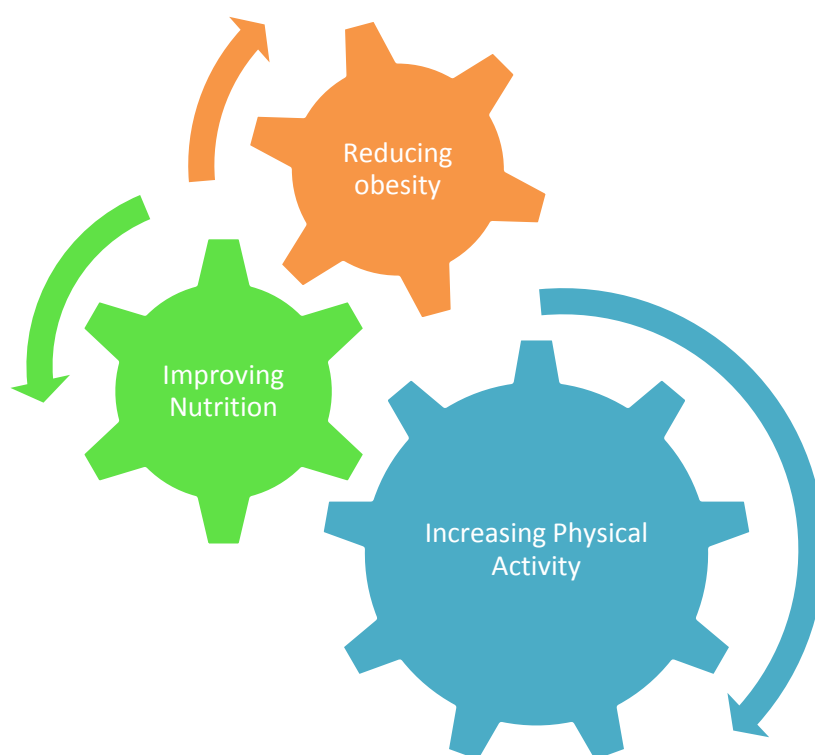


**HEHA Māori Community Action  
Needs Assessment  
Final Report**



**Gill Pirikahu  
Whakauae Research Services  
June 2009**

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## **Glossary of Abbreviations**

ECE	Early Childhood Centre
DHB	District Health Board
HEHA	Healthy Eating Healthy Action
LMC	Lead Maternity Carer
MHOAG	Māori Health Outcome Advisory Group
MoH	Ministry of Health
NGO	Non-government organisation
NZEO	New Zealand Europeans and Others
PHC	Public Health Centre
PSD	Parent Support and Development
PTO	Private Training Organisation
SHORE	Centre for Social and Health Outcomes Research & Evaluation
SPARC	Sport & Recreation New Zealand
TOIHA	Te Oranganui Iwi Health Authority & Primary Health Organisation
WDHB	Whanganui District Health Board
WRPHO	Whanganui Regional Primary Health Organisation
WRS	Whakauae Research Services

## Glossary of Māori Words

Aotearoa	New Zealand
Hapū	sub-tribe
Iwi	tribe
Kai	food
Kanohi ki kanohi	face to face
Kaumātua	old man/elders
Kaupapa	principle
Ki-o-rahi	traditional ball game
Koha	donation/contribution
Kohanga Reo	language nest
Kuia	old woman/women
Māori	New Zealand native
Marae	tribal meeting place
Purapura	collective of kohanga
Rangatahi	youth
Rūnanga	governing body of leaders
Tamariki	children
Tangata Whaiora	mental health consumer
Tikanga	culture, custom
Tūpuna rohe	area where historically iwi members settled and lived
Tūrangawaewae	homeground
Uri	descendants
Waka Ama	canoe racing
Wānanga	forum
Whakapapa	genealogy
Whānau	family
Whanaungatanga	kinship

## Executive Summary

In January 2009, Whakauae Research Services (WRS) was commissioned by the Whanganui DHB to carry out a needs assessment<sup>1</sup>. The purposes of this were to identify approaches to reduce obesity, improve nutrition and increase physical activity appropriate for Māori and to engage with Māori in their communities to assist with the development and implementation of the Whanganui District Health Board's Healthy Eating - Healthy Action: Oranga Kai - Oranga Pumau (HEHA) Implementation Plan. As a component of reducing obesity, breastfeeding was included in this work.

Needs assessment data was collected, via a range of avenues, and subsequently analysed. The avenues included self administered paper-based interviews, kanohi ki kanohi interviews, focus group discussions, reports from iwi providers, an internet search and grey literature review. This formed the basis of data collected, generating a wealth of information rich, qualitative data.

### Key findings

The study found that:

1. Marae, kohanga reo, kura kaupapa, rūnanga, Māori health providers, sport and recreation groups, community organisations and Māori specific organisations are key settings for reaching and engaging the Māori population. There is however, a wide range of stakeholders such as mainstream organisations and NGOs, which service the Māori population and have the potential to influence nutrition and physical activity for Māori:
  - (a) currently many HEHA related activities are being delivered as components of other contracts or are delivered at a community level by groups whose activities are predominantly sport and recreation related; and,
  - (b) there is potential to deliver HEHA to Māori in Māori settings using traditional activities and tikanga.
2. The two consistent themes identified with regard to barriers to good nutrition are food security<sup>2</sup> (*He Panehe Toki - Food Security Among Māori in Aotearoa*, 2009) and lack of knowledge:

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<sup>1</sup> A health needs assessment is a process for identifying the health needs and inequalities in a given population. In general practice it should involve contributions/consultation with other agencies and the local population

<sup>2</sup> Food security exists when all whānau, at all times, are able to access enough safe and nutritious foods to live an active and healthy life. It is now listed among the social determinants of health.

- (a) the main barrier to Māori participating in healthy eating healthy action practices is the low socio economic status of the population;
  - (b) increasing food costs and the perception that it costs more to eat healthily; and,
  - (c) a need for continued education and training for whānau surrounding HEHA. An intergenerational loss of knowledge has contributed to the lack of nutrition and physical activity knowledge and skills in particular, for young people.
- 3. Challenges around obtaining adequate funding to resource activities related to HEHA:
  - a. some community organisations have difficulty understanding accountability and the bureaucratic processes associated with completing funding applications; and,
  - b. service providers and other organisations accessing levels of funding to adequately administer and resource their programmes.
- 4. The workforce for healthy eating and healthy action range from enthusiastic volunteers to central government employees who deliver nutrition and physical activity services. There is a high level of commitment across sectors to address the poor health status of Māori however, there are a number of challenges to delivering HEHA:
  - a. the workforce believe priority goals call for inclusion of whānau and family, encouragement in and provision of opportunities for participation and education pertaining to healthy eating healthy action; and,
  - b. increasing the capacity and capability of the HEHA related workforce through planned training.
- 5. Effective communication of the Whanganui HEHA Plan was dependent on consultation with Māori and delivery of culturally appropriate services:
  - a. Māori prefer the personal approach to receiving HEHA related messages. The personal approach reflects the preference for kanohi ki kanohi/face to face contact or through a person they feel comfortable discussing important issues with. A third of individuals interviewed however, are happy to receive such messages via modern technological means; and,
  - b. to engage Māori you must first build the relationship. This takes time and must be factored into the planning process.

6. To increase Māori breastfeeding rates we must seek solutions that are engaging of Māori and their whānau such as a “by Māori for Māori” approach:
  - a. influencing whānau must come from within the whānau;
  - b. there is potential to influence breastfeeding rates by using vehicles familiar to Māori such as Kohanga Reo;
  - c. the breastfeeding workforce is considered “white and middle class” resulting in reluctance of Māori to engage;
  - d. the breastfeeding workforce is severely under resourced and as a consequence there is an inadequate referral system; and,
  - e. there are models of working with breastfeeding mums that should be investigated and that could be adapted as a local solution e.g. Mums 4 Mums programme (HEHA Breastfeeding Initiative. Mum 4 Mum/Peer Counsellor Programme Evaluation Report (2008)).

### Recommendations<sup>3</sup>

Report recommendations pertain to the six key settings (refer 1. above) and the two key themes (refer 2 above). They include:

- invest time and resources in building relationships with Māori using Māori settings;
- a “by Māori for Māori” way of working is preferred by Māori rather than imposition of a mainstream approach;
- invest planning and resources into the breastfeeding workforce deficit to seek a solution that will increase Māori breastfeeding rates;
- provide training that is culturally appropriate and relevant to Māori; and,
- similarities exist between urban and rural Māori however, each group faces challenges peculiar to their settings. Culturally disconnected whānau and rural isolation need to be addressed when planning HEHA initiatives.

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<sup>3</sup> Full recommendations are included in Part 5 of this report.

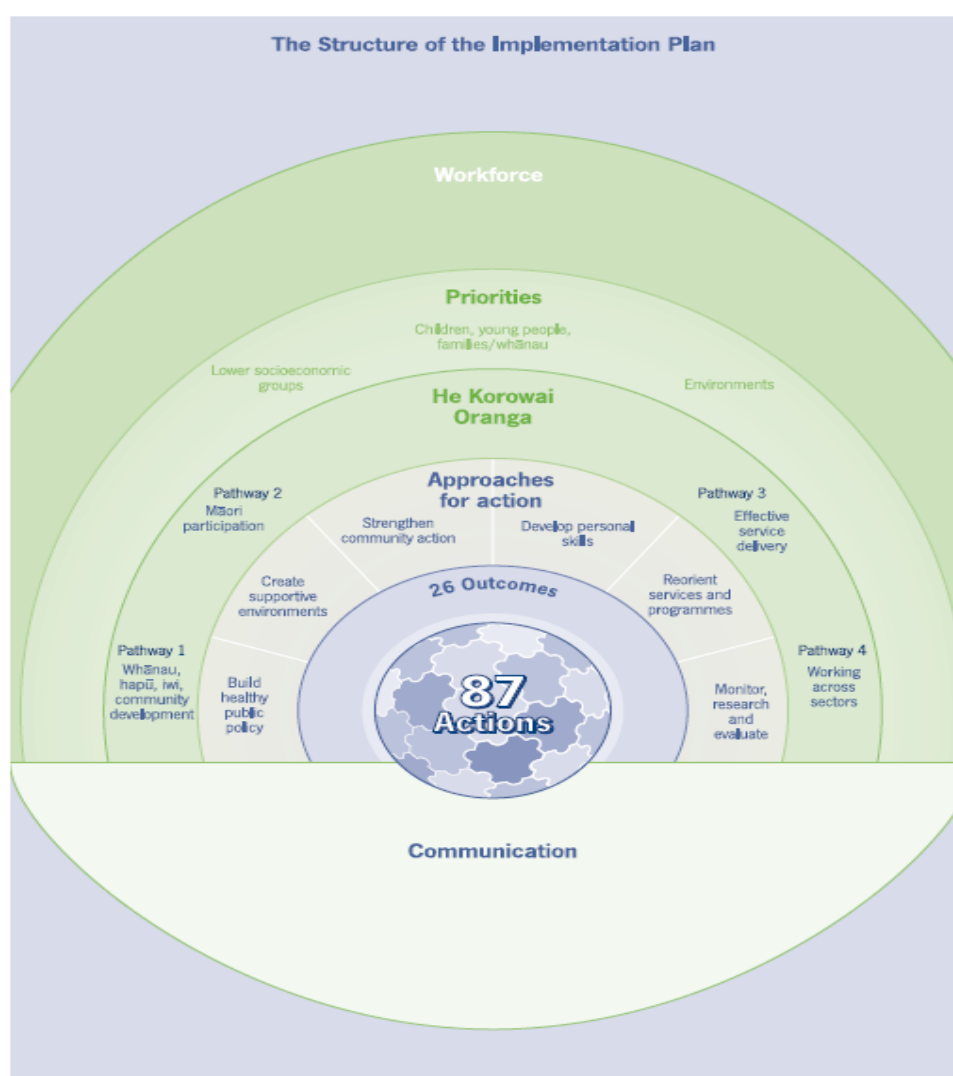


# 1.0 Background

## 1.1 Introduction

In December 2000 the New Zealand Health Strategy was launched by the Minister of Health. The Strategy set the platform for the Government's action on health. Three of the thirteen identified population health objectives; improving nutrition, increasing physical activity and reducing obesity in turn formed the basis of the 2003 Healthy Eating - Healthy Action (HEHA) strategy<sup>4</sup>. In 2004 The Healthy Eating -Healthy Action: Oranga Kai - Oranga Pumau Implementation Plan detailed how the goals from the HEHA strategy would be met.

**Figure 1: How the components of the Plan relate to each other**



<sup>4</sup> [www.moh.govt.nz/healthyeatinghealthyaction](http://www.moh.govt.nz/healthyeatinghealthyaction)

With the adoption of the HEHA strategy, 21 DHB Project Managers and 21 DHB District Coordinators were funded and seven funding priorities set. One of the latter, the Māori Community Action priority, resulted in a Māori Stakeholder Reference Group being formed by the Whanganui DHB in August 2008 to provide advice related to nutrition, physical activity and obesity for Māori communities in the Whanganui area. Members were invited to participate from a range of organisations across sectors that could have an influence on improving nutrition, increasing physical activity and reducing obesity for Māori. Terms of Reference<sup>5</sup> were developed to describe the purpose of the Group. Currently the Group meets on a monthly basis and has informed HEHA activities relevant to Whanganui Māori communities.

In January 2009, Whakauae Research Services (WRS) was commissioned by the Whanganui DHB to carry out a needs assessment<sup>6</sup>. The purpose of this was to identify approaches to reduce obesity, improve nutrition and increase physical activity appropriate for Māori and to engage with Māori in their communities to assist with the development and implementation of the Whanganui District Health Board Healthy Eating - Healthy Action: Oranga Kai - Oranga Pumau (HEHA) Implementation Plan. As a component of reducing obesity, an assessment of breastfeeding support was included in this work.

Consultation with relevant community organisations, groups and individuals was subsequently planned and implemented. Based on the information gathered, an assessment of Māori response to HEHA both intentional and unintentional was developed and is explored in this report.

## **1.2 The structure of the report**

### **Executive Summary**

This section summarises the main points of the needs assessment, the findings and key recommendations.

### **Introduction**

The needs assessment process is outlined here along with its objectives. A demographic profile of the WDHB area and relevant national nutrition and physical activity related demographics are also included.

### **Research approach**

This section describes the research design, needs assessment data collection methodology, participants, limitations and data analysis method.

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<sup>5</sup> Attached as Appendix 1

<sup>6</sup> A health needs assessment is a process for identifying the health needs and inequalities in a given population. In general practice it should involve contributions/consultation with other agencies and the local population

## Results

Data was collected from a range of sources. This was subsequently analysed and key themes identified across each of the following settings:

- Service Providers
- Community Organisations
- Workforce
- Education
- Marae
- Breastfeeding
- Community Members

## Recommendations

Recommendations are categorised across each of the settings and key questions focussed on Māori engagement and endorsement of the HEHA Māori Community Action project.

### 1.3 Demographics

#### Whanganui District Health Board<sup>7</sup> at a glance

A very strong correlation exists between high levels of deprivation and worsening health and risk factor measures such as higher hospitalisation rates, smoking and obesity rates. For Māori, health outcomes are consistently worse than for non-Māori even after controlling for deprivation (Erickson, 2007). The demographic data summarised below illustrates this in the Whanganui context.

#### General population:

- the population is 62,210 (Wanganui 68%, Rangitikei 24%, Ruapehu 8%);
- this is 1.54% of the national population with around 40% of the population living in small towns and rural areas;
- the population is projected to decrease to 57,100 by 2026; and,
- there is a higher proportion of 65+ age group (15.7%) than in New Zealand as a whole (12.3%), which is projected to increase to 19.8%, from 9,790 to 15,270 by 2026.

#### Māori:

- there is a higher proportion of Māori (24.0%) in the Whanganui area than in the New Zealand population (14.6%);
- the population of Māori is projected to increase by 12% to 16,820 by 2026;
- the over 55 years Māori population is projected to increase by 126% by 2026;and,

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<sup>7</sup> Status at February 2009 provided by WDHB Funding & Planning

- Māori comprise 38% of the Whanganui population under 15 years old.

#### Pacific:

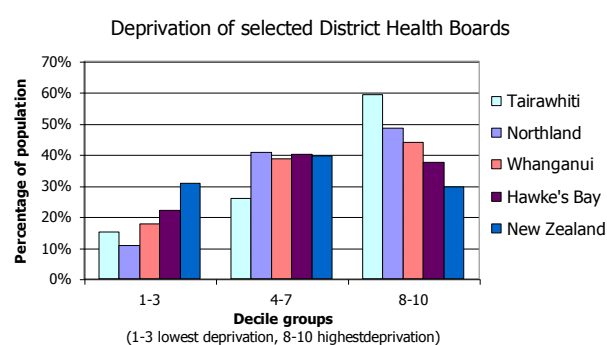
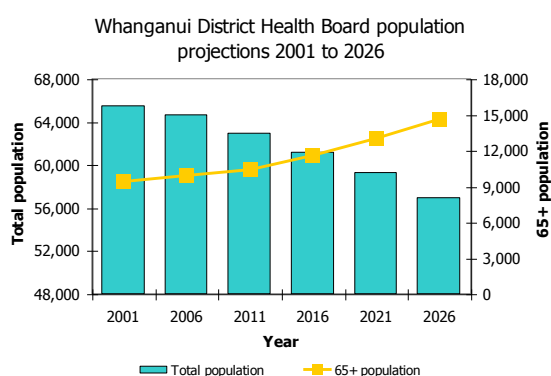
- this population is a small but growing sector, comprising around 2.3% of the population, lower than representation within the national population (6.9%).

#### Asian:

- this population is a small but growing sector, comprising around 2.1% of the population, lower than representation within the national population (9.2%).

#### Socio-economic status:

- Whanganui is a district of high deprivation<sup>8</sup> being the fifth highest in New Zealand;
- 56% of the population live in the highest areas of deprivation (deciles 8, 9 and 10) compared to 31% nationally;
- the average household income is among the lowest in New Zealand; and,
- in terms of educational qualification status, Whanganui has the third to lowest rate of university degree holders and the second to lowest rate of people holding no qualifications nationally.



#### Health Status:

- Whanganui District Health Board's health status is significantly influenced by the high deprivation of the region and hence is poor.

<sup>8</sup> Index of deprivation calculated by Statistics NZ based on household income, access to car and telephone, household crowding, employment, home ownership status and people <60 in a single parent family. Decile 1 least deprived, decile 10 most deprived)

### **General Health:**

- the mortality rates from conditions that could be avoided through wellness and general healthcare are decreasing;
- the mortality rates from conditions that are amenable to (directly avoided by) healthcare intervention are decreasing at a faster rate, especially among Māori; and,
- as there are more older people, they are a healthier generation than has been the case in the past.

### **Life expectancy:**

- life expectancy in Whanganui is 76.5 years, the second lowest in New Zealand;
- life expectancy for Māori is around 10 years less than non-Māori;
- the district has higher rates of death compared to the rest of New Zealand; and,
- Māori in the district have higher rates of death (1.5 times) than non-Māori.

### **Chronic Disease:**

- in Whanganui cardiovascular diseases is the greatest cause of mortality with rates increasing with increasing deprivation;
- In Whanganui mortality rates for ischaemic heart disease are 36% higher than for New Zealand, 11% more for Māori and 41% for non-Māori;
- mortality from diabetes in Whanganui is 1.3 times the national rate;
- among Māori mortality rates from diabetes are nine times those of non-Māori;
- in Whanganui obesity rates for Māori and non-Māori overall are around 17% higher than the New Zealand average; and,
- in Whanganui mortality rates are decreasing, especially among Māori.

### **Hospitalisation rates:**

- the district has higher rates of hospital admissions compared to the rest of New Zealand;
- Māori in the district have higher hospital admission rates for avoidable conditions than non-Māori (1.5 times);and,
- avoidable hospitalisation rates remain notably higher (34%) than the national average, Māori and non-Māori.

### **Smoking:**

- in Whanganui smoking rates are significantly higher, (one in four) than nationally, (one in five). Nearly one in two Māori smoke; and,
- smoking rates are significantly higher among youth, especially females.

### **Children and Youth:**

- in Whanganui births to teenage women are 60% higher than the national average; and,
- teenage birth rates for Māori are twice that of non-Māori.

### **National Demographics**

This information was accessed from studies using data from the 2002 National Children's Nutrition Survey.

### **Food Security and Māori:<sup>9</sup>**

Māori suffer more from lack of food security than New Zealand European and others (NZEO):

- 33.6% of Māori households stated they could afford to eat properly sometimes, but do not, compared to 12.1% of NZEO households;
- 37.5% of Māori households reported they ran out of food sometimes or often compared to 13% of NZEO households;
- 30.7% of Māori households stated they ate less sometimes or often, compared to 10.2% of NZEO households; and,
- 45.2% of Māori households reported lack of money affected the variety of food consumed either sometimes or often, compared to 27.8% of NZEO households.

### **Nutrition and Physical Activity and Māori children:<sup>10</sup>**

There are significant ethnic differences in physical activity for Māori and Pacific children. Whilst, Māori and Pacific children were more active than New Zealand European/Other (NZEO) children:

- Māori and Pacific children were significantly more likely to skip meals than NZEO children;

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<sup>9</sup> He Panehe Toki: Food Security Among Māori in Aotearoa, Part 2: 2009.

<sup>10</sup> Jennifer Utter, Robert Scragg, David Schaaf, Eljon Fitzgerald. (2005). Nutrition and Physical Activity Behaviours Among Māori, Pacific and NZ European Children: identifying opportunities for population-based interventions.

- Māori and Pacific children were significantly more likely to buy some/most of the food they consumed at school from the tuckshop or dairy while NZEO children were more likely to bring their school food only from home; and,
- Māori and Pacific children were significantly more likely to be high consumers of some fatty and sugary foods than NZEO children.

## **2.0 Research Approach**

### **2.1 Researcher**

The needs assessment study was overseen by senior members of Whakauae Research Service's team of research practitioners. Gill Pirikahu, of Whakauae Research Services, designed and implemented the study and wrote the report in consultation with senior members of the team.

### **2.2 Research Design**

The needs assessment research plan<sup>11</sup> and logic model<sup>12</sup>(Wren, 2006) were developed in consultation with the Māori Stakeholder Reference Group. The Group, in the interest of fostering a participatory approach<sup>13</sup>, agreed that the researchers engage iwi providers in the data collection process. This also served to better accommodate two constraints; the short study time frame and the broad scope of the research. Iwi providers were engaged after a meeting with the Māori Health Outcomes Advisory Group (MHOAG)<sup>14</sup>. Letters of agreement between Whakauae Research Services and iwi providers regarding completion of the data collection work were then prepared and signed.

### **2.3 Research Methods**

Community needs assessment involves the use of a range of research tools, depending on the issue being addressed and the context. Commonly included are literature and / or document reviews, case studies and gathering of data from community informants via surveys, community member interviews and focus groups (Rankine, 2008). All of these methods were included in this HEHA Māori Community Action needs assessment process.

