

**Hui Whakapiripiri
10–11 July 2012
Ellerslie Convention Centre, Auckland**



**Whakamahia ngā pou mātauranga hei whakaongaonga
te hauora Māori**

Apply the pillars of understanding to stimulate health gains

Mr Beau Haereroa (*Ngāti Porou, Te Aowera*)

Publisher

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Ngā mihi ki a koutou katoa.

Introduction

Hui Whakapiripiri 2102 was held at Ellerslie Convention Centre, Auckland, on 10–11 July 2012. The Hui comprised of keynote presentations, concurrent speakers, interactive workshops and panel presentations and was attended by some 196 participants from a range of health and social service sectors, disciplines and interest groups. The theme for Hui Whakapiripiri 2012 was *Whakamahia ngā pou mātauranga hei whakaongaonga te hauora Māori: Apply the pillars of understanding to stimulate health gains* which was kindly gifted by Mr Beau Haereroa (Ngāti Porou, Te Aowera), the Health Research Council of New Zealand Kaumatua.

The overarching theme of translating research into Māori health gains, progressing the link between research, policy and practice extended from the six goals encapsulated in the Ngā Pou Rangahau: *The Strategic Plan for Māori Health Research 2010–2015* which arose out of consultation with Māori communities, providers, researchers and policy makers.

Progressing research through to practice and strengthening Māori health gains relies on both a solid foundation and key supporting pillars. At the HRC Māori Knowledge Translation Symposium, held in November 2011, key pillars of understanding emerged in relation to the six goals of the strategy. These key pillars included engaging with others to research collaboratively across disciplines; empowering the Māori health research workforce for building capability and expertise; and, acknowledging the holism of mātauranga by researching, educating and applying new technologies in an appropriate and ethical manner.

This year's Hui Whakapiripiri had a particular focus on encouraging those who are new to research including community and iwi groups, providers and students. The programme aimed to put information into practice by providing a series of interactive research related workshops and mentorship panels which provided information on types of research, methods and methodologies as well as insightful knowledge from those that have been successful in applying for funding.

Hui Host

As the government's principal funding and investment agency for health research, the HRC is responsible for investing government funds allocated for health research and holds a mission of benefiting New Zealand through health research. Māori health is one of the government's health gain priority areas, and Māori health research development is an important priority to address the disparities in health outcomes. The HRC is committed to ensuring hui opportunities occur for joint planning and whakawhānaungatanga, by, with, and for, the Māori health research community. Hui Whakapiripiri fulfils part of the HRC's commitment to providing opportunities for Māori health researchers and community members to network and share knowledge gained from Māori health research.

Background to Hui Whakapiripiri

In 1993, Hui Rangahau Hauora provided those involved in Māori health research with an opportunity to collectively discuss and share information relating to Māori health research. Hui Rangahau Hauora identified the need for such a forum where information could be shared, where key issues could be brought to the fore, and the direction of Māori health research discussed. After 17 years the achievements of Māori within health research have been numerous and significant steps have been taken. Yet the need for this forum still exists.

Three years after the Hui Rangahau Hauora, the call for another hui to discuss the strategic direction of Māori health research was taken up by Te Rōpu Rangahau Hauora a Eru Pōmare at Otago University's Wellington School of Medicine. This inaugural Hui Whakapiripiri was held at Hongoeka Marae, Plimmerton in February 1996.

The HRC's involvement in Māori health research hui came in 1997, when it hosted Hui Whakatipu in Auckland. Although this hui was smaller, it raised similar issues as previous hui.

In 2001, the HRC hosted the second Hui Whakapiripiri, this time at Tama Te Kapua Marae, Ohinemutu, Rotorua. For the first time, the HRC was exposed to the Māori research community and the feedback received would eventually culminate in the release of the HRC's Strategic Plan for Māori Health Research 2004–2008. Te Waipounamu hosted the next Hui Whakapiripiri in 2005. Entitled *Matiro Whakamua ki te Oranga o te Māori*, this Hui Whakapiripiri had the theme of looking to the future for Māori wellness.

A year later Hui Whakapiripiri was held in Wellington in Te Papa Tongarewa. The HRC was supported by Victoria University of Wellington's Health Services Research Centre and School of Māori Studies in hosting this event.

In March 2008, Hui Whakapiripiri took place in Auckland. The theme in 2009 was *Kanohi ki te kanohi – knowledge connections through traditional and contemporary means*.

Hui Whakapiripiri 2010 was held in Rotorua under the theme *Hangaia to whare korero mā ngā pou rangahau e tu*, and promoted collaboration, understanding and learning not only amongst the range of participants at Hui Whakapiripiri but also the broader health and research sectors, and Māori communities interested in research.

Hui Whakapiripiri is a significant event on the health research calendar, not only for Māori, but everyone involved in health research in New Zealand. Since 1993, hui held to discuss issues in Māori health research have given Māori a forum to present their findings, voice their concerns and forge relationships that will outlast any research project. These hui have always been characterised by innovative health research, lively debate and a commitment to improving health outcomes for Māori.

Pōwhiri

Hui Whakapiripiri 2012 began with the pōwhiri (welcome ceremony) where all attendees were welcomed into the Ellerslie Convention Centre on Tuesday, 10 July 2012. There was an air of anticipation amongst all Hui attendees for the opportunity to whakawhanaunga with friends and to make new acquaintances while learning about this year's contributions to Māori health research.

The whaikōrero were provided by speakers who represented the tangata whenua (Māori Health Committee) with accompanying waiata (song). Several speakers who represented the visitors gave speeches in return, followed by waiata, to signify the importance of the day. Mr Beau Haereroa provided a karakia (prayer) which was followed by waiata.

Professor Linda Tuhiwai Smith gave a welcome presentation where she explained the challenging nature of Māori health research. She thanked the sponsors, reiterated the aims of the Hui, and encouraged attendees to attend at least three presentations during the day. Professor Smith gave small presentations throughout the conference between sessions where she made witty and insightful remarks summarising previous sessions and providing encouragement to Hui attendees to continue to attend upcoming sessions.

Tuesday 10 July 2012

Opening Keynote Address

Ms Naida Glavish (Ngāti Whātua)

Getting the best of both worlds with tikanga and science

Ms Naida Glavish provided the opening key note speech of Hui Whakapiripiri. Ms Glavish is the Chairperson for Te Rūnanga o Ngāti Whatua Trust and works as the Chief Tikanga Advisor for the Waitemata and Auckland District Health Boards. Ms Glavish discussed the meaning of tikanga and how there can be a convergence or collaboration with science. She discussed how Māori had a perspective of the wairua, tinana and hinengaro as one integral whole, that was never separated. However, due to the impact and influence of colonisation, legislation and religion, many Māori beliefs, such as health, were separated and suppressed. Ms Glavish believed that the wairua of Māori was broken with terrible losses to health and well-being from which Māori have never recovered.

Ms Glavish promoted the best of both worlds of tikanga and science that would be relevant and appropriate for both Māori and Pākehā. This included the use of Māori systems for wellness working in collaboration with Western clinical models and could also involve the use of holistic models that would serve all people in Aotearoa/New Zealand. Ms Glavish ended her presentation by advocating that everyone should know your tikanga, and know who you are.

Keynote Presentation

Dr David Tipene-Leach (Ngāti Kere)

Tikanga Pākehā, tikanga Māori: Utilisation of a traditional behaviour as a lifesaving answer to a modern health problem



Dr David Tipene-Leach is from Porangahau in the Hawke's Bay and is presently a GP for Te Taiwhenua o Heretaunga in Hastings. He described case study research projects to propose the utilisation of a traditional (tikanga Māori) behaviour as a way to encourage more Māori into using life-saving practices in answer to modern health problems.

Dr Tipene-Leach described gains in research on Māori sudden infant death syndrome that identified risk factors, training health workers, smoking cessation and dealing with grief, including dealing with coroners. He believed that writing about research may influence change in policy. However, for Māori, there was resistance to the idea of not bed sharing and/or the inability to provide a safe infant sleeping environment. In order to create change in practices by Māori, the research team collaborated with the community to produce the wahakura, a woven flax bassinet like structure 72 x 36cm in size, promoting it is a 'safer' sleeping environment designed to be used

by the baby in the bed, and provide parents with the closeness and comfort of bed sharing while creating a 'separate sleeping surface'. However, there were issues with funding of the wahakura which would limit continued use of this practice by Māori. Dr Tipene-Leach believed this research identified an area of need, which was guided by tikanga Māori practice, which led to research to influence policy and create change in accepted practice.

Dr Tipene-Leach also described the Ngāti and Healthy study, a population health approach to a Māori healthy lifestyles programme and diabetes reduction that demonstrated a decreased insulin resistance after a two year period. Although there was a focus on individual intervention, this could eventually expand to become a population prevention. This led to the implication that the key to change in Māori practices is that it needs to become embedded in mainstream practice. This requires policy and outcome-based research to use both research-based evidence and tikanga Māori based solutions in a creative and sustainable way.

Concurrent Sessions

For this year's Hui Whakapiripiri, there were five sessions in total. Two sessions were held on the first day and three sessions were held on the second day. Streams ran within each session and consisted of presenters and included group/panel interactive workshops running concurrently. Sessions were chaired by facilitators who directed each stream by providing an introduction to presenters; they were also responsible for managing time and a question/answer process. This section provides a summary of key points from each of the keynote presentations, research presentations and interactive workshops.

Session One, Stream One

Interactive Research Workshop 1

Dr Kahu McClintock (Tainui, Ngāti Mutunga, Ngāti Porou)

Mr Nicholas Garrett (Ngāti Maniapoto)

Understanding the differences between qualitative and quantitative research

After beginning with a mihi, Dr Kahu McClintock, a member of the HRC Māori Health Committee and Mr Nicholas Garrett, from AUT University, described kaupapa Māori as capable of embracing both quantitative and qualitative methods. The presentation provided an overview of the differences between qualitative and quantitative research, by exploring multiple methods using real life examples.

Quantitative research was described as a traditional scientific research approach that emphasises numbers, measurements, control and experimentation. Qualitative research was described as emerging from sociology and emphasises, natural settings, observations, verbal narratives and interpretations. In addition, the samples, data methods, goals and research questions within both quantitative and qualitative research were defined and discussed.

This provided a way of showing that there are multiple ways of understanding a situation and it is important to consider the aim of the research when considering whether to use qualitative or quantitative research design and methods. Although both methods are considered to be completely different, Dr McClintock and Mr Garrett believe that there was a bridge between the two called triangulation.

Both quantitative and qualitative research provide different pathways and it is important to consider how the research methods and tools will be used and the issues that may arise.

Dr Kahu McClintock described a study that aimed to explore the acceptability of Child and Mental Health Adolescent Services (CAMHS) access and delivery to young Māori according to their whānau (qualitative). This study aimed to improve client's positive experiences by developing a CAMHS evaluation tool able to take account of the more holistic approach to the attainment of mental health that characterises a Māori world (quantitative).

This study provided an example of the use of both qualitative interviews of what participants considered to be appropriate care, and quantitative surveys of questions that were inclusive of a holistic approach to health such as the Whare Tapa Wha. The findings contributed to a conceptual development of a CAMHS best practice model which aligns with the traditional pōwhiri process of engagement and participation, particularly the components of karanga, mihimihi, whaikōrero and koha based on cultural respect and whānau involvement. Satisfaction with CAMHS delivery was associated with whānau involvement and the importance of culture and spirituality. This research showed that it is possible to influence government policy from both quantitative and qualitative methods of research.

Interactive Research Workshop 2

Dr Paul Reynolds (Whanganui, Ngāpuhi, Ngāti Tuwharetoa)

Dr Matire Harwood (Ngāpuhi)

Consultation in research

Dr Paul Reynolds is a Māori Health Committee member and is also from Te Atawahi o te Ao, Independent Māori Institute for Environment and Health. Dr Matire Harwood is an HRC Board member, Māori Health Committee member and is also from Tamaki Healthcare (PHO) and National Hauora Coalition. Together they conducted an interactive research workshop on consultation in research which they described as a key aspect of research by providing eight key tips.

Tip one relates to the processes for applying for funding. It was viewed as important to become familiar with the forms, processes and guidelines by accessing resources such as the HRC website, *Te Ara Tika*, the guidelines for Māori research ethics, and application guidelines. It was important to understand the language needed on ethics forms to be successful. It was also advised to consider collaborating with researchers who were successful with research funding applications and it was advocated that consultation was necessary to consider a consultation plan at the start of the research.

