

# Healthy Marae

A Report for Midland Regional Health Authority

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**M E Forster and M M Ratima**

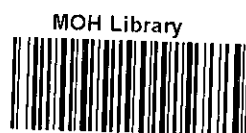
Te Pūmanawa Hauora  
Department of Māori Studies  
Massey University

Information Centre  
Ministry of Health  
Wellington

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## Executive Summary

Māori people suffer disproportionate ill-health relative to non-Māori, and many of the conditions suffered by Māori are preventable through lifestyle changes. Traditional health promotion programmes have been effective for non-Māori, but have had relatively little impact upon Māori.

Healthy marae programmes complement traditional health promotion programmes by providing health promotion within a Māori cultural context. Marae-based programmes offer a unique environment in which tikanga Māori and a holistic approach to health is emphasised. A range of health promotion programmes are currently offered on marae, however there is a lack of rigorous outcome evaluation studies.

This paper discusses a range of marae-based health promotion programmes and comments on the effectiveness of healthy marae programmes. Based on what information is available, the paper makes recommendations for the evidence based purchasing of healthy marae programmes.

## 1.0 Description of the Problem

Despite gains in Māori health status, Māori still experience poor health relative to non-Māori. Much of the long-term illness and disability suffered by Māori is preventable through behavioural changes. Modifiable risk factors that negatively impact upon Māori health status include; smoking, alcohol misuse, poor nutritional practices, and a sedentary lifestyle.<sup>1</sup> Therefore, effective health promotion for Māori is likely to produce significant gains in Māori health. However, traditional health promotion programmes have often proven effective for non-Māori, and less effective for Māori.<sup>2</sup> For example, a nation-wide Sudden Infant Death Syndrome (SIDS) prevention campaign which aimed to reduce the prevalence of three modifiable risk factors (prone sleeping position, lack of breast feeding and maternal smoking),<sup>3</sup> was very successful in reducing non-Māori SIDS rates over a short timeframe, but did not impact upon Māori rates. The total number of non-Māori cases of SIDS reduced by more than half following the campaign, 3.7 per 1000 live births in 1981 to 1.5 per 1000 live births in 1992.<sup>4</sup> However, the Māori SIDS rate remained high with 5.8 per 1000 live births in 1981 and 6.1 per 1000 live births in 1992.<sup>5</sup>

Many health promotion programmes over the last decade have contributed to an increased awareness of the dangers of tobacco use, and the resultant 42% reduction in tobacco use for the general population between 1984 and 1992.<sup>6</sup> However, Māori have been slow to respond to health promotion messages. Approximately 27% of the general population smoke, compared to 50% of Māori.<sup>7</sup> However, a recent study has signalled falling Māori smoking rates, with an estimated 37% of Māori smoking, the first clear sign of Māori behavioural response to health education messages.<sup>8</sup> This may be a reflection of the effectiveness of recent health promotion programmes that have been designed specifically to meet the needs of Māori.

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<sup>1</sup> Pōmare, E, Keefe-Ormsby, V, Ormsby, C, Pearce, N, Reid, P, Robson, B, Wātene-Haydon, N, *Hauora, Māori Standards of Health III, a Study of the Years 1970-1991*, 1995:151.

<sup>2</sup> Te Puni Kōkiri, Ministry of Māori Development, *The Healthy Lifestyle Programme - an Evaluation*, 1993a:5.

<sup>3</sup> Public Health Commission, *Sudden Infant Death Syndrome, the Public Health Commission's Advice to the Minister of Health, 1993-1994*, 1994:7.

<sup>4</sup> Public Health Commission, 1994:8.

<sup>5</sup> Pōmare, E, Keefe-Ormsby, V, Ormsby, C, Pearce, N, Reid, P, Robson, B, Wātene-Haydon, N, 1995:81.

<sup>6</sup> Public Health Commission, *Tobacco Products, the Public Health Commission's Advice to the Minister of Health, 1993-1994*, 1994:10.

<sup>7</sup> Public Health Commission, 1994:11.

<sup>8</sup> Te Pūmanawa Hauora ki te Whanganui-ā-Tara, *Media Release, New Research Shows Decline in Māori Smoking*, 1996:3.