As part of the planning process, the researcher reviewed background documentation supplied by the WDHB and grey literature from the internet.

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<sup>11</sup> Attached as Appendix 2

<sup>12</sup> Attached as Appendix 3

<sup>13</sup> Participatory research: The emphasis is on engaging stakeholders in the needs assessment process, so they may better understand evaluation and the programme being evaluated and ultimately use the evaluation findings for decision making purposes (Patton, 2002)..

<sup>14</sup> MHOAG is a coalition of Iwi Health providers : Te Oranganui Iwi Health Provider-PHO (Whanganui & Nga Rauru), Otaihape Māori Committee (Otaihape), Ngati Rangi Community Health Centre (Ngati Rangi), Te Kotuku Hauora o Rangitikei (Ngati Apa & Ngāti Hauiti )



A survey tool<sup>15</sup> and information letter<sup>16</sup> were drafted as part of the information gathering and solution development processes. These were individually piloted with two Māori practitioners representing a mainstream provider and a community organisation. The survey tool took the form of a self administered questionnaire. It was distributed with the information letter and brochure explaining Healthy Eating Healthy Action (HEHA), via a range of mechanisms, to potential participants. A poster<sup>17</sup> describing HEHA activities related to Māori in the Whanganui community was developed to help community groups understand the research and to inform them of other activities in the community.

Iwi health providers sub-contracted to collect the data in their rohe also used the same survey tool.

## **2.4 Participant Recruitment**

Potential participants for the needs assessment were initially identified through the Māori Stakeholder Reference Group from their knowledge of the communities they represent. Other participants were identified through the researcher's networks and personal knowledge of the Whanganui community. Members of the Māori Stakeholder Reference Group, who could represent several organisations of interest to the research, were interviewed first. Survey respondents were also asked to provide further contacts that could inform the research using a snowball sampling process. Iwi providers identified relevant people in their respective rohe. Practitioners and volunteers across a total of sixty-two community organisations and sixty four individuals contributed their perspectives on HEHA.

In the main, sole practitioners were contacted directly whilst larger providers, with a number of health promotion staff, were engaged via management in line with their usual procedures.

## **2.5 Data Collection**

Data was collected using four main methods; a self administered paper-based survey (posted or emailed), a focus group discussion, 'kanohi ki kanohi' and/or phone interviews and a report from each of the Iwi providers. Where we were unable to engage with potential participants the data collection was complemented by additional material such as e.g. internet and grey literature search, other needs assessments and public health data. The following matrix shows the methods of data collection and number of participants across each needs assessment setting.

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<sup>15</sup>The survey tool was based on that developed for use in the Lakes DHB needs assessment and included in their Oranga Tu Tonu Report. It was adapted by Whakuae Research Services to suit local priorities and is attached as Appendix 4

<sup>16</sup> Attached as Appendix 5

<sup>17</sup> Attached as a part of Appendix 6

Needs Assessment Area	Method of data collection	Number of participants
Providers <sup>18</sup>	Provider reports based on data collected using data tool. Kanohi ki Kanohi Interviews using survey tool. Self administered survey Phone Interviews Grey Literature & Document review	5 4 6 2
Community Groups	Kanohi ki Kanohi Interviews using survey tool. Self administered survey Phone Interviews Focus Group Grey Literature & Document review	1 5 0 1
Education	Kanohi ki Kanohi Interviews using survey tool. Self administered survey Phone Interviews Focus Group Other needs assessment, Public Health Data Grey Literature & Document review	2 3 1 1 1
Work Force Development	Provider Reports Kanohi ki Kanohi Interviews using survey tool. Self administered survey Phone Interview	5 1 1 1
Marae	Provider Reports Self administered survey Phone Interviews	5 6 3
Breastfeeding	Provider reports Self administered survey Phone Interviews Kanohi ki Kanohi Interviews	5 2 3 4
Community Members	Survey at events Kanohi ki kanohi	38 20

A focus group discussion was conducted in the suburb of Castlecliff as a matter of expediency. A Māori Stakeholder Reference Group member active in that community, and with wide networks, organised this. Fifteen organisations active in the community were invited to participate in the group discussion however, only four were able to take part on the day. The four individuals nevertheless provided rich data as they were each involved with a number of organisations, had a history of involvement in that community and a passion for their field of work. The survey tool was used as the basis of the focus group discussion and data collected has been presented in the form of a mind map<sup>19</sup> using key headings from the survey tool and a poster<sup>20</sup> describing those organisations and their activities.

<sup>18</sup> Iwi & Mainstream Health providers; Social Service Providers; Iwi and Mainstream Sports Trusts, Church Health Organisations, Māori Development Organisation and Rūnanga.

<sup>19</sup> Attached at the end of this section.

<sup>20</sup> Attached at the end of this section.

Data from individual community members and from iwi providers was collected during two community events. These events, Stone Soup and HEHA Big Day Out<sup>21</sup> were held in the Whanganui suburbs of Gonville and Aramoho respectively. Both these suburbs, along with Castlecliff the focus group site, have a high representation of Māori and an income median below the Whanganui district and national median<sup>22</sup>. Event participants were largely drawn from these event suburbs. The data collection was managed collaboratively between two stakeholders<sup>23</sup> and, together with individual data from iwi providers, analysed thematically.

Collecting marae-based data was initially impeded by contact detail limitations. Investigation revealed no current list of Whanganui marae contacts was held or maintained by key organisations approached including the Whanganui River Māori Trust Board and Te Puni Kokiri. The researcher therefore contacted those known to her personally and using a 'snowballing' method was able to access further information. Some marae also furnished information through the iwi provider reports.

All data collected was subjected to manual content analysis. Written and verbal assurances were given to participants that names and other personal identifiers would not be used in any reporting of a sensitive nature arising from the needs assessment research. The discussion which follows respects those assurances.

## **2.6 Ethics**

This study did not require external ethics approval as it met the requirements of an audit and is low risk according to Guidelines from the Observational Studies and Ethics Committee Review outlined by the Health and Disability Commissioner<sup>24</sup>.

## **2.7 Conflicts of Interest**

Whakauae Research Service's lead researcher for this project is also a member of the Māori Stakeholder Reference Group. For this reason WRS, which forwarded a funding application to complete the needs assessment isolated themselves from the applicant selection process. The lead researcher has whakapapa and community links to the Whanganui area and has developed collegial relationships with iwi, health and social services providers and funders. WRS has a good understanding of conflicts of interest and is professional about identifying these, declaring them immediately they arise and dealing with them according to best practice and policy.

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<sup>21</sup> Information attached as part of Appendix 6

<sup>22</sup> Statistics New Zealand 2001 Census data

<sup>23</sup> Community Development Coordinator, Castlecliff Community Trust and HEHA Māori Community Action Group member and Nutrition and Physical Activity Health Promoter, Public Health Centre, Whanganui.

<sup>24</sup> [www.hdc.org.nz](http://www.hdc.org.nz)

## **2.8 Limitations**

The limitations identified, which impacted on this needs assessment study and the breadth of data collected, included:

- subcontracted iwi health provider data collection was of variable quality and required follow up in some instances; and,
- gaps in data collected due to some participants being unable to be contacted and others declining to be interviewed.

## WHAT ALREADY EXISTS

- Te Heti Kohanga: policy development / programme/ equipment focus on tinana - tamariki expressing themselves
- Boxon and Kaumatua Flats come under the Marae
- Boxon: It's run voluntary and Oscar programme fund support it. Open now to schools/ alternative education establishments Y2Y, Ratana netball and League training, interest from Marist. Provide information (nutrition/PA). Worked with AWA FM's Heal programme (Looking now at beginners class)
- Kaumatua Flats - Community garden. Shared dinners (twice a year?) (no part emphasis on 'healthy' food)
- Children Day
- Sports Club / Surfing
- Skate Park
- Lots of sports clubs / facilities but many made up mostly of 'outsiders' / non-maori)
- Marie McFarland Kindy: Shared lunch once every term (catered by FAB Food people). Recipes provided for interested people. Raised garden (supplying kindy and whanau. Exercise at "Mat Time". Food policy (sandwich, fruit)
- Fabulous Food (Anna): 4 to 5 times each term and open to all. Focus: Seasonal food, childcare provided at Castlecliff School. Beach Babies Playground. Has LCD to a walking group include parents with prams. Taken people to market gardens to raise awareness. Celebrating Parents (PSD).
- Te Kahui Wai Ora (TOIHA) - Targets 8 to 12 year olds and maori whanau in Castlecliff / basketball as a vehicle for include whanau to be involved for a reason. Basketball club (two primary teams) entered in local competition. Running own tournament at Youth Week. Nutrition: water, recovery foods. Camps: cooking as part of programme. (Tuakana and teina process)

## GAPS

- No Supervision: @ Castlecliff Park: Skating ring @ park, etc
- Sports Club: Junior soccer, rugby, netball declining: parents support, money, time, uniform. No access to organisations eg, birthright
- Communication
- Basketball: Lack of coaches
- No co-ordination of people in community eg, Family Start
- Sport Whanganui - What do they do?
- Whanganui Life Guard: Contracted life saving and not from Castlecliff anymore

## BARRIERS

- Poor communication among some providers offering service offering services to Castlecliff community (Lack of collaboration)
- Clubs that are in Castlecliff but don't engage community members.
- Transferring HEHA culture from Kura / Schools to homes is problematic (Getting well established)
- School Management / BOT can be an issue 'non-engaging'
- Not having the 'right' person to relay 'right' information and 'right' time
- Beach 'run down' not being used as much as in the 'boom' years
- Council: difficulty engaging with them and lack of funding resourcing support.
- Council: Lack of understanding of community development and ways of working
- Lack of facilities. No more pool / no surf life saving club, indoor basketball
- Time (lack of): Getting people included community workers together at the right time
- Gaps in community memory
- Lack of safety - real or perceived
- PHO: does it act on consultation findings or 'Top down'

## IDEAS

- Building marae as a community marae for people who from other iwi eg, Ngati Porou as well as all others / Rangatahi friendly.
- Skate park: Could be better used if supervised. It's a great site for community development worker
- More support for our clubs
- Castlecliff Hall: Under the umbrella of the Marae. Funding for kitchen improvement. Introduce people Box on then cooking in kitchen?
- Building collaboration among providers etc
- Sports co-ordinator
- More food to bring people together and building relationships.
- Opportunities to 'talk to each other' in organised forums (small cluster groups to share and develop initiatives etc) ie, (refer on barriers - we could share information on 'right' contacts etc.
- Communal Kitchen? / Dinner Roster? (Helping each other)

## REMEDIES

- Engage community members eg, Castlecliff park - Skating Ring
- Sports Co-ordinator for schools







# CASTLECLIFF COMMUNITY

## Intentional & Unintentional HEHA Activities

### Taurahere Marae



A community garden provides fresh veges to cook healthy additions for children's lunches.



### Te Heti Te Kohanga Reo



### BOXON Sports Academy

The purpose is to help children to be positive about themselves and within the community and have somewhere where they can feel free to come down to exert any extra energy. Ratana Premier Netball Team training.

### Castlecliff Community Charitable Trust

Promoting Community Development in the suburb of Castlecliff



### Marie McFarland Kindergarten



A joint effort between parents and staff who developed a raised garden with the focus on vegetables and herbs.

### Beach Babies Playgroup



An example of communities working together, the playgroup is now situated in rooms provided by Castlecliff School.

### Celebrating Parents



Offer family/whanau the opportunity to take part in cooking and gardening projects in our community

### Fabulous Food Fiesta



Demonstrates to families how to make quick, easy and healthy food with seasonal food (from kindy gardens) to keep the cost down of a family budget.

### Te Kahui Whai Ora



Targeted programme to teach children about healthy eating, nutrition and the importance of being physically active.

### Y2Y (Yes to Youth)



Interactive CHOICE 1 programme for youth and rangatahi. Uses physical activity and healthy options activities such as shopping on a budget.



## **3.0 Stakeholders and Programmes**

### **3.1 Stakeholders**

The profile of HEHA area is gaining ground in the Whanganui rohe. This is due to several factors such as:

- commitment and willingness by the WDHB HEHA manager to work across sectors and with a wide range of stakeholders;
- commitment and support from the Māori Stakeholder Reference Group to participate in HEHA planning, development and implementation; and,
- provision of HEHA related activities and services by stakeholders with and without the help of HEHA funding.

As a result of this study, stakeholders who have an influence on Māori nutrition and physical activity have been compiled in a database and attached as Appendix 6. These stakeholders were identified by the researcher, the Māori Stakeholder Reference Group and via snowballing. Participants from a diverse range of organisations that provide a range of services to Māori whānau, under the auspices of HEHA, were interviewed. The services covered whānau, mental and iwi wellbeing and covered all age bands.

### **3.2 Programmes and Activities**

The research has shown there are a variety of programmes that contribute to Healthy Eating Healthy Action and delivered across a number of organisations. Programme funding sources are varied but largely derived from central government. Examples of the funding agencies and associated programmes across age bands are included in a matrix at the end of this section.



## Funding Matrix





## 4.0 Results

### 4.1 Service Providers

Data was collected from sixteen organisations within the WDHB region. These providers represented a mix of rural and urban, most were funded by central government whilst others relied on grants or were self funded.

Analysis of the data revealed there were more programmes or activities around physical activity compared to nutrition. This could be explained by the large number of sport and recreation groups active in Whanganui. Generally, community organisations charged a fee for activity participation whilst publicly funded initiatives were free to participants if they were enrolled in the programmes.

In the main, healthy eating healthy action related activities have been independently developed by providers and are included as a component of other contracts/programmes such as Whānau Ora, CHOICE 1 and Stone Soup.

#### Challenges/Gaps/ Barriers

Analysis of the data revealed a number of challenges around provision of programmes for Māori. In general, these fall into the following areas:

- some providers believed that the HEHA funding should be devolved to them to run relevant programmes to their respective whānau. It was their belief that they know what their population requires at a local level and funders do not necessarily recognise the whānau, hapū, iwi concept of wellness. One problem was that HEHA is currently being delivered as a component of other MoH funded contracts such as Whānau Ora. This was “doomed to fail” because such contracts were unable to provide the level of service delivery to run programmes able to adequately accommodate the high needs communities they target. As a result, providers have had to seek other funding or participate in joint ventures with others. On top of this, the funding application process was often lengthy and complicated taking providers away from core work;
- funders do not recognise mainstream organisations frequent inability to work effectively with iwi providers;
- participants advised there had been an intergenerational loss of knowledge. Re-educating whānau, hapū & iwi around embracing healthy lifestyles was difficult. Many also believed that healthy eating was expensive :

*...(there are) misperceptions that improving nutrition could be costly i.e. costs of organically grown food. [rural health provider: social worker]*

*...getting whānau out of an old mindset and into a mind of healthy eating, lifestyle changes and growing their own kai in itself is a huge challenge [rural health provider]*

A participant who works with tangata whaiora, many of whom have problems with obesity, diabetes and smoking says to combat this, their programmes have been using the 'no dig gardening',<sup>25</sup> concept and one on one gym work outs. He suggested that the:

*...biggest issue for Māori is lack of putea. Physical activity is not a priority when they have other social issues...same with healthy kai, they would rather buy \$1 fish 'n' chips than buy fruit because it feeds more. Fruit is expensive. [Community mental health worker]*

Consistent with the above, there are marked ethnic inequalities in New Zealand, with the highest rates of obesity experienced by among Pacific peoples and Māori<sup>26</sup>. Māori men and women were 1.7 times more likely to be obese than men and women in the total population. Obesity is also related to socioeconomic disadvantage.

A youth worker commented that, among his agency's clients, many do not know how to shop for healthy food or cook using healthy options. Consequently both this youth worker's agency, and that of the community health worker cited above, has included healthy food shopping and preparation as components of their lifeskills course. This was being complemented by input from other organisations such as TOIHA-PHO<sup>27</sup> who have expertise in that field.

- rural participants felt they were disadvantaged in many ways such as by:
  - not having enough trained, permanent practitioners;
  - lack of venues & resources;
  - weather constraints;
  - poor communication systems;
  - Imposition of urban ideas in rural settings; and,
  - reduction of mainstream, urban based, outreach services to rural communities. An example offered of this was the SPARC Kaiwhakahaere position which has been vacant for an extended period.

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<sup>25</sup> No dig gardening or a raised garden bed, consists of layering organic materials on top of the soil to create a nutrient rich environment for your plants. The principle of the no-dig garden is that the high concentration of compost and mulching materials gives high nutrient levels, few weed seeds and, because it is raised above ground level, the normal headaches of drainage on heavy soils or rapid drying out of light soils are overcome. <http://www.bestgardening.com>.

<sup>26</sup> <http://www.heha.org.nz/>

<sup>27</sup> For instance Te Pataka a Nutrition and Physical Activity contract.

- recent government changes have led to uncertainty around future HEHA priorities. During the term of this study, for example, some changes have emerged that will impact on how HEHA is being delivered in schools and at a community level.

One participant said that the political climate has affected them through contractual funding cuts. Another advised that they have had to tailor funding applications to fit whatever is the funder's "*flavour of the day*".

A variety of gaps and barriers were identified as a result of the study regarding provision of programmes for Māori. Some of these gaps were related to age bands and specifically to nutrition; three participants felt that elderly Māori men living alone had poor nutrition because they made do with a cup of tea and biscuits instead of cooking whilst a youth worker believed many young people live from payday to payday, cannot afford nutritious food and are not able to cook. Other gaps related to communities such as:

- communities with no support. A study participant noted geographical gaps in provision, for example commenting that there was a need to :

*'Take resourcing /events with HEHA kaupapa to areas like Whanganui East where there is currently no health service...'*;

- loss of community memory so resources were tied up 'reinventing the wheel';
- poor collaboration and coordination among providers servicing the community; and,
- communities that do not include or engage community members resulting in social disconnection.

## Solutions

Solutions proposed to some of the challenges identified by study participants varied. Examples included:

- HEHA funding should be devolved to iwi providers as part of existing contracts or iwi provider HEHA coordinators be appointed;
- continued funding for proven programmes e.g. plant distributions and Green Prescription Active Families;
- joint ventures be investigated as prospective avenues for programme delivery when funding and resources were inadequate;
- communities having a greater say in what programmes and content are delivered for them; and,
- flexible funding criteria to allow providers to deliver relevant services.

## Priority Goals

Priority goals were also wide and varied depending on the perspective of organisations consulted and influenced by such factors as their locality, size and focus. The following list illustrates the breadth of these priorities:

- provide increased resources and coordination of programmes e.g. youth programmes , cheap physical activity choices such as access to a gym;
- run cost effective programmes that reach community people;
- promotion and support of sustainable programmes such as permaculture; and,
- planning, monitoring & evaluation of HEHA programmes.

Many of the stakeholders believed there was opportunity for te ao Māori to support healthy eating healthy action through delivery of activities, using traditional bodies of knowledge such as kaumatua and tikanga. Other potential opportunities were to utilise traditional methods of hunting, fishing and gardening for both nutrition and physical activity purposes.

Several participants noted that there were opportunities to resurrect a number of Māori sport and recreation activities such as waka ama and pa wars<sup>28</sup>. At the time of this study ki-o-rahi<sup>29</sup> training was provided via the HEHA mechanism and accessed by many of the community organisations which participated in this needs assessment study. The training has been a catalyst for further development and ongoing maintenance of knowledge and skills in Whanganui.

### Summary

Service providers deliver a number of healthy eating healthy action related initiatives locally. Themes relating to these are:

- activities are generally independently developed by providers and are included as a component of other contracts/programmes;
- there are challenges around funding, whānau education, rurality and the political climate;
- gaps and barriers indicate communities require HEHA programmes tailored for individual needs;

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<sup>28</sup> Inter marae event where whānau compete in a number of sports and activities for their marae. The event is a time to celebrate family values and kinship in a fun atmosphere of friendly competition and healthy lifestyle.

<sup>29</sup> Traditional ball game.

- solutions and priority goals need to focus on funding and resources and improved coordination of programmes through planning, monitoring and evaluation; and,
- there are opportunities to support HEHA by developing activities using traditional Māori concepts.

## 4.2 Community Organisations

Data was collected from ten community organisations within the WDHB region that had a high percentage of Māori participating in physical activity. It appears that the success of such organisations in attracting and retaining Māori participation is driven by two main factors; key individuals who have an enthusiasm for their chosen activity and providing opportunities that Maori are drawn to such as team sports. Other success factors occur in settings such as iwi tournaments where opportunities exist for whānau to connect to their whakapapa in an active and competitive setting.

Many of these activities<sup>30</sup> are determined by the constitution of the participant group. Examples include:

- annual tournaments (Māori Tournament - netball);
- modules e.g. touch;
- participation in local, regional & national competitions;
- running classes/activities open to the public; and,
- public demonstrations.

### Challenges/Gaps/Barriers:

Barriers for community groups are generally associated with what is needed to maintain them; an affiliated membership and funding. Barriers include:

- low numbers can mean the group or activities cannot continue;
- lack of funding as most of these groups are dependent on payment of fees by participants. Some groups apply for funding such as pub charities or have to fundraise;
- lack of facilities or cost of facilities that have to be reflected in fees, therefore excluding some participants;
- lack of collaboration between community groups;
- groups that do not engage with the community in which they are based;
- cost of resources needed to participate in activities; uniforms, fees, travel etc.

### Training:

Training for most of these groups is sourced from larger centres relevant to each sport or activity. Generally this is funded by the organisation through fundraising or paid for by individual members.

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<sup>30</sup> Inserted at the end of this section.

