



Te Hotu Manawa Māori

Feeding
our
Futures

Feeding our Futures

Towards improved nutrition for Māori

RECOMMENDATIONS REPORT

Informing the development of a social marketing programme
for effective implementation in Māori communities

Prepared by Te Hotu Manawa Māori for Health Sponsorship Council

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Disclaimer: the views expressed in this report have been prepared by Te Hotu Manawa Māori in response to workshops held with Māori providers and do not necessarily reflect the views of the Health Sponsorship Council.

INTRODUCTION

Feeding our Futures—social marketing programme

The Health Sponsorship Council (HSC) was commissioned by the Ministry of Health to develop a range of strategies to increase public awareness and understanding of the benefits of improved nutrition and to facilitate behaviour changes supporting healthy nutrition practices (ie a national social marketing programme to improve nutrition).

The Feeding our Futures programme developed by HSC was launched on 24 May 2007. This programme is intended to contribute to preventing obesity and maintaining healthy weight by helping New Zealanders adopt and maintain healthy nutrition practices. The programme goal is to increase the proportion of parents and caregivers adopting strategies to provide a healthy diet for children, particularly those aged eight to twelve years. Furthermore the priority audiences for the programme are Māori, Pacific and low socioeconomic parents and caregivers. Māori-specific objectives have been identified and align with the objectives of He Korowai Oranga: Māori Health Strategy.

A key objective of the programme is to ensure that it is equally beneficial for Māori, Three strategies were identified to assist in meeting this objective:

- mass media campaign—targeting Māori, Pacific and low socioeconomic communities
- community mobilisation—developing and implementing a plan for social marketing for Māori communities, in conjunction with key national and regional organisations and stakeholders
- research and evaluation—exploring other models and theories of health and behaviour, in particular Māori and Pacific models and theories, and their applicability to the Feeding our Futures programme.

HSC is currently working alongside Te Hotu Manawa Māori (THMM) to assist in implementing these strategies.

The purpose of this recommendations report

This report was written by THMM for HSC. Its purpose is to provide recommendations and suggested actions to help HSC develop and implement the Feeding our Futures programme effectively for Māori communities. It will inform planning to develop new messages, to reframe and/or support existing messages, and to mobilise and bring together key stakeholders working with Māori communities in the area of nutrition.

The recommendations address the following aspects of the programme:

- effective processes for implementing the healthy eating social marketing programme for Māori
- mechanisms for the healthy eating social marketing programme to reach and support those working with Māori
- kaupapa Māori approaches
- activities already in place that support communicating with the key audience (parents and caregivers) around healthy eating
- how HSC could best provide workers with ongoing programme support.

How were these recommendations formulated?

Recommendations in this report are primarily based on, and informed by, the outcomes from consultation hui carried out with key Māori stakeholders.

THMM led the consultation process with assistance from HSC. Key Māori stakeholders were identified, mostly from the nutrition sector, and invited to participate in one of six hui held in Kaitiāia, Auckland, Waikato, Tairāwhiti, Wellington and Blenheim. Feedback was sought regarding five aspects of the Feeding our Futures programme as listed at the bottom of page 3.

A total of 95 key stakeholders participated in the hui, and are listed in Appendix 1. Outcomes from the hui were collated and presented in a consultation report, which was circulated to participants for feedback prior to being completed (see Appendix 2).

After analysis of consultation outcomes, recommendations were made, ensuring they align with the TUHA–NZ framework. The framework was seen as an appropriate model on which to base recommendations. A full rationale for this is provided on page 5, and a summary of this framework is outlined in Appendix 3. This report also offers suggested actions for how the recommendations could be carried out, based on stakeholder feedback and/or THMM expertise in developing and delivering Māori-specific health promotion programmes, and experience in accessing and mobilising the Māori nutrition sector.

Scope of this report

The recommendations in this report are primarily intended for use by HSC to inform the future development of the Feeding our Futures programme to help ensure Māori receive equitable benefits. Stakeholders who participated in the consultation hui will also receive copies of the report.

These recommendations relate specifically to HSC's Feeding our Futures programme as it applies to Māori. The recommendations are also within the scope of HSC's ability to influence the social marketing programme, as defined by levels of resourcing and development parameters agreed with the Ministry of Health, who are funding the programme.

As expected, consultation hui participants raised a number of issues outside the scope of HSC's influence– eg local government by-laws in relation to the density of takeaway outlets in low socioeconomic areas, television advertising of unhealthy foods, and the need for stronger advocacy. Stakeholders thought it was imperative to acknowledge that supportive regulations and policies are immensely important in any attempt to change behaviour, and those in a position to influence policy need to work alongside social marketers. This report does not address these issues, however they will be referred to the agencies responsible and to those who have a mandate to respond.

