Title of project:  
*Kaumātua: Taonga Aroha*

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Principal Investigator Lorna Dyall

Organisation: The University of Auckland

2010

Report Author: Mere Kepa

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TE KŪPENGA HAUORA MĀORI & DEPARTMENT OF GENERAL PRACTICE AND PRIMARY HEALTH CARE

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Technical Report to Ngā Pae o te Māramatanga-July 2011

Kaumātua: Taonga Aroha Project

Principal Investigator: Dr Lorna Dyall

Project Manager & Research Fellow: Dr Mere Kēpa

Life and Living in Advanced Age:

A Cohort Study in New Zealand (LiLACS NZ)

Principal Investigator: Professor Ngaire Kerse

Project Manager & Research Fellow: Karen Hayman

LEADERSHIP TEAM

Professor Ngaire Kerse, Dr Lorna Dyall, Dr Mere Kēpa, Karen Hayman
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1. EXECUTIVE SUMMARY

The project, Kaumātua: Taonga Aroha, partners with the Health Research Council of New Zealand (HRC) funded programme grant project, Life and Living in Advanced Age; A Cohort Study in New Zealand, Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu; hereafter, referred to as LiLACS NZ. LiLACS NZ is now in the third year of operation and the first ‘Wave’ of data collection has been completed. The Research Team developed and strengthened tikanga, principles of conducting research with Māori people in society, Rūnanga, and Primary Health Organisations (Tables 1, 2 & 3). In the report, the tikanga drawn upon by the contractors, coordinators, interviewers, and nurses in the Māori researched sites is presented, as well as, the Preliminary Findings. Within the Preliminary Findings are the quantitative analyses examining Te reo Māori me ngā tikanga, Māori language and culture in the research area of Advanced Ageing.

The Kaumātua: Taonga Aroha Study and LiLACS NZ were preceded by the ‘Feasibility Study’ funded by the HRC. Creating sincere relationships is fundamental in collaborative research between Māori and non-Māori; hence, the RōpūKaitiaki o Ngā Tikanga Māori, Protectors of Principles of Conduct in Māori Research was involved in designing and implementing the study. The results were discussed with the Māori participants and the key Māori stakeholders to respect their standpoint. Although, the Kaumātua: Taonga Aroha Study is not a representative sample, the key results indicated to the Research team that, although, the participants may have experienced many changes throughout their life, almost all live life positively and were keen to contribute their knowledge to future generations. For the participants, growing old is a positive experience. Of the 33 Māori participants involved in the Feasibility study, 97% had mokupuna, grandchildren, 71% tuarua mokopuna, great grandchildren, and over two thirds of them were actively engaged in pleasant and pleasing activities, daily. Just over one in five (1/5) were involved in paid employment, and two thirds (2/3) were involved in Aroha māhi, working for love.
2. OBJECTIVES & AIMS

Overall, the objectives of the *Kaumātua: Taonga Aroha* study are:

1. To establish the role of intergenerational access to customary lands and environments in successful ageing of older Māori: a longitudinal cohort study;
2. To engage with Māori service providers in the Bay of Plenty and the Lakes Districts District Health Board areas, namely, Tauranga, Rotorua, Whakatāne, Ōpotiki, and Taupo;
3. To enrol Māori participants through the Māori service providers;
4. To discuss cultural practices, health, economic, environmental, and social issues; and ‘successful’ ageing;
5. To discuss the Findings with all interested groups; and
6. To analyse the data gathered from the questionnaire and to publish the Findings.

In the collaborative quantitative research of the oldest old Māori people in the Bay of Plenty, the researchers’ aim is to quantify how:

1. *Kaumātua*, 80 to 90 years old Māori Kuia and Koroua, are central to supporting the development of healthy communities and environment;
2. Their health and wellness radiates out to all and influences the heath of whānau, hapū, and wider Māori society;
3. The place and space they occupy within their whānau and the demographic profile of the total Māori population highlights that kaumātua play an important and fundamental role in the transfer and development of cultural and other forms of knowledge across and between generations; and
4. The critical relationship between history, politics, economics, laws and health has the potential to impact on the capacity of caring for Māori by Māori.
3. RATIONALE

The data for Wave 1 of the partnership, *Kaumātua Taonga Aroha* and LiLACS NZ, have been collected and LiLACS NZ is now in the third (3rd) year of operation. In Wave 1, the Research Team recruited, interviewed, and assessed *Māori* people of advanced age, represented by 80-90 years; the age group with a 90% chance of surviving another year:

1. To establish the determinants of successful advanced ageing;
2. To establish trajectories and pathways in advanced age; and
3. To understand the relative importance of determinants; that is, language and culture practised by the oldest old *Māori*; in association, with relevant outcomes of disease states, nutrition, functional status, socio-cultural capital, connectedness, social, economic, and environmental factors.

