MAORI SMOKEFREE
Report on the Hui for Maori Smokefree Programme Development

28-29 October 1993
Turangawaewae Marae
Ngaruawahia

PUBLIC HEALTH COMMISSION
RANGAPU HAUORA TURANGA
Foreword

The Public Health Commission’s (PHC) advice to the Minister of Health (1993-1994) on tobacco products identifies smoking among Maori as a significant problem. Approximately half of all Maori smoke, compared with a quarter of non-Maori. Lung cancer rates in Maori women remain the highest recorded in the world among women. A concerted effort is needed if these problems are to be effectively addressed.

National co-ordination of Maori smokefree efforts was seen to be a necessary first step towards reducing tobacco use and exposure to environmental tobacco smoke for Maori. Despite the risk to Maori of smoking, no full-time health worker was concentrating their efforts on reducing smoking among Maori.

An initial step in establishing this project was to undertake consultation with Maori to determine an appropriate strategy for the reduction of Maori smoking at the national level. Over fifty people attended a consultation hui held on 28 and 29 October 1993 at Turangawaewae Marae in Ngatunawhia. This report, Maori Smokefree, summarises the content of that hui.

The consensus at the hui was that smoking was a significant problem for Maori. A range of ideas for bringing about a reduction in Maori smoking rates were discussed. General support was obtained for the establishment of national co-ordination of smokefree efforts. Participants called for an increase in funding for Maori smokefree initiatives at the local level also.

Service specifications for the provision of a nationally-focused Maori smokefree programme were developed based upon this report. The PHC then advertised for proposals to deliver the new service (Appendices 1 and 2).

A selection panel with representatives from the PHC, the Ministry of Health, and Te Puni Kōkiri was established to consider the proposals and recommend a preferred tender to the PHC Board.

The successful tenderer was Te Hotu Manawa Maori in partnership with Te Hotu Manawa Whanui o Aotearoa (The National Heart Foundation of New Zealand). The new service was launched at a dawn ceremony and hui held at Papakura Marae in Auckland on 8 April 1994.

Dr Gillian Durham
Chief Executive
Public Health Commission
Introduction

The PHC provided, within its funding agreement, for the establishment of a service to nationally co-ordinate the reduction of smoking among Maori. A consultation hui was therefore held with Maori workers in health to:

- bring together Maori workers in the smokefree field
- discuss improving overall co-ordination of Maori smoking reduction
- seek input into the development of service specifications for the purchase of a nationally focused Maori smokefree co-ordination service.

The hui was held on 28-29 October 1993 at Turangawaewae Marae, Ngauruwhalia. Approximately 50 people from around New Zealand attended the hui, which was facilitated by Dr Paparangi Reid (Appendix 3).

The consensus at the hui was that smoking was a significant problem for Maori. A range of ideas for reducing Maori smoking rates were discussed. Participants repeatedly called for an increase in funding for Maori smokefree initiatives at the local level. There was considerable support for the concept of national co-ordination of Maori smokefree efforts.

This report summarises the korero from the hui. The korero was recorded and a copy of the minutes was forwarded to participants for comment.
Aiming for a 'Maori Smokefree Nation'

It was acknowledged that if Maori had the same problems and the same challenges for smokefree as Pakeha had, there would have been the same decrease in negative statistics for Maori as there has been for Pakeha. But this has not happened. Maori still have a huge problem and a huge challenge. Participants were unanimous: reducing smoking among Maori is a priority issue.

As for mainstream health services generally, the conduct of smokefree promotion since 1948 has not been effective for Maori. One participant commented, "If you keep doing what you're doing now, you will keep getting what you're getting now. We've got nowhere! It's time not to do what we have always done. It's time to do what we need to do." Several participants stressed that "Maori have a different way of doing things".

Negative statistics often make people feel disillusioned, helpless, hopeless and powerless. Despite that "we have to get beyond that and say okay how are we as individuals whanau/hapu/iwi going to address the problem together". It must be remembered that no people more than Maori want to change these negative statistics. As voiced by one participant, "It is our whanau who are dying".

Existing Smokefree Initiatives

Participants discussed a number of important smokefree initiatives currently underway in their areas. These ranged from the display of smokefree signs only, to the adoption of smokefree marae policies. Smokefree education programmes are being provided for adolescents in intermediate and secondary schools and colleges, Training Opportunities Programmes (TOPS), and fathers in prisons. Antenatal, prenatal and free maternity programmes are also available. Cessation courses are also offered, for example, a five to seven day nohe marae. Other support is sometimes offered by Maori Plunket nurses.

In the Hawkes Bay a smokefree committee of local people meet to plan strategies. They survey restaurants, coffee bars and dairies to ensure adherence to the Smokefree Environments Act 1990. The Asthma Foundation has produced a kit for kindergartens and Dr Paparangi Reid has produced two valuable resource books, *Tahi Mauri Ora* and *Te Taonga-mai-Tawhitit.*

Te Hotu Manawa Maori announced that they receive approximately $50,000 to focus specifically on health education and health promotion activities relating to smokefree Maori across the nation. In their work they provide resources and assist Maori initiatives.

