

A person wearing a yellow shirt, black shorts, and an orange cap is walking a small white dog on a leash. They are standing on a grassy hill, looking out over a coastal town with a harbor and hills in the background. The sky is clear and blue.

# **Community Engagement Report**

**MARCH 2025**

**TE WAKA HAUORA O WAITAKI  
Waitaki Health Futures Project**



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# TE WAKA HAUORA O WAITAKI

## WAITAKI HEALTH FUTURES PROJECT

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### PROJECT SUMMARY

Te Waka Hauora o Waitaki Health Futures Project (the Project) aims to improve coordination and access of health and wellbeing services in Waitaki. The purpose of the project is to develop and implement a pae ora (healthy futures) model for Waitaki that is safe, equitable and accessible – incorporating a system wide integrated model of care that is clinically sustainable and financially affordable. The scope of the Project includes all services in Waitaki funded by Health New Zealand.

#### Why

The Project was undertaken due to ongoing clinical and financial instability across various health services, including the hospital, the emergency department and general practice. Additionally, the delivery of health services to the Waitaki district has not kept pace with the changing needs of the community and advances to the way health care can now be delivered.

#### What we did

The project was informed by community engagement, alongside community demographics and health service utilisation data. We engaged Waitaki community through face-to-face sessions and a survey. We also talked with local providers and clinicians to better understand how people use the health system and to identify barriers and opportunities.

We used community engagement and local patient journeys to workshop potential solutions with local clinical leaders and community members.

#### What we heard

Through our community consultation we heard people want:

- Reduced wait times for primary and specialist care
- Improved access to specialist services
- Improved access to after hours and urgent care
- Improved mental health services
- Care that responds to mana whenua cultural expectations and is appropriate for Pacific peoples and other cultural communities
- Better information and respectful care

#### What we will do next

We are taking a staged approach to improving coordination and access to services. Implementation will happen in three phases.

In phase one, a number of early actions are already underway to address community feedback. Implementation planning for phase two has commenced and will result in care that is more connected and coordinated. Phase three, an integrated health approach, will roll out post 2026, and include primary, community and hospital services operating together in a single service approach across the continuum of care.

#### Purpose of this report

This report provides an outline of the Project's community engagement findings. It provides an important feedback loop to the community, as well as to local providers and clinicians.

It also provides a clear picture of what the community wants from the local health system. It will act as a guide for the future development of health and wellbeing services in Waitaki and those located elsewhere in the region that serve the people of Waitaki.





# PARTNERSHIP

The Project is community-led and co-designed, working closely with local leaders from the Waitaki community. It is a partnership between Te Rūnanga o Moeraki, the Waitaki District Council and Health New Zealand | Te Whatu Ora.

As one of the 18 Papatipu Rūnaka of Ngāi Tahu, Te Rūnanga o Moeraki is tasked with maintaining the mana of Kāi Tahu whānui in the takiwā.

The rūnanga ensures that the work of the Project will improve the health and wellbeing of whānau and hapu.



The Waitaki District Council represents the Waitaki community, advocating on its behalf.

The council provides the Project with guidance and practical support to deliver appropriate health services to local communities.



Health New Zealand | Te Whatu Ora (HNZ) delivers health and wellbeing services in Aotearoa | New Zealand.

HNZ provides programme support and clinical leadership to the project. It will support the implementation of actions arising from the project.



The project team worked closely with Te Hā Maru, Hato Hone St John, Oamaru Pacific Island Trust (OPIT), Kati Huirapa Rūnaka ki Puketeraki, Stronger Waitaki, the team at Oamaru Hospital and WellSouth PHO.



# HE KAWENATA MŌ TĀTOU

## STATEMENT OF INTENT

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We, the participants and contributors to Te Waka Hauora o Waitaki – Waitaki Health Futures, agree to embrace and enact the values as held by Te Rūnanga o Moeraki in our work and in the way we interact together.

These are:

- **Tino Rangatiratanga:** Recognise the rangatiratanga of Te Rūnanga o Moeraki and acknowledge the need to achieve equitable pae ora for all Waitaki communities through our work together.
- **Kaitiakitanga:** To provide good stewardship to Te Waka Hauora o Waitaki by planning, implementing and monitoring equitable and accessible systems of supporting pae ora for Waitaki.
- **Kotahitanga:** Working together constructively towards pae ora for all within the Waitaki District.
- **Tika me te Pono:** To act correctly towards each other and our communities and to be committed to being truthful in our engaging together to achieve our goals.



Mō tātou a mō ka uri a  
muri ake nei

For us and our children  
after us

Ngāi Tahu iwi whakatauāki



# ENGAGEMENT OVERVIEW

Community engagement for the project comprised of two modes: face-to-face workshops and a survey. The engagement period took place over a three-week period, between Monday 16 September and Sunday 6 October 2024.



The Project team would like to thank the 775 people who engaged with the project over this time, providing valuable insights to what the community views as important to stay well and improve wellbeing, as well as experiences of health services.



## WHAT WE ASKED

We asked the same four open-ended questions across all face-to-face community engagement sessions and in the survey.

**Q1** What do you and your whānau need to **stay well** in the community?

**Q2** When you or your whānau are **unwell**, what would you want from the health system to **improve your health and wellbeing**?

**Q3** Think about the health and wellbeing services you and your whānau access - what have you **liked about your experience**?

**Q4** Think about the health and wellbeing services you and your whānau access - what **didn't you like** about your experience?

The open-ended questions showed us what really mattered to the community. We got valuable feedback from whānau Māori and Pacific People across Waitaki. Our analysis of community focussed in on key health settings and across the continuum of health in three key focus areas - accessibility, availability and acceptability.



### Health settings

- Community settings
- Primary care
- Urgent and unplanned care
- Mental health
- Hospital & specialist care



### Availability

- Workforce
- Priority populations
- Safe & quality care
- Communications & respect



### Accessibility

- Transport
- Booking
- Cost



### Acceptability

- Wellbeing
- Service availability
- Wait lists & wait times

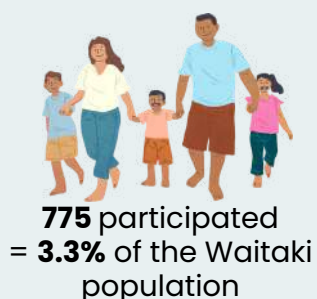
# COMMUNITY PARTICIPATION

Community participation in the survey was strong, with 737 people responding.

Age and ethnicity data was collected as part of the survey process, it was not collected during most of the face-to-face sessions. The following provides a breakdown of age and ethnicity across all survey responders.

## Participants

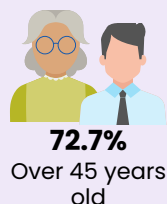
Across all modes of community engagement, 775 people participated, equating to 3.3% of the Waitaki population (Census 2023 data).



## Age

Percentage of responders by age bracket

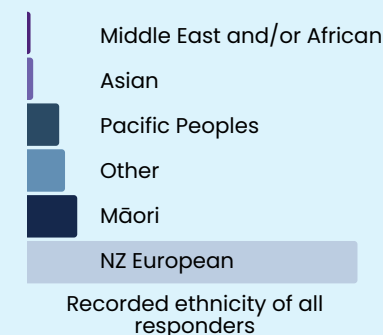
0-17 18-24 25-44 45-64 65+



Most people that responded to the survey were over the age 45 (72.7%). The largest age bracket to respond were those aged 45-64 (40.8%).

## Ethnicity

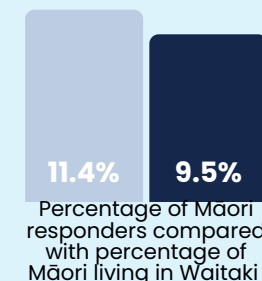
Ethnicity was collected as part of the survey process to support the specific engagement strategies for Māori and Pacific Peoples. People participating in the specific face-to-face sessions for Māori and Pacific Peoples are included in these totals.



**11.4% (94)**  
Total Māori engaged overall

Overall, 94 people identifying as Māori participated in the engagement process (11.4%). This represents more than the 9.5% (Census 2023) of the population identifying as Māori in Waitaki.

● Māori Responders  
● Waitaki Māori Pop.

