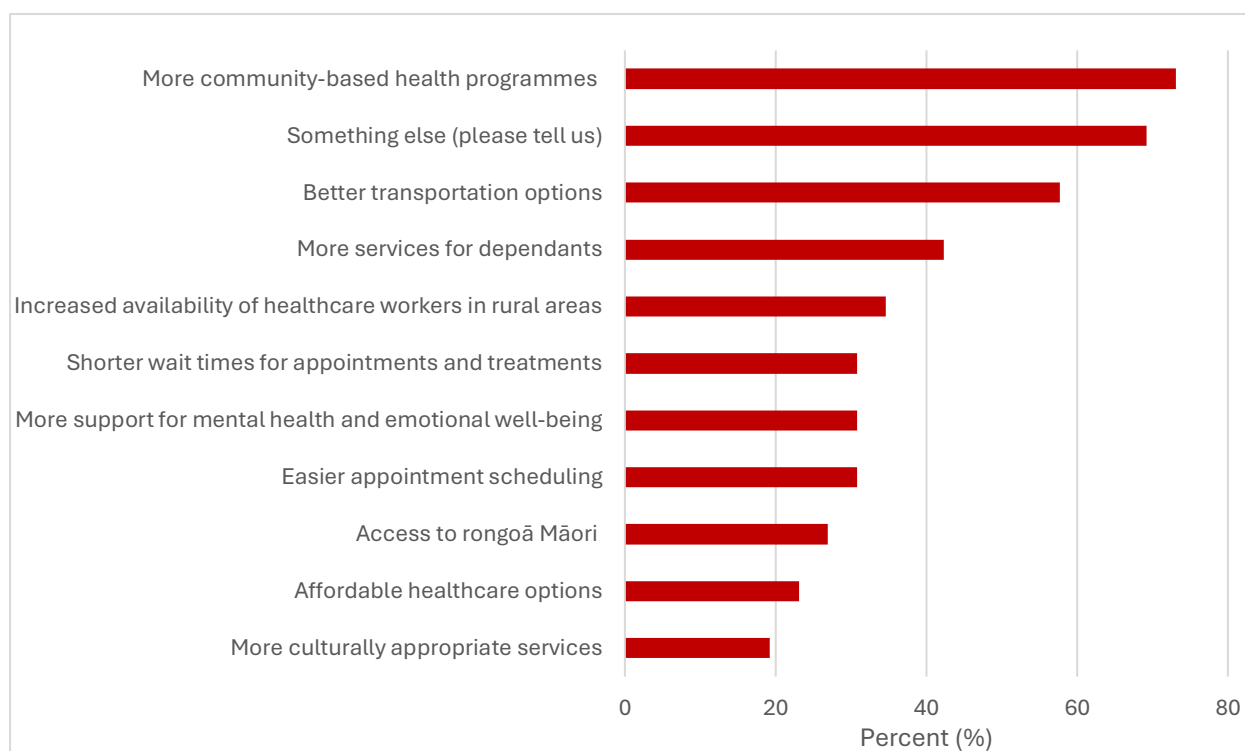


Figure note: $n=26$. This question allowed multiple responses.

As Figure 29 shows, more than half of the respondents to this question (58%, 15 respondents) indicated better transport options would benefit rural areas. The next most common response was more services for dependants (42%, 11 respondents) – which included more support for mokopuna and tamariki as well as eldercare/kaumātua services.

The remaining suggested changes or improvements mirror the content of the rural health survey overall. The need for more healthcare workers, easier appointments (both increased availability and easier scheduling), and better access to mental health and well-being supports were each selected by more than 30% of respondents.

In the ‘something else’ category, respondents were able to write in further suggestions. The common theme amongst these responses is the need for better communication between health services and the community.

“Communication is very important. Some kaumātua can’t be bothered – it’s a two-way thing.”⁴⁵

“[We need] better communication about events and when the doctors are here.”⁴⁶

⁴⁵ Survey respondent.

⁴⁶ Survey respondent.

Promoting oranga – healthy lifestyles

Te Mātuku whānau voice survey sought to learn more about whānau experiences of promoting oranga and experiencing healthy lifestyles. Promoting oranga (good health and well-being) is a broad concept that includes many aspects of our everyday lives including where we live, where we work, and how we spend our time. The ability of all whānau to promote oranga is determined by a wide range of societal and economic factors (like income, access to resources, connection to culture and whakapapa, and time).

Te Mātuku whānau voice survey focused on three elements of a healthy lifestyle: smoking (and vaping), alcohol use and diet and exercise.

Table 2: Number of respondents to each of the survey question groups under promoting oranga

Survey questions	Number of respondents
Smoking and vaping	31
Alcohol	37
Diet and exercise	79

Smoking and vaping

Tobacco use is well established as having a disproportionate and harmful impact on Māori health and well-being. Tobacco has been estimated to cause 22.6% of Māori deaths and drive 32.9% of the life expectancy gap between Māori women and non-Māori, non-Pacific women.⁴⁷

In 2018, 33.3% of Māori aged 15 years and over (34.0% of Māori women and 32.6% of Māori men) in the former Whanganui District Health Board (DHB) rohe were regular (daily) smokers.⁴⁸ For rangatahi (aged 15 to 19 years), 13.5% of Māori females and 15.3% of Māori males in the former Whanganui DHB rohe were regular smokers (which is 3.7 times higher than for non-Māori females and 2.4 times higher than for non-Māori males).⁴⁹

Te Mātuku whānau voice survey included several questions on behaviours and knowledge around tobacco smoking and vaping. Thirty-one respondents answered the questions on smoking and vaping.

Thirty percent (10 respondents) identified as current smokers, 24% (8 respondents) as vape users, and 6% (2 respondents) as both current smokers and vape users.

⁴⁷ Walsh and Wright (2020) as quoted in Curtis et. al. (2024).

⁴⁸ Census 2018, as quoted in Curtis, et. al. (2024).

⁴⁹ Ibid.

Figure 30: Which smoking category applies to you?

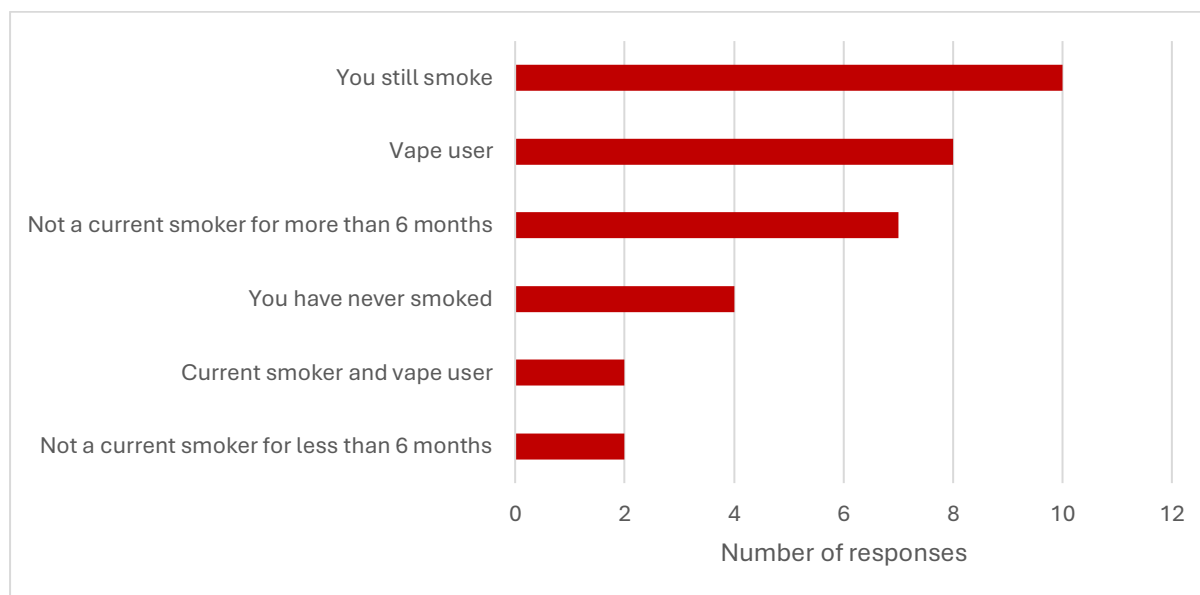


Figure note: n=31. This question allowed multiple responses.

As Figure 30 also shows, around one quarter of respondents have either not smoked for less than six months (6%, 2 respondents) or have not smoked for more than six months (21%, 7 respondents). Twelve percent (4 respondents) have never smoked.

Those who have never smoked were able to provide comments on what influenced their decisions. Two out of the four respondents said their asthma was a factor in the decision not to smoke. Having exposure to smokers as a child also influenced the decision, as did having connections to te ao Māori.

“My parents smoked when I was very young, a lot of my whanau smoked as a child, and for some reason it was just something that never interested me. Coming through Kura Kaupapa Māori it was instilled in us from a very young age that we have a responsibility to look after our awa and our taiao, and one of the most hypocritical things that people who say “ko au te awa, ko te awa ko au” do is smoke. It impacts their body, it impacts the taiao, it is the complete opposite of rangatiratanga and I just never ever wanted to even try it.”

Quit attempts

Respondents who were current smokers and/or vape users were asked if they had ever attempted to quit smoking. The vast majority (85%, 17 respondents) had (see Figure 31).

Figure 31: Have you ever attempted to quit smoking (successfully or unsuccessfully)?

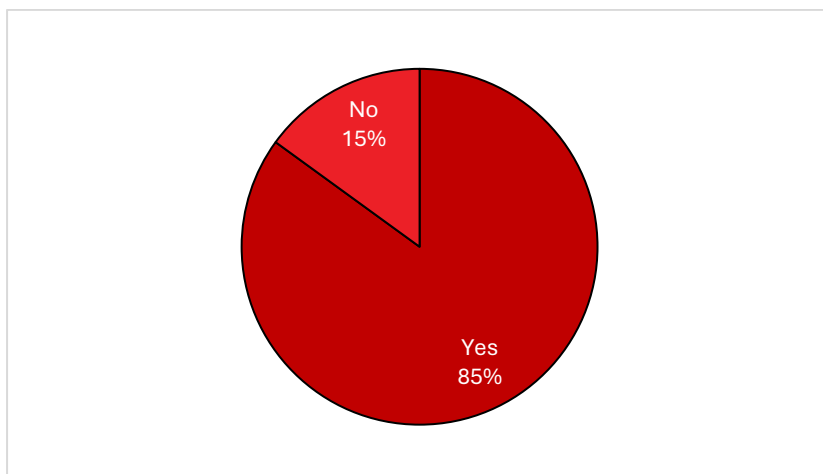


Figure note: n=20.

Those who had attempted to quit smoking had tried a range of tactics, as set out in Figure 32.

Figure 32: What did you use to help you quit smoking in your most recent attempt?

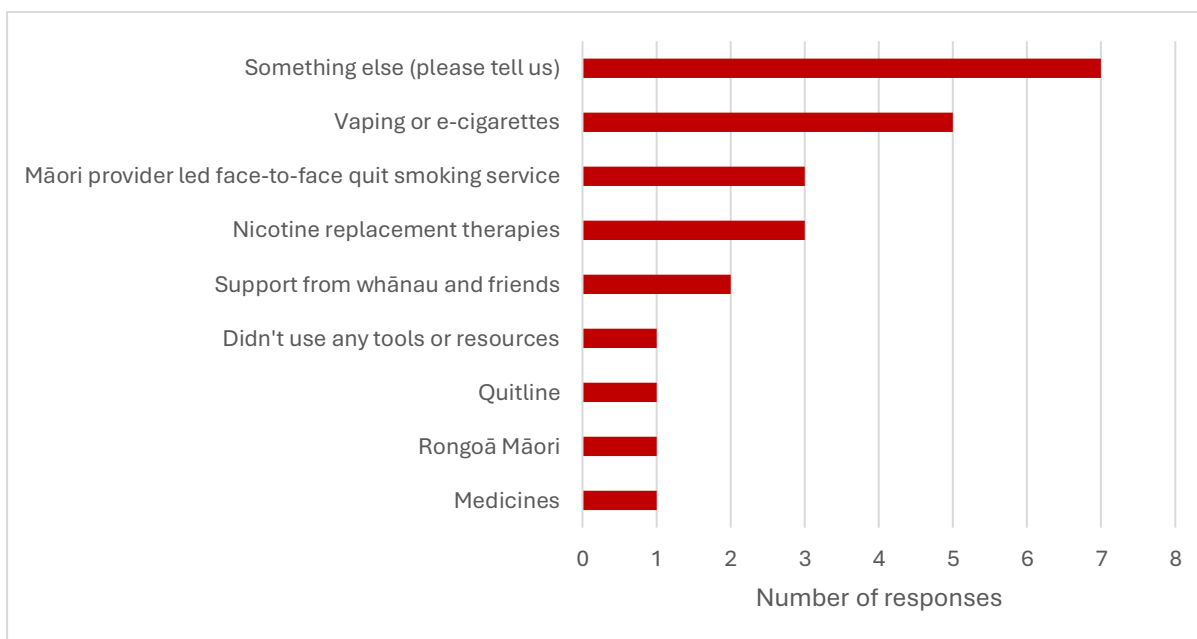


Figure note: n=17. This question allowed multiple responses.

The most common approach mentioned in the 'something else' category, is to find the motivation to stop (6 respondents). For some, this willpower came from a book; for others it came from their family or from seeing the impact of smoking on themselves.

*"[I used] willpower. It helped that I got sick so couldn't smoke without choking, so by the time I could smoke, I hated the taste."*⁵⁰

Outside of feeling especially motivated, the most common approach to quit smoking was the use of vaping or e-cigarettes (5 respondents), while three respondents tried nicotine replacement therapies and face-

⁵⁰ Survey respondent.

to-face quit services delivered by Māori providers.

When asked what would encourage them to quit smoking or vaping, three respondents were not sure of what would be helpful. The remaining respondents suggested the following:

- Motivating themselves / using willpower (2 respondents)
- Peer support (including having others quit smoking at the same time, 2 respondents)
- Hypnosis (2 respondents)
- Physical activities or programmes based on physical activity (2 respondents)
- Vaping instead of smoking (1 respondent)
- Use of incentives (1 respondent)
- Reducing alcohol consumption / drinking (1 respondent).

Vaping

Respondents who use vape devices were asked about their reasons for vaping. As Figure 33 shows, there were a wide range of reasons given by respondents, but the most common response is that vaping helps to cope with stress (6 respondents). The other common responses are that vaping is enjoyable (5 respondents), cheaper than tobacco (4 respondents) and that they like the flavours (4 respondents).

Figure 33: Why do you use a vaping device?

