



TUHA-NZ

a Treaty Understanding of Hauora
in Aotearoa-New Zealand

© 2002

Health Promotion Forum of New Zealand – Runanga Whakapiki ake i te Hauora o Aotearoa

ISBN 0-473-08566-6 (hardcopy)

ISBN 0-473-08567-4 (website)

This document is available on the Health Promotion Forum website

www.hpforum.org.nz

Acknowledgments – He Mihi

Taiāwhiowhio ana te rere o te hauora o ngā tūpuna

Toi tu te mana, toi tu te whenua

Tihei mauri ora

E mihi ana rā, e tangi ana rā. E tangi ana ki ngā mate huhua e pīkautia nei e ngā uri o ngā mātua.

Haere e te hunga kua moe. Haere ki a Hine nui i te tatau o te pō. Ratou ki a rātou.

Tātou, e takatū nei i te mata o te whenua ki a tātou.

Tēnā koutou, tēnā koutou, tēnā tātou katoa.

E whai wahi ana i kōnei te mihi atu ki te hunga na rātou i takoha mai ētahi wāhanga o te tuhinga nei. Ngā mihi a te Rūnanga Whakapiki ake i te Hauora ki te tini mano o ngā kaihautu o te hauora i Aotearoa nei.

The Health Promotion Forum of New Zealand – Runanga Whakapiki ake i te Hauora o Aotearoa would like to acknowledge and thank those many people who participated in the development of *TUHA-NZ*. From those people who initiated the remit at the 1997 Forum conference, that began this process, to those who attended subsequent Treaty of Waitangi and Ottawa Charter workshops and made written and verbal submissions. Thanks also to the *TUHA-NZ* working party and those who have trialed the strategy in *TUHA-NZ* implementation workshops.

We look forward to your future support and participation as the process continues.

No reira, e ngā kaimahi o ngā hau e whā, ki a koutou i tautoko mai i tēnei kaupapa, ka nui ngā mihi ki a koutou katoa.

The band of toilers keeps on working.

Ka mahi te hukuroa i ana mahi.

Tēnā koutou, tēnā koutou, tēnā tātou katoa.

Contents – Kuputohu

| | |
|--|----|
| Introduction Whakatūwheratanga | 4 |
| Section one The Call for and Development of <i>TUHA-NZ</i> – Tōna Hiahiatanga me te Huatanga mai o <i>TUHA-NZ</i> | 5 |
| Background – Te Tirohanga Whakamua | 5 |
| Support for the Development of a Framework Document – Ngā Tautoko i te Tuhinga Tāpare | 5 |
| Consultation on and Development of <i>TUHA-NZ</i> – Te Whakataranga me te Huangā mai o <i>TUHA-NZ</i> | 6 |
| Section two The Relationship between te Tiriti and Health – Te Tiriti o Waitangi me te Hauora | 8 |
| Language and Definitions – Te Reo me ngā Tautuhinga | 8 |
| Te Tiriti and Health – Te Tiriti me te Hauora | 8 |
| Ko te Tuatahi – Article One – Kawanatanga | 9 |
| Ko te Tuarua – Article Two – Tino Rangatiratanga | 9 |
| Ko te Tuatoru – Article Three – Oritetanga | 10 |
| Section three <i>TUHA-NZ</i> – A Framework for Treaty-based Health Promotion – He Tāparenga i te Whakapiki Hauora i raro i te Tiriti | 12 |
| Ko te Tuatahi – Article One – Kawanatanga A Goal for Health Promotion – He Whaingā mō te Whakapiki Hauora | 13 |
| Ko te Tuarua – Article Two – Tino Rangatiratanga A Goal for Health Promotion – He Whaingā mō te Whakapiki Hauora | 14 |
| Ko te tuatoru – Article Three – Oritetanga A Goal for Health Promotion – He Whaingā mō te Whakapiki Hauora | 15 |
| Applying te Tiriti Goals in Health Promotion Practice – Te Whakamahinga i ngā Whaingā Tiriti i roto i ngā Mahi Whakapiki Hauora | 16 |
| Being Able to Apply te Tiriti Using a Familiar Process – Te Whakamahinga i te Tiriti mā te Hātepe Taunga kē | 16 |
| Examples of Goals, Objectives and Strategies – He Tauira Whaingā Roa, Whaingā me ngā Rautaki | 17 |
| Goal One: Achieve Māori participation in all aspects of health promotion | 17 |
| Goal Two: Achieve the advancement of Māori health aspirations. | 18 |
| Goal Three: Undertake health promotion action which improves Māori health outcomes | 19 |
| Section four Te Tiriti and Health Promotion Practice in Aotearoa-New Zealand – Te Tiriti me te Whakamahinga o te Whakapiki Hauora i Aotearoa | 20 |
| Māori Health and Concepts of Health Promotion – Te Hauora Māori me ngā Ariā o te Whakapiki Hauora | 20 |
| Diverse Realities – Ngā Ao Kanorau | 21 |
| Te Tiriti and the Determinants of Health – Te Tiriti me ngā Whakataunga o te Hauora | 21 |
| Contractual Obligations | 23 |
| Provisions and Principles | 24 |
| Appendix One | 25 |
| Te Ara Tupu – The Development Process | 25 |
| References and Endnotes Ngā Tohutoro me ngā Tuhinga Whakamutunga | 26 |

Introduction – Whakatūwheratanga

Health is determined by many factors. These include access to a strong cultural identity, peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, equity, family, physical, mental, emotional and spiritual well-being and participation in society. The ability to exercise tino rangatiratanga and self determination is also recognised as a determinant of health.

These conditions and resources for health are particularly relevant in Aotearoa-New Zealand because they are embodied in the founding document of this country. Te Tiriti o Waitangi (te Tiriti), signed in 1840, established the fundamental basis of the contractual relationship between tangata whenua and the Crown, and the Crown's agencies.

This document *TUHA-NZ, A Treaty Understanding of Hauora in Aotearoa-New Zealand*, aims to help people and organisations working in health promotion to further understand and apply te Tiriti in their everyday work. The health promotion workforce called for such a guide and its development has been a journey embraced and assisted by many health promoters within Aotearoa-New Zealand.

TUHA-NZ aims to help health promoters understand why te Tiriti has paramount relevance to health promotion and how they can undertake effective Treaty-based practice. It is hoped that *TUHA-NZ* will help answer such questions as: What is the relationship of te Tiriti to health and health promotion practice? What does te Tiriti and Treaty-based practice mean in my work? How do each of the three articles of te Tiriti relate to health promotion? How can they be translated into every day planning and practice for health promotion organisations and workers?

