The Ngāti Kahungunu Tobacco Strategy

A Framework for Action

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Introduction

The Ngāti Kahungunu Iwi Incorporated (NKII) *Tobacco Use Strategy* has been developed to meet the concern regarding tobacco use within Ngāti Kahungunu.

Tobacco use is a major impediment to achieving the aspirations and vision outlined in the *Kahungunu 2026 Vision Plan.*

> *He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata.*

One regularly hears that the most important thing of all is the people. Yet tobacco claims over 600 Māori each year. The benefits of reducing then eliminating tobacco from Ngāti Kahungunu will be far-reaching. The health, economic and cultural benefits provide for a healthy and prosperous people.

An overarching comprehensive tobacco strategy provides focus on a preventable public health issue that requires a well planned and executed response.

How to use this Strategy

This document can be used as a guide for *Iwi, Hapū, whānau* and individuals.

- To guide policy development;
- To guide planning at a local, regional or *rohe* level;
- To guide research topics.

Ngāti Kahungunu Tobacco Strategies and the Right to be Well[1]

Introduction:

For Māori to live well and be healthy is a fundamental given established in our *whakapapa* and *tikanga.*

Throughout our history our people lived by the story of *whakapapa* and the *whakapapa* of stories. Through them we learned the certain truth that everyone and everything was interrelated in some way, and that a *whakapapa* could be both a record of human relationships and a storehouse of knowledge that we could use to identify a *whānau* or find where a phenomenon fitted in the broader scheme of things.

Whakapapa was (and is) the central tenet of what it is to be Māori. To be well in its fullest sense was essential if the relationships, and hence the people themselves were to survive. Indeed the notion of good health includes the physical, spiritual, and cultural well-being of Māori as individuals and as a

[1] *Jackson, Moana, Ngāti Kahungunu Tobacco Strategies and the Right to be Well.* 2007.

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collective – a well collective ensures a healthy individual, and an individual strong and fit enough to contribute to the collective ensures its strength and vibrancy.

When Ngāti Kahungunu sing of the precious treasure *"Pinepine te kura"* we acknowledge the *taonga* of all our *mokopuna* – we sing of their need to be safe, healthy and well so that the *whānau, Hapū* and *Iwi* can continue to flourish.

In that sense to be well is to be *tika*. Anything which directly or deliberately influences that condition in a negative way is a *hara* or a wrong against the well-being of the people.

Smoking is a *hara*.

Strategies to address its prevalence and consequence therefore need to address three different but interrelated causative and remedial issues –

1. The historic social, cultural, economic and other factors which kept our people well prior to 1840.
2. The issues relating to *Te Tiriti o Waitangi* that caused a decline in Māori well-being and helped shape ill-health risk factors such as the need to smoke.
3. The initiatives that may help an individual quit smoking.

The Historic Factors:
Prior to 1840 the right and ability to ensure the health of the *mokopuna* of *Iwi* was an inherent responsibility that lay not just with *whānau* but with those entrusted to exercise the independent and undisputed authority of our *mana* and *rangatiratanga*.

Manuhuia Bennett once noted that one of the prime responsibilities of *rangatira* was to care for the people - *"te tohu o te rangatira, he manaaki".* Wellness was a matter of political wills as much as a matter of personal choice.

To maintain the wellness of the *Iwi* was to maintain its *whakapapa* and thus ensure that the *rangatiratanga* and *mana* handed down from the *tipuna* would be exercised into the future. To be healthy was to be political and forward thinking.

An essential part of maintaining the well-being of the people was to maintain the whenua which provided sustenance. To be a *kaitiaki* for the land was part of exercising the political responsibilities of *mana* and *rangatiratanga* but it was also a primary health care practice.

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The age-old tradition of burying a baby's afterbirth linked the well-being of the child to the land and established a correlation between the spiritual and practical importance of the land to the spiritual and practical well-being of those who claimed *tūrangawaewae* with it.

It is for that reason, among others, that *pēpeha* always relate the people to the land, as in the statement of identity: *"Ko Kahuranaki te maunga, ko Ngaruroro te awa, ko Ngāti Kahungunu te Iwi"*. To know where you belonged and to have rights in that place, was to be healthy.