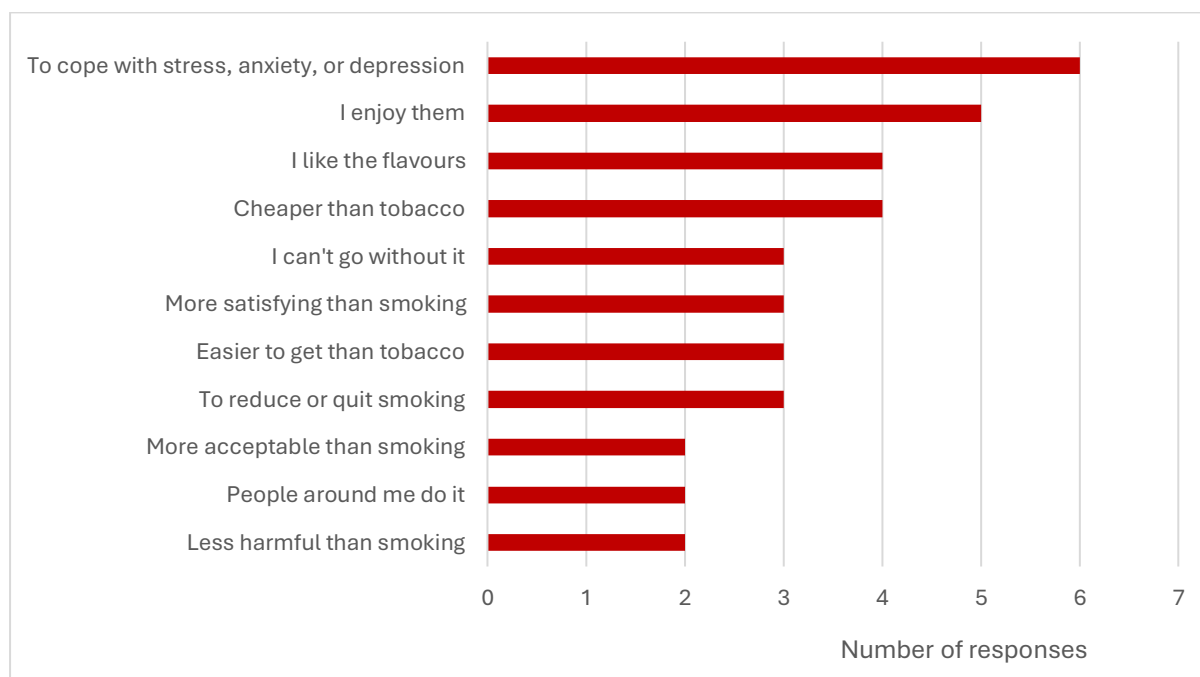


Figure note: n=10. This question allowed multiple responses.

All respondents to the survey questions on smoking were asked if they were concerned about the accessibility of vape shops in their community. Respondents were almost evenly split, with 52% (16 respondents) saying they were concerned, and 48% (15 respondents) saying they were not concerned.

Figure 34: Are you concerned about the accessibility of vape shops in your community?

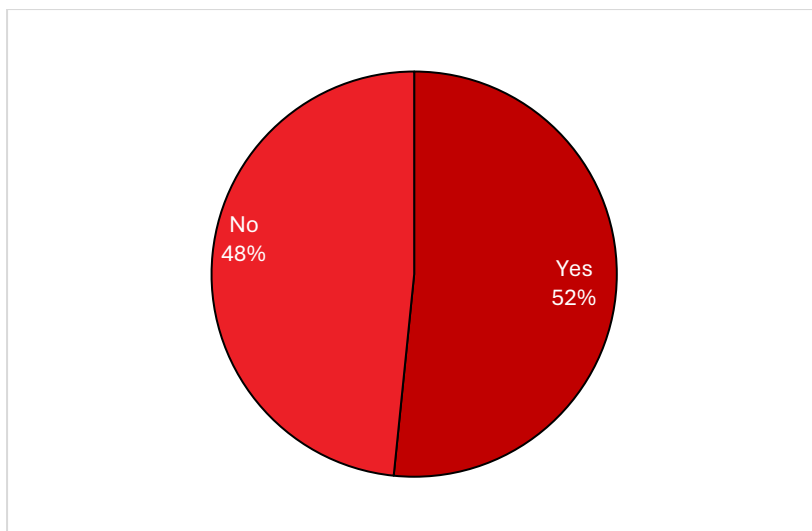


Figure note: n=31

Respondents were able to comment on the accessibility of vape shops in their communities. All twelve comments said that there are too many vape shops and vaping is too accessible, especially for tamariki and rangatahi.

“Too many vape shops in the area, making it more accessible and acceptable to everyone including our Tamariki.”⁵¹

“There are so many and some don’t always check IDs so it’s easy for older looking teens to access vapes.”⁵²

Understanding the risks of smoking or vaping

Respondents were asked if they had ever received information on the risks of smoking or vaping. Seventy-one percent (22 respondents) said they had received information on the risks of smoking or vaping, but 29% (9 respondents) said they had not (see Figure 35).

Figure 35: Have you ever received information on the risks of smoking or vaping?

⁵¹ Survey respondent.

⁵² Survey respondent.

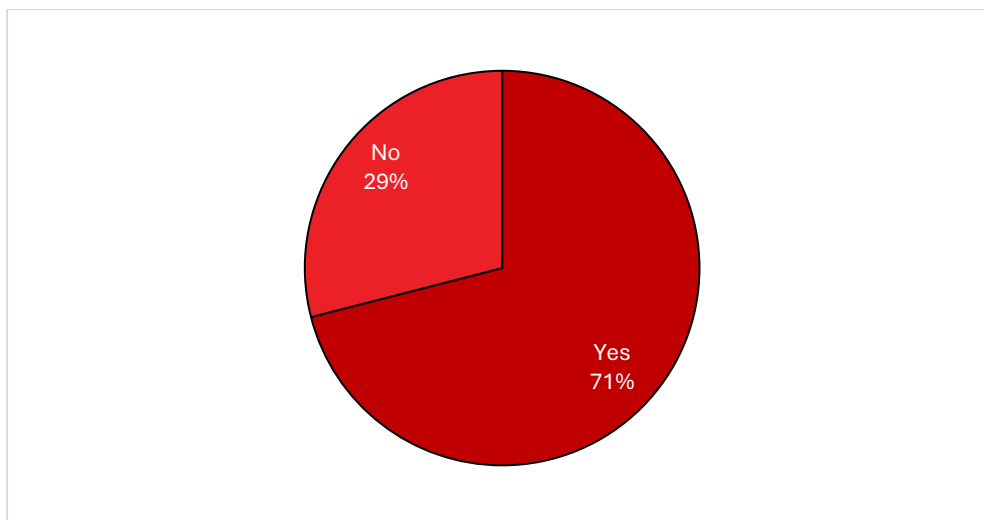


Figure note: n=31.

Respondents received information from a range of sources including Māori health providers, health professionals (doctors, nurses, and midwives in particular) and friends or whānau. Two respondents talked about seeing general stop smoking campaigns on TV or in the news.

Figure 36 shows that most respondents found the information they received helpful (91%, 20 respondents).

Figure 36: Was the information you received useful?

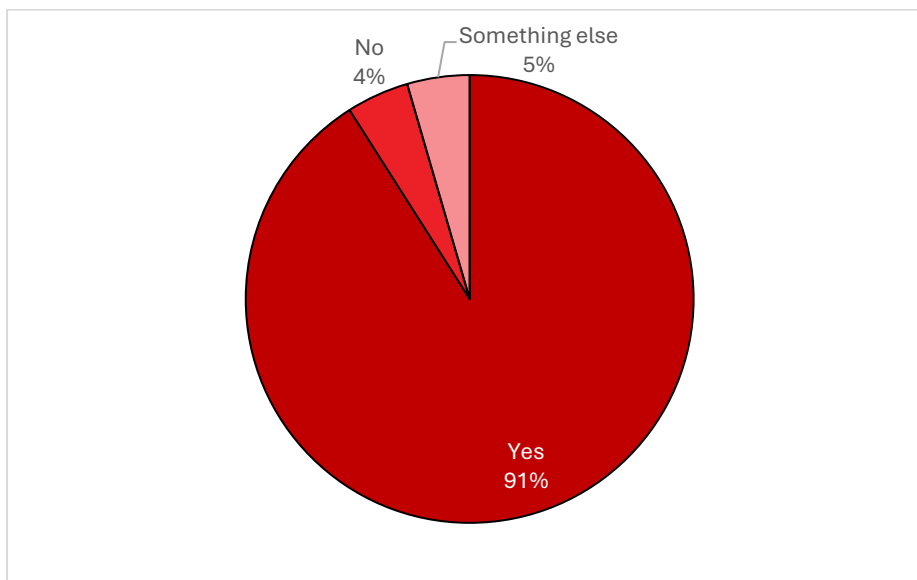


Figure note: n=22.

Alcohol

Drinking alcohol, and in particular hazardous drinking, can have a range of direct health impacts. It is linked to over 200 conditions,⁵³ including liver disease, heart disease, and cancers. It is also associated with higher levels of violence and injury and can have an intergenerational impact (as shown through conditions such as Fetal Alcohol Spectrum Disorder (FASD)). Alcohol related harms disproportionately impact Māori compared with non-Māori, and this can be seen

⁵³ World Health Organisation (accessed July 2025). Fact sheet available [here](#).

across a range of indicators, especially for Māori males. For example, NZ Health Survey data from 2017 to 2022 show that 41.9% of Māori males in the former Whanganui DHB rohe were found to have a hazardous drinking pattern compared with 31.1% of non-Māori males.⁵⁴

Te Mātuku whānau voice survey sought to understand more about whānau use and views on alcohol and its harms. Thirty-seven respondents answered questions on alcohol.

The vast majority of respondents have had at least one drink containing alcohol in the past year (89%, 33 respondents). Only four respondents (11%) had not consumed alcohol in the past year (see Figure 37).

Figure 37: Have you had a drink containing alcohol in the past year?

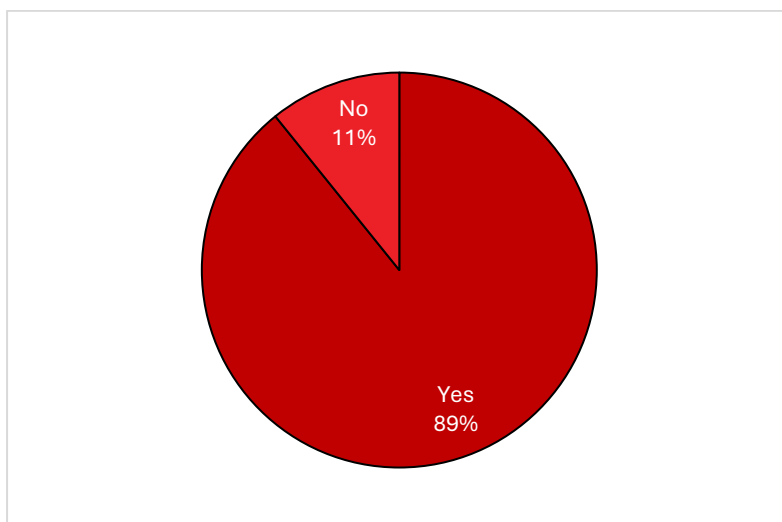


Figure note: n=37.

Of those who had a drink containing alcohol in the past year, most (64%, 21 respondents) only have alcohol occasionally (monthly or less).

⁵⁴ Curtis, et. al. (2024).

Figure 38: How often do you have a drink containing alcohol?

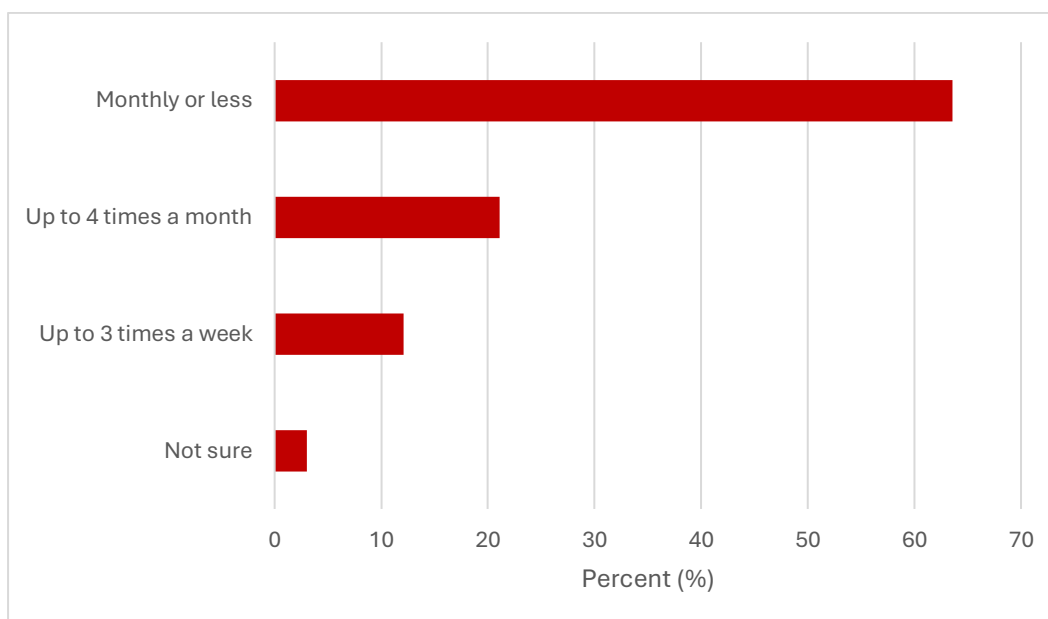


Figure note: n=33.

As Figure 37 shows, 21% of respondents drink alcohol up to four times a month (7 respondents), and a small proportion (12%, 4 respondents) drink alcohol up to three times a week.

Respondents were asked if alcohol had led to negative incidents or impacts on their whānau. Most (57%, 21 respondents) could recall occasions of harm from consuming alcohol.

Figure 39: Can you recall occasions when drinking too much alcohol has led to negative incidents or impacts on your whānau?

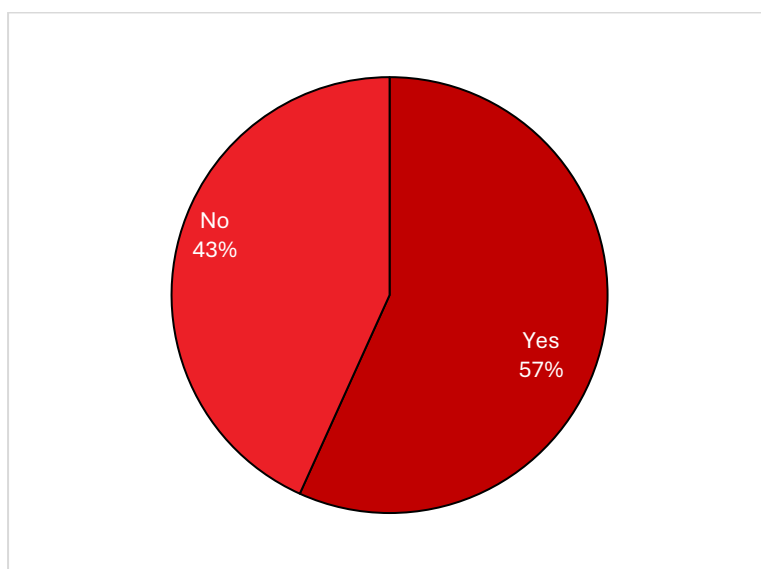


Figure note: n=33.