In Aotearoa, New Zealand, many *Māori* who reach 75 years of age may have multiple health problems, and owing to *whānau* migrating from rural to urban areas, close members of the extended family group may not be available to care for and protect their oldest old adults. Few *Māori*, though, reach advanced age. In 2001, according to the Census, < 0.2% of *Māori* men and women reached the age of 85 years. Further, a large disparity exists in longevity and disability levels between the Cohort of *Māori* and non *Māori*. Finally, demographic projections suggest increasing life expectancy for *Māori* and that the population of the oldest old *Māori* will expand, potentially accentuating the disparities.

Longitudinal studies have provided insight into Epidemiological factors contributing to ‘successful’ ageing, internationally (Marmot, 2003; Andrews, 2001; Schaie, 2001). LiLACS NZ has been designed to complement other projects in progress in New Zealand; for example, the *Enhancing Wellbeing in an Ageing Society* funded by the Foundation for Research, Science, and Technology (Waldegrave, 2005).
In LiLACS NZ, the researchers have investigated factors related to Māori people ageing, therefore, intergenerational dissemination of their:

- Roles within whānau, hapū, and iwi;
- Knowledge of linguistic and cultural practices, as well as;
- Disease states, nutrition;
- Functional status;
- Socio-cultural capital;
- Connectedness;
- Socioeconomic; and
- Environmental factors is vital.

Early life experiences that may have a profound effect on the way life is lived, and conditions up to age 15 years have been enquired about, too. Further, in a personal communication between one of the Principal Investigators and Rudi Westendorp of the ‘Leiden 85+ Study’, patterns of resilience, optimism, and coping that may promote and constrain successful living were identified as a ‘gap’, or a difference, in current longitudinal studies. Hence, an important focus has been the Māori participants’ engagement in cultural practices and caring for others, as well as, knowledge of whakapapa, moral and collective responsibility.

From 2009-2011, the non Māori and the Māori Researchers and the RōpuKaitiaki o Ngā Tikanga Māori in the university; and the contractors, coordinators, nurses, and the interviewers in the Researched sites have conducted themselves with increasing respect and courtesy, and growing understanding of each others’ languages and cultures. Dr Dyall, Dr Kēpa, and the RōpūKaitiaki have contributed to and participated in:
• Contributing ideas and innovations to the research;
• Designing and translating questions from English language to te reo Māori me ngā tikanga;
• Leading the Research Team’s acts of community engagement;
• Promoting LiLACS NZ on iwi Radio, Radio RHEMA, in the University of Auckland’s newsletters, local and national Press, in myriad whānau and community networks;
• Clearing up issues on Ethics and Blood and the emerging LiLACS NZ researchers raised by Māori participants in a Conference at Tauranga;
• Three presentations at the 9th Asia / Oceania Congress of Geriatrics and Gerontology in Melbourne, Australia from October 23-27, 2011 funded by the Ngā Pae o te Māramatanga Conference Attendance Grant, Te Puni Kōkiri, and the Sir John Logan Campbell Trust; and
• Training, Review, and Dissemination Hui (Tables 1 & 2).

From 27 September to 30 September 2011, the Hui to disseminate the Preliminary Findings have been organised in each of the researched sites. In the Hui, the knowledge drawn from the quantitative study will be presented by Professor Ngaire Kerse and discussed with the participants, in groups. Finally, the notes recorded in the group discussions will be re-presented to the panel of Professor Ngaire, Kerse, Dr Lorna Dyall, Dr Mere Kēpa, Associate Investigators, and the RōpūKaitiaki for comment and validation. The knowledge will be disseminated in lectures and publications.
DISSEMINATION HUI FOR THE PARTICIPANTS

26th to 30 September 2011

1. Hui at Maungatapu marae, Tauranga, Tuesday, 6 September, 10 a.m to 2 p.m.
2. Hui at Sir Tristan Lounge, Tauranga Race Course, Tuesday, 13 September, 10 a.m to 2 p.m.
3. Hui at the Rotorua Arts Village, 1240 Hinemaru Street, Tuesday 27 September, 10 a.m to 2 p.m.
4. Hui at Whakatāne Health Services, Wednesday 28 September, 10 a.m to 2 p.m.
5. Hui at Te Kaha Resort Hotel, Thursday 29th September, 11 a.m to 3 p.m.
6. Hui at the Ōpotiki RSA, Friday 30th September, 11 a.m to 3 p.m.