## 2.0 Overview of Possible Interventions

Traditionally a marae was the space or area in front of the meeting house. In contemporary times this definition has been extended to include the entire complex, all of the buildings and the grounds that are associated with the meeting house. The marae provides a central point for the local Māori community and an environment where Māori cultural practices are the norm. As such, marae are a potential vehicle for the promotion of health and well-being within the Māori community.

The marae can be used as the location of health promotion programmes and training courses for health workers. These programmes can stand alone or complement other marae-based health or social programmes. Health promotion initiatives that can be facilitated through a marae base include;

- healthy marae policy such as smokefree areas and alcohol restrictions,
- health clinics which incorporate a health promotion dimension (such as the dissemination of health promotion resources),
- programmes which focus on promoting healthy lifestyles and incorporate a range of issues. For example a whānau ora programme which includes smoking cessation, SIDS prevention and injury prevention,
- issue specific health promotion programmes such as nutrition or exercise programmes, and,
- training of Māori health promotion workers.

## 3.0 Selected Interventions

### 3.1 Healthy Marae Policy

#### 3.1.1 Alcohol Moderation

Manāki Tangata is a resource developed by the Alcohol Advisory Council of New Zealand and Māori alcohol health promotion workers to promote and encourage safe alcohol use by Māori communities at home, marae or sport clubs.<sup>9</sup> The Manāki Tangata programme provides seminars, workshops and guidelines on how use the Manāki Tangata resource kit and implement safe alcohol strategies in the community. There has been no outcome evaluation of the overall programme, however, the training workshops are currently being evaluated.

A marae in the Horowhenua region provides an example of the use of healthy alcohol policy on marae. Following a tikanga wānanga<sup>10</sup> to discuss issues relating to safe and responsible use of alcohol, a number of alcohol policies were implemented which included;

- no alcohol on the marae during tangihanga,
- a permit system for functions which required marae committee approval of alcohol provision, and,
- a ban on driving after drinking on the marae.<sup>11</sup>

#### 3.1.2 Smokefree Marae

Support for smokefree marae is increasing across the country. Results from the "Knowledge, Attitudes and Behaviour Among Māori Towards Tobacco and its Use - National Tobacco Survey", indicate that only 2-10% of respondents disagreed with smokefree policies at kōhanga reo, marae, and workplaces.<sup>12</sup>

Tahuna Marae has developed a smokefree marae kit that presents a cultural argument against smoking and makes suggestions on how to become a smokefree marae. The kit is distributed through a number of health promotion programmes nationally, including Te Hotu Manawa Māori. The kit has not been formally evaluated for effectiveness, though anecdotal evidence suggests that it is well received by Māori communities.

Te Hotu Manawa Māori is also developing guidelines for marae intending to become smokefree.<sup>13</sup>

<sup>9</sup> Kaunihera Whakatipato Waipiro o Aotearoa, Alcohol Advisory Council of New Zealand, From the Booklet *Manāki Tangata: Caring for People. Guidelines for Safer Alcohol Use at Home, Marae or Sports Clubs*, 1994:2.

<sup>10</sup> The term tikanga wānanga in this context refers to a meeting discussing marae customs and protocol.

<sup>11</sup> Manāki Tangata, "Own marae the place to start", *ALAC Newsletter* 1994:1;1.

<sup>12</sup> Te Pūmanawa Hauora ki te Whanganui-ā-Tara, 1996:1.

<sup>13</sup> Personal communication with Moana Maniapoto Jackson.

### 3.2 Marae-based Health Initiatives

The Ora Toa Health Unit is a primary health care unit at Takapūwahia Marae in Porirua and the Whaioranga Trust is a marae-based health promotion service in Tauranga. The Ora Toa Health Unit and the Whaioranga Trust both provide whānau well-being projects. The core strategies of both whānau well-being projects is to raise awareness and increase knowledge about SIDS, asthma, immunisation, drug and alcohol misuse and family violence, through a whānau home visiting programme. The programmes are co-ordinated through the marae, though obviously the services extend into the home. Both initiatives report an increase in Māori community awareness of health issues.<sup>14</sup> A 1993 public health survey indicates that 23.8% of Māori infants aged 18 months in the Porirua area have been immunised. The Ora Toa Health Unit estimate an immunisation rate of 66% for children associated with the initiative.<sup>15</sup>

