



REPORT ON COMMUNITY DEVELOPMENT GRANT

Purpose of Grant: to conduct face-to-face wānanga with Māori and Pasifika communities to raise awareness of sepsis, gather feedback to new sepsis resources, and to co-create awareness plans and content to help build resilience in response to infection and sepsis

Prepared by: Michelle Crook MNZM, CEO, Sepsis Trust New Zealand (CC56078)
Supervising Clinician/Trustee: Dr Paul Huggan, BSc(Hons), MBChB, FRACP, FRCP, MD
Research Dates: 1-31 October 2025
Report Date: December 2025

Acknowledgement of wānanga attendees and their manaakitanga.

It was very apparent that everyone involved wanted to know more and improve outcomes for the communities they serve. All expressed their support for progressing New Zealand's National Sepsis Action Plan and ensuring equitable access to life-saving knowledge across all communities.

Funded by Te Niwha, the Infectious Diseases Research Platform – co-hosted by PHF Science and the University of Otago and provisioned by the Ministry of Business, Innovation and Employment, New Zealand

Contents

Executive Summary	3
Background and Objectives	4
Ethics and Equity Statement	5
Methodology	5
Profiles of wānanga Leads.....	6
Cultural Advisor/Kaumatua	8
Clinical Advisor/Supervisor	9
RESEARCH - Stage 1: Preliminary Online Hui.....	10
RESEARCH - Stage 2: wānanga.....	11
Outcomes - Combined Key Themes and Learnings	13
Messaging.....	13
Relationships	14
Real-life stories from Locals.....	14
Education and Training (Policy Level)	15
Channels Discussed.....	16
Stage 3: Action Plan (Post Research).....	17
Appendices:.....	18
Soundbites of Potential Value.....	18
Post Sepsis Syndrome	18
Acknowledgements.....	18
References	19

Executive Summary

“A kaupapa of kahohi ki te kanohi wānanga, listening and learning to help us raise awareness, co-create awareness strategies, mitigate the impact of sepsis in vulnerable communities, and ultimately to save lives.”

This report summarises the outcomes of a series of community wānanga held with four Māori and Pasifika health providers in the Waikato in October 2025.

The purpose of the wānanga was to raise awareness of sepsis and the signs of sepsis, to improve recognition of sepsis symptoms, and to discuss the steps necessary to be able to co-design strategies for culturally grounded public awareness, health education, preparedness and community outreach.

These wānanga were guided by kaumatua Doug Edwards *Ngāti Tamaoho, Ngāti Koheriki, Ngāti Hako, Pare Hauraki* and conducted by Sepsis Trust CEO Michelle Crook, and Sepsis Survivor (Consumer Representative) Bennett Pomana *Te Aitanga a Māhaki, Ngati Porou, Ngai Tamanuhiri, Rongowhakaata and Rongomaiwahine*.

The findings and recommendations were reviewed by Dr Paul Huggan and presented by Dr Huggan and Bennett Pomana at Te Niwha’s Infectious Diseases Summit 2025 held at Turangawaewae Marae in November 2025.

The key findings from the wānanga were the importance of **community knowledge and empowerment** and **systemic change for training purposes**.

In terms of practical next steps and opportunities, themes to emerge were:

- MESSAGING - Clarity of language (keep it simple) with consistent messaging.
- RELATIONSHIPS - The use of the trusted community health provider network that already exists and the leverage of their delivery relationships.
- REAL LIFE LOCAL STORIES - The use of lived experiences and storytelling for impact.
- EDUCATION AND TRAINING - At a policy level, the urgency of embedding sepsis education within community nursing and kaimahi training, clinical and first aid training.

In terms of next steps, our researchers will review the findings with the incoming CEO of the Trust. Then, in the first quarter of 2026, a focused funding drive will seek to identify funds for the roll out of the Action Plan, which ideally will happen with one of the four health entities working in partnership so we can test each initiative and its impact.