The process of connecting with others was the focus of tip two which involved starting with people who you know, and they may help or help you make contact with the right people. It was advised to start locally with local members of board or community members, but to consider national and international groups, including District Health Boards or the Ministry of Health who may fund later research.

In tip three, it was advised to consider talking to people in person, *kanohi ki te kanohi*, such as other researchers by reviewing the work already published. When approaching people, it was advised to have ready a brief about the project and reasons for approaching the person.

Tip four reiterated the importance of deciding who to collaborate with. It is very important to consider creating a research team of people that will create amiable relationships. Assessing committees are looking for building research capacity and the use of senior researchers as mentors to assist with the design and methods will be valuable in reaching the research goals.

In tip five, when demonstrating consultation in applications, it was important to show who will benefit from the research and how the research will contribute to change, by building capacity and capability and contributing to Māori health gains.

Tip six consisted of how the importance to highlight consultation informed or guided the project in the forms.

In tip seven, it should be shown how consultation will be ongoing before, during and after the project where relationships established through research can be maintained through future research projects. This includes dissemination of HRC reports or transference of knowledge through smaller reports created for lay people.

Finally, tip eight discussed how it is important for Māori to become members of ethics committees because it improves research and it is important to ask advice of those who have been ethics committee members.

During the question and comment segment of the presentation, it was reinforced that consultation is very important in quantitative research. The importance of listening and gaining feedback from the community can give research momentum. This includes the role of kaumātua in research and advisory groups.

Session One, Stream Two

Dr Elana Curtis (Te Arawa)

Ms Erena Wikaire (Ngāpuhi, Ngāti Hine)

Tātou tātou – Success for all: Improving Māori student success in health professional degree-level programmes

The focus of the presentation given by Dr Elana Curtis and Ms Erena Wikaire, both from the Tomaiora Māori Health Research Centre, Te Kupenga Hauora Māori, The University of Auckland, was on ascertaining Māori student success in health professional programmes at the Faculty of Medical Health Sciences by looking at non-lecture teaching activities for the success of Māori students.

Dr Curtis and Ms Wikaire described an 18 month evidence-based project that targeted Māori student success in degree-level tertiary education. The research questions focused on teaching practices that will help or hinder Māori student success and changes that may be needed to teaching and higher education practices to best support Māori student success.

Their qualitative study utilised kaupapa Māori research methodology using the Critical Incident Technique. Broad findings were presented with relevance to teaching and learning in three key areas (1) Undergraduate Programme, (2) Māori Student Support Services and (3) Māori Student Whakawhānaungatanga.

The research findings foreground the indigenous student voice and provided recommendations within a toolkit for quality tertiary teaching for institutions to better support Māori student success within tertiary study towards health. The findings recommended providing effective teaching and learning practices; academic and pastoral support that is culturally appropriate; a culturally safe learning environment; and encouragement for cohort cohesiveness for quality tertiary teaching. The findings were believed to be of significant interest for providers of tertiary health education to indigenous students.

Ms Monica Koia (Ngāti Porou, Ngāti Kahungunu, Te Arawa, Ngāti Raukawa ki te Tonga)
Enhancing the Māori health workforce: Preparing and supporting Māori to gain tertiary qualifications

Ms Monica Koia of the Research Centre for Māori Health and Development, Massey University, presented their research on improving and increasing numbers of Māori in the health workforce by exploring why the Te Rau Puawai Workforce 100 programme (a Māori mental health workforce development programme within Massey University) was so successful.

Ms Koia conducted qualitative research using a kaupapa Māori framework with a purposeful sample of six stakeholders using semi-structured interviews. She conducted thematic analysis which resulted in three major themes of tikanga Māori, multiple supports and ensuring success.

A framework of Te Kawakawa o te Ora provided a summary for the preparation, planning and support of students and their whānau through their journey. A picture of a kawakawa plant represented the following:

- the roots represented tikanga as the foundation and the key to its success
- the soil was the partnership between the funding and tertiary providers who provided the nutrients, and opportunity for students to grow and flourish
- the trunk symbolised the support mechanism provided by Te Rau Puawai staff, governance, mentors and funders
- the branches were the various supports, leadership, competencies, financial resources that were crucial in student success
- the leaves represented the students and the seeds of their qualifications
- as seeds fall, new kawakawa plants are established representing the expansion of students into the health sector.

Ms Koia reiterated the key points that career goals and course planning are vital, whānau awareness is essential, employer support is necessary and competent staff at universities are needed. The 'Te Kawakawa o te Ora' framework was viewed as transferable. It was concluded that tikanga and the enactment of key principles was what made the programme unique and successful.

Session One, Stream Three

Ms Renei Ngawati (Ngāti Hine, Ngāti Porou)
Sport and indigenous development: A health promotion perspective

The use of Māori touch as a tool for Māori health and well-being was outlined at the beginning of this presentation from Ms Renei Ngawati from AUT University. However, the research that Ms Ngawati conducted went beyond the link between participation in sport, reducing health inequalities for (namely Māori) indigenous populations and the benefits of exercising in a social/community setting. The research also looked more systematically at the value of sport and its use for indigenous development.

The research topic was sport and indigenous development from a health promotion perspective. The underlying principles and the overall structure of indigenous sporting organisations from Canada, the United States, Australia and New Zealand were investigated to determine how the notion of health and well-being was an explicit (or implicit) dimension within these organisations. The research explored issues of whether other indigenous sporting organisations were using sport as a vehicle for their peoples' development, health and well-being as well as how and why.

Kaupapa Māori research methodology was used to inform and guide the use of indigenous research methods because it was consistent with Māori development. Ms Ngawati believed it was also an appropriate measure even when interviewing participants from different indigenous backgrounds. She also outlined the benefits and challenges of conducting her research using kaupapa Māori.

The research was originally about Māori development through sport. However, it also contributed to sharing frameworks for indigenous development through sport, including leadership development, community capacity building, participating at all levels of society, transferring skills and abilities to other areas, as well as more indigenous elite athletes on the world stage.

Dr Geoff Kira (Ngāpuhi)

Whiti tamariki, tamariki ora

Dr Geoff Kira, a Research Fellow with the School of Sport and Exercise, Massey University, described the benefits of physical fitness for children, as an introduction to his research, called Project Energize. This project aimed for Waikato primary and intermediate schools to improve children's physical activity and nutrition, and ultimately to improve their overall health. A series of studies in low decile schools (<3) were conducted as part of this large Waikato region through-school nutrition and physical activity programme and was funded by the Waikato District Health Board.

Dr Kira described the methods and results of the study of two cross-sectional studies of children in statistical detail. The findings showed that mass, not ethnicity, was implicated with metabolic markers and fitness. Fat mass opposed the fitness benefits of fat free mass. In contrast to international studies such as the European Youth Heart Survey, the results of Project Energize suggest that fitness has a small indirect relationship with metabolic health and body composition in young children. Dr Kira believed that it was better to intervene when children were young to create higher health impacts, rather than leave it till later in adolescent years, and that longitudinal studies were needed to confirm the disease prevention value of fitness in children.

Mr Ricky Bell (Ngāti Hine, Ngāpuhi, Ngāti Hau)

Sports injury profile on waka ama in Aotearoa: Type, exposure, incidence and severity: Self-reported retrospective analysis

Mr Ricky Bell, University of Otago, presented his research that described the type, frequency, severity, and exposure risk of injuries amongst competitive waka ama paddlers in Aotearoa. This was a self-reported retrospective cohort analysis that was significant because it was the first to provide a critical analysis of the injury aspects of waka ama for paddlers in New Zealand.

Using a survey questionnaire descriptive data of waka ama injuries was collected using face-to-face interviews and a website-based interactive survey. Completed surveys were obtained from 240 individuals reporting 132 injuries amongst 110 athletes. Mr Bell described the results of interviews and surveys providing the statistics of all the injuries of participants.

The results found that long distance paddlers have a higher relative risk of injury than those that participated in sprint or middle distance events. Fifty-eight per cent of injuries occurred while training although it is proposed that this is a result of greater exposure to training than competition or other factors. These findings are the first step towards implementing preventative strategies and assessing the effectiveness of those strategies to enhance participants experience in the sport of waka ama.

Session Two, Stream One

Interactive Research Workshop 3

Dr Barry Smith (Te Rarawa, Ngāti Kahu)

Mr Maui Hudson (Whakatōhea)

Understanding ethics and ethical processes in research

Dr Barry Smith, Lakes District Health Board and a member of the Health Research Council Ethics Committee (HRCEC), and Mr Maui Hudson, Te Kotahi Research Institute, University of Waikato, a former member of the HRCEC, conducted an interactive research workshop that discussed various aspects of ethics and ethics committees. Dr Barry Smith and Mr Maui Hudson stated the need to be aware of changes to ethics committee structures and aimed the presentation at assisting with maximising chances of gaining ethics approval.

An initial discussion about the definition of ethics took place. Several suggestions were given and Mr Hudson provided a broader perspective of ethics as being able “to do the right thing at the right time for the right reason”. Several approaches to ethics included: virtue ethics, which included developing admirable qualities such as compassion, benevolence, and honesty that consistently lead to ethical behaviour; universal ethics or the principles, moral laws, or values that one feels a duty to live by regardless of the situation; consequence ethics, which means weighing the effects on others to determine the ethical course of action; and reason ethics, which relies on the other three forms of ethics but places greater weight on the quality of thinking one uses in a situation.

The purpose of ethical review was discussed as aiming to protect communities from harm, protect participants from harm and to protect researchers and institutions. Ethical principles including respect for persons, informed consent, and privacy and confidentiality were discussed, as well as additional issues for Māori such as respect for Māori whānau, hapū, iwi collectives, gaining consent of collectives and collective ownership of information. Mr Hudson presented the Māori Ethical Framework that was developed in *Te Ara Tika: Guidelines for Māori Research Ethics* that demonstrated the holistic and circular relationships of the principles important to ethics for Māori.

Dr Smith provided an overview of filling out ethics forms. This included describing research activities, the information sheet and consent form. Dr Smith stated that the key things to get right were the lay summary, purpose of the study, the key questions the study is trying to answer, describing potential benefits of the research, and describing the research methods and way the data will be analysed. It was also important to consider the ethical requirements that may differ between qualitative and quantitative research.

A question session was held which involved discussion of Māori governance and control of ethics processes, ethical behavior occurring before, during and after research and general consideration of ethical committee processes.

Interactive Research Workshop 4

Dr Helen Moewaka Barnes (Ngāpuhi, Ngāti Hine)

Dr Leonie Pihama (Te Atiawa, Ngāti Māhanga, Nga Māhanga ā Tairi))

Research methodologies and kaupapa Māori

The focus of this presentation was on discussing methodology and the research process. Dr Helen Moewaka Barnes, Māori Health Committee member, from SHORE and Whariki Research Group,

Massey University, Auckland, and Dr Leonie Pihama of Te Kotahi Research Institute, University of Waikato, also discussed kaupapa Māori as encompassing the values and worldviews of all Māori as important. This meant remaining distinctive, as opposed to comparing Māori to the dominant culture, and involved consideration of tikanga, kaupapa and kawa based research methods.

All attendees were then split into groups to discuss the meaning of kaupapa Māori and afterwards each group had a speaker report on their discussions. One group discussed the cultural framework of research that involved wairua and tikanga. Another group discussed the use of the pōwhiri process as the method for research that was based on tikanga and kawa.

Another group focused on challenging the status quo and hegemony, with a history of resistance and advocated transformational practice. One group talked about tuakana/teina relationships, roles and responsibilities where tino rangatiratanga was important to ensure Māori input into the research process. The last group talked about consulting with the community to assist with research design through the use of Whare Tapa Wha and collaborative relationships. The question was asked: He aha te mea kaupapa Māori? An answer was given: what is tika me te pono, right for now and for future generations.

To sum up the discussions, Dr Moewaka Barnes and Dr Pihama discussed the importance of values that are inherent in thinking about tikanga and methodology. They believed in the right of Māori to choose which processes, methods and tools are best for Māori which were described as what Māori do anyway. This includes an acknowledgement of rangatiratanga or Māori control of the research process, design, analysis, participation and dissemination.

Session Two, Stream Two

Dr Nina Scott (Ngāti Whatua, Waikato)
Māori cancer control

Dr Nina Scott, The University of Auckland, began her presentation by stating that through the organised efforts of society, suffering from cancer is largely unavoidable. Dr Scott shared her personal experience of cancer in her whānau and history with cancer care.