Becoming more competent and at ease with these matters is important for professional development and effectiveness for health promotion organisations and practitioners in this country. There are Treaty-based knowledge and skill elements in *Nga Kaiakatanga Hauora mo Aotearoa: Health Promotion Competencies for Aotearoa-New Zealand*. However *TUHA-NZ* will not answer all questions that health promoters may have on these issues. It assumes that health promoters will have or be doing other learning about te Tiriti to enhance their professional development in this area.

The document begins with the background to the development of *TUHA-NZ*. In the second section there is an overview of the relationship of te Tiriti and health and concepts of health promotion and Māori health. In the third section the three articles of the Māori text of te Tiriti and their English translation are outlined and the implications for each are discussed. For each of the three articles, a health goal for health promotion practice is defined and explained. Suggestions and examples are given for identifying specific objectives, strategies and performance indicators to help realise the goals in the workplace and in health promotion practice. In Section Four, several factors are discussed which health promotion organisations and practitioners should consider in order to assist their understanding, approaches and practice in working with te Tiriti.

Section one

The Call for and Development of *TUHA-NZ – Tōna Hiahiatanga me te Huatanga mai o TUHA-NZ*

Background – Te Tirohanga Whakamua

On 22 October 1998, the Health Promotion Forum of New Zealand (the Forum) began a consultation process to discuss te Tiriti o Waitangi and the Ottawa Charter for Health Promotion and their application to health promotion practice in Aotearoa-New Zealand. The Ottawa Charter was developed at a World Health Organisation conference in Ottawa in 1986 and provides a common understanding of health promotion internationally. It also helps inform practice in this country. The objective of the consultation process, which involved four workshops around the country, was to invite the health promotion workforce to participate in the discussion of the following remit which arose from the Forum's 1997 Creating the Future conference.

“That the Health Promotion Forum reaffirm their role as leader of health promotion in Aotearoa by committing to facilitate the development of a framework document based on te Tiriti o Waitangi to guide health in Aotearoa. The Ottawa Charter should be used within the context of the wider Treaty-based framework.”

Support for the Development of a Framework Document – Ngā Tautoko i te Tuhinga Tāpare

Members of the health promotion workforce who participated in that consultation process strongly supported the development of a framework document based on te Tiriti o Waitangi to guide health promotion action in Aotearoa-New Zealand.

The report of the consultation process, *E Rua*¹, made six recommendations, two of which are particularly relevant to the development of *TUHA-NZ*. The two recommendations were that:

- te Tiriti o Waitangi be actively promoted as the basis upon which all health promotion action should be based in Aotearoa-New Zealand; and
- a framework document be developed as a tool for health promotion practice in Aotearoa-New Zealand and that the framework document acknowledge te Tiriti o Waitangi as having 'paramount status'.

Discussion arising from the consultation indicated that an Aotearoa-New Zealand framework document should:

- be Treaty-based and explain what health promotion is, and clarify the relationship between te Tiriti o Waitangi and health promotion, in Aotearoa-New Zealand. The framework should reflect the values and issues of 'our part of the world'
- protect the rights of iwi and hapu to express and manage their own te Tiriti interests
- have international relevance particularly in relation to the rights of indigenous and first nation

people. The commitment to and actioning of te Tiriti o Waitangi would role model our Aotearoa-New Zealand experience and process

- represent a clear developmental step on from the Ottawa Charter process. A coming into our own – asserting our own unique Aotearoa-New Zealand process and knowledge; and
- require a commitment to monitoring and evaluation. As such, issues of quality, evaluation, accountability and monitoring should be addressed.

Consultation on and Development of TUHA-NZ – Te Whakataranga me te Huanga mai o TUHA-NZ

Tā te rangatira, tāna kai he korero, tā te ware he muhu kai.

The food of the noble chief is discussion, but the commoner will be bored.²

E Rua gave a clear direction to follow in the next stages. A draft document for consultation was written based on writing a health promotion goal for each of the three Tiriti articles. This was in order to help health promotion organisations and workers plan Treaty-based objectives and strategies for their work. The draft became known as *TUHA-NZ* and underwent a consultation and redrafting process during late 1999 and 2000. This included workshopping at the 1999 Forum Conference *Health Promotion on the Move*, dissemination to the workforce for feedback, consultation workshops throughout the country and use of an advisory working party. (See Appendix One for more details on the consultation process). The process implemented was broad, exercising strategic linkages with the Health Funding Authority, health promotion agencies and the wider health promotion workforce.

The information and feedback gathered from the consultation process and the first implementation workshops have been used to inform the final *TUHA-NZ* document.

Whilst information from the consultation was extensive, several themes were echoed throughout the country. They were that:

- the Forum had facilitated an inclusive and transparent process in the development of the *TUHA-NZ* document
 - the development of Treaty-based guidelines is long overdue
 - the Forum was challenged to further the process with urgency
 - the implementation process will be an important and influencing factor on the success of putting the *TUHA-NZ* framework into practice
 - the strategy of applying te Tiriti in the form of health promotion goals was supported
 - care should be taken in the development and explanation of the goals to ensure that the intent of the goals is clear and strong
- 6
- issues pertaining to evaluation and monitoring would need careful consideration

- the *TUHA-NZ* framework should be promoted as a tool for Treaty-based health promotion practice and its implementation be voluntary
- the Forum was encouraged to adopt a process to achieve 'buy in' from across the health promotion and wider health sector, including health funding and political agencies.

The information and feedback gathered from the consultation process and the first implementation workshops have been used to inform this final *TUHA-NZ* document.

In summary, the call was heeded for a practical framework to help health promotion organisations and practitioners further understand and apply te Tiriti in their everyday work. *TUHA-NZ* is intended to help move beyond acknowledging te Tiriti to putting it into practice. This is through exploring the relationship of te Tiriti and its three articles to health and the setting out of a health promotion goal relevant to each Tiriti article. Health promotion organisations and practitioners can then take each of the three goals and, using a common planning approach, set objectives, strategies and performance indicators for each goal relevant to their own organisation.

The remainder of *TUHA-NZ* addresses these matters in the following sections.

Section two

The Relationship between te Tiriti o Waitangi and Health – Te Tiriti o Waitangi me te Hauora

This section examines the relationship of te Tiriti and its articles with health, Māori concepts of health and health promotion.

Language and Definitions – Te Reo me ngā Tautuhinga

It is important to note that the language used to discuss te Tiriti text informs our understanding. There is continued debate and analysis as to the meaning, intention, obligations, rights, responsibilities and ultimately the application of te Tiriti. To be consistent with the most recent literature some key terms are defined.

There are two versions of te Tiriti, one in English the other in Māori, which differ in translation and meaning. In line with international Treaty law³ and the rule of Contra-Proferentum the version used to inform *TUHA-NZ* is the Māori text.