PROGRAMME

• Pōhiri, Whakatau, Welcome.
• Presentation by Professor Ngaire Kerse.
• Group discussions.
• Feedback from the Group discussions to the Panel – Prof Ngaire Kerse, Dr Lorna Dyall, Ms Karen Hayman, Dr Mere Kēpa, Associated Investigators and the RōpūKaitiaki.
• Closing Prayer.

In the next section, the philosophy of community engagement practised by the Māori researchers and the RōpūKaitiaki is reported. Following the discussion, the Preliminary Findings for oldest old Māori from the collaborative study are documented.
4. RESEARCH METHODOLOGY & JUSTIFICATION OF METHODOLOGY

Mātauranga Whakaaro, Māori Philosophy

In the pre-contact era, Māori lived as interconnecting groups of people-whānau and hapū-within functioning cultural, social, political, and economic relations that supported population survival and growth (Salmond 1991, Metge 1995, Durie 2004, Reid et al, 2005; Kēpa et al, 2006a & b). The estimated average life expectancy of Māori, at birth, was similar to Europeans, and this was approximately 28 to 30 years (Pool 1991: 57). During this era, Māori tribal society organised conditions for being healthy and happy, as a whole, through many relationships reflecting wise Public Health principles; significantly, a relationship with nature maintaining a clean water supply, preserving and storing food, enabling proper hygiene and waste disposal, keeping the ill and dead separate, and drawing upon extensive mātauranga, local knowledge to produce medicines and remedies (Durie 2005:14). Therefore, Mātauranga Whakaaro, Māori philosophy accounts for Māori people as living long, healthy, and happy lives in relationship with each other in a wholesome environment, before contact with modern society (Kēpa et al, 2006). In short, Māori philosophy is a very large and rich tradition of Māori living in harmony with nature, but discontinued flourishing as the British including the Scots and Irish mercenaries, the French, the Portuguese, the American missionaries, whalers, sealers, and traders, among other groups of people commenced colonising Aotearoa, New Zealand. In the 21st century, Māori continue losing knowledge of the major traditions of Māori philosophical thinking, assimilating into Christian, Capitalist, and Democratic culture with varied success. Concurrently, Māori researchers are at work from the university to the marae, tribal gathering place; from the marae to parliament.
revitalising te reo Māori me ngā tikanga and Mātauranga Whakaaro to be able to pass on to Māori, together with love, principles of living purposeful, healthy, and happy lives.

In the ancient tradition of whanaungatanga, kinship, the RōpūKaitiaki o Ngā Tikanga Māori, the Protectors of Principles of Conduct in Māori Research has been created to ensure that Māori people, Māori language and culture, and Mātauranga Māori are not offended by impoliteness, ignorance, and arrogance. The kanohi kitea, the Māori people who are involved in Hui, political, and social organisations are:

- Paea Smith, Ngāti Apa and Ngāti Kahungunu;
- Leianna Reynolds, Ngāti Rehia and Ngāti Tūwharetoa;
- Hone Kameta, Whakatōhea, Ngāi Tūhoe, and Te Arawa;
- Florence Kameta, Ngāi Tai and Ngāti Pōrou; and
- Betty McPherson, Te Rārawa.

The five well-known kaumātua, drawn from iwi, tribes from across Aotearoa, New Zealand inform the research team on customs to approach potential Māori participants; taking into account the history of the tribes and tribal relations; important families and leaders of mana, mystery and authority with whom to communicate. Together, the RōpūKaitiaki brings a total of 200 years of knowledge and wisdom of Māori society and Christian culture to LiLACS NZ. All of their wise advice has led to engagement with local contractors to undertake the longitudinal project. Thus, a trustworthy working relationship was begun between the LiLACS NZ Researchers in the university and the local contractors, coordinators, interviewers, and nurses at:

- Western Bay of Plenty Primary Health Organisation (WBoPPHO), Tauranga;
- Ngā Matāpuna Oranga Kaupapa Māori Primary Health Organisation (NMO) Tauranga;
Rotorua Area Primary Health Services (RAPHS), Rotorua;
Te Rūnanga o Ngāti Pikiao & Te Korowai Aroha Health Services, (Joint Contractors), Rotorua;
Te Rūnanga o Ngāti Awa, Whakatāne; and
Te Rūnanga o Ngāti Irapuia, Ōpotiki.