Cancer control was described as organised effort to decrease death and suffering from cancer. She described the national cancer control programme as evidence-based strategies to address the prevention, early detection, diagnosis, treatment, and palliation of cancer treatment using available resources. The basic principles of cancer control included leadership, involvement of related sectors in decision-making, partnership, evidence-based decision-making, a systemic approach, continuous quality improvement and a stepwise approach to planning and implementing interventions.

Dr Scott stated that the system is the problem, rather than the patient, and looking at the root cause will assist in creating change at a system level. This involves analysis of inequities for Māori in cancer treatment to indicate the minimum level of what can be achieved for Māori, and to ascertain where relatively quick gains can be achieved for Māori. Dr Scott presented that Māori had an increased risk of late diagnosis, a decreased chance of survival, and an increased risk of dying from cancer. There was a relationship between increasing deprivation and increasing risk of death from cancer for Māori. This was heavily influenced by the steep deprivation gradient for increased risk of death for Māori from lung cancer.

The Midlands Prostate Cancer study where Māori men were tested and/or screened for prostate cancer, was described which discussed survival inequities, pathways of care and the costs and complications of prostate cancer, including impact on whānau.

As a result of this research, recommendations to the Prostate Cancer Taskforce were drafted. These included to provide public information on the inequities identified. The National Prostate Cancer Working Group could get providers to focus on equity, quality improvement, work to reduce the impact on men and whānau, and monitor equity indicators with a minimum national data set of professional and organisational standards.

Data collection and management could include independent Māori monitoring, and increasing Māori workforce development. Tools to assist with achieving equity focused on quality improvement include decision aids to attend screening and should focus on measures that lessen the socio-economic impact of prostate cancer on their whānau.

A ranking system was developed to prioritise five cancers: lung cancer, breast cancer, prostate cancer, liver cancer and bowel cancer. Dr Scott believed that through the organised efforts of society, suffering from cancer is largely avoidable.

Mr Kimiora Henare (Te Aupōuri, Te Rarawa)

Targeting the tumour stroma for the treatment of cancer

Dr Kimiora Henare of the Auckland Cancer Society Research Centre, Faculty of Medical and Health Sciences, The University of Auckland, presented his PhD research on tumour stroma as the target for the treatment of cancer. Dr Henare began by stating that cancer is the leading cause of death for Māori and lung cancer has the highest incidence rate. Many of the cancers involve tumour growth that include stromal cells. Dr Henare described the process by which cancer cells can manipulate stromal cells to produce a tumour micro-environment that is conducive to growth, invasion and metastasis. The interactions between the cancer cells and the stroma are vastly complex and Dr Henare's PhD focused on looking into melanoma to investigate the tumour-stroma interactions and how they could be perturbed for treatment, using stromal targeting agents.

This research involved using a multi-modal approach to dissect out the differential effects of treatment on stromal and cancer cells, the effects of the stromal-targeting agent, DMXAA, was examined in a xenograft model of melanoma. This experimental platform allowed distinction between messages produced by cancer cells and those produced by stromal cells, and provided insights into how the tumour may be affected by these messages. This approach demonstrated the potential utility of DMXAA for the treatment of melanoma.

This platform could easily be applied to other experimental models, where the cancer burden is greater for Māori, including, lung, breast, and prostate cancers. Dr Henare hopes that this work will lead to the development of new strategies for treating or even curing these difficult cancers.

Dr Karen Lindsay

Māori Gout Action Group: Using research to improve Māori health

Dr Karen Lindsay provided an overview of the Māori Gout Action Group, Counties Manukau District Health Board, which she represents, and how they utilise several strategies to gain and provide further education and awareness for Māori with gout. She also provided an explanation of gout as a build-up of uric acid that causes severe attacks of intermittent pain and damage to the joints. Dr Lindsay stated that the real meaning of gout is yet to be determined but could potentially be used to target health inequality.

The Māori Gout Action Group has a five strand gout responsiveness plan. This includes patient resource and development and dissemination; destigmatisation; community education/clinics; research and strategic partnerships that aim to lead to structural changes to support best practice; and community engagement.

The group works to assist in defining the problem, providing robust data to support advocacy and to provide awareness and profile raising of gout for Māori patients and whānau, workforce development, advocacy for drug therapies and gout education. This presentation focused on describing the several strategies that the Māori Gout Action Group uses to fulfil these aims. Dr Lindsay believes that gout is a difficult problem which can benefit from both qualitative and quantitative enquiry. The Māori Gout Action Group proposed to conduct both qualitative and quantitative research in their aim to gain further understanding of issues surrounding gout. Also, in collaboration with Arthritis New Zealand, a three day hui in association with Ngāti Porou Hauora on the East Cape was held in 2011.

This enabled the community and health workers to share their knowledge on gout which emphasised destigmatising gout, eating healthy, home grown kai and how to participate in exercise as well as traditional medical approach to gout. The Māori Gout Action Group also focused on practitioner education by writing articles, using the internationally published guidelines on gout management with a target serum uric acid of 0.36mmol/L, DML laboratory target with every uric acid result.

Arthritis New Zealand, working in partnership with the Counties Manukau District Health Board and the Māori Gout Action Group, are involved with community clinics where three key messages are the basis of education: together we can beat gout by hitting the target of uric acid less than 0.36; gout is not “cured” even when the pain goes away; and genes play a part in gout, not just in kai.

As educators, the Māori Gout Action Group do not diagnose but refer clients back to their GP or the appropriate health professional to take the case further. Instead, the group provide a bridge in order to provide support and advocacy to patients as they navigate the health system.

The purpose of the mahi is to provide information to help clients understand their gout, the causes and how it can be treated. Marae clinics are effective in working with whānau in such a way that they feel heard, informed and supported, and can understand the causes and treatment of gout. Clients feel comfortable talking with another Māori who can understand their cultural perspectives.

Dr Geoff Kira (Ngāpuhi)

Sleep is like so underrated: Hiamoe rangatahi

Dr Geoff Kira, a research fellow at Massey University at the School of Sport and Exercise, discussed the links between poor health and lack of sleep and how poor sleep contributes to obesity by reducing insulin sensitivity, impacts on appetite through leptin/ghrelin and reduces energy expenditure, reduces food intake and creates sedentary behaviours. In adolescence, behavioural and biological pressures contribute to disturbed sleeping patterns, which leads to rangatahi having the worst sleep patterns of any other age group.

A recent study of a sleep education programme showed that sleep improved during the weekend days but not on week days. This suggests that although adolescents enthusiastically participated in the programme, education would not sufficiently change sleep behaviour to confer health benefits. The programme has been modified to incorporate behaviour-change theory and strategies to induce week day sleep improvements.

A study called Te Whānau Matemoe is being conducted into the weight management effects of a whānau-based, sleep behaviour-change programme for adolescents. This intervention is whānau focused, and emphasises nutrition and physical activity. Education is incorporated through evening sessions, workshop oriented: practical skills and a graduation is provided.

It was found that education was useful but not powerful. Behaviour-change was incorporated through the Health Action Process Approach, which focuses on self-efficacy and the voids between intention and action and action and maintenance, which addresses paying lip-service.

Session Two, Stream Three

Dr Will Edwards (Taranaki, Tāngahoe, Pakakohi, Ngāti Ruanui)

Localising the interface between Mātauranga Māori and western science: Translating research into Māori health gains

Dr Will Edwards, a Research Fellow at the Research Centre Māori Health and Development, Massey University, described his research which aims to develop a localised model of the interface between mātauranga Māori and western science which has the potential to contribute to Māori health gains.

Dr Edwards provided an overview by discussing Ermine's 'ethical space' that enables alternate knowledge systems to co-exist, and Durie's mutual respect principle for working at the interface between knowledge systems and accepting that both are valid. He also described Guba's inquiry paradigm which proposes a set of basic assumptions that guide disciplined inquiry or research.

This introduced an inquiry paradigm which made comparisons between western science and mātauranga Māori by asking three philosophical questions. The first question: What is the nature of reality? was considered in western science to be ontology, and in mātauranga Māori, as Te Ao Marama. The question: What is the relationship between enquirer and phenomena?, showed that in western science it is epistemology and in mātauranga Māori it is Whakapapa. The last question: What is the best means of acquiring knowledge? In western science, this is methodology and in mātauranga Māori it is kaupapa rangahau.

Dr Edwards believed that research that translates into Māori health gains should be relevant, robust and comprehensive. It should demonstrate relevancy where relationships are fundamental, data should resonate, and local realities are critical. Research should be robust in both western science and mātauranga Māori, reflect dual intellectual traditions and demonstrate meaningful action.

Ms Erena Kara (Ngāpuhi)

Utilising Te Korowai: A framework for the whānau ora – within the Oranga Tāne Māori research project

Ms Erena Kara, from Te Hau Ora o Kaikohe, described research that explored the views of Māori men with a chronic disease or cancer and their whānau to discover how they experience their health care in relation to the strategic goal of whānau ora.

A kaupapa Māori framework Te Korowai was developed from hui with kaumātua. Te Korowai was used as a frame for analysing the interviews, which encompassed the components of tuapapa (foundation and vision), whānaungatanga (relationships), uara tuu (guiding values), huarahi (pathway of the individual), oranga and hauora (health and well-being), mana tangata (participation, self-determination), whakaruruhau (safety), and rangatiratanga (self-determination).

Te Korowai was utilised as part of an evaluation of the Whānau Ora Māori Community Health Worker Service (Waikato District Health Board). This was also part of the overall Oranga Tāne Māori research project.

The research team believed that it was fair to evaluate an essentially Māori service with Māori evaluation tools and Te Korowai provided a good structure from which to develop questions for service providers. The framework was also used to analyse the information collected.

In addition, Te Korowai was used in research on a purposive sample of 40 Māori men aged from 40 years onwards, and their whānau support were interviewed. The interview questions centred around their experiences moving into and through health services, both mainstream and Māori in nature. These men had received or were currently receiving care for a chronic disease including cardiovascular, diabetes and chronic obstructive pulmonary disease, or cancer. The Te Korowai framework was used to analyse these interviews.

Ms Kara presented the results of the interviews with Māori tāne according to the themes of Te Korowai. In addition, the concepts of whakama and fatalism described the experiences of Māori tāne. Respectful relationships seem to be the key between health services and their whānau. The achievement of whānau ora for these tāne is strongly linked to the quality of relationships and the outward expression of being Māori. When this doesn't occur, the 'risk' of Māori going untreated increases. It is important to recognise whakama and respond in a way that leaves whānau with their dignity intact and a willingness for them to return to health services.

Ms Marama McDonald (Ngāti Kauwhata, Ngāti Raukawa, Rangitāne)

He Kāhui Ruahine: The doctoral sisterhood in Te Puāwaitanga o Ngā Tapuwae kia ora tonu: Life and living in advanced age

In this presentation, Ms Marama McDonald, from The University of Auckland discussed issues surrounding PhD supervision for Māori and providing an alternative model of supervision. In the *Life and Living in Advanced Age: A Cohort Study in New Zealand: Te puāwaitanga o ngā tapuwae kia ora tonu (LiLAC)* study, Ms McDonald discussed how both western science and mātauranga Māori embed the research, and strengthens supervision of herself as the LiLAC New Zealand Māori PhD student.

The LiLAC New Zealand Intellectual Advisory Group reflects the distinctively Māori tradition of tuakana and teina relationship between researchers. The tuakana and teina hold to the traditions of whakapapa and an ancient relationship to the whenua, to tikanga or proper conduct, to values of manaakitanga and aroha, sincerity, generosity, love and kōrero in creating a harmonious intergenerational culture of research.

For Ms McDonald, relationships within supervision provided valuable support. For instance, when whānau issues arose, she was advised to prioritise whānau first. In an intellectual sense, when interviewing kaumātua, support was provided by whānau and kuia. In addition, an ethical issue raised during the research was able to be discussed with the advisory group. These provided examples of how Māori tradition can prove successful within the PhD supervision relationship.

The Māori tradition of collective supervision is a powerful relationship that is contrary to the scientific supervision relationship of the all-knowing expert and the mere student. This critical academic relationship, when viewed through Māori tradition, may work to assist Māori to be successful within education institutions that marginalise and isolate Māori people.