**Summary:**

**Generally success of community organisations in attracting and retaining Māori participation in HEHA related activities is driven by two main factors:**

- **key individuals who have an enthusiasm for their chosen activity; and,**
- **providing opportunities that Māori are drawn to.**

**Community HEHA related activities are generally fee paying thus creating a barrier for low socio-economic populations.**

## HEHA Related Activities/Programmes Across Age Bands

0-5 Years	5-10 Years	10-15 Years	15-25 Years	25-40 Years	40-60 Years	60+ Years
<ul style="list-style-type: none"> <li>• Whanau Ora programmes</li> <li>• Tamariki Ora</li> <li>• Family Start</li> <li>• Kapa Haka (fees)</li> <li>• NHF - Healthy Heart Award</li> <li>• SPARC-Active Movement, GRX Active families</li> <li>• Public Health(PHU) - Nutrition &amp; Physical Activity</li> <li>• Equippers Health</li> <li>• YMCA- OSCAR, Holiday programmes</li> <li>• GABTR - plant distribution</li> <li>• Sports Clubs (fees) - Ratana, Iti Pukekoz, Te Kahui B'ball</li> <li>• Awa Sport - Iwi basketball</li> <li>• Celebrating Parents - Fab Food Fiesta, gardening</li> <li>• Te Ora Hou - OSCAR, Youth Groups, Stone Soup</li> </ul>	<ul style="list-style-type: none"> <li>• Whanau Ora programmes</li> <li>• Kapa Haka (fees)</li> <li>• NHF- School Food programme</li> <li>• Sport (fees) Whanganui Touch, Awa Touch (fees), Maori Netball &amp; Rugby</li> <li>• SPARC- Active Schools, GRX Activefamilies</li> <li>• PHU- Fruit in Schools, Health Promoting Schools, Nutrition &amp; Physical Activity</li> <li>• Dance - Salsa &amp; RnR (fees)</li> <li>• Equippers Health</li> <li>• YMCA- OSCAR, Holiday programmes, Y we Dance, Fit Kids, Free Your Style</li> <li>• GABTR - plant distribution</li> <li>• Sports Clubs (fees) - Ratana, Iti Pukekoz, Te Kahui B'ball</li> <li>• Awa Sport - Iwi basketball, Tira Hoe Waka</li> <li>• Celebrating Parents - Fab Food Fiesta, gardening</li> <li>• Te Awa Kiore Adventure Lifeskills</li> <li>• Te Ora Hou - OSCAR, Youth Groups, Stone Soup</li> </ul>	<ul style="list-style-type: none"> <li>• Whanau Ora programmes</li> <li>• TOIHA-PHO -Te Kahui Whai Ora</li> <li>• Kapa Haka (fees)</li> <li>• NHF- School Food programme</li> <li>• Sport (fees) Whanganui Touch, Awa Touch (fees), Maori Netball &amp; Rugby</li> <li>• SPARC- Active Schools, GRX Activefamilies</li> <li>• PHU- Fruit in Schools, Health Promoting Schools, Nutrition &amp; Physical Activity</li> <li>• Dance - Salsa &amp; RnR (fees), Equipper Break Thru dance group</li> <li>• Equippers Health</li> <li>• YMCA- OSCAR, Holiday programmes, Y we Dance, Fit Kids, Free Your Style</li> <li>• GABTR - plant distribution</li> <li>• BOXON (fees)</li> <li>• Sports Clubs (fees) - Ratana, Iti Pukekoz, Te Kahui B'ball</li> <li>• Awa Sport - Iwi basketball, Tira Hoe Waka</li> <li>• Celebrating Parents - Fab Food Fiesta, gardening</li> <li>• Te Awa Kiore Adventure Lifeskills</li> </ul>	<ul style="list-style-type: none"> <li>• Whanau Ora programmes</li> <li>• Kapa Haka (fees)</li> <li>• NHF- School Food programme</li> <li>• Sport (fees) Whanganui Touch, Awa Touch (fees), Maori Netball &amp; Rugby</li> <li>• SPARC- Active Schools, GRX Activefamilies</li> <li>• PHU- Fruit in Schools, Health Promoting Schools, Nutrition &amp; Physical Activity</li> <li>• Dance - Salsa &amp; RnR(fees), Equipper Break Thru dance group</li> <li>• Equippers Health</li> <li>• CHOICE 1 (Y2Y)</li> <li>• YMCA- OSCAR, Holiday programmes, Y we Dance, Fit Kids, Free Your Style</li> <li>• GABTR - plant distribution</li> <li>• BOXON (fees)</li> <li>• Sports Clubs (fees) - Ratana, Iti Pukekoz, Te Kahui B'ball</li> <li>• Awa Sport - Iwi basketball, Tira Hoe Waka</li> <li>• Celebrating Parents - Fab Food Fiesta, gardening</li> <li>• Te Awa Kiore Adventure Lifeskills</li> <li>• Wai Ora courses - Food Forest</li> </ul>	<ul style="list-style-type: none"> <li>• Whanau Ora programmes</li> <li>• TOIHA-PHO- Te Pataka</li> <li>• Kapa Haka (fees)</li> <li>• Sport (fees) Whanganui Touch, Awa Touch (fees), Maori Netball &amp; Rugby</li> <li>• Dance - Salsa &amp; RnR (fees)</li> <li>• SPARC - GRX ActiveFamilies</li> <li>• Equippers Health</li> <li>• GABTR - plant distribution</li> <li>• BOXON (fees)</li> <li>• Sports Clubs (fees) - Ratana, Iti Pukekoz, Te Kahui B'ball</li> <li>• Awa Sport - Iwi basketball, Tira Hoe Waka</li> <li>• Wai Ora courses</li> <li>• Celebrating Parents - Fab Food Fiesta, gardening</li> </ul>	<ul style="list-style-type: none"> <li>• Whanau Ora programmes</li> <li>• TOIHA-PHO- Te Pataka</li> <li>• Kapa Haka (fees)</li> <li>• Sport (fees) Whanganui Touch, Awa Touch (fees), Maori Netball &amp; Rugby</li> <li>• Dance - Salsa &amp; RnR (fees)</li> <li>• SPARC - GRX ActiveFamilies</li> <li>• Equippers Health</li> <li>• GABTR - plant distribution</li> <li>• BOXON (fees)</li> <li>• Sports Clubs (fees) - Ratana, Iti Pukekoz, Te Kahui B'ball</li> <li>• Awa Sport - Iwi basketball, Tira Hoe Waka</li> <li>• Celebrating Parents - Fab Food Fiesta, gardening</li> </ul>	<ul style="list-style-type: none"> <li>• Whanau Ora programmes eg Kaumatua Ora, sit B fit, Slip n slide</li> <li>• Kapa Haka (fees)</li> <li>• Dance - Salsa , RnR (fees)</li> <li>• Equippers Health</li> <li>• GABTR - plant distribution</li> <li>• Ratana Sports Clubs - Roopu Rawakore</li> <li>• Awa Sport - Iwi basketball, Tira Hoe Waka</li> </ul>



### 4.3 Workforce Development

The workforce delivering HEHA related activities and programmes in Whanganui ranges from public sector employees to unpaid volunteers. Data was collected from across this workforce including from iwi providers and people known to the researcher working in nutrition and physical activity fields<sup>31</sup>. The broad range of stakeholders interviewed provide services under contracts such as; Family Start, Whānau Ora ,Tamariki Ora/Well Child, Fruit in Schools, Nutrition and Physical Activity, Te Kahui Whaiora and Te Pataka.

#### Challenges/Gaps/Barriers:

The HEHA related workforce identified a number challenges, gaps and barriers regarding service delivery and HEHA activities generally for Maori communities. These are discussed below under each element of HEHA.

#### Nutrition

Several participants talked about attitudes towards health eating and healthy action being a challenge, including:

*Māori not believing that nutrition is that big of an issue* [Māori health promoter]

*Not knowing what needs knowing* [Fruit in Schools coordinator].

Several participants commented on the lack of food security for Maori, such as the rising cost of food and how it affects healthy eating options:

*They eat what is affordable* [health promoter]

*Access to lower priced food (fruit and vegetables) particularly would assist the average income earner/whānau to encourage healthy eating* [administrator iwi provider].

#### Physical Activity

The study showed that there are a number of HEHA related activities provided by the provider workforce in a variety of settings. However, rural isolation has a huge impact on access to these. Rural participants, in particular, talked about lack of access to facilities such as gyms and the high cost of membership fees preventing participation in some activities. They also felt isolated from events that urban centres have access to and would like to see some of these run in their areas.

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<sup>31</sup> Public Health Centre (WDHB) Health Promoters.

## Solutions

Many of the stakeholders had great ideas for engaging whānau, organising events and providing service delivery however, felt stymied by funding restrictions. They believed more funding should be available at a provider level.

### Workforce capacity and capability

Generally, for those employed in the nutrition and physical activity workforce there are opportunities regionally and nationally. These are paid for by their respective employers. The community sport and recreation workforce is generally voluntary. This can be problematic in rural communities that rely on volunteers who frequently are transient and do not necessarily have the relevant skills. Up skilling the workforce can be expensive particularly in rural areas due to the distance from training sites and associated costs.

### Effective Communication to Māori

Stakeholders believed there are a number of ways to effectively communicate with Māori although this is largely dependent on the organisation; its size, location and focus. One participant believed more needs to be more done at an iwi level. Rūnanga need to include HEHA in their health strategies and it should be promoted on the marae. Another participant advocated introducing HEHA at kohanga and kura. There was also opportunity for those with influence, such as iwi leaders and sporting celebrities, to communicate the HEHA message. Medical practices should also be encouraged to be more proactive in providing information to their clients. All stakeholders promoted participation through consultation so Māori are involved at all levels i.e. planning, development and implementation of HEHA.

### Community Endorsement of Whanganui HEHA Plan:

Stakeholders believed the key to community endorsement is consultation and delivery of culturally appropriate services.

*Consultation, seeing what the barriers are, understanding why nutrition is poor, understanding why there is a lack of physical activity. [Māori health promoter]*

#### Summary:

- The workforce delivering HEHA related activities and programmes range from public sector employees to unpaid volunteers. Key themes that emerged are:
- challenges around lack of knowledge and food security; and,

- effective communication and endorsement of the Whanganui HEHA Plan is dependant on Māori consultation and delivery of culturally appropriate services.

## 4.4 Education

Data was collected from thirteen organisations providing educational services to Māori from birth to twenty five. They range from kohanga reo and ECE to kura/schools and alternative education providers.

Data collection was hampered by several factors. Critical among these was the restructure of the regional Aotea Te Kohanga Reo National Trust<sup>32</sup> incorporating Whanganui Kohanga Reo, which was taking place during the needs assessment study timeframe. Whilst the Trust had expressed an interest in participating in this study, they have not been able to as a result of juggling competing demands on their resources. Consequently information regarding kohanga HEHA activities has been sourced through individuals such as the HEHA coordinator, Active Movement Coordinator and Nutrition and Physical Activity Health promoter who have recently been working with the Trust, purapura<sup>33</sup> and individual kōhanga.

Schools also have many demands on their resources. It is not surprising therefore that only two responded to the email survey distributed as part of the needs assessment process; a kura and a mainstream school. Information regarding kura/school HEHA activities was therefore also sourced from organisations such as SPARC and the Public Health Centre which provide services in those settings.

### Te Kohanga Reo

Kōhanga Reo is a total immersion Te Reo Māori whānau (family) programme for mokopuna (young children) from birth to six years of age to be raised within its whānau Māori, where the language of communication is Māori. 'kohanga reo' is literally translated as language nest. The objectives of the Kohanga Reo movement are to preserve Te Reo Māori through total immersion in the language and culture.

Kohanga Reo are established in every district as places of teach Te Reo me ōna tikanga Māori and whānaungatanga. The operation and administration of individual kōhanga reo are the responsibility of kōhanga whānau, in accordance with Te Kōhanga Reo National Trust kaupapa (policies) under the stewardship of the Te Kōhanga Reo National Trust Board. There are 4 criteria<sup>i</sup> relating to nutrition within te kohanga reo guidelines. These cover healthy eating, preparation and storage of kai and supervision while eating.

In the rohe<sup>34</sup> of Whanganui there are twenty-eight kohanga reo. The development of nutrition and physical activity related policy within each individual kohanga reo is determined by whānau who administer and support that kohanga (Erickson,

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<sup>32</sup> The operation and decision making of each Kōhanga Reo is the responsibility of the whole whānau within the guidelines set down by Te Kōhanga Reo National Trust Board.

<sup>33</sup> Collectives of Kōhanga

<sup>34</sup> Includes Taumarunui which is outside of the WDHB region.

2007). Kohanga are encouraged to have nutrition policies and whilst some adhere strictly to these policies others do not, as the following comments suggest:

*I have been at a kohanga with a beautiful nutrition policy and the kaiawhina are putting out chippies and biscuits [health promoter]*

*We provide a list to parents of the preferred kai thay should send to kohanga for their tamariki and also include a list of banned kai/inu.[kohanga chairperson]*

Some kohanga access physical activity programmes and resources available for their tamariki. These include swimming at the Splash Centre, Boys and Girls Gym Club and Boogie Buddies<sup>35</sup>.

HEHA related initiatives that have been available to kohanga reo through a variety of settings, organisations, initiatives and funding opportunities including:

- WDHB - Nutrition Fund<sup>ii</sup>;
- Public Health Centre, WDHB- Nutrition and Physical Activity Health Promoter and Public Health Nurses;
- SPARC - Active Movement Programme; and,
- the National Heart Foundation - Healthy Heart Award Programme.

## ECE

Information from a kindergarten, a playgroup and a parent group was primarily sourced through the focus group discussion. The kindergarten is situated in the suburb of Castlecliff, where 48% of the roll are Māori, reflecting the ethnic demographic composition of the suburb. The kindergarten is extremely proactive with regard to HEHA. This is demonstrated in their philosophy and by their curriculum. They have active networks with other organisations and agencies and have accessed funding streams such as the nutrition fund to build on current HEHA activities.

The suburb has benefitted from having a Ministry of Education funded Centre Based Parent, Support and Development position based there. In addition to strengthening kindergarten-based initiatives, the incumbent has been instrumental in developing two other related initiatives; a playgroup and parent group. Both groups cultivate activities that incorporate HEHA. The Fabulous Food Fiesta initiative, (which is part of Celebrating Parents parent group), teaches participants to make healthy meals and snacks as a whānau and encourages positive nutritional change. Other Celebrating Parents initiatives include gardening activities and a walking group.

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<sup>35</sup> YMCA movement classes for 2-4 year olds

## Kura Kaupapa and Schools

In June 2008, the newly amended National Administrative Guidelines required all state and state integrated schools to promote and, where foods and beverages are sold on school premises, to make only healthy options available. However, more recent political change heralded by a change of government in late 2008 will affect HEHA across the board particularly in schools. With the focus now on physical activity, a number of initiatives have been disestablished including:

- the HEHA coordinator position and Nutrition Fund;
- the National Administrative Guidelines clause has also been removed; and,
- the Mission On, Fruit in Schools and Green Prescription Active Families initiatives are to be reviewed.

Despite these changes, local schools have indicated that they will continue with the inroads that have already been made, making healthy options available.

In the Whanganui rohe there are five Kura Kaupapa Māori schools<sup>36</sup>, three kura (non-integrated) and seventy eight schools<sup>37</sup>. Schools in areas where there is a high population of Māori were approached to take part in the needs assessment survey. Data was also accessed through ERO reports which are available online. Three<sup>38</sup> kura and one mainstream school participated in the study as indicated above. Data collected indicates that there are a number of HEHA related funds and services that educational institutions have accessed to date. They include:

- Fruit in Schools (FIS)<sup>iii</sup> - an initiative to encourage children to eat more fruit and adopt healthier lifestyles;
- Health Promoting Schools (<http://www.hps.org.nz/>)<sup>iv</sup> - HPS focuses on schools as an integral part of the wider community and offers practical ways for children and young people, teachers, managers, parents and community members to contribute to schools and the wider community to become healthier setting;
- Nutrition Fund - this supports the Ministry of Education's Food and Nutrition Guidelines for schools and early childhood education services;
- Feeding Our Futures<sup>v</sup> - Feeding our Futures has supported about 30 healthy eating community projects through small funding grants. Projects include community gardens, cooking demonstrations and healthy eating messaging on iwi radio; and,
- initiatives offered through the National Heart Foundation and SPARC.

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<sup>36</sup> Kura Kaupapa Māori are Māori-language immersion schools (kura) where the philosophy and practice reflect Māori cultural values with the aim of revitalising Māori language, knowledge and culture

<sup>37</sup> Sourced from MoE website

<sup>38</sup> Data received as part of an iwi report

Examples of other activities that support HEHA are:

- school breakfasts through partnerships with other organisations; and,
- school gardens or maara.

Other evidence that demonstrates consistency with HEHA principles in schools is revealed through ERO reports, as the following example attests:

*Students are provided with a range of opportunities to maintain and improve their health and wellbeing. They participate in programmes where they learn about healthy eating and nutrition, undertake physical activity, fitness and sport. Involvement in environmental care programmes encourages students to learn to look after their surroundings. Cultural activities including kapa haka and playing in the Ratana band are integral to their cultural wellbeing [ERO report 05.11.08]*

Data from that same school indicated that it had so far been the hub of HEHA activities in its community. The community is however, keen to expand this into the rest of the township.

#### **Other Organisations: Alternate Education, Private Training Organisations and Youth Groups.**

Organisations canvassed to participate in the study included Private Training Organisations (PTOs) which provide tertiary training and education services alternative education programmes that cater for the needs of students aged 13 to 15 years who may be alienated from 'mainstream' schooling. Youth groups which provide support, mentoring and other services to youth were also consulted.

All the organisations canvassed had some knowledge of HEHA. Several had accessed funding via the different HEHA related funding streams and reported making intentional change to their practices. For example:

*Less hot chips and bread (youth group) ...more fruit to snack on (about their camps) [youth group programme director]*

Another organisation had embraced the philosophy wholeheartedly and included HEHA activities within their programme development. Students enrolled across all programmes participate in gardening activities. This organisation had also recently started a canteen with healthy options food available. Yet another organisation has included physical activity in their programme development and teaches young people how to shop and cook healthily on a budget.

## Challenges/Gaps/Barriers:

All the education sector respondents advised there were a number of challenges that made it difficult to influence change around HEHA with regard to Māori participation. Challenges included:

- Whānau - initially engaging whānau and then keeping them involved. Adults are often busy and unable to participate in activities. Many of the organisations were still wondering how to influence change in a family;
  - programmes within the educational sector that supported nutrition: it was felt that these could not influence what occurred within the home. A participant wondered if some programmes such as 'Fruit in Schools' actually created dependency; and
  - many young people were not taking part in extracurricular sport activities for reasons such as exclusion from school, lack of transport and lack of money to pay fees clothing and equipment.
- Community - sometimes the communities in which stakeholders are located are not open to supporting school activities. It was suggested that this can occur when children are bussed in from other suburbs engendering little sense of ownership or connectedness. As one participant commented :

*Maintaining a community garden at our kura is nigh impossible as residents are not interested in success [kura principal].*

Two participants noted that organisations working in their communities tended to work in isolation when a coordinated response was the ideal.

- Funding- funding issues affect schools and their communities negatively.

*...just being a school excludes us from public funding, the red tape and administration is time consuming...having to take other organisations kaupapa on board. [kura principal]*

*[on possible solutions] ...the government must stop sprinkling little bits of funding down to communities and expect miracles. We do our best here, if everybody did their bit it might help. Genuine help for whānau hauora. [kura principal]*

*It's sad that organisations are only interested in us if we are part of a programme that Ministry Departments have funded. If groups didn't get any funding would they still care? [kura principal]*



## Priority Goals

In the main, education stakeholders expressed a need to set priority goals around whānau/family; encouraging and providing opportunities for participation and education.

*Educating students/community about healthy options for improving lifestyle*  
[school principal]

*Stabilise the mental health of tamariki and whānau so they can learn to take good care of themselves through education* [kura principal]

One participant talked about priority goals in a community setting commenting that there was a need for:

*A community cooperative each learning from one another* [kindergarten head teacher]

## Success

Stakeholders believed there were a number of successful initiatives already happening in school communities such as Fair Play days and the National Heart Foundation awards. Community events such as Stone Soup and HEHA Big Day Out had also raised the profile of HEHA. Several stakeholders were using gardening as a means of engaging whānau/individuals in healthy eating healthy action. Participation in activities such as planting and composting through to preparation and cooking of their harvested vegetables had been successful.

However, at least one cited successful initiative the Fabulous Food Fiesta, driven by the Parent Support and Development (PSD) coordinator in the suburb of Castlecliff, is now in jeopardy as PSD funding is being discontinued. The following comment indicates the difference this initiative is perceived to have made in the community.

*We are grateful for the opportunity to create a vibrant bountiful garden for all our families to partake in. We are delighted with the response from children and whānau and the interest and success in their gardening endeavours - pumpkin tastes so much better when you have grown it yourself* [head kindergarten teacher].

### Summary:

**A continuum of stakeholders providing education services for tamariki and rangatahi from birth to twenty five years were canvassed. Feedback highlighted that:**

- there are a wide range of HEHA related activities and funding opportunities available to the education sector through various mechanisms and sectors;
- challenges arise from non-engagement of whānau, little sense of ownership or connectedness with communities, non-eligibility for funding and the rapidly changing political climate;
- school gardens offer opportunities for engaging school communities and their whānau; and,
- priority goals need to be set around whānau/family; encouraging and providing opportunities for participation and education.

#### 4.5 Marae

Marae are considered by Māori as tūrangawaewae - standing places, places of belonging. Marae are the basis of traditional Māori life and the symbols of tribal identity. They are meeting places where people can gather informally and formally, discuss and debate issues.

Policy is not new to Māori. Policies exist on many Whanganui marae for guidance on matters such as:

- consumption of alcohol;
- use of tobacco; and,
- marae hireage.

In scoping the research, we tailored the survey to specifically ascertain if marae had developed policy around healthy eating healthy action as well as requesting information around HEHA related matters.

Data was collected from twenty four Marae within the WDHB region; fifteen responded individually while data from a further nine was included in sub-contracted iwi provider reports. The marae reflect a mixture of urban and rural marae, some do not have members living on them while others have whānau living in buildings such as kaumatua flats.

#### Nutrition

Most marae did not have formal policies in place however, eleven marae reported relatively recent changes in the way in which they approach nutrition. All marae reported that finding money for activities was difficult and, unless events were funded or the marae was hired out, generally family members paid out of their own pocket. Two participants advised:

*When we are hosting events such as hui, school visits and tangi we ensure there is always a healthy variety (food) available, but it will always depend on budgetary constraints [Marae Trustee]*

One respondent related how at a tangi they had been unable to afford cordial and used cut up lemons in water instead. They have since continued with this practice:

*I believe the food we prepare on the marae is changing for the better although it does depend on putea available as this dictates to a great degree what can be offered in the way of food choices [Marae representative]*

*Money is a challenge and we mostly rely on the goodwill of whānau [Marae secretary]*

One participant noted with regret that in her rural community ‘some have gardens but most say it’s easier to go to Pak ‘n’ Save’ [Marae kuia]

Participants noted that over time changes on marae had been made as people became more aware of healthy eating choices:

*Boil ups off the menu!* [marae secretary]

*With boiled kai, the excess fat is skimmed off* [Marae secretary/treasurer]

*While there is kapa haka, hui, wananga based at the marae or done through marae, hau kainga and manuhiri are encouraged to drink water through the availability of pump bottles and access to water fruit and vegetables are available to eat. These initiatives are intentional as organisers try to get healthy kai for all.* [Marae trustee]

One marae reported that health of kaumatua had influenced the food choices they served:

*We acknowledge that a number of our kaumatua have health issues such as diabetes* [Marae secretary]

Some marae reported that it was difficult to influence the food served when the marae is hired by many different groups for a variety functions.