Articles refer to the articles contained within the Māori text of te Tiriti o Waitangi. It is from these three articles that meaning is drawn to inform the *TUHA-NZ* framework. The three articles are:

[Article One: Kawanatanga – Governance](#)

[Article Two: Tino Rangatiratanga – Māori control and self determination; and](#)

[Article Three: Oritetanga – Equity.](#)

(The terms ‘Treaty Provisions’ and ‘Treaty Principles’ are not used in the context of the *TUHA-NZ* framework. However, they are described in Section Four).

Te Tiriti and Health – Te Tiriti me te Hauora

Te Tiriti is strongly associated with perspectives on health and well-being at several levels. Concern for Māori health and wellbeing was a significant contributing factor to the conception of te Tiriti o Waitangi. One of the main intentions of te Tiriti o Waitangi was to protect the wellbeing of the tangata whenua⁴. The apparent intention of the British Government to protect Māori and facilitate an agreement which sought to do this can be found in the instructions sent from England to British agents managing the treaty process. These instructions noted the harmful health consequences of colonisation and recognised the need and responsibility to extend Māori protection⁵. Undoubtedly there were other reasons for signing the treaty, but concern for Māori health and well-being was an important one.

Not only did the signing of the treaty as a whole have a basis in protection and concern, but each of the three articles can be analysed for its health implications. Te Tiriti offers a suitable framework to consider planning and delivery of health services⁶. Particularly, each of te Tiriti articles⁷ contain

significant provisions that impact on health promotion practice.

The following outlines the three articles and their relationship with health. The three articles should be considered in conjunction with each other rather than separately. (In Section Three each article is translated again and discussed in more depth in relation to a health promotion goal).

Ko te Tuatahi – Article One – Kawanatanga

Ko nga Rangatira o te wakaminenga me nga Rangatira katoa hoki ki hai i uru ki taua wakaminenga ka tuku rawa ki te Kuini o Ingarani ake tonu atu – te Kawanatanga katoa o o ratou wenua.

The Chiefs of the Confederation and all the Chiefs who have not joined in that Confederation give up to the Queen of England for ever all the governorship of their lands.

Kawanatanga / Governance

Tāu mahi e te ringa whero.

Fit work for the hand of a chief.

Article One outlines the Crown's obligations and responsibilities to govern and to protect Māori interests. Kawanatanga is the provision that allows the Government to govern⁸. It provides for the Crown's right to make laws and its obligation to govern in accordance with a constitutional process which ensures the adequate provision of services to all citizens⁹. Consequently, this provision directly applies to all agencies which draw their authority from the Crown.

Māori gave up governorship of their lands but in return expected to receive benefit from the government. Good government means the Crown and its agencies have an obligation to develop policies and services which contribute to and enhance the health and wellbeing of all citizens.

Ko te Tuarua – Article Two – Tino Rangatiratanga

Ko te Kuini o Ingarangi ka wakarite ka wakaae ki nga Rangatira ki nga hapu – ki nga tangata katoa o Nu Tirani te tino rangatiratanga o o ratou wenua o ratou kainga me o ratou taonga katoa. Otiia ko nga Rangatira o te wakaminenga me nga Rangatira katoa atu ka tuku ki te Kuini to hokonga o era wahi wenua e pai ai te tangata nona te wenua – ki te ritenga o te utu e wakaritea ai e ratou ko te kai hoko e meatia nei e te Kuini hei kai hoko mona.

The Queen of England agrees and consents (to give) to the Chiefs, hapu, and all the people of New Zealand the full chieftainship (rangatiratanga) over their lands, their villages and all their possessions (taonga: everything that is held precious) but the Chiefs give to the Queen the purchasing of those pieces of land which the owner is willing to sell, subject to the arranging of payment which will be agreed to by them and the funder who will be appointed by the Queen for the purpose of buying for her.

Tino Rangatiratanga / Māori control and self determination

He kai nā tangata, he kai tītongitongi; He kai nā tōnā ringa, tino kai, tino mākona noa.

You can only nibble at another's food; but with food that you have cultivated yourself, you can satisfy your appetite.

Article Two provides for Māori to exercise their tino rangatiratanga, control, authority and responsibility over their affairs¹⁰, including health¹¹. Article Two guarantees to Māori the control of their resources and taonga¹². A government response to Crown obligations has been to support the development of Māori health funders and providers.

Ko te Tuatoru – Article Three – Oritetanga

Hei wakaritenga mai hoki tenei mo te wakaaetanga ki te Kawanatanga o te Kuini. Ka tiakina e te Kuini o Ingarani nga tangata Māori katoa o Nu Tirani. Ka tukua ki a ratou nga tikanga katoa rite tahi ke ana mea ki nga tangata o Ingarangi.

This is the arrangement for the consent to the governorship of the Queen. The Queen of England will protect all Māori of New Zealand and will give them all the same rights as those of the people of England.

Oritetanga / Equity

Ka whakarērea te pūhā, ka whai ki te matariki.

The inferior reeds are thrown away, the superior ones are sought after.

Article Three addresses issues of equity¹³ and equality¹⁴. It constitutes a guarantee of legal equity between Māori and other citizens of Aotearoa-New Zealand. The implications are that Māori should experience equity in the enjoyment of all the benefits of Aotearoa-New Zealand citizenship, including health¹⁵. The provision requires the Crown to actively protect and reduce disparities between Māori and non-Māori¹⁶.

We are living in the only decade of the twentieth century in which the health of Māori is, by critical measures, not improving, and indeed is likely to be worsening. Premature death is the ultimate cost for being on the losing side of social change. If Māori health status is a proxy measure of good government as guaranteed in ... te Tiriti o Waitangi recent governments and their social and economic policies have been found lacking (Dr Papaarangi Reid)¹⁷.

There is significant disparity between Māori and non-Māori health status. In the 1990's leading Māori researchers characterised Māori health status as follows:

- higher risk of low birthweight and death during the first five years of life than non-Māori

- higher risk of injury, both accidental and non-accidental, during childhood and adolescence than non-Māori
- higher risk of infectious diseases, including pneumonia, tuberculosis, and rheumatic fever than non-Māori
- increasing rates of suicide and hospital admissions for mental illness
- higher risk of cancers, especially those of the lung, cervix uteri, stomach, liver, and uterus than non-Māori
- higher risk of heart disease, especially coronary, hypertensive, and rheumatic heart disease, than non-Māori
- higher risk of diabetes and its complications than non-Māori
- higher risk of deaths from, and hospitalisation for, road traffic crashes than non-Māori
- higher risk of injury and death from violence than non-Māori
- a level of access to primary health services less than estimated need
- institutional barriers to secondary or tertiary care
- lower life expectancy, and life expectancy lived free of disability, than non-Māori
- higher likelihood of belonging to low socio-economic groups than non-Māori; and
- a greater likelihood of living in areas with higher rates of poverty and lower levels of servicing than non-Māori¹⁸.