The Asthma Foundation aims to find people who are committed to the kaupapa but not yet involved, and then motivate and train them to broaden the number of people working on smokefree activities. The Asthma Foundation also provides resources and wants to provide training to facilitate the use of those resources.

Strategies

Once we understand the problem clearly we then know how to form a strategy or a solution.

Many workers are concerned for Maori rangatahi. They are seen as vulnerable and in need of support to give up smoking. It was said that "some intermediate students (10-13 year olds) can't face the day without a smoke".

A key risk factor for anyone becoming a smoker as a child is being subjected to an education system that labels them as a failure. Any programme to decrease Maori failure in schools could be important for preventing Maori uptake of smoking.

There needs to be greater commitment from schools. It is difficult to introduce change when most teachers are smokers. Teachers need to be aware of their potential to be good role models. Information is being sent to intermediate schools and colleges but the teachers are not using it, preferring instead for someone else to come in to speak about smokefree.

Many smokefree programmes are written for adults then adapted for rangatahi. There is a need for specific rangatahi based programmes, developed in consultation with rangatahi. These programmes need to consider replacing the act of smoking with more positive habits. One participant believed there was a need for prevention literature to be distributed to kohanga, schools and TOPS programmes.

The impression amongst participants at the hui was that the number of younger children smoking is increasing, especially female children. It is, however, difficult to stop under-aged smokers when dairies continue to sell them cigarettes. There is a necessity to be proactive and to catch retailers breaking the law. While some children are informing workers of retailers who are breaking the law, the retailers are not being taken to court. There has obviously been some reluctance to take on the tobacco companies because of their power and influence. Furthermore, the tobacco companies have lobbied to ensure that anyone bringing a private case against the tobacco company is not eligible for legal aid. Workers need to know the parameters by which they can act.

Another option is to identify dairies who are selling cigarettes to under-age people and to inform the public through the local papers. This will generate a public debate in the papers and other media (TV, radio). Children could be used to catch the retailers. Children that go through a research programme like this, usually come out of it confirmed anti-smokers, even if they were smokers who may have had a tutu before that. We need to stop our children from starting by using education and health promotion, for example, using the "Healthy Schools" programmes and videos on smokefree.

One person objected to using children and targeting retailers, because these people are at the end of the line. Tobacco companies are to blame. Others believed it was important to attack the problem at all levels.
Target Groups

Some groups were identified as in particular need of attention. These were:

- pregnant women
- young mothers
- tamariki (through places where they congregate and spend time)
- rangatahi
- parents
- maternity units
- Te Kohanga Reo.

The focus should always be positive and should take into account the causes of Maori smoking.

National Co-ordination Objectives

We need a waka. Whatever the shape, whoever it is.

Overall participants supported the concept of national co-ordination to start with, but hoped that in the future more would be done at a local, iwi, or regional level.

Participants wanted the funding body to accept that results will not happen overnight. It is important that the service is able to develop in its own way. One concern about any kind of programme is its continuity. It was hoped that the service would be given the time to be effective.

Clear strategies cannot be written unless there is a clear definition of the problem. It was felt that the national co-ordination service needs to take some responsibility for providing a clear analysis of Maori smoking. Above all the service needs to recognise and promote and be enthused about the vision that is smokefree Maori in all its forms.

The following discussion summarises the kōrero on how the national co-ordination should be structured.

Structure

Of top priority should be tīwai rangatiratanga so people in all areas can benefit from and contribute to national co-ordination.

Participants noted that if a service providing national co-ordination of Maori smokefree efforts was established, it should be properly structured. Participants wanted professional personnel involved. It was also important to ensure that key Maori people working in the area had input into the direction and focus of the service.

One of the ways this could be achieved was by having a committee rather than a co-ordinator. This would provide a body of people with the right mix of characteristics, skills, and professionalism, for example, the committee might have someone with legal expertise and a psychologist. This group would facilitate people to maintain and strengthen community commitment to Maori smokefree. It was suggested that one person could not do everything that is required for national co-ordination.

Some national organisations were identified as good models, for example, the Asthma Foundation has the framework to be a national co-ordination group for asthma workers. Te Hotu Manawa Maori also has the ability to provide national co-ordination for Maori health workers.

One participant suggested that the national co-ordination service should have a constitution. It should also be accountable to the people who form part of the network of workers.

