Te Hiringa Hauora Research Framework

Health promotion research at the interface of mātauranga Māori and Western science

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Te Hiringa Hauora | Health Promotion Agency was a Crown entity established under the New Zealand Public Health and Disability Amendment Act 2000. As at 1 July 2022 it was disestablished as a separate entity and moved into Te Whatu Ora – Health New Zealand.

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COVID-19 has been transformational in opening the eyes of the nation to the critical importance of public health and Māori leadership. These are also fundamental planks in the new health system. In this context, Te Hiringa Hauora has supported the development of a framework to guide best practice health promotion research at the interface of mātauranga Māori and Western science. That is, research that draws on and leverages both knowledge systems to generate new knowledge, evidence and insights that contribute to transformational change towards healthy and decolonising futures for Māori, Pacific peoples and all New Zealanders.

The Te Hiringa Hauora Research Framework, shown on the following page, enables shared understandings of what best practice health promotion research in Aotearoa New Zealand is and what it seeks to achieve. A common understanding facilitates clear communication, and commissioning, conduct and co-ordination of best practice research. It can also help all stakeholders to understand that they have a role and identify what that role is.

The Framework is founded on Te Tiriti o Waitangi and the concept of equity. It draws on Māori health promotion and Ottawa Charter-based generic health promotion models, kaupapa Māori principles, and best practice research approaches in Aotearoa New Zealand. It has much overlap with Pacific peoples' concepts of health and approaches to health promotion. Building organisational and workforce research competencies as they relate to health promotion and public health, Māori health, Pacific health, research, and the Māori-Crown relationship are critical enablers.

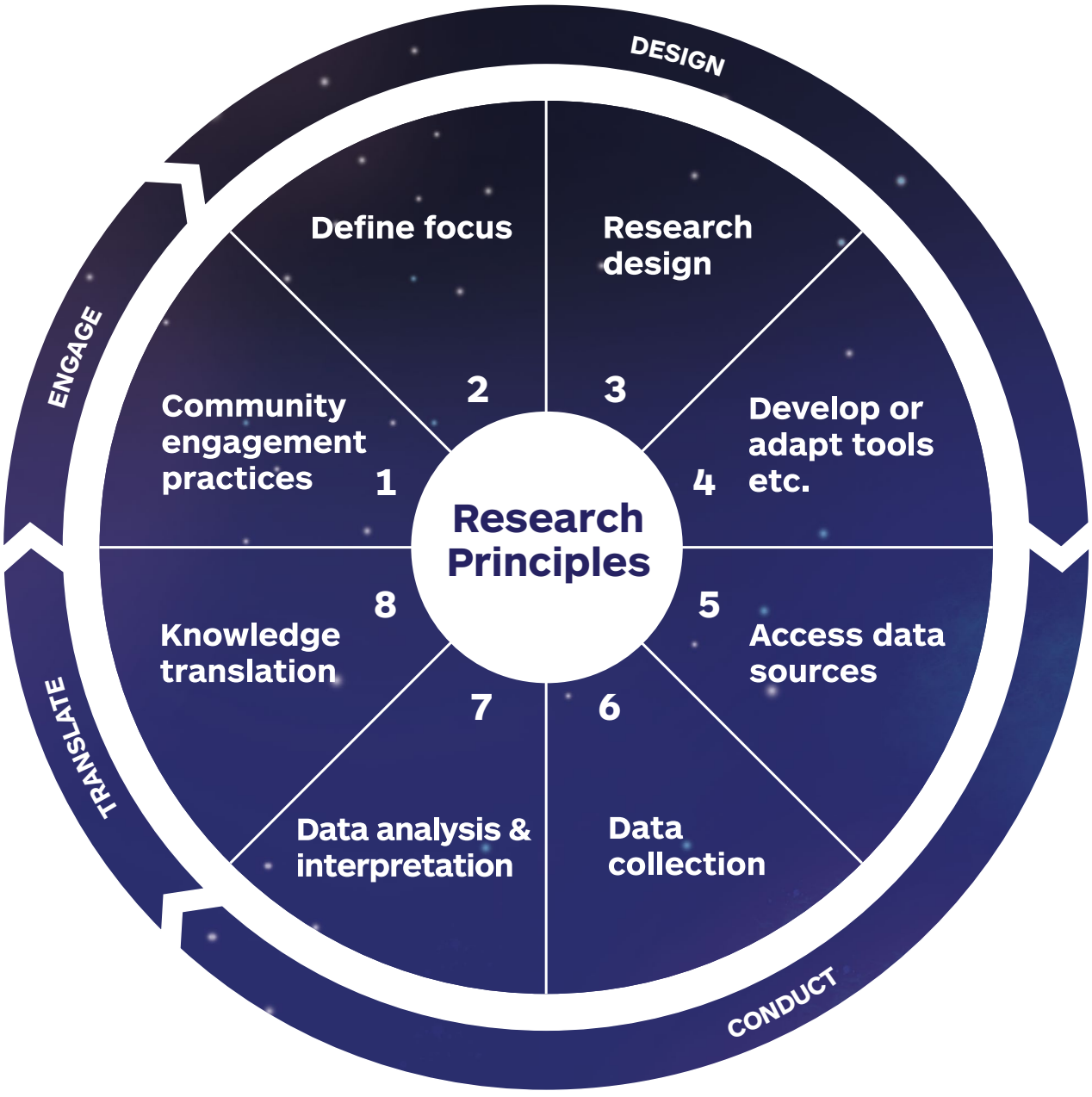
Te Hiringa Hauora Research Framework: Health promotion research at the interface of mātauranga Māori and Western science

Characteristics of Health Promotion Research at the Interface

Vision	• Pae ora | healthy futures • Mauri ora | healthy individuals, whānau ora | healthy families, wai ora | healthy environments
Purpose	• Health promotion research at the interface generates new knowledge that contributes to greater control for whānau and communities over the determinants of health and secure cultural identity, and thereby transformational change towards the vision of pae ora | healthy futures for Māori, Pacific peoples and all New Zealanders
Foundation	• Te Tiriti o Waitangi
Approach	• Interface approach and rights-based approach
Values	• Equity, cultural identity as a value orientation, collective autonomy, social justice, respect, interdependence, integrity
Principles	• Te Tiriti o Waitangi principles – tino rangatiratanga, active protection, equity, options, partnership • Taonga tuku iho (cultural aspiration) • Whakapapa (interconnectedness and collectivism) • Kia piki ake i ngā raruraru o te kāinga (determinants) • Āta (respectful and reciprocal relationships) • Equity • Self-determination • Empowerment • Quality • Sustainability
Organisational and workforce competency fields	• Health promotion, public health, Māori health, Pacific health, kaupapa Māori research, health research, Māori Crown relationship

The Te Hiringa Hauora Research Framework can be put into practice through application of the Framework principles to all phases of the research process, as shown in the Figure below.