Respondents were invited to give more details on the impacts of alcohol on their whānau.⁵⁵ The most common response (10 respondents) was that alcohol consumption

had led to arguments and violent behaviour.

⁵⁵ N=21 respondents.

“[I’ve observed] others become abusive under the influence, drink driving, disagreements, people saying hurtful things.”⁵⁶

“[The] increase in heightened emotions when drinking at times have led to aggressive nature and fighting. Things being said that without alcohol would not have usually been shared.”⁵⁷

Three respondents also noted the impact on tamariki and mokopuna as being “massive”.⁵⁸ These concerns extended to the impact of being hung over and unable to spend time with whānau because of alcohol.

“[It’s] just lost time being hung over being with the whānau. Quality time is important with the kids.”⁵⁹

Respondents associated alcohol with poor judgement and poor risk assessment, with comments noting that alcohol use led them to drive drunk or doing things they would regret later. Respondents also commented on the costs of alcohol (described by one respondent as “money wasting”),⁶⁰ and the ability of alcohol to bring up past trauma. One respondent commented that they gave up alcohol due to “wanting to reconnect with the marae and communities”.⁶¹

Te Mātuku whānau voice survey asked respondents if they had any ideas for how to promote safer drinking amongst whānau. Just over half (54%, 20 respondents) shared ideas.

Most of the suggestions from respondents were variations on how to change the relationship to alcohol at a societal level.

“Encourage an environment where it is ok to not drink. Peer pressure is a big one, it’s hōhā being pressured to drink when you don’t want to. Having sober drivers are good for getting people home safely but it can promote excessive drinking. I think the days of drink driving are over hopefully. Have plenty of kai at events where there is drinking.”⁶²

Specific suggestions included reducing the access to alcohol and reducing the number of alcohol outlets (bottle stores) in communities, especially near schools and removing some types or brands of alcohol from sale.

“Stop making it and selling it.”⁶³

Several respondents also talked about creating a culture where being alcohol-free is the societal norm.

⁵⁶ Survey respondent.

⁵⁷ Survey respondent.

⁵⁸ Survey respondent.

⁵⁹ Survey respondent.

⁶⁰ Survey respondent.

⁶¹ Survey respondent.

⁶² Survey respondent.

⁶³ Survey respondent.

“What does a system look like with local businesses that promote healthy non-alcoholic options when out socialising?”⁶⁴

Six respondents suggested having frank kōrero about alcohol and its true effects. For some this was about more traditional health promotion (for example, brief interventions in doctor’s clinics or educational pamphlets), for others, it was about having widespread community conversations.

“[We could have] marae-based safe conversations about the inter-generational impacts of alcohol and drugs. Increase healing activities from trauma. Trauma underlies huge amounts of ill health – let’s have courageous conversations.”⁶⁵

Diet and exercise

The food we eat and our physical activity levels can help keep us well or can contribute to ill health. While many whānau seek to increase their intakes of fruit and vegetables or exercise more, both things depend on our access to material resources (like money to buy groceries), our available time (for example, to cook or to participate in sports or do other forms of physical activity), and our living situations (for example, whether we have a place to prepare food or somewhere to store perishable groceries). We know that this is especially true for whānau in Te Ranga Tupua, as – in 2018 – 86.7% of Māori in the rohe often went without fresh fruit and vegetables.⁶⁶

Te Mātuku whānau voice survey asked a series of questions on fruit and vegetable consumption, access to traditional kai and health foods, and physical activity. Seventy-nine respondents answered the diet and exercise questions.

Most respondents have two or more servings of fruit per day

According to the Ministry of Health’s *Eating and Activity Guidelines for New Zealand Adults*, we should all eat plenty of fruit and vegetables as they provide vitamins, minerals and dietary fibre as well as many other phytonutrients (beneficial chemicals found in plants).⁶⁷

The Ministry of Health recommends all adults (regardless of gender or age) eat at least two servings of fruit each day.⁶⁸

⁶⁴ Survey respondent.

⁶⁵ Survey respondent.

⁶⁶ Te Kupenga, Māori Social Survey, as quoted in Curtis. et. al. (2023).

⁶⁷ Ministry of Health. (2020).

⁶⁸ Ibid. The standard serving size of fruit is around 150g and equivalent to one medium sized apple, pear, or banana; two apricots or plums; a cup of frozen fruit (such as berries or mango); a cup of diced or canned fruit (with no added sugar).

Figure 40: On average how many servings of fruit do you eat per day?

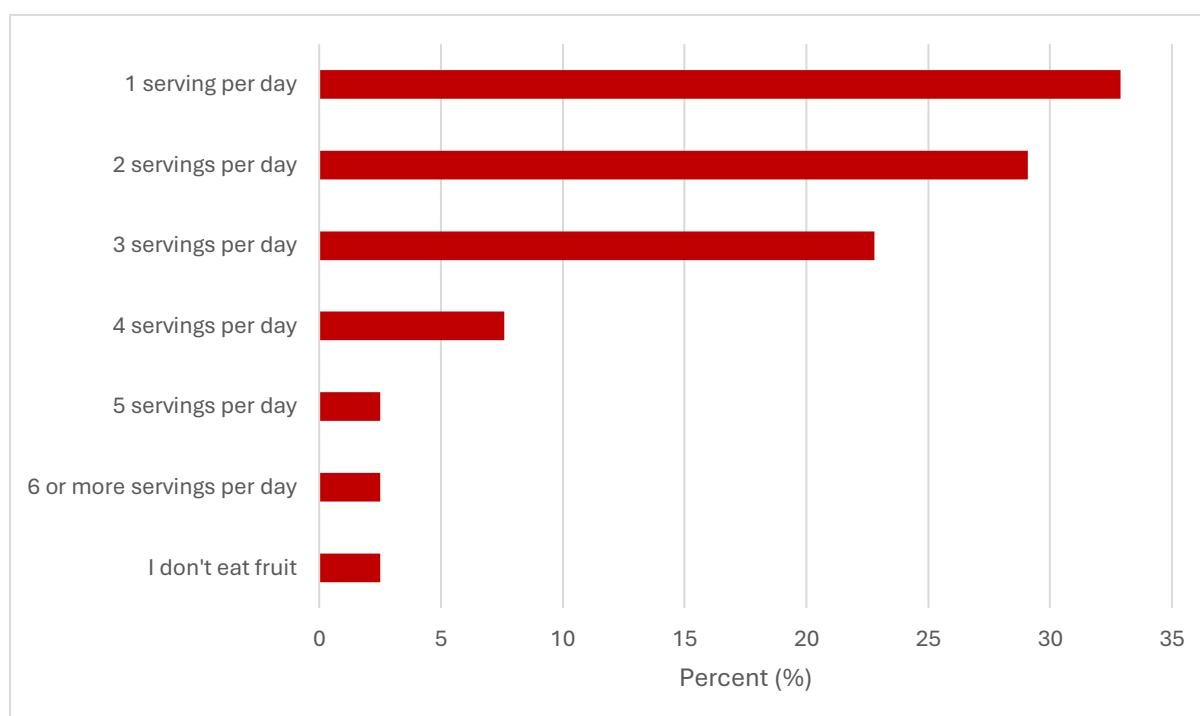


Figure note: n=79. Note the survey question specified that it was one medium piece of fruit that was fresh, frozen, canned, or stewed.

As Figure 40 shows, around 66% (51 respondents) have at least two servings of fruit each day. Thirty three percent (26 respondents) have only one serving of fruit per day, and two respondents said that they do not eat fruit.

A smaller proportion of adults in Aotearoa New Zealand eat the recommended daily intake of fruit than the respondents to Te Mātuku whānau voice survey. In the 2023/24 NZ Health Survey results showed:

- 47.1% of the national total population met the recommended daily fruit intake
- 47.8% of the central region population (which includes Te Ranga Tupua rohe) met the recommended daily fruit intake, and
- 44.9% of the national Māori population met the recommended daily fruit intake.

Few respondents meet the recommended daily vegetable intake

The Ministry of Health recommends that adults eat between five and seven and a half vegetables per day (depending on age, gender, and whether a person is pregnant or lactating).⁶⁹

⁶⁹ Ibid. One serving of a vegetable is 70g and equivalent to half a cup of cooked vegetables (such as pūhā, watercress, carrots, broccoli), half a cup of canned vegetables (such as corn, beetroot, or tomatoes), one medium tomato, one cup of salad greens, or half a medium potato (or similar sized piece of kumara).

Figure 41: On average, how many servings of vegetables do you eat per day?

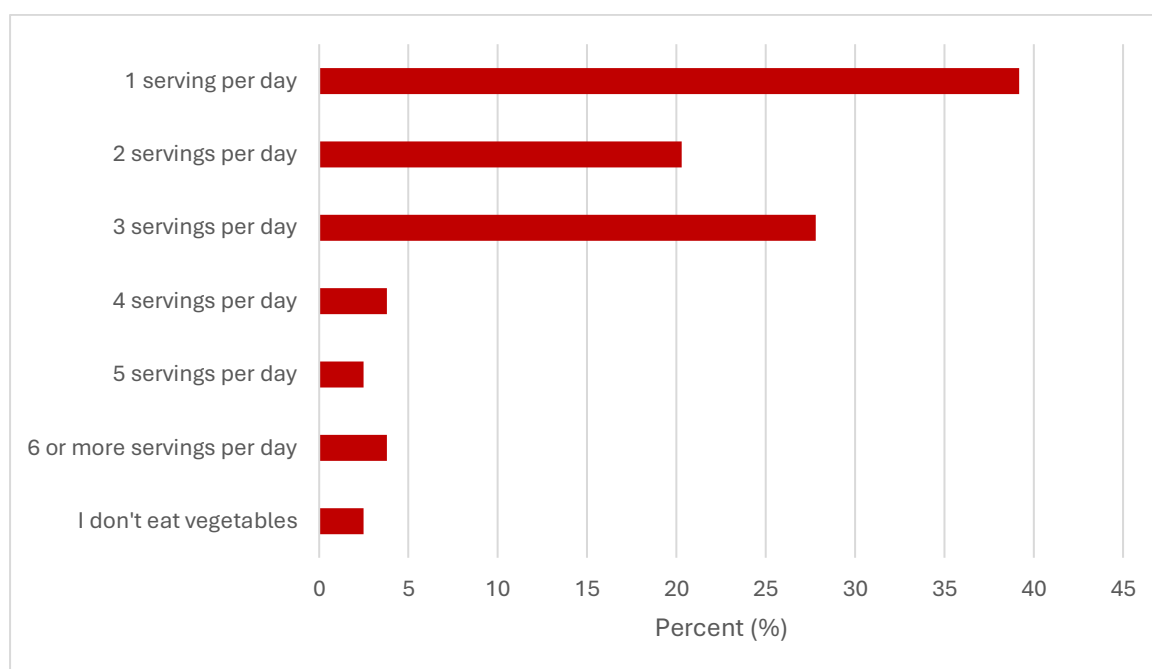


Figure note: n= 79. Note that the survey question specified that a serving is equivalent to half a medium potato, half a cup of cooked vegetables or one cup of salad and that the vegetables could be fresh, frozen or canned.

As Figure 41 shows, most respondents have one serving (39%, 31 respondents) or two servings (20%, 16 respondents) of vegetables on average. Only six percent (5 respondents) have five or more servings per day.

This is roughly consistent with the national picture. The NZ Health Survey 2023/24 found that:

- 9.1% of the total national population ate the recommended daily servings of vegetables
- 9.3% of the central region population ate the recommended daily servings of vegetables, and
- 7.9% of the national Māori population ate the recommended daily servings of vegetables.

Access to traditional kai

Being able to access and prepare kaimoana (such as koura, pipi or pāua), ika kai māori (such as freshwater fish and tuna/eels), vegetables (such as kumara), harvested plants (such as pūhā and pikopiko), and other traditional kai not only ensures whānau are fed but connects us with whakapapa and whenua.

We know that the ability to harvest, gather, or buy traditional kai is very important or extremely important for the vast majority of Māori across the country, and the ability to do so is a sense of pride.⁷⁰ Conversely, not being able to serve or be served traditional kai can create a sense of pōuri or deep grief, especially for kaumātua.⁷¹

Just under half of respondents (49%, 39 respondents) said they are able to gather or prepare traditional kai as often as they would like, while 51% (40 respondents) said they are not (see Figure 42).

⁷⁰ Smith, et. al. (2021)

⁷¹ Ibid.

Figure 42: Are you able to gather or prepare traditional kai as often as you would like?

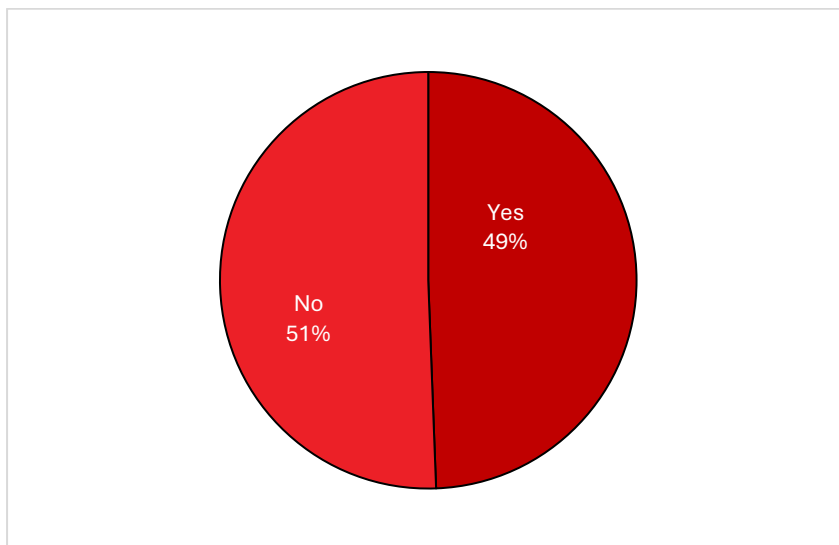


Figure note: n=79.

This result is broadly consistent with the Whakatika survey of Māori experiences of racism, which found:⁷²

- Just over one quarter of respondents were able to harvest, gather or buy traditional all of the time, and around one third were often able to do so, and
- 36% of kaumātua said that their whānau can access traditional kai all of the time.

⁷² Ibid.

When commenting on barriers to gathering traditional kai,⁷³ several respondents (14) highlighted their lack of time and a lack of knowledge about traditional food sources and preparation.

“... being time poor [means] being able to grow, nurture, harvest and prepare traditional kai is a little harder than ideal. Some of it is knowledge as I only know what I know.”⁷⁴

“No access to kaimoana in our region, no knowledge around māra kai and no knowledge on hunting or gathering.”⁷⁵

The impacts of limited access to traditional lands and traditional knowledge, coupled with concerns about pollution and the impact that has on traditional kai sources were also raised by 13 respondents.

