

# INDIGENOUS NURSES AOTEAROA CONFERENCE

Hosted by Te Rūnanga o Aotearoa  
New Zealand Nurses Organisation

Friday 6 and Saturday 7 August 2015  
Eden Park, Tāmaki Makaurau

Ko tāku Manawa



Ko tāu Manawa  
Te Runanga o  
Aotearoa NZNO

*Kia pai te whakaterere i te waka  
Kei pariparia e te tai te mōnenehu  
o te kura*

Caution as you launch the canoe  
Lest the tide buffer it about and spoil the  
plumage on the prow

# Te Whaioranga

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Te Kāwanatanga o Aotearoa

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# Kaiwhakahaere message

On behalf of Te Poari o Te Rūnanga o Aotearoa, New Zealand Nurses Organisation (Te Poari), I am extremely proud to welcome you to our Indigenous Nurses Aotearoa Conference in Tāmaki Makaurau.

The New Zealand Nurses Organisation (NZNO) and Te Rūnanga o Aotearoa, New Zealand Nurses Organisation (Te Rūnanga) represent the largest professional nursing association and union for nurses in Aotearoa New Zealand and represent over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters.

We are really privileged to launch the second Indigenous Nurses Conference Aotearoa, with over 250 indigenous nursing leaders (nurses, midwives, nursing students, kaimahi hauora and health care assistants) committed to raise our hauora aspirations and determined to uphold 'health is a taonga' including our whakapapa, wellbeing and the intrinsic relationship we have with health, our environment and our culture.

This year's conference theme is Our Health, Our Right: Kia Rangatira te Tū which is particularly relevant for Māori nurses as we are well positioned to ensure and advocate for patient safety and for patient satisfaction. We have an amazing range of guest speakers who will inspire us to lift our sights, develop skills and knowledge, and illustrate Māori models of leadership and Māori models of care that underpin the principle of tino rangatiratanga.

As indigenous nursing professionals we are committed to reaffirming our rights under the United Nations Declaration of Indigenous people's article 3, to self-determine, and this will underpin any future Māori nursing strategy. Just as our early Māori nursing pioneers, like Te Akenehi Hei realised, we have nothing to fear when moving forward, our tipuna made the sacrifice, we must ensure our future mokopuna, whānau, hapū and iwi receive the best health care available in Aotearoa.

If we can't determine where we want to go as Māori health professionals, and if we can't determine what is best for us as Māori health professionals then we will not be able to protect our health and wellbeing.

We must remember to have faith in ourselves and to be courageous for our whānau, hapū and iwi hauora aspirations. We must remember to look towards the imagination place to see what it could be.

Ehara taku toa i toa takitahi ēngari he toa takitini my strength is not mine alone, but that of many.

Nāku noa, nā

Kerri Nuku

NZNO Kaiwhakahaere



# Southern Welcome

Ka tangi te tītī, ka tangi te kākā, ka tangi hoki ahau, Tihei Mauri Ora.

Tēnā koutou katoa, he mihi mahana ki a koutou, Nau mai, Haere mai ki te Hui ā-Tau o Te Rūnanga o Aotearoa NZNO.

It is an honour and privilege to host the second Indigenous Nurses Aotearoa Conference and I welcome all our manuhiri and Te Rūnanga members to our Hui ā-Tau 2015.

I am always reminded of an incident that was the catalyst for my region decision to tōno to host Hui ā-Tau 2015. The flippant remark “but there are no Māori down south, not really...” was the wero we needed to raise awareness of Māori nurses living and working in the southern region, and to tackle issues faced by us and to challenge NZNO commitment to develop and invest in our region.

The Southern region is geographically the largest of NZNO regions and extends from the Waitaki river south to Rakiura and up the West Coast to Big Bay. Our population lives in isolated rural areas with the majority of our members living and working in Dunedin and Invercargill. Our region has many benefits, the nature of wide open spaces, beautiful coastlines and resort towns like Queenstown and Wanaka and hard to believe amazing summers, but it also has its challenges, long distances between our major centres and hospitals, dangerous roads and of course winter... which isn't always as bad as you image.

This year we have faced enormous challenges to organise our hui and conference but I know that you will hear from some amazing Māori leaders from different fields and for the first time we have some exciting international indigenous speakers so I hope you enjoy our hui, to be inspired and to make new friends.

In closing I want to let you know that Southern region has got the commitment from Te Rūnanga that we were seeking, and that we have been fortunate to host a visit from our Kaiwhakahaere and Tumu whakarae and our Hawkes Bay representative. Te Rūnanga Southern has co chaired our Southern regional convention and we are currently working on communication strategies to improve engagement with our members not only in Southern but across the motu.

Have a wonderful hui whānau,

Nāku noa, nā

Pari Tautari

Southern Representative

Te Rūnanga o Aotearoa NZNO



# Programme – Indigenous Nurses

Venue: Eden Park, Level 4 Lounge

Friday 7 August 2015	
8.30am	Registration opens
9.30am	Pōwhiri
9.50am	Paramanawa (Morning Tea)
10.10am	Welcome and Housekeeping – Pari Tautari
10.20am	<b><u>Kerri Nuku</u></b> Kaiwhakahaere, Te Rūnanga o Aotearoa NZNO
10.30am	Opening address – Hon Te Ururoa Flavell Minister of Māori Development
10.50am	Teresa Wall, Deputy Director General Māori Health
11.10 am	<b><u>Dr Moana Jackson</u></b>
11.50am	<b><u>Valmaine Toki</u></b> <i>The United Nations Permanent Forum on Indigenous Issues – Reflections</i>
12.30pm	Kai o te Rānui (Lunch)
1.30pm	<b><u>Karen Johansen</u></b> <i>Structural discrimination within the health sector following up on the work that the HRC has completed on Fair Go</i>
2.10pm	<b><u>Maureen Allan</u></b> <i>Whānau Centred Services: Whānau living in isolated rural communities find access to health services a barrier</i>
2.30pm	<b><u>Aria Graham</u></b> <i>Tika Tonu – Young Māori Mothers’ Experiences of Wellbeing following the birth of their first Tamaiti</i>
2.50pm	<b>Workshop:</b> Tino Rangatiratanga “Māori Nursing”
3.30pm	Paramanawa (Afternoon Tea)
3.50pm	Summary of the day
4.10pm	Karakia Whakamutunga
4.15pm	Tauira breakout room 1
4.20pm	Buses, Vans depart for Waipapa Marae, Copthorne and Mercure Hotels
5.00pm	Pōwhiri at Waipapa Marae
6.00pm	Dinner at Mercure Hotel