Just as it was impossible to be *tāngata whenua* without a *whenua* to be *tāngata whenua* upon, so it was impossible to be fully well in terms of *whakapapa* if one was landless and without the power that the land gave. Had a person ever been alienated from the *whenua* and the *whakapapa* that comes from it they would have been at risk of serious ill-health.

A well Kahungunu *mokopuna* was therefore not just a person who never got physically sick. It was an individual who knew their identity and all that that implied in terms of reo and tikanga, as well as a person who belonged to a collective secure in its *rangatiratanga* and its land. It was someone who could sing *"Pinepine Te Kura"* and understand its many layers of meaning.

Te Tiriti o Waitangi sought to protect and maintain that sense of wellness in the relationships we would have with others who came to our land. It enshrined our *mana* and *rangatiratanga* as a means of ensuring our power and authority and thus our ability to define and sustain what being healthy means in a *whakapapa* and *tikanga* context.

Te Tiriti and Māori Unwellness:

In the years since 1840 the promise of *Te Tiriti* has been consistently betrayed by the Crown. As a result Māori people have been dispossessed and disempowered to such an extent that our health has inevitably suffered.

It is systemic to colonisation that the Crown would never recognise any power other than its own and so *Te Tiriti* itself has been consistently ignored or redefined to reduce our *rangatiratanga* to some non-existent or subordinate and limited right of management. The political base upon we based our duty to care was reinterpreted to be effectively meaningless.

At the same time the lands, lives, and power of *Iwi* and *Hapū* were effectively taken away.

Ngāti Kahungunu had over 90% of its land taken between 1840 and 1926. There was little actual whenua left for the people to be *whenua* upon, and little base left upon which to exercise any meaningful power.

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The spiritual and material foundations upon which the Māori view of good health depended was also diminished as our knowledge and values were ridiculed or dismissed. People in Kahungunu began to experience what Te Ataria Rarere called "…the great despair, the sense that the world itself was sick and the soul was lost".[2] 1. The *Iwi* became unwell in a way it had never known before.

Smoking tobacco of course came with colonisation. Māori society was tobacco free, and the specific health problems tobacco would cause were part of the greater "despair" of dispossession.

In the first ever research into the history and effects of Māori smoking, the Ngāti Kahungunu researcher Dr John Broughton wrote, "The truth is quite alarming. The truth is that tobacco played a significant role in the colonisation processes that impacted detrimentally upon the health and well-being of Māori people".[3]

In a sense it became part of the breach of *Te Tiriti* because it was integral to the disjunction between wellness and the right to properly exercise *rangatiratanga*. It thus breached our rights which in turn created quite specific health needs.

Any Ngāti Kahungunu tobacco strategy needs to meet the specific health needs caused by smoking. However it is the submitted that it must do so by considering the broader contextual issues and by reasserting the rights in *Te Tiriti*.

An "anti-smoking" strategy divorced from history and the question of rights may alleviate an individual's addiction but not address the situation of disparities and lifestyle which cause it. It may care for the smoker's needs but not necessarily care for the future rights of *mokopuna*.

The Strategic Initiatives:
A Ngāti Kahungunu Tobacco Strategy needs to be set firmly within the context of Kahungunu history and *tikanga*. It should be by Kahungunu for Kahungunu in order to meet the specific needs and rights of the *Iwi*.

It must secondly recognise the relationship with the Crown in terms of *Te Tiriti* but recognise that *rangatiratanga* is ever an authority that is subordinate to the Crown.

On those bases it is submitted that a strategic framework should cover the following points:

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[2] *"Puffing Up A Storm," Volume 1, 1996.*
[3] *Kōrero at Land Repudiation Hui, Omahu Marae, 1873.*

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1. This Strategy will be developed and work alongside the *Kahungunu Reo Strategy* and the *Kahungunu Violence Free Strategy*. They are distinct but interrelated – the *reo* because it is the base from which a *tikanga*-centred tobacco framework might be established, the *Kahungunu Violence Free Strategy* because it is addressing some of the same contextual issues within which smoking occurs.