A Māori and a non Māori Principal Investigator have been appointed, as well as a Māori (Table 2) and a non Māori Project Manager to administer the seven researched sites. In support of educating the Māori Candidates, an Intellectual Advisory Group composed of:

- Dr Pip Pehi, Te Whare Wānanga o Awanuiārangi, Whakatāne;
- Dr Marama Muru Lanning;
- Dr Pam Bennett;
- Dr Robyn Manuel;
- Dr Jane McKendrick; and
- Lisa Chant of the University of Auckland;
- Dr Anna Rolleston of Tauranga and
- Dr Melissa Taitimu from Brisbane has been established.

The Māori and non Māori coordinators, interviewers and nurses in the Rūnanga and Primary Health Organisations (PHOs) have been involved in recruiting, enrolling, and remain interviewing, and assessing the oldest old Māori and non Māori participants in ‘Wave’ 2. Thus, at the heart of the relationship between the Māori researchers, the RōpūKaitiaki, and the non Māori Researchers in the university and the Research Team in the Researched sites is whakapapa, whanaungatanga, kōrero Māori; history, culture, and community networks.
**WHAKAPAPA, WHANAUTANGA & KŌRERO MĀORI**

*Māori* aged between 80 and 90 years in 2010; those born between January 1st 1920 and December 31st 1930 and living in the defined area of the boundaries of the Bay of Plenty and Lakes District Health Boards were identified using overlapping strategies the:

- ‘New Zealand Electoral’ Roll;
- Lists held by the Primary Health Organisations and the General Medical Practices;
- ‘Māori Electoral Roll’;
- Lists held by the Rūnanga; and
- *Whakapapa, Whanaungatanga* and *Kōrero Māori*; that is, *Whānau* and Community networks.

In LiLACS NZ, ascertain*ing* Ethnicity is by self-identification. The Primary Health Organisations’ databases contain information about people’s Ethnicity according to self identification. Enrolees, on the ‘Māori Electoral Roll’, state whether people are *Māori*. The final evidence of Ethnicity was by self-identification in the LiLACS NZ Interview that contained questions from the ‘2001 NZ Census’. Thus, the cultural and technical practice of self-identification is in tension with *Whakapapa, Whanaungatanga* and *Kōrero Māori*.

In the programme held at Te Whare Wānanga o Awanuiārangi in Whakatāne, the interviewers and the nurses were provided ‘standardised’ training in:
Eligibility requirements; Recruiting; and Collecting data.

Each interviewer was given a jacket with the LiLACS NZ logo and personnel identification to wear in the community. The coordinators, interviewers, and nurses were directed to cross check potential participants’ names to ensure that all the eligible people were invited to participate and that people were not invited twice. The potential participants whose names did not appear on a recognised list or database, and were known to the coordinators, interviewers, nurses, family, whānau and community networks in the area were invited too. In this diverse and complex approach to research, the local contractors developed different networks and relationships to engage with their communities; in turn, to recruit, enrol, interview, and assess the Māori and non Māori participants.

In Tauranga, the two contracted providers, Western Bay of Plenty Primary Health Organisation (WBoPPHO) and Ngā Mataapua Oranga Kaupapa Māori Primary Health Organisation (NMO), worked together; each having their own area of focus, ways of promoting relationships with potential participants, and engaging with their local networks. Building and maintaining the relationship between the providers and the General Practitioners in the researched sites is important. After the GPs were informed of LiLACS NZ, letters were sent by the LiLACS NZ WBoPHO’s Research Team to inform potential participants about the project; as well as, the names of the people to contact if the prospective participants were interested. In support of WBoPPHO’s ‘Strategic Vision’ and LiLACS NZ, a Research Centre was established by the provider, not far from the Central Business District.

In Rotorua, the Joint Contractors, Te Rūnanga o Ngāti Pikiao and Te Korowai Aroha Health Services, worked together, drawing on the ‘Māori Electoral Roll’, whakapapa, whanaungatanga, and kōrero Māori in recruiting, potential Māori participants. In the early stage of the recruiting, a team of older Māori men and women were
appointed by the two providers as the interviewers; in the belief that the interviewers would be better able to relate to, enrol, and interview the oldest old Māori participants. In practice, the belief was not entirely successful; hence, the group was reorganised and people from a range of ages were employed to complete Wave 1.