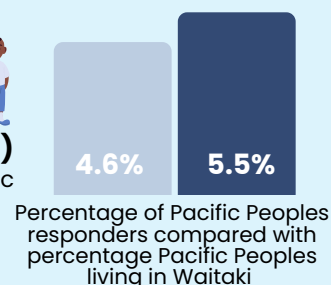


Responses from Pacific Peoples were slightly lower than the Waitaki Pacific population of 5.5% (Census 2023) at 4.6% or 60 people.

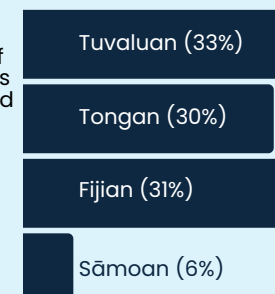
● Pacific Responders  
● Waitaki Pacific Pop.



**4.6% (60)**  
Total Pacific engaged overall



Ethnicity breakdown of Pacific Peoples who responded



# WHAT YOU SAID WAS IMPORTANT TO YOU

Q1. What do you and your whānau need to **stay well** in the community?



Reduced wait times for general practice appointments

Reduced wait times for specialist appointments

Affordable health care, especially general practice

Transport to & from Dunedin

Wellbeing (ie. warm housing, good kai, exercise facilities)

Q2. When you or your whānau are unwell, what would you want from the health system to **improve your health and wellbeing**?



Reduced wait times for general practice appointments

Reduced wait times for specialist appointments

Safe & quality care

Good communication & respect

Transport to & from Dunedin

Q3. Think about the health and wellbeing services you and your whānau access – what have you **liked about your experience**?



Quality health care from a range of services locally

Health professionals that know us

Individualised care & patient choice

Support to stay well at home / in the community

Timely & coordinated care, including transfers out of district

Q4. Think about the health and wellbeing services you and your whānau access – what **didn't you like about your experience**?



Long wait times

Travel and/or lack of transport to/from Dunedin

Poor communication & coordination of care

Inadequate quality and safety of care, disrespectful care

Lack of continuity of care



# NEXT STEPS



## WHAT WE WILL DO NEXT

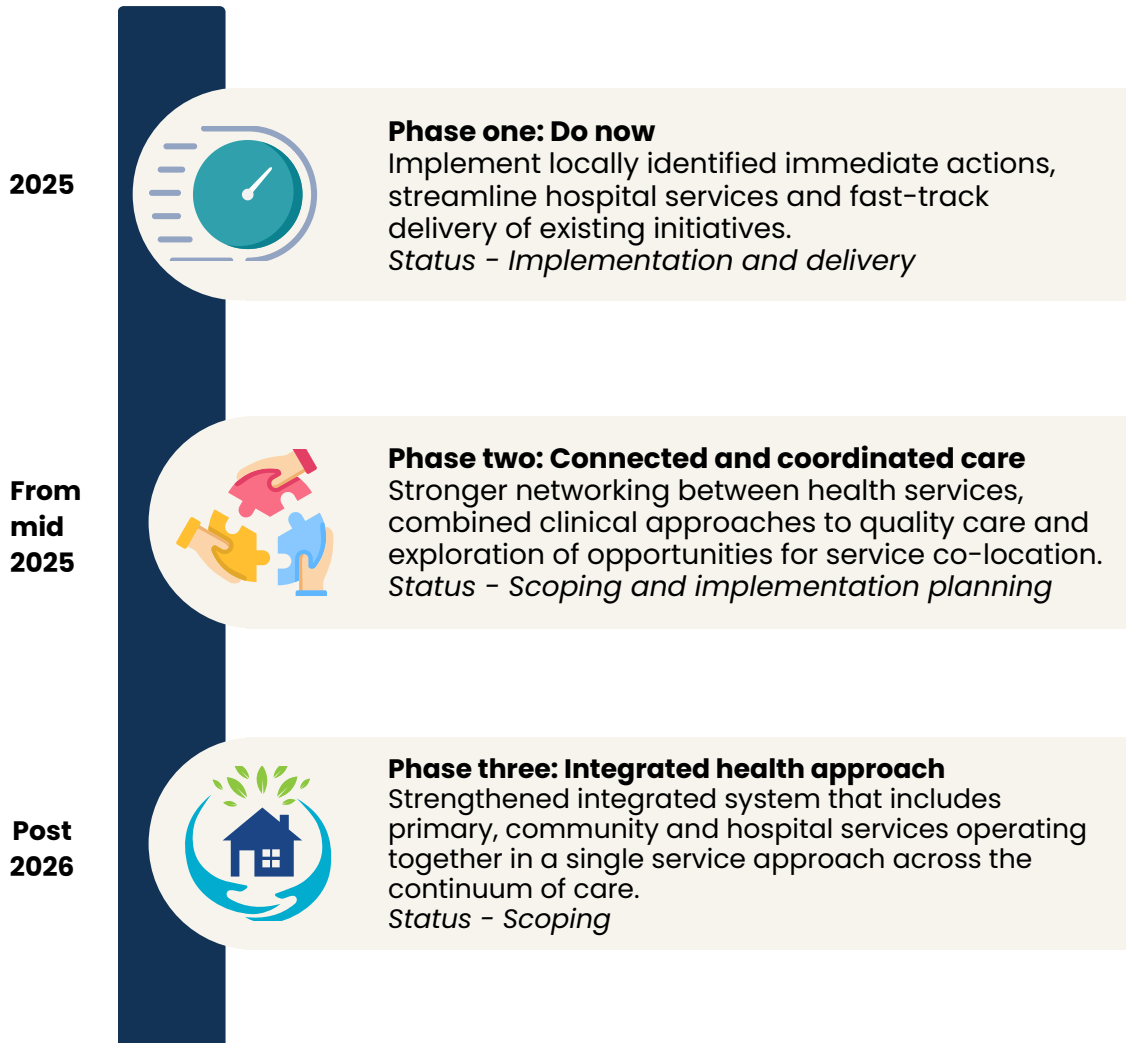
Implementation will be split into three phases:

- **Phase one – Do now:** Implementation has commenced for some immediate priority actions identified by community and local health leaders.
- **Phase two – Connected and coordinated care:** Implementation planning is occurring for Phase Two and further actions will commence from mid-2025.
- **Phase three – Integrated health approach:** Planning for Phase Three will commence later in 2025.



# WHAT WE WILL DO NEXT

## IMPLEMENTATION PHASES



## PHASE ONE: DO NOW PRIORITY AREAS & ACTIONS

Local health and community leaders identified four priority areas that support the community responses and strengthens local patient journeys. Example actions are included below.



### Navigation

Improve information, communication and overall health literacy.

*For example: Implement Medimap into ED at Oamaru Hospital to improve communication and patient care between Aged Residential Care (ARC) & ED.*



### Access

Simplify referral pathways and open boundaries, streamline and improve first specialist assessments, improve patient transport.

*For example: Investigate changes to boundaries, such as opening referral pathways to Timaru Hospital.*



### Workforce

Improve local capacity and capability, ensure a flexible (mobile) workforce that is working at top of scope.

*For example: Expand vaccination workforce in Waitaki to improve access to immunisation for priority populations, including Māori and Pacific under-tuos.*



### Positive change

Positive change through reviews to improve service delivery.

*For example: Transitional care pathway to improve 'hospital to ARC to home' transitional care for older people, ensuring more people are supported to receive care from home.*



# WHAT YOU SAID

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## COMMUNITY ENGAGEMENT

We asked what you need to stay well or to get better when you're sick, and what you like and dislike about the current health system in Waitaki. Feedback was gathered through an online and paper survey, as well as through six face-to-face engagement sessions over a three-week engagement period in September to October 2024.

We worked with local community leaders to design and roll out the engagement process. More information can be found from page 37 onwards.







## ENGAGEMENT WITH MĀORI

Engagement with mana whenua and mātāwaka Māori was directed by project partner Te Rūnanga o Moeraki, who have kaitiakitanga over much of the Waitaki takiwa.

It included a Kaupapa Māori face-to-face engagement session at Te Whare Koa Marae in Ōamaru, as well as engagement via a survey. The engagement will inform future development of health and wellbeing services for whānau and hapu in the takiwa.