The Wairarapa te Reo o te Ora programme provided an asthma action plan at marae-based clinics.<sup>16</sup> Programme providers reported that marae-based services were more accessible to the local community and were likely to reduce the downstream costs of asthma. Further, the programme was instigated by the local community and the venue was decided upon by that community.<sup>17</sup>

Raukura Hauora o Tainui Trust provide a number of marae-based health clinics amongst Māori communities.<sup>18</sup> It has been indicated that Tainui people prefer treatment from Māori people that understand and practice tikanga Māori.<sup>19</sup>

Papakura Marae provide a range of health education and promotion programmes. The programmes are well supported and receive much positive feedback. It is believed that the high participation rate is due largely to the programme being based on the marae.<sup>20</sup> An evaluation has been completed on the Papakura Marae maternity services. The value of the marae in the provision of health services was discussed<sup>21</sup> and the main themes are set out below;

- *“the marae creates an environment that encourages the community to participate in all aspects of the marae,*
- *the marae represents a range of potential experiences that characterises the Māori understanding of health as a holistic experience,*

<sup>14</sup> Te Puni Kōkiri, Ministry of Māori Development, *Oranga Whānau, The Whānau Well-being Projects: The Ora Toa Health Unit and The Whaioranga Trust*, 1994:9-16.

<sup>15</sup> Te Puni Kōkiri, Ministry of Māori Development, 1994:11.

<sup>16</sup> Wairarapa Māori Executive/ Taiwhenua o Ngāti Kahungunu ki Wairarapa and the Wellington Asthma Research Group, *Te Reo o te Ora, The Wairarapa Māori Asthma Project*, 1992.

<sup>17</sup> Māori Asthma Review, *He Mate Huango, Report to the Minister of Māori Affairs from the Review Team to Consider Asthma Among Māori People*, 1991:98.

<sup>18</sup> Te Puni Kōkiri, Ministry of Māori Development, *E Mua Kai Kai, The Experience of the Raukura Hauora o Tainui Trust*, 1993b:7.

<sup>19</sup> Te Puni Kōkiri, Ministry of Māori Development, 1993b:9.

<sup>20</sup> Personal communication with Riripeti Hera-Joyce a programme coordinator at Papakura Marae, South Auckland.

<sup>21</sup> Middleton, L, Ropiha. D, *An Evaluation of the Papakura Marae Initiative: Te Hiiri Hauora*, 1993.

- the marae provides an established formal network and base for developing the health needs of Māori in an environment acceptable to Māori. This reduces the barriers of other health service organisations and starts from a point where things Māori (including the person) are deemed important,
- an opportunity to increase access to a wide range of people who use the marae for a range of reasons,
- an opportunity to participate in a range of activities beyond traditional health care, and,
- an opportunity to develop a service that is credible to Māori and Pākehā.<sup>22</sup>

### 3.3 Specific Initiatives

#### 3.3.1 Kati Te Kai Taru

Kati Te Kai Taru was a marae-based smoking cessation programme directed at Māori women. This was a holistic programme that acknowledges wairua/ karakia,<sup>23</sup> whānau, healthy diet and the value of recreation in the healing/ quitting process. The programme involved a seven day live-in at Te Niho o Te Atiawa Marae, Parihaka, with follow-up and a support service. Four programmes were conducted with good success rates. When participants were contacted at varying durations after the completion of their programme, many had remained smokefree. After 15 months, 89% of programme one participants remained smokefree, after 13 months 60% of programme two participants remained smokefree, after 10 months 89% of programme three participants remained smokefree, and after four months 100% of programme four participants remained smokefree.<sup>24</sup>

Overall, participants gave a positive evaluation of the programme. The success was considered to be due to the programmes' cultural emphasis, provision of support and holistic approach.<sup>25</sup>

#### 3.3.2 Health Through the Marae

Health Through the Marae<sup>26</sup> is a Ngāti Te Ata initiative which uses the marae as a vehicle for health promotion. The emphasis of the Tahuna Marae based programme includes the; reduction of smoking, promotion of sound nutrition practices, and, encouraging participation in exercise.

Using a marae base, the programme employs Māori specific approaches to health promotion, such as rongoa,<sup>27</sup> karakia to quit smoking, and promoting a healthy cultural

<sup>22</sup> Middleton, L, Ropiha. D, 1993.31-35.

<sup>23</sup> Spiritual ideals and prayer.