Overall, these wānanga reinforced the importance of face-to-face, relationship-based learning in Māori and Pasifika communities for the Trust. We acknowledge and thank all those who participated.

Background and Objectives

Sepsis is a common and potentially fatal consequence of infection that affects large numbers of New Zealanders every year — with an estimated 50,000 people developing sepsis each year in Aotearoa. Approximately 80% of sepsis cases originate outside hospital settings (community-acquired), meaning early recognition and timely escalation of care in the community is critical.

Māori and Pacific peoples experience disproportionately higher rates of sepsis and sepsis-related mortality, representing around 34 % of identified sepsis cases in hospital settings despite being a smaller share of the population, and are more likely to be affected at younger ages and with greater comorbidity. Yet despite this documented excess burden, community awareness and recognition of sepsis symptoms remain low, contributing to delays in presentation and treatment.

Improving sepsis recognition in Māori and Pacific communities, through culturally appropriate education, whānau-centred approaches, and community-based diagnostic support, is therefore essential to reduce preventable deaths, shorten time to life-saving treatment, and address persistent ethnic inequities in health outcomes.

In the third quarter of 2025, the NZ Sepsis Trust developed and released a range of new public awareness resources to coincide with Sepsis Awareness Month (September), and the release of new hospital healthcare pathways (developed by the Trust in conjunction with Health Quality & Safety Commission – HQSC - and also launched in September).

The Trust wanted to check with relevant and respected healthcare providers in Aotearoa, New Zealand to ensure that the resources were relevant and useful. This was particularly the case for Māori and Pacific communities where the incidence of sepsis is higher than overall population trends.

While engaging in this activity, the Trust recognised an opportunity to enquire and learn from Māori and Pasifika community-based health providers about other activities or resources that might be required based on their relationships with their patients and local communities.

By initiating and hosting four wānanga on-site at Māori and Pasifika health providers in Waikato, we could meet face-to-face and present our new material and gather feedback on how these resources would be best distributed, supported, and leveraged.

In summary, our key objectives were to:

- to build sustainable and meaningful relationships for future activities.
- to inform our next steps in terms of our resources and raising sepsis awareness.

- to listen and learn, and thereafter to share feedback with other healthcare providers regarding Māori and Pasifika community needs when infection and sepsis may be present.

Ethics and Equity Statement

*Tīaroaro ki te Kawenata, Mātāpono me te Tiriti o Waitangi
Alignment to Te Niwha Charter, Principles & Te Tiriti o Waitangi*

The New Zealand Sepsis Trust recognises that inequities in health outcomes for Māori and Pacific patients are not only avoidable but are unfair and unjust. Māori and Pacific people living in Aotearoa experience sepsis rates at least two times that of non-Māori and non-Pacific people. In Aotearoa New Zealand the right to equitable health outcomes for Māori is guaranteed by Te Tiriti o Waitangi. The Treaty principles embedded in the design of this action plan include Mana whakahaere (partnering with Māori leadership), Mana Tāngata (highlighting and addressing inequities), and Mana motuhake (involvement of Māori stakeholders at governance and delivery levels). The New Zealand Sepsis Trust also recognises the relationship between sepsis outcomes and the wider determinants of health. In order to implement pro equity actions in our planning and delivery, the Trust acknowledges that “people with different levels of advantage require different approaches and levels of resources to achieve equity”.

Methodology

August 2025	Set Up and Planning
September 2025	Circulation of Briefing Document
October 2025	Undertake wānanga /Research
November 2025	Write Report and Submit. Present at Conference
January 2026	Create Action Plan

In total, five wānanga were planned, with the Auckland event cancelled due to staff sickness and shortages:

1. Turuki Healthcare, Auckland.
2. Te Kōhao Health, Hamilton.
3. Te Korowai Hauora o Hauraki, Thames.
4. Raukawa, Tokoroa.
5. South Waikato Pacific Islands Community Services Trust, Tokoroa.

These were scheduled for October 13 to October 15, 2025, with a maximum of two wānanga per day to allow sufficient time for driving, wānanga and collation of notes.