*We don't have the ability at this stage to influence the food that is served on the marae because the marae is used for so many functions e.g. weddings, 21<sup>st</sup> and outside hui* [Marae Chairperson]

There have been opportunities to improve nutrition on the marae such as those facilitated by the Whanganui Regional PHO's 'Grab a Bite That's Right' project which included distributing apple trees and tomato seedlings to marae. There was mixed success with this however, as some of the marae are not inhabited. One marae reported their plants had died over a hot dry summer whilst others were grown by marae members to be utilised on the marae. Other marae reported using mainstream opportunities to benefit marae wellbeing:

*(The) marae caterer has attended a course with Te Hotu Manawa Māori to gain certificates in healthy cooking* [Marae Kaumatua]

*(We) Recently received DHB funding for water purification* [Marae secretary]

Much of the positive change has resulted from leadership by individuals and whānau within each marae.

## **Physical Activity**

Fifteen marae advised they had physical activity related events etc on their respective marae. However, many of these took place as a result of marae hireage to other groups. There were opportunities for whānau to participate at a marae

level such as iwi sports tournaments. Some marae had sports clubs associated with them. Generally these marae have whānau living on, or close to, the marae.

There are other iwi inclusive events that incorporate HEHA related activities; one of these events is the Tira Hoe Waka<sup>39</sup>. This incorporates all Whanganui marae and includes activities such as canoeing, swimming, kapa haka and taiaha. Whānau members from twelve years of age upwards are able to participate.

Marae that have a close association with an iwi health provider benefitted the most as these providers facilitated activities and offered advice around healthy eating healthy action related activities for people living on or close to a marae. These included such initiatives as Sit and Be Fit, Slip and Slide and Kick Start the Day. These activities were generally facilitated under contracts such as Whānau Ora.

Analysis of the data revealed a number of themes around potentially increasing healthy eating healthy action related initiatives at a marae level. These included:

- making permaculture<sup>40</sup> part of future planning, replacing old orchards/fruit trees and continuing with plant distribution;
- offering more programmes in a marae setting e.g. cooking classes/demonstrations on marae;
- increased funding to assist with training, resources, transport;
- leadership from within each marae, get people back to the marae involved in such activities;
- developing initiatives based using Māori concepts such as on Marae/Pa wars, marae oriented sports academies and AKA<sup>41</sup>; and,
- teaching whānau old hunting and food gathering techniques such as traditional fishing and hunting.

#### **Summary:**

**Generally marae in the Whanganui rohe have made changes around healthy eating, however:**

- **most marae do not have formal policies and changes have been driven by individuals or whānau with knowledge about healthy food options; and,**
- **marae that have a close association with an iwi health provider benefit from facilitated activities and advice; and,**
- **there are opportunities to provide programmes in marae settings.**

<sup>39</sup> Annual event for uri of the Whanganui River.

<sup>40</sup> Permaculture is an approach to designing human settlements and perennial agricultural systems that mimic the relationships found in the natural ecologies

<sup>41</sup> A form of breathing and stretching building balance, increasing mobility and promotion of muscle use. Previously taught by Piripi Menehira and others in the early 1990's.

## 4.6 Breastfeeding

*‘Breastfeeding helps lay the foundations of a healthy life for a baby and also makes a positive contribution to the health and wider wellbeing of mothers and whānau/families’.*(MOH, 2002).

Maori women nationally are less likely to breastfeed than non- Maori women. Plunket data for the year ending 21 December 2008 indicates that breastfeeding rates for Māori in Whanganui are even lower than the national averages at 6 weeks ( -28.3%), 3 months (-18.8%) and 6 months (-12.3%). The barriers to Māori breastfeeding are discussed in this section.

Breastfeeding related data was collected from stakeholders identified following a planning meeting with Anne Kauika, HEHA Manager, Whanganui DHB. Nine providers, a Midwives Collective representative, a Lead Maternity Carer (LMC), four Māori mums, a grandmother caring for a grandchild<sup>42</sup> and a retired lactation consultant were consulted. The broad range of providers interviewed provide services within contracts such as Family Start, Whānau Ora and Tamariki Ora/Well Child and the Māori Women’s Welfare Leagues (MWWL) Participation in Early Childhood programme.

Limitations to data collection included difficulties accessing relevant informants for several reasons. These included the recent disbanding of the local branch of the La Leche League and the Breastfeeding Coalition group being absorbed into a broader entity due to lack of active interest.

### Challenges/Gaps/Barriers:

A number of barriers<sup>43</sup> were identified as to why Māori women are less likely to breastfeed than non- Maori women. There were no surprises however, and the barriers noted are corroborated by other studies<sup>44</sup> on factors affecting Maori women’s breastfeeding practices. Stakeholders agreed overwhelmingly that the prime reason why Māori do not breastfeed is because it is seen to “*stifle socialising*”. This view of breastfeeding as a constraint on the social life of the mother is often encouraged by the extended whānau. The reason for this seems to be so that the latter can enjoy the benefits of caring for the baby without limitations.

*Having babies young, they want to do what they did before; it’s convenient to bottle feed so anyone can look after them [21 year old Māori mum breastfeeding a nine month old baby and talking about her friends who are also the mothers of infants].*

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<sup>42</sup> The grandmother was Pakeha but her children and grandchild identify as Māori .

<sup>43</sup> A matrix is attached at the end of this section

<sup>44</sup> Marewa Glover, Harangi Manaena-Biddle and John Walden.(July 2007). Breastfeeding Review.

Information provided indicates low Māori breast feeding rates are also influenced by factors such as poor ante natal attendance, short postnatal stay in hospital and poor support post delivery. Other reasons cited for not breastfeeding included:

- whānau adoption;
- returning to work;
- family history of formula feeding;
- difficult post-natal recovery;
- inverted nipples;
- workplaces not supportive of breastfeeding mums;
- difficulty in establishing breastfeeding;
- breast feeding being too time consuming;
- mother's own care ethics; and,
- disconnected whānau.

Stakeholders talked about their frustration when working with the health system and Māori clients. Gaps in service delivery were identified as lack of support groups pertinent to Māori; no lactation practitioner and lack of postnatal referrals by health professionals. Health professionals and other mainstream organisations are often also considered 'white and middleclass' resulting in lack of Maori engagement:

*Māori women often seem reluctant to use services such as the Plunket Family Centre which provides breastfeeding support [LMC]*

These organisations were also criticised for 'tick boxing'. One mum, for example, felt that postnatal visits were often rushed with no time to talk. She said she knew 'breast was best' but did not know why.

Service delivery was a double edged sword and conversely a LMC active in the community talked about resource challenges:

*Currently we are understaffed for the number of clients we are caring for. There are only 2 midwives on the postnatal team and they are seeing all of the clients who have been unable to access a self-employed midwife. This could be up to 500 women a year...2 midwives visiting large numbers of women postnatally, there is often very limited time to deal with breastfeeding problems.*

A recent local newspaper article<sup>45</sup> on midwives in the community supported this noting that currently midwife staffing is 14 short of the ideal.

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<sup>45</sup> Wanganui Chronicle – Midwives' day highlights local shortage. 06.05.09. John Maslin.

Some factors impinging on breast feeding rates were related to contractual and funding challenges. One needs assessment participant contracted to provide health promotion and disease prevention services expressed frustration that she had contact with Māori breastfeeding mums, but was not funded or mandated to provide breastfeeding support. Another stakeholder who provided breastfeeding advice through parenting classes was impeded by lack of funding; not enough and one funding round a year.

Other factors were associated with linkages and coordination in the community. A stakeholder relayed issues regarding communicating the breastfeeding message such as:

*In our DHB we have issues when babies are admitted to the NNU<sup>46</sup>. Women get mixed messages about breastfeeding at a crucial time when lactation is being established.*

*As a DHB we have to concentrate on the linkage between maternity and paediatrics to support breastfeeding [LMC]*

## Solutions

The study revealed that there was no easy answer to increasing Māori breastfeeding rates, but participants believed there were two things required to increase these rates; a ‘by Māori for Māori’ approach and improved community coordination. Some stakeholders believed that a ‘whole of whānau’ approach was necessary to increase Māori breastfeeding rates.

*it’s a family thing, if everyone breastfeeds then everyone does it [Plunket clinical leader].*

A Whānau Ora community health worker believed kuia/grandmothers were significant as they could endorse and encourage the benefits of breast feeding through sharing their stories and retelling of traditional breastfeeding tikanga. She thought that breastfeeding mums relaying real stories was more effective than talking about statistics in messages. As a follow on from this it was suggested that Kohanga Reo could be a useful vehicle for delivering breastfeeding messages.

Another key to increasing breastfeeding among Māori was improved community coordination and positive community people who could impact whānau. This would help to ensure consistent breastfeeding messages are being delivered.

*There are not enough people who are passionate about breastfeeding [retired lactation consultant]*

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<sup>46</sup> Neo natal Unit



*I think it needs to be a message to the whole community to encourage community support and acceptance of breastfeeding being best.*

*...greater communication between Tamariki Ora, Plunket and midwives so we have a consistent approach and message and are aware of what each other is doing [LMC].*

At a community level, stakeholders believed Māori ante natal classes, support groups such as a Māori La Leche League, more community midwives and a dedicated breastfeeding health worker who would work closely with whānau and caregivers would increase Māori rates of breastfeeding.

### **Effective Communication**

There were a number of ways stakeholders deemed we could effectively communicate the breastfeeding message. With a high teenage pregnancy rate in which Māori figure highly we need to consider settings and mediums where young people access messages. These include:

- TV ads;
- radio;
- texting;
- internet;
- social networking websites such as Bebo; and,
- blogs.

### **Summary**

**Breastfeeding rates for Māori in Whanganui, are lower than the national average at 6 weeks, 3 months and 6 months. Key challenges are:**

- **barriers and gaps to Māori breastfeeding occurring across a multitude of levels;**
- **stakeholders believe it is imperative that to increase Māori breastfeeding rates we must seek solutions that are engaging of Māori and their whānau; and,**
- **the breastfeeding support related workforce is in deficit contributing to low breastfeeding rates.**

## Breastfeeding Assistance across Age Bands

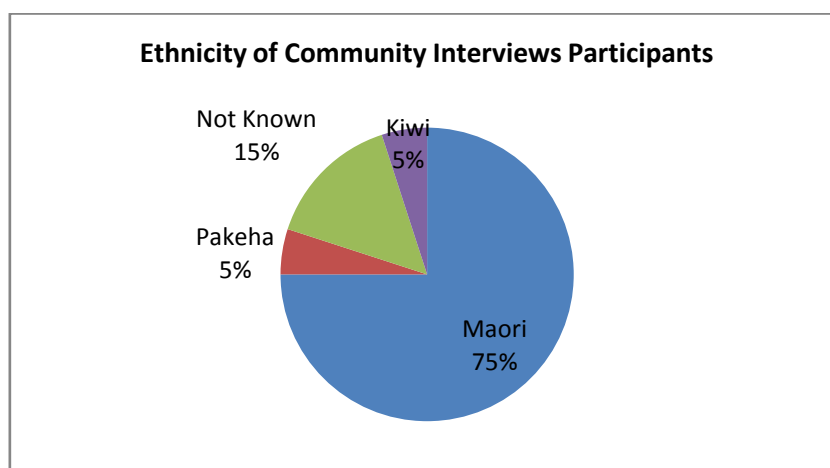
0-15 Years	15-25 Years	25 + Years
<ul style="list-style-type: none"> <li>•Whanau Ora</li> <li>•Tamariki Ora</li> <li>•Family Start</li> <li>•Plunket - Well Child, 1 on 1 education, New Parent discussion groups</li> <li>•ECE - Kohanga Reo, Play Group, Play Centre, Childcare</li> <li>•MWWL-</li> <li>•Doctors, Nurses</li> <li>•WHANAU</li> </ul>	<ul style="list-style-type: none"> <li>•Whanau Ora</li> <li>•Tamariki Ora</li> <li>•Family Start</li> <li>•Plunket - Well Child, 1 on 1 education, New Parent discussion groups</li> <li>•ECE</li> <li>•YWCA Young Parents course</li> <li>•Ante Natal Classes</li> <li>•Midwives</li> <li>•Doctors, Nurses</li> <li>•WHANAU</li> </ul>	<ul style="list-style-type: none"> <li>•Whanau Ora</li> <li>•Tamariki Ora</li> <li>•Family Start</li> <li>•Plunket - Well Child, 1 on 1 education, New Parent discussion groups</li> <li>•ECE</li> <li>•Ante Natal Classes</li> <li>•Midwives</li> <li>•Doctors, Nurses</li> <li>•WHANAU</li> </ul>
Gaps	Challenges	Barriers
<ul style="list-style-type: none"> <li>•No lactation consultant</li> <li>•Not enough support groups for Maori mums</li> <li>•La Leche League disbanded</li> <li>•Poor post- natal referrals</li> <li>•Maori mums do not -use mainstram services</li> </ul>	<ul style="list-style-type: none"> <li>•Funders working on a illness model rather than a wellness model</li> <li>•Whanau Ora Model seen as a panacea for all Maori health problems</li> <li>•Not enough midwives &amp; LMC to</li> </ul>	<ul style="list-style-type: none"> <li>•Lack of confidence</li> <li>•Whanau caring for babies/ whanau adoption</li> <li>•social life/whanau encouraging mum to put baby on bottle so they can look after it.</li> <li>•back to work/ workplaces not supportive</li> <li>•perceptions of insufficient milk supply</li> <li>•family history of formula feeding/ mothers own care ethics</li> <li>•insufficient professional support</li> <li>•difficult post natal recovery/short stay in maternity/inverted nipples</li> </ul>
Encouraging Maori Mums to Breastfeed		
<ul style="list-style-type: none"> <li>• Make Hospitals 'Baby friendly'. Everyone is committed to the kaupapa</li> <li>• Whanganui needs a lactation consultant</li> <li>• Deal with whanau as a whole</li> <li>• Talk about it at Kohanga</li> <li>• Raise profile of breastfeeding</li> <li>• Have Maori support groups e.g. Māori La Leche, Māori Ante-Natal classes</li> <li>• Use other Māori as peer support – whanau members, kaumatua</li> </ul>		

## 4.7 Community Members

*Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious foods to meet dietary needs and food preferences for an active and healthy life (FAO, 1996<sup>47</sup>)(Food Security Among Māori in Aotearoa, 2007).*

The Māori Stakeholder Reference Group requested that the needs assessment study include gathering data from community members as a way of cross checking, or corroborating, feedback from community groups, organisations and grey literature. Community members were surveyed at two community events and via iwi provide reports to determine what people, at a grass roots level, knew about HEHA. Whilst the events had different kaupapa, participants were asked some common questions and responses to these have been analysed and are summarised here.

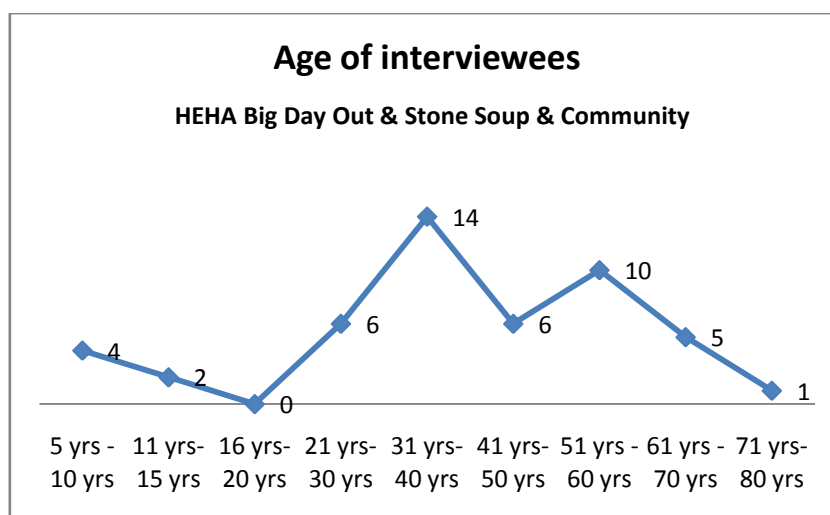
Sixty four people were interviewed for this component of the study. Because data was sourced from three avenues<sup>48</sup> through four interviewers, survey administration methods varied to some degree. The graphs below reflect participant responses from like data. Three quarters of the respondents were Māori and represented a continuum of ages.



Graph1: Self identified ethnicity of community participants

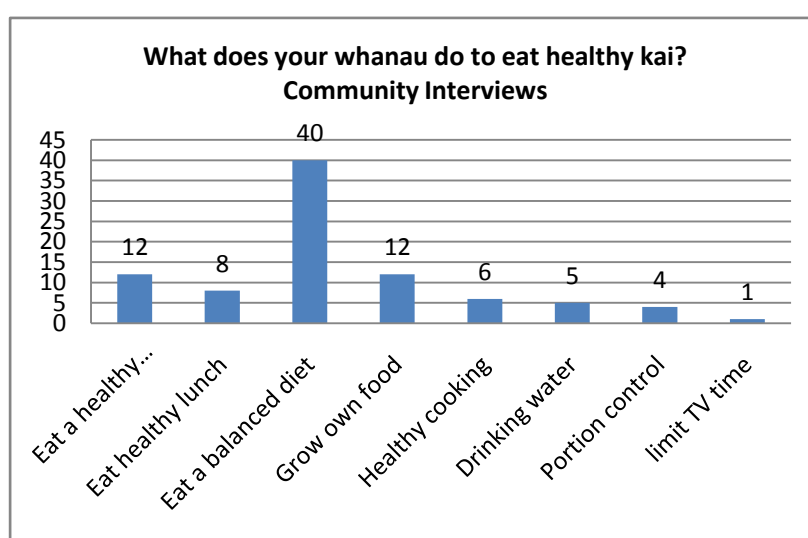
<sup>47</sup> 1996 Rome Declaration on World Food security.

<sup>48</sup> Two separate community events and iwi provider reports.

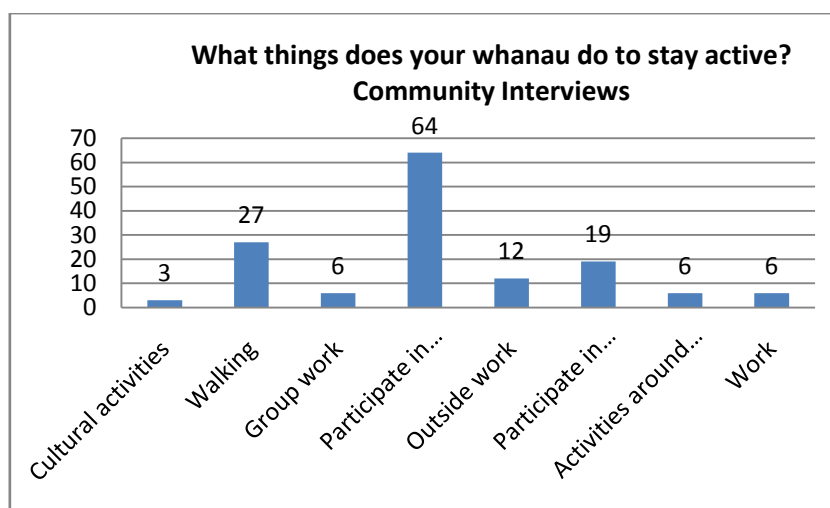


Graph 2: Age of Interviewees

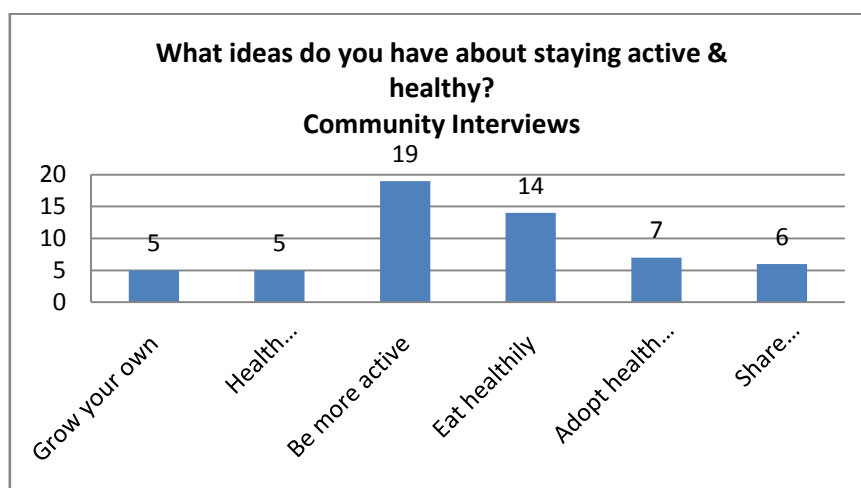
The following graphs represent responses across common questions from individuals.



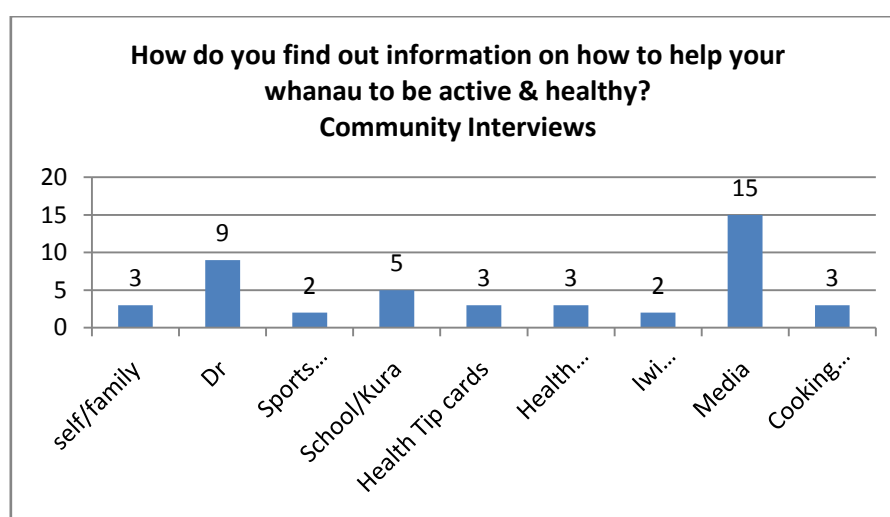
Graph 3: Summary of question - What does your whānau do to eat healthy kai?



Graph 4: Summary of question - What things does your whānau do to stay active?



Graph 5: Summary of question - What ideas do you have about staying active and healthy?



Graph 6: Summary of question - How do you find out information on how to help your whānau to be active and healthy?



**Graph 7: Summary of question - How would you like to receive messages about staying active and eating healthily?**

The study revealed that 48 % of people interviewed prefer the personal approach to receiving messages. In this case it was ‘kanohi ki kanohi’ or through a trusted individual they could discuss important matters with. Indicative of acceptance of new technologies, 33 % said they would like to receive messages through media and/or technology.

The data obtained presents an encouraging perspective of healthy eating healthy action in the community. Acknowledgement therefore must be made of the numerous organisations and community members who work hard to provide services to their communities.