The third contracted provider, Rotorua Primary Area Health Services (RAPHS), drew on the ‘New Zealand Electoral Roll’, as well as the Research Team’s knowledge of a number of potential participants, and through contact with the General Practitioners in the provider’s area. All three of the contractors, in Rotorua, worked together ensuring that potential participants were not contacted by the several providers; thereby upsetting the oldest old adults. As a strategy, areas of recruitment were organised among the providers.

In Whakatāne, Te Rūnanga o Ngāti Awa, representing the Mana whenua, the home people of the area, was contracted to recruit both Māori and non Māori participants. The decision recognised that the tribe, Ngāti Awa alongside Te Wānanga o Awanuiārangi has had a major role in working and enhancing the people’s lives and living in the different communities in the Whakatāne area. To support the Research Team, the Māori project manager promoted LiLACS NZ among whānau, whanaunga, and community networks, and introduced one of the interviewers to a few potential participants. The contractor promoted LiLACS NZ through the local newspaper and the Iwi Radio station. Finally, a letter, from the University of Auckland, was despatched to the potential participants who were uncertain of participating and of the contribution they might make.

In rural communities, Health services and Rūnanga are important community networks for research. Te Rūnanga o Ngāti Irapuia was selected as the contractor to locate both Māori and non Māori participants in the areas of Ōpotiki and Te Kaha. The nurse/coordinator promoted LiLACS NZ and the Chair called upon the local media to assist in the task. The participants were invited and given Information Sheets describing the research and the
time involved in the interviews and assessments. In fact to face discussions, important points were highlighted and the procedures for dealing with adverse events were discussed face to face.

Overall, recruiting participants into research related to ageing is challenging, requiring the development of strategies that incorporate:

- Caring about and protecting sensitivities within family and whānau relationships;
- Caring about and protecting the support from the local General Practitioners;
- Supporting and enhancing family, whānau, and community networks;
- Communicating with local media and community leaders to promote the research effectively.

While many of the non Māori participants understood their role in LiLACS NZ, as an honour and the duty of a citizen of New Zealand; Māori were less forthcoming to participate for the same reasons. Nevertheless, a significant number of the oldest old Māori women and men agreed to participate in the research. Following the participant’s or the Proxy’s consideration of the interviewer’s explanation of the Ethical Requirements laid out by the University of Auckland, all the Māori participants agreed to consent to Full or Partial participation; including, their intention to continue the interviews and assessments, annually; until the death of the last member of the LiLACS NZ cohort. Finally, the partnership, Kaumātua: Taonga Aroha and LiLACS NZ completed the study in budget.
5. PRELIMINARY FINDINGS