Bennett Pomana was flown to Waikato from Wellington to co-host the wānanga.

Profiles of wānanga Leads

Michelle Crook (MNZM), CEO

Michelle has extensive not-for-profit governance and management experience, with skills and strengths in leadership, strategic development, accounting, branding and marketing, funding and revenue diversification. For the past 25 years she has owned her own advertising agency, plus she has owned two website development businesses. She holds a Masters in Professional Accounting, and an undergraduate degree in Humanities. Michelle is responsible for overseeing the day-to-day activities of the Trust and supporting its governance and compliance measures.

Bennett Pomana Te Aitanga a Māhaki, Ngati Porou, Ngai Tamanuhiri, Rongowhakaata and Rongomaiwahine.

Bennett is a sepsis survivor and contributor to the work undertaken with HQSC on the development of sepsis awareness tools for healthcare environments.

Bennett's interest in this field of work centres on:

- Advocacy for sepsis survivors and whānau, with a focus on early recognition, equitable care, and long-term recovery.
- Raising awareness of the lifelong impacts of sepsis beyond hospital discharge.
- Improving culturally responsive health care for Māori and our communities.
- Using lived experience, storytelling, and creative practice to inform research and policy.
- Drawing on his work with rangatahi, where he uses music as a tool to build trust, connection, and engagement.

His interests in the research are based on these aspirations:

- Advocating for sepsis survivors and ensuring our lived experiences shape national policy and practice.
- Improving early detection and treatment so other whānau don't face the delays and uncertainty he did.
- Raising awareness of the long-term impacts of sepsis, including physical disability, chronic pain, and mental health challenges.
- Strengthening culturally grounded care for Māori and Pasifika patients within the health system.
- Supporting research that values storytelling, not just statistics, to show the human face of sepsis.

Bennett's motivations for being involved – in his words:

- I survived sepsis and necrotising fasciitis after being told I had hours to live — that experience gives me a responsibility to speak for those who didn't make it.
- I've lived the reality of rebuilding my life: years out of work, multiple surgeries, learning to be a father and partner through illness.

- As a songwriter, broadcaster, and community worker, I know how to communicate hard truths in ways people can hear.
- I want clinicians and decision-makers to understand what recovery really looks like beyond the hospital doors.
- My Māori worldview centres collective wellbeing — this research is about protecting our people.

And lastly, his aspirations for what he hopes to happen as a result of this kaupapa:

- Faster diagnosis pathways and better education for frontline health professionals.
- Ongoing support services for survivors and their whānau, not just short-term discharge plans.
- Equitable outcomes for Māori, with tikanga-informed approaches embedded in sepsis care.
- A national voice for survivors to help design services, rehabilitation, and funding priorities.
- That fewer families ever have to hear the words “prepare for the worst” because the system acted too late.

<https://www.sepsis.org.nz/bennett-pomanas-sepsis-story/>



Bennett Pomana and Michelle Crook at Raukawa, Tokoroa.

Cultural Advisor/Kaumatua

Our cultural advisor for the wananga was Kaumatua Doug Edwards, *Ngāti Tamaoho, Ngāti Koheriki, Ngāti Hako, Pare Hauraki*. Matua Doug serves as Pou Tikanga · Te Tāhū Hauora Health Quality & Safety Commission New Zealand.

A hui was held with Matua Doug on 22 September 2025 in Thames. The purpose being to discuss the objectives of the wānanga and to get feedback to improve outcomes.

Output: Design of slide-deck to send to healthcare authorities to introduce the wānanga and its purpose.



Clinical Advisor/Supervisor



Dr Paul Huggan, Trustee and Honorary Associate Professor in the New Zealand Graduate School of Medicine.

Paul is a highly respected infectious disease specialist, with extensive experience in clinical leadership, medical education, and research. As Head of Infectious Diseases at Health New Zealand | Waikato (2018–2025), he has been at the forefront of improving patient outcomes and advancing clinical practice. He has also served as National Clinical Lead for Sepsis Quality Improvement with the Health Quality & Safety Commission Te Tāhū Hauora.