# Programme – Indigenous Nurses

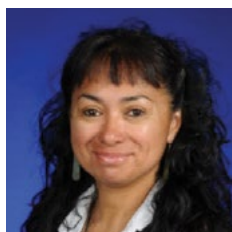
Venue: Eden Park, Level 4 Lounge

Saturday 8 August 2015	
8.30am	Karakia Introduction to the day
8.45am	<b><u>Dr Misty Wilkie-Condif</u></b> <i>The Lived Experience of American Indian Organ Donors and Recipients: Stories of Cultural, Physical and Spiritual Triumph</i>
9.20am	<b><u>Pat Cook &amp; Anamaria Watene</u></b> <i>Whakawhanaungatanga</i>
10.00am	Paramanawa (Morning Tea)
10.30am	<b><u>Donna Foxall</u></b> <i>Māori Registered Nurses experiences after completing the Nursing Entry to Practice Transition Programme between 2010-2012</i>
10.50am	<b><u>Grace Wong &amp; Rebecca Ruwhiu-Collins</u></b> <i>Stop smoking health care the way that we need it: Taking patients' perspectives to nurses</i>
11.10am	<b><u>Evelyn Hikuroa</u></b> <i>Quit for Good: Reducing smoking among Indigenous nursing students using incentives</i>
11.30am	<b><u>Dr Heather Gifford</u></b> (co-presenters Prof Denise Wilson & Teresa Taylor) <i>Māori Nurses and Smoking; exploring the context and opportunities for change</i>
12.00pm	Kai o te Rānui (Lunch)
1.30pm	<b><u>Janine Mohamed &amp; Dr Roianne West</u></b> <i>Growing the indigenous nursing workforce: an Australian experience</i>
2.10pm	<b><u>Jennifer Roberts</u></b> <i>Evaluating the PATU© model - Promoting health and whānaungatanga</i>
2.30pm	<b><u>Lisa Hurrell</u></b> <i>Stepping up to the challenge</i>
2.50pm	<b><u>Dhyanne Hohepa</u></b> <i>What is the health impact of Methamphetamine on the health of New Zealand Māori?</i>
3.10pm	<b><u>Terryann Clark</u></b> <i>Māori youth health trends and disparities over the last decade: Evidence from the Youth2000 survey series</i>
3.40pm	Paramanawa (Afternoon tea)
4.00pm	<b>Workshop:</b> Tino Rangatiratanga “Māori Nursing”
5.00pm	Closing remarks, Karakia
5.00pm	Te Rūnanga Taura – AGM and elections Level 3 Lounge
5.15 pm	Tour of Eden Park and Canapé
5.15pm -6.30pm	Whakawhanaungatanga
6.30pm	Hākari Eden Park
9.00pm	Buses leave for accommodation

# Speakers

## Dr. Moana Jackson

Ngāti Kahungunu, Rongomaiwahine, Ngāti Porou



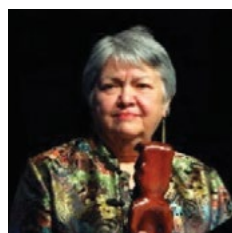
## Valmaine Toki

Ngā Puhi Ngāti Wai

Valmaine Toki, is a legal academic at Te Piringa Faculty of Law, University of Waikato, she is the first New Zealander and first Māori appointed by the United Nations (UN) Economic and Social Council to the UN Permanent Forum on Indigenous Issues. Valmaine is also part of Te Mata Ira Project on culturally appropriate guidelines for BioBanking.

### ***The United Nations Permanent Forum on Indigenous Issues – Reflections***

“Māori, the indigenous peoples of Aotearoa, New Zealand continue to figure disproportionately in all social statistics, most recently the fact that Māori men have higher prostate cancer rates than non-Māori. Despite all the government initiatives to ameliorate the disproportionate social statistics they remain unchanged. Māori often seek redress within the international arena. This paper will review the processes of the UNPFII against these concerns.”



## Karen Johansen

Rongowhakaata, Te Aitanga a Mahaki, Ngai Tamanuhiri,  
Norwegian whānau

Karen Johansen has been a New Zealand Human Rights Commissioner since 2008 with particular responsibilities are for the human rights dimensions of the Treaty of Waitangi (New Zealand's founding document), educating about and advocating for the UN Declaration for the Rights of Indigenous Peoples and for Māori Indigenous Rights. This work has taken her not only all around New Zealand but to New York, Kabul, Beijing, inside the Arctic Circle in Norway and several times

to Geneva to attend the annual sessions of the UN Expert Mechanism for the Rights of Indigenous Peoples.

Before joining the Human Rights Commission, Ms Johansen was a teacher and senior leader in secondary schools and particularly at Gisborne Girls' High School where she was Principal or “Head Learner” for 12 years.

Commissioner Johansen comes from Te Tairāwhiti and her maternal grandfather was a plantsman and her love for the land and for the nurturing of plants began as a child beside her koro as he worked in his gardens and in the bush of the Tairāwhiti back country.

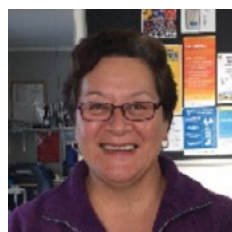
### ***Structural discrimination within the health sector following up on the work that the HRC has completed on Fair Go***

The right to the highest attainable standard of health is a fundamental human right. Yet despite continuing attempts to eliminate disadvantage, health inequalities persist, particularly for Māori, Pacific peoples and other vulnerable groups.

UN bodies have repeatedly urged New Zealand to step up its efforts to address inequalities, including by examining the role of structural discrimination and addressing its root causes.

Research by the Human Rights Commission has highlighted the need for responses to structural discrimination to be: targeted, proactive, and underpinned by strong organisational commitment and involve the communities they are intended to serve. Developing cultural capability, building on successful initiatives and effective monitoring are also critical.

A National Plan of Action for human rights (launched in June 2015) provides an online tool to monitor how well government actions are achieving progress on key human rights priorities such as these.



## Maureen Allan

Te Rarawa, Ngapuhi, Tainui

Maureen started her nursing career as an Enrolled Nurse at Kaitiāia Hospital in the early 1980's and since then she has worked in a variety of areas including:

- hospital based nursing and as a Public Health Nurse;
- inaugural Manager for Te Hauora O Te Hiku O Te Ika Trust;
- a previous Board Member for Northland DHB;



# Speakers

- a member of Northland DHB Hospital Advisory Committee for seven years;
- nurse Integration Leader for Te Tai Tokerau PHO for eight years; and
- a previous member of the Māori Nursing Advisory Group for Nursing Council of New Zealand (NCNZ).

Maureen has a Master of Nursing (Hons) and a Post graduate Diploma Business through University of Auckland and was last year's recipient of NZNO Te Akenahi Hei Award.

Maureen works as a clinical and practice manager at Whakawhiti Ora Pai, a Māori Health provider based in the Far North. Her nursing team practice in a generalist / Whānau Ora Primary Health model of care which includes practice nursing, mobile nursing, district nursing, PRIME, phlebotomy and Long term conditions. Maureen also sits on NCNZ Disciplinary and Competency Panels. Whānau are very important to Maureen and being a wife, mother, sister and nana.

### ***Whānau Centred Services: Whānau living in isolated rural communities find access to health services a barrier***

Whānau living in isolated rural communities find access to health services a barrier. Whakawhiti Ora Pai is a Māori Health Provider based in the Far North whose goal is to change the mind shift of “whānau having to fit services” to services needing to fit whānau”. This presentation will show how working collaboratively with other services and developing new models of care can enable whānau improved access to health care.