Four significant pou were identified from local engagement:

Kotahitanga | Unity



Matauranga | Knowledge



Wairuatanga | Spirituality

Kaitiakitanga | Guardianship

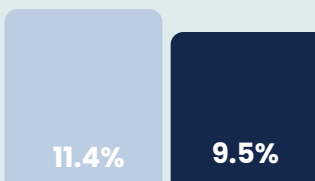


**11.4% (94)**  
Total Māori engaged overall

Overall, 94 people identifying as Māori participated in the engagement process, or 11.4% of respondents. Proportionally, this represents more than the 9.5% (Census 2023) of the population identifying as Māori in Waitaki.

● % Māori Responders

● % Waitaki Māori Population



Percentage of Māori responders compared with percentage of Māori living in Waitaki

Local Māori engagement is supported by Te Tauraki Iwi Māori Partnership Board Māori whānau hopes and aspirations as well as community health priorities for Ngai Tahu whānau and hapu. Kati Huirapa Runaka ki Puketeraki interests in Palmerston were supported by Te Rūnanga o Moeraki.

All data was collected solely for the purpose of informing health service and system design as part of Te Waka Hauora o Waitaki Health Futures Project, and will be passed to Te Rūnanga o Moeraki to maintain data sovereignty.



# MĀORI

## SUMMARY

Māori themes focussed around the pou of Kotahitanga, Wairuatanga, Mātauranga, and Kaitiakitanga.



### Kotahitanga



Whānau Māori emphasised the importance of whānau-centred, interconnected health services that recognise and strengthen Māori identity and community ties. Feedback highlighted the need for:

- Culturally safe spaces in health services where te reo Māori and tikanga are upheld.
- Whānau involvement in care, ensuring a collective approach to healing and decision-making.
- Stronger health networks and partnerships that enable equitable Māori participation in health governance and service delivery.

### Mātauranga



Whānau Māori expressed a desire for greater access to health knowledge and education to support their own wellbeing. Key themes included:

- Health literacy initiatives grounded in mātauranga Māori, including rongoā Māori and traditional healing practices.
- Access to culturally responsive health education for both Māori and non-Māori clinicians to enhance the quality of care provided to whānau.
- Stronger intergenerational health learning opportunities within hapū and iwi, ensuring Māori knowledge is passed down and integrated into mainstream services.

### Wairuatanga



The connection between wairua (spirit), whānau (family), and tinana (physical health) was a strong theme throughout the kōrero. Whānau identified:

- The need for spiritual care in health settings, including karakia, space for whānau to be present, and kaupapa Māori models of healing.
- Recognition of Māori cultural identity as a key determinant of health, ensuring spaces allow Māori to be Māori without judgement.
- Incorporation of Rongoā Māori (mirimiri, rākau rongoā, wānanga) alongside clinical models to create holistic care pathways.

### Kaitiakitanga



Whānau Māori advocated for greater Māori leadership and protection of Māori health interests to ensure intergenerational wellbeing. Key insights included:

- Strengthened Māori governance and decision-making in health, ensuring whānau voice is upheld in system design.
- Greater advocacy and navigation support for whānau to access services without barriers, particularly around cost, transport, and culturally competent care.
- Commitment to long-term, sustainable Māori health solutions, ensuring services are not just reactive but proactive in supporting whānau ora.





## Kotahitanga Unity, togetherness



"More activities for our young ones, opportunities to access knowledge to ao maori in the takiwa, such as te reo maori etc, cheaper kai or courses to gain knowledge to grow and produce our own."

"More doctors that are kiwi and understand manaakitanga."

"Offer of a Maori Minister to come and speak to whanau and services they can offer when at home. Like a buddy type system."

"Having a local growing Kaupapa Maori service offering varied support"

"Different people every time, people who do not think having whānau support is important or who are so busy following the "rules" they forget they are dealing with real people."

"Caring and professional. Able to understand cultural needs within healthcare"

## Wairuatanga Spirituality



"Opportunity to be Maori: Reo me ona tikanga, Marae, Identity"

"Access to better addiction support services for addicts"

"Rongoa Māori. Mirimiri"

"For Drs to view us as individuals and not a statistic Rongoā Māori. Health navigators. Transport. Karakia and cultural support."

"More doctors that are kiwi and understand manaakitanga."

"Lack of understanding of our whanau as Maori. Difficult to get enrolled as a patient of a GP service. Long wait at ED for support. Long wait for ambulance service. Travel to receive services. Lack of healthy lifestyle supports."

"For Drs to view us as individuals and not a statistic"

"Services that understand me as Maori. Timely services. Local service and support."

## Mātauranga Knowledge



"Education – how to heal, how to notice signs, how to avoid, prepare."

"The ability to access health supports that understand and respond to me as Maori."

"Connection to culture, identity, access to culturally responsive health services, to health services that are high quality, and timely."

"Kaupapa Maori Mental Health services"

"Hospice care  
– culturally aware  
– asked, didn't assume"

"Not enough support for our Maori and Pacific whānau"

"Not enough support for our teens with mental health struggles"

"Local services. Kaupapa Maori support. Community based."

"Have better knowledge and systems in place for Māori family"

## Kaitiakitanga Guardianship



"Rongoā Māori. Health navigators. Transport. Karakia and cultural support."

"Space for my whanau to support and care for me, clinicians that look like me or at least don't judge me"

"Offer of a Maori Minister to come and speak to whanau and services they can offer when at home. Like a buddy type system."

"Was never judged by nav's [Whānau Ora Navigators] about my past."

"When I have a good relationship with my doctor (s) who take the health of my whānau seriously and they advocate to ensure that we are getting the services and support required"

"Feeling supported and heard"

"Long time to get in to doctor, dentist is expensive"

"That I couldn't enrol my family at the GP when we moved to the district, or GP was 2 hrs away"





# TE TAURAKI IWI MĀORI PARTNERSHIP BOARD

When developing actions to support the health and wellbeing of whānau Māori in the Waitaki takiwā, the project team will respond to both engagement gathered through the course of the project, as well as whānau hopes and aspirations and community health plan priorities provided by Te Tauraki, the Ngāi Tahu Iwi Māori Partnership Board.

## Whānau Māori hopes & aspirations



Connection to **Te Ao Māori** is important



Wellbeing is about **more than health** services



**Māori** involvement in **decision-making** is essential



**Mātauranga Māori** must be **respected** and **valued**



Attention needs to be given to the **needs and aspirations** of **tāngata whaikaha Māori**

## Te Tauraki community health plan priorities



1. **Equitable** access to **quality care** across the Ngāi Tahu Takiwā



2. Improved **Mental Health Outcomes** for whanau Māori in the Takiwa



3. Whānau Māori are **protected from communicable diseases** through **immunisations**



4. Pakeke are **accessing primary and community healthcare early** with positive outcomes and experiences **relating to diabetes**



5. Pakeke are **accessing primary and community healthcare early** with positive outcomes and experiences relating to **cardiovascular disease**



6. **Detection, screening and diagnosis** of **cancers** are timely, comprehensive and **effective**



7. Rangatahi experience **stronger mental health** and resilience through better access to **preventative and clinical** mental health **services**





## ENGAGEMENT WITH PACIFIC PEOPLES

Engagement with Pacific Peoples was directed by the Oamaru Pacific Island Trust (OPIT).

It included face-to-face engagement at Pacific People's events, as well as general participation in the survey. OPIT staff also contributed their experiences of supporting their community.

Ōamaru has one of small-town New Zealand's fastest growing Pacific communities, made up primarily of Tongan, Tuvaluan and Fijian.

MONI TUKUNA  
MADA!

AVATU TOU  
LEO!

KOE HA HO  
LAU?

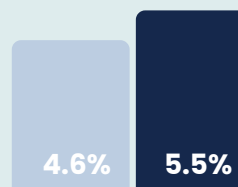
The survey was available in English, Tongan, Fijian and Tuvaluan.



**4.6% (60)**  
Total Pacific engaged overall

Responses from Pacific Peoples were slightly lower than the Waitaki Pacific population of 5.5% (Census 2023) at 4.5% or 60 people.

- Pacific Responders
- Waitaki Pacific Pop.