Application of Framework principles to all research phases



1.0 Introduction

Te Hiringa Hauora/Health Promotion Agency is a Crown entity that has legislative responsibility to promote the health and wellbeing of New Zealanders. Te Hiringa Hauora is charged with leading and supporting activities to promote the health and wellbeing of people, whānau and communities; prevent ill-health; enable the creation of supportive environments; and reduce harm. The organisation also has alcohol-specific advisory and research functions. As well, Te Hiringa Hauora works with others on research to generate knowledge and evidence to inform health promotion activity. The term research is used broadly in this paper, and incorporates evaluation. Delineation between research and evaluation in the health promotion literature is often subtle and tends to focus on the primary purpose of the endeavour. At its simplest, the purpose of research is the creation of new knowledge and the purpose of evaluation is to assess effectiveness and make a judgment about value (eg, of a policy or intervention). Evaluation uses a subset of methodologies, methods and techniques applied in research.

According to the Health Promotion Forum of New Zealand (HPFNZ) "...ethical health promotion is committed to a culture of evaluation and learning, evidence-informed approaches and the development of a well-informed workforce" (HPFNZ, 2012 p. 10). In recognising that knowledge generated through research is a basis for informed health promotion action, Te Hiringa Hauora has supported the development of the Te Hiringa Hauora Research Framework presented in this paper. For the organisation itself, it is intended that the Framework will enable a shared understanding of what best practice health promotion research in Aotearoa New Zealand is and what it seeks to achieve. A common understanding facilitates clear communication, and commissioning, conduct and co-ordination of best practice research. Further, it can help personnel to understand that they have a role and identify what that role is. The Framework will be implemented within Te Hiringa Hauora to provide practical direction for carrying out the organisation's research functions. More widely, the Framework is intended to be of use to all those involved in health promotion research in Aotearoa New Zealand, including the application of evidence in their day-to-day work. The Framework guides health promotion research at the interface of mātauranga Māori and Western science. Giving mana to the interface approach is an explicit acknowledgment that Te Hiringa Hauora, the wider health sector, and our science and research systems have been dominated by Western science inquiry paradigms that elevate and give authority to Western knowledge and diminish mātauranga Māori, and that this must change. Fundamental to the interface approach is the understanding that mātauranga Māori and Western science are of equal legitimacy and value. Adoption of an interface approach also acknowledges that many of the most pressing issues that face Aotearoa New Zealand today, including ethnic inequities in health and planetary health, cannot be solved within the constraints of a Western worldview (Jones, 2019; Ratima et al., 2019a).

The Framework is founded on Te Tiriti o Waitangi and the concept of equity. It draws on Māori health promotion and Ottawa Charter-based generic health promotion models, kaupapa Māori principles, and best practice health research approaches in Aotearoa New Zealand. It is well-aligned with Pacific peoples' concepts of health and approaches to health promotion. Building organisational and workforce research competencies as they relate to health promotion and public health, Māori health, Pacific health and the Māori-Crown relationship are critical enablers.

2.0 Te Hiringa Hauora strategic direction

> ***Whakarongo mai, e tama! Kotahi tonu te Hiringa i kake ai Tāne ki Tikitiki-o-rangi, ko te Hīringa i te mahara.***
>
> *Listen here, o son! There was only one implanting that transported Tāne to the Uppermost heaven, it was the implanting of the mind. (Ngata, 1948)*

'Te Hiringa Hauora' is a reference to 'He oriori mō Tūteremoana', an oriori (chant for a child of rank to help them learn about their origins and history from infancy) for Tūteremoana composed by the renowned tohunga Tūhotoariki. It was Amster Reedy who, using this oriori, gifted Te Hiringa Hauora (the unrelenting pursuit of wellbeing) as the Māori name for the Health Promotion Agency.

As an organisation, Te Hiringa Hauora is committed to the Government's long term vision for the health and disability system of pae ora | healthy futures for all New Zealanders. Pae ora means – mauri ora | healthy people, whānau ora | healthy families, and wai ora | healthy environments. The Te Hiringa Hauora strategic pou – Te Tiriti o Waitangi, equity and sustainability – guide all action to achieve that vision and provide a rationale for positioning the Research Framework at the interface of mātauranga Māori and Western science. Te Hiringa Hauora has made a clear commitment to being Tiriti-dynamic. This means Te Hiringa Hauora places Te Tiriti o Waitangi at the forefront of its' thinking, planning and operating, and staff are expected to put into practice Te Tiriti articles and principles.

Te Tiriti o Waitangi and equity are discussed in the following sections. In terms of sustainability, Te Hiringa Hauora seeks to enable sustainable change within communities and to be public health leaders in supporting planetary health.

From a Western perspective planetary health has been defined as "...the health of human civilization and the state of the natural systems on which it depends" (Whitmee et al., 2015 p. 1978). This perspective has been described as anthropocentric, with the Earth's ecosystems positioned as resources to meet human needs. In contrast, Indigenous peoples' concepts of sustainability and planetary health highlight the inherent value of our planet and its ecosystems, the place of humanity within those ecosystems, and the need to maintain balance. Planetary health was described in the Waiora Indigenous Peoples' Statement at the International Union for Health Promotion and Education (IUHPE) 23rd World Conference on Health Promotion in 2019 as the health and wellbeing of Mother Earth and of humanity as an inextricable part of natural ecosystems (IUHPE, 2019).

3.0 Te Tiriti o Waitangi

The Ministry of Health's Te Tiriti o Waitangi Framework (2020a) expresses the Crown's Te Tiriti obligations as they apply to the health and disability system. The Tiriti Framework notes that "The text of Te Tiriti, including the preamble and the three articles, along with the Ritenga Māori Declaration, are the enduring foundation of our approach" (p. 2). The articles of Te Tiriti, which confer rights and responsibilities for both Māori and the Crown, are: Article I kāwanatanga (governorship), Article II tino rangatiratanga (chieftainship) and Article III ōritetanga (equality).