These measures of ill health and socio-economic status illustrate the negative realities of many Māori. Collectively, such indicators make a compelling rationale for addressing Māori health needs, immediately. When considering how to address the issues related to equity and disparity, the development of effective interventions will require acknowledgement of historical, cultural, social and economic issues¹⁹.

Section three

TUHA-NZ – A Framework for Treaty-based Health Promotion – He Tāparenga i te Whakapiki Hauora i raro i te Tiriti

Te Tiriti o Waitangi is the basis on which all health promotion action should be based in Aotearoa-New Zealand²⁰.

The health promotion workforce of Aotearoa-New Zealand has a responsibility and commitment to maintain the mana of te Tiriti o Waitangi. However, in recognising that te Tiriti o Waitangi should be used as the basis of health promotion practice, consultation identified that, for some, a barrier to implementation was the lack of understanding about how to apply te Tiriti to health promotion.

TUHA-NZ is a framework for Treaty-based health promotion practice. The framework outlines a process to assist health promoters in their efforts towards Treaty-based health promotion practice. The framework provides a new way to consider health promotion practice rather than a new way to look at te Tiriti²¹.

TUHA-NZ applies the articles of te Tiriti o Waitangi as specific goals for which health promoters can identify achievable and appropriate objectives and strategies. Each of the three goals is integral to the 'whole' TUHA-NZ framework. The articles and goals should be considered together when applying the framework.

In this section the health goal for health promotion practice relevant to each article is defined and explained and suggestions and examples are given for identifying specific objectives, strategies and performance indicators to help realise the goals in the workplace and in health promotion practice.

Ko te Tuatahi – Article One – Kawanatanga

A Goal for Health Promotion – He Whaingā mō te Whakapiki Hauora

Achieve Māori participation in all aspects of health promotion.
Kia pā te ringa Māori ki ngā āhuatanga whakapiki hauora katoa.

This goal supports meaningful Māori participation at all levels and aspects of health promotion including decision making, prioritising, purchasing, planning, policy, implementing and evaluating health promotion services.

As Article One is concerned with issues of kawanatanga, Māori participation at decision making and management levels is a priority.

The intention of this goal is to create health promotion environments where Māori:

- actively manage and inform Māori health priorities and action
- worldviews and cultural values are represented and influential in all aspects of the health promotion process
- are in the best position to advocate and strategise for Māori health advancement.

This goal also intends Māori participation to be comprehensive, active, consistent, responsive and encompass a community development approach.

Issues for health promoters to consider include:

- how to identify, establish and maintain appropriate and safe lines of communication and process with Māori to ensure Māori participation across all sectors of health promotion?
- how to facilitate equity of participation and resource management when there are competing needs?
- how to strengthen Māori health systems and structures?
- how will issues relating to intellectual property be managed?
- how will the process be measured and evaluated?

Whilst processes should be employed to encourage meaningful Māori participation, Māori priorities may be such that they may choose not to participate. However, should Māori decline to participate, it would be good practice to consider and evaluate the possible reasons for this.

There is a need for rigorous research by Māori for Māori on all aspects of public health to advance gains in Māori health. Being counted and included in research is an acknowledgement of being valued. Research and evaluation is also necessary when considering Crown health outcomes and is a critical prerequisite to reviewing the guarantees made in te Tiriti o Waitangi²². When relating te Tiriti o Waitangi to research, Māori researchers have argued that te Tiriti affirms the right for Māori to conduct research that is 'by Māori for Māori' utilising the tools that Māori see as valid²³. It is important therefore that Māori are involved in all aspects of the research process.

Ko te Tuarua – Article Two – Tino Rangatiratanga

A Goal for Health Promotion – He Whaingā mō te Whakapiki Hauora

Achieve the advancement of Māori health aspirations.
Te whakatūtuki haere i ngā wawata Māori mō te hauora.

This goal requires action toward the achievement of Māori health aspirations as determined by Māori. It is about creating and resourcing opportunities for Māori to exercise tino rangatiratanga, control, authority and responsibility over Māori health. This would include resourcing and sustaining the ongoing development of Māori health promotion funders, providers and workforce. For some, this will most certainly mean the development of ‘by Māori, for Māori’ health promotion opportunities and the restoration of iwi self management. Opportunities to increase and strengthen the Māori health promotion workforce in both mainstream and Māori health environments should be strategised.

Māori health aspirations refer to the goals, desired outcomes, hopes, dreams and vision Māori have for their health. The Māori word moemoeā perhaps better describes what is meant by aspirations in this goal. Importantly, moemoeā can be considered as providing insights related to the future of present events. In this sense, Māori health aspirations arise from Māori realities, reflect Māori goals and desired outcomes and are achievable.

Issues for health promoters to consider include:

- when asking the question, What are Māori health aspirations? several points need consideration. Māori realities are diverse. The moemoeā of Māori in Taitokerau may differ from Māori in Rakiura. The process utilised to determine what Māori health aspirations are will need to be based in the realities of the people and communities who will be most affected by the health promotion action. Therefore, in order to understand the aspirations of a community, it would make good sense to ask that community.
- an information gathering process will need to be undertaken. A community action approach which strengthens and builds on community realities is more likely to reveal Māori health aspirations than a process which relies solely on statistical data or analysis.
- the issues which affect the Māori population at a national level will not necessarily have priority for Māori at a regional or iwi level. Māori communities may have different priorities from those at a national level.
- working toward the achievement of Māori health aspirations will be challenging, requiring ingenuity and new and different ways of thinking about and doing health promotion. The ‘success’ of this goal will be relative to the degree of power and resource sharing reflected in the resulting objectives and strategies.
- processes which review and reflect upon health promotion practice provide opportunities to improve, develop and increase the effectiveness of health promotion practice. When considering the value and effectiveness of health promotion for Māori it is important to note that the theories and beliefs that inform mainstream health promotion and education strategies do not necessarily work for indigenous populations. Māori researchers have argued that in Aotearoa-New Zealand mainstream approaches do not work for Māori²⁴.

Ko te Tuatoru – Article Three – Oritetanga

A Goal for Health Promotion - He Whaingā mō te Whakapiki Hauora

Undertake health promotion action which improves Māori health outcomes.

Te mahi whakapiki hauora kia pai ai ōna hua.

This goal prioritises health promotion action which will bring about health outcomes for Māori. Although an immediate goal is to reduce the health disparities that exist between Māori and non-Māori, the continued improvement of Māori health status is the over-riding goal.

The development of strategies to address the basic causes of poor health will need to consider the underlying determinants of health.

Equity of health outcome remains an important factor for monitoring and evaluation of health services.