Ms Inez Awatere-Walker (Ngāti Porou)

Māori mental health recovery: Success stories of non-Māori clinicians

Ms Inez Awatere-Walker from the Hawke's Bay District Health Board and AUT University outlined the beginning of her doctoral research that explores the best practices operating for Māori tangata whaiora within mainstream mental health services.

The proposed research seeks to explore the notion of recovery occurring within an environment lacking in Māori resources and processes. Ms Awatere-Walker likened her research to the imagery of a tree. The soil in which her research emerged was from her clinical experience and reflections on recovery.

The seeds were sown from Māori being high users of mental health services, where the Hawke's Bay mental health service treats a higher than national percentage of Māori patients. Yet mainstream community mental health team clinicians are predominantly non-Māori. This provides an opportunity to examine recovery through the interaction between Māori and non-Māori.

The roots of the tree represented a variety of approaches that would inform the research processes. Among others, this included H G Gadamer's hermeneutics, appreciative inquiry and constructionist approaches. The trunk represented the methods where up to 15 interviews with non-Māori clinicians and 'recovered' Māori patients will be conducted and will involve appreciative questions and seeking the best or peak experiences. The conversations within stories will be analysed. The leaves of the tree represent the understanding that occurs between people in relationships. There will be an aim to support a recovery approach to mental health care and increase the behaviours that help recovery.

Session Two, Stream Four

Dr George Gray (Ngaiterangi, Ngāti Ranginui)

Improving the way District Health Boards address Māori health priorities

Dr George Gray is a public health physician at the Bay of Plenty District Health Board who focused his presentation on finding ways that District Health Boards (DHBs) can address Māori health priorities and improve Māori health gains. He began by outlining health disparities for Māori as an ongoing issue and described various governmental policies that have identified the need to reduce these health disparities.

To improve the DHBs' focus on Māori health issues, the Māori Health Business Unit at the Ministry of Health pioneered a new approach to Māori health planning in 2011. This strategy created a mandatory requirement for all DHBs to develop a Māori health plan. DHBs were prescribed a systematic planning structure which brought attention to the leading causes of mortality and morbidity for Māori at national, regional and local levels. In collaboration with the Ministry of Health, DHBs were assigned targets for improvement in Māori health. DHBs were required to report to the Ministry of Health on areas where progress has been insufficient.

This new approach to DHB Māori health plans provides a way to translate Māori health inequalities into measurable Māori health gains. This involves the use of performance data to identify DHBs that are top performers, to learn from them and translate that knowledge into health gains over time.

Mr Zack Makoare (Te Whatuiapiti, Ngāti Porou)

Mr Jordan Aramoana Waiti (Te Rarawa, Ngāti Pikiao)

Taitimu Trust turning the tide: Motivating rangatahi to become rangatira for the future

Mr Zack Makoare and Mr Jordan Waiti presented on the work that Te Taitimu Trust are doing with youth in Heretaunga. Te Taitimu Trust is a non-profit organisation that aims to motivate rangatahi to become rangatira for the future by developing kaitiakitanga, the capacity of youth and leadership qualities, understanding of Te Ao Māori and tuakana/teina relationships through utilising engagement with Tangaroa.

Te Taitimu Trust held wānanga programmes for approximately 150 youth which were marae and beach-based, and were held in conjunction with local governmental organisations. The aim of the programme was nurturing the hearts and minds of rangatahi through re-connections with Tangaroa. Activities included conservation, mahinga kai and physical activity.

The aim of their research was to provide an initial evaluation of the Te Taitimu Trust Wānanga. They utilised a kaupapa Māori theoretical and methodological approach, which focused on the four overarching themes of Māori principles and values; kaupapa Māori theory; principles of the Tiriti o Waitangi; and Māori health models.

There were a range of health outcomes such as nutrition, physical activity, spirituality, mental health and leadership qualities. The main finding of the research was that the success of Te Taitimu Trust was based on whānaungatanga. It was concluded that the way the wānanga programme utilises Tangaroa to teach leadership qualities, makes an important and unique contribution to improving health and well-being outcomes for high risk tamariki and rangatahi.

Dr Vicki Macfarlane (Te Arawa)

Mr Michael Ngawati (Ngāpuhi)

Mr Phil Williams

Dr Susanna Galea

Ms Polly Websdell

A study of engagement of Māori tangata whaiora with kaupapa Māori services within a mainstream alcohol and drug service

Dr Vicki Macfarlane presented proposed research on the engagement of Māori with addiction services, on behalf of a research collaboration with staff from the Community Alcohol and Drug Service in Auckland. This research aims to investigate, from the perspective of tangata whaiora, why Māori tangata whaiora who have accessed mainstream alcohol and drug services remain engaged with mainstream services rather than engaging with kaupapa Māori alcohol and drug services.

One hundred and fifty clients who are currently open to the Auckland Regional Community Alcohol and Drug Services (CADS), excluding Te Atea Marino, the kaupapa Māori service, and who have identified their ethnicity as New Zealand Māori, will be randomly selected for participation in the study. The study will use a carefully designed cross-sectional survey, which will be delivered face-to-face if possible, or alternatively, over the phone. The research will explore the factors that influence client awareness and access of kaupapa Māori services, engagement with kaupapa Māori services or retention in mainstream services and other factors or barriers influencing engagement with kaupapa Māori services. The researchers feel that it is important to gather this information from the perspective of tangata whaiora.

The results of this survey will help inform culturally competent service development for alcohol and drug services with possible relevance to other services in the public health sector that offer a kaupapa Māori service. The researchers hope that the knowledge gained from this research will be relevant to real world application and will contribute towards an improvement in Māori health outcomes.

Ms Rangimahora Reddy (Ngāti Raukawa, Ngāti Maniapoto)

Ms Tiwai Iti (Tūhoe, Ngāti Haua)

Dr Mary Simpson

Professor John Oetzel

Ms Kay Berryman

Dr Peter Kirk

Māori health literacy and communication in palliative care: Kaumātua-led models

Ms Rangimahora Reddy is the CEO of the Rauawaawa Kaumātua Charitable Trust in Hamilton and she presented this research project on behalf of her research collaborators.

The aim of the research was to identify and develop appropriate communication models that will enhance the palliative pathway for kaumātua, whānau, clinicians and community health workers.

The research team was formed to include health and community services involved in the palliative care pathway so that many aspects and perspectives had an opportunity to be represented. The researchers felt that it would be best to consult, collaborate and engage with those partners best equipped to implement change and innovation in palliative care involving kaumātua.

Ms Reddy discussed the research methods and design which involved a literature review, kaumātua, whānau and palliative care worker interviews and focus groups, a document audit of those in palliative care going through the Emergency Department of the Waikato Hospital, and an analysis of brochures from palliative care providers.

A key feature of this research is that it is kaumātua-led participatory research where kaumātua are involved in every step of the project. It was the kaumātua who identified the need for the research, and assisted in establishing kawa, tikanga and kaupapa-Māori research methods appropriate to kaumātua. The kaumātua also supported research activities including project hui, interviews, focus groups and thematic analysis.

Ms Reddy described the series of communication relationships that developed during the research where all parties worked together to develop the health literacy of kaumātua and whānau, as well as kaimahi and rōpū whakahaere. The core factors and key values inherent within the research such as tūpuna, karakia and health literacy were likened to the totara tree.

Keynote Presentation

Dr Kahu McClintock (Tainui, Ngāti Mutunga, Ngāti Porou)

Dr Te Kani Kingi (Ngāti Pukeko, Ngāti Awa, Ngai Tai)

Professor Graham Mellsop

The development of a culturally attuned psychiatric outcome measure for an indigenous population

Dr Te Kani Kingi, Director of Te Mata o Te Tau, Massey University, Wellington, began this panel presentation by introducing Hua Oranga, a Māori measure of mental health outcomes. This measure was consistent with the Māori concepts of health and wellness developed in Te Whare Tapa Wha of taha wairua, hinengaro, tinana and whānau. The measure involved the creation of a series of questions for tangata whaiora or clients, clinicians, and whānau, designed to measure Māori mental health outcomes.

Dr Kahu McClintock, Research Manager for Te Rau Matatini, described the research process that included a pōwhiri process to encourage engagement and participation. Hua Oranga was administered at five sites to tangata whaiora or clients, clinicians and whānau to test for its utility with a range of Māori mental health service providers. There were two options of Hua Oranga trialled. The qualitative results showed that wairua was very important and factors that contributed to health and wellness included ngā awa me ngā tūpuna.

Professor Graham Mellsop, Professor of Psychiatry, Waikato Clinical School, The University of Auckland, described the statistical quantitative results as being necessary to demonstrate the usefulness of Hua Oranga. Two options of Hua Oranga were tested, and option two was found to be statistically stronger.

Option two was more interpretive, had less confusing language and was found to be the most useful option.

The Outcomes Recording Analysis database www.oradatabase.co.nz is a software package developed alongside the measure. The database allows for the routine collection of outcome measurement information into a national database and provides immediate online feedback to service providers.

In the final discussion, Hua Oranga was found to be a culturally attuned, useful and reliable outcome measure and psychometrically credible evidence was obtained for transferability to mental health services. The dimensions of the Whare Tapa Wha were useful and option two was preferred over option one. However, the panel noted concern over the usefulness of Hua Oranga for mental health clients in crisis situations. Instead, Hua Oranga was considered to be more appropriate for use with clients in non-crisis situations.

Wednesday 11 July 2012

Keynote Presentation

Dr Hinemoa Elder (Ngāti Kuri, Te Rarawa, Te Aupouri, Ngāpuhi)

I tuku iho, he tapu te upoko: A Māori theory and framework for mokopuna with traumatic brain injury and whānau



Dr Hinemoa Elder, from Massey University, discussed her research on a framework for mokopuna with traumatic brain injury by likening her research to the journey of a waka.

Dr Elder outlined the background of traumatic brain injury in Aotearoa, its causes, effects, treatments and classifications.

Eighteen marae wānanga were held in urban, rural and remote locations. Data was analysed using rangahau kaupapa Māori methods. This study asked two questions. Firstly, what do Māori people say about traumatic brain injury in the context of the Māori cultural belief that the head is the most sacred part of the body? Secondly, how could this information build theory and inform a framework addressing the rehabilitation needs of this group?

Two key topics that emerged were the importance of wairua in traumatic brain injury because when the brain is injured, so is the wairua. Therefore, a cultural response is required. Also the whānau are the functional unit for healing, yet they may not always be aware that they have the tools.

Te Waka Oranga was the framework created in response to the needs outlined in the research. Te Waka Oranga takes the frame of a waka, which is able to identify the skills and emotions of the mokopuna world, as well as include the whānau and clinical team supporting the child's traumatic brain injury treatment and recovery.

This framework was considered to be different to the paradigm currently being used, as it acknowledges whānau knowledge. Te Waka Oranga provides a practical tool for whānau and health professionals to work together, within a Māori space that addresses both cultural aspects of traumatic brain injury and clinical treatment with a hope for improved outcomes. This is the first study to propose and operationalise an indigenous worldview for Māori child and adolescent traumatic brain injury rehabilitation.

Session Three, Stream One

Interactive Research Workshop 5

Dr Tristram Ingham (Ngāpuhi, Ngāti Kahungunu ki Wairoa)

Ms Bernadette Jones (Ngāti Apa)

The use of methods in research

Dr Tristram Ingham and Ms Bernadette Jones, both from the University of Otago, Wellington, conducted this research workshop by providing a beginner's guide to qualitative and quantitative research paradigms, methodologies and methods. They began by describing methods as the actual tools used to conduct research, which are often dictated by the research question and the methodology.

Reasons to use qualitative research included being able to generate hypotheses, provide in-depth descriptive understanding and help understand complex dynamics. Dr Ingham and Ms Jones also described the advantages of qualitative research as not forcing participants responses into 'boxes', allowing participants voices to be reflected in results, detecting unexpected causes/effects and being adaptable to the individual participants. The disadvantages of qualitative research were described as not always being generalisable to larger groups/populations, having time-consuming analysis, being hard to summarise results succinctly and having less influence on policy. A variety of qualitative research methods issues were addressed, including sampling frameworks and data saturation.

Reasons to use quantitative research included being able to test hypotheses, provide evidence for differences in outcomes and to demonstrate the size (or extent) of the effect. The advantages of quantitative research were that it was more readily generalisable to larger groups/populations, large sample sizes were usually needed, results were easy to summarise and could have a strong influence on policy. The disadvantages were described as being unable to test unknown hypotheses, forcing participants responses into 'boxes', not being able to adapt to individuals within the study and less 'depth' of understanding. A variety of quantitative research methods issues were discussed including sampling frameworks and sample size/power.