## **Aria Graham**

### **Ngāti Kahungunu**

Aria graduated as a Registered Comprehensive Nurse in 2000, and worked for a Māori Health Providers as a Tamariki Ora Well Child visiting whānau in homes and communities settings alongside kaiāwhina, and tuakana Māori nurses. These formative practice years integrated quality nursing and tikanga Māori and Ari is currently working on a PhD.

Aria is passionate about Māori wellbeing, in particular whānau ora of Māori women and tamariki, and she is also interested in the advances of Māori nursing and Māori nursing leadership.

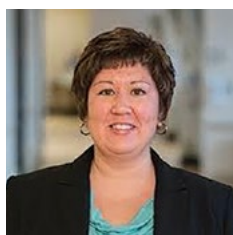
Aria is currently the Clinical Nurse Coordinator for Gateway Health Assessment in the Child Development Service of the Hawke's Bay District Health Board. Aria is married and has two beautiful sons Taamai and Maika. Aria whānau and whakapapa has been an inspiration to her practice and permeating taha wairua and taha whānau and the principles of 'takitini'.

### ***Tika Tonu – Young Māori Mothers' Experiences of Wellbeing following the birth of their first Tamaiti***

Māori women's experiences of wellbeing following the birth of a first tamaiti and the impact of those experiences often determine the short-term outcomes and extended health trajectory for Māori women and their children. However, there is little exploration and information on these experiences of wellbeing of Māori women and therefore little known about their stories and whakaaro. Negative statistics and reports portray Māori mothers as the least capable, least desired and most likely to make unhealthy choices and display unhealthy behaviours. Consequently, Māori women are stereotyped as being deficient.

The health system and models of care based on dominant ideologies delivered to Māori women and their tamariki, fail to recognise the essence of Māori women's wellbeing. Instead these models marginalise and render their aspirations invisible and irrelevant. This research brings to the fore the elements that Māori women signal as vital to their wellbeing.

The research explores the experiences of Māori women as mothers for the first time, the integrity and validity of their experiences and the symbiosis between identity and wellbeing. The research incorporates kaupapa Māori theory, praxis and methodology and through the findings denounces common constructs informed by hegemonic views. The findings signify the power of the female entity, the tamaiti as tohu aroha and vitality and balance between mana tangata. The findings elucidate a guide to appropriate models of wellbeing that place Māori women at the spearhead of wellbeing thus, emancipating Māori women from entrenched stereotypes and advancing Māori women's aspirations and the lives of their tamariki.



## **Dr Misty Wilkie-Condiff**

Dr. Misty Wilkie-Condiff is an enrolled member of the Turtle Mountain Band of Chippewa Indians located in Belcourt, North Dakota USA. She earned her Associate degree in Nursing (Hibbing, Minnesota) in 1997, Bachelor of Nursing (Bemidji State University) in 2001, Master of Science in Nursing (University of North Dakota) in 2003, and a Doctor of Philosophy (University of Minnesota) in Nursing in 2009. Dr Wilkie-Condiff is one of about 24 American Indians with a PhD in nursing.

Dr. Wilkie-Condiff's nursing experience includes long term care, medical-surgical, maternal child health, and emergency care. For the past 11 years she has been a professor teaching 2-year, 4-year and Master's nursing students.

# Speakers

The Lived Experience of American Indian Organ Donors and Recipients: Stories of Cultural, Physical and Spiritual Triumph  
Since 2000, Dr. Wilkie-Condif has been interested in organ donation and transplantation in minority populations but particularly in American Indians. She has worked with the Ojibwe people to understand their experience with organ donation and transplantation, and how their traditional culture affects these experiences.

Dr. Wilkie-Condif can be reached at [mcondiff@bemidjistate.edu](mailto:mcondiff@bemidjistate.edu)

**Background:** Half of American Indian (AI) adults are diagnosed with diabetes and are 3.5 times more likely to have end-stage renal disease resulting in the need for dialysis or kidney transplantation. Organ donation and transplantation in AIs is scarcely researched and literature available reports they are unlikely to be organ donors due to cultural beliefs. **Purpose:** The purpose is to share the experiences of Ojibwe AIs related to the organ donation and transplantation process formulated through recollection of personal involvement as an organ donor or recipient. **Design/Methods:** This phenomenological study followed van Manen's (1990) work. Interview transcripts were coded using van Manen's lifeworld existentials. **Findings:** Ojibwe AIs were willing to be living organ donors and, without regret, encourage others to donate. Intra- and intercultural clashes were evident through living donor experiences but participants were able to find resolution and donate. Deceased organ donation is rarely done the AI population because of spiritual beliefs and lack of personal connection to the recipient. Recipients experienced hopelessness prior to transplantation, and then found hope with their new organs. Waiting, distance to healthcare facilities, and enhanced spirituality were relevant for all donors and recipients. All donors and recipients were grateful to give or receive "a second chance". **Conclusion:** Research must be conducted studying other indigenous peoples to acquire adequate knowledge and understanding of their experiences and decision-making processes around organ donation. Healthcare professionals must be aware that indigenous peoples struggle with the concept of transplantation and broach conversations armed with cultural knowledge and sensitivity.



## Pat Cook

### *Ngāi Te Rangi, Ngāti Ranginui*

Pat is the General Manager at Te Manu Toroa, Tauranga and has an extensive nursing career including working as a Registered Nurse, and a range of Clinical Nurse Manager and Nurse leader positions at Tauranga Hospital, alongside Te Puna Hauora Māori Health Services and I with Regional Māori Health. Pat has completed her Bachelor of Nursing, and holds Post Graduate certificate in Advanced Māori Health, Post Graduate Diploma in Health Science and a Masters of Health Practice in Māori Health. Pat is a Board member of the NMOPHO Clinical Governance group and on a local Māori trust.

### **Whakawhanaungatanga**

Through a Treaty of Waitangi partnership at Tauranga Hospital a unique secondary health service evolved. One that is delivered predominantly by Māori for Māori but not exclusive to Māori. The Kaupapa Nursing Service developed by Te Puna Hauora and supported by the Iwi of Tauranga Moana implements an indigenous health model that model of care is Whakawhanaungatanga.

This presentation will discuss the evolution, and impact of changing internal and external factors on this unique ward, and prospects for a continuing service in the fiscally challenged health environment of today and the future.



## Anamaria Watene

### *Ngaiterangi*

Anamaria is the Clinical Nurse Manager of the Kaupapa Ward (Regional Māori Health Services) Tauranga Hospital and began her nursing career as a mature student at Waiariki Polytechnic Bachelor of Nursing in 1997 when she was accepted as a Kaupapa Nurse into the Nurse Entry to Practice programme (NETP) at Te Puna Hauora (Māori Health Service in Tauranga Hospital). Anamaria has a Master's of Health Practice in Māori Health and has worked extensively in Paediatrics and the Kaupapa Ward.