Ethnicity breakdown of Pacific peoples who responded

Percentage of Pacific Peoples responders compared with percentage Pacific Peoples living in Waitaki

Tuvaluan (33%)

Tongan (30%)

Fijian (31%)

Sāmoan (6%)

# PACIFIC PEOPLES



## SUMMARY

Pacific engagement followed a Kakala model, integrating elements of Teu – conceptualisation; Toli – collation; Tui – weaving; Luva – gifting; Mālie – ‘well done’; and Māfana – warmth. Common themes include:

### Accessibility

- Cost to access primary care is a significant barrier
- Access to GPs for people on work visas is difficult
- Walk in opportunities for flexible care
- GP consultations are too short
- Desire for reduced travel

### Acceptability

- Positive feedback about the local Pacific provider (OPIT) – both support and services
- Desire for high quality health services and to be treated with respect and empathy

### Availability

- Desire for affordable community-based wellbeing activities
- Need for healthy affordable food and housing
- Services and clinicians that can better respond to Pacific People’s cultural needs
- Shorter wait times to access GPs, and more flexible care after hours





## Accessibility

Transport, booking and cost



"To be able to see us without us having to choose buying kai over paying for a 60-90 dollar GP appointment."

"Expand consultation to more than 15 mins."

"In case of emergency, they always prefer to do appointment and not walk in."

"For Pacifica without GP, consultation, blood test and others is so expensive."

"GP clinics open longer on weekends."

"Easy access to health care such as GP practice with a affordable consultation fees."

"The pharmacists there have also been helpful in a pinch when we couldn't access GP care due to no appts being available."

"Mental health & disability support are easy to access and great communication from all health services that I use."

## Acceptability

Workforce, priority populations, safe & quality care and communications & respect



"Competency, professionalism, correct up to date equipment."

"Staff members extremely stressed and under pressure, treated without empathy or compassion, no follow up."

"More cohesiveness in patient care."

"Oamaru Pacific Island group [OPICG / OPIT] have good cultural services and can also refer me to the right people."

"We've been provided with aerobics at OPICG [OPIT]. Quality health service."

"More support to OPICG [OPIT] because they provide the best support for Pacific people."

"OPICG [OPIT] supporting Pacific people, health and wellness journey."

## Availability

Wellbeing, service availability and waitlists & wait times



"Good housing, affordable electricity, low-cost nutritious food."

"Need access to after hours services that isn't the ED. I finish work after the GP's have closed, I can't afford to miss work."

"Long waiting times to get an appointment with a GP."

"Need better activities that we can do as a community that isn't going to cost a lot of money."

"Bring more services to Oamaru, like better heart monitoring systems, better birthing units to reduce the travels to Dunedin and back, more time allocation by doctors."

"Have Pasifika nurses and doctors because they would understand Pasifika people better. Or, nurses and doctors and health professionals need to learn and understand Pasifika cultures and traditions."

"Nice GPs. Can usually get an appointment after speaking to the nurse I know my providers."

# HEALTH SETTINGS

**Health settings** refer to services delivered within a specific setting, or within an area of health need.



## SUMMARY

The Waitaki community receives health care across five main settings. Common themes within these settings include:



### Community



- A desire for accessible services that meet the needs of older people, end of life, Māori and Pacific People
- Services that promote wellbeing for the whole community
- Keeping people well at home
- Access to holistic wellbeing services

### Primary care



- Barriers include cost, lack of continuity of care and appointment length
- Long wait times to get a non-urgent appointment
- Difficulty of GP enrolment
- Important role of pharmacy supporting GPs

### Urgent & unplanned care



- Importance of 24/7 ED access
- Frustration regarding after hours access and cost
- Long wait times at ED
- Concern over ambulance availability

### Mental health



- Concern regarding a lack of both timely and local crisis support services
- Lack of options including mild to moderate service access to prevent escalation

### Hospital & planned care



- Barriers include inappropriately timed appointments, waiting lists, lack of transport to/from Dunedin and not being able to access Timaru
- Diagnostics not aligning with specialist appointments
- Travel for routine appointments



### Q1. What do you need to stay well in the community?

"Access to meals on wheels and home care, access to rest home in your own community."

"Have more Kaupapa Māori services available."

"A robust community service such as district nursing service, medical social workers, occupational therapist, needs assessor hospice which all interact."

"Hospice and community services"

"More mental health services- staffed by /run by qualified /registered mental health clinicians. More access to low cost counselling services."

"Community links, timely access to healthcare, affordable healthy food and heating, quality outdoor spaces."

### Q2. When you are unwell, what would you want to improve your health?

"A district nurse or visiting support assistance for home care, dressing of wounds etc. Occupational therapy & physio assessment & support."

"Access services to help with wellbeing, improving diet, exercise groups, counselling, physio."

"Greater variety of therapeutic options, homeopathy, acupuncture, energy work as well as allopathic solutions"

"Keeping people in their own homes where possible and practical. Sound home support services with better logistical impacts than currently by allocating patients to carers."

### Q3. What have you liked about your experience?

"The District Nurses are brilliant, caring and knowledgeable."

"... the experience with Plunket for both of our children, before school check at Public Health Nursing for our daughter and Oral service providing annual checks for our children."

"...when people/carers came to my mother's home so she could be supported to die in her own home as was her choice."

"Community Supports in the home are extremely important to keep especially elderly people at home. It works well."

### Q4. What have you disliked about your experience?

"End of life care (in a care facility) for my grandparents was awful (even at what would be considered the "best" place) rehab was non-existent, they were dehydrated and poorly tended to."

"The lack of a women's refuge service here. I was a victim of family violence a few years ago and there was minimal local support here."





### Q1. What do you need to stay well in the community?

"Good access to my GP and basics ie blood testing, scanning."

"To discuss more than one item per visit as my health issues are interrelated and having to make one appt for meds , another for asthma, another for diabetes and another for incontinence..."

"Lower cost GP visits (the main reason we don't go: \$50 per visit!!)"

"Access to [...] regular GP visits where we don't have to wait 3 to 6 weeks for an appointment. Access to a doctor who sees us regularly and knows our history instead of locums each time we visit."

"Nurse practitioners embedded in the health service and providing outreach to rural communities such as the Waitaki valley or employ rural Nurse specialists."

### Q2. When you are unwell, what would you want to improve your health?

"To be heard, to be understood, for the Doctor to advocate and ensure that my whānau has access to high quality services and support that are required to return to full health."

"Holistic analysis of what the cause may be as per functional medicine."

"Faster easier access to proper treatment and diagnosis. Currently takes weeks to see a GP who often are too busy to see patients properly, rushed appointments."

"Access to care, currently there is a long waiting list and even then you only get to see a nurse."

"GP visits are so expensive so people clog up the ER because they have to choose between paying food or a doctor's visit."

### Q3. What have you liked about your experience?

"The pharmacy have been amazing and we have become more reliant on them as it is harder to get into GP's."

"GP who knows me and health history."

"Lots of continuity of care at my GP practice."

"When the people whom you are dealing with give you good information it helps so can be difficult if you don't know what to do or what to expect next so communication is key and things being executed in a timely manner."

### Q4. What have you disliked about your experience?

"Under pressure staff in the diabetes education/support staff space."

"Being told to ring the pharmacy only to be told to ring the Dr again."

"GPs are overloaded, and poorly organised, they compete not cooperate - and there is no realistic out of hours care options provided by GPs."

"Providers not knowing enough about supports to refer to."

"GP's are not enrolling new patients, long wait times to see a GP."

"Misdiagnosis of things at times, no being referred for more tests to prevent a worse health outcome."

"In-laws not being able to get the GP to answer the phone and then not being able to get an appt for 2 weeks."

"The cost of GP visits."

## URGENT & UNPLANNED CARE



### Q1. What do you need to stay well in the community?

"My whānau and I need available ED 24/7 with transport to Dunedin, Timaru or Christchurch if needed"

"24-hour emergency unit that can triage and assess relatively quickly."

"After hours Doctors where they are open more than two hours per day over the weekend."

"Easy access to ED"

### Q2. When you are unwell, what would you want to improve your health?

"A FUNDED St John's [in Pamlerston]. People die in rural areas because they must travel long distances to get health care."

"Not having to wait for hours in an ED."

"We need to be able to support our sick whānau member and be a part of the decision making. For example at the A&E we were questioned about being with our parents."

### Q3. What have you liked about your experience?

"Immediate response and to get an appointment and intervention on the day including emergency and crisis support mental health."

"We have had great services provided to our Whānau. I cannot fault any of the services that we have used. St John's, Westpac Rescue Helicopter, Oamaru Hospital ED and Takaro Ward."

"St John ambulance service have been great in moments of panic."

### Q4. What have you disliked about your experience?

"Oamaru and Timaru A&E, under staffed, too longer waiting times, inefficient use of staff, [...] doctors who are under resourced."