<sup>24</sup> A report to "Kati te Kai Taru" hui held at Te Niho o te Atiawa Marae, Parihaka on the 23rd - 29th January 1993.

<sup>25</sup> A report to "Kati te Kai Taru" hui held at Te Niho o te Atiawa Marae, Parihaka on the 23rd - 29th January 1993.

<sup>26</sup> Te Puni Kōkiri, Ministry of Māori Development, *Health Through the Marae, Ngā Tikanga Hauora o Ngā Marae*, 1995a.

<sup>27</sup> Māori traditional healing.



environment. The whare oranga<sup>28</sup> of the marae provides access to doctors, a gymnasium, sauna and spa facilities and herbal health foods.

The use of marae in this project reflects a commitment from the community to their own health and fitness.<sup>29</sup> Improvements in fitness and quality of life has been reported by many participants, and this feedback is supported by fitness records.<sup>30</sup> The marae provides a secure and relaxed environment,<sup>31</sup> and "because a whare oranga is marae-based, whānau feel a sense of belonging when they work out".<sup>32</sup> Further advantages of using a marae base is that for live-ins marae can provide accommodation and eating facilities, and in comparison with other facilities are often less expensive and more convenient.<sup>33</sup>

### 3.3.3 Te Papa Tākaro o Te Arawa

Te Papa Tākaro o Te Arawa is an iwi initiated strategy that promotes healthy lifestyles through sporting events, some of which are marae-based. Programmes are provided for all age groups, with the programme frequency ranging from weekly to annual events.<sup>34</sup> Up to 10 000 Māori participate in the annual Te Arawa Sports Day,<sup>35</sup> which is also intended to promote healthy lifestyles.

Although these programmes are already considered effective in terms of promoting participation in leisure activities, He Oranga Poutama will be evaluating the Te Papa Tākaro o Te Arawa programmes.

## 3.4 Marae-based Training

### 3.4.1 Te Hotu Manawa Māori

Te Hotu Manawa Māori is a national organisation designed by Māori to support and promote Māori heart health, and works alongside the National Heartbeat Foundation of New Zealand.

Kai o te Hauora is a national nutrition initiative run by Te Hotu Manawa Māori. Marae-based training programmes train Karere Kai Hauora.<sup>36</sup> The 1996 programme included a one to two day marae live-in course each month for a period of ten months. After each training session Karere Kai Hauora return to their communities to promote good nutritional practices. Some participants work from a marae base. The advantages of using marae are that they provide a comfortable learning environment, may provide access

<sup>28</sup> Marae-based health and fitness centre.

<sup>29</sup> Te Puni Kōkiri, Ministry of Māori Development, 1995a:23.

<sup>30</sup> Te Puni Kōkiri, Ministry of Māori Development, 1995a:17.

<sup>31</sup> Te Puni Kōkiri, Ministry of Māori Development, 1995a:22.

<sup>32</sup> Te Puni Kōkiri, Ministry of Māori Development, 1995a:19.

<sup>33</sup> Te Puni Kōkiri, Ministry of Māori Development, 1995a:10.

<sup>34</sup> Personal Communication with Sheryl Te Kani, Sports Co-ordinator for Te Papa Tākaro o Te Arawa.

<sup>35</sup> Kaunihera Whakatūpato Waipiro o Aotearoa, Alcohol Advisory Council of New Zealand, Te Puni Kōkiri, Ministry of Māori Development, *Te Māori me te Waipiro, Māori and Alcohol*, 1995:30.

<sup>36</sup> Māori community nutrition workers.

to kaumātua, and are often well supported by the local community, particularly in rural areas.<sup>37</sup>

Trainee feedback is requested on the effectiveness of the training programme and overall feedback has been positive with a number of comments emphasising the value of using a marae base.<sup>38</sup> The Kai o te Hauora programme is currently being evaluated. Preliminary evaluation results are not yet available.

#### 3.4.2 Additional Resources

A range of agencies offer practical support and resources for marae-based programmes. Hillary Commission sports administrators work with marae to promote Māori participation in physical leisure activities. Health Sponsorship Council - Smokefree, Alcohol Advisory Council of New Zealand, and Te Hotu Manawa Māori are some of the agencies which are able to provide health promotion resources to marae-based programmes.