The following are some issues for health promoters to consider:

Addressing the causes of poor health requires a willingness and ability to work with interest groups outside the health sector. For example, if over-crowding and poor housing conditions increase the risk and spread of infectious diseases then it would be appropriate to address the issue of over-crowding and poor housing conditions in a related health promotion campaign or strategy. The creation and implementation of such a campaign might involve a collaboration of health, housing and cultural interests.

In this instance a health promoter may be able to:

- increase awareness about the relationship between housing conditions and health
- facilitate relationships between agencies toward more holistic strategies which seek to address the determinants of health; and
- advocate for research and health promotion activities which effectively relate to the community concerned.

Accurate information plays an important role in quality assurance, monitoring and evaluation processes²⁵. Evaluation of health promotion programmes and services is important to ensure that Māori health promotion needs and aspirations are addressed efficiently and effectively²⁶.

Applying Te Tiriti Goals in Health Promotion Practice – Te Whakamahinga i ngā Whaingā Tiriti i roto i ngā Mahi Whakapiki Hauora

Being Able to Apply te Tiriti Using a Familiar Process – Te Whakamahinga i te Tiriti mā te Hātepe Taunga kē

The process of setting objectives and strategies to meet identified goals is a practice many health promotion workers will already be familiar with. Being able to identify strategies for Treaty-based practice will support diverse and individual strategies. Importantly, health promotion organisations and individual health promoters will be able to determine strategies that are appropriate, achievable and measurable at programme and organisational levels.

Goal One: Achieve Māori participation in all aspects of health promotion.

Goal Two: Achieve the advancement of Māori health aspirations.

Goal Three: Undertake health promotion action which improves Māori health outcomes.

Having identified specific goals from the articles of te Tiriti o Waitangi, the next step of the *TUHA-NZ* framework is for health promoters to identify achievable and appropriate objectives and strategies to achieve these goals.

Each goal is a general aim for which to strive. Objectives relate to these goals and are the results a programme seeks to achieve. Strategies and performance indicators are set to measure progress towards achieving these objectives. They specify what is to be achieved by when²⁷.

A Goal: states the overall purpose of the programme.

Objectives: identify what it is that the programme seeks to achieve.

Strategies: identify how the objectives will be achieved.

Performance Indicators: identify specific targets such as who, where, how much and when.

Health promoters and health promotion organisations will need to each consider the responsibilities and implications of evaluation and monitoring.

In developing objectives the principles of effective planning continue to apply. The components of the planning acronym SMART are useful to bear in mind. Objectives should be

Specific, **M**easurable, **A**chievable, **R**elevant and **T**imebound.

Examples of Goals, Objectives and Strategies – He Tauira Whainga Roa, Whaingā me ngā Rautaki

Goal One: Achieve Māori participation in all aspects of health promotion.

OBJECTIVES*

1. Identify and/or develop organisational policies and practices which ensure Māori participation at all levels, particularly planning and implementation levels.
2. Increase Māori participation at advisory and management levels.
3. Establish effective relationships and networking with iwi/Māori organisations.
4. Increase level of Māori participation in evaluation and monitoring processes.

STRATEGIES AND PERFORMANCE INDICATORS*

Strategy: Review organisational policies to ensure Treaty responsiveness.

Indicators: Policies reviewed and new draft policies for comment by [date].
Launch new organisational policies [date].

Strategy: Create a Māori management position to:
– manage Treaty relationship between the organisation and Māori.
– consult on the Māori strategic direction.
– implement internal monitoring and evaluation of service delivery to Māori.

Indicators: Job description and person specification for advertisement by [date].
Shortlist, interview panel and interview process by [date].
Manager appointed and in place by [date].

Strategy: Undertake organisational and client survey to gauge organisational and client satisfaction.

Indicators: Research methodology and objectives for comment by [date].
Survey forms pilot tested by [date].
Survey forms distributed and collected by [date].
Data input and analysis completed by [date].
Draft survey report and recommendations for comment by [date].
Recommendations approved and implementation of strategies by [date].

* *Examples only*

Goal Two: Achieve the advancement of Māori health aspirations.

OBJECTIVES*

1. Undertake consultation to determine Māori health aspirations.
2. Support and maintain effective relationships and networking with iwi/Māori organisations.
3. Strengthen relationships with key Māori organisations and stakeholders.
4. Pursue opportunities to support the development of 'by Māori for Māori' service provision.

STRATEGIES AND PERFORMANCE INDICATORS*

Strategy: Undertake a review of existing health publications and reports related to Māori health and Māori health aspirations.

Indicators: Literature reviewed and reported by [date].

Strategy: Host consultation meetings and hui to hear from iwi and Māori health interest groups what their Māori health aspirations are.

Indicators: At least two consultation hui held by [date].

Strategy: Māori manager appointed and liaison and networking with iwi/Māori organisations established.

The Māori manager to attend, when appropriate, public meetings and hui.

Regular consultation and dialogue to be maintained with key stakeholder groups.

Indicators: Meetings held with key Māori health interest groups and iwi/Māori organisations within six months of the Māori manager appointment.

Strategy: Māori manager to establish a Māori Health Advisory group of local Māori representatives.

Indicators: Bi-monthly Māori health advisory group meetings maintained.

Māori manager to report on progress to the governing body every three months.

Strategy: Māori manager to investigate opportunities for the organisation to support the development of 'by Māori for Māori' health service provision.

Indicators: Report to the governing body advising what opportunities exist to support Māori provider development, the potential costs and implications, etc. by [date].

** Examples only*

Goal Three: Undertake health promotion action which improves Māori health outcomes.

OBJECTIVES*

1. Increase resource allocation to those areas most likely to improve Māori health outcomes.
2. Develop processes to monitor the effectiveness of service provision and delivery to Māori.
3. Improve the safety, appropriateness and effectiveness of health service provision to Māori.

STRATEGIES AND PERFORMANCE INDICATORS*

Strategy: Review data and information, including local intelligence and experience to identify areas of priority for Māori health.

Indicators: Data reviewed and reported for comment by [date].

Recommendations from governing body on Māori health priorities, Māori health strategic plan and allocated budget by the next financial year.

Strategy: Māori manager to assess and advise organisational managers as to the most appropriate monitoring and evaluation frameworks available.

Indicators: Monitoring and Evaluation report to managers by [date].

Indicators: Necessary staff development and training identified and reported to the human resources unit by [date].

Strategy: Undertake regular organisational and client feedback and hui with Māori.

Indicators: Feedback questionnaire developed and translated by [date].

Regular opportunities for verbal or 'kanoho ki te kanohi' feedback provided.

** Examples only*

Section four

Te Tiriti and Health Promotion Practice in Aotearoa-New Zealand – Te Tiriti me te Whakamahinga o te Whakapiki Hauora i Aotearoa

In working with te Tiriti, health promotion organisations and practitioners should consider several factors in order to assist their understanding, approaches and practice.