Alongside his leadership, Paul is an accomplished researcher, with over 50 peer-reviewed publications spanning sepsis, infectious disease, and health equity. Following his medical education at The University of Edinburgh, Paul further strengthened his expertise with a PGCert in Statistics and Epidemiology (University of London), a PGCert in Health Management and Leadership (The University of Waikato), and Te Pokaitahi Reo (Te Kaupae 3) from Te Whare Wānanga o Awanuiārangī, reflecting both his technical depth and cultural responsiveness. His doctorate from the University of Auckland (2023) focused on the epidemiology and impact of sepsis in Aotearoa, further cementing his academic contribution.

As a Fellow of The Royal Australasian College of Physicians and the Royal College of Physicians of Edinburgh, Paul’s scholarship and service carry international standing.

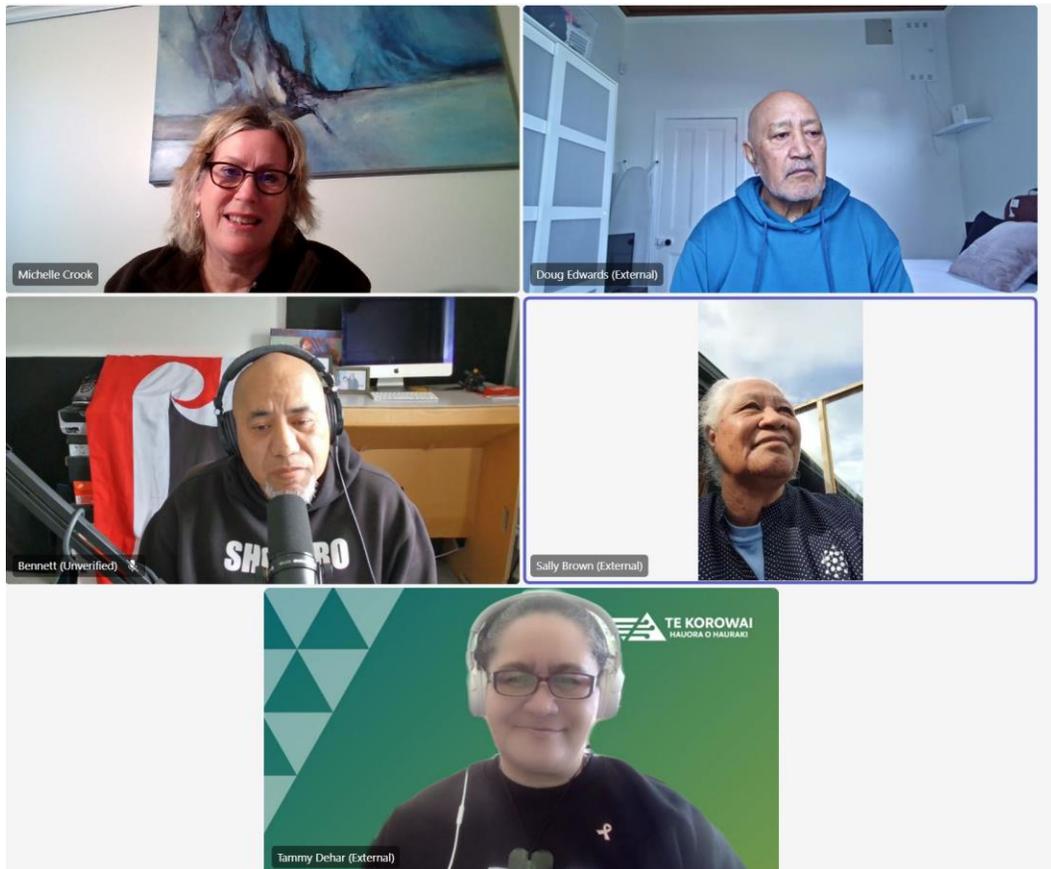
Paul also has rich international experience from his time in Singapore as Assistant Professor at the NUS Yong Loo Lin School of Medicine, where he held significant educational leadership roles.