Anamaria has 3 children, and ten grandchildren (including a set of twins). Her husband Ron Watene passed away 3 years ago now, and she feels he is with her and watching over her every single day.

### **Whakawhanaungatanga**

One of the most revolutionary innovations in Māori health care in Aotearoa New Zealand was driven by the determination of local Iwi of Tauranga Moana to address health issues of their people in the Western Bay of Plenty.

The Kaupapa unit is the only one of its kind in New Zealand, a unique unit, that is staffed by culturally and clinically competent staff who can provide access to Te Reo Māori and Tikanga Māori best practice. Models of care utilised in the delivery of nursing care to tāngata whaiora (patients) is Te Whare Tapa Whā, Nga Pou Mana o Io and the Whanaungatanga model.

# Speakers

The Kaupapa unit has been operating for 23 years, from small beginnings of four beds in a medical ward to the current standalone unit with 12 beds for Māori patients with the flexibility to increase to 22 beds if required.

## **Kaupapa Ward Timeline**

- 1991-1995 Te Puna Hauora officially opened and supported by Iwi and Kaumātua
- 2007 an official opening of the Kaupapa Ward also known as ward 2A by local Kaumātua
- 2009 a restructure of Bay of Plenty District Health Board (BOPDHB) Māori Health services
- 2010 Regional Māori Health Service implemented

The kaupapa unit has become an institution in itself within the BOPDHB in Tauranga Hospital, but has had to evolve to continue to provide service for Māori under new management. This presentation will discuss the impact of changing internal and external factors on this unique ward, and prospects for a continuing service in the fiscally challenged health environment of today and the future.

## **Donna Foxall**

### **Tainui, Taranaki**

Donna currently works and resides in Kahungunu, Hawkes Bay. For over a decade, now as a senior lecturer, at Te Aho a Māui, Eastern Institute of Technology (EIT) School of Nursing, Donna continues to Tuākana Māori nursing students from the Hawkes Bay and Tairāwhiti campuses. In addition she supports colleagues within the school of nursing.

Passionate about improving the health status of Māori, Donna is a private group fitness instructor and recently became a member of the PATU© research team. Patu is a healthy lifestyle intervention programme. On an education front Donna is a member of the EIT education project, aligning kaupapa Māori principles with eLearning practice.

As National Chair of Wharangi Ruamano Māori Nurse Educator group Aotearoa and member of Ngā Manukura o Āpōpō Governance Group this has provided a platform to generate change for whānau, hapū and iwi. “Her goal is to motivate, educate and empower people to navigate an improved health outcome where they can connect and engage resources around the home and community”.

Whāia te mātūranga hei oranga mō koutou – Seek after learning for the sake of your wellbeing

### **Māori Registered Nurses experiences after completing the Nursing Entry to Practice Transition Programme 2010-2012**

The purpose of this study was to capture kōrero pūrākau (experiences) of Māori nurses who transitioned from being an undergraduate nursing student to Registered Nurse by completing the 12 month NEPTP. Participants from two District Health Boards, who had completed NETP in 2010-2012, were invited to participate.

The study illustrated the critical processes and systems to mitigate negative impacts during transition and not only make the experience a more positive one, but have a significant impact on retention of staff.

International studies found formal socialisation for new graduates was beneficial to reducing stress, anxiety and improved retention. The majority of participants stated their confidence had grown at the end of the transition programme, despite the challenge of post graduate study.



## **Grace Wong**

Grace's maternal great-grandparents came to New Zealand from China in the late 1800s with her father arriving after World War 2. Grace grew up in the South Island, but has made Tāmaki Makaurau her home since marrying and having children. Grace works at Auckland University of Technology (AUT) and has worked in paediatric and public health nurse. Grace leads the Smokefree Nurses Aotearoa New Zealand and is passionate about Aotearoa being Smokefree by 2025. Grace works in partnership with nurses and nursing organisations to support nurse leadership for helping people to stop smoking. She also teach Primary Health Care (postgrad) and work in the Centre for Migrant and Refugee Research.

Grace specialise in training, treatment and service development and continues to practice stop smoking treatment clinics to communities, which includes individual and group based treatment. This is to ensure continuous improvement with the aim of ensuring health sector capacity and capability remains at the cutting edge of development for stop smoking treatment delivery.

# Speakers



## Rebecca Ruwhiu-Collins

### Ngā Puhi, Ngāti Porou

Rebecca has experience in Māori hauora, and frontline expertise in the design and delivery of approaches for engaging with Māori, Pacific, and other service users in primary and secondary healthcare, particularly in the areas of tobacco control.

Rebecca uses her strengths – which include process, facilitation, and analysis – to help guide Ruche and other people and their organisations to achieve bigger goals, greater outputs, and better results.

#### **Stop smoking health care the way that we need it: Taking patients' perspectives to nurses**

Understanding people's perspectives is an essential element of exploring the "right to access health care the way we need it". Smokefree Nurses realised that the voices of people who smoke are largely missing from dialogue about reaching the Smokefree Aotearoa 2025 goal.

#### **Aims:**

- to share the perspectives of smokers about the smoking cessation support they want from nurses;
- to share ways nurses can address smoking cessation needs expressed by smokers; and
- to share the evaluation results for the 'What Smokers Really Want' campaign.

**Methods:** Smokefree Nurses worked with Jeanine Tamati-Paratene to interview Māori, Pacific and other smokers and recently quit ex-smokers about their stop smoking experiences in primary care and what they would prefer. Some of the interviewees went on to feature in a series of very short films.

The films include the Hon Tariana Turia as well as four practising nurses, including Angilla Perawiti and Robyn Griffith of Te Hā Oranga, working with four Māori, Pacific and Pākehā patients. One patient is a student nurse. Smokefree Nurses created a website and campaign which includes resources and professional development for nurses.

An independent evaluator, Jodie Robertson (Tainui, Ngāti Maniapoto, Ngāti Apakura, Ngāti Rora) provided extensive feedback about the project.

**Results:** The presentation includes video clips, independent evaluation feedback and updates from some of the video participants.



## Evelyn Hikuroa

### Ngāti Maniapoto

Evelyn is a Senior Lecturer at the Faculty of Nursing and Health Studies Manukau Institute of Technology and teaches Hauora Māori and Nursing in Community Settings in the BN and BN Pacific programmes. Her research interests include the role of nursing in smoking cessation and tobacco control. She is the Māori Strategy Leader for Smokefree Nurses Aotearoa and is committed to reducing the harm of tobacco on whānau Māori me ngā iwi katoa.

#### **Quit for Good: Reducing smoking among Indigenous nursing students using incentives**

Māori adult smoking rates are still higher than non-Māori (36% vs 15.5%) (Ministry of Health, 2013). Similar disparity exists between Māori nurses and their non-Māori colleagues. Nurses' own smoking is a significant barrier in their ability to deliver smoking cessation interventions in their nursing practice (Radsma & Bortloff, 2009; O'Donovan, 2009). As role models for their clients, nurses who are themselves addicted to tobacco can experience feelings of shame, guilt and hypocrisy (Radsma & Bortloff, 2009). This conflict is compounded for Māori nurses who are seen not only as examples for their profession but importantly for their own people.