"Many people use ED as a free out of hours doctors. This stops genuine emergencies being seen appropriately."

"After hours Dr times of being open such a small window."

"The inability for an ambulance to transfer through to Dunedin from Oamaru"

## MENTAL HEALTH



"A mental health service that doesn't only see people once they are really unwell but has the capacity to see those with mild to moderate concerns to prevent them from becoming really unwell or suicidal."

"Local access to mental health services especially acute intervention not being told it will be weeks before an actively suicidal person can have an appt."

"Less waiting time for kids mental health, CAFMs are ambulance at bottom of cliff, need preventative care for our children."

"Mental health services were very supportive and arranged treatment when it was needed."

"My counsellor (who I've finally found) is amazing and I'm very happy with her work with me. It's just the cost that is hard."

"Hard to access mental health with son and suicide feelings."

"Battle to access mental care when in crisis. No wonder so many commit suicide help is too slow."

"The lack of access to quality counselling services."

"Lack of options in the mental health space."





## HOSPITAL PLANNED CARE

### Q1. What do you need to stay well in the community?

"Improved access to specialist doctors, not just telehealth but outreach face-to-face visits from specialists from Dunedin or Timaru."

"Kidney dialysis machine and people to operate it, scanning and X-ray facilities, day surgery capacity and visiting specialists to come here."

"Either a health shuttle or Specialist clinics coming to the district."

"Easier and quicker access to SPECIALIST treatment with shorter wait times."

"To be able to access specialist care close to our district if not possible within our district."

### Q2. When you are unwell, what would you want to improve your health?

"Easy access to advice face to face preferably, even if through using technology. Having someone assist with technology or be in the same room to be able to interpret advice."

"Good assessment and effective treatment in a timely manner. With access to nurse led clinics."

"Having access to transport to Dunedin Hospital if needed."

"Confidence that the service we receive will be competent, suitable and available locally, where possible."

"Access to Timaru Hospital!!!"

"Space for my whānau to support and care for me, clinicians that look like me or at least don't judge me."

"Less travel to tertiary for simple, uncomplicated and common complaints within district."

"Access to online doctors appointments.."

### Q3. What have you liked about your experience?

"Recent hospital inpatient /outpatient – amazing staff, efficient and willing to take the time to listen and make sure I had all I needed."

"Being able to see a specialist in a timely manner. The care we receive is of high quality."

"Surgical bus very good and visits to Oamaru by Dunedin specialists very good."

"Having inpatient / rehab services locally."

"Oamaru Hospital has the friendliest and caring staff, Your whole experience is catered for in one building [...] a valuable asset to the area."

"A mix of telehealth and face to face consultation."

### Q4. What have you disliked about your experience?

"Little visible information, lack of choice and no flexibility in treatment and therapeutic models offered by specialist services."

"Having cardiology appointments on two separate days, echo one week, cardiologist the following week, resulting in two sick days."

"Having to wait for months for specialists appointment at the Dunedin Hospital. Having to travel to Dunedin Hospital for a routine appointment."

"Having to travel out of our region for services not provided here and having to rely on friends or family to get there."

# ACCESSIBILITY

**Accessibility** refers to services that are readily available in, or to, the community, but there are other barriers that limit accessibility.



## SUMMARY

Community engagement identified three significant domains impacting accessibility. Common themes include:



### Transport



- Lack of public transport to and from Dunedin impacts accessibility of services in Dunedin
- Travel needs could be reduced by providing shorter and simple appointments locally or via telehealth
- Praise for ambulance services was tempered with frustration regarding availability

### Booking



- Appropriately timed appointments, ie. not early morning or late afternoon, especially in winter
- Travelling to Dunedin for short appointments was seen as inefficient
- Coordinating multiple specialist appointments would reduce travel burden
- Late notice changes to appointments impact rural people who need to travel

### Cost



- Cost of some services, such as GP
- Associated costs, such as travel, impact accessibility of care in Dunedin
- Affordable wellbeing related activities and healthy kai were important to people





### Q1. What do you need to stay well in the community?

"A transport service to get to Dunedin. Missed appointments due to working age family needing to take time off work to drive me down to appointment."

"Telehealth options so I don't have to travel long distances for routine checkups /follow ups or for medical tests."

"With most specialist appointments [...] it would be great to have more clinics here, as going through the hoops to claim travel assist can be difficult especially when you are unwell."

### Q2. When you are unwell, what would you want to improve your health?

"Less travel to tertiary for simple, uncomplicated and common complaints within district - i.e. use data to inform in-district support."

"Mental health team that is accessible in the weekend for emergency's rather than having to drive all the way to Dunedin."

### Q3. What have you liked about your experience?

"I liked the experience of being transferred to a bigger hospital with more experienced staff."

"The friendliness and great care from the St John team."

"Local ambulance / fire fighters volunteer emergency respondents are well trained & respond in a timely manner."

### Q4. What have you disliked about your experience?

"Having to travel to Dunedin [...] for a 10-minute appointment."

"The inability for an ambulance to transfer through to Dunedin from Oamaru - I have twice had to drive my children in pain to Dunedin as ambulance wasn't available."

"We DESPERATELY need a patient transfer service. Dunedin is so far away and many vulnerable people in our community are missing out on important appointments."

"The inability to have 'secure/reliable' transport to Tertiary Level Care, (in particular when attending eye appointments)."



## COST



### Q1. What do you need to stay well in the community?

"Not to have to pay nearly \$50 to visit a GP. This is prohibitive, especially if only to get a repeat prescription."

"Free and timely mental health support."

"Affordable necessities to life, food, housing, education, power, medical care, prescriptions."

### Q2. When you are unwell, what would you want to improve your health?

"We go to A&E as we cannot afford to see the on-duty doctor."

"Pensioners can't afford [travel]. So they cancel appointments they need."

"It is expensive travelling frequently for short appointments"

### Q3. What have you liked about your experience?

"The reasonable cost of GP visit at Te Kaika."

"It was great when prescriptions were free/cheaper."

### Q4. What have you disliked about your experience?

"Cost, especially for our children."

"After hours is very expensive."

"Inconsistency, some pharmacies charge for a blood pressure check, and some do not, some GP practices charge for a child's visit to the nurse when it's free for the GP and the whānau request GP appointment but can't get one - so are booked to the nurse and have to pay - this is a barrier."



## BOOKINGS

"If we have to travel good coordination of appointments is important. Not early morning or late in the day."

"Better coordination of appointments in Dunedin - this should be simple at the Scheduling point. Too often time is needed off work to attend 2 -3 appointments that could be grouped together."

"If we have to travel it would be great to have multiple appointments on the same day as it is expensive travelling frequently."

"Timely response to request for appointments"

"Sometimes we've gone to an appointment at Dunedin hospital to find out it has been rebooked. It's too expensive for us to keep going down."

"I can access GP booking online."

"I [...] love the booking option for the medlab."

"Dunedin Hospital are very good at making appointments within reasonable hours for out-of-town patients."

"Booking online is challenging [...] which makes me avoid booking for ailing issues and I only go for urgent matters where I ring and space is made."

"Last minute cancellation of appointments."

"Being offered early appointments in Dunedin in middle of winter. Being offered specialist appointments in Dunedin but unable to get tests prior to visit. Waste of our time and money as well as specialist."



# ACCEPTABILITY

**Acceptability** refers to how people experience the services they use.



## SUMMARY

Community engagement identified four significant domains that influence their experience of healthcare. Common themes include:



### Workforce



- Consistent workforce to support continuity of care
- Need for a better resourced workforce
- Importance of communication, respect and knowledge across the health system to refer to relevant services
- Personalised, quality service, and care that responds to mana whenua cultural expectations and is appropriate for Pacific Peoples and other cultural communities

### Priority Populations



- Concern about lack of appropriate services for priority populations, with a focus on kaupapa Māori
- A desire for culturally competent, respectful and equitable care
- Praise for local Māori and Pacific providers
- Need for disability competency

### Safe & quality care



- Proactive, holistic and culturally diverse services
- Experiences of both poor-quality care, and misdiagnosis
- Desire for, and examples of excellent quality of care

### Communications & respect



- Importance of clear information and resources
- Support to navigate health and wellbeing services
- Communication between services
- Coordinated care planning
- Respectful and empathetic care





## WORKFORCE

### Q1. What do you need to stay well in the community?

"Access to a doctor who sees us regularly and knows our history instead of locums each time we visit."