“[A barrier is] knowing that our kai sources has been poison.”⁷⁶

“It is a fine balance, because our kai is not as plentiful, so it would be wrong to go and get kai as often as I would like. I only go on special occasions and within a whānau or hapū context. And of course, there is some kai that we are no longer able to gather legally, such as manu māori, even though members of our whanau have eaten manu on very rare occasions.”⁷⁷

Growing kai

Just over half of respondents (51%, 40 respondents) said that they grow their own food.⁷⁸ Respondents were asked to comment about growing their own food.⁷⁹ Some respondents said they find growing

kai easy (especially salad greens and tomatoes), in the right season. A small number indicated they rely on a whānau member who provides them with home grown vegetables.

“My mum has a māra so she grows for our whānau.”⁸⁰

However, most respondents acknowledge that growing your own kai takes time and other resources.

“I have quite an extensive māra that supplements the kai that we eat as a whānau. Being time poor means I still purchase kai from the supermarket, which isn’t ideal, but it is a work in progress.”⁸¹

“It requires a bit of mahi, and lots of knowledge, and some resources to get you started.”⁸²

While few respondents currently grow their own kai, 14 respondents indicated either that they wish they could start their own

⁷³ 49 respondents.

⁷⁴ Survey respondent.

⁷⁵ Survey respondent.

⁷⁶ Survey respondent.

⁷⁷ Survey respondent.

⁷⁸ 79 respondents.

⁷⁹ 31 respondents.

⁸⁰ Survey respondent.

⁸¹ Survey respondent.

⁸² Survey respondent.

māra or that they were interested in learning more about it.

“I’m an amateur, would appreciate support.”⁸³

“Would love a simple wānanga about how to grow kai.”⁸⁴

Others suggested resources (like a starter kit) would be helpful.

“I wish there was like a starter pack, made available to whānau, with everything you need to grow your first māra. It would include soils, seeds, compost, maramataka, and simple instructions. Could even do the same for people to start growing native trees and plants.”⁸⁵

Other than needing more knowledge, the main barrier to respondents growing their own kai was having the time to commit to it.

“As much as I would love to grow my own kai it’s [difficult] finding the time to do it at the moment.”⁸⁶

Access to healthy kai

The vast majority of respondents (87%, 70 respondents) are able to buy or otherwise access healthy kai. However, 11% (9 respondents) said that they could not access healthy foods (see Figure 43).

Figure 43: Are you able to buy and access healthy foods?

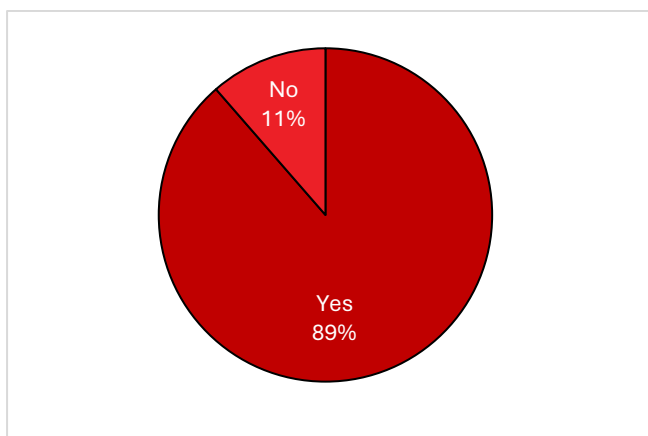


Figure note: n=79.

All survey respondents were offered the opportunity to comment on barriers to buying or accessing healthy foods.⁸⁷ Cost was the number one barrier identified by respondents (67% or 52 respondents).

“Expense [is a barrier]. It’s easier to buy just the essentials.”⁸⁸

⁸³ Survey respondent.

⁸⁴ Survey respondent.

⁸⁵ Survey respondent.

⁸⁶ Survey respondent.

⁸⁷ 78 respondents.

⁸⁸ Survey respondent.

“The prices are higher than junk food.”⁸⁹

“Sometimes the price of accessing kai can be a barrier.”⁹⁰

There were added concerns for whānau who live in rural areas or small towns. Respondents indicated that healthy kai in rural areas can be more expensive, and it could be dependent on transport and deliveries.

“The cost of healthy food is so expensive here, being in the rural community.”⁹¹

“The cost of fresh kai in the Ruapehu is expensive. We grow spuds and carrots and if you don’t have anyone who works at the gardens you have to buy these from New World. To feed a family of 7-10 it’s hard.”⁹²

“Living rural and waiting for the day we get deliveries for some could be hard.”⁹³

Two respondents commented on the need to know what is in processed kai purchased from the supermarket (*“the biggest barrier is knowing how nutritious the kai we buy actually is”*),⁹⁴ and two other respondents talked about the food waste associated with buying fresh kai.

*“Freshness and longevity when purchasing from supermarkets [is a barrier]. Storage at home and the food wastage when not using through the week [are also barriers]”.*⁹⁵

Respondents were also asked if they had ideas on how to make it easier for their whānau to eat more healthy kai, more regularly. Forty-one respondents shared their ideas.

In keeping with cost as the main barrier to accessing healthy kai, the most common suggestion from respondents was to reduce the price of kai (16 respondents).

“Lower prices to buy health[y] kai, lower the prices to grow kai.”⁹⁶

“Make healthy options less expensive.”⁹⁷

⁸⁹ Survey respondent.

⁹⁰ Survey respondent.

⁹¹ Survey respondent.

⁹² Survey respondent.

⁹³ Survey respondent.

⁹⁴ Survey respondent.

⁹⁵ Survey respondent.

⁹⁶ Survey respondent.

⁹⁷ Survey respondent.

One respondent suggested that there could be a reduction of tax on healthy food to help make it more affordable.

Starting a māra kai or garden and building awareness of the importance and long-term benefits of healthy kai were mentioned by fifteen respondents, but notably a common thread throughout many of these comments was the need to work together as a community (or groups of whānau) to grow kai, learn about healthy kai, and increase access to healthy kai in other ways.

“Get the families together to grow their own kai.”⁹⁸

“Hope to make a māra for the whole community, educate the whole family and the community, educate everyone.”⁹⁹

“Initiating group sessions for whānau, so that they are informed and able to work together for a better outcome.”¹⁰⁰

Other suggestions included learning how to cook a wider range of foods, disincentivising the eating of takeaway or convenience food, using strategies such as meal-prepping, and learning to preserve foods.

One respondent emphasised the importance, especially in relation to traditional kai, of having access to clean environments as a fundamental precondition to accessing healthy kai.

Physical activity

The Ministry of Health recommends that most adults do two and a half hours of moderate physical activity (or one and one quarter hours of vigorous physical activity) spread throughout the week and suggests that this can be done in 30-minute sessions across five days of the week.

Nearly half of respondents (46%, 36 respondents) participate in moderate physical activities five days a week or more. The most common answer from respondents was that they do moderate physical activities seven days a week (19%, 15 respondents).

⁹⁸ Survey respondent.

⁹⁹ Survey respondent.

¹⁰⁰ Survey respondent.

Figure 44: In the last seven days did you do moderate physical activities that made you breath harder than normal, but only a little bit?

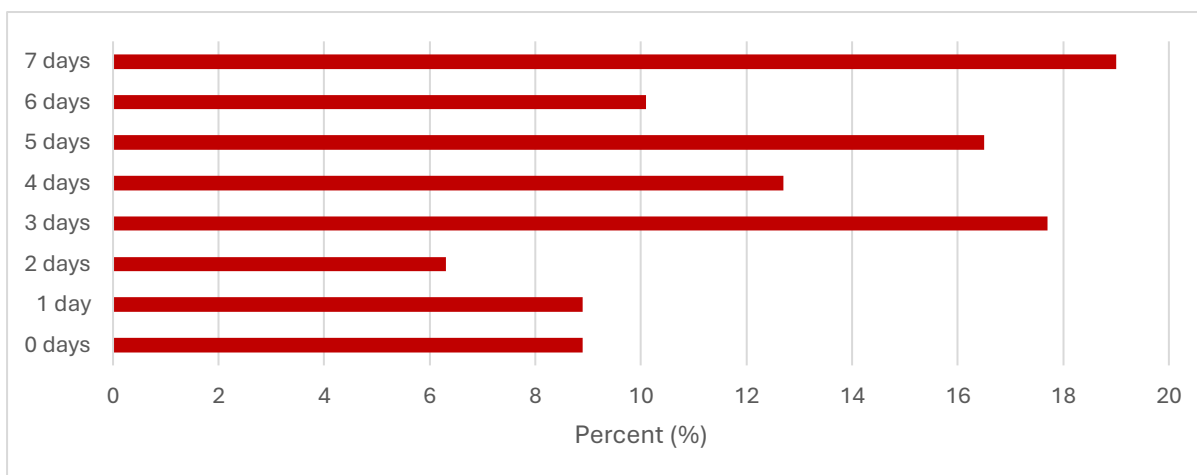


Figure note: n=79. Note that the survey question specified that kapa haka, farming, biking, and swimming were examples of moderate physical activities.

As Figure 44 shows, most respondents exercise moderately on four days a week or less. Nine percent (7 respondents) did not have any moderate physical activity in the past week.

The results of this survey are similar to the national picture. In the NZ Health Survey 2023/24:

- 46.6% of the national population meet the Ministry of Health recommended level of physical activity
- 52.0% of the central region population meet the Ministry of Health recommended level of physical activity, and
- 48.5% of the national Māori population meet the Ministry of Health recommended level of physical activity.

Respondents were asked for their suggestions on how to encourage whānau to remain active, even if it is just walking around the block. Seventy-eight respondents gave suggestions. As with the suggestions around healthy kai, a sentiment common to many responses was the importance of community (and whānau) and connection to the environment. Many of these also emphasised the element of fun – which can be part and parcel of physical activity and movement (33 respondents).

“Go with them, make it a collaborative activity.”¹⁰¹

“Have kaupapa ora that encourage wānanga and activity at the marae.”¹⁰²

“More community focused activities (like free personal training, free gym, free Zumba).”¹⁰³

¹⁰¹ Survey respondent.

¹⁰² Survey respondent.

¹⁰³ Survey respondent.

“Myself and another whānau member mahi with our kaumātua – it’s amazing. We love starting with BoxFit.”¹⁰⁴

“[More] access ie dance – it’s fun! And awa activities.”¹⁰⁵

While several respondents talked about physical activity requiring motivation and commitment at a personal or individual level, eight respondents suggested that people be offered external motivation like competitions, rewards, or tracking achievements via an app.

Respondents also emphasised that there were many practical barriers to whānau regularly participating in physical activity, including not having the time or other resources to do so.

“With growing living costs it is difficult for whānau to allocate time to prioritise being active and eating well with work taking importance (longer workdays/hours). Parents are now finishing mahi later in the afternoon and being exhausted by the time they get home. Weekends being the only chance to relax and unwind after a long week.”¹⁰⁶

Other suggestions were to educate whānau on the value of physical activity and to remove cost barriers (for example by providing access to active transport options like e-bikes).

¹⁰⁴ Survey respondent.

¹⁰⁵ Survey respondent.

¹⁰⁶ Survey respondent.

Kaumātua ora

Kaumātua or elders are an important part of whānau and the health and well-being of kaumātua is one of the Hauora Māori Advisory Committee's Māori health priorities.¹⁰⁷ Te Mātuku whānau voice survey sought to understand the experiences of kaumātua¹⁰⁸ and their whānau when it comes to accessing health services and ensuring their overall health and well-being. Forty-five respondents answered questions in the kaumātua ora survey module.

Access to health services

More than half of survey respondents said that current health services for kaumātua are sometimes easy to access (58%, 26 respondents), and a further 24% (11 respondents) said that the services were easy to access. As Figure 45 shows, 13% (6 respondents) said that health services are not easy to access.

Figure 45: Do you feel that current health services for kaumātua are easy to access?

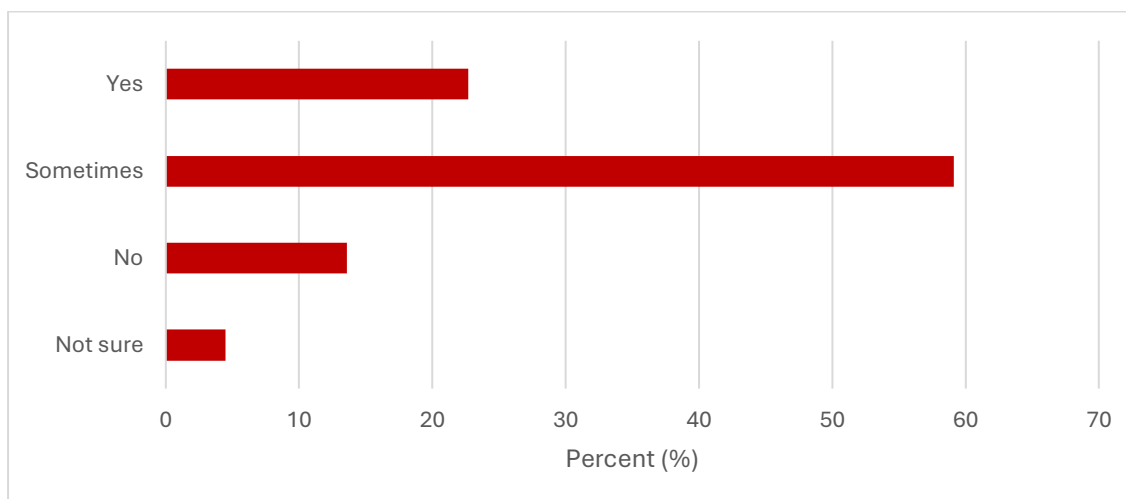


Figure note: n=45.

When asked what factors made it hard for kaumātua to access health services, most respondents highlighted the lack of transportation to services (59%, 26 respondents) and the limited healthcare options in rural areas (57%, 25 respondents).

¹⁰⁷ Priority 8 of the Hauora Māori Advisory Committee is that kaumātua are supported to live well through managing complex co-morbidities. For more information on the priorities, visit the Ministry of Health website, [here](#).

¹⁰⁸ Those who were 55-years or older at the time of the survey were able to participate in the kaumātua module.

Figure 46: What makes it hard for kaumātua to access health services?