Our Quit for Good study tested the efficacy of financial incentives, in the form of a scholarship, to achieve smoking cessation in a cohort of Māori nursing students and whānau members. Participating students and a quit mate of their choosing received a 24 week programme of cessation support. Incremental scholarship payments were made based on biochemically tested smokefree status of both the student and their mate at regular check points throughout the programme. A Kaupapa Māori cessation service delivered the first 12 weeks of support including access to nicotine replacement products via hui at the marae where students were undertaking their nursing education.

Seven of the 11 students and their whānau quit mates had quit smoking by the end of the programme. Creating supportive environments for student nurses to adopt positive health behaviours is an opportunity nursing education providers should capitalise on. Our study is an example of one approach to achieve smoking cessation among Māori student nurses and their whānau members.

# Speakers



## Janine Mohamed & Dr Roianne West

Janine Mohamed is a proud Narrunga Kurna woman from South Australia. Over the past 20 years she has worked in nursing, management, workforce and health policy, and project management in the Aboriginal and Torres Strait Islander health sector. Many of these years have been spent in the Aboriginal Community Controlled Health Sector at state and national levels. Currently, she is the CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

Janine has a passion for both increasing and supporting the Aboriginal and Torres Strait Islander health workforce, in particular, Aboriginal and Torres Strait Islander Australians in the health workforce; in fact, this has been a primary focus in all of her state and national work. She has initiated and/or managed many Aboriginal and Torres Strait Islander health workforce projects, including in workforce development and cultural safety, and has been a representative for both NACCHO and CATSINaM on The National Aboriginal and Torres Strait Islander Health Workforce Working Group and numerous Health Workforce Australia Projects and Committees.



Roianne West was born and raised Kalkadoon on her mother's country in North-West, Queensland. Roianne has over 20 years of experience in Indigenous health. A university trained Registered Nurse with a Masters in Mental Health Nursing and a PhD which explored the factors that impact on Indigenous Australian successful completions in Higher Education. Roianne was the first in the country to be appointed to the position of Nursing Director for Indigenous health and then to the Professor of Indigenous Health and Workforce Development in a joint position between a Hospital and Health Service and Griffith university, School of Nursing and Midwifery. The position entails providing expert advice, high level strategic leadership and community engagement on Indigenous health and Indigenous health research".

## Jennifer Roberts

Jennifer Roberts is the Assistant Head of School for the School of Nursing at the Eastern Institute of Technology based in Hawkes Bay. A registered nurse and active researcher Jennifer has a passion for nursing education in New Zealand. Jennifer is currently undertaking an Educational Doctorate at Massey University exploring Māori nursing student success and culturally safe models of nursing education. Jennifer is part of a bicultural research team evaluating the PATU© model and presents the work of the team to date.

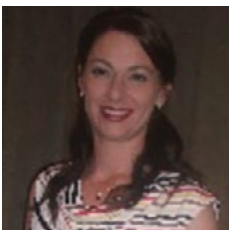
### ***Evaluating the PATU© model - Promoting health and whānaungatanga***

The development of successful culturally appropriate models of health care is vital to fight health inequalities in Aotearoa. PATU© is a model of health and fitness education developed by Māori for Māori. Levi Armstrong, a Bachelor of Sport and Recreation graduate, designed PATU© as a Māori specific intervention to improve Ngāti Kahungunu health outcomes. PATU© combines a high intensity exercise programme with health promotion activities delivered using te reo me ōna tikanga Māori concepts.

An evaluation of PATU©, funded by a Health Research Council Māori Health Development grant aimed to capture qualitative phenomenological data from PATU© participants through interviews. Participants were in two cohorts, one primarily Māori at the PATU© gym and the other at a Hastings workplace where sessions were run for employees. In Addition, anthropometric data from all participants in the programme were captured.

The principal finding from this evaluation are that Māori align themselves well with the PATU© model. PATU© was seen as an 'urban marae', where people wanted to go for more than weight loss, fitness and lifestyle education.

Although weight loss was not the main motivator for attending quantitative findings indicate physical measures improved. The Whanaungatanga created through PATU© was described as the critical factor in the success of the PATU© model which is in increasing demand across Aotearoa. The findings from this evaluation have implications for health providers wanting to design and implement successful health promotion models for Māori.



## Lisa Hurrell

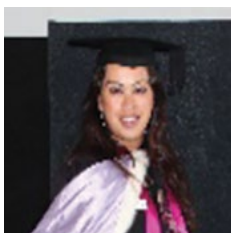
Lisa Hurrell is a Registered Nurse working at Rolleston Medical Centre and the Selwyn Skin Cancer Practice. She completed her Bachelor of Nursing at the Christchurch Polytechnic Institute of Technology in 2005. She has worked in a number of areas but has found that the community setting is where her heart lies and has held a position at the medical centre for the last 5 years. She helped one of the general practitioners to set up and establish the Selwyn Skin Cancer Practice which is separate from the general medical practice in 2013 after assisting him during surgical procedures for a number of years. She has found the surgical side of this work fascinating and has developed her skills, becoming the first nurse in New Zealand to hold her Certificate of skin

cancer medicine and surgery. She currently resides in her home town Christchurch with her husband and two young sons.

# Speakers

## **Stepping up to the challenge**

The idea to present this talk was first brought up at one of our local hui meetings after I was discussing my journey through my nursing career, the challenges I have faced and the achievements I have made. Isn't it amazing what you can achieve when you are encouraged and supported? Looking back at my training and how students were expected to fit into a neat and tidy box and not rock the boat which I didn't fit into, the fact that I nearly didn't make it until I learned to mould into what they wanted. Now, I am working for a great employers who encourages me to speak my mind, has recognised and supported me to develop my skills and helped push me to stand up for myself when others have tried to keep me in the 'accepted box', pushing the boundaries of what nurses 'can do' and stepping up to the challenge of realising my potential and passing on those benefits to colleges and my patient. This is my journey.



## **Dhyanne Hohepa**

### ***Ngāti Raukawa ki Wharepuhunga***

Dhyanne graduated with her bachelor in health science in 2007 and has worked predominately in primary health care settings including; general practice, Marae based clinics, accident and medical clinics and currently as a prison staff nurse working at Auckland Regional Women's Correctional Facility. Dhyanne absolute passionate about Māori health, and gets inspiration from her own whānau and because she believe that Māori clinicians can make a real impact for our people. Dhyanne completed her Masters of nursing this year in June and her presentation is part of her

Masters dissertation. Dhyanne next goal is to become fluent in Te Reo Māori and to eventually begin her journey to Nurse Practitioner registration. Dhyanne has a loving family; mum, dad brothers and sisters, two handsome nephews and four beautiful nieces, a loving partner and an absolutely love to travel.

## **What is the health impact of Methamphetamine on the health of New Zealand Māori?**

**Aim:** To determine what is the impact of methamphetamine on the health of New Zealand Māori?

**Methodology:** Integrative review of literature searched through Medline Ovid, psychINFO, Cinahl plus and Google scholar using the PICO framework. The Māori model of health was used to classify each health impact.