The Ministry further explains that "The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work" (p. 1). The WAI2575 principles identified in the Framework are tino rangatiratanga, equity, active protection, options and partnership (Waitangi Tribunal, 2019).

The Tiriti principles and descriptions of how they relate to health promotion research are presented in Table 1 (drawing on Waitangi Tribunal, 2019; Ministry of Health, 2020a; Reid et al., 2017).

Table 1

Te Tiriti o Waitangi principles - Application to health promotion research

Principles	Descriptor
Tino rangatiratanga	The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in terms of research priorities, research design, conduct of research and knowledge translation.
Equity	The principle of equity, which requires the Crown and its agents to commit to achieving fair health outcomes for Māori. Therefore, research should be carried out in areas of strategic priority for Māori, maximise opportunities to eliminate ethnic inequities and provide insights and evidence that drive action to achieve health equity for Māori.
Active protection	The principle of active protection, which requires the Crown and its agents to act to achieve equitable health outcomes for Māori and actively protect the rights of Māori. This includes ensuring that it, its agents, and its Tiriti partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity. For example, supporting health research literacy and knowledge translation among Māori collectives.
Options	The principle of options, which requires the Crown and its agents to provide for and properly resource kaupapa Māori health promotion research. Furthermore, there is an obligation to ensure that all health promotion research is carried out in a culturally appropriate way that recognises and supports Māori models of health.
Partnership	The principle of partnership, which requires the the Crown and its agents and Māori to work in partnership at all levels of the health research system. Māori must be co-designers, with Government, of the health research system. Researchers receiving government funding should form explicit quality relationships with Māori, undertake genuine consultation and involve Māori in research governance.

4.0 Equity

Through a literature and evidence review, and a conversational process to collect the views of a diverse range of people working within the system, the Ministry of Health defined equity in health as follows.

> *In Aotearoa New Zealand, people have **differences in health** that are not only avoidable but **unfair and unjust**. Equity recognises **different people with different levels of advantage require different approaches and resources to get equitable health outcomes.***
> *(Ministry of Health, 2019, p. 7)*

The World Health Organization provided a more comprehensive definition of equity in health, that is rights-based, indicates a diversity of groups that may be subject to inequities and makes a power analysis and the need for systemic change explicit. Health is a right recognised in Te Tiriti o Waitangi, the Declaration on the Rights of Indigenous Peoples, New Zealand human rights laws and international human rights treaties ratified by New Zealand. Health inequities are an infringement of Māori rights as Tiriti partners and Indigenous peoples, and of human rights.

> ***Equity is the absence of avoidable or remediable differences among groups of people,** whether those groups are defined socially, economically, demographically, or geographically. Health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also **entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms**.*
>
> *Reducing health inequities is important because health is a fundamental human right and its progressive realisation will eliminate inequalities that result from differences in health status (such as disease or disability) in the opportunity to enjoy life and pursue one's life plans.*
>
> ***A characteristic common to groups that experience health inequities** – such as poor or marginalized persons, racial and ethnic minorities, and women – **is lack of political, social or economic power**. Thus, to be effective and sustainable, interventions that aim to redress inequities must typically go beyond remedying a particular health inequality and also help **empower the group in question through systemic changes**, such as law reform or changes in economic or social relationships.*
> *(WHO (2019), as cited in Ministry of Health, 2019, p. 7)*

Māori have, over generations, expressed outrage at the wide and enduring inequities in health and other outcomes that they experience and that are perpetuated by the ongoing impacts of colonisation. Not surprisingly, given the extent of health inequity, there was almost unanimous mention in the Ministry of Health's 'conversations' with health system stakeholders of equity for Māori as a critical priority (Ministry of Health, 2019).

Pacific peoples also experience extensive health inequities, disparities in the burden of risk factors, unfair differences in health system responses and unequal exposure to the determinants of health. Unequal distribution of the socioeconomic determinants of health substantially shape the inequities in health outcomes experienced by Pacific peoples (Pacific Perspectives Limited, 2019). The Ministry of Health (2019) stakeholder 'conversations' reflected sentiments that have previously been expressed by Pacific communities, highlighting a desire for better understandings of Pacific peoples' different and changing needs, improved data and analytics, greater attention to the knowledge and ideas of Pacific leaders and investment in innovation.

Chin and colleagues (2018, p. 1), drawing on the experiences of Aotearoa New Zealand and the United States, identify four actions required of nations to authentically commit to achieving health equity:

1. Address all determinants of health for individuals and communities with coordinated approaches, integrated funding streams, and shared accountability metrics across health and social sectors.
2. Share power authentically with racial/ethnic minorities and promote Indigenous peoples' self-determination.
3. Have free, frank and fearless discussions about the impacts of structural racism, colonialism and white privilege, ensuring that policies and programmes explicitly address root causes.
4. Explicitly design quality of care and payment policies to achieve equity, holding the healthcare system accountable through public monitoring and evaluation [for health equity], and supporting with adequate resources.

Further, Selak and colleagues (2020), in a New Zealand Medical Journal editorial about acknowledging and acting on racism in the health sector make the following recommendations to Pākehā health researchers, based on the work of Vince (2020):

1. Review and understand the history of race and racism within this country.
2. Undertake and mandate antiracism/implicit bias training (eg, Project Implicit http://implicit.harvard.edu/implicit/).
3. Do not accept differences in health outcomes on the basis of ethnicity because most of these differences are avoidable and unjust (ie, they are inequities not inequalities).
4. Support and encourage the development of our Māori and Pacific colleagues throughout their careers, as we need health services to be designed, delivered and researched by Māori and Pacific peoples to ensure that the needs of Māori and Pacific people are optimally addressed and equity is achieved.
5. Undertake and facilitate the implementation of culturally aware mentorship training for all health professionals and researchers, to ensure that we all have the opportunity to reflect on our identities and "using the thoughts from this reflection to examine our biases toward people from other cultural identities" (Vince, 2020 as cited in Selak et al., 2020, p. 11).

5.0 Health promotion in Aotearoa New Zealand

Western concepts of health have become more expansive from the mid-20th century, moving away from a solely physical focus with good health defined in terms of the absence of disease to positive and ecological models that recognise the determinants of health.

Ottawa Charter-based health promotion (WHO, 1986) is mainly Western-derived and is generic in the sense that it is intended to be tailored to the needs and preferences of different population groups.