Kaupapa Māori research was described in detail as privileging Māori worldview and research processes. A description of the principles of kaupapa Māori research was provided which included describing the whānau tuatahi framework.

Mixed methods research was described as combining the strengths of qualitative and quantitative research, which has its own methodological framework that explores issues in context. The advantages of mixed methods included using the strength of one method to offset the weaknesses of the other and can answer questions not suited to either methodology alone.

The disadvantages of mixed methods included expertise in multiple methods, is resource intensive and is complex to analyse and present.

A range of issues to consider were discussed by Dr Ingham and Ms Jones when developing the research question and choosing methods. The qualitative research methods of focus groups, image-based, photo voice or guided drawings, environmental scans, and observation were described. The kaupapa Māori methods of hui, collaborative storytelling, and oral traditions were explained.

The mixed methods of case studies using both qualitative and quantitative methods were discussed. The quantitative methods of randomised controlled trials, cross-over trials, case-control trials, time-series trials, questionnaires, and design of questionnaires and surveys were also defined.

Session Three, Stream Two

Dr Tess Moeke-Maxwell (Ngāpuhi, Ngāti Kahungunu ki Wairoa)

Dying to teach us about living: Exploring end of life struggles and whānau inspired solutions

In this presentation, Dr Tess Moeke-Maxwell, a Postdoctoral Fellow with the School of Psychology, University of Waikato, provided an overview of her research, Kia Ngawari, which considers the critical issues individuals and their whānau face during end-of-life struggles.

In the research methodology, ethnographic case studies and in-depth interviews were held with individuals and whānau. Thematic analysis was conducted through researcher and whānau collaboration. This included aspects of auto ethnography, described as the inclusion of the self and culture in the study.

The findings were discussed which included whānau resiliency, diverse spiritual beliefs, whānau strengths, caregiving challenges and whānau cost burden.

Whānau resiliency related to cultural identity where tribal and whānau knowledge, values, beliefs and customs guided and fortified the person and their whānau. Diverse spiritual and religious beliefs provided faith and hope.

Whānau strengths included a variety of values related to whānaungatanga and close relationships with whānau and extended whānau. This included aroha and manaakitanga, tino rangatiratanga as well as leadership, knowledge and skills within whānau. It was essential to develop whānau self-help tools to assist with whānau caregiving plans.

Caregiving challenges involved caregiver availability and sustainability issues and a lack of palliative care and psycho-social information. The whānau cost burden included caregiver stress and fatigue that increased over time, cultural and spiritual transgressions, and poverty, low income and under-resourcing, which created financial considerations.

During the course of the research whānau called for a waka palliative care tool to support end-of-life care, navigation and planning, which included the roles and responsibilities of whānau and the care team.

Kia Ngawari's study findings contribute to supporting the improvement of palliative care services in Aotearoa New Zealand. Further recommendations include improving palliative care literacy and caregiving training, and better coordination of palliative care services with kaupapa Māori palliative care services and support groups. An improvement in workforce development would involve an increase in cultural competencies and spirituality training.

Mr Jordan Waiti (Ngāti Pikiao, Te Rarawa)

Whakaoranga whānau: A whānau resilience framework

Mr Jordan Waiti of Te Pūmanawa Hauora, Massey University, Wellington, presented his research on the capacity of whānau to overcome adversity, flourish and enjoy better health and well-being. Mr Waiti began by outlining the meaning and literature on resilience which often lacks Māori cultural perspectives.

Interviews were held with whānau who had experienced family death, chronic ill-health, redundancy, incarceration, disabilities and solo parenting, and key informants who had experience in dealing with these issues. This resulted in designing a conceptual framework of four main coping strategies and protective factors of whānaungatanga, pūkenga, tikanga and tuakiri-ā-Māori.

Whānaungatanga was described as the networks and relationships within whānau whakapapa and kaupapa systems. Pūkenga were defined as a range of abilities and skills such as flexibility, education, sport and exercise, humour, positivity, aroha and manaaki. Tikanga related to creating meaning, values and faith such as hope, love, honesty, fellowship and prayer. Tuakiri-ā-Māori described secure cultural identity involving cultural concepts, practices and traditions.

Mr Waiti concluded by stating that nothing new had been added to the concept of resilience as the broad principles which contribute to Māori whānau and family resilience are similar. While the application and interpretation of resilience can be quite different, resilience strategies have the potential to be both generic and culturally specific.

Dr Marilyn Brewin (Te Rarawa, Te Aupōuri)

Is there a place for aroha in research?: When personal research becomes too private for the academy

During this presentation, Dr Marilyn Brewin, of Ngā Pae o te Māramatanga, described her personal experiences of having a son with a degenerative condition and then losing her child at a young age.

Dr Brewin described her difficulties with diagnosis of her son's condition, where mixed and heartless communication was received from medical professionals. She described the pain of having lack of knowledge about this condition; about how to cope with a variety of issues such as grief. She described the difficulties of coping with her son's condition, which included issues with whānau coping pressures. Dr Brewin shared that it had taken her 26 years to feel ready to continue to work on this story and shared several of her personal and private experiences.

Initially, Dr Brewin had aimed to research, document and write about these experiences. However, after consultation with whānau and due to the complexities of this sensitive issue, the initial aim to conduct research about her experiences was altered and the decision was made not to continue.

Session Three, Stream Three

Dr Elana Curtis (Te Arawa)

Ms Erena Wikaire (Ngāpuhi, Ngāti Hine)

Addressing indigenous health workforce inequities: A literature review exploring 'best' practice for recruitment into tertiary health programmes

Dr Elana Curtis and Ms Erena Wikaire, from the Tomaiora Māori Health Research Centre, Te Kupenga Hauora Māori, The University of Auckland presented a literature review which aimed to identify national and international evidence of best practice for recruitment of Māori or indigenous secondary school students into health-related tertiary programmes.

They began by providing an overview of health workforce and secondary school education inequities and The University of Auckland's aims and goals for recruitment and retention of students.

Their research methodology was explained as using a kaupapa Māori research approach to review the literature. Seventy articles were included. There was a lack of published literature specific to Māori recruitment and a limited, but growing, body of literature focused on other indigenous and underrepresented minority populations. They found that recruitment activities are described within five broad contexts associated with the recruitment pipeline: early exposure, transitioning, retention/completion, across the pipeline and professional workforce development.

The literature found recruitment activity occurring across a pipeline that extended from secondary through to tertiary education contexts and in some instances vocational (post-graduate) training. Early exposure activities encouraged students to achieve success in appropriate school subjects, address deficiencies in careers advice and offer tertiary enrichment opportunities. Support for students to transition into, and within, health professional programmes was required including bridging/foundation programmes, admission policies/quotas and institutional mission statements demonstrating a commitment to achieving equity.

Retention/completion support included academic and pastoral interventions and institutional changes to ensure safer environments for indigenous students. The literature review found that recruitment should reflect a comprehensive, integrated pipeline approach that includes secondary, tertiary, community and workforce stakeholders.

In the final section, Dr Curtis and Ms Wikaire discussed various ways to improve recruitment and retention of students at tertiary institutions. They advocated five recommendations as follows:

- framing recruitment initiatives within an indigenous worldview that takes into account indigenous rights, realities, values, priorities and processes
- demonstrating a tangible institutional commitment to achieving indigenous health workforce equity via the development (and proactive support of) a mission statement/vision and appropriate policies and processes
- identifying the barriers to indigenous health workforce development and use these to frame recruitment initiatives within your local context
- conceptualising and incorporating recruitment activity within a comprehensive and integrated pipeline model that operates across secondary and tertiary education sectors via the provision of early exposure, transitioning, retention/completion and post-graduation activities
- increasing engagement with parents, families and indigenous communities (including tribal groups) within all recruitment activities but particularly early exposure; and
- incorporating high quality data collection, analysis and evaluation of recruitment activities within programmes with the publication of results where possible.

Dr Curtis and Ms Wikaire outlined the ways that the results of their literature review will influence the recruitment and retention strategies for Māori students within their tertiary institution.

Ms Julia Wilson (Te Arawa)

Ms Louise Parr-Brownlie (Ngāti Maniapoto and Ngāti Pikiao)

The challenges and benefits of building Māori capacity in the biomedical sciences

Ms Julia Wilson and Ms Louise Parr-Brownlie from the University of Otago discussed issues around the recruitment and ongoing support of Māori researchers into the biomedical sciences.

This was deemed important to increase the likelihood of Māori being seen as true participants of research, rather than as subjects to experiment on. They began by describing the meaning and application of biomedical research as well as reasons for increasing numbers of Māori biomedical researchers.

A range of ways that numbers could be increased were to put a positive spin on the perception of biomedical researchers, to support and encourage early studies, to encourage postgraduate studies with scholarships and iwi support, to provide networks of peer support in both academic and cultural arenas and to connect with Māori communities. These measures were seen as contributing to reducing barriers for Māori and to increase the number of Māori in biomedical research, which will hopefully contribute to the long-term benefit of Māori health.

Ms Monique Priston (Ngāti Kahungunu ki te Wairoa)

Developing a kaupapa Māori approach to recruitment and retention of Māori participants in longitudinal research – Reflections from the E Moe, Māmā study

Ms Monique Priston, from the Sleep/Wake Research Centre, Massey University, Wellington provided an overview of the E Moe, Māmā study that aimed to monitor sleep changes during late pregnancy and early post-partum and the relationship with a number of maternal health outcomes. The focus of this presentation was the development of an approach to recruitment which was used to engage with pregnant Māori women (wāhine hapū).

The Māori recruitment strategy developed by the research team was underpinned by the kaupapa Māori theory and included Māori control at all stages of the research, appropriate classification of ethnicity with an aim to achieve equal numbers of Māori and non-Māori participants. Recruitment involved a multi-method approach that evolved over the course of the study and included social media, recruitment site, Māori targeted posters and fliers, local recruiters or ‘champions’ to be the ‘face’ of the study, the use of Māori radio, TV, web and print agencies, and study stalls at various locations.

Recruitment processes and procedures were guided by tikanga Māori and the ethical principles of whānaungatanga, manaakitanga and kaitiakitanga which Ms Priston outlined in further detail. The study results will focus on providing guidelines to protect wāhine hapū and their whānau, information on risk factors that contribute to disparities in the prevalence of sleep problems between Māori and non-Māori and inform policy and health services to reduce and eliminate such inequities.

Key learnings of the study involved the use of kaupapa Māori research theory as a framework to develop recruitment strategies that allowed the research team to effectively engage with wāhine hapū, whānau and Māori communities. Māori involvement within the research team helped facilitate: decision-making processes, community engagement, use of tikanga Māori and the use of Māori research ethics.

The importance of taking the time to develop effective relationships with the Māori community through iwi, health and social service providers was acknowledged. It was necessary to be flexible within the study design and timeframes to be reflective and reactive to the ebb and flow of the natural course of participant recruitment.

This research expands on ‘he kanohi kitea’ by engaging with Māori media and advertising agencies and resourcing ‘local champions’ to promote the research widely.

Stream Four - Student and Emerging Researcher Forum

Dr Melanie Cheung (Ngāti Rangitīhi, Te Arawa)

Mr Kimiora Henare (Te Aupōuri, Te Rarawa)

Dr Mera Penehira (Ngāti Raukawa ki Otaki, Rangitāne, Ngai Te Rangī)

Dr Emma Wyeth (Kai Tahu)

This student and emerging researcher forum was an opportunity for students to express their views and share their experiences of being a student. Their responses are summarised here.

Dr Melanie Cheung from Te Kotahi Research Institute, University of Waikato, and the Centre for Brain Research, The University of Auckland shared about her journey as a student which she found rough to start with. It took time to find her stride and become a researcher and scientist. She believed that it was possible with a lot of hard work and passion and talked about how tuakana roles with people who provided encouragement and guidance helped her to get over her fear of putting it out there. She felt that there were lessons along the way and advocated to take whānau with you.

Mr Kimiora Henare from the Auckland Cancer Society Research Centre, Faculty of Medical and Health Sciences, The University of Auckland, who is a current PhD student, believed that support from peers is helpful. He believes that building skills in basic sciences during schooling provides a good foundation and options for further study. He advocated that writing and financial support are crucial to success as a student.