Working Within the Ottawa Charter

The co-ordination service will need to spend a significant amount of time in each of these five action strategies of the Ottawa Charter:

- building healthy public policy:
  directing all policy makers to be aware of the health consequences of their decisions and to accept their responsibilities for health
- creating supportive environments:
  promoting living and working environments that are safe, stimulating, satisfying and enjoyable
- strengthening community action:
  achieving public participation and community action in setting priorities, making decisions, planning strategies and implementing decisions
- developing personal skills:
  supporting personal and social development through life by ensuring provision of information, education for health and opportunities for enhancement of life skills
- reorienting the health services:
  reorienting health services towards a primary health promotion focus and away from a major emphasis on clinical and curative services.
Building Healthy Public Policy

Decisions are made at government level that affect Maori health, therefore, the national co-ordination service would need to be a strong advocate for Maori. The co-ordination service will need to advocate on behalf of Maori for policy changes which will facilitate and support the Maori smokefree workers. The co-ordination service will, therefore, need to work side by side with organisations such as the PHC.

Some areas needing attention and suggestions for action are discussed below.

Recognising tino rangatiratanga
The trust boards and runanga are the faces of our tino rangatiratanga.
You cannot have tino rangatiratanga when you allow your people to die.

In practice, tino rangatiratanga means working together, motivating each other, co-ordination, networking and community action. Ways of working together are varied and diverse, for example, different approaches are needed when working with young people compared with kaumatua and kia. There is also a need to take different approaches with people who live in urban areas, and with people who are isolated from their tribal affiliation. Each area has different needs. Tino rangatiratanga also means it is important to ensure a consistency with the Treaty of Waitangi and the Ottawa Charter.

Maori should be acknowledged as the Treaty partner, as equal. At the moment funding is not distributed equally. Government policies need to be monitored for equity and iwi/hapu input. In addition, more Maori need to be employed in decision-making positions within government.

There need to be clear distinctions between what is Pakea responsibility and Maori responsibility. Some people believe Pakea must take some responsibility for creating the negative Maori statistics in smoking. Government could start by quantifying the cost of the action (or lack thereof) of past Governments in terms of Maori lives lost. The tobacco industry is also clearly to blame.

Tino rangatiratanga is the determination to achieve services that are defined, managed and delivered by Maori for Maori.

A holistic perspective
Many of the workers at the hui do not focus their work solely on reducing smoking among Maori. They work across health issues in line with a more holistic perspective on health. Smoking is linked with many illnesses such as heart disease, strokes and sudden infant death syndrome, and so nutrition, physical education and alcohol are also discussed when addressing tobacco use reduction. A problem for some participants was the lack of co-ordination across health issues: too few people addressing all the health issues; and too many different government departments dealing with health.

A holistic perspective also requires that factors such as low socio-economic status be addressed. The depressed socio-economic climate was an issue for many participants. As one person said, "Because of the socio-economic climate our people live in, smoking is a joy. Why should they give it up?" Another agreed saying, "Our people are stressed out trying to cope with day to day affairs. Smoking is stress related. Smoking is calming for them."

The consequences of prolonged lower socio-economic status for many Maori creates problems for health educators. Some participants expressed disappointment with how many communities needed to be revitalised: "Our people need motivating, lifting up. Maori can do that." Another problem is that many Maori have lost the links with their people. A lot of whanau are lost about who they are as people. Lifting people up so they can acknowledge the restrictions they need on themselves to stay healthy, building whanau up, and facilitating community development were all seen as necessary steps to be taken if people were going to believe their health is important and make changes.

Tobacco advertising and the age limit
Several participants identified tobacco advertising as a problem.

Murray Laugesen of the PHC reported that Action on Smoking and Health (ASH) had filed papers in an Auckland court, attempting a private prosecution for the sale of single cigarettes. The Director General of the Ministry of Health can give permission for someone else to prosecute if he or she does not wish to do so.

It was suggested that the proposed co-ordination service could review the effect that actions such as a price increase and raising the legal age for the purchase of tobacco products would have on Maori.

Other legislative changes that were suggested included having less tar in cigarettes, banning the sale of 10 packs, and introducing plain packaging.

Taxing
Increasing taxation on tobacco products, which should lead to an increase in the price of tobacco products, is one strategy currently used for reducing tobacco use. Some participants were sceptical about this. Increasing the price may just result in more people turning to 'roll-your-own'. Increasing the price might only make things worse for already economically disadvantaged Maori who were likely to continue to buy cigarettes whatever the cost.

Creating Supportive Environments

Networking
The co-ordination service should aim to bring about a unity to facilitate integration of ideas and programmes. National co-ordination needs to create a national environment that supports Maori becoming 'smokefree'.

Co-operation and networking with other Maori workers in smokefree activities enables the sharing of ideas and utilising the skills already available, wherever they may be. Participants identified the need for information on the legislative role of government and on the Smoke-free Environments Act.