However, scant attention has been paid to spiritual dimensions of health and wellbeing. Māori models of health, like Te Whare Tapa Whā (Durie, 1998), express Māori understandings of health and wellbeing at the individual level and within the context of Māori collectives.

Good health as Māori is characterised in Te Whare Tapa Whā as the achievement of balance between four interacting dimensions of health – te taha wairua (spiritual), te taha tinana (physical), te taha whānau (extended family) and te taha hinengaro (mental and emotional). The Whānau Ora concept (Durie et al., 2010) complements Te Whare Tapa Whā. It provides a way of thinking about Māori aspirations for good health as collectives and what constitutes positive health and wellbeing aspirations for whānau, as reflected in the Whānau Ora outcomes shown in Figure 1.

Figure 1

Whānau Ora outcomes

Note. Adapted from "About Whānau Ora", by Te Puni Kōkiri, 2021, (https://www.tpk.govt.nz/mi/whakamahia/whanau-ora/about-whanau-ora).

Māori health promotion has been described as the meeting point between Māori development and Ottawa Charter-based 'generic' health promotion, drawing on the strengths of each in order to provide a form of health promotion that is inherently Māori (Ratima et al., 2015). It has a dual focus on health and on Māori, functions within Māori worldviews, operates within tikanga, focuses specifically on Māori and emphasises tino rangatiratanga. Among non-Māori there is at times unease at the notion of tino rangatiratanga because of a misconception that it equates to separatism. Rather, at the core of the concept are Māori aspirations to regain control over their own destiny, a right that is taken for granted by dominant populations.

> *...every time Indigenous peoples exercise their right to self-determination, that is not a denial of your [non-Indigenous] right to be who you are, it is simply a reclaiming of what has been taken by history from us. (Moana Jackson, 2016, 52:57)*

The Māori health promotion model Te Pae Mahutonga (Figure 2), using imagery of the Southern Cross constellation, has been widely adopted throughout the country. The model identifies Māori health promotion prerequisites ngā manukura (leadership) and te mana whakahaere (autonomy). The model also identifies four key tasks of Māori health promotion: mauriora (cultural identity), waiora (environmental protection), te oranga (participation in society) and toiora (healthy lifestyles).

Additional research-derived core characteristics of Māori health promotion have been presented in the model Kia Uruuru Mai a Hauora. Ratima, Durie and Hond (2015) integrated the prerequisites and key tasks of Te Pae Mahutonga into an expanded Kia Uruuru Mai a Hauora model to present a fuller conceptualisation of Māori health promotion.

Figure 2

Te Pae Mahutonga

Note. Adapted from "Te Pae Mahutonga: A model for health promotion", by MH Durie, 1999, in Health Promotion Forum of New Zealand Newsletter, 49, p. 2-5.

Pacific models of health

Pacific peoples embrace holistic concepts of health. The Ahifale model of Pacific health (Pulotu-Endermann in Tu`itahi & Lima, 2015) depicts good health in the form of a Samoan fale fono (meeting house). The foundation is the family, and culture is the roof that provides shelter. There are many posts of the fale which represent physical, mental, spiritual and other dimensions of health and wellbeing. External factors are also recognised as influencing health, such as time, context and environment. Fonua is another widely quoted model of Pacific health and is derived from a Tongan worldview (Tu`itahi & Lima, 2015). It identifies the following dimensions of good health – laumalie (spiritual), `atamai (mental), sino (physical), katoa (collective) and `atakai (ecological). The model proposes that good health and wellbeing at all levels of society relies on maintenance of the interconnected material and spiritual wellbeing of humanity and the environment.

Tu`itahi and Lima (2015), in discussing Pacific health promotion, identify the following 'emerging themes'. First, Pacific peoples want greater control of their own futures and leadership must come from Pacific peoples themselves. Second, despite the ethnic diversity of Pacific peoples there are areas of commonality. Pacific Perspectives (2019) identified the following shared cultural values; the importance of family, collectivism and communitarianism, spirituality, reciprocity and respect. Third, Pacific health promotion is holistic in nature and will address determinants of health. Fourth, it is inclusive of approaches expressed in the Ottawa Charter where they are of use and consistent with Pacific worldviews. Fifth, there is a role in health promotion for church communities and their leaders to ensure initiatives are culturally appropriate and address local needs. Further, cultural competencies are necessary for working with Pacific peoples.

Tu`itahi and Lima also identified four strategic issues for Pacific health promotion – negotiating changing political environments to ensure access to resources, workforce development, climate change and Pacific leadership and community development.

Core characteristics

Core characteristics of Māori health promotion and generic health promotion are shown in Table 2.

Table 2

Characteristics of Māori Health Promotion and Generic Health Promotion

Characteristics	Māori Health Promotion	Generic Health Promotion
Concept of health promotion	The process of enabling Māori to increase control over the determinants of health and strengthen their identity as Māori, and thereby improve their health and position in society.	The process of enabling people to increase control over the determinants of health and thereby improve their health.
Definition of health	A balance between interacting spiritual, mental, social and physical dimensions of wellbeing.	A state of complete physical, mental and social wellbeing.
Purpose	The attainment of health, with an emphasis on the retention and strengthening of Māori identity, as a foundation for the achievement of individual and collective Māori potential.	The attainment of health as a legitimate endpoint.
Paradigm	Māori worldview.	Dominated by Western paradigms.
Values	Māori identity as a value orientation, collective autonomy, social justice, equity.	Te Tiriti o Waitangi, human rights, equity, determinants, interdependence, aroha, integrity, social justice, respect, common good, sustainability, participation, individual and group autonomy.
Principles	Holism, self-determination, cultural integrity, diversity, sustainability, quality.	Holism, positive health, accountability, sustainability, use of diverse resources, participation, partnership.
Processes	Empowerment, mediation, connectedness, advocacy, capability building, relevance, resourcing, cultural safety.	Empowerment, enablement, community participation, advocacy, mediation, partnership, capacity-building.

Characteristics	Māori Health Promotion	Generic Health Promotion
Prerequisites	Ngā manukura (leadership), mana whakahaere (autonomy).	Peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.
Tasks and/or strategies	• Mauriora (reinforce cultural identity and facilitate access to the Māori world). • Waiora (environmental protection and planetary health). • Te oranga (facilitate participation in society). • Toiora (promote healthy lifestyles). • Support Māori community capacity building. • Reorient health systems and services towards cultural and health promotion criteria. • Support Māori self-determination. • Build healthy and culturally affirming public policy. • Create systems change and address determinants of health. • Effective, efficient and relevant resourcing of Māori health.	• Strengthening community action. • Reorienting health systems and services. • Developing personal skills. • Building healthy public policy. • Creating supportive environments. • Adopting evidence-based approaches.