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<td>3.8%</td>
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**How much has colonisation affected the way you live your life today?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>64.3%</td>
</tr>
<tr>
<td>A little</td>
<td>9.8%</td>
</tr>
<tr>
<td>Moderately</td>
<td>12.7%</td>
</tr>
<tr>
<td>Very</td>
<td>7.8%</td>
</tr>
<tr>
<td>Extremely</td>
<td>3.3%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0.8%</td>
</tr>
<tr>
<td>Refused</td>
<td>1.2%</td>
</tr>
<tr>
<td>Area</td>
<td>Speak Māori</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Ngāpuhi</td>
<td>10</td>
</tr>
<tr>
<td>Ngāti Pikiao (Te Arawa)</td>
<td>7</td>
</tr>
<tr>
<td>Ngāti Rangiteaorere (Te Arawa)</td>
<td>1</td>
</tr>
<tr>
<td>Ngāti Rangitihitahi (Te Arawa)</td>
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<td>Ngāti Rangiwhewehi (Te Arawa)</td>
<td>4</td>
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<tr>
<td>Tapuika (Te Arawa)</td>
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<tr>
<td>Tarāwhai (Te Arawa)</td>
<td>0</td>
</tr>
<tr>
<td>Tūhourangi (Te Arawa)</td>
<td>8</td>
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<tr>
<td>Uenuku-Kōpakō (Te Arawa)</td>
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<tr>
<td>Waitaha (Te Arawa)</td>
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<tr>
<td>Ngāti Whakaue (Te Arawa)</td>
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<tr>
<td>Ngāti Tūwharetoa</td>
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</tr>
<tr>
<td>Ngāti Tahu (Te Arawa)</td>
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<td>Ngāti Pūkenga</td>
<td>2</td>
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<tr>
<td>Ngātiterangi</td>
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<tr>
<td>Ngāti Ranginui</td>
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<tr>
<td>Ngāti Awa</td>
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<tr>
<td>Ngāti Manawa</td>
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<tr>
<td>Ngāi Tai</td>
<td>3</td>
</tr>
<tr>
<td>Tūhoe</td>
<td>3</td>
</tr>
<tr>
<td>Whakatōhea</td>
<td>5</td>
</tr>
<tr>
<td>Whānau-Ā-Apanui</td>
<td>3</td>
</tr>
<tr>
<td>Ngāti Porou</td>
<td>11</td>
</tr>
<tr>
<td>Ngāi Tahu / Kāi Tahu</td>
<td>10</td>
</tr>
<tr>
<td>Tai Tokerau Region</td>
<td>14</td>
</tr>
<tr>
<td>Tainui</td>
<td>23</td>
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<tr>
<td>Region</td>
<td>Total</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Te Arawa/Taupō Region</td>
<td>33</td>
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<tr>
<td>Tauranga Moana/Mātaatua Region</td>
<td>29</td>
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<tr>
<td>Te Tai Rāwhiti Region</td>
<td>14</td>
</tr>
<tr>
<td>Ngāti Kahungunu</td>
<td>5</td>
</tr>
<tr>
<td>Taranaki Region</td>
<td>6</td>
</tr>
<tr>
<td>Whanganui/Rangitikei Region</td>
<td>3</td>
</tr>
<tr>
<td>Manawatū/Horowhenua/Te Whanganui-ā-Tara Region</td>
<td>4</td>
</tr>
<tr>
<td>Te Waipounamu/Wharekauri Region</td>
<td>10</td>
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<tr>
<td>OVERALL</td>
<td>139</td>
</tr>
</tbody>
</table>
BIBLIOGRAPHY

TABLE 1

Activities of the RŌPŪKAITIAKI O NGĀ TIKANGA MĀORI, Protectors of Principles of Conduct in Māori Research

CONFERENCE PRESENTATION


TRANSLATIONS


5] Wave 2 Questionnaires for the Life and Living in Advanced Age: A Cohort Study in NZ, the University of Auckland

ADVISORS to PROMOTION, TRAINING, REVIEW, & DISSEMINATION HUI


7] Smith, P., Kameta, H., Kameta., F., & Reynolds, L (2011), Advisors, Life and Living in Advanced Age: A Cohort Study in NZ’s Site Visits, Bay of Plenty. 21-24 March


12] Smith, P., Kameta, H., Kameta., F., McPherson, B., & Reynolds, L (2010) Meeting with Professor Merryn Gott-proposed Māori and Dementia research and Associate Investigators, Life and Living in Advanced Age: A Cohort Study in NZ, School of Population Health, Tamaki Campus, the University of Auckland. 18 August 2010


TABLE 2

Activities of Dr Mere Kēpa

PUBLICATIONS

INTERNATIONAL

Journal


2] Peer Reviews

The Arab World English Journal (2011), Malaysia

Title: The Effects of Keyword and Word List Methods on Immediate Vocabulary Recall of EFL Learners

Authors: Baleghizadeh & Ashoori

3] The Arab World English Journal (2011), Malaysia

Title: Impact of First Language Writing Orientation on the Acquisition of Second Language: An Empirical Study in Oman

Blind Review
4] Letter to the Editor

Citation: J Palliat Care 2010; 26(2): 135

Alison Ramsey
Managing Editor

Journal of Palliative Care (2010)

(514) 340-3540 x4763

Ref: A New Zealand Perspective on Palliative Care for Māori by Wendy Margaret Muircroft, Judy McKimm, Leeroy William, and Roderick Duncan McLeod, 26: 1/2010; 46–42

5] Book Review

Meaningful inconsistencies: Bicultural nationhood, the free market, and schooling in Aotearoa/New Zealand, by Doerr, N. M.