As a Māori scientist, Dr Emma Wyeth states that science students have to combine laboratory work as well as building skills while maintaining relationships with whānau who play a role, whether implicit or explicit. She believes it may be a longer journey than anticipated at the start.

Dr Mera Penehira, who is a Postdoctoral Research Fellow at Te Kotahi Research Institute, University of Waikato, had to contend with juggling multiple roles as a student. She advocated knowing how and when to ask for help, continuing successful family relationships and other life events, maintaining a valuable supervisor relationship and prioritising indigeneity as student. She believed that successes outside research should also be recognised and acknowledged. Leadership training, support groups and taking time to write were also valuable while being a student. Maintaining relationships is important.

Dr Penehira reflected on the issues facing Māori researchers such as being part of a kaupapa Māori and indigenous research world which involves being a part of a Māori and indigenous political movement in a colonised world dominated by non-indigenous peoples which highlights the transitioning period from student to researcher.

Keynote Presentation

Dr Lorna Dyll (Ngāti Maniapoto)

Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu Life and Living in Advanced Age: A cohort Study in New Zealand (LiLACS New Zealand): Cultures and ageing

Dr Lorna Dyll, of Te Kupenga Hauora Māori, The University of Auckland discussed the Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu Life and Living in Advanced Age: a Cohort Study in New Zealand (LiLACS New Zealand) by first providing a background view of advanced age statistics on Māori noting that there had not been a similar indigenous study conducted before.

This study aimed to ascertain the cultural beliefs and practices embedded in advanced age and value of these cultural activities to well-being. There were around 429 Māori aged between 81 and 91 years that were engaged and enrolled. Comprehensive interviews recorded their health, social, cultural and economic status along with outcomes of quality of life and functional status. The issues being explored include the factors that predict successful advanced ageing for older Māori and non-Māori, the pathways that Māori and non-Māori in advanced age take, the relative importance of cultural, social, economic, health and frailty factors (and others) to relevant outcomes and the health status of Māori and non-Māori in advanced age. Dr Dyll described the kaupapa Māori issues in the research and focused on establishing associations between key Māori cultural practices and values and outcomes of quality of life and function. She outlined the statistical measures and results of the study.

A greater frequency of marae visits, having a role in Māori society and increased knowledge of tikanga were associated with higher reported quality of life for physical and mental health. Ever-experiencing discrimination was associated with lower quality of life, although a small number of participants reported discrimination. Functional status was also related to frequency of marae visits. These relationships were controlled for socio-economic and health status.

Dr Dyll concluded by noting that Māori language and culture contribute to a long, healthy life. Discrimination was infrequently reported and was associated with negative outcomes. She believed that further research will deepen knowledge of the issues facing Māori in advanced age.

Session Four, Stream One

Interactive Research Workshop 6

Mr Andrew Sporle (Ngāti Apa, Rangitāne)

Health statistics: The good, the bad and the free

In this workshop, Mr Andrew Sporle of the Department of Statistics, The University of Auckland, provided an overview of the health statistics system and key methods in health statistics.

The data collected in the health statistics system includes routine and administrative health data and mandatory reporting on notifiable diseases, cancer, death and terminations. The New Zealand Health Survey collects information on a wide range of topics covering health behaviours and risk factors, health conditions, health status and health service use. Mr Sporle outlined the organisations involved and issues with the data. He explained that data can be accessed through published reports as well as online access, or by self-collating the available data or having this collation process completed by others.

An additional tool for data access is utilising research conducted by others, or by conducting research to create the data. Free information can be accessed through Statistics New Zealand, the Ministry of Health or research groups. Advice may also be sought from experts in their own data, universities or through student research.

Session Four, Stream Two

Dr Laurie Morrison (Te Arawa, Ngāti Whakaue)

Ngā Pou Wāhine: Research intervention to address gambling misuse

Dr Laurie Morrison from Taupua Waiora Māori Health, AUT University, presented her research on a three year Ngā Pou Wāhine gambling intervention programme used in a pilot study to determine its acceptability and applicability of reducing gambling.

The intervention programme aimed to provide a journey toward self-empowerment and lifestyle changes for participants and to identify the existing potential and to strengthen that development. In-depth interviews were undertaken with wāhine Māori, family members and key stakeholders leading to refine the pilot and the processes of the intervention programme. The qualitative data was analysed using eight principles that aimed to develop and strengthen potential, and these principles underpin the achievement of whānau ora in philosophical terms.

The results highlighted that wāhine believed their involvement influenced connection to their cultural identity, increased social support, knowledge and motivation to change gambling behaviour, greater awareness of self-care, undertaking tertiary education and accessing external support to confront unresolved childhood and adult issues, i.e. sexual abuse and violent relationships. Barriers included literacy issues, limited resources, poor mental health and reticent women.

During her presentation, Dr Morrison described the research process in terms of misunderstandings and insights, transference and insights, iwi centrality and insights as well as the hapa process and feedback by outlining the beginning of the programme and some of the issues that arose during the research process.

Ms Erana Cooper (Ngāti Hine)

Moko rising: Intervention in whānau violence

Ms Erana Cooper from The University of Auckland described this study called “Mokopuna rising” which aimed to describe practices which assist whānau in the prevention and elimination of whānau violence.

Ms Cooper began by providing an overview of Māori over-representation in whānau violence as both victims and perpetrators. She considered the high physical, mental and public health costs of family violence and the significant negative impact whānau violence has on whānau, hapū and iwi health.

The study involved the use of qualitative methods within the framework of Kaupapa Māori Research. Semi-structured interviews were carried out with 50 participants representing three groups: whānau, practitioners in the field, and Ngāti Hine tribal representatives. Interviews were recorded and transcribed, or comprehensive notes were taken. Data was analysed by focusing on issues around whānau violence.

There were three sets of analyses: whānau, practitioners and Ngāti Hine perspectives. Ms Cooper described the whānau perspectives of making sense of whānau violence: understanding, providing strategies for stopping whānau violence; healing and preventing whānau violence: hope. From the practitioner perspectives, some effective approaches for whānau: helping emerged from the data and support for practitioners: strengthening, which aimed to assist practitioner’s safety. The analysis of Ngāti Hine perspectives described approaches to preventing violence: togetherness and sharing hopes for the future: vision.

In conclusion, the meaning of 'whānau' within the term 'whānau violence' is likely best understood as including a broader concept of extended family and a collective view of support is necessary. An understanding of historical trauma and contemporary factors can contribute to an understanding of whānau violence. The acquisition of skills and strategies to address difficulties and/or to enhance well-being within the whānau is valued by whānau.

Skilful practitioners who foster positive engagement and therapeutic relationships with whānau play a key role in the successful transmission of new skills and exposure to positive experiences. Therefore, support for practitioners in this work is important.

Māori approaches, identity and connections can be fostered, therefore, cultural competence is important for practitioners. However, tensions are inevitable where 'hitting rock bottom' which can create opportunity for change, but this can be very difficult and require significant determination. Organisational and institutional capacity can assist with many facets of intervention in whānau violence.

Ms Alayne Hall (Te Rarawa, Tainui)

Indigenising violence trauma research approaches in Aotearoa

Ms Alayne Hall, from the Interdisciplinary Trauma Research Centre, AUT University, aimed to describe the indigenous research approach used to understand partner violence, Māori women's mothering experiences and the early emotional attachment development of Māori children.

Ms Hall discussed the use of indigenous pathways and kaupapa Māori methodologies where mana wāhine were viewed as role models. Mana wāhine acknowledges Māori women's relational experiences both intimate and within whānau, hapū and iwi.

Twelve Māori mothers were interviewed using pūrākau as a data collection and analysis method. The pūrākau provides a traditional method to enable Māori women to voice their experiences of partner violence and the impact on their mother-child relationships. The data has yet to be analysed.

In conclusion, Ms Hall shared a poignant story about one mother who removed herself from the marae while being beaten by her partner, so her children and other people present would not witness the violence. This signified the importance of understanding the negative impacts and influences of partner violence.

Session Four, Stream Three

Ms Jodie Porter (Ngaitai, Whakatōhea, Te Whānau a Apanui, Ngāti Porou,)

Iwi vitality: The conceptualisation and measurement of well-being for iwi and Māori communities

Ms Jodie Porter has been in collaboration with the Ngaitai Iwi Authority to work towards research on conceptualising iwi and Māori well-being and understanding how a Ngaitai perspective of well-being can better inform health planning, monitoring and implementation by exploring measures that support improved health outcomes for Ngaitai, other iwi and Māori communities.

Ms Porter described the research methods which included a literature review, Ngaitai wānanga with kaumātua, pakeke, rangatahi as well as key informant interviews. The data was analysed using qualitative analysis techniques.

The themes that emerged from the data included secure iwi and Māori identity, intergenerational sustainability, connectedness and cohesion, environmental protection, political determination and economic prosperity. Ms Porter described these themes in further detail and proceeded to explain the varying levels of well-being between individual, whānau, hapū and iwi levels. Well-being was not found to be easily transferable at an iwi level. Iwi vitality was believed to best capture iwi aspirations for well-being.

This research resulted in the development of a Ngaitai Vitality Outcomes Framework that demonstrated how iwi-specific population and performance-based indicators can be utilised to better capture the state of Ngaitai vitality. However, the framework may also relate more generally to other iwi and local level Māori health initiatives. It is hoped that this will contribute to building iwi expertise in the field of health research and work towards improving Ngaitai health outcomes and strengthening Ngaitai vitality.

Mr Ruakere Hond (Taranaki)

He whakarauora reo, he whakarauora tangata

In this presentation, Mr Ruakere Hond examined Māori language revitalisation approaches and discussed these efforts in the context of the sustainability of identity-based community development as it relates to health and well-being.

Mr Hond explained the meaning of the term whakarauora as the return of captured people in warfare, relating this concept to the restoration of Māori reo to Māori contexts and concepts. He described five elements of language revitalisation of status, corpus, acquisition, critical awareness and use. While language revitalisation can be considered as a key strategy focus area for Māori health development, Mr Hond believes there should be a focus on building Māori speaker communities.

He concluded by noting that three case studies that were conducted, Te Kōpae Piripono, Te Reo o Whanganui and Te Ataarangi. Four initial findings have been identified: sustainability, capacity (especially empowerment), identity with the right to have Māori authority recognised, and awareness and affirmative purpose.

Dr Margaret Dudley (Te Rarawa, Te Aupōuri, Ngati Kuri)

Māori and neuropsychological assessment

The aim of this presentation by Dr Margaret Dudley was to explore the issues related to the measures being used with Māori who have been affected by brain injury. Dr Dudley began by defining neuropsychology as specialising in the assessment and treatment of patients with brain injury or disease. She provided a background on Māori incidence rates in traumatic brain injury and stroke hospitalisation and described problems for Māori undergoing neuropsychological assessment.

The aim of Dr Dudley's postdoctoral study was to gain an understanding of the subjective experience of neuropsychological assessment from a Māori perspective and to use that information to inform neuropsychological services to improve services to Māori. She intends to conduct semi-structured interviews with 20 Māori who have suffered a neurological condition and undergone a neuropsychological assessment within the past five years.

Dr Dudley concluded by discussing future considerations for cross-cultural neuropsychology in Aotearoa, including reflecting on issues such as Māori normative data for existing measures, more research to establish whether changes to current tests will improve the validity of the tests for Māori, the development of Māori-specific measuring tools and increasing the workforce development of Māori practising neuropsychology/conducting assessments.

Session Four, Stream Four

Ms Annabel Ahuriri-Driscoll (Ngāti Porou, Ngāti Kauwhata, Rangitāne, Ngāti Kahungunu)

Dr Heather Gifford (Ngāti Hauiti)

Mr Maui Hudson (Whakatōhea)

Ms Glenis Mark (Ngāpuhi, Tainui, Ngai Tahu)

Mr Ron Ngata (Ngāti Porou, Te Whānau a Karuwai, Ngāpuhi, Te Parawhau)

Dr Leonie Pihama (Te Ātiawa, Ngāti Māhanga, Ngā Māhanga ā Tari)

Mr Albert Stewart (Rongowhakaata, Turanganui-a-Kiwa, Tūhoe)

Rongoā and research panel presentation

This panel comprised a group of researchers who have worked in the area of traditional Māori healing. Each member of the panel took turns to speak.

Mr Maui Hudson, Te Kotahi Research Institute, University of Waikato, provided an introduction to the panel providing an overview of the research to be discussed.