The co-ordination service may need to conduct a survey of the methods different regions currently employ to raise health awareness, what their different needs are, and what is working and where. It is important to identify the regions that need help starting smokefree initiatives.
Reverse the acceptance that smoking is 'normal' for Maori
There needs to be a reversal in the acceptance of smoking and the use of tobacco. It was acknowledged at the hui that smoking for Maori has become a cultural norm. Old-time photographs show kumutu, kia, waihe, tane and tamariki with a pipe in their mouths. These days, smoking is heavily associated with alcohol use and many social events.

A media campaign needs to be developed to promote 'smokefree' as the norm. Such a campaign could also develop the idea among Maori that accessing health education is okay and attitudes are changing. There has been an increased demand for smoking cessation support and this could be supported by a campaign that generates the feeling that a major shift towards 'smokefree' is happening.

Role models
There are many Maori smoking everywhere, even on the marae. In some areas there are three generations of smokers. Another example of unfortunate role modelling behaviour was the use of Maori taumoko or carved wooden cigarette lighter holders worn around the neck which only endorses the acceptability of smoking.

There is a need for more 'smokefree' marae and homes. Wherever possible, positive role models should be used for 'smokefree' promotion work. People who have ceased smoking should be acknowledged and encouraged to promote 'smokefree' behaviour. In particular, rangatangi who are doing good things should be utilised. Programmes like the healthy lifestyles promotion through Maori women's netball and other sports are examples of positive initiatives. Role models such as Trevor Shailer, a Palmerston North Health Promotion Officer, and Maxine Shortland, who takes the message to Te Taitokerau schools through netball, are excellent messengers for rangatangi.

Sponsorship of Maori Smokefree
A range of ideas were put forward for improving Maori access to and use of sponsorship. It was felt that incentive bonuses for marae or kotanga to become smokefree could be useful. The National Heart Foundation, for example, use 'heartbeat awards'. Perhaps there could be 'smokefree awards'. Government departments and other organisations working in health could support 'smokefree' by only using smokefree marae that serve nutritional food. There still needs to be education and promotion within government departments such as the Departments of Justice, Social Welfare, etc., on ways to encourage people to stop smoking.

Sponsorship from commercial enterprise could be considered, especially when looking at the production of 'smokefree' resources such as pamphlets.

Smokefree scholarships in schools might work as an incentive for rangatahi to stay smokefree.

The role of spirituality, kawa, the churches, tuakana and teina
Tacticians will need to recognise if the roles of tuakana and teina can be used to advantage (or disadvantage) in the Maori smokefree endeavour. Do these roles make it easy or hard for Maori to change? 'Meheheka, ka tuuru tauriko ki te tino rangatiratanga, ana, kei roto i te tahu wairua'. Kaumatau and kuia must be involved in this type of koreo.

Strengthening Community Action

National, regional and/or local co-ordination
At the local level workers need to provide programmes for individuals, small groups and organisations. For some participants these local level needs were of overriding concern and they could not see how a co-ordination service at the local level would help them. Any national co-ordination would need to support effective programmes at the local level, and assist and facilitate work in the regions.

There was some concern that funding might be directed away from local and regional work to fund the national work. One participant thought a national programme was a waste of good money. Instead the money should be given to the people working in the field, such as the people present at the hui. This participant suggested the money be used to make up a team out of the participants at the hui. Some people wanted the national co-ordination service to gain access to resources that could then be distributed regionally. As one participant said: "If it comes in then straight out, I'm for that. If it comes back to us at ground level that's fine".

This person was loath to see a national programme established, though they agreed there needed to be someone driving the float. Another participant said, "We can't really be co-ordinated".

Another argument against national co-ordination hinges upon the need to strengthen iwi and regions first before developing a national programme. Any funding should go directly to iwi.

Others agreed that there needed to be more co-ordination but they wanted this to occur at the regional level so that decision-making would remain at this level. This could be done by selecting representatives to go on the national co-ordination committee. Alternatively, someone from each region could take responsibility as a facilitator to ensure local expertise influences work at the national level.

Training
Training and development is occurring in some regions, but not all, and there are still not enough Maori people available to do the training. Huia participants believed the Maori health workforce needs development in the following identified areas:
- lobbying skills
- negotiating skills
- writing skills, particularly for the preparation of tenders
- networking strategies
- how to harness the media
- how to run cessation programmes and maintain competence
- how to run programmes to change attitudes and behaviour and raise awareness of smoking
- use of technology.
The national co-ordination service may need to look at providing training in these areas. Tutor manuals would also need to be developed.

Developing Personal Skills

Developing personal skills can be done by providing effective health promotion and health education at the grassroots level. In particular, participants wanted more support for Maori wanting to give up smoking. Many of the initiatives talked about by the participants aim to develop personal skills.

Re-orienting the Health Services

Health systems spend more energy on illness and not enough energy is going into support for health promotion.

It would be useful to facilitate health promotion practices among the personal health providers. For example, general practitioners (GPs) could be promoting and assisting smoking cessation programmes by advising their patients to stop smoking and referring them to an appropriate support group. It may be that a training package could be developed to help GPs when they are talking to Maori. GPs and nurses should be receiving training in cultural safety from a Maori perspective.