Sources. Māori health promotion characteristics are based on the updated model Kia Uruuru Mai a Hauora, inclusive of the prerequisites and key tasks of Te Pae Mahutonga (Ratima et al., 2015). Generic health promotion characteristics are based on the Ottawa Charter (WHO, 1986), work of the HPFNZ (2012), Ratima and colleagues (2015) and wider literature.

6.0 An interface approach to research

This section draws on the interface approach of the Te Kura Mai i Tawhiti research project (Tamati et al., 2021b).

Colonisation of Aotearoa New Zealand has created and maintained Māori socio-economic deprivation, devaluing of Māori knowledge and the systems and intellectual traditions through which it is created, loss of identity, community breakdown, and wide inequities in health and wellbeing relative to the majority Pākehā population. Colonisation stripped Māori communities of their land and other resources that are the foundation for wellbeing and devastated the knowledge systems and collective self-belief that had created prosperity.

> *Among the many brutal damaging things that colonisation has done to Indigenous peoples, it has been to convince Indigenous peoples that there is indeed only one way of seeing the world, only one system of knowledge. And if there is some belated recognition of an intellectual tradition held and treasured by Indigenous peoples, it has a certain quaint exotic interest, and may provide some worthwhile perspective on the greater dominant colonising knowledge paradigm, but it is somehow not universal. (Jackson in Burgess et al., 2021, p. 58)*

Research from within a Māori worldview is required as part of efforts to regenerate Māori knowledge, to inform action and to achieve tino rangatiratanga and decolonising futures (Smith et al., 2019).

A worldview is a set of basic beliefs and assumptions about the nature of reality that are not able to be 'proven' but are accepted on faith. The worldview provides a window through which one interprets the world and therefore determines what is important, legitimate and of value. Māori worldviews are transmitted down through generations in narratives. Narratives of Māori existential origins from Ranginui (sky father) and Papatūānuku (earth mother) speak of their separation, from which came te ao mārama (the realm of being) (Marsden, 1992).

Whakapapa (genealogy) is the structure of interconnected relationships that is the substrate for a Māori worldview (Hond, 2013). It traces connections from the primordial parents and locates humanity in relationship with the physical environment (eg, stars, mountains, coastlines) and with non-physical elements such as mauri (life principle) and mate (spirit of the ancestors) (Hond, 2013). According to Takirirangi Smith (2000), the following three beliefs are implicit within Māori philosophy – that all that exists is related, that all things are living, and that there are other unseen worlds that can be mediated by humans.

Edwards (2010) describes a Māori inquiry paradigm (ie, researchers' basic beliefs that shape all aspects of their research) in terms of te ao mārama (Māori view of the nature of reality), whakapapa (the relationship between the researcher and the phenomena under investigation) and kaupapa rangahau (the best means of acquiring knowledge). Two interwoven threads of Indigenous inquiry have been described by Linda Smith and colleagues (2019) - tino rangatiratanga and sovereignty, and decolonising knowledge and systems (Smith, 1999). The latter "...focuses on reframing knowledge systems, engagement and participation with systems of the settler nation state, recognition of Indigenous rights, reconciliation strategies, social justice and wider social and economic transformation" (Smith et al., 2019, p. 3).

A kaupapa Māori methodology is widely viewed as the best means to generate Māori knowledge. Kaupapa Māori (Smith and Smith, 2018; Smith, 2021) arose as a political movement and a transforming approach to change initiated by Māori in the re-development of Māori education and schooling in the 1970s. It is Māori-initiated action to transform themselves, a deliberate response to the perpetuation of colonisation and its impacts and movement away from reactivity to dominant non-Māori thinking. Kaupapa Māori theory emerged as a theorisation of the practical work and experiences of kaupapa Māori education, a theory of transformation (Smith, 1997).

> *... Māori have moved to initiate, for themselves, the necessary actions to begin transforming themselves rather than inheriting initiatives for change based on other peoples' decisions and thinking. In seeking to exercise greater control over their own lives (and subsequently more self-determination in their thinking and actions), Māori have become more interested in the academy and the place of theory, drawing on Indigenous knowledge as well as disciplinary-based knowledge, and have theorized their own Indigenous transformation. (Smith and Smith, 2019, p. 14-15)*

The following six kaupapa Māori intervention elements identified by Graham Smith (1997; 2003) are foundational principles for kaupapa Māori research:

1. Tino rangatiratanga - self-determination or relative autonomy
2. Taonga tuku iho - validating and legitimating cultural aspirations and identity
3. Ako - incorporating culturally preferred pedagogy
4. Kia piki ake i ngā raruraru o te kāinga - the principle of mediating socioeconomic and family difficulties
5. Whānau - incorporating cultural structures which emphasise the collective rather than the individual
6. Kaupapa - shared and collective vision/philosophy.

Over time Māori scholars have contributed to the ongoing development of kaupapa Māori theory, adding principles and elements (for example, the work of Linda Smith, Leonie Pihama, Fiona Cram, Taina Pohatu, Peter Sharples and Jenny Lee-Morgan). Kaupapa Māori research has a transformational intent. Burgess and colleagues (2021) expressed their personal motivation for engaging in kaupapa Māori research; "We research...to contribute to futures where, through Māori ways of being, knowing, and doing, our people can be well" (p. 57).

Other Māori scholars have reiterated the need for transformational impact for Indigenous communities and contribution to those communities' aspirations for self-determination and wellbeing (Smith et al., 2019).

Harmsworth (2019) described the following characteristics of kaupapa Māori research - Māori led and designed, guided by Māori values and principles, applying Māori methods and mātauranga Māori, focused on Māori aspirations and outcomes, building Māori capacity and capability, and with high Māori participation.

Graham Smith and Linda Smith (2018) state that "The interface of Indigenous wisdom, thinking and knowledge with other knowledges also provides enormous potential for new, fresh opportunities and innovative ideas that can potentially be more effective transformation..." (p. 18). This is the rationale for the interface approach (Durie, 2020), a research approach located at the interface between mātauranga Māori and Western science that is able to draw on both knowledge systems to generate evidence and insights that are able to address issues that are at the heart of Māori and other New Zealanders' concerns. While mātauranga Māori has a number of meanings (eg, a body of Māori knowledge), it is used here to refer to uniquely Māori knowledge systems. According to the Waitangi Tribunal (2011) mātauranga Māori is a "...way of perceiving and understanding the world, and the values or systems of thought that underpin those perceptions" (p. 22).