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ISSN: 1534-8458 print / 1532-7701 online

DOI: 10.1080/15348458.2011.598130
Chapter in Book


Book Review


NATIONAL

Journal


A Eckermann, T Dowd, E Chong, L Nixon, R Bray & S Johnson (accepted & forthcoming). Binan Goonj—Bridging Cultures in Aboriginal Health

Research Reports

10] Citation: Janine Wiles, Kirsty Wild, Ngaire Kerse, Mere Kēpa, Carmel Peteru (2011) Resilient Ageing in Place Project Recommendations, the University of Auckland, Auckland

11] Citation: Mere Kēpa, Janine Wiles, Kirsty Wild (2011). Resilient Ageing in Place. Older Māori Report & Recommendations, the University of Auckland

Chapter in Book

Book Review:


COMMISSIONED REPORT


CONTRIBUTION TO RESEARCH

16] Participant in the Tool kit for Student Carers at The University of Auckland. Equity Office July 2011

17] Conference Coordinating Committee: Critiquing Pasifika Education @ the University. The 3rd Biennial Conference, School of Education, AUT University, 3 to 5 July 2011. Secretary, Conference Coordinating Committee

18] Invitation. AUT University, Auckland. Representative from Stakeholder Organisations to meet with the Audit Panel from New Zealand Universities' Academic Audit Unit (NZUAAU) 16:30 - 17:30 on Wednesday 15 June 2011. City Campus on Wellesley Street East

19] Outcome 23.5.2011: Request from Dr Mel Cheung, PH.D., the UoA, on behalf of Tu Tama Wahine, Māori health organization, New Plymouth for the Final Report, Bring 'Me' Beyond Vulnerability. Elderly Care of Māori, by Māori. Kei hinga au e, kei mate au e. Te Tiaki ā te Māori i te hunga kaumātua Māori and other publications prepared by Mere Kēpa, Corinthia Kēpa, Paul Reynolds, & Ratana Walker for Ngā Pae o te Māramatanga, NZ’s Māori Research Centre of Excellence hosted by the University of Auckland
20] Invitation, Ngā Pae o te Māramatanga Research Fellow. 2011 Ngā Pae o te Māramatanga Horizon Seminar Series. Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ). A Collaborative Quantitative Longitudinal Research. Waipapa Marae, the University of Auckland. Friday 29 July 2011


22] Invitation, Ngā Pae o te Māramatanga Research Fellow, International Writing Retreat endorsed by Ngā Pae o te Māramatanga, New Zealand’s Māori Centre of Research Excellence. Presentation Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ), Wave 1. Copthorne Resort, Ōmapere. 6 to 14 July 2011.

23] Invitation, Presenter, 2011 Manu Ao Seminar Series. Te Puāwaitanga o Ngā Tapuwae Kia Ora Tonu Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ). Ngā Wā o Te Koroheketanga. Room 429, Level 4, Human Sciences Building, Symonds Street, the University of Auckland. 8 June 2011

24] Invitation, Guest Speaker, Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ). The Indigenous Māori Treaty Partner. Ellerslie Sunrise Rotary Club Breakfast Meeting, Ellerslie Convention Centre, Ellerslie Racecourse, 7.00 a.m. Friday 3 June 2011


26] Invitation, Guest, Age Concern New Zealand, Focus on Serving the Needs of Older People Conference, Wellington, 12 April 2011

27] Invitation, Panel Interview, Life and Living in Advanced Age: A Cohort Study in New Zealand-Wave 2. Te Rūnanga o Ngāti Awa Iwi Radio, Wednesday, 23 March 2011
28] Interview by Peter Shaw, Radio Rhema NZ, Thursday 16 December 2010. Life and Living in Advanced Age Cohort Study in NZ (Māori Cohort)

http://www.rhema.co.nz/index.php?option=com_content&view=article&id=1&Itemid=46

29] Interview. Dionne Christian, Feature Article in Canvas, in The NZ Herald, Saturday 4 December 2010. Life and Living in Advanced Age Cohort Study in NZ


30] Invitation, Consultant, Liz Baxendine, President, of Age Concern New Zealand. Age Concern in New Zealand Board Meeting, Wellington to discuss Age Concern’s relevance to Māori including consultation/caucusing options, to advise on a Māori culturally appropriate version of the Enduring Power of Attorney brochure. (1 Dec 2010)


32] Invitation, Ngā Pae o Te Māramatanga Research Fellow, Ngā Pae o Te Māramatanga, New Zealand’s Māori Centre of Research Excellence. Presentation, Life and Living in Advanced Age: A Cohort Study in NZ (LiLACS NZ). Excellence, Distinctiveness, and 10 Years Ahead. Writing Retreat. Copthorne Resort, Ōmapere. 1-5 November 2010

33] Invitation, Contributor, Life and Living in Advanced Age: A Cohort Study in New Zealand. Australia & New Zealand Research Consortium (ANZARC), Coachman Hotel, Palmerston North. 8th to 9th November, 2010