It is important to note that this report should not be seen as providing every solution that will be required for the programme to successfully reach Māori. Its role, however, is to provide recommendations to inform the development of a comprehensive strategy. The report should be viewed as the starting point of a journey to be taken hand-in-hand with Māori. If the recommendations are effectively implemented, a strong foundation will then be in place for new challenges and issues to be appropriately addressed and overcome.

TUHA—NZ FRAMEWORK—A BASIS FOR ACTION

TUHA—NZ—a framework for Treaty-based health promotion, was developed by the Health Promotion Forum of NZ in 2004. It is a framework that outlines a process to apply the articles of te Tiriti o Waitangi as specific goals in health promotion planning and practice. These goals are detailed below; each specifically addresses one of the three articles of te Tiriti. A summary of the framework is also outlined in appendix 3.

This report uses TUHA—NZ as a framework for action, where recommendations align with at least one of the articles outlined below. Also, TUHA—NZ is an ideal model on which HSC, an agency of the Crown, could base its approach for developing the social marketing programme for Māori. A summary of how each article and associated goal can be applied by HSC is provided below.

Article One—Kāwanatanga/governance

Goal: Achieve Māori participation in all aspects of health promotion

Addressing Article One of te Tiriti, this would see HSC enabling meaningful Māori participation in decision-making, prioritising, planning and implementing the social marketing programme. It also intends participation to be comprehensive, active, consistent and responsive.

Article Two—Tino Rangatiratanga/Māori control and self determination

Goal: Achieve the advancement of Māori health aspirations

Central to Article Two, this would involve HSC creating and resourcing opportunities for Māori to exercise tino rangatiratanga, control, authority and responsibility over their own health. For example, developing by-Māori, for-Māori opportunities in the development and implementation of the social marketing programme.

Article Three—Oritetanga/Equity

Goal: Undertake health promotion action which improves Māori health outcomes

Fundamental to Article Three, this could mean HSC increases its resource allocation to those aspects of the overall Feeding our Futures programme that are most likely to improve Māori health outcomes. It also emphasises the need to consider the underlying determinants of health when developing the programme.

RECOMMENDATIONS & SUGGESTED ACTIONS

Summary of recommendations

Recommendations and suggested actions	Alignment to TUHA-NZ
<p>1.0 Incorporate the TUHA-NZ framework as an ongoing tool for planning and development of the Feeding our Futures programme</p>	<p>Articles 1, 2, 3</p>
<p>2.0 Establish appropriate partnerships with key Māori nutrition organisations to enable meaningful participation in developing and implementing the Feeding our Futures programme for Māori</p> <ul style="list-style-type: none"> • Identify appropriate organisation(s) to participate in the ongoing development and implementation of Māori-specific social marketing approaches • Develop partnering relationships with appropriate organisation(s) to ensure the effective development and implementation of the programme for Māori 	<p>Articles 1, 2, 3</p>
<p>3.0 Establish a kaitiaki roopu comprising individuals with appropriate expertise to guide HSC and THMM as well as protect the process for Māori</p> <ul style="list-style-type: none"> • Establish the role of the kaitiaki roopu and develop terms of reference for the group • Consider a mix of individuals to provide a breadth of appropriate knowledge, experience and expertise in: <ul style="list-style-type: none"> – tikanga Māori applied to health promotion practice – developing and implementing social marketing programmes targeting Māori – the inner workings and dynamics of Māori nutrition networks at a regional and local level – Nutrition and promotion to Māori communities – Māori health research – conceptualising Māori models of health and applying them to health promotion practice 	<p>Articles 1, 2, 3</p>
<p>4.0 Develop messages and resources that specifically target Māori</p> <ul style="list-style-type: none"> • Messages and resources should: <ul style="list-style-type: none"> – cater for diverse Māori realities – be based on Māori models of health – utilise positive Māori images – focus on whānau, be fun – incorporate appropriate levels of te reo Māori • Consider specific suggestions from key stakeholders provided at consultation hui • Consider developing a brand logo specifically for Māori 	<p>Articles 2, 3</p>

<p>5.0 Incorporate implementation mechanisms that will enable messages to adequately reach the Māori nutrition sector as well as Māori communities and whānau</p> <ul style="list-style-type: none"> • Consider suggestions from key stakeholders provided at consultation hui 	<p>Articles 2, 3</p>
<p>6.0 Provide appropriate and targeted support to Māori nutrition sector workers for effective implementation of the programme at a regional and local level</p> <ul style="list-style-type: none"> • Provide workshops targeting Māori nutrition sector workers to: <ul style="list-style-type: none"> – introduce the Feeding our Futures programme for Māori – present suggestions for how to align regional and local activities with the national messages – clearly outline roles of different organisations involved, eg HSC, THMM, local and regional providers, etc • Workshops should reach the vast mix of Māori workers who deliver nutrition programmes to their communities • Facilitate information sharing about local programmes as well as regular updates on the programme through appropriate channels 	<p>Articles 2, 3</p>

