

The background is a solid teal color with several large, overlapping, semi-transparent curved shapes in various shades of teal, creating a dynamic, organic feel. A white rounded rectangle is centered on the page, containing the title text.

Te Pae Mahutonga

Implementation Planning Guide

Te Pae Mahutonga is the constellation of stars popularly referred to as the Southern Cross. It is visible low in the night sky and identifies the magnetic South Pole. The constellation has four central stars arranged in the form of a cross and two stars arranged in a straight line that points towards the cross. They are known as the two pointers.

The four central stars can be used to represent the four key tasks of health promotion and might be named to reflect the four goals of health promotion: Mauriora, Waiora, Toiora and Te Oranga. The two pointers are Nga Manukura and Te Mana Whakahaere.

Mauriora – access to te ao Māori

Mauriora rests on a secure cultural identity. Good health depends on many factors, but among indigenous peoples the world over, cultural identity is considered to be a critical prerequisite. Deculturation has been associated with poor health; whereas acculturation has been linked to good health. A goal of health promotion, therefore, is to promote security of identity. In turn that goal requires the facilitation of Māori entry into the Māori world. It is a sad commentary that perhaps more than half of all Māori have inadequate access to the Māori world. Land alienation means less than half of all Māori have any ongoing links with tribal land; access to a marae is not secure; and fluency in Māori language is the province of a minority. In addition there are also reduced opportunities for cultural expression and cultural endorsement within society's institutions. Too many are unable to have meaningful contact with their own language, customs or inheritance. And too few institutions in modern New Zealand are geared towards the expression of Māori values, let alone language.

Identity means little if it depends only on a sense of belonging without actually sharing the group's cultural, social and economic resources. A task for health promotion, therefore, is to facilitate access to te ao Māori.

Waiora – environmental protection

The distinctions between waiora and mauriora are subtle. Mauriora encompasses inner strength, vitality and a secure identity; waiora is linked more with cosmic, terrestrial and water environments. Health promotion must take into account the nature and quality of the interaction between people and the surrounding environment. It is not simply a call for a return to nature, but an attempt to strike a balance between development and environmental protection and a recognition of the human condition being intimately connected to the wider domains of Rangi and Papa.

In this context, health promotion is about harmonising people with their environments. It is about protecting the environment.

Toiora – healthy lifestyles

Major threats to health come from the risks that threaten health and safety and have the capacity to distort human experience. Risk-laden lifestyles have well-known and largely preventable consequences. Protection from injury, self-harm and illness are major challenges facing health promoters. Too many Māori, young and old, are trapped in risk-laden lifestyles so will never fully realise their potential. The loss to Māori wealth and to nation's wealth is correspondingly high. Further, entrapment in lifestyles that lead to poor health and risk taking is so closely intertwined with poverty traps and deculturalisation that macro-solutions become as important, if not more important, than targeted interventions at individual or community levels.

Toiora, as distinct from mauriora and waiora, depends on personal behaviour. However it would be an over-simplification to suggest everyone has the same degree of choice to avoid risks. Risks are highest where poverty is greatest.

Risks are high where risk-taking behaviour is the norm within a whānau or community. Risks are more pronounced in youthful populations. Risks are increased if risk-taking behaviour is condoned or implicitly encouraged.

A shift from harmful lifestyles to healthy lifestyles requires actions at several levels.

Te Oranga – participation in society

It is now well recognised that health promotion cannot be separated from socioeconomic circumstances. Wellbeing is not only a secure cultural identity or an intact environment or even about avoiding risks. It is about the goods and services people can rely on and the voice they have in deciding the way in which these goods and services are made available. In short, wellbeing, te oranga, depends on the terms under which people participate in society and on the confidence with which they can access good health services or the school of their choice or sport and recreation while access is one issue, decision-making and ownership are others. There is abundant evidence that Māori participation in the wider society falls considerably short of the standards of a fair society. Disparities between Māori and non-Māori are well documented and confirm gaps in most social indicators. Worse still, the gaps are growing in several key result areas. The immediate reality is that Māori tend to line up on the side of the poor, the homeless and the powerless. Good health will not be attained when policies lead to unemployment or diminished access to education.

It is likely that this state of affairs will assume even greater national significance as demographic patterns change and the Māori proportion of society increases. Māori account for around 15 percent but within four decades that is likely to increase to around 25 percent.

Health promotion is about enhancing the levels of wellbeing, te oranga, by increasing the extent of Māori participation in society.

Nga Manakura – leadership

Leadership in health promotion should reflect a combination of skills and a range of influences. Regardless of technical or professional qualifications, unless there is local leadership it is unlikely a health promotion effort will take shape or be successful. Health professionals have important roles to play, but cannot replace the leadership existing in communities; nor should they. Moreover, given the nature of health promotion and the several dimensions that must be taken into account, effort must be co-ordinated. Health promotional leadership will be more effective if a relational approach is fostered and alliances are established between groups able to bring diverse contributions to health promotional programmes. No single group has sufficient expertise to encompass the range of skills and linkages necessary for effecting change. Often most progress will be made simply by bringing the leaders together. In health promotion there is no place for rigid sectoral boundaries for institutional capture or isolated initiatives.

Health promotional workers form an important part of the leadership network. However a relative lack of skilled and well-informed workers exists. The number of health professionals in a community is not a good measure of the health promotional workforce, since most health professionals are working in the field of treatment and do not have the time, or necessarily the skills, to actively promote good health.

The skills required for health promotion are quite different from those required for personal treatment services. Importantly, health promotional workers must be able to establish working alliances with a range of community and professional leaders. Moreover, they must be able to relate to communities in ways that make sense to those communities. Sometimes cultural barriers will reduce the effectiveness of campaigns; sometimes differences in socioeconomic status will impose barriers. And always the language used and the idiom with which messages are expressed will be a key factor.