Māori Health and Concepts of Health Promotion – Te Hauora Māori me ngā Ariā o te Whakapiki Hauora

In health promotion, health is understood as an holistic concept. Māori concepts of health embrace this, where good health is recognised as being dependent on a balance of factors affecting well being.

Elements of Māori Health – Ngā Pūmotumotu o te Hauora Māori

Te Taha Wairua refers to the spiritual wellbeing of a person. It determines one's identity. It provides a direct link with one's tūpuna (ancestors) and whānau group and strengthens the taonga (treasures, special possessions) and tikanga (customs, values) of one's cultural system.

Te Taha Hinengaro refers to the mental and emotional wellbeing of a person. The concept of life confidence and self esteem are important for good health.

Te Taha Tinana, the physical wellbeing of a person, cannot be dealt with separately from the whānau, wairua, hinengaro, te reo rangatira and te ao tūroa of Māori.

Te Taha Whānau involves acknowledging the importance of the whānau in providing sustenance, support and an environment that is important to good health²⁸.

Te Ao Tūroa, the environment. The relationship between Māori and te ao tūroa is one of tiakitanga (stewardship). It is the continuous flow of life source. Without the natural environment, the people cease to exist as Māori.

Te Reo Rangatira. This is the dimension that expresses the importance of language. This is an essential part of Māori culture. It is a taonga. It expresses the values and beliefs of the people and a focus of identity. The root of Māori culture is the language, a gift from our ancestors.

Health promotion for Māori means having control over their health or tino rangatiratanga o te hauora, or enabling Māori to determine what is best for their own good health and wellbeing. Health promotion for Māori is the process that assists whānau to make choices to regain and maintain tino rangatiratanga o te hauora. It includes the process of social and political action for health development²⁹.

This approach requires that Māori health be understood in the context of the social, economic and cultural position of Māori.

E koekoe te tui, e ketekete te kākā, e kūkū te kereru.

The tui sings, the kākā chatters, the pigeon coos.

It is important to consider that Māori realities are diverse³⁰. Acknowledging Māori diversity requires that age, gender, socio-economic, urban and rural realities, and their implications, be considered in the development and evaluation of health promotion policies and programmes. It is important to recognise that Māori structures and systems differ throughout the country³¹. Many iwi, hapu and Māori organisations promote their own unique identity and processes which strengthen Māori systems of management, tino rangatiratanga and engender a sense of tribal pride³².

Te Tiriti and the Determinants of Health – Te Tiriti me ngā Whakataunga o te Hauora

He waka eke noa.

A canoe on which everyone may embark.

The determinants of health are the underlying factors that promote good health and alternatively, damage health. The conditions in which people live and work affect their health and longevity. The main determinants of health are thought to be cultural, social and economic factors. They include access to a strong cultural identity, peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites. These prerequisites have been internationally accepted and promoted through the World Health Organisation and other agencies³³.

The Treaty and its articles are strongly associated with the determinants of health. The Treaty articles provide for good government and protection, for Māori self determination and control over their affairs and for equity with other people in Aotearoa-New Zealand. All of these elements affect health and wellbeing. It has been argued that in Aotearoa-New Zealand health promoters are better at promoting health amongst the well-off but are less effective amongst low income groups.

Consequently, many health promotion programmes may have benefited the population as a whole, but at the same time, have increased the health disparity between the rich and poor and between Māori and Pākehā³⁴. A narrow focus on lifestyle factors risks victim blaming and ignores the reasons for some people being more exposed to these risk behaviours than others. It means issues of social justice, equity and inequalities risk not being addressed.

By concentrating on the underlying determinants of health, strategies can be developed to attack the basic causes of poor health. Many of the determinants are placed 'outside' the context of the health environment. Therefore, any credible strategy to effectively deal with the causes of poor health will require building strategic alliances between various agencies and sectors. Focusing on the determinants of health and building strategic alliances within and between related sectors are two ways to strengthen health gain opportunities³⁵.

To address inequity and disparity in health it is argued that health promoters must:

- ground their research and health promotion in the realities of the people that are most affected
- deliberately and explicitly acknowledge the determinants of health, acknowledging that ‘unhealthy’ behaviours are more powerful than simple lifestyle choices; and
- take a leadership role in promoting a fairer and more balanced society where an even spread of health status across social and ethnic groups should be a fundamental objective³⁶.

Undertaking Treaty-based practice will mean health promoters will be addressing these issues.

Ethical Health Promotion Action in Aotearoa-New Zealand – Te Mahi Whakapiki Hauora Matatiki i Aotearoa

Taku kupu i whakaheia ki runga o Māramarama-a-te-rangi.

My word fulfilled in broad daylight.

Ethics and values provide a means to guide and appraise health promotion conduct and practice. Whilst there is no one definitive set of ‘right’ or ‘wrong’ values there are some core values and beliefs that are implicit in health promotion philosophy and practice and which resonate with Treaty-based practice.

A consultation with the health promotion workforce in Aotearoa-New Zealand suggested that ethical health promotion action would:

- recognise Māori as tangata whenua and acknowledge the provisions of te Tiriti o Waitangi
- see Aotearoa-New Zealand as a country in which Māori have at least the same health as non-Māori
- have health promotion actions and outcomes that reflect the hopes and aspirations of iwi for self determination in respect to their own affairs
- see informed individuals, whānau and communities empowered to make their own choices and realise their full potential
- be based on effective healthy public policies, supportive social, cultural, and physical environments, the development of personal skills and a health system focused on well being; and
- have a well resourced workforce achieving social justice and equity through strong commitment to the prerequisites of health³⁷.

Such core health promotion values which include a belief in equity and social justice, respect for the autonomy and choice of both individuals and groups with collaborative and consultative ways of working, reinforce the obligation for health promoters to act in accordance with te Tiriti.

Māori have identified several elements that are crucial to effective health delivery and attainment of health gain and which are consistent with te Tiriti. These are:

- promote tino rangatiratanga
- have a commitment to Te Tiriti
- increase Māori resource management
- increase Māori driven services
- affirm and utilise Māori skills and expertise
- acknowledge Māori language and Māori models of health
- ensure services are relevant, affordable, achievable and acceptable.

Contractual Obligations

Te Tiriti o Waitangi establishes the fundamental basis of the contractual relationship between tangata whenua and the Crown³⁸. Implicit in te Tiriti are the concepts of equity and partnership. In contemporary times, the Crown is represented by the New Zealand government and agencies which are funded or mandated to implement government policies. It has been generally accepted that these include ministries, funding agencies and public health services. These organisations are obliged to recognise and act in accordance with te Tiriti o Waitangi. It can be argued that organisations which receive public or taxpayers' money to work on behalf of the people living in Aotearoa-New Zealand also have an ethical and moral obligation to act in accordance with te Tiriti. Most publicly funded organisations have been working to a lesser or greater degree, on meeting those responsibilities.