#### **Summary:**

**Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious foods to meet dietary needs and food preferences for an active and healthy life. In Whanganui:**

- **individuals appear to be becoming more aware of healthy eating healthy action messages;**
- **the personal approach is preferred to receive HEHA related messages; and,**
- **30% or participants were happy to receive HEHA messages through media and technology.**

## 5.0 Recommendations

Setting	Recommendations	Success Indicators
Stakeholders and settings	<ul style="list-style-type: none"> <li>• Ensure database of stakeholders and settings is current. This will need to be kept updated and added to as HEHA becomes more widespread.</li> <li>• Develop mechanisms to keep stakeholders engaged in HEHA Māori Community Action following the needs assessment.</li> <li>• Continually review Steering Group membership to ensure Māori community is consulted and engaged.</li> </ul>	<ul style="list-style-type: none"> <li>• All stakeholders are well informed about the HEHA Māori Community Action project and are engaged in HEHA planning and support implementation.</li> </ul>
Workforce Development	<ul style="list-style-type: none"> <li>• Identify training opportunities for Maori.</li> <li>• Provide HEHA training that is culturally appropriate and relevant to Maori.</li> <li>• Plan HEHA training to include rural providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Whanganui DHB HEHA planned outcomes have been met.</li> <li>• Health Statistics for Māori have improved and the gap between Maori and non-Maori has reduced.</li> <li>• Health inequalities targets for Māori have been met.</li> </ul>
Marae	<ul style="list-style-type: none"> <li>• Build relationships with marae leaders and members.</li> <li>• Support marae to promote and lead changes to nutrition and physical activity for Māori.</li> <li>• Provide HEHA opportunities on the marae that will engage whānau and support marae development.</li> </ul>	<ul style="list-style-type: none"> <li>• Marae promote and support whānau to access good nutrition and access regular physical activity.</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Ensure database is updated and current.</li> <li>• Encourage new relationships, maintain and build exiting relationships.</li> <li>• Utilise existing linkages to promote HEHA through current programmes and funding streams.</li> </ul>	<ul style="list-style-type: none"> <li>• All education stakeholders that service Māori are participating in nutrition and physical activity projects.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure stakeholders are advised of relevant training.</li> <li>• Provide promotional and educational resources (In Te Reo Māori where available).</li> </ul>	
Breastfeeding	<ul style="list-style-type: none"> <li>• Support a 'by Māori for Māori' approach.</li> <li>• Support recruitment of a lactation consultant.</li> <li>• Investigate initiatives that support increased Māori breastfeeding rates to see if they can be adapted for the Whanganui area.</li> </ul>	<ul style="list-style-type: none"> <li>• Māori breastfeeding rates in the WDHB region have increased and are closer to non-Maori rates.</li> <li>• There are 'by Māori for Māori' initiatives supporting Māori to breastfeed.</li> </ul>
Individuals	<ul style="list-style-type: none"> <li>• Continue HEHA promotion through existing networks and any new opportunities identified as a result of the HEHA strategy e.g. HEHA Big Day Out in the rurals.</li> </ul>	<ul style="list-style-type: none"> <li>• All individuals are aware of healthy eating and healthy action and are able to translate that into the practices of their whānau.</li> </ul>
Communication strategy	<ul style="list-style-type: none"> <li>• Invest time and resources in building relationships with Māori Organisations and Māori community settings.</li> <li>• Ensure appropriate lines of communication e.g. through mandated iwi/Māori organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation indicates That HEHA messages have been consolidated in Māori communities and informed decisions about improving nutrition and physical activity to reduce obesity are the norm.</li> </ul>
Endorsement of HEHA Implementation Plan	<ul style="list-style-type: none"> <li>• Invest time and resources consulting with Maori.</li> <li>• Ensure personal approach to engagement.</li> <li>• Disseminate draft plans to a wide range of stakeholders for feedback and agreement.</li> <li>• Deliver culturally appropriate services.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan is endorsed and effectively implemented</li> </ul>



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## 6.0 Appendices

Appendix 1 Steering Group Terms of Reference

Appendix 2 Research Plan and Logic Model

Appendix 3 Survey Tool

Appendix 4 Information Sheet

Appendix 5 Big Day Out & Community HEHA Related Activities Posters

Appendix 6 Matrix of Stakeholders

Appendix 7 List of HEHA related activities

## Appendix 1 Steering Group Terms of Reference



### Terms of Reference Māori Stakeholder Reference Group

<b>Vision</b>  (big picture/our dream)	To improve the health and wellbeing of Māori within their communities through the promotion of Healthy Eating Healthy Action.
<b>Purpose/role</b>  (our purpose for coming together as a roopu)	The purpose of the Māori Stakeholder Reference Group is to:  Assist in the Whanganui District Health Board's understanding of Māori needs and issues relating to nutrition, physical activity and obesity Ensure an appropriate structure for facilitating, coordinating, administering and supporting the development and implementation of the Māori Community Action Project Establish processes and recommendations for funding to support and most effectively progress Māori actions and projects by those organisations and/or community groupings best able to serve Māori within their communities Develop a strategic action plan based on the findings of the scoping/consultation, to work towards sustainability, reduce inequalities and support Māori within their communities to actively participate in decision making.
<b>Objectives</b>  (what we want to achieve and need to be able to measure)	<div data-bbox="491 1171 1021 1915"> </div> <div data-bbox="1038 1171 1364 1937"> <p>To facilitate a comprehensive scoping/consultation to identify issues related to nutrition, physical activity and obesity, for Māori in their communities in the Whanganui District Health Board region.</p> <p>To prioritise areas of work and funding according to the findings of the scoping/consultation, also taking into consideration the funding allocated to support workforce development.</p> <p>Establish appropriate processes for community funding support/grant scheme</p> <p>Advise and provide recommendations on funding allocation to the</p> </div> <div data-bbox="497 1937 1050 1995"> <p>District Health Board HEHA Project Manager To monitor funded initiatives/activities.</p> </div>

	<p>To support community groups/organisations to provide necessary reports and gain funding support for evaluation if appropriate.</p> <p>To advocate for 'new' funding to support Māori community action in relation to Healthy Eating Healthy Action, as appropriate.</p> <p>To work collaboratively with open, transparent communication.</p> <p>To support key stakeholders to utilise the scoping/consultation findings to inform their strategic and annual planning processes.</p> <p>To maintain and establish new key linkages/networks to assist the implementation of the Māori Community Action Project.</p>
<p><b>Approach</b></p> <p>(how we are going to operate as a roopu)</p>	<p>It is proposed that the Māori Stakeholder Reference Group will function using a two tier approach:</p> <p>Governance – decision making</p> <p>Work streams – management of projects such as consultation process, funding, workforce development.</p> <p>(these can be added to as time goes on, with consideration of the scoping/consultation findings).</p> <p>The work streams may be one-off tasks or may require a group to work together (including people from outside the Māori Stakeholder Reference Group) for a period of time and to report back to the Group on completion, or for advice on progress.</p> <p>It is proposed that each work stream will be led by a member of the Māori Stakeholder Reference Group.</p>
<p><b>Membership</b></p>	<p>Outlined below is the core membership of the Māori Stakeholder Reference Group:</p> <p>Awa Sport</p> <p>Castlecliff Community Charitable Trust</p> <p>Te Ora Hou</p> <p>Te Puni Kokiri</p> <p>Wai Ora Christian Community Trust</p> <p>Whakauae Research Services</p> <p>Whanganui District Health Board – Healthy Eating Healthy Action Project Manager</p> <p>Sport Wanganui</p> <p>Te Oranganui Iwi Health Authority PHO – Te Pataka Kai Ora Service</p> <p>Whanganui Regional Primary Health Organisation – Cultural Advisor</p> <p>Māori Health Outcomes Advisory Group - Te Oranganui Iwi Health Authority, Ngati Apa – Te Kotuku Hauora o Rangitikei, Otaihape Māori Komiti, Ngati Rangi Community Health Centre, Te Puke Karanga - These five represented by Lydia</p> <p>AWA FM Board</p> <p>Māori Women's Welfare League</p> <p>Nga Rauru</p> <p>Nga Tai o Te Awa</p> <p>Te Puna Matauranga</p> <p>Whanganui District Health Board – Advisor Māori Health</p> <p>Whanganui River Māori Trust Board</p> <p>The Chair/facilitation of the group will be shared and at the end of each hui a decision will be made as to who will facilitate next.</p> <p>Facilitators are able to contribute and participate in the general hui also. An option is available to have an independent facilitator if required for particular hui.</p>

<b>Key Linkages</b>	<p><b>Note:</b> All members are to declare any conflicts of interest and state representation status when joining the roopu.</p> <p>Funding support of \$100.00 per hui will be paid by the Whanganui District Health Board to the represented organisation/group as declared by each member, or by way of koha to those members participating as key individuals and without a legal entity.</p> <p><b>Quorum</b> The quorum comprises 50% of appointed members - to be reviewed once membership is finalised.</p>
<b>Wider Membership/ Stakeholders</b>	The Māori Stakeholder Reference Group will involve others to assist/advise in the work of the Group and in particular the work streams, as and when appropriate.
<b>Frequency of Meetings</b>	<p>The Māori Stakeholder Reference Group will meet monthly, or as required, on the third Tuesday of the month, from 10.00am to 12.00pm at the Whanganui District Health Board meeting rooms, third floor Lambie Hostel (or other venue if room is not available).</p> <p><b>Work Streams</b> The working groups will meet as required to complete the tasks and activities within the timeframes agreed with the Māori Stakeholder Reference Group.</p>
<b>Minutes</b>	<p><b>Administration Support</b> The Whanganui District Health Board will provide administration support as required.</p> <p>Where practicable the previous minutes, draft agenda and any other relevant documents will be forwarded to members in sufficient time to enable consideration prior to meetings.</p>
<b>Reporting Structures and Processes</b>	<p>Reports will be provided to the Ministry of Health by the Healthy Eating Healthy Action Project Manager through the HEHA quarterly online reporting system and through the annual MAP (Ministry Approved Plan) planning process.</p> <p>Reports will be provided by the Healthy Eating Healthy Action Project Manager and Māori Stakeholder Reference Group members to the Whanganui District Health Board through the Committees process (Community and Public Health Advisory Committee and the Hospital Advisory Committee) on planning, initiatives, work plans, progress, key issues and mitigation strategies, as required.</p> <p>Discussion regarding reporting contents will occur with the Group prior to delivery to other Committees and the the Ministry of Health.</p>
<b>Sign Off</b>	<p>_____</p> <p>Māori Stakeholder Reference Group</p>

## Appendix 2 Research Plan and Logic Model

### RESEARCH PLAN

#### Title: HEHA Māori Community Action

Author(s): Gill Pirikahu, Anne Kauika, Geoff Hipango, Des Warahi, John Coffey, Judy Kumeroa, Piri Rurawhe, Nan Pirikahu-Smith, Lydia Matenga

Date: 11 February 2009.

#### 1. Project description

##### **Background**

Healthy Eating Healthy Action (HEHA) - Oranga Kai Oranga Pūmau is the Ministry of Health's strategy to improve nutrition, increase physical activity and reduce obesity. The strategy has a strong focus on reducing inequalities and enabling, assisting and supporting Māori in their communities to develop and implement actions and projects to reduce and prevent obesity.

Currently specific engagement with Māori for the development and implementation of HEHA in the Whanganui District Health Board region has been with Iwi/rural provider discussions through varying forums/presentations and the establishment of a Māori Stakeholder Roopu (a broad representation of key stakeholders representing Iwi, Māori providers, PHO's, community organisations/groups) to share perspectives, discuss barriers/needs and gaps with regard to the people/whānau and communities they work with and to guide and lead the HEHA Māori community action project.

##### **Aim**

The aim of this project is therefore to develop a common vision and principles based planning framework for the development of Māori community action within the region, through a comprehensive scoping, engagement and consultation. The project will assist the District Health Board to support Māori community empowerment and participatory processes which are critical to achieving positive outcomes for communities.

##### **Objectives**

The objectives of the programme are:

- i) *Identify significant Māori stakeholders, groups, forums, links and networks within the Whanganui District Health Board district (inclusive of all age groups).*
- ii) *Identify key settings for reaching Māori, e.g. rūnanga, marae, preschools and schools, including Kohanga Reo and Kura Kaupapa Māori, community groups etc*
- iii) *Build relationships for consultation and engagement to promote understanding and support of the 'HEHA Implementation Plan 2004 – 2010'*

- iv) *Identify initiatives currently established for Māori aimed at delivering one or more of the outcomes included in the national HEHA Implementation Plan 2004 – 2010*
- v) *Undertake a Gap analysis, through the consultation process, to identify barriers to effective Māori participation in healthy eating, healthy action initiatives including increasing uptake of breastfeeding.*
- vi) *Identify solutions and strategies to increase Māori community action, including via the increase in capacity and capability of the Māori nutrition and physical activity workforce.*
- vii) *Advice and direction is sought from Māori on the most effective ways to recognise and facilitate Māori participation in the development and endorsement of the Whanganui District Health Board HEHA Implementation Plan. Including :*
  - *Maintenance and support of a district Māori stakeholder group to administer and monitor District Health Board Māori community action funding;*
  - *Identification of champions/role models to advocate for / lead the project;*
  - *The most effective ways to communicate the HEHA message to Māori within their communities.*

## 2. General design

A needs assessment we will be carried out, in the first instance, using the following instruments for data collection:

- Kanohi ki Kanohi interviews (formal)
- Focus Groups
- Phone and/or email
- Observation and informal interviews

The interviews will be conducted primarily using interview schedules adapted for different circumstances however data will also be gathered through observation and informal interviews in the course of attendance at events of relevance such as “Stone Soup”.

The needs assessment will be designed to answer four key questions:

1. Who are the current organisations/community groups delivering HEHA including breastfeeding initiatives targeting Māori in the Whanganui DHB region?
2. What are the barriers/gaps to Māori participating in these HEHA activities including breastfeeding initiatives?
3. What are the new initiatives, ideas, potential for engagement in HEHA activities with Māori in the WDHB region.
4. What are the workforce development needs for the HEHA workforce in the WDHB region?

The chart below outlines stakeholders who have an interest in the needs analysis and the research priorities.

List of stakeholders who have an interest in the research.	What are their research priorities?
<ul style="list-style-type: none"> <li>• HEHA Māori Reference Group</li> <li>• Iwi/hapū /marae based committees</li> <li>• Rūnanga</li> <li>• Māori Health Providers</li> <li>• Marae</li> <li>• Māori Community roopu</li> <li>• Māori Education organisations</li> <li>• Rangatahi roopu</li> <li>• Significant individuals</li> <li>• Breastfeeding coalition</li> </ul>	<ul style="list-style-type: none"> <li>• Who are key Māori stakeholders?</li> <li>• What are the key settings?</li> <li>• What are current initiatives for Māori?</li> <li>• What are the needs, gaps and barriers to engagement?</li> <li>• Who are Māori 'champions', role models?</li> <li>• What are the appropriate methods of communication?</li> <li>• What are the solutions and strategies including - capacity building of the Māori workforce, increasing breastfeeding rates, a plan for continuing engagement?</li> <li>• What are the new initiatives, ideas and potential for engagement in HEHA activities?</li> </ul>

### **Ethics Approval**

As the interventions are not collecting identifiable personal information or health data no ethics approval is required.

### **Data and Methods**

Needs Analysis Activities	Sources of Data	Methods
<ul style="list-style-type: none"> <li>• Identify Māori Stakeholders, groups, forums, links and networks within the Whanganui DHB region</li> <li>• Identify key settings</li> <li>• Undertake hui with identified stakeholders</li> <li>• Undertake gap analysis</li> <li>• Identify barriers to participation</li> <li>• Identify solutions</li> <li>• Facilitate Māori participation</li> </ul>	<ul style="list-style-type: none"> <li>• HEHA Māori Reference group</li> <li>• Iwi linkages</li> <li>• Māori providers</li> <li>• Educational institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Brainstorming, networking</li> <li>• Focus Groups</li> <li>• Kanohi ki Kanohi interviews</li> <li>• Phone/email surveys</li> <li>• Review of documentation such as Family Friendly Strategy</li> </ul>



### ***Interview Procedure***

Once Māori stakeholders have been identified an interview schedule will be developed and adapted for different audiences.

During the scoping process other organisations may be identified as already having the required data or access to it and could be engaged for this project.

In keeping with kaupapa Māori research practice and in acknowledgement of the organisation's time, a koha may be offered to those organisations engaged to collect data for this project. As the koha reflects the time an organisation is able to devote to the project the amount of the koha may differ between organisations.

### ***Dissemination and Report Writing***

A report on the results of the needs analysis will be written up using the report format agreed with the funder. Drafts will be distributed for comment and review by participants before final wider distribution. The results may be presented in a range of forums including local level meetings. e.g. HEHA Māori Reference Advisory Group.

### ***Outcome***

A framework for Māori community action (Healthy Eating Healthy Action) that will meet population needs and assist in the reduction of disparities in health and health service delivery for both the urban and rural sectors of the region. This should include the following outputs:

- providing information that will inform the funding process;
- identifying workforce development priorities;
- developed connections with key people and groups that will be sustained;
- initiatives will be identified that support the HEHA kaupapa; and,
- database of providers and initiatives.

## HEHA Maori Action Needs Analysis

**Problem Statement:** Who are the current organisations/community groups delivering HEHA activities to Maori in the Whanganui DHB region and what are the barriers/needs and gaps to Maori participating in these?

**Goal:** To develop a common vision and principles based planning framework for development of Maori HEHA related Community Action within the region, through a comprehensive scoping, engagement and consultation.

### OUTCOMES

A framework for Māori community action (Healthy Eating Healthy Action) that will meet population needs and assist in the reduction of disparities in health and health service delivery for both the urban and rural sectors of the region.

### RATIONALE

The highest rates of obesity are experienced by Maori and Pacific peoples. Addressing obesity through improving nutrition intake and physical activity levels represents an opportunity for reducing inequalities

### ASSUMPTIONS

Increased awareness of the HEHA Strategy and fund will enable an increase of HEHA activities delivered in partnership with Maori communities

### RESOURCES

Advisory Group  
Funding  
Other stakeholders  
Iwi linkages

### ACTIVITIES

Identify Maori Stakeholders, groups, forums, links and networks within the Whanganui DHB Region.  
Identify key settings  
Undertake hui with identified stakeholders  
Undertake a gap analysis  
Identify barriers to participation  
Identify solutions  
Facilitate Maori participation  
Facilitate Maori participation

### OUTPUTS

Final Report  
HEHA information disseminated to target population through data collection processes such as focus groups and interviews  
Information that will inform the funding process  
Identified workforce development priorities  
Developed connections with key people and groups that will be sustained  
Initiatives will be identified that support the HEHA kaupapa  
Database of providers and initiatives

### EXTERNAL FACTORS

Community does not understand HEHA Strategy and relevance to its members therefore does not support consultation process.

## **Appendix 3 Survey Tool**

### **Summary of questions**

#### **Breastfeeding:**

- What geographical area does your initiative service?
- Describe the people you service (client base/target population) e.g. ethnicity, age group, gender etc
- What breastfeeding activities or programmes (intentional or unintentional) do you provide or are involved in?
- Who funds these activities? What are the funding challenges?
- What are the common barriers for Māori mothers to breast feed their babies e.g. prompts
  - Breastfeeding culture; Difficulty establishing breastfeeding; Insufficient professional support; Perceptions of insufficient milk supply; Returning to work; Other
- What support factors would encourage more Māori mothers to breastfeed their babies?
- What other networks, groups, and individuals would you recommend I contact in regard to Māori mothers breastfeeding?
- In your view what would support the increase in capacity and capability of the Māori Nutrition workforce particularly in the area of breastfeeding?
- What do you see the most effective way to communicate the breastfeeding message to whānau, hapū , iwi?
- Other comments

#### **Provider/Organisation:**

- What geographical area does your organisation service?
- What activities related to Healthy Eating Healthy Action - HEHA (intentional or unintentional) do you provide?
- Who funds your activities? What are the funding challenges?
- Describe the people you serve (client base) e.g. ethnicity, age group, gender etc

- What are the challenges within Healthy Eating Healthy Action - HEHA activities in the Whanganui region?
- (prompts organisational, people)
- What could be the possible solutions to address these challenges
- What works well? What new ideas do you have that link to the Healthy Eating Healthy Action - HEHA approach?
- Who do you currently work with and how?
- What do you see as your priority goals for Healthy Eating Healthy Action - HEHA?
- Can you tell us about the workforce, training needs and issues within the Healthy Eating Healthy Action - HEHA Workforce?
- Other comments

**Marae:**

- What geographical area and people does your marae/rūnanga support?
- Has your marae/rūnanga developed a healthy eating healthy action tikanga? (intentional or unintentional) (prompt - talk about breastfeeding)
- Do you have a calendar of events that promotes active living (sports, wananga, hui, hikoī, awards, dance, kapa haka etc). What's working well, what new ideas do you have, what would you like to try?
- Where do you get the money for these activities? What are the challenges?
- What are some of the barriers/challenges for Māori to improving their nutrition and increasing physical activity? (prompt- challenges can be anything e.g. ablution block, rurality, no one lives at marae)
- What could be the possible solutions to address these challenges?
- Do you have any established links with groups who support the HEHA kaupapa?
- Can you name any training that maybe able to deliver HEHA on your marae eg catering, sports events, cultural events, promotion?
- Other comments

### **Educational Institution:**

- What geographical area does your school/kura/kohanga service?
- Describe the people you serve (client base) e.g. ethnicity, age group, gender etc
- What activities related to Healthy Eating Healthy Action - HEHA (intentional or unintentional) do you provide?
- Who funds your activities? What are the funding challenges?
- What are the challenges within Healthy Eating Healthy Action - HEHA activities in the Whanganui region? (prompts organisational, people)
- What could be the possible solutions to address these challenges?
- Who do you currently work with and how?
- What works well? What new ideas do you have that link to the Healthy Eating Healthy Action - HEHA approach?
- What do you see as your priority goals for Healthy Eating Healthy Action - HEHA?
- Can you tell us about the workforce, training needs and issues within the Healthy Eating Healthy Action - HEHA Workforce?
- Other comments

### **Work Force:**

- What geographical area does your initiative service?
- Describe the people you serve (client base) e.g. ethnicity, age group, gender etc
- What activities related to Healthy Eating Healthy Action - HEHA (intentional or unintentional) do you provide?
- What are the gaps/barriers in service delivery within HEHA activities in the Whanganui region? (specifically to Māori)
  - Improving nutrition:
  - Improving breastfeeding rates:
  - Increase physical activity:
- What could be provided to meet these gaps?
- What are the challenges within Healthy Eating Healthy Action - HEHA activities in

the Whanganui region? (prompts organisational, people)

- What could be the possible solutions to address these challenges
- Who do you currently work with and how?
- What works well? What new ideas have you come across that links to the Healthy Eating Healthy Action - HEHA approach?
- What do you see as your priority goals for Healthy Eating Healthy Action - HEHA?
- In your view what would support the increase in capacity and capability of the Māori nutrition and physical activity workforce?
- What do you see the most effective way to communicate the HEHA message to whānau
- What do you see the most effective mechanism for Māori input into HEHA planning?
- What is the most appropriate way to get community endorsement of the Whanganui HEHA plan?
- How would you like us to communicate with you and your stakeholders to ensure we keep you informed?
- Can you tell us about the workforce, training needs and issues within the Healthy Eating Healthy Action - HEHA Workforce?
- Other comments

## Grass Roots questions:

### HEHA Big Day Out, Stone Soup & Iwi Providers:

Hi my name is ...