Dr Leonie Pihama, Te Kotahi Research Institute, University of Waikato, described the Matarākau: Ngā kōrero mō ngā rongoā o Taranaki project which was initiated by Mahinakura Reinfelds who wanted to set up a healing centre. It was decided the old stories needed to be heard in order to know how to use healing in the present and a pūrākau process was used where the whānau assisted in gathering the stories together.

Dr Pihama discussed the historical influences of colonisation, land confiscations, the Tohunga Suppression Act, Christianity and Pākehā diseases which provided a major context for rongoā in the Taranaki.

This project was about telling the stories of healing to share the knowledge. The traditional healing practices that were described in these stories included karakia, wai, kai, mirimiri, wairakau and tohunga.

Ms Glenis Mark, Whakauae Research for Māori Health and Development, spoke next about her PhD findings on the underlying philosophies of rongoā Māori. She described her methods of narrative interviews and the use of the rourou Māori method of data analysis.

Ms Mark provided a description of each of the results of her research which included healer self-awareness, healer relationship with the client, influence of family, nature as an active participant, spirituality as a core concept, diagnosing the catalyst of disease, power of emotions, facilitating change and holding Māori traditions tapu. She provided an expanded definition of rongoā believing the significance of rongoā to be more than herbal application alone and noting the need to maintain Māori cultural integrity. She intends to continue research with Māori patients' experiences of rongoā healing and primary health care.

Next, Mr Ron Ngata from Massey University, presented on his research on the health-related effects of matakite among Māori. Mr Ngata looked at the ecological and bigger context that occurs in and around matakite. He described the process of making sense of matakite experiences, needing guidance in interpretation and use of matakite as a healing practice. This is particularly important as matakite is being considered by the Ministry of Health in relation to mental illness.

Mr Ngata's research aims to inform mainstream understandings of spirituality by considering issues of whether the system supports matakite as a healing process, including and how it can work in western mainstream systems better. His future research aims to develop guidelines for best practice.

Ms Annabel Ahuriri-Driscoll, University of Canterbury, presented on the Ngā Tohu o te Ora: Traditional Māori wellness outcomes measures study which, aimed to develop a set of traditional Māori wellness outcome measures that define the range of outcomes of care sought by traditional healers and contribute to the ability of traditional healers/Whare Oranga to participate within the mainstream health arena.

Tools were trialled in Whare Oranga and were found to support rongoā practice, and were useful tools for healers to see patients' care. It was noted that the research methods and design should be consistent with worldviews. Further implications for future research work were noted.

Dr Heather Gifford, Whakauae Research for Māori Health and Development, and Mr Albert Stewart, an independent researcher, presented together in the next segment. Dr Gifford provided a summary of who is collaborating in the rongoā research space and acknowledged the need to involve healers, end users, policy makers, funders as well as the community to create a national network. The reasons for collaboration include the need to make research relevant to end users, to transform research results into actions and interventions, to inform policy, to allow shared control of the research and to facilitate the research process e.g. recruitment. Many opportunities for shared collaboration within rongoā exist. Mr Albert Stewart described the difference between Te Tawharautanga o Ngā Kāhui Rongoā me Te Kāhui Rongoā.

Open Microphone Session

This open microphone session provided some space and time for people to ask a series of questions and have them answered. A summary is provided here.

A question was asked about the funding of biomedical research which appears to be gaining a greater share of the funding. A discussion was had about the Health Research Council of New Zealand (HRC) funding including the creation of research investment streams. The number of Māori applications had increased and postdoctoral Career Development Awards had increased and were of good quality. There is a greater capacity, although there is less money. In the current political climate, it was advocated to hold on to our beliefs/values while surviving.

Issues of equity, workforce capacity and capability development, and access to funding schemes were also raised as a concern during the open microphone session. This led to a series of questions regarding monitoring the results of the grant round to ascertain the quantum of investment in Māori health research. Monitoring is completed by the policy team, however, the data collated recently is not effective. Often, the Māori Health Committee is redirecting Māori funding applications into other streams, as the research is better aligned with or has been written for the other research streams and signals.

Such applications should therefore be assessed by those committees. It is then up to those committees to have the requisite skills on the committee to assess Māori-led applications or applications which deal with a Māori population. Participants called for the HRC to prioritise monitoring of outcomes from the Expression of Interest (EoI) stage to the full proposal stage, including breakdowns of applicants by gender, ethnicity and investment stream so that the Māori Health Committee, as a Statutory Committee, can identify who is applying for an EoI, what the outcomes of the EoI process has been, and the outcome of full proposal applications.

The monitoring of gender/ethnicity and how assessing occurs were discussed. Monitoring included issues such as equity and inequity outcomes. It was also felt that a critique programme for Māori health gain should apply across all programmes. It was believed that the process was not working, therefore, the process needs to be reviewed. Further information for proposals, such as assessing criteria, would be useful.

Concerns were also raised from the floor about the Treaty, equity, health gains for Māori, specifically, how to ensure that research funded by the HRC doesn't widen inequities by benefitting non-Māori disproportionately. It was suggested that ways of assessing impacts on Māori health were needed. The hui expressed support for the following:

- 1) that the proposal forms and guidelines require information that will enable the issues of relevance, equity and Māori health gain to be adequately assessed, and
- 2) that assessment criteria explicitly reflect the significance of the Treaty, equity and potential Māori health gains. In other words, that the significance of proposals is assessed for Treaty and equity impacts throughout all anchor points.

Session Five, Stream One

Interactive Research Workshop 7

Dr Heather Gifford (Ngāti Hauiti)

Dr Amohia Boulton (Ngāti Ranginui, Ngai te Rangī, Ngāti Pūkenga)

Reviewing and rebutting: Opportunities to share knowledge and improve grantsmanship

Dr Heather Gifford and Dr Amohia Boulton, both from Whakauae Research Services, gave this workshop to provide explanations of the reviewing and rebutting process. They believed that reviewing and rebutting is a learned skill, stating that there is some inconsistency in how this process occurs. Yet participating in reviewing helps build capacity as a researcher because it is useful learning for reviewers to get to know other research to increase knowledge.

Drs Gifford and Boulton encouraged reading of investment signals and other key Health Research Council of New Zealand documents and guidelines. They provided some tips for reviewing such as setting aside time for reading and writing, which may require extra reading in the area. They believed that it was necessary to be positive and critical but not personal.

Four key areas for review included the health significance, design and methods of the research, scientific merit and contribution to knowledge advancement, the expertise and experience of the research team, and providing constructive review and critique.

When considering the reviews, Dr Gifford and Dr Boulton advised to take time to consider and reflect. Aim to strategise the rebuttal and craft careful responses by taking what is significant and leaving what can be ignored. They advise to reiterate the good points. Rebuttal is a team effort so utilise the skills of the whole team and allow time for editing the response to prioritise the argument and reinforce the positive.

Session Five, Stream Two

Dr Hope Tupara (Ngai Tāmanuhiri, Rongowhakaata)

Translating research into iwi health gains: A case study of leadership development from Turanganui-a-Kiwa

From her research on leadership development, Dr Hope Tupara presented the findings on leadership qualities and issues for leadership and how the translation of knowledge into iwi health gains was enabled through research, policy and practice.

Dr Tupara began by describing the positive attributes of leaders and different types and proceeded to describe the Tūranganui-a-Kiwa iwi and demographic spread. She then presented a variety of influences for iwi development and leadership decision making, including the distribution of iwi membership and the reduced capacity of Te Hau Kāinga and the skills base. Dr Tupara noted the services and systems that nearly all iwi have in their iwi estates such as health and social services, education, environment and economic arms.

Changes in demands placed on leaders have occurred in the foundation skill base required, the geographic distribution of the iwi and political constraints. This has been influenced by Treaty of Waitangi settlements and change management with a need to conduct restructuring, policy and process development, governance training and succession planning in a mana enhancing way.

The leadership and iwi systems for Tūranganui-a-Kiwa include a consultation process for the Five Year Strategic Plan of Te Rūnanga o Tūranganui-a-Kiwa and the 2035 Vision of Ngai Tāmanuhiri, which will define qualities of leaders and the requirements of policy development, and define succession. An example of providing leadership is an iwi initiative to repair the wharenui where under-utilised youth were recruited to assist. This resulted in rewards for the rangatahi where whānau were helped which adjusted their attitudes towards rangatahi to be more positive.

Ms Lisa Chant (Ngāti Whātua, Te Uri o Hau)

Mr Lewis Stephens (Tainui)

Stigma/discrimination of Māori youth with mental health/solvent abuse problems: A community driven research approach

Ms Lisa Chant from the Māori Studies Department, The University of Auckland, described the process that occurred between researchers and the 'Māori solvent user treatment' community in the development of a set of research questions relevant to the treatment of Māori youth with mental health and solvent abuse problems.

This was a project that aimed to develop strategies for destigmatising mental health and substance use problems among indigenous youth in Aotearoa New Zealand, and specifically youth who abuse solvents. This is based on universal values and principles and mechanisms for translating them into a context-appropriate model and plans within New Zealand solvent abuse treatment services.

Ms Chant provided an overview of the full research project to build upon the work of the national solvent abuse programme among aboriginal youth in Canada; and expand this work into an international project for Canada, New Zealand and Australia to develop a research programme on treatment of solvent abuse among indigenous youth in Canada, the United States, Mexico and Australia.

In this presentation, Ms Chant focused on the process of developing relevant and appropriate research questions with Māori kaimahi in the mental health/addictions service field. The various steps that were taken were described along with the research questions that emerged from these discussions.

In the initial step, consultation with Māori kaimahi to prepare the research proposal took place. In step two, the aim was to let the community drive the research proposal by asking whether their services were underpinned by tikanga Māori. From this initial question, the research question of how the tikanga of the organisation are practiced in service delivery was developed.

A similar process took place that addressed barriers to practicing tikanga, treatment for solvent abusers, barriers to treatment for solvent abusers and for solvent abusers under 13 years of age. Additional questions were developed about services for children under 18 surrounding foetal alcohol drug syndrome. Further, the difference whānau ora may make to service delivery was discussed.

Ms Chant also believed that issues around workforce and service capacity needed to be addressed to provide for the high needs of youth, stating that the importance of this issue should be acknowledged and appropriately funded by the government.

Dr Barry Smith (Te Rarawa, Ngāti Kahu)

Tensions around ethics review and engagement with Māori: The path to social equipoise

This presentation by Dr Barry Smith from the Lakes District Health Board focused on tensions between how research is written, the ethics review process and how this may contribute to improving Māori health issues.

Dr Smith defined social equipoise as situations where there exists an equitable distribution of risks and benefits associated with different categories of participant. He believed that Māori, due to a number of factors, are more likely to be exposed to greater risks and gain fewer benefits from research whether measured against individual participants or the communities from which participants are drawn.

Dr Smith highlighted several Māori health issues around life expectancy and amenable mortality rates, and described the barriers to reducing health inequalities. This included demographic change, change in socio-political explanatory frameworks, structural change in the health sector, global economic change, political change, and health research and the ethical review process which fails to maximise health benefits. Concerns with Māori consultation has been observed by Health and Disability Ethics Committees of cultural tokenism with superficial contextual understanding and inappropriate methodologies, and a focus on data access rather than health benefits.

It is important to understand the nature of engagement with Māori, the nature of consultation and Māori values. Dr Smith concluded by considering whether the way ethics committees and researchers consider Māori values is conducive to cultural negotiation and critical reflection, advocating the need to ascertain the nature of the consultation as a focus on cultural issues or on the nature of the research question and what may be perceived as best practice.

Session Five, Stream Three

Dr Melanie Cheung (Ngāti Rangitahi, Te Arawa)

Huntington's disease: It's all about whānau

This presentation focused on Huntington's disease (HD) and the associated impacts on whānau. Dr Melanie Cheung, from Te Kotahi Research Institute at the University of Waikato and the Centre for Brain Research, The University of Auckland, shared the experiences she has had with Huntington's disease within her whānau with a view to research on understanding ways that will assist both whānau and clinical services in dealing with this disease.

Dr Cheung began by providing a background on Huntington's disease describing incidence rates and stating that there is no cure and the mechanisms behind this disease are unknown. She then shared her personal experiences with Huntington's within her own whānau and the issues that they faced in coping with this illness. She described difficulties with receiving inconsistent support and care.

This resulted in the realisation that whānau need coping tools, support and information about Huntington's and its complications in the future as well as informed GPs, specialists, and support workers who can help. This would assist in preparing for, and minimising the effects of the symptoms of Huntington's.