"More doctors so we can get into see a GP quicker and not have to be put in a waiting list."

"Better staffed Community Mental Health."

### Q2. When you are unwell, what would you want to improve your health?

"Access to nurse led clinics."

"More experienced rural doctors."

"I think having a GP in or near the hospital to assist with ED would be very beneficial so ED can deal with the most serious cases."

"Competent health & disability workforce; culturally sensitive workforce; ethnically diverse workforce across all levels of staffing."

### Q3. What have you liked about your experience?

"The healthcare assistance at the hospital was friendly and knowledgeable and did a great job of fixing my problem."

"The knowledge of the Pharmacist [...] is unreal - and the public should know that our pharmacists can help more than handing out pills."

"Dr [...] has been extremely tenacious with getting me the treatment and referrals needed."

### Q4. What have you disliked about your experience?

"Drs being too busy. Feel like I can't talk enough about problems I'm experiencing, the time slot is too small. Different locum GPs."

"Younger nurses (including at GP) should have the opportunity to learn about and be aware of issues associated with getting older such as peri- and menopause."

"No inter-profession collaboration between clinicians/providers."



## SAFE & QUALITY CARE

"Better mental health services for children."

"Proactive healthcare and wellness services."

"Having a holistic view within the health services, especially support and care during health crises and end of life care."

"Prompt, competent healthcare."

"Deliver services that are up to date with advances in medicine."

"For the Doctor to advocate and ensure that my whānau has access to high quality services and support."

"High quality service with competent staff who are not burnt out or negative re the system."

"Pharmacists have been amazing. Often clarifying procedures for medicines that specialists and GP's have incorrect."

"Home based care helped my grandmother stay out of a Resthome, and freed up beds."

"I was in A+E [...] for about seven hours [...] I have nothing but praise for the care received. I felt safe and valued."

"A local GP made a misdiagnosis and sent her to physio. [...] It turned out the cause of those pains were tumours growing inside her."

"Having lead maternity midwife ignore signs of post-partum infection that went on to cause many issues."

"My partner was released from hospital after a serious accident with a broken back and shoulder and bad concussion that went undiagnosed."



## PRIORITY POPULATIONS

### Q1. What do you need to stay well in the community?

"More cross-cultural approaches to wellbeing in the community."

"Connection to culture, identity, access to culturally responsive health services, to health services that are high quality, and timely. A health care system that doesn't drop the ball and follows up with whānau health concerns."

"Cultural/Māori services. Mental Health services. Health/ hauora navigation services. Access to marae and cultural events."

"Have more Kaupapa Māori services available."

### Q2. When you are unwell, what would you want to improve your health?

"Competent health & disability workforce."

"More access to culturally competent care."

"Equitable access to health care and medication etc. Not being excluded because of my skin colour."

"We need to be able to support our sick whānau member and be a part of the decision making. [...] Our wellbeing is reliant on people understanding how we support each other not just as individuals."

### Q3. What have you liked about your experience?

"I like accessing cultural responsive/safe services that are inclusive."

"Oamaru Pacific Island group have good cultural services and can also refer me to the right people."

"Positive support Te Hā o Maru have given. They have been fantastic navigators."

### Q4. What have you disliked about your experience?

"Biases getting in the way of good Healthcare."

"I haven't found any LGBTQ youth groups or supports for my family. I worry that there isn't enough support in Ōamaru for vulnerable people."

"Being told by a locum GP that Māori people rely on drugs and medication because of their historic trauma! Straight up! All I wanted was cream for my eye sty!"

"Racists who change the way they deal with people depending on who they are."



### Q1. What do you need to stay well in the community?

"Tautoko help navigate the health system and understand what medical people are saying."

"Access to a GP that [...] provides clear advice and rationale for treatment, responds & advocates well in a timely fashion."

"Knowledge of where the services are for yearly quarterly testing ie breast screening cancer testing."

"The staff work really hard and seem to genuinely care about the people they are treating."

### Q2. When you are unwell, what would you want to improve your health?

"For staff to plan with each other, sometimes it can be overwhelming having lots of healthcare staff talking to you and saying different things, it can be confusing."

"Clear diagnosis and treatment plan and good communication between GP and hospital/district nurses/midwife."

"Empathy and top-quality communication."

"Better sharing of patient information."

"Better information being given out rather than us having to rely on internet searches."

"We would like a seamless experience, with as little stress as possible and someone to help us understand what is going on."

"Improved communication with us, and better communication between the services - GP, Hospital, Dunedin."

### Q3. What have you liked about your experience?

"Communication between GP and pharmacy is good"

"You don't need the bells and whistles to have a team that works together well and communicates - absolutely critical."

"Coordination with Dunedin Hospital for ongoing care inpatient or outpatient. When needed - for say - cancer care or accident or emergency- everything can run so smoothly and surrounds the patient with care."

"We know our GP and he takes an active interest in our family."

### Q4. What have you disliked about your experience?

"Not having choice of practitioners when you don't connect and feel you are not being heard. Lack of communication. Not enough time to have proper explanations."

"Attitude and behaviours of some workers. They acted like it was a problem that we had come and asked for help."

"Delays, lack of communication about when procedures would happen, information not shared via [Manage My Health] app."

"The old DHB Boundaries made it difficult between systems."

"Difficult to access or don't know where to find what is needed and then it's too expensive or too hard to know what to do."

"People don't act like they respect us or acknowledge that we have any knowledge of our own bodies."



# AVAILABILITY

**Availability** refers to how available a service or resource is to people, impacting accessibility and the community's health and wellbeing.



## SUMMARY

Community engagement identified three significant areas that impact on availability of health and wellbeing services or resources. Common themes included:



### Wellbeing



- Importance of a variety of affordable wellbeing services embedded throughout the community
- Healthy food, housing and accessible exercise options
- Community spaces and activities, to exercise together and grow kai
- Services that respond to mana whenua cultural expectations and is appropriate for Pacific Peoples and other cultural communities
- Holistic and alternative services

### Service availability



- Ability to easily enrol at a GP
- Appreciate services in district such as primary birthing, hospital and ED
- Need for improved mental health support locally
- More services that respond to mana whenua cultural expectations and is appropriate for Pacific Peoples and other cultural communities
- Frustration with travel out of district for routine appointments
- Difficulty accessing allied health

### Wait lists & wait times



- Timely appointments for GPs and specialist services
- Reasonable wait times at ED
- Increased after hour access for urgent care



## WELLBEING

### Q1. What do you need to stay well in the community?

"Youth education, mental health support, physical activity programs [...] support for people with chronic conditions and programs to increase quality of life, more holistic support."

"Access to affordable quality fruit and vegetables and exercise spaces (accessed for low/no cost)."

"Access to: good housing, good health services (GPs, ED/Hospital/Allied Health & Community services), aged care facilities [...], good access to MSD"

"Heating. Insulation."

### Q2. When you are unwell, what would you want to improve your health?

"Free education around health and nutrition."

"A safe space in nature with all the medicinal herbs growing."

"Healthy kai, rongoa, a gym."

"Sessions for different age brackets so like-minded people can get together and improve wellbeing."

"Better activities that we can do as a community that isn't going to cost a lot of money."

"Alternative health care services."

### Q3. What have you liked about your experience?

"I have used the hospital, visiting specialists, screening facilities and physio, dietitian and the swimming pool to rehab."

### Q4. What have you disliked about your experience?

"Would like to see more integrated medicine. E.g. Obesity, [...] to see a Dietitian, Personal Trainer and point of contact for follow up."

"Lack of understanding of our whānau as Māori. Lack of healthy lifestyle supports."

"Not much traditional Māori medicine available or even traditional natural medicines available."





## WAIT LISTS & WAIT TIMES

### Q1. What do you need to stay well in the community?

"Access to doctors quickly, with small children you cannot wait hours, days or weeks to see a doctor."

"Timely access to primary and specialist health care and support in the appropriate setting, be it inpatient or in the community"

"Better / timely access to GPs, including after-hours."

"Good access to [...] services [...] in a reasonable period of time - including doctor, hospital, dentist, optician, and specialists."

"Once through the initial appointments, ED, and initial scans, the care is great, it's the intermittent waiting time frame that's the issue."

### Q2. When you are unwell, what would you want to improve your health?

"Quick access to GP or mental health providers."