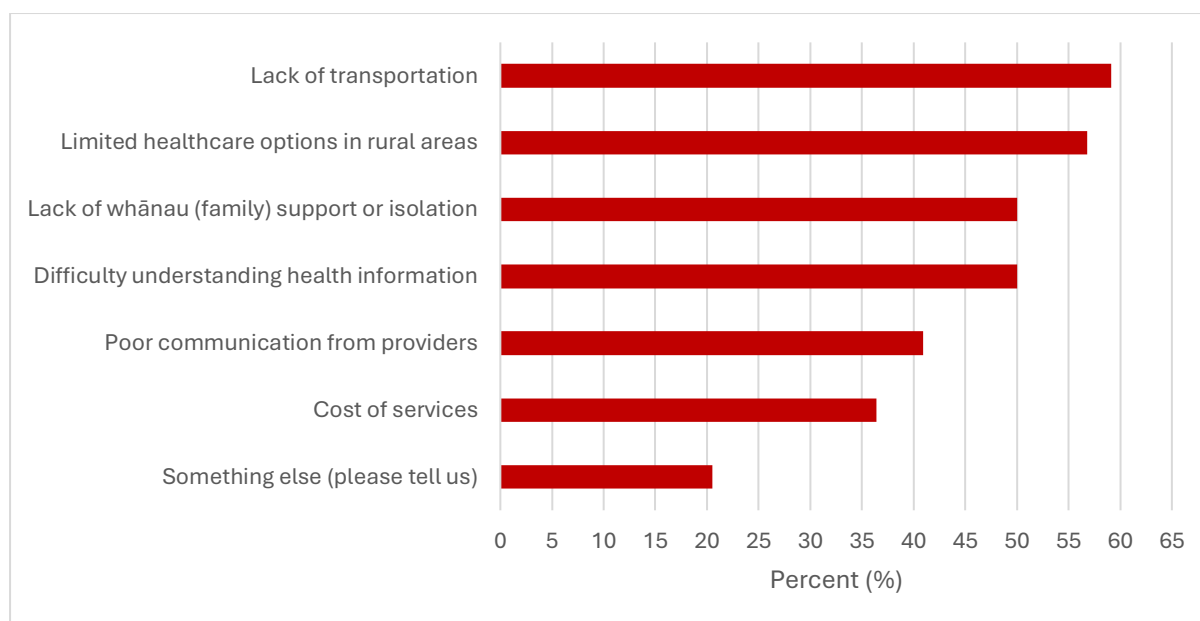


Figure note: n=45. This question allowed multiple responses.

As Figure 46 shows, 50% (22 respondents) said that both difficulties understanding health information and the lack of whānau support or isolation were barriers to kaumātua accessing health services. Poor communication from providers was identified by 41% (18 respondents), and the cost of services was identified by 36% (16 respondents).

Respondents were able to write in other factors that make it hard for kaumātua to access health services. Of the nine comments from respondents, three shared concerns that the health system and health services did not sufficiently value kaumātua.

“We have nothing for our kaumatua. [The] hospital is an unsafe space, we should be going to our kaumatua and their whānau; more mobile services, marae-based services, Māori kaimahi.”¹⁰⁹

Two respondents talked about communication challenges. For one this was about difficulties using the internet or telephone to make appointments, and for the other this was about sharing information with kaumātua so that they can understand what’s available.

There were also positive comments from respondents on help from iwi and rūnanga.

“[It’s] good to be picked up. Ngāti Rangi picks us up. People will do the mahi if they’ve got a putea or not. [Will] be difficult if this government cuts everything.”¹¹⁰

For most respondents (84%, 38 respondents) their nearest health services are within 30-minutes of their home, and for 40% (18 respondents) health services are less than 10-minutes away. As Figure 47 shows, a small proportion (13%, 6 respondents) live between 30 and 60-minutes from

¹⁰⁹ Survey respondent.

¹¹⁰ Survey respondent.

the nearest health service. One respondent lives more than one hour from their nearest health service.

Figure 47: How far is the nearest health service from your home?

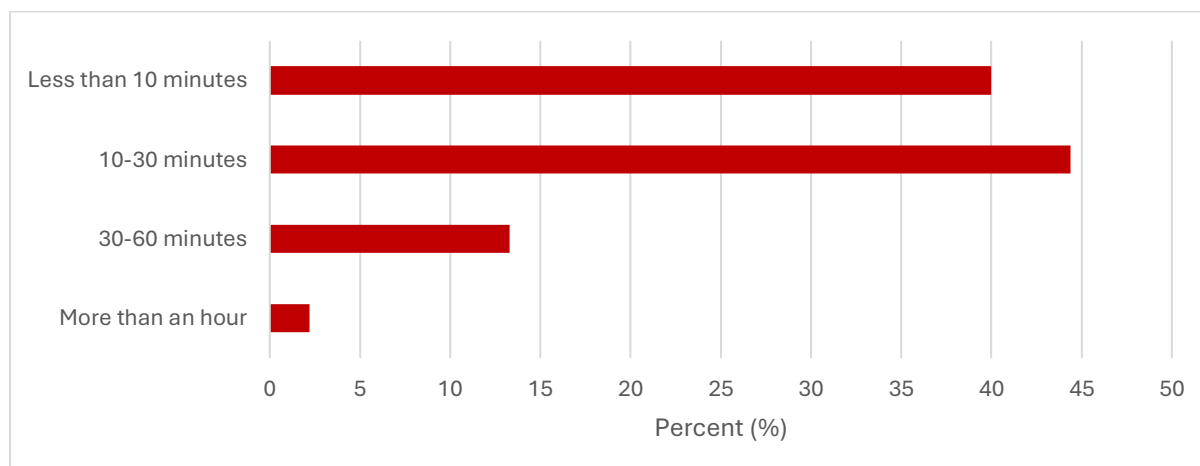


Figure note: n=45.

While most respondents (67%, 30 respondents) have access to rongoā Māori such as mirimiri (massage therapy), romiromi (deep tissue massage) or medicinal plants or herbs, 18% (8 respondents) said they do not have access to rongoā Māori. Sixteen percent (7 respondents) are not sure whether they have access to rongoā Māori or not (see Figure 48).

Figure 48: Do you have access to rongoā Māori?

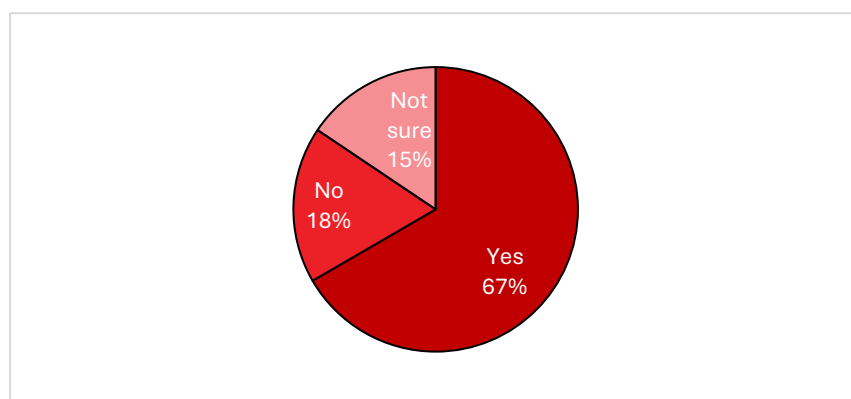


Figure note: n=45.

Kaumātua voice and decision-making

All respondents feel they are supported in making their own decisions at least some of the time. As Figure 49 shows, 49% (22 respondents) feel they are always supported in making their own health decisions, 33% (15 respondents) feel supported most of the time, and 18% (8 respondents) say they feel supported sometimes. No respondents indicated they never or only rarely feel supported.

Figure 49: Do you feel supported in making your own health decisions?

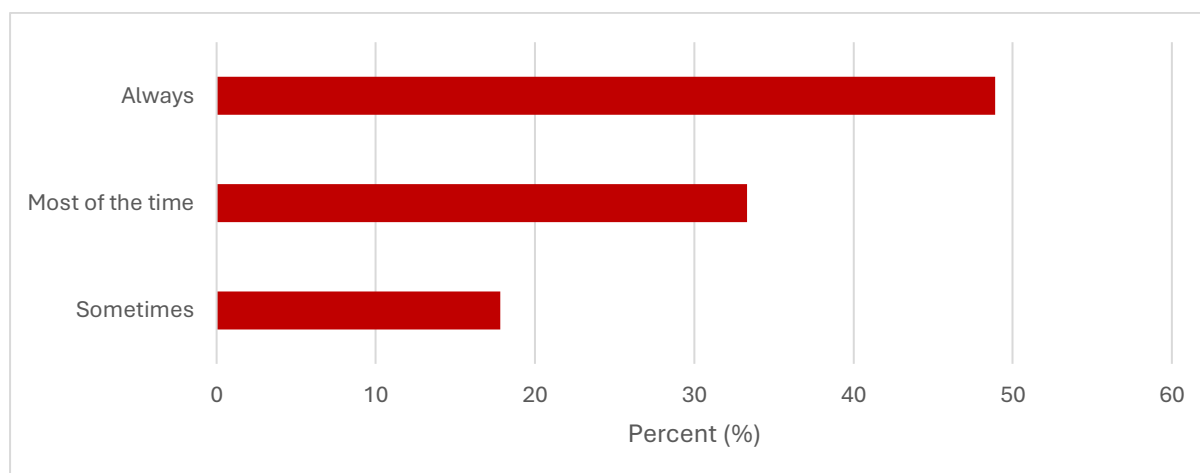


Figure note: n=45.

When asked whether they feel their health concerns are taken seriously by healthcare providers, most respondents indicate that they are taken seriously at least some of the time. Thirty one percent (14 respondents) said that their concerns are always taken seriously, and 36% (16 respondents) say their concerns are taken seriously most of the time. As Figure 50 shows, a small number of respondents consider that their concerns are rarely (4%, 2 respondents) or never (2%, 1 respondent) taken seriously.

Figure 50: Do you feel your health concerns are taken seriously by healthcare providers?

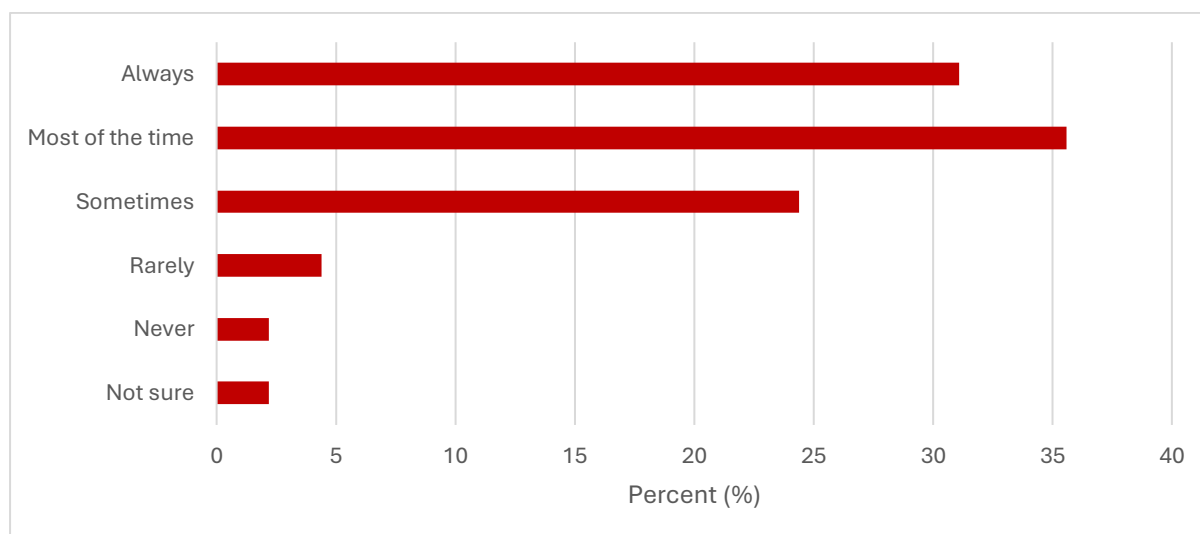


Figure note: n=45.

Supporting overall well-being

Survey respondents were asked what support would make the biggest difference in their life. More than half of respondents (58%, 26 respondents) said wānanga or community events to stay connected would have the biggest impact on their lives.

Figure 51: What support would make the biggest difference in your life?

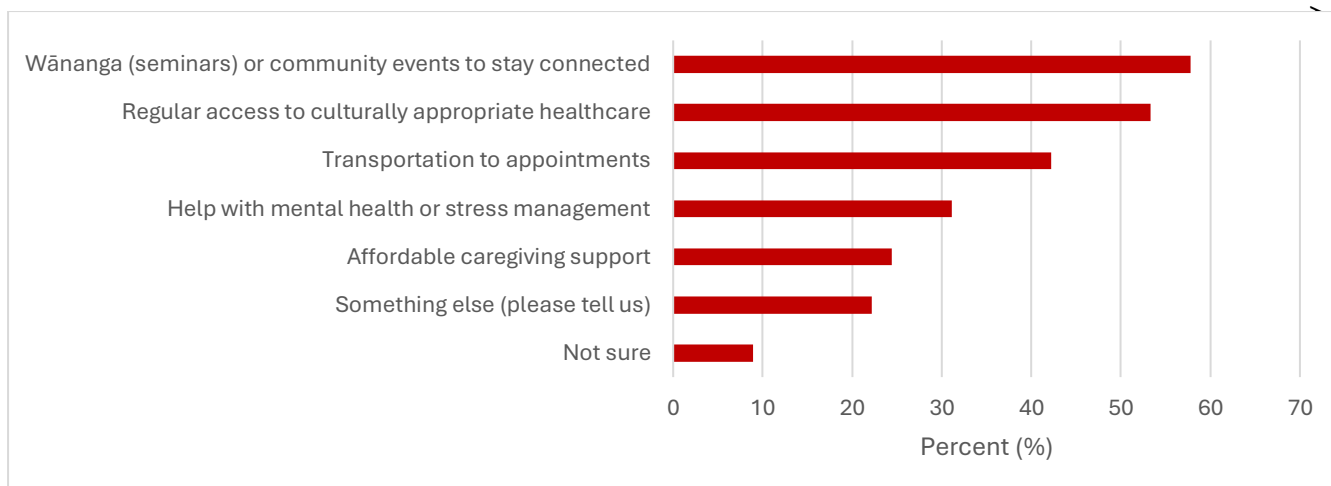


Figure note: n=45. This question allowed multiple responses.

As Figure 51 shows, the second most common answer to this survey question was regular access to culturally appropriate health care (53%, 24 respondents). Transportation to appointments (42%, 19 respondents), help with mental health or stress management (31%, 14 respondents) and affordable caregiving support (24%, 11 respondents) were also identified as important supports for kaumātua.

Staying connected to the wider community is also incorporated into many of the suggestions on the activities or programmes that would improve mental health and emotional well-being. Sixty-four percent (29 respondents) said that either 'group activities or wānanga sessions' or 'social gatherings with other kaumātua' would support mental health and well-being for kaumātua. As Figure 52 shows, physical activity (51%, 23 respondents) and increased access to outdoor activities (44%, 20 respondents), are also seen as important to improving kaumātua mental and emotional well-being.

Figure 52: What activities or programmes would improve your mental and emotional well-being?