2. The Strategy will incorporate and share whatever best practice may have been developed in other agencies, including the Crown, provided that any relationship with such agencies is premised on the full and proper exercise of Ngāti Kahungunu *mana* and *rangatiratanga* as guaranteed in the 1835 Declaration of Independence and *Te Tiriti o Waitangi*.

Rangatiratanga - Leadership

The need to reframe leadership within a notion of *serve and protect* is a critical pathway for changing the prevailing role undertaken by Māori leaders across the *motu.* This is acknowledged in *'The Declaration of Ngāti Kahungunu Rights'* which states:

> *"History and tradition* also teaches us that the *Hapū* and *Iwi* of Ngāti Kahungunu always accepted that *mana* imposed both rights and responsibilities as *kaitiaki* in relation to the care and protection of ourselves as unique peoples."

Whilst leaders are serving the *iwi/hapū* well, the need to take a leadership stance on protection of the *iwi/hapū,* displaying leadership on a myriad of public health issues that includes tobacco use is required. Reframing the leadership role as *kaitiaki* for *hauora* matters is a responsibility that is challenging but not insurmountable. It is also a role that was historically part of *rangatiratanga*.

Ngāti Kahungunu leadership is in a position that will influence the *hauora* and well-being of its people.

Why does Ngāti Kahungunu need a Tobacco Strategy?

Reducing prevalence rates is dependent on a comprehensive programme. We are seeing a trend downwards for in Māori smoking prevalence rates that show that 46% of all Māori adults (over 15 years) still smoke.[4]

This strategy has been developed to:

- highlight the need for a planned response to reducing smoking prevalence and consumption rates;
- advocate for *Auahi Kore* (Smokefree) and *Tupeka Kore* (tobacco-free) environments – homes, vehicles, workplaces;

[4] *Ministry of Health, Tobacco Trends 2006: Monitoring tobacco use in New Zealand, P.vii*

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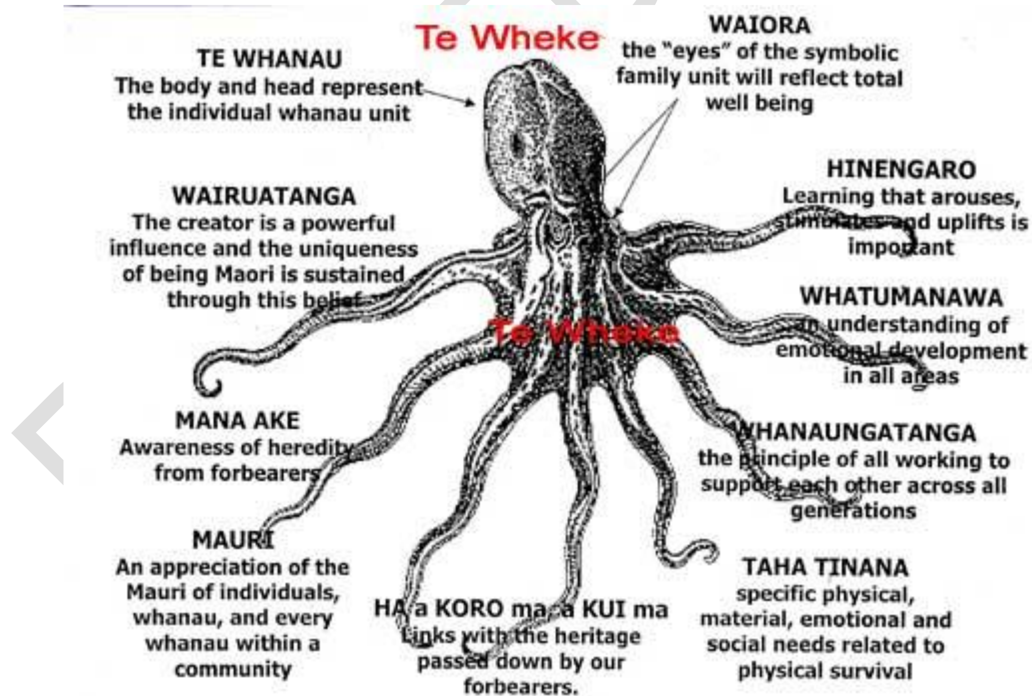
- advocate for *Auahi Kore* (Smokefree) and then *Tupeka Kore* (tobacco-free) environments significant to Ngāti Kahungunu – *wāhi tapu, marae, maunga, awa, urupa* and events;
- advocate an improved co-ordination in response to the tobacco use within Ngāti Kahungunu;
- provide the Ngāti Kahungunu with a framework to assist in planning and intervention design.