Increasing funding for Maori health

Maori are actively working on programmes and activities to improve Maori health, but there is an overwhelming sense that they do not have the money to do this effectively. Many groups are having to find funding wherever it is available. They also feel that funding agencies do not understand what is actually happening out in the field of Maori health promotion.

There were repeated calls for increased funding from Government. The Crown receives significant tax revenue from Maori smoking. Even accounting for money spent on extra health services for Maori, the tax revenue from Maori smoking exceeds expenditure. These resources could be used to purchase health promotion services.

Suggestions were made for accessing funds from other sources, for example, through the fisheries, Moana Pacific, forestry development, Maori business organisations and profits from the proposed casinos.

Perhaps tribal authorities could be approached for half of their profits. Steps should be taken to investigate the potential for joint venture partnerships in each region.

It was suggested that Maori may need to copyright their resources.

One person believed that money was only a minor problem in the whole equation. A clear understanding of Maori smoking needed to be gained first which would lead to the formation of a clear strategy.

Monitoring and Evaluation

It will be necessary to monitor the effectiveness of the national co-ordination service. Participants were asked to suggest performance measures that could be used to assess the effectiveness.

- Has the service raised the profile of Maori 'smokefree'?
- Has the service expanded the resource base?
- Has this work been conducted according to the people?
- How many resources have been developed either by the service, or by others with the help of the service?
- How many posters or stickers have been sent out to people on request, or given out at hui?
- Has the service identified and promoted existing effective resources and/or programmes?
- Has information been shared with the network?
- How many cessation programmes have started?
- How many people have stopped smoking?
- Has networking been improved and in what ways?
- Is there a national database of Maori 'smokefree' workers and organisations?
- Have timetables been met?
- How accessible has the national co-ordination been for the regions?
- How appropriate and useful are the resources that have been developed?
- If training is provided, has it been effective?
- How many training hui were held?
Appendix 1:
Request for Proposal for Services to Reduce Tobacco Use by Maori - Public Health Commission

This document is a request for proposals from potential providers to assist the Public Health Commission (The Purchaser) in achieving its statutory function to improve and protect the public health and to meet the Purchaser’s health goals and objectives. In this case, the Purchaser seeks proposals in the area of Maori tobacco smoking reduction.

In responding to this request for a proposal, tenderers should be able to provide nationally-oriented services from 28 February 1994. Tenderers should indicate the extent of their ability to comply with all sections of the request, including the service specifications and to provide supporting evidence as necessary. Additional, relevant, supporting technical and descriptive information may be included where desired.

If tenderers are in doubt as to the relevance of information to the tender process, the Purchaser advises that the information should be included rather than omitted.

Definitions

‘Purchaser’ means the Public Health Commission as purchaser of public health services.

‘Tenderers’ means those providers or potential providers of public health services who respond to this Request for Proposal.

Service Requirements

Requests for proposals will be evaluated against points A1 - 8 with emphasis on:

- Quality: key issues include appropriateness, acceptability and efficiency/effectiveness.

- Service coverage: including population and geographical coverage.

- Co-ordination and linkages: indication of relationships with personal health services, voluntary agencies, other public health providers both national and regional and non-health services which are likely to have an impact on health.

- Breadth of services: health promotion activities should be consistent with the strategies of the Ottawa Charter on Health Promotion.

The matters which the general response to this request should cover are as follows:

A. General Matters

1. Treaty of Waitangi

Tenderers should indicate their understanding of and commitment to the Treaty of Waitangi, and their ability to contribute to the Crown’s objective concerning Maori health, which is to seek to improve Maori health status so in the future Maori will have the same opportunity to enjoy at least the same level of health as non-Maori.

2. Credentials

Tenderers should address the experience which they already possess in reducing tobacco use by Maori. This experience might include previous contractual or funding arrangements with the Department of Health (now the Ministry of Health), area health boards (now Crown health enterprises or regional health authorities), or other funding agencies. Tenderers must demonstrate that they have access to the resources, facilities and appropriate range of staff skills and staff levels of training to effectively provide the services required by the purchaser.

3. Other funding

Tenderers should indicate the extent to which they currently receive funding from other organisations, or have entered into purchasing arrangements with other organisations which enables them to provide any aspect of the service which is covered by the present proposal.

4. Linkages and Joint Ventures

/Linkages

The Purchaser requires tenderers to take a co-operative approach to the provision of public health services. Tenderers should indicate in their proposals the extent to which they can co-operate with other organisations which can provide complementary services that contribute to a reduction in tobacco use by Maori. These linkage organisations should be named, and the nature of the functional relationship should be specified. The quality of the linkages will be a key criterion against which contracts will be evaluated.