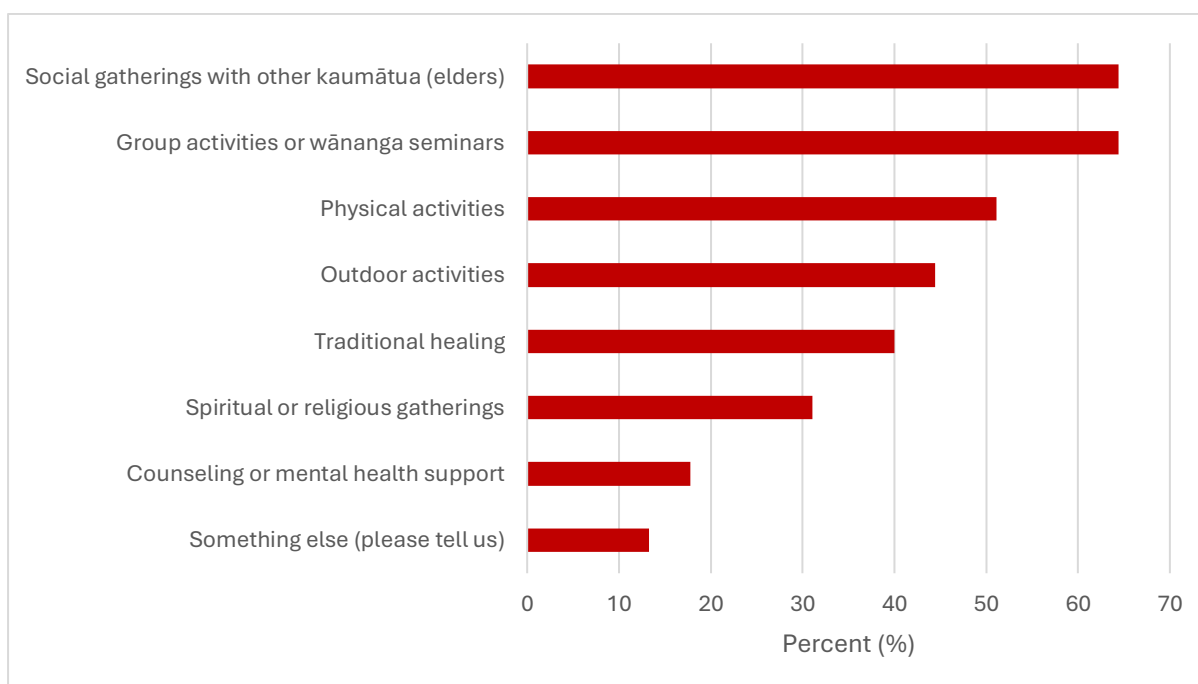


Figure note: n=45. This question allowed multiple responses.

Respondents were able to write in responses to this question. Their comments ranged from sharing examples of existing iwi and community programmes, to emphasising the importance of keeping the mind occupied, to highlighting that the biggest interventions might be focused on eliminating racism.

‘[What would improve mental health and emotional well-being is] not seeing so much racism towards Māori every day.’¹¹¹

Kaumātua and dependants

One third of the respondents (33%, 15 respondents) who answered the kaumātua ora module are currently supporting dependants, such as mokopuna (grandchildren), tamariki (children) or other whānau members (see Figure 54).

Figure 53: Are you currently supporting dependants?

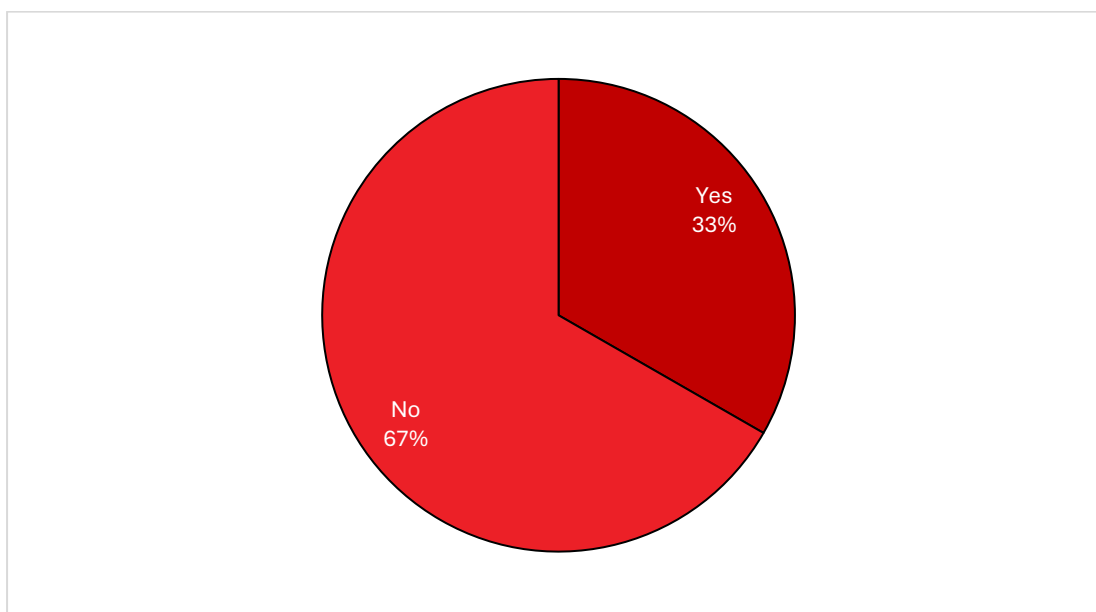


Figure note: n=45.

Respondents who are supporting dependants were asked about the challenges they face caring for dependants. The most common response was balancing caregiving with their own health needs (53%, 8 respondents). As Figure 54 shows, just under half (47%, 7 respondents) identified each of the following challenges: financial stress or strain; limited time for self-care; and emotional stress from providing constant support.

¹¹¹ Survey respondent.

Figure 54: What challenges do you face as a kaumātua with dependants?

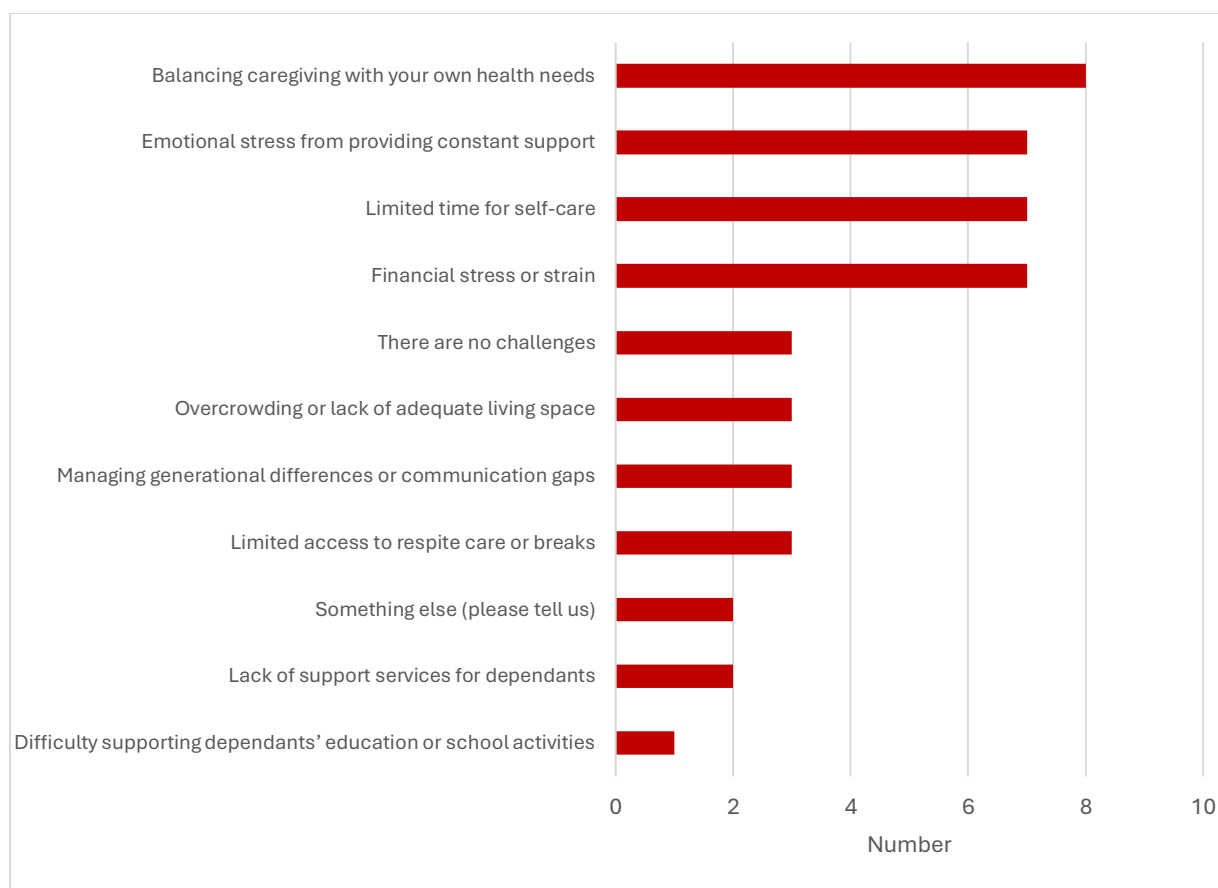


Figure note: n=15. This question allowed multiple responses.

Although there was no consensus amongst respondents on what would help them better support their dependants, 40% (6 respondents) indicated financial assistance would be helpful. Transportation services (33%, 5 respondents) and health services for dependants (33%, 5 respondents) were also common responses (see Figure 55).

Figure 55: What would help you better support your dependants?

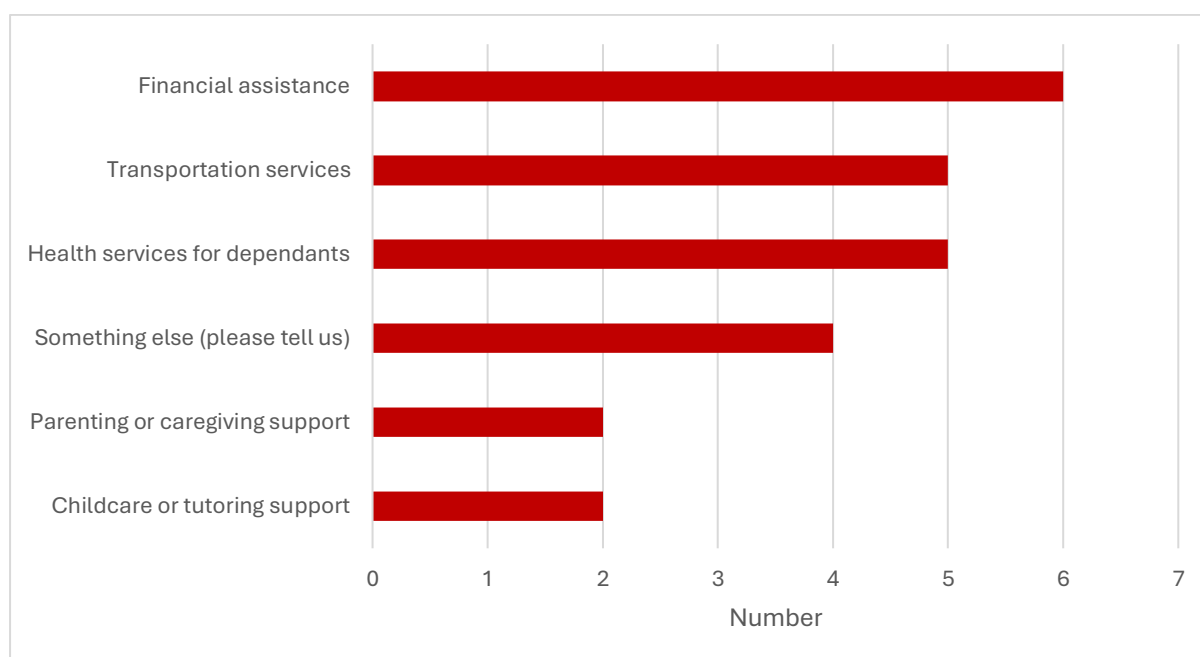


Figure note: n=15. This question allowed multiple responses.

Respondents could offer other suggestions on what would help them better support their dependants. Of the four comments, one said that their whānau were fine, one suggested access to physiotherapy would be helpful, and two talked about housing (one suggesting housing for their mokopuna would be helpful and the other saying that inter-generational living should be normalised).

Respondents who support dependants were also asked about the challenges they face living in a multi-generational household.¹¹² Just under half of respondents (47%, 7 respondents) said that there were no challenges. The two most commonly identified challenges (27%, 4 respondents each) were lack of space to support everyone comfortably and having limited time for quality interactions with whānau (see Figure 56).

¹¹² Note that one respondent selected "something else" and clarified that although they have dependants they live alone.

Figure 56: What challenges do you face living in a multi-generational household?

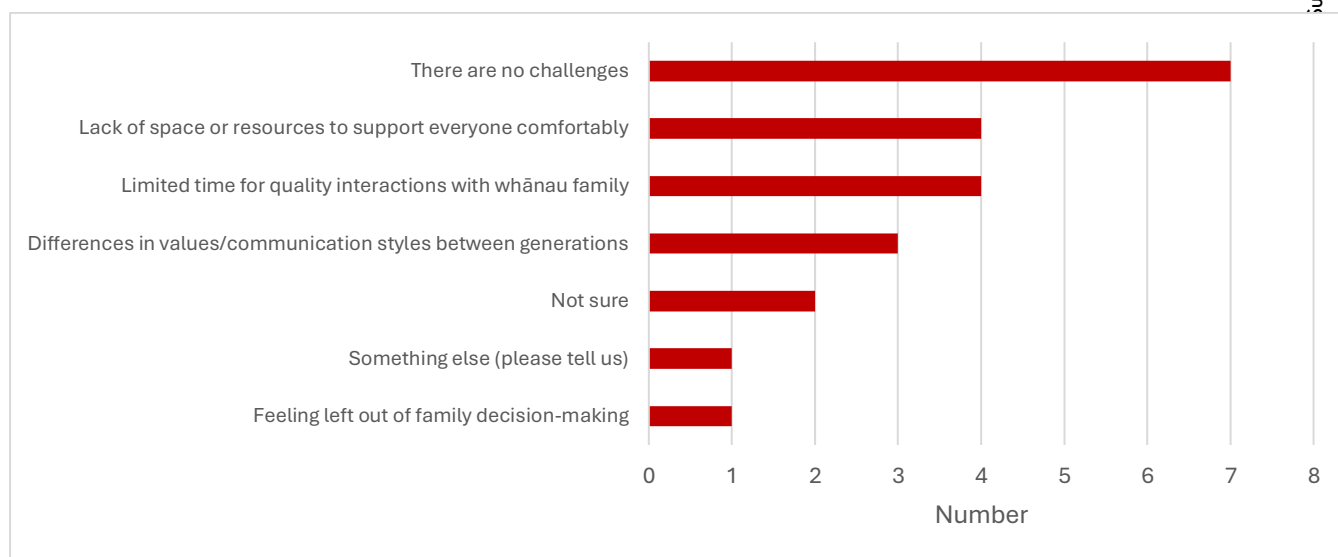


Figure note: n=15. This question allowed multiple responses.