Fundamental to the interface approach is the belief that both mātauranga Māori and Western science knowledge systems are equally legitimate and of value, and are relevant to disciplined inquiry. The interface approach enables researchers to leverage the strengths and benefits of both knowledge systems. The approach accepts the tensions inherent between mātauranga Māori and Western science and relocates those tensions from the philosophical level to the kaupapa rangahau (methodological) level (Edwards, 2010). There are other models of research at the interface such as He Awa Whiria, Braided Rivers (Macfarlane and Macfarlane, 2019).

Renowned Māori thought leader Moana Jackson (2016) identified ethical principles for research involving Indigenous peoples, including research at the interface. The ethical principles emphasise a valuing of Indigenous ways of being and knowing and concepts of time; acting with humility, integrity and courage; the importance of understanding inherent power dynamics; positive change; exercising imagination; and celebration of the achievements and resilience of Indigenous peoples. There are other Māori ethical frameworks such as Te Ara Tika (Hudson et al., 2010).

Kaupapa Māori and generic health research principles and their implications for health promotion research are presented together in Table 3 on the following page. Individual principles from one set do not directly map or correspond to individual principles from the other set. Rather, they are presented together in the table to indicate that at the interface (subject to the overall proviso of consistency with a Māori worldview) they will come together to guide health promotion research. Elements comprising Table 3 were identified through a literature scan, including sectoral guidelines related to quality in health research and Pacific peoples' research approaches.

Table 3

Kaupapa Māori principles and Health Research principles

Kaupapa Māori Principles	Health Research Principles
Tino rangatiratanga (self-determination) • Māori right to determine their own future, relates to sovereignty, autonomy, leadership, control and independence (eg, research to generate mātauranga Māori under the authority of Māori). • Māori control over research and Māori aspirations prioritised. • Recognise Indigenous rights (eg, intellectual property and Indigenous data sovereignty). • Build Māori research workforce capacity and capability, including critical analysis. • Create theoretical space to advance kaupapa Māori theory/research. • Incorporate a power analysis and decolonisation focus.	**Māori health advancement** • Uphold and value Māori rights, worldviews, knowledge and tikanga. • Māori researchers supported and developed. • Meaningful engagement with Māori including Māori involvement as decision-makers. • Generate knowledge that will contribute to Māori health advancement. • Invest in Māori workforce capacity and expertise and follow Māori advice. • Learning opportunities for the workforce to catalyse self-reflection (eg, decolonisation, racism and bias, power and privilege, white fragility). • Improve health research literacy among Māori. • Respond to environmental impacts and advance planetary health.
Taonga tuku iho (cultural aspiration) • Recognise value and legitimacy of Māori worldviews, Māori identity, te reo Māori, tikanga Māori, mātauranga Māori, and cultural skills. • Reinforce secure Māori identity. • Recognise critical importance of links to whenua and the natural environment, sustainability and planetary health. • Mātauranga Māori-based research protocols, analytical frameworks etc. • Consistent with Māori cultural processes and aspirations. • Meet Māori ethical standards. • Research institutions and settings that reinforce Māori values and cultural practices.	**Health equity** • Understand equity issues in research focus areas – colonisation, Pacific ethnicity etc. • Health equity assessment of research proposals. • Quality ethnicity data, analysis by ethnicity and equal explanatory power (quantitative research has prioritised Māori participation or Māori sample equally powered) (see Robson and Reid, 2002). • Representative and culturally safe workforce. • Analysis considers structural and system-level factors to avoid victim-blaming. • Form enabling relationships with, ensure benefit for, and promote the voice of Māori, Pacific peoples and other groups that experience inequity.

Kaupapa Māori Principles	Health Research Principles
Whakapapa (interconnectedness and collectivism) • Holistic concepts of health and understandings of the world, recognition of connections between times, realms and situations. • Stress interdependency between people and their environments. • Work across disciplinary and sectoral boundaries. • Collective vision, aspiration and purpose of Māori communities prioritised. • Recognise legitimacy of Māori collectives. • Mechanisms for accountability to Māori collectives. • Benefit and positive outcomes for collectives, particularly whānau.	**Community empowerment** • Māori and Pacific led and co-led projects. • Mātauranga Māori activity resourced. • Cultural expertise valued and advice sought and followed. • Ethnic diversity in the sector. • Communities involved in decision-making and at every level. • Community researchers supported and developed. • Intellectual property community ownership or benefit sharing.
Kia piki ake i ngā raruraru o te kāinga (determinants) • Address determinants of health, including structural and systemic determinants such as racism. • Acknowledge the value of Māori social capital. • Benefit for Māori and advancing the position of Māori in society. • Knowledge sharing (see L. Smith et al., 2019).	**Research quality** • Māori concepts of excellence, impact and success included, for example measures of science excellence that include mātauranga Māori. • Kaupapa Māori methodologies supported. • Methodologically sound, well conducted and robust. • Meet ethical standards and ethnicity data standards. • Effective knowledge translation.
Āta (respectful and reciprocal relationships) (see Pohatu, 2004) • Invest in building and nurturing respectful and reciprocal relationships. • Relationships are transformational. • Negotiation of boundaries. • Create and hold safe time (wā) and places (wāhi). • Cultural safety, including self-reflection. • Well-planned and strategic orientation.	**Rights-based** • Value, uphold and embed human rights. • Health as a human right. • Māori rights as Te Tiriti o Waitangi partners and Indigenous peoples. • Indigenous data sovereignty (see Kukutai and Taylor, 2016).

Key sources include: G.H. Smith, 1997; Reid et al., 2017; Pohatu, 2004; HRC, 2010; HRC, MoH and MBIE, 2019; Rauika Māngai, 2020; Ratima, 2001.