34] Invitation, Ngā Pae o Te Māramatanga Research Fellow, International Indigenous Wananga & Writing Retreat sponsored by Ngā Pae o te Māramatanga, New Zealand’s Māori Centre of Research Excellence, hosted by the University of Auckland. Silver Oaks Resort Hotel, Rotorua. 11 to 18 June

35] Invitation, Participant, Families Commission Research Conference. Wellington Convention Centre, Wellington Town Hall. 3 June 2010

36] Invitation, Keynote Speaker, Treaty of Waitangi Training Workshop, LiLACS NZ Research Office, Western Bay of Plenty Primary Health Organisation (WBoPHO), Tauranga to provide an urgent training component for the LiLACS NZ Research Team in Tauranga on the Treaty of Waitangi. 13 May 2010

37] Invitation, Contributor, New Zealand Council of Christian Social Services NZCSS Manaaki Hapori/Enhancing Communities Networking Meeting Parishes, Schools & Social Services in Avondale 214 Rosebank Road
38] Invitation, Speaker, Ngā Pae o te Māramatanga Research Fellow, 4th International Indigenous Conference Mātauranga TakeTake: Traditional Knowledge Ngā Pae o te Māramatanga, New Zealand’s Māori Centre of Research Excellence, hosted by the University of Auckland. Duty of Care: Enhancing People and Organisations in Caring for Each Other in the Māori Research Community and Other People in the World. Faculty of Business, the University of Auckland. 6 to 9 June 2010.

39] Invitation, Presenter. He Whānau Katoa Tātou i Roto Tēnei Mahi/We Are All in This Work Together. Bright *Star Inaugural New Zealand’s Age Care Workforce Conference, How Can We Manage the Issues Surrounding New Zealand’s Ageing Population. Rydges Hotel, Auckland. 29 to 30 June 2010 June http://www.brightstar.co.nz/conferences/download-documentation


42] Invitation, Observer (on behalf of Age Concern and LiLACS NZ) Wellbeing Summit 2010, Kelston Community Centre, Kelston, Waitakere City Council

PEER ESTEEM


45] Re-invited. Editorial Board Member, ALTERNATIVE An International Journal of Indigenous Peoples. Ngā Pae o te Māramatanga, New Zealand’s Māori Centre of Research Excellence (CoRE) hosted by the University of Auckland

46] Invitation. Ngā Pae o te Māramatanga, New Zealand’s Māori Centre of Research Excellence (CoRE), Steering Committee, Critical and Sensitive Issues in Research Symposium-Water, Rydges Hotel, Christchurch. 14 to 15 November 2010

48] Grant Reviewer, Māori Health Literacy and Palliative Care, Request for Proposal (RFP). Health Research Council of NZ. February 2011


TEACHING

1] PH.D Advisory Group to Marama McDonald, Supervisor Professor Ngaire Kerse

2] PH.D Advisory Group to Nadine Mesnage, Supervisor Dr Valerie Wright St Clair, School of Occupational Therapy, AUT University

3] Prospective PH.D Candidate, Judah Kopu. Research Proposal, Department of Māori Studies, the UoA City Campus and LiLACS NZ (in process)

4] Prospective Masterate Candidate, Florence Kameta, Te Whare Wānanga o Awanuiārangi Secondary Supervisor. Primary Supervisor Dr Wiremu Doherty (in process)

5] PH.D Interview for Soenke Biermann, Southern University, Lismore, Australia
TABLE 3
Table 4

Fact Sheet

- 429 people born between 1920 and 1930 of Māori descent consented to participate in and contribute to the partnership of Kaumātua:Taonga Aroha and LiLACS NZ.
- 278 Māori participants completed the Full Interview.
- 148 Māori participants completed the Partial Interview.
- 263 Māori participants completed the Physical Assessment.
- 222 Māori participants donated a Blood sample.
- 18 Māori participants have been declared dead.
- 138/277 (49.8%) Māori participants speak Te reo Māori me ngā tikanga.
- 73/263 (27.8%) Māori participants live in a rural neighbourhood,
- 57/73 (78.1%) Māori participants living in a rural neighbourhood speak Te reo Māori me ngā tikanga compared to 81/190 (42.6%) of the others.
- 196/391 (50.1%) of the Māori participants named their Iwi/Tribe
- 196/391 (50.1%) of the Māori participants who named their Iwi listed, at least, one Iwi from the area covered by the Contractor responsible for the LiLACS NZ Interview