Housing and living environment

Almost all respondents said that their living environment supported their health and well-being (98%, 44 respondents). Only one respondent said that their living environment did not support their health and well-being (see Figure 57).

Figure 57: Does your living environment support your health and wellbeing?



Figure note: n=45.

While 44% (20 respondents) said that they do not face housing or environmental challenges, 20% (9 respondents) said that they had difficulty maintaining or repairing their home and 17% indicated that high housing costs and financial strain had an impact.

Smaller numbers of respondents suggested overcrowding or lack of space (9%, 4 respondents), poor heating, insulation or ventilation (7%, 3 respondents), and limited access to clean water or utilities (7%, 3 respondents) as housing or environmental challenges they faced (see Figure 58).

Figure 58: What housing or environmental challenges do you face?

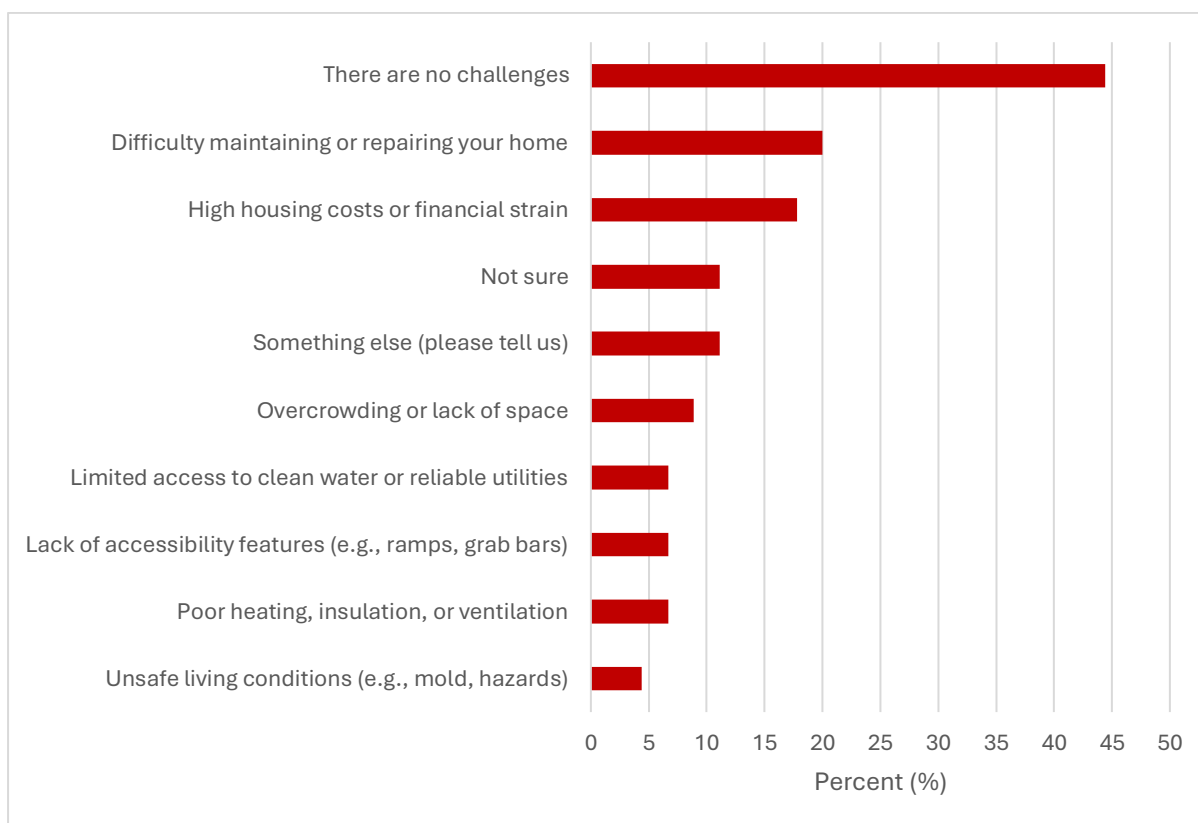


Figure note: n=45. This question allowed multiple responses.

In the comments to this question, one respondent said they lived in a rest home, and another respondent indicated that managing stairs was a concern for them in their home environment. One respondent emphasised their good fortune at having a whānau home.

*"It's my family homestead, so we are lucky."*¹¹³

Use of technology

Just over half of respondents (51%, 23 respondents) are comfortable using technology for healthcare (such as making online appointments or using telehealth solutions). Forty-five percent (20 respondents) are not comfortable using technology in this way, and 4% (2 respondents) are not sure about their level of comfort (see Figure 58).

¹¹³ Survey respondent.

Figure 59: Are you comfortable using technology for healthcare?

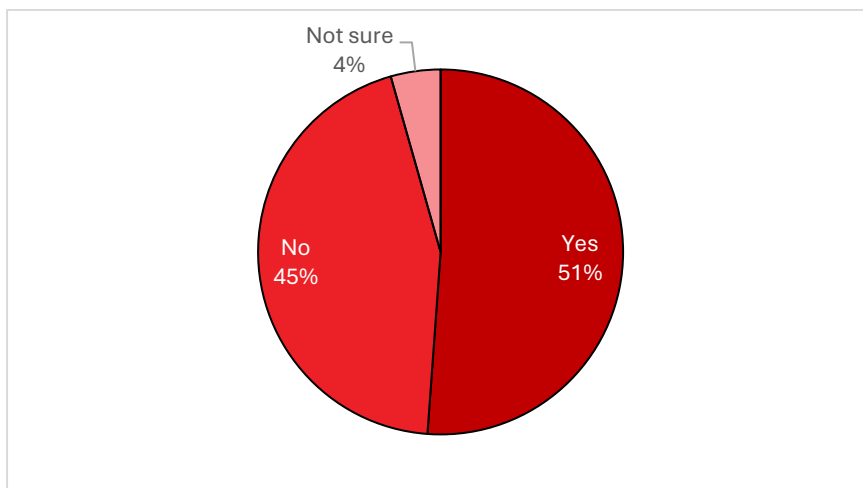


Figure note: n=45.

Respondents were asked what would make it easier for them to use technology to access healthcare. One third of respondents (33%, 15 respondents) said that access to a smartphone, tablet, or computer would be helpful. Twenty-nine percent (13 respondents) said that training on how to use healthcare apps would help, and 24% (11 respondents) said that support from whānau or community workers would be helpful. Eleven percent (5 respondents) said that they were either not interested or not able to use technology solutions for healthcare.

“Technology won’t help – I don’t want it.”¹¹⁴

“I had a stroke, and they are difficult to use now.”¹¹⁵

Understanding patient rights

Respondents to the kaumātua module of Te Mātuku whānau voice survey were asked if they felt confident understanding health services or their rights as a patient.

Nearly three quarters of respondents (73%, 33 respondents) said that they felt confident understanding health care services and patient rights. Nine percent (4 respondents) said that they did not feel confident understanding healthcare services and patient rights, and 18% (8 respondents) were not sure (see Figure 60).

Figure 60: Do you feel confident understanding healthcare services or your rights as a patient?

¹¹⁴ Survey respondent.

¹¹⁵ Survey respondent.

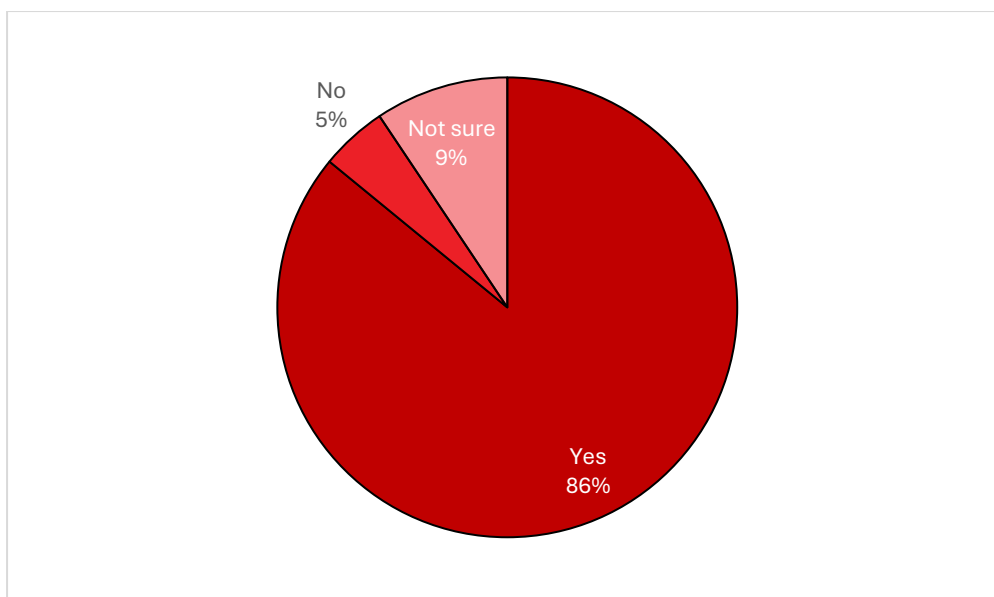


Figure note: n=45.

Improvements

The final question of the kaumātua survey module asked what changes or improvements respondents would like to see in the healthcare system to better support kaumātua.

The most common response was that the health system would be improved by ensuring shorter wait times for appointments and treatments (58%, 26 respondents). Easier scheduling was also identified by 49% (22 respondents).

As Figure 61 shows, culturally appropriate and relevant services were also identified as potential health system improvements. Forty-nine percent (22 respondents) said that more culturally appropriate services are needed, and the same number of respondents suggested greater access to rongoā Māori is needed.

Respondents also emphasised the importance of addressing barriers to healthcare like cost (47%, 21 respondents), more mobile services (44%, 20 respondents) and transport options (42%, 19 respondents).

Figure 61: What changes or improvements would you like to see in the healthcare system to better support kaumātua?

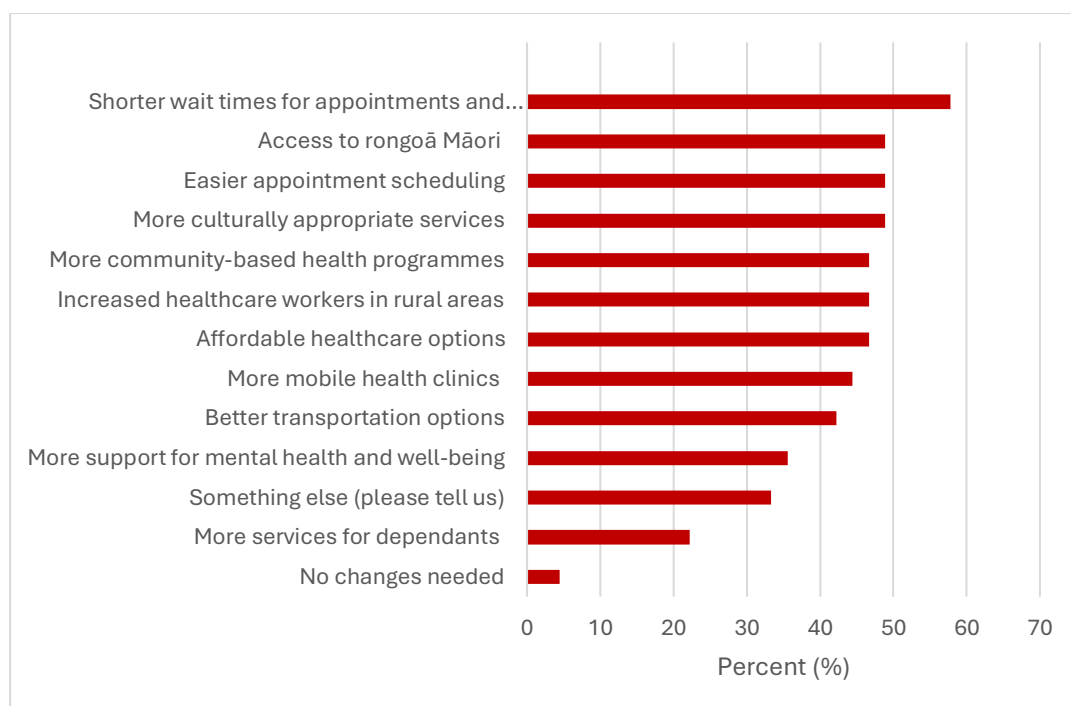


Figure note: n=45. This question allowed multiple responses.

In the comments to this question, six respondents shared concerns about health sector funding.

“[We need] more putea to fund services... for kaumātua [to] help us get together with others, take us to our services.”¹¹⁶

Three respondents shared concerns about the health workforce, and two respondents reinforced that the health workforce needs to be culturally safe when working with kaumātua.

“I’m in the rest home and there are no cultural things. One bloke passed away and they didn’t even whakanoa the place, they just moved his gears and the next guy moved in...”¹¹⁷

¹¹⁶ Survey respondent.

¹¹⁷ Survey respondent.

Other health priorities

All respondents to Te Mātuku whānau voice survey were given the opportunity to comment on other health concerns or priorities that had not otherwise been covered in the survey or were especially important to them. All 276 respondents answered this question. Their answers have been analysed in a way that counts multiple suggestions from single respondents.

Suggested health priorities fell into two broad categories: health conditions and health service or wider system issues.

Health conditions

Eight different health conditions or areas of health concern were identified as priorities by survey respondents (see Figure 62).

Figure 62: Health conditions identified as priorities by survey respondents

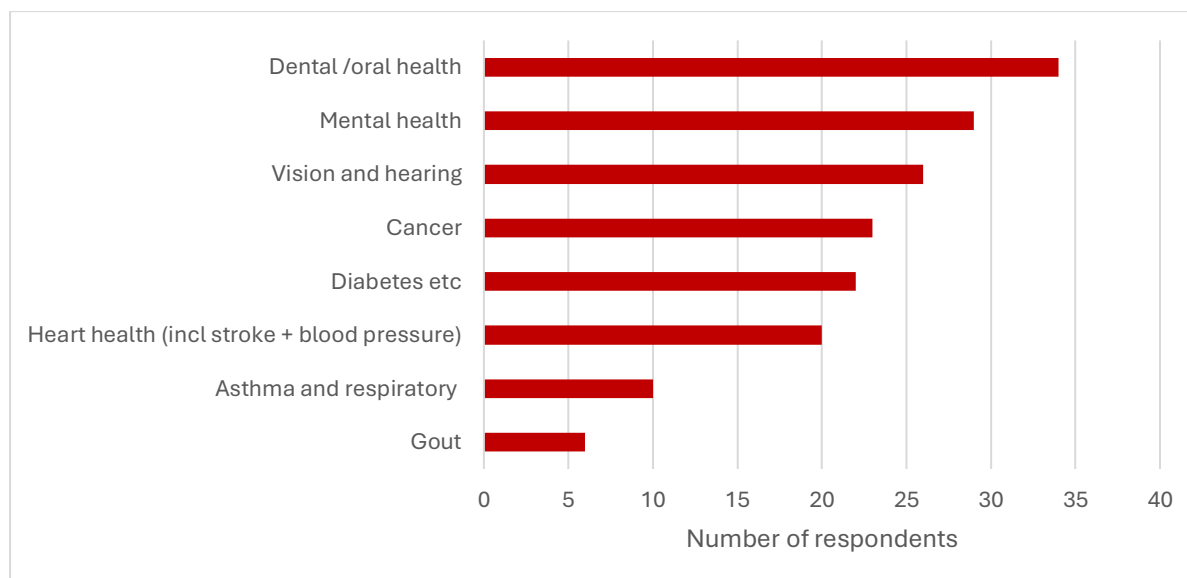


Figure note: n=276. This question allowed multiple responses. Only conditions that were raised by five or more respondents are included in this Figure.