Rationale for recommendations

Recommendation 1.0: Incorporate TUHA–NZ framework

Incorporate the TUHA–NZ framework as an ongoing tool for planning and development of the Feeding our Futures programme

Hui participants were consistent in their views that a kaupapa Māori approach is key in the development of a social marketing programme for Māori. There has been a large amount of discussion in the literature about what is kaupapa Māori. Tuakana Nepe described a kaupapa Māori approach as validating a Māori view, and being not only Māori-owned, but also Māori-controlled (Nepe, 1991). Māori ownership and control, or rather the concept of Tino Rangatiratanga, is central to the notion of Māori health development (Durie, 1998). Also, government policies and strategies (He Korowai Oranga and Healthy Eating—Healthy Action) currently validate the importance of tino rangatiratanga to Māori health.

The TUHA–NZ framework emphasises tino rangatiratanga as a key element of health programmes if they are to benefit Māori. The framework provides a basis to apply the articles of te Tiriti o Waitangi as specific goals in health promotion planning and practice. Hence, TUHA–NZ is an ideal model on which HSC could base its approach for developing the social marketing programme for Māori. An example of how each goal could be applied by HSC is provided on page 5.

Recommendation 2.0: Establish partnerships with Māori

Establish appropriate partnerships with key Māori nutrition organisations to enable meaningful participation in developing and implementing the Feeding our Futures programme for Māori

- Identify appropriate organisation(s) to participate in the ongoing development and implementation of Māori-specific social marketing approaches
- Develop partnering relationships with appropriate organisation(s) to ensure the effective development and implementation of the programme for Māori

Hui participants reiterated the importance of taking a by-Māori, for-Māori approach with the programme. Māori-led initiatives are central to the kaupapa of He Korowai Oranga—Māori Health Strategy (Minister of Health, 2002), which affirms Māori approaches to improving the health of Māori. Hence, forming appropriate partnerships with key Māori nutrition organisations to allow for meaningful Māori participation in all aspects of programme development and implementation is crucial. This includes decision-making, prioritising, planning and implementation. Dr Mason Durie has stated that unless Māori themselves are active in developing policies and programmes and bringing effective health services to their own people, then no amount of expert advice will provide conviction of ownership (Durie, 1998). That is why forming an advisory group (or kaitiaki roopu as stated in recommendation 3.0) will not be sufficient if this programme is to be successful in reaching Māori.

Recommendation 3.0: Establish kaitiaki roopu

Establish a kaitiaki roopu comprising individuals with appropriate expertise to guide HSC and THMM as well as protect the process for Māori

- Establish the role of the kaitiaki roopu and develop terms of reference for the group
- Consider a mix of individuals to provide a breadth of appropriate knowledge, experience and expertise

This is in line with the rationale of recommendation 2.0, which is based on the importance of taking a by-Māori, for-Māori approach. A kaitiaki roopu was suggested by hui participants, and will act as an extra safety mechanism to ensure processes are followed that will ultimately benefit Māori. It can also provide HSC with access to a range of expert skills and experience to guide it through the stages of programme development and implementation.

As with any type of advisory group, the group's role must be clearly defined, including developing a terms of reference. It should also be adequately resourced, so members of the group are remunerated in acknowledgement of their time and expertise.

It is also vital that the group provide a breadth of appropriate knowledge, experience and expertise relevant to its role and function. For example, HSC might consider inviting people with the following expertise:

- tikanga Māori applied to health promotion practice, eg kaumātua with experience in health promotion settings
- developing and implementing social marketing programmes targeting Māori, eg key person involved in developing the 'It's About Whānau' smokefree campaign
- the inner workings and dynamics of Māori nutrition networks at a regional and local level eg

Māori health promoter at a DHB with extensive local and regional networks

- nutrition and promotion to Māori communities, eg Māori public health nutritionist or dietitian
- Māori health research
- conceptualising Māori models of health and applying them to health promotion practice.

Also fundamental to the success of the group is establishing appropriate operating processes that allow open discussion amongst members of the group and ultimately enabling expert advice and guidance to be given in a credible manner. These processes should be developed and owned by the Kaitiaki Roopu.