I am doing a quick survey about Healthy eating and Healthy action have you got time to answer a couple of questions?

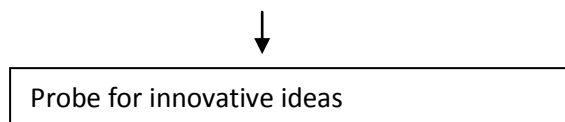
1. What things does your whānau do to stay active? (*prompts: sport, kapa haka, walking to school, playing games with the kids*)



2. What things does your whānau do to eat healthy kai? (*prompts: make sure they have breakfast, veges from the community garden down the road...am I presuming they know what healthy kai is?*)



3. What ideas do you have about staying active and eating healthily?



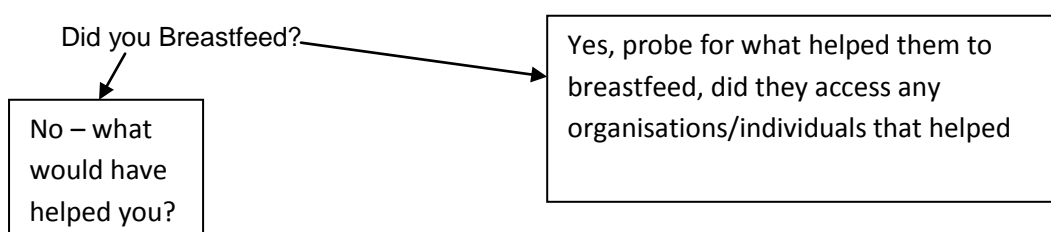
4. How do you find out information on how to help your whānau to be active and eat healthy

5. What groups/organisations do you know or use that help you & your whānau to stay active and eat healthy.

### For ethnicity data:

6. What ethnic group do you belong to?
7. Are you a parent?
8. How old are you? (please note gender and if appropriate ask breastfeeding question)

### For Breastfeeding:



HEHA Big Day Out only:

- What is your understanding of HEHA?
- Is there anything you are doing in your own lives to improve health?
- Are there any barriers to that
- What's hot/not
- Would you like to see more of these days?
- How did you find out about it?
- Did you learn anything new? What kind of things?



## Appendix 4 Information Sheet



Te Maru O Ruahine Trust  
Whakauae Research Services  
Ngati Hauiti

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March 2008.

### HEHA Māori Community Action

#### Information Sheet

Whakauae Research Services has been contracted by the Whanganui District Health Board to undertake research within the Whanganui District Health Board region. The research will provide a resource to inform plans, priorities and actions for the Boards Healthy Eating Healthy Action (HEHA) Māori Community Action Project.

#### Research Objectives

The research objectives are to:

- engage with Māori in their communities to assist with the development and implementation of the Whanganui District Health Board Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau (HEHA) Implementation Plan;
- identify approaches to reduce obesity, improve nutrition and increase physical activity appropriate for Māori. This includes breastfeeding initiatives;
- share of information regarding potential HEHA funding opportunities.

#### Background

Healthy Eating Healthy Action (HEHA) - Oranga Kai Oranga Pumau is the Ministry of Health's strategy to improve nutrition, increase physical activity and reduce obesity. The strategy has a strong focus on reducing inequalities and enabling, assisting and supporting Māori in their communities to develop and implement actions and projects to reduce and prevent obesity.

Currently specific engagement with Māori for the development and implementation of HEHA in the Whanganui District Health Board region has been with Iwi/rural provider discussions through varying forums/presentations. A Māori Stakeholder Roopu (a broad representation of key stakeholders representing Iwi, Māori providers, PHO's, community organisations/groups) has also been established to share perspectives, discuss barriers/needs and gaps with regard to the people/whānau and communities they work with and to guide and lead the HEHA Māori community action project.

#### Who is being asked to take part?

We are seeking to engage and consult with Māori stakeholders, groups, forums, links and networks which participate in activities that support healthy eating and healthy action for Māori.

### **What are we asking you to do?**

You may be asked participate in one of the following ways:

- as a data collection point for your organisation, rohe or roopu;
- as part of a focus group interview; or,
- to take part in a one-on-one interview with a researcher to share your knowledge of Healthy Eating Healthy Action activities in the WDHB region.

### **What will happen if I agree to take part?**

A member of the research team, Gill Pirikahu will contact you to discuss the project further and see if you want to take part. If you do, she will arrange a time for an interview. She can answer any questions you have about the project.

### **How would the interview be carried out?**

The interview may be carried out face to face or through other communication mediums such as the phone or email.

### **How will we use the material from the interviews & other data sources?**

The information will be analysed and summarised in a report that covers the following:

- Stakeholders and settings
- Existing initiatives
- A summary of barriers and gaps
- Māori workforce development needs in nutrition and physical activity
- Strategies and recommendations
- A communication plan
- Identification of Māori 'champions' or role models
- A plan for continuing engagement

### **What if I have any questions?**

If you have any questions about this project, either now or in the future, please feel free to contact Gill Pirikahu at Whakauae Research Services.

Gill Pirikahu

Phone 06 347 6772 or 0274 422206

[gill.whakauae@xtra.co.nz](mailto:gill.whakauae@xtra.co.nz)

## Appendix 5 HEHA Big Day Out & Community Poster



**YOU'RE  
INVITED**  
FUN  
STUFF

**HEHA  
BIG  
DAY OUT**

line dancing  
fun activities for the kids      displays  
gardening demos      school exhibits  
salsa demo and free class  
cooking demos      live entertainment  
healthy hangi lunch  
worm farms      giveaways .. AND MORE

**BRING THE FAMILY ALONG!**

**WHERE:** Wai Ora Christian Community Trust  
49 Brunswick Rd, Wanganui

**WHEN:** Saturday 28th March 09 from 10am - 2pm

There's something for everyone and it's **FREE!**

Cancellation announcements on AWA FM and Classic Hits at 8am on the day  
- alternative date 4th April 2009 -







# HEHA Activities - Whanganui

## Kapa Haka

Whanganui has a number of ropu that compete at events such as Te Matatini & Hui Aranga



## Pakaitore Day 2009

This event was made Fizzy Free



Ensure all food served at hui/forum is of a good quality and nutritious nature—  
Tere Matthews,  
Maori Suicide Prevention  
Coordinator, Nga Tai o te Awa.

## Maori Women's Welfare League

supports breastfeeding



## AWA Touch Module

Encourages whanau participation—26 Teams  
95% Maori Participation



## HEHA Big Day Out

A collaborative project promoting Healthy Eating  
Healthy Action in the community



## Salsa on the Awa

65% Maori Participation in dance classes



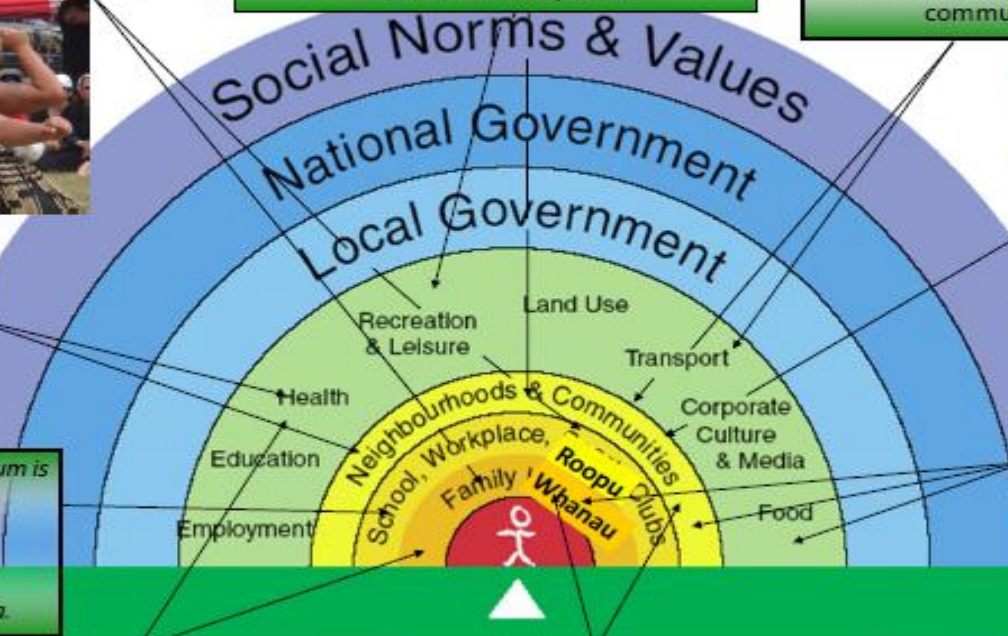
## Setting Based Gardens

Neighbourhoods Gardens -  
Growing gardens together



## Stone Soup

Te Ora Hou— strengthen community wellbeing and harmony



## Appendix 6 Matrix of Stakeholders

### MĀORI HEHA Initiatives - Primary

Organisation	Contact	Area/Ethnicity	Services	Initiative that Supports HEHA	Interagency Relationships
<p>Te Oranganui Iwi Health Authority- PHO<sup>vi</sup></p> <p>An iwi based health provider.  <a href="http://www.teoranganui.co.nz/">http://www.teoranganui.co.nz/</a></p>	<p>Jenny Tamehana (CEO)  39-41 Drews Ave  PO Box 611  Whanganui  Phone 349 0007</p> <p>info@teoranganui.co.nz</p>	<p>WDHB region:  Whanganui, Ngati Apa, Nga Ruaru, Otaihape, Ngati Rangī, Waverley.</p> <p>TOIHA-PHO = 71% Māori</p>	<ul style="list-style-type: none"> <li>Te Taurapa (Business Unit) The Business Management Unit (Te Taurapa) is led by the Toihau (CEO) and is responsible for the provision of corporate services to the following Health service units.</li> <li>Te Puawai Whānau (Family Services)</li> <li>Te Korimako (Health Education)</li> <li>Te Waipuna (Medical Health Centre)</li> <li>Hinengaro Hauora (Mental Health)</li> <li>Te Ara Toiora (Disability Support Services)</li> <li>Te Ama Taunaki - Health &amp; Homes Service</li> <li>Hapai Mauri Tangata - Alcohol &amp; Other Drugs Service</li> </ul>	<ul style="list-style-type: none"> <li>Nutritional &amp; Physical activity Workshops</li> <li>Sit Fit</li> <li>Tai Chi</li> <li>Kaumatua Groups</li> <li>Workplace challenges</li> <li>HEHA Workshops – marae, Tangata Whaiora, whānau, hapū, iwi</li> <li>Community Basketball</li> </ul>	<ul style="list-style-type: none"> <li>WDHB</li> <li>WRPHO</li> <li>Wai OraTrust</li> <li>Te Rūnanga o Ngati Apa</li> <li>Whakauae Research</li> <li>Te Ora Hou</li> <li>Castlecliff Community Charitable Trust</li> <li>HEHA Māori Stakeholders Reference Group</li> <li>Kura</li> <li>Local Business</li> </ul>
<p>Te Rūnanga o Ngati Apa - Te Kotuku Hauora o Rangitikei<sup>vii</sup></p> <p><a href="http://www.ngatiapa.iwi.nz">www.ngatiapa.iwi.nz</a></p>	<p>Joe Huwyler (CEO)  Cnr High Street &amp; Stewart St,  Marton</p> <p><a href="mailto:ngatiapa@ngatiapa.iwi.nz">ngatiapa@ngatiapa.iwi.nz</a></p>	<p>Southern Rangitikei – Utiku, Hunterville, Rata, Parewanui, Marton, Whangaehu, Kauangaroa, Ratana and provides services to Ngati Hauiti whanau through Whanau Ora.</p> <p>87.44% Māori  .93% Pī; 10.70% NZ European; .93% Other.</p>	<ul style="list-style-type: none"> <li>Whānau Ora</li> <li>Tamariki Ora</li> <li>Outreach Cervical screening</li> <li>Social Services</li> </ul>	<ul style="list-style-type: none"> <li>Hikoi nekeneke/Waewae Express/Sit-B-Fit/Mauri Ora Yoga/Kora Ngakau Funk aerobics/Mahi Maara/Aqua walk/Nutrition Programme/Gone Fishing/Tomato &amp; apple distribution/Exercise &amp; management Clinic – Joint venture with local gym/Weight &amp; Measurement Programme/Breakfast Programme/Annual service Triathlon.</li> </ul>	<ul style="list-style-type: none"> <li>WDHB</li> <li>Public Health</li> <li>MHOAG, Marton Gym</li> <li>WRPHO</li> <li>OTMK</li> <li>TPJH</li> <li>NRCHC</li> <li>TOIHA-PHO</li> <li>TMGC</li> <li>TMORT</li> <li>Rangitikei College</li> <li>Landbased Training</li> <li>Marton Community</li> <li>CYFS</li> </ul>

Ratana		<p>Ratana Community is provided services through Te Kotuku Hauora o Rangitikei.</p> <p>96.7% Māori</p>	<ul style="list-style-type: none"> <li>• Whānau Ora</li> <li>• Tamariki Ora</li> </ul>	<ul style="list-style-type: none"> <li>• Kick start the Day Ratana Kura /Breakfast in Schools (partnership with Red cross)/Cooking Programme (disbanded due to lack of resources)/Early morning walkers/Roopu Rawakore/WRPHO Plant distribution/Initial discussions around a community garden/Kapa haka/Ratana Sports Club – central point for sport &amp; recreational activities.</li> <li>• Dancing classes</li> </ul>	<ul style="list-style-type: none"> <li>• WDHB</li> <li>• Public Health</li> <li>• MHOAG,Marton Gym</li> <li>• WRPHO</li> <li>• OTMK</li> <li>• TPJH</li> <li>• NRCHC</li> <li>• TOIHA-PHO</li> <li>• TMGC</li> <li>• TMORT</li> <li>• Rangitikei College</li> <li>• Landbased Training</li> <li>• Marton Community</li> <li>• CYFS</li> </ul>
<p>Te Maru O Ruahine Trust<sup>viii</sup></p> <p><a href="http://www.ngatihauiti.iwi.nz">www.ngatihauiti.iwi.nz</a></p>	Utiku Potaka (General Manager)	Included in Ngati Apa as Whānau Ora is contracted out to Te Maru o Ruahine Trust.	<ul style="list-style-type: none"> <li>• Te Maru o Ruahine Trust– social &amp; Cultural Delivery Arm – Whānau Ora (under TKHoR) &amp; CYFS contract</li> <li>• Te Pātiki Trust Board - Fisheries</li> <li>• Rākautanga Whenua Topu Trust – Economic Arm.</li> </ul>	<ul style="list-style-type: none"> <li>• Hoe Waka</li> <li>• Hikoi nekeneneke/Waewae Express/Sit-B-Fit/Mauri Ora Yoga/Kora Ngakau Funk aerobics/Mahi Maara/Aqua walk/Nutrition Programme/Gone Fishing/Tomato &amp; apple distribution/Exercise &amp; management Clinic – Joint venture with local gym/Weight &amp; Measurement Programme/Breakfast Programme/Annual service Triathlon.</li> </ul>	
<p>Otaihape Māori Committee</p> <p><b>The Iwi mandated organisation to disseminate information that affects iwi</b></p>	<p>Moirā Raukawa-Haskell (General Manager)</p> <p>130 Hautapu St, PO Box 54, Taihape.</p> <p>Phone: 06 388 1156</p>	North to Hihitahi; South to Utiku; east to Timatanga; West to Mataroa	<ul style="list-style-type: none"> <li>• Whānau Ora</li> <li>• Tamariki Ora</li> <li>• Paetata/inpatients Liaison Position</li> <li>• MYSP</li> <li>• Social services</li> </ul>	<ul style="list-style-type: none"> <li>• Māori Squash</li> <li>• Sit B Fit</li> <li>• Kaumatua Ora</li> <li>• Pounamu Making</li> <li>• Garden Walking</li> </ul>	<ul style="list-style-type: none"> <li>• Midwivwes</li> <li>• Karitane</li> <li>• Plunket</li> <li>• Sports Assns: netball, Taihape Rugby Club, Squash Club, Fitness club, Mokai Patea League Club, Gretna Darts &amp; Pool, Golf Club, Bowls Club,</li> <li>• Schools</li> </ul>

					<ul style="list-style-type: none"> <li>• Land Trust.</li> <li>• REAP</li> <li>• TPK</li> </ul>
Ngati Rangi Community Health Centre	Bonnie Sue (Manager) <a href="mailto:exec@nrhc@paradise.net.nz">exec@nrhc@paradise.net.nz</a>  <a href="http://www.maungarongo.com">www.maungarongo.com</a>	Ngati Rangi rohe not including Pipiriki (includes Raetihi, Ohakune townships)  77% Māori ; .2% Other; 21% European	<ul style="list-style-type: none"> <li>• Whānau Ora</li> <li>• Tamariki Ora</li> </ul>	<ul style="list-style-type: none"> <li>• Whakapakari Mokopuna</li> <li>• Physical Activity and nutrition delivered in ECE's once pa</li> <li>• Walking Groups</li> <li>• Jump Jam at TE Kura Kaupapa Māori o Ngati Rangi</li> <li>• Sit B Fit classes</li> <li>• Tai Chi</li> <li>• Fitness and Mobility care Plans</li> <li>• Aqua Tots</li> <li>• Lane swimming</li> <li>• Low Impact exercise Class</li> <li>• Marae Based physical activity</li> <li>• Walking School Bus</li> </ul>	<ul style="list-style-type: none"> <li>• WDHB</li> <li>• Public Health</li> <li>• MHOAG</li> <li>• Maungarongo marae</li> <li>• WRPPO</li> <li>• Doctors</li> <li>• Locality Planning Group</li> <li>• ECE</li> <li>• Schools</li> <li>• Police</li> <li>• Road Safe Central</li> <li>• REAP</li> <li>• Waimarino Health Centre</li> </ul>
Te Puke Karanga Hauora	Julie (Pet) McDonnell (Manager) C/- Waimarino Health Centre 22 Seddon Street Raetihi 4632  <a href="mailto:Tpk-pip@clear.net.nz">Tpk-pip@clear.net.nz</a> Phone 06 385 5019	Middle Reaches of Whanganui awa – Pipiriki; Jerusalem & Tieke marae  93% Māori /2% PI/5% other.	<ul style="list-style-type: none"> <li>• Whānau Ora</li> </ul>	<ul style="list-style-type: none"> <li>• Marae Health promotion activities</li> <li>• Sit B Fit</li> <li>• Plant Distribution</li> <li>• Whānau Hui</li> <li>• Support Healthy cooking marae &amp; home</li> <li>• Maara/gardens</li> </ul>	<ul style="list-style-type: none"> <li>• WDHB</li> <li>• Public Health</li> <li>• MHOAG</li> <li>• OTMK</li> <li>• NRCHC</li> <li>• TKHoR</li> <li>• TOIHA-PHO</li> <li>• Waimarino Health Centre</li> </ul>
Nga Rauru Kiiitahi <sup>ix</sup>	Hayden Potaka (CEO)  Suite 17 Wicksteed Terrace PO Box 4322 Whanganui <a href="http://www.ngarauru.co.nz/">http://www.ngarauru.co.nz/</a>	The Nga Rauru Kiiitahi rohe (area) lies within the boundaries of the Department's Whanganui Conservancy Whanganui & South Taranaki 100% Māori	Nga Rauru kii Tahī <ul style="list-style-type: none"> <li>• Matauranga Unit</li> <li>• Kii Tahī (Nursery &amp; landcare)</li> </ul> Te Kaahui o Rauru <ul style="list-style-type: none"> <li>• Te Pataka</li> <li>• Te Hapai Mauri Ltd</li> <li>• AHC (Fish assets)</li> </ul>	<ul style="list-style-type: none"> <li>• Nga Rauru is supported in Health by TOIHA-PHO who reaches as far as Waverley.</li> </ul>	<ul style="list-style-type: none"> <li>• TOIHA-PHO</li> <li>• MHOAG</li> </ul>
Public Health Centre	Lucy Dunlop PB 3003 Whanganui	WDHB Region	<ul style="list-style-type: none"> <li>• Health Promotion Services</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition &amp; Physical activity</li> <li>• Fruit in Schools</li> </ul>	<ul style="list-style-type: none"> <li>• WDHB</li> <li>• TOIHA-PHO</li> <li>• WRPPO</li> </ul>

				<ul style="list-style-type: none"> <li>Health Promoting Schools</li> </ul>	<ul style="list-style-type: none"> <li>MHOAG</li> <li>Community Organisations</li> </ul>
Whanganui Regional PHO <sup>x</sup>	<p>Judith McDonald (CEO) Level 1, Tower Building, 76 Guyton Street P O Box 4260, Wanganui 4500 Phone (06) 348 0109, Fax (06) 348 8205, Email <a href="mailto:wrpho@wrpho.org.nz">wrpho@wrpho.org.nz</a>  <a href="http://www.wrpho.org.nz/index.html">http://www.wrpho.org.nz/index.html</a></p>	<p>Whanganui DHB region</p> <p>18.84% Māori or Pacific Island</p>	<ul style="list-style-type: none"> <li>Diabetes Nurse Educator</li> <li>Diabetes Nurse Specialist</li> <li>Diabetes Podiatry Service</li> <li>Manaaki Hauora - Wellness Support Team</li> <li>Manaaki Te Whānau - Supporting Family Health</li> <li>Pasifika Health Coordinator</li> <li>PATHS (Providing Access to Health Solutions) Service</li> <li>Pharmacist Facilitators</li> <li>Primary Care Mental Health Team</li> <li>Primary / Secondary Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>Supports the Healthy Eating Healthy Action (HEHA) Strategy through the ongoing maintenance of the 'Grab a Bite That's Right' project; which aims to improve community access to affordable fresh fruit and vegetables. Several initiatives have been developed in collaboration with the community to meet the project aims, including: <ul style="list-style-type: none"> <li>The growth and distribution of fruit trees</li> <li>The development of community gardens</li> <li>Workshops on nutrition</li> <li>Gardening workshops for community members</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Whanganui District Health Board</li> <li>Public Health Unit</li> <li>NZ Tree Crops Association</li> <li>Wanganui District Council</li> <li>Sustainable Wanganui</li> <li>Te Oranganui Iwi Health Authority</li> <li>Cancer Society of NZ - Wanganui Rangitikei Waimarino Centre</li> </ul>
Waimarino Health Ltd <sup>xi</sup>	<p>Katherine Chittick Practice Nurse 38 Seddon Street Raetihi 06 385 4211 <a href="mailto:Raetihi.nurse@clear.net.nz">Raetihi.nurse@clear.net.nz</a></p>	<p>Waimarino, Waiouru, Whanganui, Taumarunui 45% Māori</p>	<ul style="list-style-type: none"> <li>Waimarino Health Services Coordination</li> <li>Community Nurses Service</li> <li>School Clinic</li> <li>Oral health</li> <li>GP Service</li> <li>Transport &amp; Accommodation</li> <li>Maternity Services</li> <li>Pharmacy services</li> <li>Primary Care Services</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding Advice</li> <li>Nutrition &amp; Physical Activity Advice through primary Care Service</li> </ul>	<ul style="list-style-type: none"> <li>WDHB</li> <li>Public Health Centre</li> <li>Ngati Rangi Community Health Centre</li> </ul>
Equippers Church <a href="http://www.wanganui-equipperschurch.co.nz">www.wanganui-equipperschurch.co.nz</a>	<p>Verona Yearbury Equippers Church 172 Glasgow St</p>	Not known	<ul style="list-style-type: none"> <li>Equippers Health</li> <li>Equippers Youth Group</li> </ul>	<ul style="list-style-type: none"> <li>Connect 4 Life</li> <li>Total Health</li> <li>Youth Group</li> </ul>	<ul style="list-style-type: none"> <li>Community Organisations</li> </ul>