Relationship with a kaupapa Māori model

A number of Māori specific health models may impact upon the way in which Māori tobacco use is viewed. Some of these include:

- **Te Wheke** [5]
  Te Wheke, a Māori health model presented by Dr Rangimarie Turuki Rose Pere at the Hui Whakaoranga in 1984, "describes the eight tentacles which collectively contribute to *waiora* (total well-being). These were: *wairuatanga* (spirituality); *hinengaro* (mental); *taha tinana* (physical); *whānaungatanga* (the extended family); *whatumanawa* (emotional); *mauri* (life principle in people and objects); *mana ake* (unique identity), and *hā a koro mā a kui mā* (inherited strengths)". *Te Wheke* is the model adopted by Ngāti Kahungunu.



[5] *Pōmare E et al. (1995), Hauora: Māori Standards of Health III. A study of the years 1970 – 1991. Eru Pōmare Māori Health Research Centre, Wellington, New Zealand; 26.*

The Ngāti Kahungunu Tobacco Strategy

• Strategic Intent – Aim

To lead the *iwi* in reducing smoking prevalence and tobacco consumption rates within a ten year period prior to totally eliminating tobacco use within Ngāti Kahungunu.

• The Underlying Guiding Principles

The Ngāti Kahungunu Tobacco Strategy is based on the Mission and Guiding Principles reflected in the *Ngāti Kahungunu 25 Year Vision*:

The Mission

- To enhance the *mana* and well-being of Ngāti Kahungunu *iwi*

Guiding Principles

- *Te tuhonohono o Kahungunu* - how we relate to ourselves.
- *Te hononga mareikura o Takitimu* - how we relate to every other *iwi, hapū* and *whānau.*
- *Te whakaputanga o ngā Rangatira* - the declaration of independence, how we relate to every other race and country in the world.
- *Te Tiriti o Waitangi* - how we relate to the Crown.
- *Te Kotahitanga* - how to achieve Māori sovereignty.
- *Kanohi ki kanohi* - how to do it; face to face.

• Goals

To significantly reduce tobacco prevalence and consumption rates prior to elimination of tobacco from Ngāti Kahungunu as an *iwi*.

Cessation

- Increase quit attempts by smokers within the Ngāti Kahungunu *iwi*
- Advocate the use of national and regional cessation services that are culturally appropriate for Ngāti Kahungunu *iwi*
- To significantly reduce then eliminate prevalence rates within the Ngāti Kahungunu *iwi*

Exposure to second-hand smoke

- To advocate significant reduction then elimination of smoking in *whare tupuna/wharekai/marae*, *kainga*/homes and *waka*/vehicles

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Eliminating smoking activity (other environments/events)

- To eliminate **all** tobacco from significant places: *wāhi tapu*, *urupā, maunga* and *awa* within the Ngāti Kahungunu *rohe*
- To make **all** Ngāti Kahungunu events initially Auahi Kore (Smokefree) then Tupeka Kore (Tobacco-free) .e.g. Annual General Meeting

Eliminating smoking initiation

- To significantly reduce then eliminate the uptake of smoking amongst *rangatahi* within the Ngāti Kahungunu *rohe.*

• Objectives

In order to achieve the overall goals this strategy aims to:

1. Increase quit attempts and improving access to services for Ngāti Kahungunu smokers (Cessation);
2. Reduce then eliminate exposure to second-hand smoke (Environments);
3. Exposure to smoking activity
4. Reduce then eliminate smoking initiation (*Rangatahi*-Youth).

Objective 1

• Cessation

Increase quit attempts[6]

The number of times a smoker attempts to quit has some bearing on a successful result. Current thinking puts that number at **14 attempts**. Promoting the average **number of attempts** it takes to succeed and not just the final quit 'success' is critical. Increasing the number of quit attempts over a shorter period is seen as an important strategy for increasing cessation at a population level.

Emphasising quit attempts should be utilised when promoting cessation.