Recommendation 4.0: Develop targeted messages

Develop messages and resources that specifically target Māori

- Messages and resources should:
 - cater for diverse Māori realities
 - be based on Māori models of health
 - utilise positive Māori images
 - focus on whānau, be fun
 - incorporate appropriate levels of te reo Māori
- Consider specific suggestions from key stakeholders provided at consultation hui
- Consider developing a brand logo specifically for Māori

Consultation hui feedback indicated an undisputed call to develop Māori-specific messages and resources. These will be crucial in targeting and accessing Māori communities and whānau. However, it was also noted that care needs to be taken when developing messages and resources to not paint the picture that this is a issue that only affects Māori.

There were also varied responses to and interpretations of the programmes's existing logo. Some pointed out that it was too close to other organisations' logos, while others thought that it represented new life, embracing whānau, hapu and iwi. There were, however, consistent views that it required te reo Māori and that serious consideration be taken to develop a Māori logo for Māori. An example given was 'whāngai', which suggests nurturing.

Social marketing programmes seen as being effective for Māori were; 'It's About Whānau' and 'One Heart Many Lives'. Stakeholders believed that it would be useful to learn from what worked and what didn't work for Māori in these campaigns.

Hui participants also suggested that messages and resources should:

- cater for diverse Māori realities
- be based on Māori models of health
- utilise positive Māori images
- focus on whānau, be fun
- incorporate appropriate levels of te reo Māori

Specific examples of possible resources and supporting activities were suggested; these are detailed in section 1.5.1 of the consultation outcome report.

Recommendation 5.0: Incorporate adequate implementation mechanisms

Incorporate implementation mechanisms that will enable messages to adequately reach the Māori nutrition sector as well as Māori communities and whānau

- Consider suggestions from key stakeholders provided at consultation hui

Stakeholders suggested a number of mechanisms that they thought would enable successful delivery of programme messages to the target audience. Proposed avenues for communicating messages were Māori TV, Mana magazine, school pānui, matatini, poukai, iwi newsletters and kanohi–ki–te–kanohi or face–to–face. Vehicles identified for kanohi–ki–te–kanohi delivery were Māori community workers and other Māori leaders in whānau and the community. Hui participants highlighted how important it is to ensure individual communities determine how messages are shaped and delivered at a local level. Also, enabling co–ordinated action across all sectors of providers who engage with Māori communities was seen as a fundamental component.

Recommendation 6.0: Provide appropriate support

Provide appropriate and targeted support to Māori nutrition sector workers for effective implementation of the programme at a regional and local level

- Provide workshops targeting Māori nutrition sector workers to:
 - introduce the Feeding our Futures programme for Māori
 - present suggestions for how to align regional and local activities with the national messages
 - clearly outline roles of different organisations involved, eg HSC, THMM, local and regional providers, etc
- Workshops should reach the vast mix of Māori workers who deliver nutrition programmes to their communities
- Facilitate information sharing about local programmes as well as regular updates on the programme through appropriate channels

Providing workshops to Māori nutrition sector workers is an ideal way to build capacity on a face–to–face level. Sector worker capacity to successfully deliver messages aligned to the overall programme was a concern raised by Māori stakeholders. Other issues raised were the need to clearly outline roles of different organisations involved in the overall programme as well as to facilitate information sharing about local programmes and regular updates. Information sharing and updates need to occur through the appropriate channels. Hui participants suggested setting up local forums linked to a national forum. Existing channels could also be used, such as the National Māori Nutrition and Physical Activity Hui, Feeding our Futures website, ANA forums, the THMM newsletter and website, etc.

APPENDICES

Appendix 1: Stakeholders who gave input

KAITĀIA	
NAME	ORGANISATION
Erina Korohina	Health Training Consortium
Callie Corrigan	Te Hauora O Te Hiku O Te Ika
Tania Rawiri	Northland District Health Board
Sophie Ujdur	National Heart Foundation
Raewyn Murray	Te Hauora o Te Hiku o Te Ika
Deborah Ludbrook	Te Hauora o Kaikohe
Nancy Kelleher	Te Hauora o Kaikohe
Del Bristow	Ngati Hine Health Trust
Karen Mackie	Ngati Hine Health Trust
Tracey O'Sullivan	TKKM o Pukemiro
Henry Anderson	Te Hauora o Te Hiku o Te Ika
Paulette Lewis	Te Oranga
HAMILTON	
NAME	ORGANISATION
Laurie Watt	Te Papa Takaro
Ernest Montgomery	Te Rohe Potae
Karen Te Huia	Kohanoa
Theresa Wharekura	Te Kupenga Hauora
Chrissie Rolleston	Te Kupenga Hauora
Jocelyn Auld	Sport Waikato
Janine Gilmore	Sport Waikato
Sarah Prowse	Sport Waikato
Jayson Tarawhiti	National Heart Foundation
Karen Bishop, Rongo Kirkwood	Kawhia Medical Centre
Ranui Hapi	Sport Waikato
Daniella Kaihau	Nga Miro