7.0 Te Hiringa Hauora Research Framework

7.1 The Framework

The Te Hiringa Hauora Research Framework guides health promotion research at the interface of mātauranga Māori and Western science (Table 4). The Framework identifies the characteristics of best practice health promotion research in Aotearoa New Zealand in terms of vision, purpose, **approaches** (ie, interface and rights-based), values, principles and organisational and individual competencies. The status of **Te Tiriti o Waitangi as foundational** to health promotion research is acknowledged, with the implication that Tiriti articles and principles will be embedded in research. Tiriti rights are also recognised as central to a rights-based approach in Aotearoa New Zealand alongside human rights and Indigenous rights. The Framework is relevant to all of those involved in health promotion, whether it is to support commissioning research, conducting research or applying evidence in their day-to-day work.

The **purpose** of health promotion research at the interface is to generate new knowledge that contributes to transformational change towards the **vision** of pae ora | healthy futures for Māori, Pacific peoples and all New Zealanders.

> *Pae ora is a holistic concept that includes three interconnected elements: mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments). (Ministry of Health, 2020b)*

Inherent to pae ora is the achievement of equity in a decolonised future. Pae ora affirms: Māori and Pacific holistic understandings of health and deeply held desires to regain control of their own futures and thrive as Māori and Pacific peoples; an ecological approach that brings efforts to address determinants of health to the forefront; the aspirations of communities to meaningfully engage with researchers to ensure that research is relevant to them and the futures they aspire to; and the importance of planetary health and Māori connections to whenua and other features of the natural environment as a source of identity and wellbeing.

The **values and principles** included in the Framework are drawn from Māori health promotion, Ottawa Charter-based generic health promotion, kaupapa Māori research, and approaches to health research in Aotearoa New Zealand. They are well-aligned with Pacific peoples' concepts of health and approaches to health promotion. Most of the individual principles are described in earlier sections of this document.

Table 4

Te Hiringa Hauora Research Framework: Health promotion research at the interface of mātauranga Māori and Western science

Characteristics of Health Promotion Research at the Interface	
Vision	• Pae ora | healthy futures • Mauri ora | healthy individuals, whānau ora | healthy families, wai ora | healthy environments
Purpose	• Health promotion research at the interface generates new knowledge that contributes to greater control for whānau and communities over the determinants of health and secure cultural identity, and thereby transformational change towards the vision of pae ora | healthy futures for Māori, Pacific peoples and all New Zealanders
Foundation	• Te Tiriti o Waitangi
Approach	• Interface approach and rights-based approach
Values	• Equity, cultural identity as a value orientation, collective autonomy, social justice, respect, interdependence, integrity
Principles	• Te Tiriti o Waitangi principles – tino rangatiratanga, active protection, equity, options, partnership • Taonga tuku iho (cultural aspiration) • Whakapapa (interconnectedness and collectivism) • Kia piki ake i ngā raruraru o te kāinga (determinants) • Āta (respectful and reciprocal relationships) • Equity • Self-determination • Empowerment • Quality • Sustainability
Organisational and workforce competency fields	• Health promotion, public health, Māori health, Pacific health, kaupapa Māori research, health research, Māori Crown relationship

There are many core values derived from Māori worldviews that underpin health promotion research at the interface, and are widely referred to such as manaakitanga, whanaungatanga, and aroha.

Manaakitanga as a value is concerned with being responsible for yourself, showing integrity in the things one does, treating others in a way that shows respect for their mana and caring for the environment (Patterson in Stewart, 2021). Whanaungatanga (strengthening whānau relationships) as a value places high importance on family cohesion. It is put into practice through tātou tātou (collective responsibility), mana tiaki (guardianship), manaakitanga (caring), whakamana (enablement), whakatakato tutoro (planning) and whai wāhitanga (participation in whānau activity) (Ratima et al., 1996).

Aroha has been identified by the Health Promotion Forum of New Zealand (2012) as a health promotion value. While aroha has been translated as love, this far from captures how it is understood by Māori. Other English words that are also encapsulated within the concept of aroha are compassion, nostalgia, open-mindedness and generosity (Stewart, 2021). However, at the core of its meaning is a deep and unconditional sense of concern and responsibility for the 'other' – whoever it is that one has formed a relationship with, and a responsiveness to them (Hoskins in Stewart, 2021). The nature of the relationship is enabling. Also inherent to the concept is a depth of comprehension of the other's point of view (Stewart, 2021).

There are many other Māori values that are central to 'being Māori' and therefore to Māori identity, and that are of high importance in particular settings or areas. As an example, the historic Taranaki Māori community of Parihaka has identified maunga-ā-rongo, mutual peace, as a construct of central importance to them. As a value, maunga-ā-rongo is about working together as collectives in respectful and empowering ways and towards a common vision such that benefits of activity are shared by all (Ratima, 2015). Another example is the construct manawaroa which the kaupapa Māori early learning and whānau development programme Te Kōpae Piripono, based in Taranaki, espouse as important in the healthy development of tamariki Māori. They have defined manawaroa as "… having courage in adversity, persisting despite difficulty, and having a positive outlook, motivated by collective interest. It involves notions of self-discipline and problem-solving" (Tamati et al., 2021, p. 23).

'Cultural identity' is included in the Te Hiringa Hauora Research Framework as a 'value orientation'. This means that space is held for Māori, Pacific peoples and other communities to determine what cultural values are of most significance to them for a particular research project or programme.

Building organisational and workforce competencies are critical enablers of health promotion research at the interface. Aotearoa New Zealand competency sets in health promotion (HPFNZ, 2012), and public health (Crengle et al., 2021; Public Health Association of New Zealand, 2007), and the Māori Crown relationship (https://www.tearawhiti.govt.nz) identify the types of competencies that should be embedded within organisations and the workforce.

Examples of overlapping key competency fields and competencies that should be well-developed in order to consistently conduct or work with others on best practice health promotion research at the interface are provided in the Appendix. Detail is available in the competency framework documents identified in the Appendix (HPFNZ, 2012; Crengle et al., 2021; https://www.tearawhiti.govt.nz) and a literature review on Pacific cultural competencies completed by Jemaima Tiatia-Seath (2008) is a useful resource.

As an example, being able to undertake culturally safe research is a competency field identified in the Māori Hauora ā iwi competencies (Māori public health competencies). Cultural safety (as opposed to narrow concepts of cultural competence) can be applied at the organisational and individual levels. Curtis and colleagues (2019) define cultural safety, and the definition is adapted here for health promotion research at the interface.