<a href="http://whanganui.com">anganui.com</a>	Whanganui Ph 345 2051			<ul style="list-style-type: none"> <li>Dance Group –Bully Nerds, GRASP Dance Team,</li> </ul>	
National Heart Foundation <sup>xii</sup> <a href="http://www.nhf.org.nz/">http://www.nhf.org.nz/</a>	Fiona Boyle Health Promotion Coordinator 40 Maria Place P O Box 7317 Wanganui 4541 Ph: (06) 348 1440 Fax: (06) 348 1442	Whanganui, Waverley, Ohakune, Waiouru, Marton, Bulls  Not available	<ul style="list-style-type: none"> <li>Research</li> <li>Education</li> </ul>	<ul style="list-style-type: none"> <li>The School Food Programme</li> <li>The Healthy Heart Award</li> </ul>	<ul style="list-style-type: none"> <li>Kura Hauora</li> <li>Sport Whanganui</li> <li>Active Movement advisory Group</li> </ul>
Te Hotu Manawa Māori <sup>xiii</sup> <a href="http://www.tehotumanawa.org.nz/nutrition-and-physical/about.cfm">http://www.tehotumanawa.org.nz/nutrition-and-physical/about.cfm</a>		National Organisation	<ul style="list-style-type: none"> <li>Training</li> <li>Develop and disseminate Health Education Resources</li> <li>Facilitate networking opportunities and disseminate information</li> <li>Advisory and Advocacy role</li> </ul>	<ul style="list-style-type: none"> <li>They offer premium training course a number of times throughout the year at various locations around Aotearoa.</li> <li>A range of nutrition and physical activity resources have been developed specifically for Māori, including posters, pamphlets, booklets and other resources</li> <li>Disseminate information through our website and Te Hotu Manawa Māori regarding key information about successful health promotion programmes, research findings, resources and upcoming events</li> <li>Provide advice, where possible on research projects, resource development and proposals on issues affecting Māori. Also advocate for Māori nutrition and physical activity issues at a national level.</li> </ul>	<ul style="list-style-type: none"> <li>Organisations that require training for their staff eg DHB's, Public Health Units, PHO's</li> </ul>
Sport Whanganui <a href="http://www.sportwanga">www.sportwanga</a>	Danny Jonas CEO Frani Kahukura, Shane	Not available	Sport and Recreation Programmes	<ul style="list-style-type: none"> <li>Active Movement<sup>xiv</sup></li> <li>Active Schools<sup>xv</sup></li> </ul>	<ul style="list-style-type: none"> <li>WDHB</li> <li>Public Health</li> </ul>

nui.org.nz	Mahe, Gemma Wilson.			<ul style="list-style-type: none"> <li>GRX Active Families<sup>xvi</sup></li> </ul>	<ul style="list-style-type: none"> <li>Schools, Kura, ECE</li> <li>Sports Clubs</li> <li>TOIHA-PHO</li> <li>WRPHO</li> <li>Community groups</li> </ul>
YWCA (some info was collected from the website) <a href="http://www.ywca.org.nz/wanganui">http://www.ywca.org.nz/wanganui</a>	Fee Ali 1A Victoria Avenue Whanganui Ph 347 9979 <a href="mailto:manager.wanganui@ywca.org.nz">manager.wanganui@ywca.org.nz</a>		<ul style="list-style-type: none"> <li>Parenting programmes</li> <li>Physical Activity Programmes</li> </ul>	<ul style="list-style-type: none"> <li>YWCA Young Parents Antenatal Programme</li> <li>YWCA Pump/Combat Classes</li> <li>YWCA Go Girls Holiday programme</li> <li>YWCA Body Moves</li> <li>YWCA Encore</li> </ul>	<ul style="list-style-type: none"> <li>Margaret Watt Children's Trust</li> <li>JBS Dudding Trust</li> <li>TG McCarthyTrust</li> <li>SPARC</li> <li>COGS</li> </ul>
Awa Sport	Geoff Hipango	Tribal boundaries of Whanganui incl Taumarunui, Ngati Apa, Nga Rauru	<ul style="list-style-type: none"> <li>Provide sport &amp; recreation aligned to tribal aspirations</li> </ul>	<ul style="list-style-type: none"> <li>Iwi basketball</li> <li>Waka Ama</li> <li>Rugby League</li> <li>Ratana 25<sup>th</sup></li> <li>Tira Hoe Waka</li> </ul>	<ul style="list-style-type: none"> <li>TPK</li> <li>Rūnanga</li> <li>Kura</li> </ul>
Nga Tai o Te Awa	Joanne Hayes CEO 8A Bell St Whanganui 063489902	Tribal Boundaries of Whanganui	<ul style="list-style-type: none"> <li>CAYAD</li> <li>MYSP</li> <li>Māori Problem Gambling</li> <li>Work support</li> </ul>	<ul style="list-style-type: none"> <li>Physical activity though different activities and events they have supported.</li> </ul>	<ul style="list-style-type: none"> <li>WDHB</li> <li>PHC</li> <li>MSD</li> <li>MOH</li> <li>MOE</li> </ul>
<b>Youth</b>					
<b>Organisation</b>	<b>Contact</b>	<b>Area/Ethnicity</b>	<b>Services</b>	<b>Initiative that Supports HEHA</b>	<b>Interagency Relationships</b>
YMCA <a href="http://www.ymcawanganui.org.nz/">http://www.ymcawanganui.org.nz/</a> (info from website)	9 Park Place PO Box 622 Whanganui 06 349 0197 <a href="mailto:ymca@ymcawanganui.org.nz">ymca@ymcawanganui.org.nz</a>	Whanganui community	<ul style="list-style-type: none"> <li>Healthy meals provided on camps</li> <li>Physical Activities included in programmes</li> </ul>	<ul style="list-style-type: none"> <li>Y we dance<sup>xvii</sup></li> <li>Fit kids<sup>xviii</sup></li> <li>Free Your style<sup>xix</sup></li> <li>Y We Act</li> <li>Conservation Corp<sup>xx</sup></li> <li>Raukawa Adventure Centre</li> <li>Holiday Programme</li> </ul>	<ul style="list-style-type: none"> <li>SPARC- Sport Wanganui</li> <li>MSD</li> <li>MOE</li> <li>MYD</li> <li>Heart Foundation</li> <li>Wanganui Inc</li> <li>WDC</li> </ul>
Te Ora Hou <sup>xxi</sup> <a href="http://www.teorahou.org.nz">http://www.teorahou.org.nz</a>	Judy Kumeroa  Ph 06 344 7860 <a href="mailto:whanganui@teorahou.org.nz">whanganui@teorahou.org.nz</a>	Whanganui but primarily based in Gonville, Castlecliff.  OSCAR 65% Māori ,	<ul style="list-style-type: none"> <li><u>Local Specific</u> support HEHA kaupapa in their programme delivery e.g. have added fruit for snacking at camps</li> <li><u>Nationally</u> mentoring programmes for young</li> </ul>	<ul style="list-style-type: none"> <li>OSCAR programme</li> <li>Te Pihi Ora Hou Girls</li> <li>Te Ora Hou Senior Club</li> <li>Stone Soup</li> </ul>	<ul style="list-style-type: none"> <li>MSD</li> <li>CYFS</li> <li>Nga Tai o Te Awa</li> <li>Violence Intervention</li> <li>Family Support Services</li> </ul>

			<ul style="list-style-type: none"> <li>people and support for their families</li> <li>education programmes for teenage mothers</li> <li>early childhood education for tamariki of teen parents</li> <li>programmes for young people at-risk of committing offences</li> <li>after-school / home-work clubs</li> <li>outdoor adventure programmes</li> <li>national hui for young people</li> <li>national training programmes and networking events for youth workers</li> <li>international exchanges with other indigenous young people</li> <li>community development initiatives in developing countries</li> </ul>		<ul style="list-style-type: none"> <li>Youth Workers Network</li> <li>Youth Forum</li> <li>Y2Y</li> <li>AOD</li> <li>YMCA</li> <li>communities</li> </ul>
Wai Ora Trust <sup>xxii</sup>	John Coffey Wai Ora Trust 49 Brunswick Road Whanganui Ph 343 5015 <a href="http://www.waiora.org.nz/">http://www.waiora.org.nz/</a>	42 Students  90% Māori	<ul style="list-style-type: none"> <li>All courses participate in gardening – growing veges, making compost etc.</li> <li>Looking at growing a food forest<sup>xxiii</sup></li> <li>Include table tennis, pool, hockey in activities</li> </ul>	<ul style="list-style-type: none"> <li>National Certificate in Employment skills (level 1)</li> <li>National Certificate in Retail (Level 2)</li> <li>Te Huarahi Rereke – marae based family violence intervention</li> </ul>	<ul style="list-style-type: none"> <li>Police</li> <li>Youth Aid</li> <li>MSD – CYFs &amp; WINZ</li> <li>Social service providers</li> <li>Youth collective</li> <li>churches</li> </ul>
Youth to Youth (Y2Y) <sup>xxiv</sup>	Dot Greenfield (Manager) 14 Rangiora St PO Box 7185 Castlecliff Whanganui (06) 344 3399	Whanganui area → Marton & Taihape Choice 1 - 70% Māori	<ul style="list-style-type: none"> <li>CHOICE 1</li> </ul>	<ul style="list-style-type: none"> <li>Every week there is are activities such as BOXON, Gym, Walk Durie Hill steps, tramping</li> </ul>	<ul style="list-style-type: none"> <li>Public Health</li> <li>Sport Whanganui</li> <li>CYFS</li> <li>Wai Ora</li> <li>TOIHA</li> <li>Te Awa Kiore</li> <li>Youth Collective</li> </ul>
Land based Training <sup>xxv</sup> <a href="http://www.landbased.net/">http://www.landbased.net/</a> (info from	Rob Gollan Manager/Director 191 st Hill St Whanganui 6 349 0077 <a href="mailto:admin@landbased.net">admin@landbased.net</a>	Whanganui, Waikato, Palmerston North	<ul style="list-style-type: none"> <li>Star Gateway Farming Courses</li> <li>Star Gateway Contracting Courses</li> </ul>	<ul style="list-style-type: none"> <li>Physical activity incorporated in programmes</li> </ul>	<ul style="list-style-type: none"> <li>TEC</li> <li>BCITO</li> <li>ESITO</li> <li>WINZ</li> <li>Kiwi careers</li> <li>Fonterra</li> </ul>

website)					<ul style="list-style-type: none"> <li>Schools</li> <li>NZQA</li> </ul>
AG Challenge <sup>xxvi</sup> <a href="http://www.agchallenge.co.nz/">http://www.agchallenge.co.nz/</a>  (info from website)	248 St Hill St Whanganui (06) 348 8215	Whanganui	<ul style="list-style-type: none"> <li>Stars and Gateway Programmes</li> </ul>	<ul style="list-style-type: none"> <li>Physical activity incorporated in programmes</li> </ul>	<ul style="list-style-type: none"> <li>TEC</li> <li>WINZ</li> <li>Kiwi careers</li> <li>Schools</li> <li>NZQA</li> </ul>
Training for You <a href="http://www.trainingforyou.co.nz">www.trainingforyou.co.nz</a>  (info from website)	Denise Scott Lister Director 148 Ingestre Street Whanganui 06 349 0047 <a href="mailto:info@trainingforyou.co.nz">info@trainingforyou.co.nz</a>	Whanganui, New Plymouth, Palmerston North.	<ul style="list-style-type: none"> <li>Certificate in Teacher Aiding (Level 4)</li> <li>National Certificate in Adult Literacy Education (Vocational Tutor/Lecturer or Workplace Trainer) (Level 5)</li> <li>National Certificate in Early Childhood Education &amp; Care (Level 3)</li> <li>National Certificate in Equine (Stable Practice) (Level 3)</li> </ul>	<ul style="list-style-type: none"> <li>Physical activity incorporated in programmes</li> </ul>	<ul style="list-style-type: none"> <li>Schools</li> <li>TEC</li> <li>NZQA</li> </ul>
Te Awa Kiore	Ned Tapa <a href="mailto:kanui@slingshot.co.nz">kanui@slingshot.co.nz</a>	Whanganui area	<ul style="list-style-type: none"> <li>Adventure/ Life Skills courses</li> </ul>	<ul style="list-style-type: none"> <li>Water safety</li> <li>Life skills programme through outdoor adventure</li> </ul>	<ul style="list-style-type: none"> <li>CYFS</li> <li>Schools</li> <li>Marae</li> </ul>

### Breastfeeding

Organisation	Contact	Area/Ethnicity	Services	Initiative that Supports HEHA	Interagency Relationships/Funders
Mid-Wives & Lead Maternity Carers (LMC)	Lenna Young Head of Midwifery Wanganui Good Health <a href="mailto:Lenna.young@wdhb.org.nz">Lenna.young@wdhb.org.nz</a>	WDHB Region including Waverley, Hunterville, Marton and lower river road	<ul style="list-style-type: none"> <li>Assist with breastfeeding in postnatal ward and SCBU</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding advice</li> <li>Nutrition &amp; Physical activity Advice</li> </ul>	<ul style="list-style-type: none"> <li>WDHB</li> <li>Good Health Wanganui</li> <li>Plunket</li> <li>WRPHO</li> <li>TOIHA-PHO</li> <li>Community Organisations</li> </ul>
MWWL <sup>xxvii</sup>	Tiahuia Abraham 61 Bell Street Whanganui <a href="mailto:tia.abraham@xtra.co.nz">tia.abraham@xtra.co.nz</a>	Taranaki, Ruapehu, Whanganui  90% Māori ; 7% PI; 3% Non-Māori	<ul style="list-style-type: none"> <li>Promoting participation in Early Childhood</li> </ul>	<ul style="list-style-type: none"> <li>Advocate Māori mums</li> <li>Talk about a lot of issues including breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>MOE</li> <li>Aotea Associates</li> </ul>

YWCA	Fee Ali 1A Victoria Avenue Whanganui Ph 347 9979 <a href="http://www.ywca.org.nz/wanganui">http://www.ywca.org.nz/wanganui</a>	Whanganui incl Waverley & Marton	<ul style="list-style-type: none"> <li>Young Parents Programme<sup>xxviii</sup></li> </ul>	<ul style="list-style-type: none"> <li>Component of this class is breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>Margaret Watt Children's Trust</li> <li>JBS Dudding Trust</li> <li>TG McCarthyTrust</li> <li>SPARC</li> <li>COGS</li> </ul>
Plunket	Royal NZ Plunket Society Manawatu Whanganui area 4 Campbell st Whanganui	Manawatu/Whanganui area	<ul style="list-style-type: none"> <li>One to One education as per Well Child/Tamariki Ora Schedule</li> <li>New Parent discussion groups at Family centre</li> <li>Health &amp; Development, Family &amp; Whānau Care &amp; Support at each contact.</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding advice</li> <li>Education about nutrition &amp; physical activity /movement in children.</li> </ul>	<ul style="list-style-type: none"> <li>MoH</li> <li>WDHB</li> <li>Volunteers</li> <li>Plunket Nurses</li> <li>Community workers/kaiawhina</li> <li>Karitane</li> <li>YWCA</li> </ul>
La Leche League <sup>xxix</sup> (Info collected from website) <a href="http://www.lalecheleague.org.nz/">http://www.lalecheleague.org.nz/</a>	Whanganui Branch has disbanded	National organisation	<ul style="list-style-type: none"> <li>Online advice</li> <li>Email help</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding Advice</li> </ul>	
MHOAG		WDHB region	<ul style="list-style-type: none"> <li>Whānau Ora</li> <li>Tamariki Ora</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding Advice</li> <li>Nutrition &amp;Physical Activity Advice</li> </ul>	<ul style="list-style-type: none"> <li>WDHB</li> <li>Public Health Centre</li> <li></li> </ul>
<b>Community</b>					
<b>Organisation</b>	<b>Contact</b>	<b>Area/Ethnicity</b>	<b>Services</b>	<b>Initiative that Supports HEHA</b>	<b>Interagency Relationships/Funders</b>
Castlecliff Trust <a href="mailto:Castleclifftrust1@xtra.co.nz">Castleclifftrust1@xtra.co.nz</a>	Des Warahi 43 Cross st Whanganui <b>06 344 4306</b>	Castlecliff Suburb Whanganui	<ul style="list-style-type: none"> <li>Community Development</li> </ul>	<ul style="list-style-type: none"> <li>Works with organisations that support HEHA</li> </ul>	<ul style="list-style-type: none"> <li>Castlecliff Community</li> <li>WDHB</li> <li>Public Health</li> <li>TOIHA-PHO</li> <li>WRPHO</li> <li>WDC</li> </ul>
Salsa on the Awa <a href="http://www.nzpacificsalsacongress.co.nz">www.nzpacificsalsacongress.co.nz</a>	Petera Hudson Star dance Academy Dance Studio 36 Taupo Quay	Whanganui City 65% Māori 25% Pakeha 10% other	<ul style="list-style-type: none"> <li>Salsa dancing classes</li> <li>Salsa-geics</li> <li>Salsa Demonstrations</li> <li>Salsa competitions</li> </ul>	<ul style="list-style-type: none"> <li>Teach dance</li> </ul>	<ul style="list-style-type: none"> <li>Local, national&amp; international dance instructors &amp; performers</li> </ul>

	Whanganui Ph 344 4949 <a href="mailto:petera@worldsalstours.com">petera@worldsalstours.com</a>				<ul style="list-style-type: none"> <li>• Other salsa clubs regionally &amp; nationally</li> <li>• Mainstreet</li> <li>• Other dance codes</li> <li>• Stellar bar</li> </ul>
Whanganui Rock & Roll Club <a href="http://www.wanganuirocknroll.org.nz/">http://www.wanganuirocknroll.org.nz/</a>	Jackie Adam Secretary PO Box 4252 Whanganui <a href="mailto:jackel03@xtra.co.nz">jackel03@xtra.co.nz</a>	Whanganui area – we have people attend our classes from Waverley, Patea, & Palmerston North	<ul style="list-style-type: none"> <li>• Dance classes</li> <li>• Demonstrations</li> <li>• Run competitions – locally, regionally, nationally &amp; Wanganui Masters games competition</li> </ul>	<ul style="list-style-type: none"> <li>• Teach dance</li> </ul>	<ul style="list-style-type: none"> <li>• NZ Rock and Roll Assn</li> <li>• Other Rock and roll clubs</li> <li>• Salsa on the Awa</li> <li>• Whanganui Dance Sport</li> <li>• Community Groups</li> </ul>
Iti Pukeko	Te Ringa Te Awhe	Whanganui & surrounding area\Primarily Māori participation	<ul style="list-style-type: none"> <li>• Whānau participate in various sports</li> </ul>	<ul style="list-style-type: none"> <li>• Physical Activity through Basketball, Tee Ball</li> </ul>	<ul style="list-style-type: none"> <li>• Sport &amp; Recreation groups</li> </ul>
Te Kahui Basketball Club	Kellie Gifford	Whanganui & surrounding area\Primarily Māori participation	<ul style="list-style-type: none"> <li>• Basketball Teams</li> </ul>	<ul style="list-style-type: none"> <li>• Physical Activity through Basketball</li> </ul>	<ul style="list-style-type: none"> <li>• Sport &amp; Recreation groups</li> <li>• Te Kahui Whai Ora</li> </ul>
Awa Touch Module	Marama Whanarere	Whanganui & surrounding area 95% Māori	<ul style="list-style-type: none"> <li>• Summer Touch Module – October to Feb</li> </ul>	<ul style="list-style-type: none"> <li>• Promote physical activity for primarily Māori</li> </ul>	<ul style="list-style-type: none"> <li>• Affiliated to NZ Touch Assn</li> </ul>
Whanganui Touch Module	Tim Tapa	Whanganui & surrounding area\Primarily Māori participation	<ul style="list-style-type: none"> <li>• Summer Touch Module – October to Feb</li> <li>• Secondary Touch Module</li> <li>• Primary School Touch Module</li> </ul>	<ul style="list-style-type: none"> <li>• Promote physical activity for general public</li> </ul>	<ul style="list-style-type: none"> <li>• Affiliated to NZ Touch Assn</li> </ul>
Kaierau Touch Module (personal knowledge)	Jim Somerville 100 Devon road Whanganui	Whanganui & surrounding area Ethnicity not recorded – 50%	<ul style="list-style-type: none"> <li>• Summer Touch Module – October to Feb</li> </ul>	<ul style="list-style-type: none"> <li>• Promote physical activity for general public</li> </ul>	<ul style="list-style-type: none"> <li>• Not affiliated</li> </ul>
Whanganui Māori Sport Assn (Netball)	Ora Nyman	Whanganui & surrounding area 95% Māori	<ul style="list-style-type: none"> <li>• Annual Māori Tournament</li> </ul>	<ul style="list-style-type: none"> <li>• Promote Physical activity through Netball</li> </ul>	<ul style="list-style-type: none"> <li>• Whānau, hapū, iwi</li> </ul>
BOXON	Lisa Reweti 46 Hinau st Whanganui	Whanganui	<ul style="list-style-type: none"> <li>• Sport &amp; Recreation</li> </ul>	<ul style="list-style-type: none"> <li>• Fitness Classes</li> </ul>	<ul style="list-style-type: none"> <li>• Castlecliff community</li> </ul>