Tenderers are to indicate:

- links with other providers of smokefree and related services at national, regional and local levels

- links with any other agency which has an impact on Maori smoking (eg, iwi groups)

- where appropriate, links with local public health services that can contribute to a co-ordinated national smokefree programme

- where appropriate, links with personal health care providers to improve the quality and availability of smokefree advice to people receiving personal care and treatment service.

Joint Ventures

The Purchaser encourages joint ventures between providers where this would add to the improvement in the quality, level, or coverage of this service to be provided.
Where tenderers are proposing to enter into a joint venture to provide some services, they are required to do the following:

- state clearly in the tender response where the joint venture will provide services and with which population groups
- identify the joint venture partner(s) and provide their credentials as an appendix
- state why this/these partner(s) has/have been selected and describe the selection process including consideration of cultural appropriateness
- outline the effectiveness and efficiency of operation of the partner(s). The Purchaser will be looking for evidence that the services the joint venture will provide are likely to be effective in meeting population health needs and will be provided cost-efficiently
- demonstrate that the proposed partner(s) has/have accepted the criteria outlined in points A1 to 8
- attach a letter from the proposed partner(s) supporting the joint venture bid.

The key criteria on which the suitability of joint ventures will be assessed are the level of integration and continuity of service that will be achieved, and appropriateness and responsiveness to population need.

The Purchaser will let the contract when satisfied that the joint venture will ensure an integrated delivery of service, and that the accountability and legal responsibility are clearly defined.

5. Quality
Tenderers are to have a means of determining that the job is being well done. Services should:

- meet or exceed expectations of individuals, communities and populations and continually seek improvement
- be designed in consultation with and responsive to the needs of the people they serve
- be accessible, appropriate, affordable and acceptable
- be equitable in terms of access, utilisation and outcome
- be efficient and effective
- be based on reviews of relevant literature, knowledge and experience of effective interventions
- pre-test health promotion materials
- seek satisfaction of agencies with which linkages have been established in terms of frequency and content of contact.

6. Information (Performance Measures)
Proposals should specify the performance measures the tenderer will use to provide information to monitor any contract made with the Purchaser, and to provide the Purchaser with information to monitor the state of the public health.

Performance indicators and targets will be negotiated on the basis of the proposed outputs. Tenderers should suggest possible targets.

7. Role Models
The Purchaser looks favourably on any tenderers who act as role models of health promoting behaviour. This will include taking account of the obligations of partnership under the Treaty of Waitangi and being a good employer, if the provider employs or is to employ staff as well. Proposals should identify the extent to which the tenderer is able to comply with this requirement

8. Evaluation
The Purchaser will require information on how tenderers will evaluate the programme. Final details on the terms of reference and timeframe will be agreed between the Purchaser and the successful tenderer.

B. Service Specific Responses

If a community development approach is being taken and the tenderer is not able to be specific at the time of response about programmes, the process to be used in delineating the exact output should be described including dates. In general the Purchaser will look most favourably at proposals that have completed this phase.

In specific response to the attached service specification the proposals submitted should use the following headings:

- description or method of the intervention
- rationale for proposed intervention - why is this particular programme proposed?
- service coverage - tenderers should indicate the extent to which they are able to provide population and geographical coverage for their services under the present proposal. The proposal should identify whether the service can be provided to the total population of Maori throughout New Zealand, or, if it is targeted, to which populations and areas of New Zealand Maori service can be provided. An indication of the level of service within geographical locations should also be provided.
- health gain - what is the expected impact, directly or indirectly on health status?
- quality
- linkages
- performance measures - proposed indicators and targets
Appendix 2
Reduction of Tobacco Use by Maori - Service Specification

The Public Health Commission is seeking to purchase nationally-oriented services that allow it to work towards its goal of improving and protecting the health of Maori by reducing tobacco use, exposure to environmental tobacco smoke, and their adverse consequences for health.

This document provides a framework for providers to reply to Requests For Proposals (RFPs) for the service. The Service Components of this Service Specification are divided into five categories based on the Ottawa Charter. The framework provided by the Ottawa Charter was used to provide a broad consistent and proactive approach to health protection and promotion. It serves as a checklist for the service components. Some of the service components could have fitted into more than one category, while others do not easily fit into any. The inclusion of a service component into a particular category is not intended to be absolute.

Tenderers are invited to submit innovative programme proposals to provide a nationally focused service for all or some of the following activities.

1.0 General Description of Service

Purpose
To assist the reduction of Maori smoking rates to at least the level of non-Maori smoking rates. Maori women have the highest reported lung cancer rate among women of any country.

Target
To assist the reduction of the proportion of Maori who smoke from 52 percent in 1992 to 40 percent or less in 2000.