Timeline: 2010-2015

Improving access to services

All Māori smokers that are ready to quit should have full access to appropriate services at a national and/or regional level. Advocating for the use of appropriate services to support Māori quitting from *rangatahi* to pregnant *wāhine* is essential. Two specific services that could be promoted for improved access are:

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[6] *Shu-Hong Zhu, Differential Cessation Rates Across Populations: What explains it and how to reduce it. Oceania Smokefree Conference 2007. Abstract.*

Aukati Kai Paipa (AKP)
AKP is a *kanohi ki te kanohi* service that is delivered by Māori for Māori. The AKP programme offers Māori, and their whānau, the opportunity to address their smoking addiction using services that include free nicotine patches and/or gum (NRT), motivational counselling and ongoing support. Services are delivered by quit coaches for up to 12-months. Access to AKP services are via *Whaiora Whanui Trust* (Masterton) *Te Kupenga Hauora* and *Te Tai Whenua o Heretaunga* (Hawke's Bay).

Quitline
The Quitline (0800 778 778 - www.quit.org.nz) telephone service provides smokers with advice, support, resources and access to NRT. Māori quit advisors are available. A referral service to local services is also available.

Quitline also coordinates the **Quit Card** provider programme that allows health practitioners (doctor, practice nurse, occupational health nurse, and Māori health worker) to distribute NRT exchange cards to people who want to quit smoking. Free training is available. A list of providers is available from the Quitline.

Timeline: 2010-2020

Objective 2

- **Exposure to second-hand smoke (Environments)**

Second-hand smoke is a health hazard. Eliminating exposure to second-hand smoke from indoor environments is needed in such places as *whare-kai, whare-tūpuna, kāinga* (homes) and *waka* (vehicles).

Promoting Auahi Kore indoor environments is required.

Timeline: 2010-2015

Objective 3

- **Eliminating smoking activity**

Other environments
Promoting other environments that are significant to Ngāti Kahungunu, such as, *wāhi tapu, marae*, *urupā*, *maunga* and *awa* should be considered within a *tikanga* based framework that eliminates all tobacco from various environments.

Timeline: 2010-2015

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Events
The inclusion of key events, celebrations, tournaments and festivals, such as the AGM, *kapa haka, Matariki* and sport, should be used to promote the *Auahi–Tupeka Kore*. Firstly introducing *Auahi Kore* (Smokefree) then extending to *kaupapa Tupeka Kore* (Tobacco-free) for these events.

Timeline: 2010-2014

Objective 4

- **Reduce then eliminate smoking initiation (Rangatahi-Youth)**

While the impacts of targeted adult multi-media campaigns are beneficial there is a need to develop specific youth-led adult guided interventions for *rangatahi* Māori.

The transition from non-smoker to addicted smoker is a process rather than a singular event. This generally occurs over a 2 to 3 year period (regardless of age) in five stages: preparatory, trying, experimental, regular, and finally the addicted/dependent smoker. The longer the onset of smoking is delayed, the less likely a person is to become a daily smoker. [7]

The most prominent risk factors for smoking initiation are:

- ready access and affordability of tobacco products,
- peer smoking,
- parental smoking,
- the family environment,
- low self-esteem,
- and participation in risk-taking behaviours.

The most prominent protective factors include:

- doing well within the school environment,
- participation in community or sports clubs,
- spiritual connectedness and
- family connectedness.[8]

Promoting awareness on supply to *rangatahi* by retailers and social supply by *whānau* and peers along with the development of refusal skills are aspects that require support.

Timeline: 2010-2020

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[7] *HSC, Framework for Reducing Smoking Initiation in Aotearoa/New Zealand, P. 2.*
[8] *Ibid*

• Other strategic considerations

Advocacy

There are opportunities for Ngāti Kahungunu to influence both the political and policy spheres in regards to tobacco issues internal or externally to the *Hapū/Iwi*. This could also be extended to support other *Hapū/Iwi* that are looking for leadership on this issue.

Communicating this development through media and other communications is a vital consideration.

Health Promotion

Health promotion strategies are aimed at improving the overall health and well being of the community and specific groups within it. Effective health promotion often requires a range of interventions operating at different levels working towards a common objective.

