

A whanau ora approach to health care for Maori

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A whanau ora approach to health care is becoming well-established within the primary health care sector, which means that we now see many providers, particularly Maori providers, employing whanau ora workers who work not just directly with individuals but with families to help to support individuals often with chronic disease or mental health problems. At the same time a number of important initiatives have emerged including marae and community-based clinics which emphasise a positive approach to Maori health, philosophy and models. However, it is evident that there are subtle variations in how people and organisations perceive a whanau ora approach; indeed it is an approach that is used not only in health but in education and the social welfare sector. It should also be acknowledged that there may be local and iwi-based differences in understanding what whanau ora is.

The term whanau ora was promoted by Mason Durie¹ as the component of good health that relates to the support from and connection to the family. Since then the term has been more widely used to affirm the importance of whanau planning and management of their own health including *wairua* (spirituality), *te ao Maori* (the Maori way of living in the world), *tikanga* (Maori customs and protocols), self-determination, and economic and social factors. This broadened view

of health is part of the government's Maori policy document *He Korowai Oranga* and is defined as 'Maori families supported to achieve their maximum health and wellbeing.'² *Ora* relates to well-being or health. When paired with *whanau*, the meaning is expanded to suggest the health and well-being of the family within the environment in which they interact. A more modern translation of whanau represents not only blood relations but also the relationship through a common goal or similar interests.³

Throughout the various District Health Boards, Maori providers and other health service providers, whanau ora has been used as a guiding principle and value, a goal, and in some instances it has been used to describe a type of health service being delivered to local Maori communities. While each has varying definitions on what whanau ora is to their particular region and/or service, it is clear that the overall goal is to achieve maximum wellness for the whanau.

When structuring a kaupapa Maori research project that explores the whanau ora experiences of Maori men who have chronic disease or cancer, our team of Maori and non-Maori clinicians, academics and health care service managers concluded that the development of a local understanding of whanau ora was required. Bishop,⁴ in discussing kaupapa Maori as a preferred

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Pounamu

MAORI PRIMARY HEALTH CARE TREASURES
Pounamu (greenstone) is the most precious of stone to Maori.

'Ahakoa he iti, he pounamu'
(Although it is small, it is valuable)

methodology, includes the principles of whakapapa (genealogy), whanau, te reo (language), tikanga, rangatiratanga (self-determination), and aroha ki te tangata (respect, accountability and valuing all those involved with and affected by the research). In addition to providing a sound cultural and ethical basis for the proposed research,⁵ these principles are congruent with the generic research aims and form a basis to what Cram⁶ describes as *talk as data*.

To this end, the Oranga Tane project team sought guidance from Waikato Kaumatua to determine what a local definition of whanau ora might look like. This was done through a series of hui (meetings) held with local Kaumatua in each of the Tainui iwi areas: Waikato, Maniapoto, Raukawa and Pare Hauraki. Hui are an oral and aural medium for discussing, debating and coming to a shared understanding about issues, and have a defined process to follow; this was undertaken by the Kaumatua for the research team, Kingi Turner. Kaumatua, defined as men and women elders who are guardians of genealogy, spirituality and Maori knowledge, were invited through their particular marae-based organisations to attend the hui and respond to the researchers' request to 'tell us what you understand by the term whanau ora.' The ensuing discussion was captured on a whiteboard by a member of the research team who is fluent in te reo Maori. This ensured that the content of the discussion was accurately recorded and provided the participants with the opportunity to correct any misunderstandings or missed points as an integral part of the hui process.

Although the overall aim of the study is focussed on Maori men, the guidance that came from Kaumatua encompassed the whanau as a whole. The well-being of mokopuna (grandchildren) was a focus, with many discussions about the importance for all the whanau to stay healthy

so the children's well-being could be assured. Other areas of interest included the importance of whanau-based health education and the importance of wairuatanga (spiritual connection) to health, although the hui also acknowledged a general reluctance to attend health screening and early treatment, the perceived unfriendliness of Western-based health services, and the difficulties for some whanau who need to travel to a main centre to access health services.

The issue of who speaks or acts on behalf of the whanau was also explored, with some of the Kaumatua arguing for a departure from the traditional gender separation of women's and men's health information. It was proposed that the whanau as a whole should be aware of the health needs of their members, and be prepared to advocate and encourage self-care for the well-being of the wider whanau. These concerns are common to international indigenous populations.⁷ In addition, wide-ranging discussions took place about how to connect te ao Maori, whanau, and health care services so that whanau ora is achieved. The need for health services to be integrated into social and economic services was clearly articulated, and is consistent with national policy directions.⁸

What became clear throughout the hui is that whanau ora is complex, with many interconnecting facets. Our findings indicate that difficulties accessing primary health care remains an issue for Maori, despite an apparent awareness of the need for health screening and early treatment. It appears that there is a still unmet need for culturally-appropriate health care to improve acceptability of health care provision. The Kaumatua were emphatic about the need for their whanau to be engaged with health care education, which they viewed as being important for the future health of their mokopuna. The value of the whanau ora approach is that the connections

between health care providers, the world of Maori and the people of the whanau are made explicit and measurable. Maori community health workers provide general practitioners and others with the opportunity for such connections to be made and for improved health care outcomes for Maori.⁹

Overall we have presented in this paper the beginnings of a local whanau ora definition which is consistent with the understanding shown in a number of studies to have improved access and health outcomes. We would encourage primary health care workers to work with Maori providers and others who are involved in whanau ora provision to avail themselves of this expertise in order to improve outcomes for their Maori patients.

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