Melissa Wong	Te Runanga O Kirikiriroa
Wynae (Ku) Tukere	Nga Miro
Carl Shepherd	Nga Miro
Anne Lemieux	Te Ngaru o Maniapoto
Margaret Reed	Ngāti Maniapoto Marae Pact Trust
Rosemary Murray	Ngāti Maniapoto Marae Pact Trust Te Kuiti
Shirley McIlroy	Nga Miro
Pourewa Paikea	Nga Miro
Ngahua Horangi	Waikato District Health Board
Aotea Maipi	Waikato District Health Board
Gwendol Wellburn	Te Korowai Hauora O Hauraki
Paul Seymour	TCOSS
Janet Hanvey	Waikato District Health Board
Wayne Johnstone	Waikato District Health Board
Hayley Bennett	WDHB

CHRISTCHURCH	
NAME	ORGANISATION
Vania Pirini	He Oranga Pounamu
Gail McLauchlan	Hauora Mataraka
Trevor Simpson	Community and Public Health
Janne Pasco	Community and Public Health
Cathy Robinson	Canterbury District Health Board
Diane Adams	Māori Women's Welfare League
Michele Smeels	Te Puawaitanga
Tahu Potiki Sterling	Canterbury District Health Board
Te Pora Ehau	Te Korowai Atawhai
Lee Tuki	He Waka Tapu
Richard Wisnesky	Community and Public Health
Syd Horgan	South Canterbury District Health Board

Kathy Culshaw	Pacific Trust Canterbury
Rena Smith	Hauora Matauraka
WELLINGTON	
NAME	ORGANISATION
Zechariah Reulu	
Marie Winitana	Regional Public Health
Sarah Tumai	Tumai Mo Te Iwi
Andrea Rutene	Regional Public Health
Nicola Poona	Wairarapa District Health Board
Rose Kahaki	Capital and Coast District Health Board
Litia Lealamisa	Student Nurse Ora Toa
Ngapera Parata	Ora Toa
Sam Winslow	Ora Toa
Hiria Davis	Kokiri Marae
Joyce Tipene-Stephens	Capital Coast District Health Board
Hatea Ruru	Kokiri Marae
Peter Noanoa	Kokiri Marae
TAIRĀWHITI	
NAME	ORGANISATION
Hiki Pihema	Tairāwhiti District Health Board
Clare Webber	The Gisborne Herald
Ella Atkins and one other	Te Aitanga a Hauiti Hauora
Gina Chaffey-Aupouri	Ruatoria Rural Health Nurse
Sharon Pihema	
Roger White	Ngati Porou Hauora – Ngati and Healthy
Simone Poi	Ngati Porou Hauora – Ngati and Healthy
Hiki Pihema	Tairāwhiti District Health Board
Clare Webber	The Gisborne Herald
Ella Atkins and onew other	Te Aitanga a Hauiti Hauora
Gina Chaffey-Aupouri	Ruatoria Rural Health Nurse

AUCKLAND	
NAME	ORGANISATION
Boyd Broughton	Hapai Limited
Jude Manuel	Counties Manukau District Health Board
Dale Sherman–Godinet	ProCare Health Limited
Hinemoa Buffet	ProCare Health Limited
Ataria Marsden	ProCare Health Limited
Ada Wanoa– Armstrong	ProCare Health Limited
Carnation Shelford	ProCare Health Limited
Lavaine Ratu	ProCare Health Limited
Riripeti Haretuku	Counties Manukau District Health Board
Jamie Tokerangi	Counties Manukau District Health Board
Leah Broughton	Te Kupenga o Hoturoa Primary Health Organisation
Sugar Te Paa	Auckland Regional Public Health North
Anna–Marie Ruhe	Diabetes Project Trust
Debbie Wihongi	Papakura Marae
John Ngatai	Raukura Hauora
Sam Noon	Counties Manukau District Health Board
Tony Kake	Counties Manukau District Health Board
Boyd Broughton	Hapai Limited
Jude Manuel	Counties Manukau District Health Board
Dale Sherman–Godinet	ProCare Health Limited

Appendix 2: Outcomes from consultation hui

1.0 DISCUSSION AREAS OF FOCUS

1.1 Kaupapa Māori approach

1.1.1 Key issues identified

- Participants were consistent in their views that a kaupapa Māori approach is key. Central to this is the incorporation of kanohi–ki–te–kanohi approaches for Māori by Māori across a variety of settings, as this is likely to ensure a greater reach and relevance to Māori communities. It is important that kanohi ki–te–kanohi be a key feature of the intervention

because media interventions only reach individuals using a medium other than personal contact, usually over a limited period of time. This approach has the potential to negate intervention offered at a community level and be sustainable.