1.1 Tobacco smoking shortens the lives of smokers and is a cause of increased lifetime risk of chronic bronchitis and emphysema, and cancer of lung; a cause of shortened life due to premature heart attacks; a cause of strokes, arterial disease causing reduced blood supply to legs and feet (causing gangrene), cancer of the lip, tongue, throat, larynx and gullet. It is also a contributing factor for cancer of the bladder, pancreas, kidney and cervix. Tobacco smoking is associated with sudden infant death syndrome, aortic aneurysm, cancer of the stomach and middle ear effusion (glue ear).

1.2 More than half of all Maori smoke. Two thirds of pregnant Maori women smoke. Correspondingly, Maori have higher rates of morbidity and mortality than non-Maori due to tobacco smoking.

1.3 To focus the attention of individuals, communities, local and regional authorities on the need to reduce tobacco smoking and exposure to environmental tobacco smoke and to encourage Maori community participation in addressing these issues.

1.4 The present public health efforts concentrate on smokefree promotion.

2.0 Basic Principles

2.1 The Government regards the Treaty of Waitangi as the founding document of New Zealand. The Public Health Commission recognises this statement in meeting its functions of:

2.1.1 monitoring and analysing the state of public health

2.1.2 advising the Minister of Health on public health goals and objectives
2.1.3 the purchase of public health services.

2.2 In tendering for population based public health services, providers should demonstrate their understanding of the Treaty of Waitangi and their commitment to it.

2.3 Public health providers should demonstrate their understanding and use of the Ottawa Charter as the framework to promote and protect health.

2.4 Public health providers should demonstrate that their services protect health by ensuring that those are, or will be:
   2.4.1 designed in consultation with and responsive to the needs of the people they serve
   2.4.2 accessible, appropriate, affordable and acceptable
   2.4.3 equitable in terms of access, utilization and outcome
   2.4.4 efficient and effective.

2.5 Public health providers should actively inform communities of the services they provide and monitor the effectiveness of their programmes.

2.6 Public health providers will adopt healthy lifestyle policies as role models for the community. In this case, smokefree policies and practice are particularly important.

3.0 Service Components

The public health provider will, through a central focus, co-ordinate services to:
Build healthy public policy by:
3.1 Establishing formal relationships with other providers to ensure co-operation and the delivery of a co-ordinated service.
3.2 Promoting sponsorship of Maori smokefree events.
3.3 Extending the adoption of smokefree environments.
3.4 Promoting the implementation and enforcement of the smokefree environments legislation, particularly as it affects Maori.
3.5 Promoting the ban on tobacco products advertising.
3.6 Promoting the establishment of quality smoking cessation services.
3.7 Contributing to any review of the Smoke-free Environments Act for its impact on Maori, in consultation with Maori.

Create supportive environments by:
3.8 Contributing to the development of policies which promote:
   3.8.1 cessation of smoking in pregnancy
   3.8.2 establishing and maintaining smokefree environments including, for example, marae with other relevant agencies
   3.8.3 smokefree homes
   3.8.4 smokefree recreational activities
   3.8.5 smokefree workplaces.
3.9 Facilitating and strengthening a network of Maori community health workers and others working on Maori smokefree.
3.10 The provision of advice to relevant agencies to ensure a smokefree environment for mothers and babies.
3.11 Promoting Maori infant care practices, particularly on the dangers of smoking.
3.12 Developing and maintaining an information system as appropriate and negotiated to enable effective measurement of performance outcomes.
3.13 Facilitating the effective use of information concerning the prevalence of tobacco use by Maori.
3.14 Promoting an environment which fosters initiative and creates opportunities for community action.

Strengthen community action by:
3.15 Promoting the provision of smoking cessation programmes in the community and programmes which aim to encourage children and young people not to start.
3.16 Promoting the empowerment of whanau to enable whanau support for smokefree environments and support for people choosing not to smoke, or choosing to stop smoking.
3.17 Facilitating the support and development of resource material and training programmes in the promotion of smokefree environments and smoking cessation with parents, hui/other Maori groups, kura kaupapa, Maori health workers, agencies and organisations in the community.
3.18 Encouraging the involvement of other agencies and organisations with the delivery of Maori smoking prevention programmes.
3.19 Facilitating the development and maintenance of structures and networks which allow for community development in the area of Maori smokefree.
3.20 Facilitating the adoption of a health promotion perspective in smokefree programme planning at all levels.
3.21 Providing an advocacy role by facilitating the exchange of information between groups to enable the development of action to bring about change in respect of smokefree.
3.22 Encouraging increased media participation in the delivery of Maori smokefree messages.

Develop personal skills by:
3.23 Developing with and making available to mothers, whanau and the community, information using the appropriate context, medium and language on:
   3.23.1 the effects of smoking and passive smoking on the mother and infant
   3.23.2 the risks of an infant sleeping in a bed with adults who smoke
   3.23.3 the risks of starting smoking early.
3.24 Promoting smoking cessation, through rangatahi and whanau education programmes that include a focus on pregnancy and parenting.
3.25 Identifying resource and training needs of Maori smokefree workers, community groups, Te Kohanga Reo, Kura Kaupapa o kiai employees.