RESEARCH - Stage 1: Preliminary Online Hui

September 26 2025

Preliminary online hui with Te Korowai Hauora o Hauraki

<https://korowai.co.nz>



Present:

- Matua Doug Edwards
- Bennett Pomana (Consumer Rep)
- Michelle Crook (Facilitator, NZ Sepsis Trust)
- Sally Brown, healthcare provider
- Tammy Dehar, Manukura Hauora (CEO), Te Korowai Hauora o Hauraki

Outcome

- Confirmation of validity of approach and value of engagement.
- An onsite wānanga was booked.

RESEARCH - Stage 2: Wānanga

Wānanga with Te Kōhao Health, October 13 2025

951 Wairere Drive
Hamilton East 3216
Kirikiriroa

<https://www.tekohaohealth.co.nz/>

Profile:

He rōpū whakataki mō te oranga whānau i raro i te mana tuku iho.

A world leading enabler of oranga whānau, through tikanga Māori, Te Whakaputanga and Te Tiriti.

Key Contact: Dama Williams, Miro o Te Ora | Clinic Manukura – Practice Manager

Attendees: Lianca Simons (Practice Nurse), Torika Baleisolomoni, Meri Ormsby (Manukura Whaiora), Walter Aupouri, Rizi Diaz (Healthcare Assistant), Rouela Parayno (Nurse), Te Waimaarino Patena (Nurse), Teresa Riley (Nurse Practitioner)



Wānanga with Te Korowai Hauora o Hauraki, October 14 2025

210 Richmond Street
Thames 3500

<https://korowai.co.nz>

Profile:

Te Korowai Hauora o Hauraki is a rural, Iwi-based, not-for profit, incorporated society providing affordable health and wellness services across the Hauraki rohe for over 25 years.

Key Contact Tammy Dehar, Manukura Hauora

Attendees: Tammy Dehar, Manukura Hauora, Janine Thompson, Poukura Hauora, Veronica Polkinghorne, Poukura Kāinga and Cherie Taylor, Kaiarahi Whaikaha from Oranga o te Tāngata.

Wānanga with Raukawa, October 15 2025

1-11 Raukawa Way
Tokoroa, 3420

<https://www.raukawa.org.nz/>

Key Contact: Honey Kingi, Whānau Ora Navigator (Kaiārahi)

Attendees: Six kaimahi attended this wananga.

Wānanga with South Waikato Pacific Islands Community Services Trust, October 15 2025

23-25 Maraetai Rd, Tokoroa

www.swpics.nz

Profile

The organisation is the only Pacific Organisation in the South Waikato region that delivers health and social services to Pacific (and non-Pacific) families. Through all its services, the organisation engages with over 2500 Pacific people including 270 Pacific families and is well connected to Pacific Islands and mainstream churches.

Key Contact: Akarere Henry, Chief Executive (ceo@swpics.nz)

Attendees: Akarere Henry, plus three kaimahi.

OUTCOMES - Combined Key Themes and Learnings

1. Messaging

Notably, while language choice was considered important (i.e. translating all collateral into te reo Māori), all health providers said that training, education and face-to-face communication on sepsis were more important and should be prioritised. They also cautioned us about translating material and potentially compromising the assimilation of the message.

Clarity of language

We were advised to stick with consistent messaging, and to avoid information overload. The theme of “Know the signs, speak up, save lives” was encouraged.

It was advised that the use of clinical language can be confusing. Use the language that patients use. For example, one kaimahi said “I use the word ‘toxic’ to describe sepsis to my patients”. It’s simple and it has impact.

Need to be really clear that sepsis can affect anyone of any age and at any time.

Encourage people to ‘Be Brave’.

Stress that it’s ok to ask “could it be sepsis”.

Speak Up! You know yourself and your family members better than anyone.

Speak Up for Sepsis.

Be Brave in the healthcare environment.