- Holistic approaches that incorporate Māori models need to be considered in planning – Te whare tapa whā, matariki puanga, whānau, te aho matua, tikanga, wairua, hauora, timatanga hou, te tai ao, whāngai tangata, manaaki and kōrero (non-published research and kōrero should be considered and valued). In addition, interventions could link back to traditional beliefs and practices as methods to encourage change.
- Tino rangatiratanga could be asserted in support of significant nutritional needs, for example some regions have to pay for water, asserting Tino rangatiratanga may look at solutions to prevent paying for water.
- Achieving buy-in from the community is effective when it promotes whānau benefits instead of personal health benefits, takes on a whole-community approach, key decisions and leadership stem from the community and local and regional identity are maintained in the campaign.
- Workforce development is a key component in increasing healthy eating in Māori communities. Māori dietitians and nutritionists need to be accessible and available, and promoted in schools, workplaces (in particular where large numbers of Māori are employed) and hospitals (eg when Māori are sick in hospital referral to a Māori dietitian should be available).
- Research and evaluation is important to ensure continuous improvement of the programme. Initially, a stocktake of what has and hasn't worked for Māori needs to inform development.

1.1.2 Current kaupapa Māori nutrition strategies in place

- Healthy Kōhanga
- Healthy Heart
- Ina Wai
- Wahine weight loss challenge
- Fruit in Kura—Mission On
- Wānanga hui
- Some strategies for supplementing – e.g. replacing butter with hummus and sweet drinks with water
- Alternatives to kai i ngā wa o mua need to be provided
- Pā Wars
- Waka ama
- Te Rā o Te Raukura.

1.1.3 Suggested kaupapa Māori strategies to implement

- A kaupapa Māori community approach to healthy eating must be central to the design of an implementation programme. Understanding which kaupapa Māori approach is appropriate for which community and how it can be best applied is an area for further investigation.
- Undertake a stocktake of kaupapa Māori approaches (local, regional and national) used for health promotion to identify criteria for success and variations within communities.
- Carry out a scoping report on the cost of water to Māori communities and identify actions to reduce or remove the cost.
- Conduct a report on the workforce available to carry out interventions that promote healthy eating in Māori communities. This will include the capacity of community workers and

availability of Māori dietitians and nutritionists across a variety of settings (eg schools, workplaces, GPs), their accessibility, referral procedure and cost. Include a workforce scope of Māori currently working in and studying nutrition; and the availability of and access to careers in nutrition. Recommendations from the study may result in the need to advocate for increased incentives for Māori to pursue a career in the area of nutrition, increased workforce development in nutrition and dietary education at a community level, and improved access for Māori to have regular contact with a nutritionist or dietitian.

- Understanding the relationship between kaupapa Māori approaches, Māori models and kanohi-kī-te-kanohi, and how they contribute to improving nutrition in Māori communities, is an area for future research.

1.2 Social marketing

1.2.1 Key issues identified

- Success of social marketing to Māori depends on how engagement with Māori is carried out. Social marketing from a Māori perspective needs buy-in from the community and whānau, should be by-Māori for-Māori, and must reflect the target group. Consideration of Māori communities should include rural Māori and urban Māori.
- Media images and campaigns should utilise images of Māori gathering kai and preparation of kai, positive Māori role models, te reo Māori, education on the historical significance of Māori kai, aroha, honesty of where Māori are at, and humour. In addition, Māori media (Māori TV, radio, Mana magazine, waka ama settings, school pānui, matatini, poukai and iwi newsletters), Māori leaders in the whānau and community (MWWL, CHW, sports clubs) and Māori role models need to be the vehicle for delivery of messages.
- A Māori brand for Feeding our Futures is required for a Māori social marketing campaign.
- Social marketers need to learn from successful global marketing companies, eg McDonalds and Coca Cola.
- Segmenting does not work for Māori and does not fit with a Māori view. A whānau approach would be more appropriate.
- The messages marketed need serious work and prioritisation, eg Māori already know fat is bad. However, the 'eat less sugar' message, amongst other messages, is not understood within Māori communities.
- Examples of social marketing campaigns that have been well received and supported by some Māori communities include:
 - 'One Heart Many Lives' used by Pharmac
 - 'Its About Whānau'
 - 'Aukati Kai Paipa'.
- Social marketing messages should consider targeting parents (healthier parent = healthier child). There needs to be a message encouraging parents to grow their own kai. A lot of activity is happening in the communities, eg kura and kōhanga reo are teaching the kids how to maintain gardens and grow kai, but it is not being supported when the kids get home as some parents do not know how to grow food. In addition, when communicating with parents, the socioeconomic realities of whānau, eg housing, justice, poverty, employment, education and addictions, need to be considered. Whānau also need to be aware of entitlements, and it should be considered whether these are sufficient to allow healthy eating.
- A focus on other sources of food should be included, eg, promoting clean rivers that can be sources of food.
- Social marketing campaigns need to be mindful of overusing Māori. Māori are often targeted all the time, which can imply that Māori are the only ones with the problem. In fact the