Re-orient the health services by:
3.26 Encouraging health professionals to deliver appropriate Maori smokefree messages.
3.27 Promoting the provision of culturally safe, appropriate, accessible, and effective Maori smokefree promotion services and Maori smoking cessation programmes.

4.0 Information

Information is required both to monitor the contract and to monitor public health. In particular information will be valuable in relation to the level of activity, cost and effect of each of the service components. Information may be qualitative as well as quantitative. In the latter case there may be a need to agree on definitions so that there is national consistency in what is meant, for example, by an evaluation.

5.0 Health Status Indicators and Environmental Information

5.1 Environmental reports on emerging issues and the services which should be purchased to address them.
5.2 Copies of all mass communications will be provided to the purchaser with estimates of population reached or frequency of exposure for each communication.
2.1.3 the purchase of public health services.

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   2.4.1 designed in consultation with and responsive to the needs of the people they serve
   2.4.2 accessible, appropriate, affordable and acceptable
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2.5 Public health providers should actively inform communities of the services they provide and monitor the effectiveness of their programmes.

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The public health provider will, through a central focus, co-ordinate services to:

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3.17 Facilitating the support and development of resource material and training programmes in the promotion of smokefree environments and smoking cessation with parents, whanau, Maori groups, kura kaupapa, Maori health workers, agencies and organisations in the community.

3.18 Encouraging the involvement of other agencies and organisations with the delivery of Maori smoking prevention programmes.

3.19 Fostering the development and maintenance of structures and networks which allow for community development in the area of Maori smokefree.

3.20 Facilitating the adoption of a health promotion perspective in smokefree programme planning at all levels.

3.21 Providing an advocacy role by facilitating the exchange of information between groups to enable the development of action to bring about change in respect of smokefree.

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Appendix 3:
Hui Attendance List

Public Health Commission
Bill Kizner  Ngaia Tui Kaumataa
Gillian Durham  Chief Executive
Selwyns Katene  Maori Health Group Director
Murray Lagueza  Community Medicine Specialist
Marewa Glover  Maori Health Group Policy Analyst
Verna Ohiu-Gage  Maori Health Group Secretary

Facilitator: Dr Paparangi Reid

Other Participants
Warirei Walters  Nga Rangi Awhina Trust  Auckland
Eddie Harow  Mauri Health Foundation  Auckland
Neil Shepherd  Mauri Health Foundation  Auckland
Rahi Ngawa  Awawahia Marae, Bocheshead  Auckland
Muzei Herewini  Te Hau Manawa Maori  Auckland
Josey Keani  Te Hau Masawa Maori  Auckland
Maree Hipa  Asthma Foundation  Auckland
Rebecca Tapij  MWWL, Okahu  Auckland
Donna Richards  Hauora Development Trust  Auckland
Darl Kilby  University of Auckland  Auckland
Bonita Parker  Ricopa Awhi Ora, Edgeware  Christchurch
Jennifer Dews  Healthcare Otago  Dunedin
John Broughton  Otogo Medical School  Dunedin
Tui Takarangi  Ngai Porou  Gisborne
Janet Maloney  Waikato Polytechnic  Hamilton
Rose Thorp  Health Waikaia  Hamilton
Maris Rangiwahia  Medilink RHA  Hamilton
Curtom Chase  Nga Miro Health Centre, Ngakawau  Hamilton
Tohua Hepha-Masae  Raukura Hauora o Tainui o Waahi Pa  Huntly
Mori Rotuma  Raukura Hauora o Tainui i Waahi Pa  Huntly
Ramari Maip  Southern Health  Invercargill
Daws Gre  Te Waka Hauora o Kawaia Moana  Kaitaia
Davis Apan  Te Waka Hauora o Kawaia Moana  Kaitaia
Jack and Lyn Pirina  Te Tika Whenua Hauora  Marupara
Makere Herbert  Health Promotion  Napier
Huia Beattie  Health Promotion  Napier
Jadi Stanley  Community Health Worker  Nelson
Ketano Te Aho Mower  Te Aha Ora Utut  New Plymouth
Alice Doorbar  Te Aha Ora Utut  New Plymouth
Makere Wano  Te Aha Ora Utut  Okahurua
Maitsey Taylor  Ringa Atawhai  Okahurua
Nolleis Pars  Ringa Atawhai  Okahurua
Trevor Shaier  Mittoronal Health Ltd  Palmerston North
Ngaire Whata  Korowai Aroha Health Centre  Rotorua
Pat Borrel  MWWL, Taini Area Rep.  Taunanga
Jo Barnaby  Te Kohanga Rau  Taunanga
Deis Barrett  Northland Health  Whangarei
Mantu Paul  Te Waka Hauora  Wellington
Rihia Kente  Ora Tua, Porirua  Wellington