**Results:** Methamphetamine has a significant impact on the holistic wellbeing of the individual. The utilisation of Te Whare Tapa Whā, a Māori model of health, identified that the impact of methamphetamine affects all four cornerstones of health. It affects the physical, spiritual, mental and whānau aspects of holistic health. There is a significant emphasis on the physical effects methamphetamine has on the individual with most common being hypertension and specific cardiovascular diseases. Other physical effects include neurological effects, oral and sexual health effects along with weight loss insomnia and methamphetamine death. Mental health effects included psychosis, depression, suicidal behaviours and paranoia as common themes that induced detrimental effects on the user and their whānau. The spirit is effected by the development of aggressive behaviours essentially producing violent episodes. The whānau withstand a great burden from the methamphetamine user where relationships, child safety, and family structures are compromised.

**Conclusion:** Conclusively methamphetamine has a significant and detrimental effect on the health status of New Zealand Māori. Compounded with poor existing health statistics, the effects are greater than expected. Methamphetamine significantly effects all four dimensions of health that represent Te Whare Tapa Whā and tangata Māori. The implications are substantial and require further research and investigation.



## **Terryann Clark**

Terryann is a senior lecturer at the School of Nursing, The University of Auckland. She is the principal investigator of the Youth'12 national youth health survey and a founding member of the Adolescent Health Research Group. She is a nurse and working in youth health. Her major research interests are: youth health, indigenous and Māori health, chronic illness and disability for teens, mental health, sexual health, healthy youth development and resilience.

### ***Māori youth health trends and disparities over the last decade: Evidence from the Youth 2000 survey series***

**Aim:** To present the health status, trends and disparities for Māori youth attending secondary school.

**Methods:** Utilising Youth2000 survey series data (undertaken in 2001, 2007 and 2012), prevalence of major health and wellbeing issues, trends in healthcare and an examination of health disparities compared to NZ European/Pākehā youth will be described.

**Results:** Māori youth report significant improvements in suicide attempts, smoking, and marijuana use, being sexually active, gambling, and being a passenger with a drunk driver, being hit or harmed on purpose, sexual abuse and coercion.

# Speakers

However some things have not improved including; access to healthcare, not using contraception and condoms, depressive symptoms, teachers expecting students to do well, having an adult outside their family they could talk to, feel safe in their neighbourhood. Significant disparities persist compared to NZ European students including suicide attempts, being in a passenger with a drink driver, smoking, alcohol use, marijuana use, using contraception and being exposed to violence.

**Conclusions:** While Māori youth have made significant improvements to their wellbeing over the past decade, there still remain areas that put young people at risk. Nurses have a role in ensuring that culturally and youth specific strategies are utilised to address and narrow these persistent disparities.

## Dr Heather Gifford, Dr Amohia Boulton, Prof Denise Wilson and Teresa Taylor



**Dr Heather Gifford (RN, MPH, PhD)**

***Ngāti Hauiti, Te Atihaunui ā Pāpārangī***

Heather is the Co-Director of Whakauae Research Services in Whanganui and the principal investigator for the research. Her area of interest is tobacco control research from a public policy public health perspective.



**Dr Amohia Boulton (PhD, MA (App), Soc Sci Res)**

***Ngāti Ranginui, Ngāi te Rangī, Ngāti Pukenga***

Amohia is the Kaiārahi Rangahau for Whakauae Research Services and currently Acting Research Director for Whakauae. She has experience in public policy and academia with a commitment to Māori health.



**Professor Denise Wilson (RN, BA SocSci, MZ (Hons), PhD)**

***Ngāti Tahinga (Tainui)***

Denise is the Professor for Māori Health and the Director of Taupua Waiora Centre for Māori Health Research at AUT University. Her research and publication activities are focused on Māori/ indigenous health, family violence, cultural safety and health (particularly Māori) workforce development.



## **Teresa Taylor**

***Ngāti Kahungunu ki Wairarapa, Ngāti Raukawa ki te Tonga***

Teresa is a Co-Director for T & T Consulting Ltd and has experience in the field of hauora Māori as well as a background in training, facilitation and co-ordination with particular emphasis in Māori Tobacco Control and smoking cessation.

***Māori Nurses and Smoking; exploring the context and opportunities for change***

Heather and a team of researchers from NZNO and AUT have been working with Te Rūnanga o Aotearoa (NZNO) for the past three years on a research project exploring issues and reviewing options for reducing smoking among Māori nurses. The presenters will discuss the final results of this research and will talk about the next steps; an intervention with student nurses. This research is funded by the Health Research Council. offers a set of recommendations to improve these statistics for our nurses.

# Workshops – Tino Rangatiratanga – Māori Nurses workshop

Tino Rangatiratanga – Māori Nurses workshop

The tensions of being a nurse and being a Māori nurse, has often been raised at Te Rūnanga hui. The ability to work in two worlds has been long reflected in our bicultural heritage which has long documented the tensions between western ideologies and Māori models of wellbeing.

Operating in Te Ao Māori and bringing a Māori perspective to the nursing profession is what we do as Maori nurses. We need to define what a Māori nurse is, protect it and have the courage to not backing down. To teach us to build resilience and challenging status quo and how do we change from is currently seen as normal.

As indigenous nursing professionals we are committed to reaffirming our rights under the United Nations Declaration of Indigenous people's article 3, to self-determine, and this will underpin any future Māori nursing strategy. Just as our early Māori nursing pioneers, like Te Akenehi Hei realised, we have nothing to fear when moving forward, our tupuna made the sacrifice, we must ensure our future mokopuna, whānau, hapū and iwi receive the best health care available in Aotearoa.

As we affirmed at our inaugural conference last year "If we can't determine where we want to go as Māori health professionals, and if we can't determine what is best for us as Māori health professionals then we will not be able to protect our health and wellbeing".

The purpose of the workshop is to articulate and determine for ourselves what makes us unique as Māori nurses, so that we can build and develop resilience and the confidence in ourselves to show that these Māori models of health add value and make a difference. We must remember to have faith in ourselves and to be courageous for our whānau, hapū and iwi hauora aspirations.

We need to own who we are, we need to determine and protect it and we are not backing down. This is who we are.

Workshop questions for consideration:

- How do you describe what you do?
- How do you deliver "patient centred care"? Or who is central to your care?
- What word would you use to describe what you do? And why? (e.g. Nurse, Nēhi, Tapuhi)

In preparation for the workshops on 'Tino Rangatiratanga Defining Māori' please can you read the following articles.

Nursing in Aotearoa New Zealand: A Definition

Measuring Maori Wellbeing - Paper by Prof Mason - Treasury Guest Lecture - Aug 2006 which can be found at <http://www.treasury.govt.nz/publications/media-speeches/guestlectures/pdfs/tgls-durie.pdf>

United Nations Declaration on the Rights of Indigenous Peoples – March 2008 which can be found at [http://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_en.pdf](http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf)



# Waiata Tautoko

## PŌWHIRI

### **WAIATA: Whakataka te hau**

Whakataka te hau ki te uru,  
Whakataka te hau ki te tonga.  
Kia mākinakina ki uta,  
Kia mātaratara ki tai.  
E hī ake ana te atākura he tio,  
he huka, he hauhunga.  
Haumi e! Hui e! Tāiki e!