problem is a product of numerous influences like government and food industry.

- Social marketing for rangatahi needs to be fun (the Feeding our Futures advertisement with the boy peeling onions in goggles is well received), contain clear messages, involve rangatahi with easily prepared kai and demonstrate rangatahi living well in the future.
- The role of organisations like HSC in lobbying for change needs to be incorporated into social marketing, eg reducing taxes on healthy food, supporting healthy food franchises, programmes for teaching tamariki to grow their own kai in gardens, encouraging the food industry to offer fewer unhealthy foods, and learning from the marketing techniques of the food industry.
- The value of grass roots research, eg identifying what's already working, and taking into account Māori research, activities and successes on the ground, needs to inform strategy. Strategy must be consistent and have continuity. Information must come from Māori communities, and there must be an avenue to express, share and debate.
- A reference group needs to be set up of kaumātua and Māori researchers to inform development.

1.2.2 Current social marketing Māori nutrition strategies

- Kai nutrition certificates
- Toku oranga pai—nutrition
- Hīkoi ki ngā Maunga (Rangatahi)
- Tutangiōra (community focus)
- Marae Hauora Nutrition/Physical activity (currently in eight marae in Tāmaki Makaurau)
- Whānau ora wānanga
- PANIC—Physical activity and nutrition partnerships
- Neighbourhood-based lifestyle co-ordinators (Counties Manukau)
- Let's Beat Diabetes

1.2.3 Suggested strategies to implement

- Conduct research in Māori communities that can identify social marketing approaches for improved healthy eating that work for Māori communities. Research could also include:
 - the relationship between good nutrition and performance in sport
 - the relationship between depression and eating behaviour
 - the patterns of behaviour change in Māori and motivational readiness to change.
- Develop a Māori brand and campaign for 'Feeding our Futures'.
- Develop a series of resources by local Māori communities tailored for each community, which:
 - identifies food sources within their local area (awa, moana)
 - provides education on food safety;
 - informs of the history of the kai and relevant karakia
 - suggests methods of preparation for the kai and
 - provides preservation, safety and legal details about food gathering.
- Local Māori communities develop a tailored communication strategy to inform and motivate parents in their communities to eat healthily and make healthy food choices.
- Conduct research to develop a schedule of environmental interventions that require lobbying and advocacy from organisations such as HSC, eg

- HSC to scope the feasibility of forming a partnership with Housing New Zealand to encourage and support state houses to be equipped with gardens that supply kai;
- HSC to identify agents involved in taxation with the view to lobbying for reduced taxes on healthy food
- HSC to work with local government to investigate by-laws that impact negatively on Māori nutrition in areas of high Māori population, eg density of takeaway outlets in low socioeconomic areas.
- Initiate a national forum/reference roopu (which may be supported by an online forum, or be website-based), represented by local forums, on healthy eating in Māori communities. The forum would share information, maintain a database of local projects and programmes, research issues, debate issues and share stories and updates of what is happening in other Māori communities.

1.3 Service support

1.3.1 Key issues identified

- Services must be sustainable, linked with other services and resourced to cope with demand following promotions and TV releases, eg Like Minds created demand for services but the capacity was not there.
- Local programmes require co-ordination to identify who is delivering them and how they can be accessed.
- HSC needs to build internal capacity or partner with Māori providers, have independent national and regional co-ordination, and upskill Māori whānau as deliverers.
- Campaign resources need to be practical, accessible (eg an 0800 number), pro-whānau, and giving short, clear simple messages, free of charge.

1.4 Process

1.4.1 Key issues identified

- Participants were consistent in their view that consultation with stakeholders should have been carried out and Māori communities should have had more ownership before the original campaign was rolled out.
- The process for development should have started with consultation with Māori communities, which demonstrates support of grassroots workers, eg, issue identification followed by the establishment of a planning group, which would represent parties for funding, advocacy, influence and planning implementation.
- Partnerships and relationships with HSC, MOH and THMM need to be clarified, as does the role of providers and their ability to influence and contribute to decisions.
- Key stakeholders, programmes (and deliverers) and funding at all levels (national, regional and local) need to be identified to avoid duplication and gain an actual scope of the resource already applied to this area.