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<sup>37</sup> Personal communications with Kai o te Hauora coordinators (Te Hotu Manawa Māori Food and Nutrition programme) Judith Ka'ai and Christina McKerchar.

<sup>38</sup> Personal communication with Judith Ka'ai.

## 4.0 Effective Marae-based Health Promotion

There is a dearth of information on the evaluation of marae-based health promotion programmes. Where an evaluation has been conducted it has been limited to how participants have viewed a programme rather than rigorous outcome evaluation.

Marae-based programmes provide an important complement to other types of health promotion programmes. The marae has the potential to address access barriers for those Māori people closely connected to marae and those that only feel comfortable within a Māori cultural context, particularly kaumātua. The marae provides a culturally Māori environment which facilitates kaupapa Māori health promotion programmes and emphasises tikanga, the whānau and a holistic approach to health.<sup>39 40</sup> Further, anecdotal evidence suggests that the marae is considered to have a more social and relaxed atmosphere<sup>41 42</sup> which facilitates health promotion. Importantly, it can be expected that marae-based programmes will be run by Māori people with a mandate from the community, and therefore control and empowerment issues are more likely to be addressed.

Other reports and papers have made general recommendations for effective Māori health promotion, which are useful in considering marae-based health promotion. It has been recommended that;

- in line with Crown Treaty of Waitangi based obligations, programmes be developed in partnership with Māori and therefore ensure Māori participation at all levels,
- Māori workforce development should be a central focus. If the potential of Māori community health workers is to be realised there needs to be appropriate training and education,
- in measuring programme effectiveness it is important that indicators accommodate holistic Māori health perspectives,<sup>43</sup>
- messages for Māori should utilise the images, language and protocol of Māori people. Further, the vehicle used to carry the message should be Māori. Messages are more likely to be effective if created by Māori, for Māori, and within a Māori context,
- programmes reflect Māori needs and aspirations, and,
- Māori networks be utilised for information dissemination.<sup>44</sup>

<sup>39</sup> Te Puni Kōkiri, Ministry of Māori Development, 1995c:15.

<sup>40</sup> Te Puni Kōkiri, Ministry of Māori Development, 1993:9.

<sup>41</sup> Wairarapa Māori Executive/ Taiwhenua o Ngāti Kahungunu ki Wairarapa, Wellington Asthma Research Group, 1992:38.

<sup>42</sup> Te Puni Kōkiri, Ministry of Māori Development, 1995a:22.

<sup>43</sup> Durie, MH, Kaupapa Hauora Māori. Policies for Māori Health, in Te Puni Kōkiri, Ministry of Māori Development, *Te Ara Ahu Whakamua: Proceedings of the Māori Health Decade Hui, March 1994*, 1994:126-138.

<sup>44</sup> Ministry of Health, *Kia Whai te Māramatanga: the Effectiveness of Health Messages for Māori*, 1994:7.

## **5.0 Recommendations for Effective Healthy Marae Initiatives**

There is little information on the effectiveness of healthy marae programmes, and no rigorous outcome evaluation studies could be identified. To facilitate evidence-based purchasing of marae-based health promotion programmes attention should be given to incorporating outcome evaluation measures into contractual agreements with providers.

The following recommendations, though based on limited information, give direction for the purchasing of healthy marae programmes.

It is recommended that a developmental approach be taken to the purchasing of healthy marae programmes.

### **Effective healthy marae programmes will;**

- have the support of the local Māori community and facilitate community participation,
- be controlled and delivered by Māori for Māori,
- facilitate the development of the Māori health workforce,
- reflect the needs, preferences and aspirations of the local Māori community,
- take a holistic approach to health which incorporates a whānau focus,
- develop links with other healthy marae programmes and build on the experience of other healthy marae programmes, and,
- develop links with relevant agencies, in particular those which are potential sources of practical support and resources.

For healthy marae programmes to be effective more attention needs to be given to the development of health promotion resources which are consistent with a Māori cultural context. Further, those resources should be evaluated for their effectiveness.

Importantly, purchasers should not be prescriptive in their approach to healthy marae programmes. Regional variations should be acknowledged, in that there will be differences in the approach that is appropriate from marae to marae, hapū to hapū and iwi to iwi. That is not to say that an effective healthy marae model developed in one region will not be useful to other regions, but that purchasers must allow for regional variation.

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