## KERRI NUKU

### **WAIATA: Te Pūtōrino**

Te pūtōrino a Raukatauri  
Iri piri runga peka e  
Kei roto ko te puhi o te tangi  
Korowhita whita e  
Te tangi hotuhotu mokemoke  
Mo te tāu kua rere e (x2)

## TERESA WALL

### **WAIATA: Ehara i tea mea**

Ehara i te mea  
Nō ināiane i te aroha  
Nō ngā tūpuna  
I tuku iho i tuku iho  
Te whenua te whenua  
Hei oranga mo te iwi  
Nō ngā tūpuna  
I tuku iho i tuku iho  
Whakapono tūmanako  
Te aroha te mea nui  
Nō ngā tūpuna  
I tuku iho i tuku iho

## DR MOANA JACKSON

### **WAIATA: Mo te Tai Rāwhiti**

Ko Waiapu te awa  
Ko Ngāti Porou te iwi  
Ko Waiapu te awa  
Ko Ngāti Porou te iwi  
Tāku manawa ko Te Tai Rāwhiti  
Tāku manawa ko Te Tai Rāwhiti  
Kei konei tāku kainga  
Tāku whānau hoki  
Kei konei tāku kainga  
Tāku whānau hoki  
Tāku aroha ko Te Tai Rāwhiti  
Tāku aroha ko Te Tai Rāwhiti  
Tū mai rā Hikurangi  
Me to mana rangatira  
Tēnei ahau to mokopuna  
Ko Te Tai Rāwhiti  
Ko Te Tai Rāwhiti  
Ko Te Tai Rāwhiti.

## VALMAINE TOKI

### **WAIATA: Ngā kōrero o te Wānanga**

Ngā kōrero o te wānanga  
Ngā kōrero o te wānanga  
Hei Amiorangi i tēnei whare  
Ko te aroha, Te Aroha o Te Wai  
Pounamu  
E rere nei ko te karanga  
I raro i te maru o tēnei rōpū rangatira  
Te Rūnanga o Aotearoa  
Kia mihi atu ki ngā waka no ngā hau e  
whā (o te motu nei)  
Ko te taurira, koutou ngā kuia, kuia  
mōrehu  
Repeat Verse 1

## KAREN JOHANSEN

### **WAIATA: Pūrea nei**

Pūrea nei e te hau  
Horoia e te ua  
Whiti whitiria e te rā  
Mahea ake ngā pō raruraru  
Makere ana ngā here  
E rere wairua e rere  
Ki ngā hau o te rangi  
Whiti whitiria e te rā  
Mahea ake ngā po raruraru  
Makere ana ngā here

## MAUREEN ALLAN

### **WAIATA: Ngā Puawaitanga o Ngāpuhi**

Whakarongo mai ki tē reo e tangi nei  
E ringihia mai ana mai i āku kamo ngā  
roimata e  
Whiti mai tē rā ngaro ana tē mamae  
Ngaro noa tē pōuri kaua e mau riri  
Anei anō he rā  
Maranga mai e tē iwi o ngā hapū  
Ngāpuhi  
Kia mau, kia ū, kia pupuri ai  
Ki ngā akoranga nui  
Takahia tē ao ka kitea tē iwi  
E tū tangata mai tātou ngā uri ō rātou  
kua mene ki te pō  
Tēnei tē mihi ki ngā kaiawhina e  
Ki ngā whaea, ngā mātua anei ra ko  
ngā hua  
E puāwai ana mai  
Maranga mai e tē iwi o ngā hapū  
Ngāpuhi  
Kia mau kia ū, kia pupuri ai  
Ki ngā akoranga nui  
Maranga mai x 2  
Maranga mai x 2  
Maranga mai x 2

## ARIA GRAHAM

### **WAIATA: Born of greatness**

He kākano ahau  
I ruia mai i Rangiatea  
And I will never be lost  
I am a seed  
Born of greatness  
Descended from a line of chiefs  
He kākano ahau  
Chorus  
Kia ara au, e hitekiteki ana  
Ka mau tonu i ahau ōku tikanga  
Tōku reo tōku ohooho  
Tōku reo tōku māpihi maurea  
Tōku whakakai mārihi  
My language is my strength  
An ornament of grace  
Ka tū ana ahau  
Ka uhia ahau e ōku tīpuna  
My Pride I will show  
That you may know who I am  
I am a warrior, a survivor  
He mōrehu ahau.  
Chorus

## KARAKIA

### **WAIATA: Piriponotia**

Piriponotia i roto i ngā mahi  
Mahi tupuna, mahi wairua hoki  
Kia mārāma ai te hinengaro o te iwi  
Māori  
Aue me honoa  
Ngā hau e whā o te motu  
I te ara whakaaro nui  
o tātou . . . tātou e

## DAY 2 HUI ā-TAU

## KARAKIA

### **WAIATA: He Honore**

He hōnora  
He korōria  
Maungārongo ki te whenua  
He whakaaro pai e  
Ki ngā tangata katoa  
Ake ake, ake ake  
Āmine  
Te Atua, Te Piringa, Tōku oranga

## DR MISTY WILKIE-CONDIF

### **WAIATA: E ngā iwi e**

Ngā iwi e! Ngā iwi e!  
.....  
Kia kotahi ra te Mo-a-na nui a Kiwa  
e-i-a-i-e -----

# Waiata Tautoko

Kia mau ra! Kia mau ra!  
ki te mana motuhake me te aroha  
e-i-a-i-e -----  
Wahine ma! Wahine ma!  
Ma-ra-nga mai, Ma-ra-nga mai, kia  
kaha  
e-i-a-i-e -----  
E tama ma! E tama ma!  
E tama tū, E tama tū, tama ora!  
e-i-a-i-e -----  
Ngā iwi e! Ngā iwi e!  
Kia kotahi mai te Moana-"nui" a -kiwa  
e i-a i-e -----

## PAT COOK & ANAMARIA WATENE

**WAIATA: Tauranga Moana**  
Tauranga Moana,  
Mauao te Maunga,  
Ngāti Ranginui, Ngai te rangi e mihi  
nei e tau nei  
Rapua e ta e  
Puritia e hine,  
a ngā wawatanga, a ngā tipuna,  
I roto i tēnei ao hou  
Puritia kia mau, kia mau  
Ngā taonga mauri e  
Mauri e.