1.5 Resources

1.5.1 Key issues identified

- The consultation process for resource development and design needs to be clear.
- Participants' views were varied with regards to the current resources, eg:
 - concerns were expressed as to whether the tip cards had been trialled
 - cards could be used as an appointment card where providers can write their details

- magnets – the messages need to be smaller or they should have two different sizes
- laminated placemats could be made with all four messages
- peelers, bags, shopping lists and cups (could include measurements) are good
- recipes need to be quick, healthy and affordable.
- Participants expressed a consistent view that resources should be freely accessible and give details of a contact person.
- Resources to reach rural whānau could include advertising on school buses at the general store, sandwich bag stickers, lunch boxes, integrated karakia, with placemats, and a website for tamariki.
- Resources could include storybooks to relate to the messages, eg fishing, cooking, and the kōrero – ka mau te wehi.
- The current TV advertisements are fun and contain good simple messages (whānau eating together and boy with the goggles). Future advertising should consider tapping into emotions and giving hope to those who want to change.
- The existing logo was received with varied interpretations. Some recognised that it is close to other organisations' logos (MYD, Field Days), while others viewed it as representing new life, embracing whānau, hapū and iwi. However one viewed it as looking like a uterus which was not ideal. This suggests that it is too open for interpretation. There were consistent views that it required te reo, and that serious consideration should be taken to develop a Māori logo for Māori, eg 'whāngai,' which suggests nurturing. In addition brand values relevant to the concept should be considered.
- Future activities and resources could include, an emphasis on breastfeeding, the mobile bus concept – 'Feeding our Future', cookbooks, sponsorship of events such as hip hop competitions, mana wahine, waka ama, kapa haka nationals (primary school), stage challenge, sports events which have a high level of Māori participation (eg netball, rugby and rugby league), supermarket tours, antenatal support, endorsement of healthy kai at hui, toothbrushes, feeder cups for tamariki, mouse pads in schools, school bags, fruit in schools, opportunistic advertising at Christmas time, garden starter kits with seedlings, aprons, ice cube trays with the logo imprint, coasters to support the drinks message, comics, weekly and fortnightly meal planners, calendars, sports clubs resources such as (flags), kids camps, and meals at schools (breakfast and lunch).
- The message could consider viewing food as an option – parents giving the children an 'option for future'.
- Training and upskilling of providers is a resource area that needs to be considered.

1.6 Sustainability

1.6.1 Key issues identified

- Participants were consistent in their view that any campaign, strategy or programme must be sustainable, reinforced over time, and have ongoing support networks.
- Concerns were raised over the potential change in government, funding rounds and lack of long-term funding commitment. Some participants expressed concern that potential pilots could be undermined by withdrawal of funding.

Appendix 3: TUHA–NZ: Framework for Treaty–based health promotion—a summary

The health workforce has a responsibility to maintain the mana of te Tiriti o Waitangi. Concern for Māori health and wellbeing was a significant contributing factor to the conception of te Tiriti where the Crown was aware of the harmful health consequences of colonisation, and recognised the need and responsibility to extend Māori protection

Each of the three articles in te Tiriti contains significant implications for the health of Māori. The TUHA–NZ framework provides a basis to apply the articles of te Tiriti as specific goals in health promotion planning and practice. These goals are:

Article 1

Goal: Achieve Māori participation in all aspects of health promotion

This supports meaningful Māori participation in decision–making, prioritising, planning, policy, and implementing and evaluating health promotion activities. It also intends Māori participation to be comprehensive, active, consistent and responsive. Also, Māori world views and cultural values should be represented and influential in all aspects of the process.

Article 2

Goal: Achieve the advancement of Māori health aspirations

This is about creating and resourcing opportunities for Māori to exercise tino rangatiratanga, control, authority and responsibility over Māori health. This could include developing ‘by Māori, for Māori’ health promotion opportunities, or undertaking consultation to determine Māori health aspirations.

Article 3

Goal: Undertake health promotion action, that improves Māori health outcomes

This goal prioritises health promotion action which will bring about health outcomes for Māori. This could include increasing resource allocation to those areas most likely to improve Māori health outcomes. The development of strategies to address the basic causes of poor health will need to consider the underlying determinants of health.

(Health Promotion Forum of New Zealand. 2002. TUHA–NZ – A Treaty Understanding of Aotearoa–New Zealand. Auckland: Health Promotion Forum of NZ.)

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