"Access to a GP as soon as needed, not waiting over a week for a face to face appointment which resulted in my condition deteriorating and ending up in hospital for a week."

"Waiting time too long for initial appointment."

"24 hour availability at the hospital without having to wait too long."

"Can usually get an appointment after speaking to the nurse I know my providers."

### Q3. What have you liked about your experience?

"Ability to get appointments promptly for small children, has always been so appreciated."

"I had a trip to ED and was treated very well and got follow up appointments quickly."

"That I have always got the services I need in a timely manner."

"Ōamaru radiology has a short wait time."

"Being able to see my GP or another at my practice at reasonably short notice."

### Q4. What have you disliked about your experience?

"My main issue is the Long LONG wait times for a specialist appointment. AND THEN the long wait times for subsequent action thereafter."

"Long wait lists for access to allied health services. "

"I don't like how long one has to wait to see their preferred GP."

"My whānau waiting for years to get prostate surgery. This has mental and physical costs."

"[ED] waiting times from 7-12 hours are common and completely unacceptable."







### Q1. What do you need to stay well in the community?

"I like accessing cultural responsive/safe services that are inclusive."

"Access to GPs both being able to enrol and get an appointment in a timely manner. Mental health services that are accessible and reliable."

"We need fairly funded primary health care services that have enough trained staff on board. At present most GP practices are closed, and any newcomers cannot enrol locally."

"Better access to after-hours services."

"Have more Kaupapa Māori services available."

### Q2. When you are unwell, what would you want to improve your health?

"Mental health team that is accessible in the weekend for emergencies rather than having to drive all the way to Dunedin."

"Easier ability to get into the GPs, it is challenging at present which means you are more likely not seek medical help when the issue is small and a simpler fix than leaving it until it becomes more serious."

"Ability to see a GP - or to contact one via text, email, or phone. Always having to go in person is counter-productive."

### Q3. What have you liked about your experience?

"I love the after-hours doctor, so much easier than ED at hospital."

"Used the Women's Health Bus, great service but expensive!"

"Oamaru Hospital has the friendliest and caring staff, Your whole experience is catered for in one building , X Ray, ED, Ward etc, very easy access to services, a valuable asset to the area."

"Able to give birth at Oamaru primary birthing unit was so important to me and I want this for my own tamariki, to be cared for when hapu and to be able to give birth in my rohe was very important to my whānau."

### Q4. What have you disliked about your experience?

"My GP is still in Dunedin because I can't get into one in Oamaru."

"Being told by A&E receptionist access not available dept too busy."

"If you need mental health support [...]they suggest you go to Dunedin which is hard when you have someone in a suicidal episode."

"Hard to get signed up with a GP."

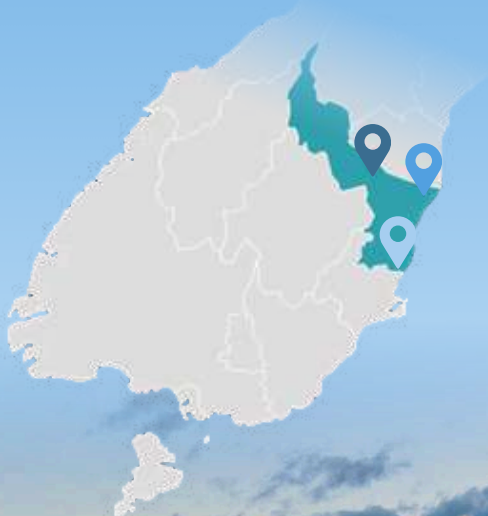
"Struggle to get access to allied health service-speech therapist, physiotherapy and no access to dietitian."

"Having to travel to Dunedin Eye Clinic on a monthly basis. As a couple aged 86 and 78 it would be great to have that service locally."



# LOCATION-BASED FEEDBACK

Location specific feedback was received from face-to-face engagement sessions in Palmerston, Kurow and Ōamaru.



## Kurow

### Need

"Modern up-to-date medical centre"  
"Continuity of services and offerings"  
"After hours service"  
"Local nurse availability in Kurow"  
"Ambulance services de-regionalised"  
"There needs to be a choice"  
"Regional mental health access is poor. Youth speciality services"

### Like

"Excellent proactive team of committed health professionals"  
"Rural health is dynamic! Lots of opportunity"  
"Excellent primary care services – practice responds"

### Dislike

"Treatment pathways are unsure for those with melanoma/lesions time frame and outcome uncertain"  
"Health insurance needed for treatment fast for some conditions. Two-tier system."

## Ōamaru

### Need

"Functioning Hospital, ED Open, Staffed Hospital"  
"Transport Shuttle!!!"  
"Telehealth for follow-up verbal"  
"More access and integration of virtual specialist services"  
"Missing middle – district and public health home visit"

### Like

"Having an ED when required"  
"Having CT scan here for diagnostics"  
"Needs assessors"  
"Allied Health"  
"Health care professions"  
"District Nurse services"

### Dislike

"Access to specialist services"  
"HDU reinstated in hospital. Cut out expensive top-heavy management"  
"The local MH services – attitudes, behaviors, access. Lack of current knowledge and training"

## Palmerston

### Need

"Access to GP"  
"Mental health services"  
"Karakia – culturally appropriately practice"  
"Rongoa / Orakanui"

### Like

"Pharmacist sends medication to Waikouaiti – delivery services"

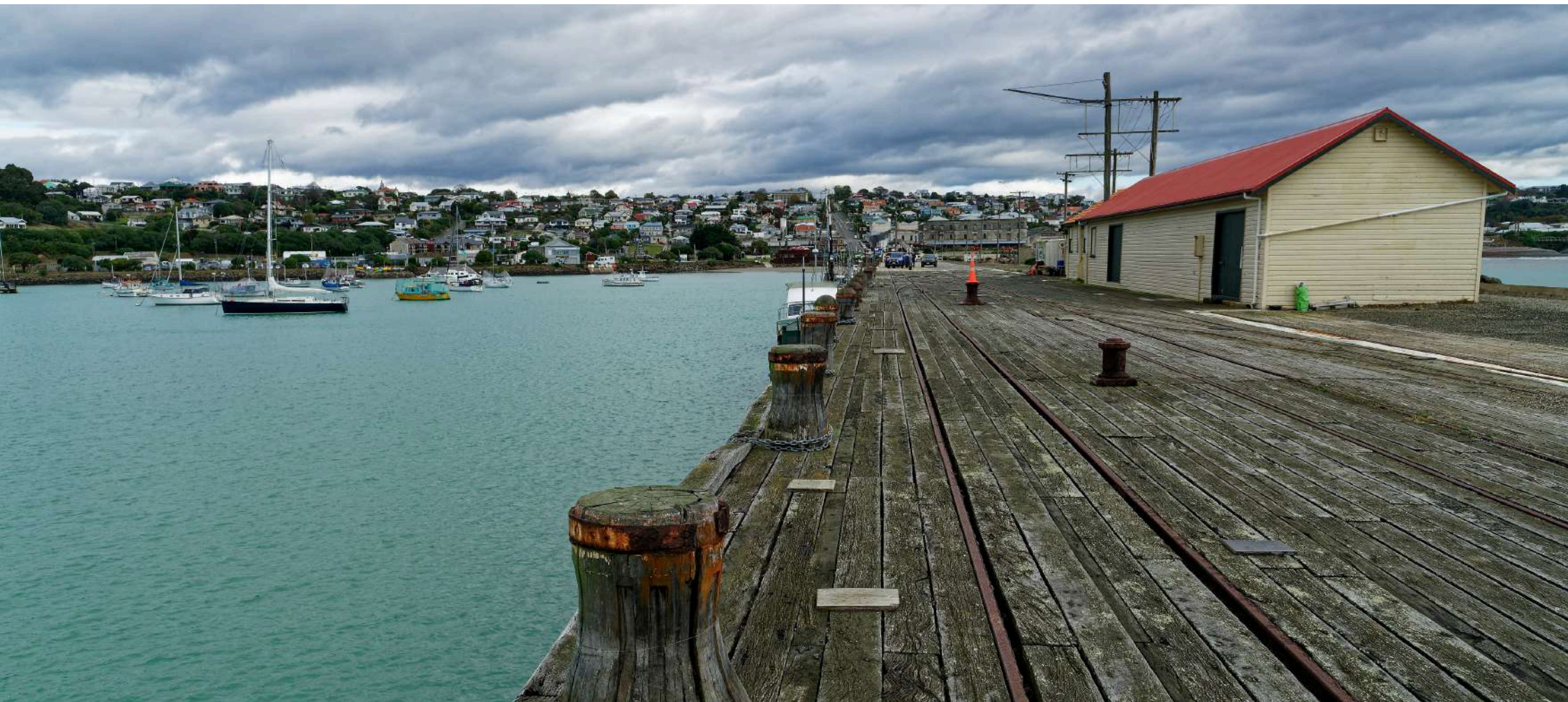
### Dislike

"Wait times to access GP / Hauora services"  
"Too expensive"  
"No current GP – nurse led clinic only"



## Appendix

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# ENGAGEMENT PROCESS



## COMMUNITY ENGAGEMENT

The engagement process was guided by local members of the Project's Oversight Group, with input from Te Ha Maru, Ōamaru Pacific Island Trust and the Waitaki District Council.