## DONNA FOXALL

**WAIATA: Tai Aroha**  
Ko te aroha anō he wai  
E pupū ake ana  
He awa e māpuna mai ana  
I roto i te whātu manawa  
Ko tona matapuna, he hōhonu  
Ā ina ia ka rere anō x 2  
He taitimu, he taipari  
He taiope, he taiora  
He tainui

## GRACE WONG & REBECCA RUWHUI-COLLINS

WAIATA: Ma te Kahukura  
Rere tōtika rere pai (x3) rere runga  
rawa rā e  
Ma te kahukura ka rere te manu (Ma  
ngā huruhuru nei)  
Ka rere koe (Rere runga rawa e)  
Kua tae atu koe ki te taumata  
Whakatau mai rā e  
Chorus  
Mau ana tāku aroha  
Whai ake i ngā whētū  
Rere tōtika rere pai  
Rere runga rawa rā e  
Rere tōtika rere pai (x3) rere runga  
rawa rā e

## EVELYN HIKUROA

### WAIATA: Tahī nei taru kino

Tahī nei taru kino  
Mahi whaiāipo  
Kei te wehenga  
Aroha kau ana  
Haere mai rā  
Kia ahau nei rā  
Te aroha tino nui  
Haere mai  
Titiro atu au  
Tahuri kē koe  
Kei roto i a koe  
Pirangi mai ana  
Haere mai rā  
Kia ahau nei rā  
Te aroha tino nui  
Haere mai

## DR HEATHER GIFFORD

### WAIATA: Putiputi Kanehana e

Putiputi kanehana e  
Māku koe e kato e  
Mehemea ko koe  
Tāku tau pūmau  
Piri rawa i tēnei uma e

## JANINE MOHAMED & DR RIOANNE WEST

**WAIATA: Pā Mai**  
No Hawkes Bay 1040  
Pā mai tō reo aroha  
Ki te pā o Aotearoa  
E ngā iwi o Aotearoa  
Haere mai, haere mai  
Titiro ki ngā hoia kua wehe nei  
Aue te aroha me tō mamae  
E ngā iwi o Aotearoa  
Haere mai, haere mai  
Kia kaha, kia manawanui  
Tahi mihi toru e  
Tae te marumaru  
Whare tapu teitei  
Te ao korowhiti  
Haere mai, haere mai

## JENNIFER ROBERTS

**WAIATA: Māku**  
Māku e mihi atu  
Kia koutou te iwi Māori  
Nō reira tēnei te mihi  
Kia koutou, kia ora rā  
Ka tangi te manu tioriori  
Ka tangi te ngākau tangata  
Nō reira tēnei te mihi  
Kia koutou, kia ora rā

## LISA HURRELL

### WAIATA: E te Hokowhitu

E te hokowhitu a Tū  
Kia kaha rā  
Kati ra te hingahinga  
Ki raro rā  
Mā ngā whakaaro  
Kei runga rawa  
Hei ārahi ki te ara  
E tika ai  
Whirinaki, whirinaki  
Tātou katoa  
Kia kotahi rā  
Ngā marae e tū noa nei  
Ngā maunga e tū noa nei  
Aue rā e tama mā  
Te mame te pōuri nui  
E patu nei i ahau ina  
Ngarimu aue  
Anei to iwi e  
E tangi nei e

## DHYANNE HOHEPA

### WAIATA: He putiputi pai

He putiputi pai katohia  
Hei piri ki te uma e te tau  
He tau aroha koe, koronga roa  
Koronga i ngā rā  
Māku anō ra koe te atawhai  
Kei kino i te ao  
Kia piri tonu mai  
He putiputi pai katohia

## TERRYANN CLARK

### WAIATA: Ka Mārama

Ka Mārama i roto  
Ka tiaho ki waho  
Hei kaitiaki mauriora e  
He Moemoeā, he kaupapa  
Mauriora ki te whānau, hapū, iwi  
Mauri mana, tapu tikanga  
Wairua whakapapa e  
Heke iho i ngā atua  
Ēnei kupu ki te tangata  
Hei Kaitiaki mō te ao Hurihuri nei

## KARAKIA

### WAIATA: Wairua Tapu

Wairua tapu tau mai rā  
Wairua tapu mai runga  
Uhia mai ngā taonga pai  
Homai to aroha  
Wahia kia tika  
Akona mai rā kia u ki te pai  
Kororia kia mā tonu rā  
Homai te tino kororia

# Conference and venue information

## Hākari

The Hākari will be held on Saturday 8 August at Eden Park, Level 4 Lounge. The venue will re-open at 6:00pm. Pre-dinner refreshments will be served from 5:00pm in the East Foyer, as well as a mini-tour of Eden Park for those who wish to participate.

The Hākari is strictly for conference attendees only. The conference name badge is your entry to the Hākari. Additional tickets purchased for guests are in your name badge pocket.

The Hākari will conclude by 8.00 pm. Buses will be leaving promptly to take members travelling back to accommodation (further information will be provided on the day).

## Venue

The conference is being held in the Eden Park Function Centre, Level 4 Lounge. This is a non smoking event.

All sessions will be held in the Level 4 Lounge. Morning tea, lunch, afternoon tea and the Hākari will also be served in this area. The exhibitors are located at the rear of the room.

Level 4 is accessible by lifts and stairs outside by the registration desk.

Toilet facilities are located out in the registration area.

Attendees are welcome to go out on to the balcony (weather permitting) which is accessible behind the exhibitors.

## Field

You must stay off the playing fields at all times while you are onsite at Eden Park. A fee applies to any persons found accessing the fields.

## Parking

Free parking is available in car park P5, off Reimers Avenue.

## Emergency preparedness

In the unlikely event of an emergency, please follow the directions of the Eden Park venue staff. An emergency card is included in your name badge holders, please also complete this as soon as possible and keep in your name badge holder.

The evacuation meeting point is out on Reimers Ave through Gate G.

## Feedback

Your feedback on the conference is welcome. A survey will be available after the conference. In the meantime, if you have any additional feedback please feel free to send this to the Conference Organiser.

Diana Geerling

New Zealand Nurses Organisation

email: dianag@nzno.org.nz.





# New Zealand Nurses Organisation (NZNO)

NZNO is both a professional association and trade union, one of the biggest and strongest in New Zealand because of our active membership.

## How does joining benefit you?

- There are a diverse range of benefits from NZNO membership
- Industrial Services - wage and working conditions' negotiations and help with any disciplinary issues. Campaigning on the key issues affecting members.
- Professional Services - 20 special interest colleges/sections providing professional leadership, support, advice and advocacy
- Legal Services - a team of experienced lawyers and a competence adviser to represent members through investigations
- Kai Tiaki Nursing New Zealand - keeping members in touch with the world of nursing and health
- Indemnity Insurance - comprehensive insurance specially designed for the work members do
- Scholarships and Grants - there's a wide range available to members
- Education - training seminars, study days, conferences and workshops on ethical, legal, professional and industrial issues for career development
- Publications including standards, code of ethics, position statements, advice and guidelines
- Advocacy through policy development, submissions, representation on external organisations and advisory groups
- A comprehensive research programme to support the aspirations of members
- A comprehensive library - resource material often not available elsewhere
- Supplier benefits e.g. gym membership, Resene Paint, Travel and Health Insurance, etc

## Why join?

For more information and for membership conditions, please visit our website:

[www.nzno.org.nz](http://www.nzno.org.nz)