Te Mana Whakahaere – autonomy

No matter how dedicated the health promoters are or how expertly delivered the health promotional programmes, they will make little headway if they operate in a legislative and policy environment that is the antithesis of good health, or are imposed with little community ownership or control. Good health cannot be prescribed. Communities, whether they be based on hapū, marae, whānau or places of residence, must be able to demonstrate a level of autonomy. Workers must not assume such a high level of leadership that community autonomy is unwittingly undermined.

Autonomy is reflected in the participation people have in health promotion and their control over it. Autonomy is also evident in a community's unique aspirations. While official priorities might be at one level, quite different priorities might be contained in the aspirations of a marae, or local community. The processes adopted in health promotion, the way in which it is done, should make sense to a particular community. There is no point in running an elaborate health campaign if it is in a language or style that bypasses local custom. Further, in evaluating the success of a campaign, it is important the indicators or measures used, are relevant to the group in question.

The capacity for self-governance, not only for specific health promotion programmes, but, and more importantly, for a groups affairs and destinies of a group, is central to notions of good health and positive wellbeing. Self governance should exist at several levels – at local, marae, hapū, iwi and national levels.

*From the address presented by Professor Mason Durie,
Te Putahi a Toi, Massey University,
to the 1999 Health Promotion Forum Conference.*

36 POINTS FOR MĀORI HEALTH PROMOTION	QUESTIONS
<p><u>Nga Manakura – leadership</u></p> <p>Community leadership Health leadership Communication Tribal leadership Alliances between leaders and groups</p>	<p><i>Whose agenda are you working to: the needs of the community or the needs of your organisation?</i></p> <p><i>Have you identified the leaders in the community with whom you will be working?</i></p> <p><i>How will you build trust and engender co-operation with these people?</i></p> <p><i>Have you identified the groups and organisations that will be useful allies in the work you want to achieve?</i></p> <p><i>How will you bring these people together to create proactive alliances?</i></p> <p><i>Do the health promoters in the organisation have the necessary skills, attitudes and knowledge for the work they are required to do?</i></p>
<p><u>Mauriora – access to te ao Māori</u></p> <p>Access to language and knowledge Access to culture and cultural institutions such as marae Access to Māori economic resources such as land, forests and fisheries Access to social resources such as whānau and Māori services and networks Access to societal domains where being Māori is facilitated not hindered</p>	<p><i>How do your health promotion activities facilitate access to te ao Māori; the Māori world?</i></p> <p><i>How do your health promotion activities help to promote and develop secure cultural identity for Māori?</i></p> <p><i>Do your health promotion activities encourage people to access their own language, customs or culture?</i></p> <p><i>How do your health promotion activities facilitate cultural expression and cultural endorsement?</i></p>
<p><u>Waiora – environmental protection</u></p> <p>Clear water Clean air Earth abundant in vegetation Healthy noise levels Opportunities to experience the natural environment</p>	<p><i>How do your health promotion activities encourage balance between development and environmental protection?</i></p> <p><i>What environmental values are being expressed in your health promotion activities?</i></p> <p><i>How are you using the resources available to you? Are you conscious of conservation, recycling and reducing waste?</i></p>

36 POINTS FOR MĀORI HEALTH PROMOTION	QUESTIONS
<p>Toiora – healthy lifestyles</p> <p>Harm minimisation Targeted interventions Risk management Cultural relevance Positive development</p>	<p><i>Have you consulted with the communities whose lifestyles you are seeking to change?</i></p> <p><i>How does your health promotion programme identify health risk?</i></p> <p><i>Are you looking at an individual level, or at the wider determinants of health that affect an individual?</i></p> <p><i>Are your health promotion activities focused on micro, or macro, solutions to identified risk?</i></p> <p><i>What strategies have you identified to address risk at a macro, level in the communities in which you are working?</i></p> <p><i>How will you encourage change?</i></p> <p><i>Have you considered behaviour change theories in the development of your programmes?</i></p> <p><i>How will you prepare people so they are ready to work towards change?</i></p>
<p>Te Oranga – participation in society</p> <p>Participation in the economy Participation in education Participation in employment Participation in the knowledge society Participation in decision making</p>	<p><i>How do your health promotion activities foster inclusion and participation in the wider society?</i></p> <p><i>How will the benefits of this inclusion be measured and manifested?</i></p> <p><i>How will your health promotion activities encourage participation in employment, recreation and education?</i></p> <p><i>Do your programmes offer volunteers and participants opportunities to grow and develop skills?</i></p> <p><i>What benefits are offered to community supporters of the programme?</i></p> <p><i>How will your health promotion activities improve housing and living conditions for people?</i></p> <p><i>How will your health promotion activities encourage participation in decision making and the mechanisms of government?</i></p>

36 POINTS FOR MĀORI HEALTH PROMOTION	QUESTIONS
<p><u>Te Mana Whakahaere – autonomy</u></p> <p>Control</p> <p>Recognition of group aspirations</p> <p>Relevant processes</p> <p>Sensible measures and indicators</p> <p>Capacity for self-government</p>	<p><i>Do the health promoters in the organisation understand the principles of community development?</i></p> <p><i>These principles include:</i></p> <ul style="list-style-type: none"> • <i>allowing the community to identify issues, prioritise issues and develop strategies to address the issues</i> • <i>working to facilitate progress, not lead it</i> • <i>encouraging the community to take ownership of projects and working to complete them</i> • <i>acting as a resource person for the community.</i> <p><i>How will you celebrate successes with the communities with which you are working?</i></p>