In Aotearoa-New Zealand there are a number of health agencies and organisations that operate and maintain 'autonomous' and independent organisational structures such as trusts, societies, cooperatives, companies and collectives. Whilst these organisations may receive Crown funds to support their work, their existence and business is not normally entirely determined, or dependent on Crown funding.

A number of these non-governmental and community organisations participated throughout the *TUHA-NZ* consultation process. There is ongoing debate as to where such organisations fit in relation to Tiriti obligations. Their presence and participation indicated that although they may not be seen to directly represent Crown interests, these organisations have a strong interest and investment in the development of Treaty-based practice strategies. The *TUHA-NZ* framework is promoted as a tool for Treaty-based health promotion practice and its implementation is voluntary.

Provisions and Principles

Provisions relate more directly and literally to the articles of te Tiriti. Though not always specific they can be regarded as terms of te Tiriti³⁹. Because provisions have a literal relationship to Tiriti articles the *TUHA-NZ* framework is drawn from the provisions of te Tiriti.

The provisions of te Tiriti are defined as:

- Kawanatanga – Governance
- Tino Rangatiratanga – Māori control and self determination; and
- Oritetanga – Equity.

Principles are derived from te Tiriti but reflect the spirit of te Tiriti and its original aims⁴⁰. It has been argued that principles enable contemporary applications of te Tiriti. The Waitangi Tribunal, the Court of Appeal, the Royal Commission on Social Policy and the Crown itself have defined principles arising from te Tiriti⁴¹. Three principles are drawn from those sources. They are:

- Partnership refers to an ongoing relationship between the Crown, or its agencies, and iwi⁴². When considering partnership relationships with Māori it is important to note that a partnership with one iwi does not exclude a partnership with others. It needs to be recognised that iwi and Māori groups are diverse and as such have different structures, needs and requirements.
- Participation a principle which emphasises positive Māori involvement in all aspects of New Zealand society⁴³.
- Active Protection the principle whereby the Crown is obliged to actively protect Māori interests⁴⁴. When applied to health, active protection would be facilitated by health promotion and preventive strategies that incorporate proactive approaches and Māori health advancement.

Appendix one

Te Ara Tupu – The Development Process

October 1997

The Health Promotion Forum National Conference 1997 – Creating the Future – was held in Auckland. A remit arises challenging the Forum to facilitate a process to look at the place of the Treaty of Waitangi and the Ottawa Charter in health promotion practice.

October 1998

Four workshops on working with te Tiriti o Waitangi and the Ottawa Charter are held in Auckland, Rotorua, Wellington and Christchurch. Workshop participants support the Forum to facilitate the development of a draft framework document about Treaty-based health promotion practice in Aotearoa-New Zealand.

February 1999

The report *E Rua* documents the consultation and makes recommendations for the further development of the draft framework document.

August 1999

Using the consultation information and literature review the Forum develop a draft document *The TUHANZ Memorandum – A Treaty Understanding of Hauora in Aotearoa-New Zealand*.

October 1999

The *TUHANZ Memorandum*, a draft work in progress, is presented for the first time at the Health Promotion Forum national conference – Health Promotion on the Move – held in Napier. The workshop offers the first opportunity for the wider health promotion workforce to get an early look at and respond to the draft document.

December 1999

A small working party of health promotion practitioners from various parts of Aotearoa-New Zealand come together to further develop the *TUHA-NZ* strategy.

January – February 2000

The first of a series of national consultation hui on the *TUHA-NZ* strategy begins in Gisborne.

2000 and ongoing

The Forum facilitates a training and implementation process of the *TUHA-NZ* strategy for the health promotion workforce of Aotearoa-New Zealand.

April 2002

The document *TUHA-NZ: A Treaty Understanding of Huaora in Aotearoa-New Zealand* is published and launched at the Health Promotion Forum national conference – Making the Connections – held in Otautahi, Christchurch.

2002 – 2003

A review and evaluation of *TUHA-NZ* and its implementation will be carried out.

References and Endnotes – Ngā Tohutoro me ngā Tuhinga Whakamutunga

- 1 Health Promotion Forum (1999). *E Rua*. A Report of the Workshops Health Promotion in Aotearoa-New Zealand: Working with the Treaty of Waitangi and the Ottawa Charter. The Health Promotion Forum of New Zealand, Auckland.
- 2 All whakatauki (proverbs) are sourced from: Brougham AE, Reed AW and Karetu TS, (1992) *Māori Proverbs*. Reed Books, Auckland.
- 3 The rule of Contra-Proferentum in international treaty law provides that, in situations where conflict arises between treaty versions in different languages, the treaty should be read in the language of the non-drafting signatory Te Puni Kokiri, (1993) *Māori Health – E1: History of Māori Health Development*. *Health Reforms Resource Kit*. Te Puni Kokiri, Wellington.
- 4 Te Puni Kokiri (1993). *Māori Health – E1: History of Māori Health Development*. *Health Reforms Resource Kit*. Te Puni Kokiri, Wellington.
- 5 James Busby, the British Resident in New Zealand, convinced the British Government that some sort of positive intervention was needed to protect the Māori from the ‘evils’ of ad hoc British settlement. Lord Normanby’s instructions to Busby noted the harmful health consequences of colonisation and recognised the need and responsibility for protection against:
“...any contracts which they might be the ignorant and unintentional author of injuries to themselves. You will not, for example, purchase from them any territory the retention of which by them would be essential, or highly conducive, to their own comfort, safety and subsistence. The acquisition of land by the Crown for the future settlement of British subjects must be confined to such districts as the natives can alienate without distress or serious inconvenience to themselves”. Durie M. (1998) *Whaiora: Māori Health Development* (second edition). Oxford University Press, Oxford.
- 6 Public Health Commission (1994). *The CHI Model – A Culturally Appropriate Auditing Model. Guidelines for Public Health Services*. Wellington.
- 7 There is evidence of what has been described as a ‘Fourth Article’. It has been argued that: Two churchmen, the Catholic Bishop, Pompallier and the Anglican Missionary, William Colenso recorded a discussion on what has been called ‘religious freedom and customary law’. In answer to a direct question from Pompallier, Hobson agreed to the following statement. It was read to the meeting before any of the chiefs had signed te Tiriti.
E mea ana te Kawana ko nga whakapono katoa o Ingarani o nga Weteriana, o Roma, me te ritenga Māori hoki e tiakina ngatahitia e ia.
The Governor says that the several faiths (beliefs) of England, of the Wesleyans, of Rome and also of Māori customs shall alike be protected by him. Project Waitangi Tamaki Makaurau and The Mental Health Foundation of New Zealand (1992). *Why the Treaty of Waitangi is Important*. Mental Health Foundation, Auckland.
- 8 Public Health Commission (1994). *The CHI Model – A Culturally Appropriate Auditing Model. Guidelines for Public Health Services*. Wellington.
- 9 Te Puni Kokiri (1993). *Māori Health – E1: History of Māori Health Development*. *Health Reforms Resource Kit*. Te Puni Kokiri, Wellington.
- 10 Ministry of Health (1995). *Co-ordinated Care for Māori – Issues for Development*. Wellington.
- 11 Te Puni Kokiri (1994). *Ma te Māori e Puri te Maimaotanga Māori – Managed Care by Māori*. A Discussion Document. Wellington.
- 12 Te Puni Kokiri (1993). *Ngā Ia o te Oranga Hinengaro Māori*. Trends in Māori Mental Health: A Discussion Document. Wellington.
- 13 Te Puni Kokiri (1993). *He Taonga te Matauranga – A draft Discussion Document*. Māori Issues Concerning the Code of Practice for Health Information. Wellington.
- 14 Public Health Commission (1995). *He Matariki: A Strategic Plan for Māori Public Health*. The Public Health Commission’s Advice to the Minister of Health 1994–1995. Wellington.
- 15 Te Puni Kokiri (1993). *Māori Health – E1: History of Māori Health Development*. *Health Reforms Resource Kit*. Te Puni Kokiri, Wellington.
- 16 The Crown’s objective for Māori Health is: to improve Māori health status so in the future Māori will have the same opportunity to enjoy at least the same level of health as non-Māori. Public Health Commission (1995). *He Matariki: A Strategic Plan for Māori Public Health*. The Public Health Commission’s Advice to the Minister of Health 1994–1995. Wellington.
- 17 *ibid*:93
- 18 Reid P. (1999). *Nga mahi whakahaehae a te tangata tiriti*. *Health and Society in Aotearoa-New Zealand*. Oxford University Press, Auckland.
- 19 *ibid*