“Prove to me it’s not sepsis”. Prove me wrong. I think it’s sepsis.

Be Mindful of Audience and the Call to Action

Not everyone is near a hospital; some hospitals do not have ambulances available after hours so it’s futile in some areas to say “Call 111” or go directly to A and E. Also be aware that many are living in rural areas and don’t have transport, medicine or digital services.

Culturally Relevant Messaging

For greatest impact, campaigns should reflect Māori values, whānau ora, and manaakitanga.

2. Relationships

The importance of using the trusted community health provider network and existing delivery relationships.

Use Trusted Relationships

Use trusted networks like those represented in the wānanga and in particular, recognise the role that face-to-face community health nurses and kaimahi play.

The importance of school nurses and their training and early recognition.

Don't assume that people will go to the hospital readily. Many of our patients are wary of the hospital "but they trust us". Many have comorbidities like COPD or diabetes. Not all want to go to hospital or get follow-up healthcare. *We have to "lasso" them.*

Use what is already in place.

The entities we met with are sending out regular newsletters to their communities – look to be part of that. Many did not know that it had been national/world sepsis day or that there was such a thing.

Opportunity for wider network events.

The Sepsis Trust can join Hauora Days and present face-to-face.

Message "carriers"

The role of young people to carry the message into the home (digital savvy). Consider best channels to get the message out to these people.

Target rangatahi as they can share the knowledge into the whanau.

Another potential avenue for sharing the sepsis message is Life Education Trust (this was endorsed as a good idea).

3. Real-life stories from Locals

The potential to tell local stories and use local brand ambassadors (for example, rugby league coaches or community leaders who have experiences with sepsis) to convey the message of awareness and urgency.

The Power of Local Stories

Try and find local sepsis survivors to lead in with stories.

Brand Ambassadors

Like the idea of brand ambassadors. Particularly those who are community leaders. Personal stories from survivors are powerful tools for change.

Think about trusted relationships in communities like sports coaches.

Reflections on another health entity (reference - concussion/mental health) which has done a good job by having these people carry its concussion pathway message into the community. The concept of “train in one space to train in another”.

4. Education and Training (Policy Level)

Reflections on the urgency of embedding sepsis education within community nursing and kaimahi training, clinical and first aid training.

Gaps in Education and Training

Sepsis is not currently included in many first aid or resuscitation courses. “We are taught about bleeding and choking, but not the signs of sepsis.”

Some student nurses and kaimahi had no prior training on sepsis recognition. Integrating sepsis modules into healthcare and community training is essential e.g Triple111. Consider age range of kaimahi, and choose the message and channel accordingly.

Consider also training for likes of teachers, early childhood education – anywhere where regular first aid training is required. Look to link up with occupational first aid training companies.

Dental nurse training another suggestion as a channel for training purposes.

Consider having courses available as part of professional development. Target Nurses who want to do courses – both clinical and non-clinical.

Channels Discussed

While whānau are encouraged to trust their instincts and speak up when someone seems unwell, stoicism and fear of hospitals remain barriers—education must empower people to act early.

Digital Outreach

Digital outreach through social media, mobile apps, podcasts, and youth-focused campaigns were widely supported.

A Quiz via a Sepsis App – example was given of asthma control test questionnaire. Could be used by kaimahi to educate whanau and patients. It could be used as a resource to generate an escalation plan.

Proposed collaborations endorsed

Collaborations with Life Education Trust and Shortland Street.

Explore Creative Outreach

Explore creative outreach: hip-hop and podcast content, development of children’s books.

0800 MESSAGES

Put a message about sepsis on the 0800 ‘hold’ message at health centres – if not all year round, then during world sepsis month.

TV screens in health settings.

Consider busy times of year and the opportunity to get the word out e.g. over summer in the Coromandel.

Face to Face training

As mentioned, the power of face-to-face training was apparent and a recurring theme.

Messaging on Patient Portals

e.g. Manage my Health - <https://portal.managemyhealth.co.nz/m/Main/login> and other Patient Portals.