	06 3444874				
Ratana Maramatanga Sports Club <sup>xxx</sup>	Geoff Hipango	Ratana Community	<ul style="list-style-type: none"> <li>• Sport &amp; Recreation</li> </ul>	<ul style="list-style-type: none"> <li>• Roopu Rawakore</li> <li>• Kapa haka, Dance</li> <li>• Netball</li> <li>• Rugby</li> </ul>	<ul style="list-style-type: none"> <li>• Ratan Community</li> <li>• Sprort &amp; recreation Organisations</li> <li>• TKHoR</li> </ul>
Celebrating Parents	Anna Bognuda 406 Cornfoot st Whanganui 0274597665 <a href="mailto:Anna.psd@xtra.o.nz">Anna.psd@xtra.o.nz</a>	Whanganui	<ul style="list-style-type: none"> <li>• Fabulous food Fiesta</li> </ul>	<ul style="list-style-type: none"> <li>• Cooking with whānau</li> <li>• Gardening with whānau</li> <li>• Walking Group</li> </ul>	<ul style="list-style-type: none"> <li>• Marie McFarland Kindergarten</li> <li>• Beach Babies play group</li> <li>• Castlecliff Community</li> </ul>

## Appendix 7 List of HEHA related activities

- Sit & Be Fit
- Plant distribution (through Grab a Bite That's Right)
- Activities that are provided under Whānau Ora
- Kaumatua Ora through marae based activities
  - Hikoi Nekenekē, Waewae Express
  - Mauri Ora Yoga
- HEHA activities through partnerships
  - Breakfast in Schools (Red Cross)
  - Exercise and Management Clinics (Local gym)
- CHOICE 1 Programme<sup>xxx1</sup> - a programme that takes a dual approach to working with young people at risk.
- Connect 4 life<sup>xxxii</sup> (Equippers Church)- focus is to equip people with practical skills for everyday living.
- Active Movement<sup>xxxiii</sup> - SPARC programme promoting activity and movement ideas which help with the development of 0-5 years old
- Green Prescription Active Families -
- Active Schools - Active Schools aims to improve physical activity opportunities and experiences in our primary schools
- Stone Soup - Regular community gathering aiming to strengthen community wellbeing and harmony.
- Iwi Basketball - Annual Basketball tournament between different iwi held in Waikato
- No Dig Gardens -
- Healthy Heart Award - a programme that encourages early childhood centres to promote healthy eating and active movement to the under fives and their families
- Te Kahui Whaiora (TOIHA-PHO) - Obesity programme working with children in Castlecliff, Whanganui.
- Te Pataka Kai Ora (TOIHA-PHO) - Nutrition & Physical Activity Programme 35+
- Touch Modules - Awa Touch (Mixed), Whanganui touch (Senior, Junior, Mixed)
- Dance - Salsa on the Awa & Whanganui Rock and Roll Club
- Youth Groups: Equippers church, Te Ora Hou



<sup>i</sup> **Te Kohanga Reo criterion**

HS11	Food is served at appropriate times to meet the nutritional needs of each child while they are attending. When food is provided by the service, it is of sufficient variety, quantity and quality. When food is provided by parents, the service encourages and promotes healthy eating guidelines. <b>Documentation required:</b> A record of all food served (other than that provided by parents for their own children). Records show the type of food provided, and are available for inspection for 3 months after the food is served.	There are a number of scenarios in Kohanga Reo regarding kai. Kohanga Reo operates for a minimum of 30 hours per week and as such should have kitchen facilities on the premises to provide healthy and nourishing kai for mokopuna. The preferred option is that, morning tea, lunch and afternoon tea are provided each day so mokopuna all receive the same nutritious meals. There is a monthly menu in place which is usually approved by the whānau at a hui. In some cases, parents provide a cut lunch for their child and the Kohanga provides morning and afternoon tea. This is also acceptable, however, children can sometimes have contrasting lunches and proper nutrition cannot be assured even though the menu for this type of lunch is also approved by the whānau.
HS12	Food is prepared, served and stored hygienically	All food is prepared, served and stored hygienically to the highest standard. It is a good idea for kaimahi working with food on a regular basis to undertake basic food hygiene training.
HS13	An ample supply of water that is considered fit to drink is available to children at all times, and older children are able to access this water independently.	Kohanga will provide mokopuna with drinking water that is kept in the fridge or water dispenser. Kaimahi should assist all children when a drink is required.
HS14	Children are supervised while eating	In all Kohanga reo, kai time is inclusive of both mokopuna and kaimahi/whānau. This is Tikanga. Supervision is vital in all situations including while mokopuna are eating.

<sup>ii</sup> **Nutrition Fund** supports the Ministry of Education's Food and Nutrition Guidelines for schools and early childhood education services. The fund is a \$3 million a year fund, over four years that aims to encourage healthy eating in early childhood education services and schools. District Health Boards administer the Nutrition Fund in their respective regions.

<sup>iii</sup> Fruit in Schools (FIS) is an initiative to encourage children to eat more fruit and adopt healthier lifestyles. Research indicates New Zealand children generally have a low level of consumption of fruit and vegetables. FIS aims to provide a jump-start to healthy eating and lifestyle choices for children in regions of high social and health need. The project has two parts. The first focuses on encouraging and supporting schools in taking a Health Promoting Schools/whole school community approach to supporting healthy eating, physical activity, smoke free and sun protection. The second is a targeted component for children attending high need primary schools who will receive a free piece of fruit each day for up to three years. Schools selected to take part in the FIS programme will be expected to work towards becoming a Health Promoting School or to take a whole school approach to addressing the four areas of focus. Health Promoting Schools provides a framework and process for improving the health and well-being of school communities. FIS has been funded to provide fruit and support for up to 120 schools throughout New Zealand over the next three years.

<sup>iv</sup> **Health Promoting Schools (HPS)** in Aotearoa/New Zealand is based on the principles of the Treaty of Waitangi, Te Whare Tapa Whā model for hauora/well-being and the Ottawa Charter for Health Promotion. It is an effective way to improve the learning outcomes and health and well-being of all students in the school setting through a whole school approach. HPS focuses on schools as an integral part of the wider community

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and offers practical ways for children and young people, teachers, managers, parents and community members to contribute to schools and the wider community being healthy settings. It isn't just about physical health, it's also about Mental and Emotional Well-being, Social Well-being and Spiritual Well-being (Hauora).

<sup>v</sup> **Feeding our Futures** is a programme developed by the Health Sponsorship Council (HSC) with support from Agencies for Nutrition Action. HSC is a Government-funded organisation that promotes health and healthy lifestyles. The programme, which supports parents to establish healthy eating practices for the whole family, is part of the Ministry of Health's strategic approach to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders

<sup>vi</sup> **Te Oranganui Iwi Health Authority** is a leading Health Care provider delivering a quality service contributing to the mana motuhake of whānau , hapū , iwi and other peoples.

Nutrition & Physical Activity	Tamariki Ora
Discrimination & Destigmatisation Programme	Whānau Ora
Quit Smoking Programme	Family Start
Healthy Lifestyles & Tamariki	Rent-a-Turu
Consultations	Disability Support Service
Diabetes Clinic	Support for Independent Living
Liquid Nitrogen Clinic	ACC Home-based Rehabilitation Service
Rural Nurse Service	Palliative Care
Specialised Nursing Services	Hospital Liaison
Romiromi Clinic	Vocational Programme
Sexual and Reproductive Health and HIV Aids	Welcome Home - First Steps
Te Whare Tautoko Day Activity Service	Alcohol & Other Drug Services
Te Kainga Wairua Respite/ Residential Care	
Nga Oranga o te Rae	

<sup>vii</sup> **Te Kotuku Hauora o Rangitikei** is the health and social service delivery arm of Te Runanga o Ngati Apa. It has been operating since 1997. Ngati Apa is joined in the delivery of this service by other stakeholders from the Rangitikei and Nga Wairiki namely Ratana, Ngati Hauiti and Nga Hau e Wha (Marton Māori community). The delivery of these services is managed by a committee that is made up of these stakeholder interests. Te Kotuku Hauora o Rangitikei operates within the iwi boundaries of Ngati Apa and Ngati Hauiti, thus including Ratana and Marton. Emphasis is placed upon the provision of holistic whānau ora services. To provide these services, Te Kotuku retains the assistance of two clinicians who are registered nurses to work with and manage four case workers. Te Kotuku Hauora also employs two social workers, one based in Marton and one based in Ratana. These positions also take a holistic whānau ora approach to their work by assisting individuals and their whānau to cope with many of the social difficulties associated with poverty, isolation and loss of identity. The general thrust of whānau ora is health promotion and assisting our people live healthier lives and, when required, to access primary health services. Te Kotuku also employs a driver to transport people from their homes to the primary health service providers.

<sup>viii</sup> **Te Maru o Ruahine Trust** is the social and cultural delivery arm of Ngāti Hauiti. It was legally incorporated as a charitable trust in August 1996.

1. The Trust has the task to ensure that the welfare and cultural needs of the Ngāti Hauiti, particularly those resident in the Whanganui, Rangitikei and Manawatū districts are addressed in relation to, education, employment, housing, health, training, justice, welfare, religion and culture. In particular the Trust will undertake such activities that will:
2. Support and strengthen the whānau, hapū and iwi.
3. Improve the position of low income, unemployed and economically disadvantaged whānau.
4. Assist with the special needs of alienated groups including youth, disabled, single parents and the elderly.
5. Enhance the quality of life of the whānau.

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<sup>ix</sup> **The Ngaa Rauru Kiitahi Offices** provides administrative support to Te Kaahui o Rauru (TKoR), hapū , marae and descendants of Ngaa Rauru Kiitahi Iwi. All operational work pertaining to Ngaa Rauru Kiitahi Iwi is carried out by the Office. The Office is responsible for governance support, development and implementation of a communication strategy, internal administration, preservation, resource management, effective risk management and compliance as well as promotion of Ngaa Rauru Kiitahi Iwi.

<sup>x</sup> **Whanganui Regional Primary Health Organisation (WRPHO)** was established in July 2003 and is registered as a charitable trust. There are seventeen general practices within the WRPHO, situated within the city and also based in the rural communities (GP Fee Schedule). As of 1 July 2007 the enrolled population totals 57,509 with 18.84% of the patients enrolled of Māori or Pacific Island ethnicity (10,832 people).

<sup>xii</sup> **The National Heart Foundation of New Zealand** is a not-for-profit, non-government organisation that funds research and promotes heart health in order to reduce the rates of cardiovascular disease in New Zealand. The encourage people to make positive lifestyle changes and develop environments which make healthy choices easy. Their message, based on 40 years of research, is simple and effective:

- eat a heart healthy diet
- enjoy regular physical activity
- be smokefree

The Heart Foundation promotes heart health in the community through encouraging Healthy Eating, regular physical activity and being smokefree. They also offer education programmes to Schools and Early Childhood Centres in order to promote heart healthy habits to our children and young people.

<sup>xiii</sup> **Te Hotu Manawa Māori** - It was back in the late 1980s when Dr Papārangi Reid, Tāwhao Tioke and the late Dr Eru Pōmare began discussions to form a national organisation that would service a rising need to improve heart health amongst Māori. And so in October 1989 Te Hotu Manawa Māori was formed under the umbrella of the National Heart Foundation(NHF) delivering the services Auahi Kore (Smokefree), Kai o Te Hauora (Nutrition), Kirika Rumatiki (Rheumatic fever). It was Tūhoe kaumatua Tāwhao Tioke who gave the organisation the name Te Hotu Manawa Māori (THMM). The word Hotu refers to a particular sob or cry that characterised traditional Māori singing and the word Manawa refers to THMM's focus - Māori heart health. THMM then decided it needed to branch out and so in September 1997, Te Hotu Manawa Māori registered as an Incorporated Society and became an independent national organisation. In its early years of independence THMM remained in the NHF building, however in May 2005 to reinforce its autonomous identity THMM moved to the D72 Building in Dominion Road, Mt Eden. Te Hotu Manawa Māori delivers health services "by Māori for Māori", providing solutions tailored to meet the needs of Māori. In doing so, Te Hotu Manawa Māori reinforces the principles and values of both tikanga and kaupapa Māori imperatives. Mission: To provide leadership, support, education and advocacy to empower Māori communities to improved health through good nutrition and participation in regular physical activity.

Objectives:

- Strengthen knowledge and health promotion skills of Māori community workers with a Train-the-trainer course.
- Produce effective health education resources for Māori communities.
- Facilitate networking opportunities and disseminate key information to Māori Community Workers.

Advocate and provide advice on nutrition and physical activity issues

<sup>xiv</sup> **Active movement** is important for the healthy development of a child's brain - young children learn from movement and being physically active. Active movement also discourages health problems such as diabetes and obesity, and helps build tomorrow's athletes. Active movement is just as important for newborns as it is for older children. By helping your child to get active, you help their body to develop, you help them to learn and to feel safe, and you show them they are loved

<sup>xv</sup> **Active Schools** aims to improve physical activity opportunities and experiences in our primary schools by:

- providing schools with a quality teaching resource outlining co-curricula and cross-curricula physical activity opportunities for kids throughout the school day
- working with teachers to help them get the most from the Active Schools teaching resource

- supporting collaborative school and community-wide physical activity planning.

Active Schools is also helping create the sports heroes of the future, giving children essential, basic physical skills early on.

<sup>xvi</sup> **Green Prescription Active Families** is an exercise prescription received for a child (5 – 18 years) and their families. Referrals may be received from doctors, practice nurses, public health nurses, counselors, social workers and other community health workers.

Children who are showing signs of medical conditions such as diabetes, heart disease, breathing difficulties due to inactivity and excess weight, are the children targeted in this programme and specifically Māori and Pacific Island children.

<sup>xvii</sup> **Music and Dance** provides a positive outlet that filters and enhances skills that link to our everyday routine and facets in life, such as health, sport, fitness, body movement, driving, agility, control, timing, co-ordination and more

<sup>xviii</sup> **Boogie Buddies** - The YMCA has developed the Boogie Buddies programme to help develop children's co-ordination and motor skills using the medium of music incorporating dance, movement, fun and games plus some circuit fun using soft gymnastic equipment

<sup>xix</sup> **Free your style** class teaches freestyle, hip hop and street dance. The sessions include the dance styles b-boying, krumping, popping and funk as well as a mixed choreography filled with high energy movements.

<sup>xx</sup> **Conservation Corp** - This programme is designed to facilitate the development of young people through involvement in Conservation, Education, Community Involvement and Challenging Recreation activities. The programmes aim is to:

- Increase trainees self esteem and motivation
- Improve trainees employment prospects by learning new job skills, communication and team work
- Protect and enhance the environment and historic heritage of New Zealand
- Develop a knowledge and appreciation of conservation values and processes
- Involve trainees in community projects
- Challenge trainees both physically & mentally, in outdoor recreational activities such as Adventure Based Learning, Tramping, Climbing, Abseiling, High Ropes, Caving, etc.

<sup>xxi</sup> **Te Ora Hou programmes** - Te Ora Hou focuses on the needs of children and young people in Wanganui. Each year they support more than 120 young people and their families, by providing positive role models and developing relationships through daily and weekly activities, camps and mentoring. This happens through OSCAR After School Care, Te Pihi Ora Hou Girls Club and Te Ora Hou Senior Club. We also support community development through a community initiative called Stone Soup.

<sup>xxii</sup> **Wai Ora Trust programmes**- The Wai Ora Christian Community Trust was established 1989 by Marama Dey for the purpose of working with "at risk youth" in Wanganui. In 1991 The Wai Ora Christian Community Trust became a registered charitable trust under the Charitable Trust Act 1957. This legal entity allowed the Trust to become a Private Training Establishment and to contract to, and offer courses on behalf of Skill New Zealand and Work and Income New Zealand. The Trusts credibility was further enhanced when in 1995 they gained registration and accreditation to The New Zealand Qualifications Authority. The Trust continues to run courses for The Tertiary Education Commission, The Ministry of Education and to provide a Social Work support service for youth and families on behalf of The Department for Child Youth and Family. Wai Ora has gained a reputation for handling the most difficult cases to the point where we now operate the largest Alternative Education School in the region, with over 16 students, 5 staff and a number of volunteers. Wai Ora employs a full time Senior Social Worker, a Social worker for Alternative Education and a number of social work support staff engaged as mentors and buddies. The Trust also has trained counsellors on staff.

<sup>xxiii</sup> **Food Forest** - The idea of forest gardens (food forests) was first articulated by Robert A. de J. Hart in his book 'Forest Gardening' and subsequently became one of the keystone concepts in permaculture. A permaculture forest garden mimics the architecture and beneficial relationships of a natural forest. Food

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forests are not 'natural', but are designed and managed ecosystems that are very rich in biodiversity and productivity.

The food forests are designed to meet several goals:

- to produce food
- to produce forage for beneficial insects, pollinators, chickens and song birds
- to create wildlife habitat
- to nurture for our bodies through herbal teas and concoctions
- to create beauty and sense of well being

<sup>xxiv</sup> **Yes to Youth (Y2Y)** Trust was formed in 2005 in response to identified needs for support for young people as they transition to independence. Many of these emerging adults lack the skills required to function in the adult world and need support to find accommodation and employment or simply to keep themselves safe and away from substance abuse and offending. Their aim is to provide young people with the opportunity to experience emotional and physical safety, healthy relationships, self identity, connection to their culture and community and opportunities to develop skills. Y2Y now has a Choice 1 Programme in Wanganui and has expanded its Refocus service to work with a wide variety of young people of both genders. The Choice Programme was developed in January 2006 - The programme's target group is youth who lack direction, motivation and self-esteem. The programme is designed to focus them and assist them to make choices that will help them in their career path and in becoming adults. The ReFocus service, developed in December 2006, provides focused and individual support so that youth at risk of poor outcomes can achieve their full potential in life, enabling them to participate in society in a positive way.

<sup>xxv</sup> **Land Based Training** Limited is an innovative Tertiary Education Provider with its head office based in Whanganui and branching out with courses and facilities throughout the North Island of New Zealand. Land Based Training presently operate a number of full time Tertiary Education Commission (TEC) funded courses teaching the National Certificate in Agriculture Level Two, Introduction to the National Certificate in Employment Skills, National Certificate in Civil Construction Works and Introduction to Horticulture. We also cater for a large number of schools throughout the North Island where we operate courses in Agriculture, Forestry and Construction. These STAR and Gateway courses range from short block courses to full programmes on behalf of High Schools. The courses are a huge success encouraging people into primary industries as well as increasing the curriculum offered at schools

<sup>xxvi</sup> **AG CHALLENGE LIMITED** is NZQA Registered & Accredited. AGC are your trade training, land based training and vet nurse training specialists. All AGC programmes work towards National Certificates containing industry based unit standards. Courses run for 44 weeks - start at any time. CV's and life skills ie. cooking, budgeting, numeracy & literacy are incorporated into the programmes. Full-time, part-time or correspondence study options are available.

<sup>xxvii</sup> **Māori Women's Welfare League** - In the late 1940s it became evident to those interested in the future of the Māori people that there was need for them to prepare themselves for the rapidly changing economic and social conditions of modern life, and it was felt that the women could assist in this. Up to that time Māori women, with a few exceptions, had not taken part in public or in tribal affairs. A meeting was called in Wellington, in 1951, at which the Māori Women's Welfare League was formed. Its prime objective may be summed up as follows: "To promote fellowship and understanding between Māori and European women and to cooperate with other women's organisations, Departments of State, and local bodies for the furtherance of these objects". The league is also pledged to preserve, revive, and maintain the teaching of Māori arts and crafts and to perpetuate Māori culture. Its welfare work extends to giving aid to members and others in need. From the outset the growth of the league was rapid, and within 14 years the membership had risen to some 3,000 members in branches in all parts of the country. A conference is held annually at which Māori women are gaining confidence in expressing their views on all topics which affect their people, especially with regard to health and education. The league has already justified its formation.

<sup>xxviii</sup> **YMCA** -The Young Parents Programme provides a specialised programme for young parents that are excluded from schools and the Tertiary Education system. The programme focuses on parenting, social and life

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skills, offering unit standards towards National Qualifications, pathways to employment, and the National Certificate in Educational Achievement (NCEA). Distance learning options are also supported.

<sup>xxix</sup> **La Leche League** is run by mothers for mothers. Whether you're pregnant or already breastfeeding, you'll find great support and ideas at La Leche League.

<sup>xxx</sup> **The Ratana Sports Club** has been involved in supporting, ensuring the resourcing and being the central point of contact for sport and recreational activities. There is a move from the sports club to be more supportive of community recreational activities as opposed to competitive sports, which is limiting. Current sports club policy requires that there has to be consultation with agreed party to support such initiatives so that both are fully aware. Recreational activities, which would be inclusive of gardening and cooking classes, is an area that the club will support. Other recreational activity that the club is supporting is dancing. The Ratana Sports Club has been able to access funding and be an umbrella body for Roopu Rawakore or over 60's plus keep fit class and where appropriate provide funding for MYM Kapa Haka initiatives as documented by the club records.

<sup>xxxi</sup> **Choice 1** - A structured 20 week programme aimed at supporting young people to successfully make the transition to adulthood which includes helping them to develop the following skills: knowledge of health and safe living practices; motivation; self management skills; sense of identity; positive decision making; relationship, communication and team work skills. This is done through adventure based learning activities, Work experience, Community Participation, Cultural Activities, Sports

<sup>xxxii</sup> **Connect 4 Life's** key focus is to equip people with practical skills for everyday living. It is about adding knowledge combined with skill; building confidence; helping people to build new support networks, creating a safe environment for learning, passing on the knowledge from different generations acquired through life's journey; empowering participants to make positive choices for themselves and their family.

There are a variety of topics that our team at Connect 4 Life can deliver some of those are Home budgeting, Meal preparation, Nutrition for families, Safety in the home, Menu Planning, Self Care, Creative play for children, Basic Parenting skills. Our team at Connect 4 Life have a variety of skills and experience and we aim to deliver fun and informative courses to help people build the skills needed to face the challenges of everyday life. We are able to design programmes to suit your organisation or workplace.

**Total Health** is a weekly programme which looks at all the different aspects necessary to be healthy and lose weight. At Total Health we know it's not just about diet, or it is not just about exercise. There are so many issues that make living a healthy lifestyle and being happy seem so out of reach at times. The Total Health programme is not a diet or quick fix. Total Health provides practical answers for setting you and your family up for success to live long and healthy lives. Our programme is built on providing you with knowledge in 5 key areas -Basic body science; The emotional component ; How to dress for your shape ; Physical activity ; Recipes for success .Topics covered:

- Learning how our body works, why it needs food, and what food does for the body. Emotional eating, recognising your triggers, and develop coping strategies.
- How to love the body you have (it's yours for life!), how to hide problem areas and accentuate your assets. Weekly exercise tips, practical ways to add exercise into everyday life and weekly exercise challenges.
- Provide a healthy recipe of the week, weekly food plans and meal ideas, how to buy healthy food and stick to a budget. We also teach food label

<sup>xxxiii</sup> **SPARC** has developed a series of resources that assist with providing activity ideas on how to get 0-5 year olds participating in quality movement experiences. Endorsed by the Royal New Zealand Plunket Society, GymSports NZ, Barnardos, the Ministry of Health, the National Heart Foundation, the Cancer Society, and Swimming NZ - the Active Movement resources show you how easy it is to incorporate quality physical activity into your children's lives right now - from balancing to walking, tummy time to climbing.