For Dr Cheung, this meant providing her whānau with the power to access the support when and where necessary in a form they understand and a place they feel comfortable with. It created a desire for building the foundations for the future generations so they don't have to suffer unnecessary pain.

A research project was then created that aimed to give whānau access to simple understandable information about Huntington's disease, to develop and implement solution-focused therapeutic pathways that treat physical, emotional and cognitive HD symptoms, and to develop and implement culturally respectful clinical and scientific practices. This involves the whānau and the clinical team working together to find solutions that fit with the whānau to create quality care planning for whānau who have to deal with Huntington's disease. The concepts that were important to this process included whānaungatanga, kaitiakitanga and manaakitanga, which Dr Cheung detailed further.

Dr Cheung noted the outcomes of the research as discussing best practices for genetic diagnoses with whānau, clinical visits from Huntington's nurse specialists and specialist training of health professionals, yearly whānau and research/clinical hui, and whānau interviews to help understand the needs and aspirations of Taranaki whānau.

The research vision for the future includes facilitating wānanga where whānau members can raise their issues of importance; developing culturally appropriate services which will help whānau members with Huntington's disease have a quality of life, and upskilling Taranaki health professionals to deliver culturally appropriate services for whānau members with Huntington's. This would include discussing which biological questions can be asked and answered collectively and also to develop a model of partnership between Māori families and biomedical scientists/clinicians.

Ms Louise Kuraia (Ngāpuhi, Ngati Manu, Ngati Hine me Kohatu Taka, Ngai Tai ki Tainui)
Whānau Ora collective 'Grand Designs': A Tai Tokerau perspective on what constitutes effective engagement, collaboration and partnerships in a whānau ora context

Ms Louise Kuraia of Te Tai Tokerau Whānau Ora Collective described the experience of partnering, collaborating and engaging effectively to bring five partners together under a collective vision of "Whānau Ora – Whānau Rangatiratanga". This presentation focused on the issues that were part of the process of designing and building this Māori health-led network of providers.

Ms Kuraia described five organisations that provide service provision of health services in Te Tai Tokerau from Whangarei to Te Kao, and how they became a collective in 2010. They used the concept of grand designs to describe the intention of their project.

The aim of this project is to bring together the five separate organisations and find an acceptable level of a wide range of planned projects and contracts. Ms Kuraia described several of these plans which included developing business transformation models, whānau rangatiratanga outcomes models, and a poutama service delivery model which provide continuous quality review of whānau progress and development. Closing the gap in social determinants of health within a generation was a focus. Whānau ora leadership developments have made progress in kaupapa Māori health, iwi radio broadcasting and economic development, housing and justice. Ms Kuraia added that this will require a great deal of partnership, collaboration and engagement to find common ground and aspirational goals.

These collaborations in Te Tai Tokerau aim to encourage innovation and address the social determinants of health and ultimately work to restore the mana and uplift the oranga of whānau, hapū and iwi.

Stream Four - Māori Mentorship and Supervision Forum

Professor Linda Tuhiwai Smith (Ngāti Awa, Ngāti Porou)

Dr Sue Crengle (Kai Tahu, Kati Mamoe, Waitaha)

Professor Richard Faull (Ngāti Rahiri, Te Atiawa)

Mr Beau Haereroa (Ngāti Porou, Te Aowera)

Dr Maureen Holdaway (Te Atihaunui-a-Paparangi, Ngāti Hauiti)

Associate Professor Linda Nikora (Tūhoe)

This panel provided insights into the supervisor and student relationship. Members of the panel provided some of their own experiences of supervision as well as some advice on gaining the greatest benefits from the supervisor relationship and Māori mentorship.

Professor Richard Faull, Director, Centre for Brain Research, The University of Auckland believed that the supervision relationship involved mixing Māori whānau values with western science. He gave an example where he provided support to a PhD student by accompanying her on marae visits and came into contact with families. Mentoring relationships with students can work both ways and the supervisor can learn from the student also.

Dr Sue Crengle, Senior Lecturer and Director, Tomaiora Māori Health, The University of Auckland believes that it helps to not to be in the middle of a career because study takes longer to accomplish. She gave tips saying that it helps to speak up and be honest. It also helps to have realistic expectations of the supervisor, and to enjoy the process.

Dr Maureen Holdaway, Deputy Director, School of Māori Studies, Massey University, agrees with Dr Crengle believing that students that study during mid-life and mid-career need to balance other issues. She provided an alternative method of supervision which involves having a panel of supervisors which is outside of the academic model. She encourages an academic and advisory panel comprised of whānau which will help to ensure completion and success.

Mr Beau Haereroa, the Health Research Council of New Zealand kaumatua, provided some insight into Māori mentorship. He described supervision as a process likened to whakaruruhau, as a sheltering from the wind through the use of a korowai. He used the metaphor of ngā parirau or the wings of hen. When the young hen chicks are in trouble, the mother hen will flick her wings and the young will come under cover of the wings. This is likened to a philosophy of covering and protecting people, which is believed to occur in the supervision context.

Associate Professor Linda Nikora, Māori and Psychology Research Unit, University of Waikato described her PhD supervision process which was completed in 2007. Her supervisors were very patient with her and encouraged her to partake and explore ideas. They provided models of supervision. She believes that the relationship between the supervisor and student is a pact and is what makes universities go around.

Associate Professor Nikora believes that supervisors need to make time to read work and respond back, and should treat and work with students with respect.

The panel provided further guidance and advice on the supervision process, believing that mentoring works in multiple ways. It takes time to find the right supervisor, and it may be valuable to conduct an interview process when searching for a supervisor. It takes time to develop a relationship with a supervisor and it was advocated to have the courage to change supervisors or to consider creating a supervision panel if needed.

Closing Keynote Presentation

Dr Matire Harwood (Ngāpuhi)

Māori and whānau taking charge of stroke recovery

Dr Matire Harwood gave the final presentation of the conference. Dr Harwood is a Health Research Council of New Zealand Board member, a Māori Health Committee member, and is involved with Tamaki Healthcare (PHO) and the National Hauora Coalition. Her presentation focused on her qualitative research on stroke recovery. Dr Harwood began by providing the background of stroke and differences in stroke recovery between Māori and New Zealand European and shared her personal experiences of her father suffering a stroke.

Dr Harwood described her qualitative research methods on the experience of stroke for Māori and their whānau. She conducted interviews with 27 Māori with stroke and their whānau and used constructivist grounded theory and kaupapa Māori methodologies. There were five themes that emerged from the data: the context, optimal stroke care, whānau ora, making a stand and taking charge.

Focus groups were also held with three groups: Māori with stroke, whānau and stakeholders where inspirational stories of people that incorporate the themes were elicited. This included a 'taking charge session' at home with whānau that focused on monitoring effectiveness that included Māori outcomes.

Dr Harwood then described two community interventions that were created post-research. Firstly, a DVD of four stories from Māori and Pacific perspectives depicted different times and outcomes after a stroke. Secondly, a taking charge session was held which was based on an assessment of risk factors, activities of daily living, rehabilitation and carer well-being. This was to be delivered after three months, at home, with whānau.

The aim of this aspect of the project was to test the effectiveness of these two community interventions which were designed to promote self-directed rehabilitation following a stroke. A randomised controlled parallel 2x2 trial was held with people who self-identified their ethnicity as Māori and/or Pacifica and were recruited through hospital and community links. They were randomised within three months of a stroke, with a follow up at six and twelve months. A variety of measures were used to calculate the outcomes such as physical and mental changes.

The study found that taking charge sessions significantly improved the physical component score at 12 months. Neither the taking charge sessions, or the DVD intervention had any effect on the mental component score.

Of the participants who were allocated to the taking charge sessions, fewer were dependent on others at 12 months. It was also found that taking charge sessions were also associated with improved caregiver well-being scores.

Dr Harwood discussed the findings by stating that this simple intervention delivered in community led to clinically significant improvement in self-rated quality of life, reduced dependence and reduced strain in carers. The intervention was delivered by allowing people and whānau to identify opportunities to take charge. There was the potential to not only improve outcomes but to ensure that people/whānau are central to recovery process promoting rangatiratanga.

This research started with data showing inequalities, however, personal experience and qualitative research also contribute to understanding the phenomenon from a Māori/whānau perspective.

This project developed strategies and tested these in the field, and provided an ongoing contribution to Māori whānau and their experiences with stroke. The strengths, limitations and generalisability of the study were outlined along with the future directions to publish the project results, to conduct further research, and to work on workforce development.

Conclusion

In conclusion, this year's Hui Whakapiripiri provided a wide variety of research topics on Māori health from a range of researchers from students to senior researchers. This provided a valuable experience for newcomers to see the complexity of issues relating to Māori health and allowed those who have long worked in the Māori health research field to view up-and-coming research and researchers.

The conference theme: *Translation of knowledge into Māori health gains* was first and foremost in the minds of all the presenters who are involved in Māori health research to ensure that research makes a strong contribution to the health of Māori whānau, hapū and iwi. Many presenters shared their own personal stories and experiences as the motivation that propelled them into research and fuelled their desire to continue despite difficulties of lack of funding or support.

It was evident that the passion, drive and commitment of both presenters and attendees to find effective ways to address Māori health issues and inequities provided motivation to all who attended to continue to aspire to research more effective ways to improve Māori health support, information, knowledge and gains in the future.



Pictured left to right: Dr Laurie Morrison, Ms Ruth Herd, Dr Mera Penehira
Ms Sharon Hawke and Ms Tu Te Kiha Penehira-Hawke

Hui Evaluation

Each Hui attendee was asked to complete an evaluation form at the end of the Hui. Responses to the evaluation form have been compiled but have not been included in this Hui Whakapiripiri 2012 report.

This information is important to inform decision making for Hui development and processes, and will be used for the planning, organisation and further improvement of future HRC Hui Whakapiripiri.

Glossary

Ahua	Feeling
Ao	World
Aroha	Love
Ataahua	Beautiful
Hauora	Health
He aha te mea	What is this thing
Hiamoe	Sleepy
Hinengaro	Mental
Hoki	Also
Hui	Gathering
Iwi	Tribe
Kaha	Strong
Kai	Food
Kaimahi	Workers
Kaitiakitanga	Guardianship
Kaiwhakahaere	Organisers
Kanohi ki te kanohi	Face to face
Karakia	Prayer
Karanga	Call
Katoa	All
Kaumatua	Elder
Kaupapa	Topic
Kaupapa Māori	Māori research ideology
Kawa	Protocol
Kawakawa	Pepper tree, <i>Macropiper excelsum</i>
Koe	You
Koha	Gift
Korero	Talk
Koutou	All of you
Kuia	Elderly lady
Mahana	Warm
Maioha	Heartfelt
Mana	Prestige
Mana tangata	Self-determination
Mana whenua	Local tribe
Marama	Moon
Matakite	Spiritual insight and gifts
Mātauranga	Education
Mātou	Us
Mema	Member
Mihi/mihimihi	To greet
Mutungā Kore	Never ending
Nui	Great
Oranga	Well-being
Ō tātou	Ours
Pono	True
Pōwhiri	Welcome ceremony
Pūkenga	Abilities and skills
Rangahau	Research
Rangatahi	Youth
Rangatira	Chiefly

Rawa	Really
Reo	Language
Rongoā	Traditional Māori medicine
Rōpū	Group
Tangata whenua	Local people
Te	The
Te Hau Kāinga	The home of origin
Teina	Younger relationship
Tēnei	This
Tika	Right
Tikanga Māori	Māori customs
Tinana	Physical
Tino rangatiratanga	Māori control and sovereignty
Tohunga	Priest
Tuakana	Elder relationship
Tuakiri-ā-Māori	Māori cultural identity
Tupapa	Foundation
Uara tau	Guiding values
Wahakura	Flax woven baby basket
Wāhine hapū	Pregnant women
Waiata	Song
Wairua	Spiritual
Wānanga	Forum
Whānau	Family
Whānau, Hapū, Iwi	Family, Sub-tribe, Tribe
Whānau Ora	Family well-being
Whaikōrero	Formal speech
Whakapapa	Genealogy
Whakarauora	Survivor
Whakarongo	Listen
Whakaruruhau	Safety
Whakawhānaungatanga	Collaborative family relationships
Whare Tapa Wha	Four sided house, Māori model of health encompassing taha tinana, taha wairua, taha hinengaro and taha whānau
Whenua	Land