The most common suggestion (across both groups of suggestions) was to increase the focus on oral health or dental services (34 respondents).

“Dental care is a huge issue! I had all of my teeth removed at age 41 due to poor dental care when I was younger. I had many teeth removed when I couldn’t afford root canals or proper dental care.”¹¹⁸

¹¹⁸ Survey participant.

“It took me four years to get my dentures at the dentist. Cost a lot of money (went through WINZ).”¹¹⁹

Although it was the subject of a survey module, 29 respondents suggested mental health as a further health priority.

“Mental health and support for our whānau who are going through suicidal spaces, more training and wānanga.”¹²⁰

“Support [for whānau] when you have a loved one with mental illness [is needed]. Here in Whanganui the support for the person with the mental illness is excellent, but there isn’t really any support system put in place for the mental health of the whānau. There are places where you can find out your rights in being a support person for your loved one, but I haven’t come across some counselling services or support groups, so far.”¹²¹

As was the case in the rural health module, the vision and hearing issues – and the lack of appropriate vision and hearing services – were raised by a sizeable number of respondents (26 respondents).

“Hearing and vision [are issues] especially as we get older and there are a lot of older people in Taihape.”¹²²

The fourth most common health condition raised by respondents was cancer (23 respondents). While most comments do not elaborate further on respondent concerns, a small number of comments focus on cancer as an issue for several whānau members and a driver of worry, stress, and anxiety.

“Cancer runs in our whānau (specifically the women) [so] this is quite concerning. We do regular check-ups but more support for our mental health would be appreciated. It can be overwhelming knowing cancer can come at any time.”¹²³

Health service and wider system issues

Respondents identified 11 health service or wider system issues as priorities. These priority issues are set out in Figure 63.

Figure 63: Health service and wider system issues identified as priorities by survey respondents

¹¹⁹ Survey participant.

¹²⁰ Survey participant.

¹²¹ Survey participant.

¹²² Survey participant.

¹²³ Survey participant.

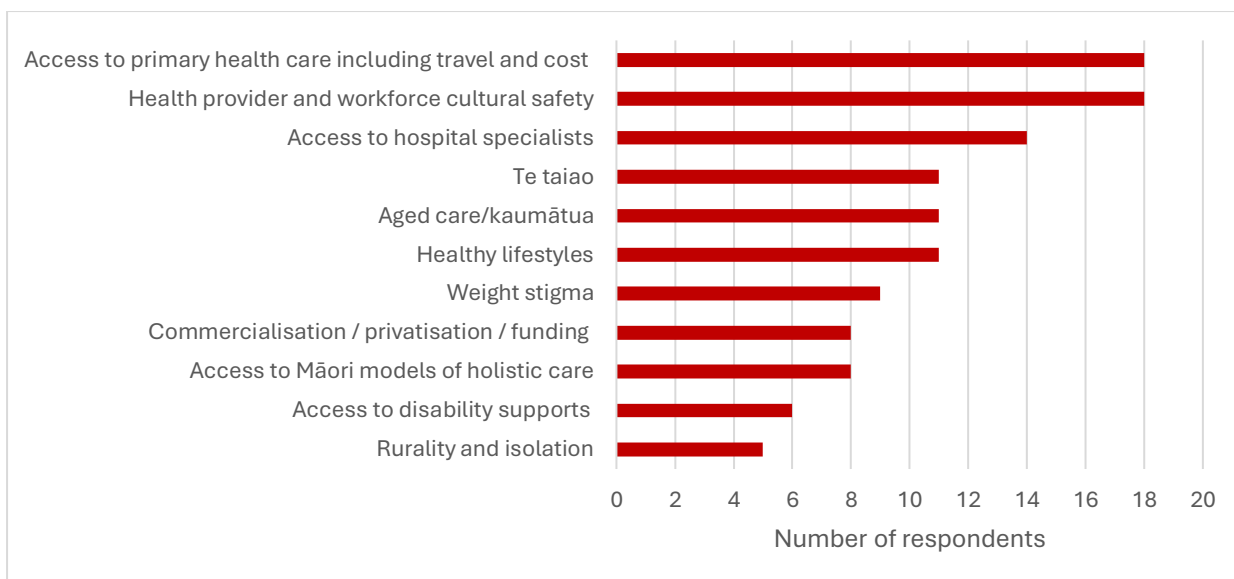


Figure note: n-276. This question allowed multiple responses. Only health service or wider system issues with comments from five or more respondents are included in this Figure.

Consistent with the findings of all four Te Mātuku whānau voice survey reports, respondents raised the cultural safety of health providers and the workforce (18 respondents) and access to primary healthcare (18 respondents) as health priorities.

Many of the comments on cultural safety emphasise the need for basic levels of competence and the ability for health professionals to build a trusting relationship with their patients.

“Correct pronunciation, or at least effort, of my son’s (and other whānau members) name. It sends a strong message to my child that his identity isn’t valued.”¹²⁴

“Cultural awareness in the health sector [needs to be a priority], they forget the spiritual side of things.”¹²⁵

“Who are our dentists that understand Māori better?”¹²⁶

One respondent suggested cultural safety was an especially important priority for Māori right now.

community collective purpose [should be a priority].”¹²⁹

“... with the current changes in our country minimizing all things Māori its very tough on our people. Not being able to work with practitioners that are culturally equipped in our community is heartbreaking.”¹²⁷

Healthy lifestyles were raised by 11 respondents and a further nine respondents raised connected issues around weight stigma and obesity.

Access to hospital specialists was raised by 14 respondents. Eight respondents also talked about commercialisation and privatisation of health, which often connected to the availability of and access to hospital specialists.

“Learning more about healthier options or portion control when preparing your kai. Having better support systems with the nutrition side of things [are priorities].”¹³⁰

Aged care and the health and well-being of kaumātua were also raised as priorities by 11 respondents.

“The Government have cut funding to health, so now you have to wait 12-16 months to see a specialist.”¹²⁸

“[A priority should be] funding for Kaumatua, to keep providing services to take us to appointments.”¹³¹

“Commercialising, hunting, and locking people out of resources [and] decline of

As part of this priority, the focus should be on ensuring services are responsive to and effective for kaumātua.

¹²⁴ Survey participant.

¹²⁵ Survey participant.

¹²⁶ Survey participant.

¹²⁷ Survey participant.

¹²⁸ Survey participant.

¹²⁹ Survey participant.

¹³⁰ Survey participant.

¹³¹ Survey participant.

“A lot of my elders don’t like going to the doctors but won’t say why... I wish they would because they are slowly dropping like flies.”¹³²

Eleven respondents also identified wider environmental issues and te taiao as priorities for the health sector.

“I am most worried about the health of our taiao. If our health as people is tied to our taiao then it leaves me incredibly concerned.”¹³³

“Our environment is not being looked after.”¹³⁴

“Health of the environment is important to me, and I try to promote that across the things I do.”¹³⁵

Given the small number of responses to the needs assessment and service coordination (NASC) questions, it is important to note that access to disability services was raised as an issue by six respondents.

“We worry about getting old and getting cared for as we get old.”¹³⁶

“I don’t think there are enough carers in the community. Some of our people are waiting for hours before a carer turns up.”¹³⁷

While comments generally focused on access to carers for tāngata whaikaha Māori and kaumātua who qualify for disability support services, one respondent also emphasised the need for supports for neurodiverse whānau.

“[We need] access to takiwātanga support.”¹³⁸

Concluding comments

¹³² Survey participant.

¹³³ Survey participant.

¹³⁴ Survey participant.

¹³⁵ Survey participant.

¹³⁶ Survey participant.

¹³⁷ Survey participant.

¹³⁸ Survey participant. Note takiwātanga is a term used to refer to autism.

This is the final report of the findings of Te Mātuku whānau voice survey, which was in the field in February and March 2025. Its focus was on rural health, promoting oranga and healthy lifestyles, kaumātua health and well-being and overarching recommendations on health priorities for Te Ranga Tupua rohe.

Rural health

The rural health survey module builds on what is already known about where whānau live in Te Ranga Tupua rohe by adding detail about access to services, quality of services, and what is missing in the views of whānau.

Of those who live rurally within the rohe, around half live within ten minutes of health services. General practice, kaupapa Māori health services, and pharmacy are available locally for half of the survey's respondents, but aged care, emergency services, after-hours care, and dental services are only available locally for around one-fifth of respondents.

Rural respondents are used to travelling to services, and most drive in their own car or are driven by whānau or friends. There were very few other transport options identified by respondents, highlighting the important role of health service transport services (such as the hospital shuttle).

While respondents were concerned about the availability and accessibility of health services in rural areas (especially around oral health, mental health, rongoā Māori and vision and hearing support), respondents reported that the quality of rural health services was very good or excellent – with some respondents suggesting the quality of services is better in rural areas and small towns than it is in Whanganui city.

When it comes to hospital services, respondents emphasised that the realities of travel for rural whānau are not usually factored in. Being discharged from hospital at 1am is, for example, unlikely to be convenient when a whānau member must first travel two hours to pick you up.

In terms of what improvements could be made, most respondents were open to increased mobile health care delivery (especially for oral health and primary health care), but they were also interested in more community health programmes like wānanga and outreach events, better transport options, and better support for their dependants (kaumātua, tamariki, and mokopuna).

Promoting oranga – healthy lifestyles

This report covered questions on smoking and vaping, alcohol use, and diet and exercise.

Smoking and vaping

Of those who are current smokers or vapers, most have attempted to quit before and have tried a range of approaches. While vapes, e-cigarettes and nicotine replacements were common responses, most respondents talked about their own willpower as both the tactic they relied on to quit and something that could encourage them to quit in the future.

Most of those who vape said that they do it because it helps to cope with stress, but some found vaping enjoyable, cheaper than tobacco, and they said they like the flavours. Nevertheless, vaping is not without risks. Around half of the respondents were concerned about the presence of vape shops in their communities, and most have received information on the risks of smoking or vaping and found this useful.

Alcohol

Most of the respondents to the alcohol questions had consumed alcohol in the past month, but most of these respondents have only consumed alcohol occasionally (one a month or less).

Most respondents were able to think of past experiences where alcohol caused issues for them or their whānau, and most of these experiences related to arguments or violence. Respondents also noted their concerns about the impact of alcohol on tamariki or mokopuna.

When asked what could be done about alcohol and its harms, most suggestions centred on a different relationship with alcohol on a societal level. Suggestions included limiting access to alcohol (and alcohol stores) and creating a culture where not-drinking is the norm.

Diet and exercise

While most survey respondents consumed the recommended daily servings of fruit and had the recommended levels of physical activity, few respondents met the recommended daily vegetable intake. While most said they had access to healthy kai, the cost of this kai was raised as a substantial issue by many respondents. There were additional concerns that healthy kai is more expensive in rural areas, even though these districts are the source of much of the country's staple vegetables.

Most of those who said they were able to gather and prepare traditional kai also identified challenges such as difficulties getting to traditional kai sources, lack of skills or knowledge in the area or the lack of time available to carry out these activities. Similarly, while respondents were interested in growing their own foods (and many respondents already do), some indicated they would need more help to get started and to maintain their māra. Underlying these suggestions was the view that growing kai works best when it is part of a group or community activity.

Kaumātua ora

Most kaumātua respondents live within thirty minutes of health services and feel that health services are easy to access at least some of the time. However, there are several barriers to access for kaumātua. The main barrier appears to be transportation, closely followed by the limited service options available to kaumātua.

Other key findings from this survey module are:

- All kaumātua respondents feel they are supported in making their own decisions at least some of the time, and most feel their concerns are taken seriously by health professionals.
- More access to community activities (such as wānanga), better access to culturally appropriate care, and improved transportation were seen by respondents as critical ways that their overall well-being could be supported.
- Staying connected to the wider community was seen as an important way to support mental health and emotional well-being for kaumātua.

- Around one third of respondents care for dependants and more than half of those identified the challenge of balancing caregiving with their own needs.
- Almost all respondents felt their living environment supports their health and well-being, and almost half said they do not experience any challenges with their living environment. Those who do experience challenges talked about the difficulties associated with maintaining a home or making repairs and the financial strain of housing costs.
- Only around half of respondents feel comfortable using technology for health care, but if they were to use technological solutions, they would need better access to smartphones, computers or tablets.
- Over half of respondents thought the health system would be improved by shorter wait times for appointments and treatments, and easier scheduling of health appointments.

Other health priorities

When asked about other health priorities, by far the most common response was that there needed to be better access to dental services in Te Ranga Tupua rohe. This was closely followed by calls for better access to mental health services, and vision and hearing supports. More culturally safe and culturally appropriate services and better access to primary health care were also important areas for further investigation.

References

Curtis, E., Loring, B., Walker, R., Pearse, T., Gilbert-Perenise, S., Gray, G., Akuhata-Huntington, Z., Latham, K., Kiriona, K. (2023). *Iwi-Māori Partnership Board Health Profile: Te Mātuku. Volume One*. Te Aka Whai Ora – Māori Health Authority.

Curtis, E., Loring, B., Walker, R., Pearse, T., Gilbert-Perenise, S., Gray, G., Akuhata-Huntington, Z., Latham, K., Kiriona, K. (2024). *Iwi-Māori Partnership Board Health Profile: Te Mātuku. Volume Two*. Te Aka Whai Ora – Māori Health Authority.

Ministry of Health. (2020). *Eating and Activity Guidelines for New Zealand Adults: Updated 2020*. Wellington. Ministry of Health.

Smith, C., Tinirau, R., Rattray-Te Mana, H., Tawaroa, M., Moewaka-Barnes, H., Cormack, D., Filtzgerald, El. (2021). *Whakatika: A survey of Māori experiences of racism*. Whanganui. Te Atawhai o Te Ao Charitable Trust.

Whitehead, J., Davie, G., de Graaf, B., Crengle, S., et. al. (2023). Unmasking hidden disparities: a comparative observational study examining the impact of different rurality classifications for health research in Aotearoa New Zealand. *BMJ Open*, 13: e067927. Available online [here](#).

Online resources

Hauora Māori Advisory Committee health priorities, available on the Ministry of Health website, [here](#).

Ministry of Health (2025). New Zealand Health Survey explorer. Available online here: https://minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-data-explorer/_w_aa1c6bbfe4374b49a5073028ce20b780/#/explore-indicators (accessed July 2025)