- 20 A quote from a consultation hui reported in Health Promotion Forum (1999). *E Rua*. 'A Report of the Workshops Health Promotion in Aotearoa-New Zealand: Working with te Tiriti o Waitangi and the Ottawa Charter'. The Health Promotion Forum of New Zealand, Auckland.
- 21 This health promotion framework should be considered within its context, as a comment about health promotion in Aotearoa-New Zealand. It is acknowledged that the management of Treaty negotiations between various Māori interests and the Crown is a continuing and challenging process. Māori will continue to exercise their right to determine what te Tiriti means for them, within their appropriate processes and contexts.
- 22 Reid P. (1999). Nga mahi whakahaehae a te tangata tiriti. *Health and Society in Aotearoa-New Zealand*. Oxford University Press, Auckland.
- 23 Cram F. (2000). Rangahau Māori: Tona tika, tona pono. The validity and integrity of Māori research. *Research Ethics in Aotearoa*, M. Tolich (ed.)
- 24 Smith L. and Reid P (2000). *Māori Research Development: Kaupapa Māori Principles and Practices. A Literature Review*. International Research Institute for Māori and Indigenous Education, Auckland.
- 25 Ministry of Health (1998). *Whaia Te Whānaungatanga: Oranga Whānau – The Wellbeing of Whānau*. Ministry of Health, Wellington.
- 26 There are a number of frameworks for evaluation and auditing:
Public Health Commission (1994). *The CHI Model – A Culturally Appropriate Auditing Model. Guidelines for Public Health Services*. Wellington.
Ministry of Health (1995). *He Taura Tieke: Measuring effective health services for Māori*. Wellington.
Waa, A. Holibar, F. Spinola, C. (1998) *Programme Evaluation: An Introductory Guide for Health Promotion*, Alcohol and Public Health Research Unit/Whariki, University of Auckland, Auckland.
- 27 For more detail see Waa, A. Holibar, F. Spinola, C. (1998) *Programme Evaluation: An Introductory Guide for Health Promotion*, Alcohol and Public Health Research Unit/Whariki, University of Auckland, Auckland.
- 28 For further reading, Mason Durie's book *Whaiora* (1998) provides explanation of various models of Māori health.
- 29 Barrett, D. (1996). *He Tatai i te Ara, Determining the Path: Guidelines for Developing Māori Health Education Resources*. Ministry of Health, Wellington.
- 30 Durie, M. *Nga Matatini Māori / Diverse Māori Realities*. Paper prepared for Wananga Purongo Kororero/Māori Health Framework Seminar, Wednesday 15 February 1995.
- 31 Ministry of Health (1997). *Strengthening Public Health Action – The Background Paper*. Ministry of Health, Wellington.
- 32 Martin, H. *Ko Hine Titama Koe*. A work in progress – unpublished PhD Thesis, 2002.
- 33 *Ottawa Charter for Health Promotion*, First International Conference on Health Promotion, Ottawa, Canada, 17–21 November, 1986.
- 34 Crampton P. (2000). Determinants of Health: Should Health Promoters be Concerned? In *Health Promotion on the Move: Papers of the 1999 conference of the Health Promotion Forum of New Zealand*, Health Promotion Forum, Auckland.
- 35 Ministry of Health (1997). *Strengthening Public Health Action – The Background Paper*. Public Health Group, Ministry of Health, Wellington.
- 36 Crampton P. (2000). Determinants of Health: Should Health Promoters be Concerned? In *Health Promotion on the Move: Papers of the 1999 conference of the Health Promotion Forum of New Zealand*, Health Promotion Forum, Auckland. More detailed information about the Determinants of Health may be found in the following documents:
Howden-Chapman and Cram (1998). Social, Economic and Cultural Determinants of Health: Health Determinants Programme Background Paper 1. National Health Committee, Wellington.
National Health Committee (1998). The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health. A report from the National Advisory Committee on Health and Disability (National Health Committee), Wellington.
- 37 Health Promotion Forum (1999). *Nga Kaiakatanga Hauora mo Aotearoa: Health promotion Competencies for Aotearoa-New Zealand*, The Health Promotion Forum of New Zealand, Auckland.
- 38 Ministry of Health (1995). *Co-ordinated care for Māori – Issues for Development*. Wellington.
- 39 *ibid*
- 40 Public Health Commission (1994). *The CHI Model – A Culturally Appropriate Auditing Model. Guidelines for Public Health Services*. Wellington.
- 41 It has also been argued by Māori that the 'principles' of the Treaty have been co-opted by the government to suit the government's agenda. (Smith, L. and Reid, P. (June, 2000) *Māori Research Development: Kaupapa Māori Principles and Practices. A Literature Review*. International Research Institute for Māori and Indigenous Education, Auckland).
- 42 *ibid*
- 43 *ibid*
- 44 *ibid*