Associating Auahi-Tupeka Kore lifestyles with Māori wellbeing, culture and tradition

The promotion of *Auahi-Tupeka Kore* lifestyles are a priority. The focus should be on breaking and de-normalising the association between tobacco and Māori culture(s) using social marketing techniques or other relevant health promotion tools.

Research/Evaluation

Consideration should be provided to measure the progress and success of the Strategy.

Indicators, both short to long-term, of this performance could use both national and regional data collection and/or specific research projects.

Long-term topics that could be measurable include:

- Morbidity rates – illness caused by tobacco use;
- Mortality rates – number of deaths caused by tobacco use.

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Short-term topics could include:

- Prevalence/consumption rates – *rangatahi*, *wāhine, tāne,* pregnant *wāhine*;
- Exposure to second-hand smoke in various environments;
- Uptake of cessation services;
- Number of quit attempts.

• Key stakeholders

A number of key stakeholders should be considered in reducing and eliminating tobacco. These include:

Health Providers: Whaiora Whanui Trust, Te Kupenga Hauora and Te Tai Whenua o Heretaunga, Choices, Quit Card providers (via Quitline).

Primary Health Organisations (PHOs): Wairoa District Charitable Health Trust (Wairoa PHO), Tu Meke PHO, Hawkes Bay PHO Ltd, Tararua PHO, Wairarapa Community PHO Trust.

Māori of Ngāti Kahungunu descent: providers, researchers, trainers, health promoters, quit coaches etc.

National Organisations: Te Hotu Manawa Māori, Te Rōpū Whakatairanga Hauora (HSC), Cancer Society of New Zealand, Public Health Association, National Heart Foundation, Quitline - Me Mutu, Te Reo Mārama.

Government: Members of Parliament, Ministry of Health, Ministry of Māori Development, Ministry of Women's Affairs, Ministry of Youth Affairs, District Health Boards.

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Appendices

What are the benefits to Ngāti Kahungunu in having a Tobacco Strategy?

There are three key benefits that will provide a positive impact on Ngāti Kahungunu if tobacco was reduced then eliminated:

- **Health effects:** Positive benefits in reducing the mortality and morbidity would be felt immediately, in the case of Sudden Infant Death Syndrome (SIDS), or medium/long term in the case of lung cancer. There is a distinct benefit for Ngāti Kahungunu in reducing and/or eliminating significant health issues that impact disproportionately on Māori:

    - Cancer – lung
    - Heart disease
    - Stroke
    - SIDS
    - Respiratory
    - Chest infections
    - Ear infections
    - Eye and nasal irritation

A major impact from the removal of tobacco will be the reduction in health inequalities and disparities.

- **Economic:** Māori spend over NZD$320M on tobacco each year and contribute over NZD$260 Million in tax to the Government coffers. The economic opportunity to use the money spent on tobacco for other goods or services is a benefit for Māori

  A smoker spending $9.00 per day on cigarettes equals $3,276.00 per year.

  Positive investment impacts on individuals, *whānau, hapū, iwi* and the wider community

- **Cultural:** Transmission/transfer of cultural knowledge
  Pre-mature death and illness caused by tobacco use impairs the ability of to transmit or transfer cultural knowledge that has been past down from *tipuna*.

The ability to honour the traditions and teachings of our *tipuna* is imperative if we are to preserve and developed as a unique cultural entity. If morbidity and pre-mature mortality rates are reduced then there is a longer period of transference to the generations to follow.

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Relationship with international agreements

- **United Nations Declaration on the Rights of Indigenous Peoples**[9]
  The Declaration establishes a universal framework of minimum standards for the survival, dignity, well-being and rights of the world's indigenous peoples. The Declaration addresses both individual and collective rights; cultural rights and identity; rights to education, health, employment, language, and others. It outlaws discrimination against indigenous peoples and promotes their full and effective participation in all matters that concern them. It also ensures their right to remain distinct and to pursue their own priorities in economic, social and cultural development. The Declaration explicitly encourages harmonious and cooperative relations between States and indigenous peoples.

- **Framework Convention on Tobacco Control (FCTC)**[10]
  The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) is the first global health treaty negotiated under the auspices of the WHO.