Prompt cards

On lanyards or fobs for receptionists and nurses to carry.

Resources that are easy to distribute.

Visual cues like fridge magnets or wallet cards.

ACTION PLAN - Stage 3: (Post Research)

1. Circulate Action Plan internally for review.
2. Preparation of Powerpoint and Poster for Te Niwha Conference.
3. Submission of Report (due December 2025)
4. Internal wānanga with new Sepsis CEO on outcomes and recommendations and next steps:
 - a. Messaging including Call to Action (understand the health response pathways in different parts of New Zealand).
 - b. Leverage of networks and building of CRM accordingly.
 - i. Hauora Providers
 - ii. School Nurses
 - iii. Dental Nurses
 - iv. Thereafter, look to create regular relevant content to push out to these channels for education and repurposing.
 - c. Capture of local stories to be told in local environments.
 - d. Build database of occupational training facilitators.
 - e. Lobby for inclusion of sepsis training in all environments.
 - f. Consideration of specific opportunities, not limited to:
 - i. Creation of an App for call to action.
 - ii. 0800 number messaging
 - iii. Inclusion on patient portals
 - iv. Test Healthcare TV Screens
 - v. Creation of new resources.

Specific opportunities relating to one or more health providers:

Pasifika Opportunity

Hauora Day held at Waikato Hospital on 14 March 2026. Involves those in secondary and primary care. Akarere Henry would like us to have a presence on this day.

Raukawa Opportunity

To submit an article in their newsletter. To be advised on word count and deadline. Broader opportunity to send out soundbites for other medical and community health providers.

Appendices:

Soundbites of Potential Value

“When I had sepsis, I would have liked to see a face like mine.”

Two problems in our line of work. One is that “we work hard trying to keep them out of hospital.” The second is that “we work equally as hard trying to get them to go to hospital”.

Remember, “many live in rural communities with limited digital services” and “many will rely on their moko for anything digital.”

Many of our patients are part of “a population with high co-morbidity – COPD and type 2 diabetes. They trust us for health advice, but not so much the system”

Post Sepsis Syndrome

This was discussed as an adjunct to the wananga. Conversations centred on the need for wraparound services that meet the needs of whanau. Also, communication amongst providers. Additional value was seen in support services including navigation/wayfinding to assist with accessing social services.

Acknowledgements

The NZ Sepsis Trust extends its gratitude to all those who contributed to the success of the 2025 Sepsis Awareness Wānanga series.

Special thanks go to Te Kōhao Health, Te Niwha Infectious Diseases Platform, and the Māori and Pasifika health providers who opened their doors and shared their experiences and insights. Your voices have shaped the direction of this kaupapa and will continue to influence national efforts to prevent avoidable harm from sepsis.

We acknowledge too the invaluable contributions of Bennett Pomana, whose lived experience continues to inspire whānau and communities across Aotearoa, and Dr Paul Huggan for his ongoing clinical leadership and advocacy. Nga mihi nui to our kaumatua Doug Edwards for his insight and guidance.

References

1. New Zealand Sepsis Trust (2025). *Sepsis Awareness Wānanga Programme Materials.* Hamilton, NZ.
2. Te Niwha Infectious Diseases Research Platform (2025). *Kia Tupu – Community Development Grant Application.* University of Otago.
3. World Health Organization (2017). *Improving the prevention, diagnosis, and clinical management of sepsis.* Geneva: WHO.
4. Health Quality & Safety Commission New Zealand (HQSC) (2025). *National Sepsis Clinical Care Pathway.* Wellington, NZ.
5. Te Kōhao Health Ltd (2025). *Sepsis Wānanga Notes – Hamilton, 13 October 2025.*
6. South Waikato Community Services Trust (2025). *Sepsis Awareness Community Engagement Meeting Notes.* Tokoroa, NZ.
7. Hauraki Māori Trust Board (2025). *Sepsis Awareness Wānanga Meeting Summary.* Thames, NZ.