Questions were open-ended to reduce bias and ensure what really mattered to people was captured through the process. Feedback will inform the coordination and accessibility of health services in Waitaki.



# ENGAGEMENT METHODS

## Survey engagement | Have your say!

The survey was open for three weeks, from 16 September to 6 October 2024. It was available in four languages (English, Tongan, Fijian and Tuvaluan), and could be accessed online and via paper copies at key community locations and at each of the face-to-face engagement sessions. Some quotes used in this publication have been reduced or amended where necessary for clarity and simplicity.



We asked the same four questions across all face-to-face community engagement sessions and in the survey:

- Q1** What do you and your whānau need to **stay well** in the community?
- Q2** When you or your whānau are **unwell**, what would you want from the health system to **improve your health and wellbeing**?
- Q3** Think about the health and wellbeing services you and whānau access – what have you **liked about your experience**?
- Q4** Think about the health and wellbeing services you and whānau access – what **didn't you like** about your experience?

## FACE-TO-FACE ENGAGEMENT

Six face-to-face engagement sessions were held at various locations in Waitaki during the week of 30 September 2024.

A further two sessions were cancelled due to extreme weather events that resulted in extensive flooding and closed roads between 3–6 October 2024.

Poor weather reduced turn outs at the events that went ahead. The sessions used an informal world café style of engagement. We did not ask demographic questions.

*We used a variant on the 'World Café' engagement style, enabling a structured conversational process to facilitate open and intimate discussion, and share knowledge between the participants.*



## ADDITIONAL ENGAGEMENT

Community partnership was central to all stages of the Waitaki Health Futures Project. This additional engagement sits outside the formal community engagement period, however, it is summarised here to provide a deeper understanding of community participation across the life of the project.

Community involvement included:

- Oversight Group chair and membership
- Local Clinical and Consumer Advisory Group
- Local provider engagement
- Local design workshops, utilising local patient journey examples



# PROMOTION

Local promotion of community engagement was multi-faceted and well-supported by local community organisations and Project partners. Waitaki District Council utilised their networks and strong connection with the community to promote engagement.

Face-to-face engagement sessions and survey participation were promoted in the following ways:

- **Posters** were distributed to key community locations, and included information about local events and a QR code to the survey.
- **Social media:**
  - Waitaki District Council and other local organisations shared Project social tiles and engagement updates via their Facebook pages
  - Health New Zealand ran a paid Facebook promotion in the Waitaki district promoting engagement participation.
- **Webpage:**
  - Health New Zealand hosted a webpage on the Southern Health website containing project and engagement information. This served as the landing page for all promotion, providing people with a link to the survey and information about face-to-face sessions.
- **Media:**
  - Coverage in the Oamaru Mail and Waitaki App
  - Paid promotion in Oamaru Mail via Waitaki District Council
  - Multiple radio spots on Real 104FM and Ōamaru FM.
- **Community networks:**
  - Stronger Waitaki and organic networks.

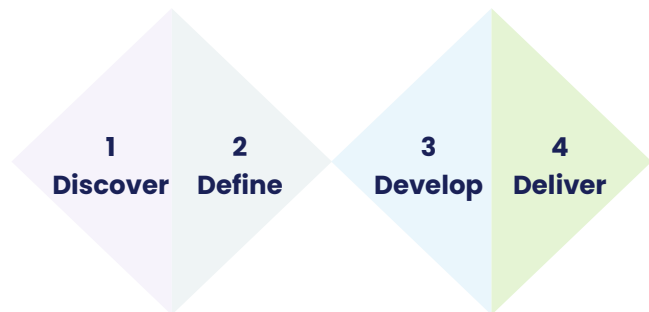




# METHODOLOGY

## PROJECT METHODOLOGY

The project used a Double Diamond Design methodology, helping to identify key challenges needing addressed.



Community engagement formed part of the 'Discover' phase of the project, alongside the collation of community demographics, health utilisation data and services mapping.

## COMMUNITY ENGAGEMENT METHODOLOGY

All data was collected solely for the purpose of informing health service and system design as part of Te Waka Hauora o Waitaki Health Futures Project. Analysis of the data was undertaken by Health NZ. It is not an academic research project.

A quantitative analysis of ethnicity and age provided an overview of who engaged in the survey, and clearly shows which parts of the community are represented by the feedback gathered during the engagement period.

A qualitative thematic analysis of responses to open ended questions was undertaken using an inductive process. Broad topic areas were identified from the data and further refined to identify subtopics.

Attention was paid to both common themes and to themes deemed important to the requirements of the Project, and its overall goal of improving coordination and access of services through a process of service design.



# ACCESSIBILITY, ACCEPTABILITY AND AVAILABILITY

Responses to the survey fell into the three main categories of accessibility, acceptability and availability (Chen Hou, 2002). Community feedback gathered during the engagement period is presented under this framework on a per question basis.

Themes were then drawn out from responses collated under each of these categories. To further support the requirements of the project, feedback specific to health service areas is highlighted, outside of the AAA framework.



## **Accessibility**

Accessibility encompasses responses referring to barriers or enablers to accessing services, and can include transport, cost and booking appointments.



## **Acceptability**

Acceptability encompasses responses referring to people's experience of health services, and can include workforce, safe and quality care, cultural responsiveness, communication and respect.

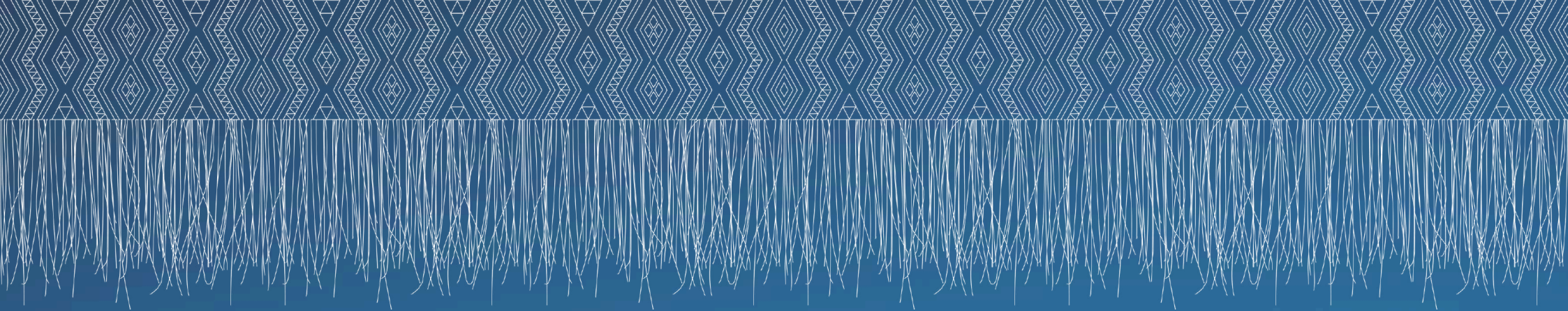


## **Availability**

Availability encompasses responses referring to waitlists, wait times, availability of services, as well as social determinants of health (such as physical activity, nutrition, social and environmental factors).

Service specific feedback encompasses responses referring to service areas such as mental health. These insights combine feedback gathered across the entirety of community engagement, rather than on a per question basis.





# TE WAKA HAUORA O WAITAKI

## Waitaki Health Futures Project



Health New Zealand  
Te Whatu Ora