  Specific clauses of the FCTC (Pre-Amble, Article 4), relate to indigenous peoples. They acknowledge the concern about tobacco consumption and the need to take measures to promote the participation of indigenous peoples in the development, implementation and evaluation of tobacco use programmes that are socially and culturally appropriate to indigenous peoples needs and perspectives.

- **Ottawa Charter**[11]
  The Ottawa Charter is a charter for action to achieve Health for and was developed at the first International Conference on Health Promotion held in Ottawa, Canada in 1986 under the auspices of the WHO. Thirty-eight countries including New Zealand were represented at the conference. The Ottawa Charter defined health in positive terms as a resource for everyday life, established a number of pre-requisites for health, and outlined five key action guidelines for health promotion.

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[9] Office of the United Nations High Commissioner on Human Rights, http://www.ohchr.org/english/issues/indigenous/declaration.htm
[10] WHO, Framework Convention on Tobacco Control, 2003
[11] WHO/HPR/HEP/95.1. Ottawa Charter - First International Conference on Health Promotion Ottawa, 21 November 1986

Relationship with key Government strategies

It is important to recognise that a number of related Government strategies exist that have bearing upon this Strategy:

- **Clearing the Smoke: A five-year plan for tobacco control in New Zealand (2004-2009)**
  It has four goals that support the best-practice strands of a comprehensive tobacco programme namely to:

  - significantly reduce levels of tobacco consumption and smoking prevalence
  - reduce inequalities in health outcomes
  - reduce Māori smoking prevalence to at least the same level as non-Māori
  - reduce exposure to second-hand smoke for all New Zealanders.

- **Review of the Evidence for Major Population-Level Tobacco Control Interventions (March 2007)**
  The review aimed to identify the most recent scientific evidence for the effectiveness of major population-level tobacco control interventions and to consider the findings and their implications in a New Zealand context.

- **National Drug Policy 2007-2012**
  This sets out the Government's policy for tobacco, alcohol, illegal and other drugs within a single framework. It does this by establishing the goals, objectives and principles which will guide drug policy and inter-sectoral decision-making about the best way to address the harms caused by drug use, and identifies the population groups that require special attention.

  The key goal of the National Drug Policy is to minimise the social, economic and health harms of tobacco, alcohol and other drugs.

- **The New Zealand Cancer Control Strategy (August 2003)**
  The New Zealand Cancer Control Strategy is the first phase in the development and implementation of a comprehensive and co-ordinated programme to control cancer in New Zealand. The overall purposes of the New Zealand Cancer Control Strategy are to:

  - reduce the incidence and impact of cancer
  - reduce inequalities with respect to cancer.

- **He Korowai Oranga – Māori Health Strategy (April 2001)**
  This strategy is a strand of the New Zealand Health Strategy. The overall aim of this strategy is *whānau ora*: healthy Māori families supported to achieve their maximum health and wellbeing.

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- **The Primary Health Care Strategy (February 2001)**
  This strategy places a greater emphasis on population health and the role of the community, health promotion and preventive care and the need to involve professionals so as to reduce health inequalities between different groups. This strategy is particularly pertinent to Māori health providers that are working in the cessation and health promotion fields.

- **The New Zealand Health Strategy – NZHS (December 2000)**
  This is the Government's overall framework for the health sector that aims to direct health services to areas that will ensure the greatest benefits for the overall population but particularly focuses on inequalities in health. Of the thirteen-population health objectives within the NZHS four of the objectives have links with tobacco use to reduce smoking and the incidence and impact of cancer, cardiovascular disease and diabetes.

Relationship with District Health Board policy

- **District Strategic Plan**
  The overarching Strategic Plan that sets out the priorities and strategic directions that guide the respective DHBs over a ten year period.

- **District Annual Plan**
  Each District Health Board within the Ngāti Kahungunu *rohe* develop a DAP for their respective region. The need to address Māori health, reducing health inequalities, chronic disease (cancer), tobacco control should be reflected in the DAP.

- **Māori Health Strategy**
  Each District Health Board also has a specific Māori Health Strategy e.g. *Tu Mai* Maori Health Strategy 2007-2012 Hawkes Bay DHB.

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