> *Cultural safety requires [health promotion researchers] and their associated…organisations to examine themselves and the potential impact of their own culture on [research activity]. This requires individual…[researchers] and…organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of [research activity]. In doing so, cultural safety encompasses a critical consciousness where … [researchers] and … organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for [conducting culturally safe research], as defined by… communities, and as measured through progress towards achieving health equity. (adapted from Curtis et al., 2019, p. 14)*

Curtis and colleagues (2019) go on to note that cultural safety as a competency is not simply about acquiring knowledge about other people's cultures and developing skills and attitudes. Rather it is about acknowledgment of, and addressing, bias, racism and stereotypes. Further, inherent to cultural safety is the need to understand power dynamics and the root causes of inequities.

Linked to cultural safety, the Māori hauora ā iwi (public health) competencies document (Crengle et al., 2021) identifies 'reflective practice' as a competency domain, that is, to "Be able to reflect on non-Māori societal and personal beliefs and values and how they impact on their own practice" (p. 13). It includes the following competencies:

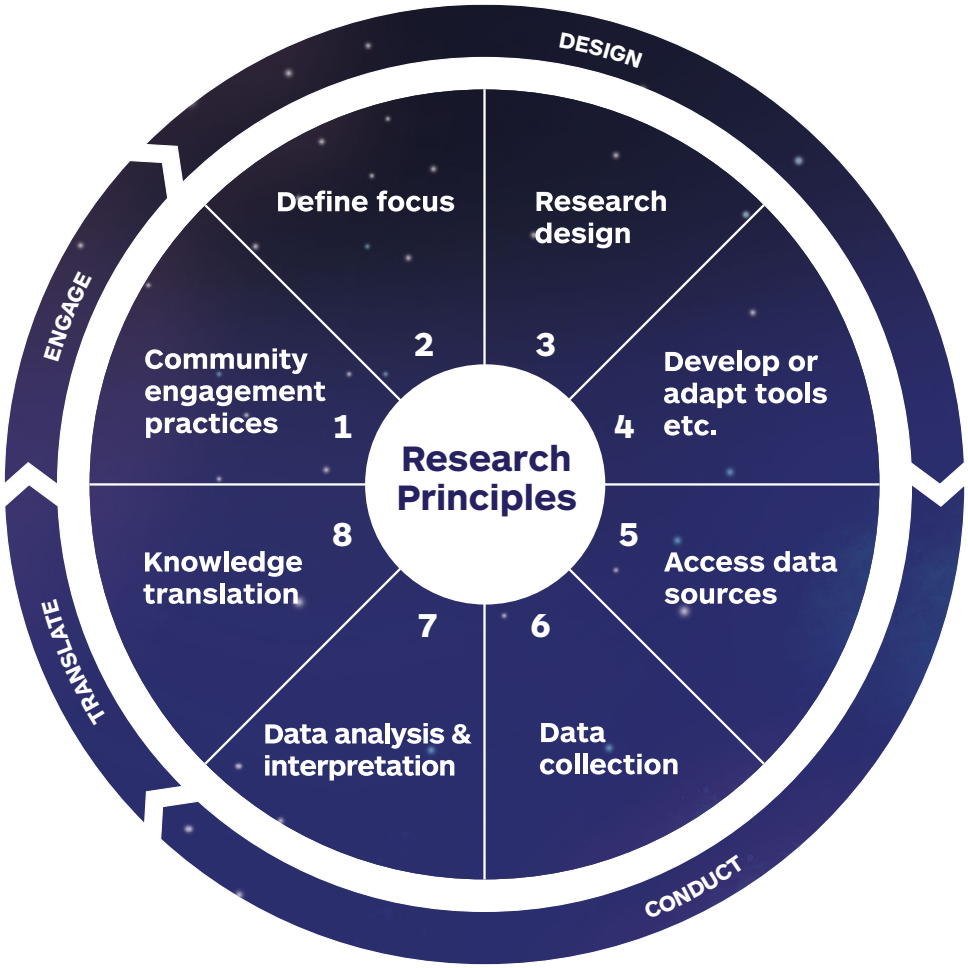
1. Understand their own values and worldviews.
2. Incorporate the outcomes of their reflections in their personal practice and professional development plans.
3. Complete decolonising training and demonstrate decolonising practice.
4. Critically analyse systems and structures and how underlying ideology informs the system and the outcomes observed.
5. Critically analyse public health programmes, services and practice, utilising cultural safety and equity frameworks.
6. Seek, as required, appropriate mentoring and supervision. This may include cultural supervision.

7.2 Application of the Framework

The Te Hiringa Hauora Research Framework can be put into practice through application of the Framework principles to all phases of the research process, as shown in Figure 3. In the Figure a simplified research process is represented as four phases – engage, design, conduct and translate, which together are comprised of eight steps. In Figure 3 the research principles are at the centre of the research process to demonstrate that the principles should be applied to every phase and step of the research.

Figure 3

Application of Framework principles to all research phases



Most, if not all, of the principles will, at least to some extent, influence all research phases and steps. Some principles will be more strongly expressed in particular phases or steps than in others. For example, the principle of 'equity' will permeate all research phases and the principle of 'empowerment' (of individuals and communities) will be at the core of the 'engage' phase but it will also be reflected in a co-design approach that influences subsequent phases and steps. A description of the research process follows.

Engage

1. **Community engagement practices** – this step is about identifying potential community partners (ie, those who help to create knowledge, are affected by the issue being studied and/or who will use the information to make change) and forming early quality relationships with them or maintaining and strengthening pre-existing relationships. The purpose of engagement is to ensure that the research serves community interests, that findings are shared with participating communities and to increase the relevance and quality of the research. Researchers are required to act respectfully, in good faith, with integrity and in culturally safe ways. It is also important to keep in mind that time and resources are needed to support community readiness to engage fully in research.

   The term co-design has been used to describe the meaningful engagement of community end-users in research (Slattery et al., 2020). The level of community engagement will vary depending on the nature of the research and the context, but extends beyond community input (ie, as participants) and consultation (support and advice with limited input into decision-making) towards collaboration, shared leadership (partners define agendas and decision-making is shared) (Forsythe et al., 2019) and community leadership (with researchers external to the community contributing expertise as invited). Further, engagement may take many forms with community members involved as researchers in partnerships, in advisory or governance roles, and as participants (Reid et al., 2017). Engagement should be maintained for at least the duration of the research process and shape the approach taken in all steps.

Design

2. **Define focus** – this step is about determining the research topic, agenda, aims and questions. A co-design process facilitates co-construction with communities of research topics or expansion of a research topic to ensure that it is meaningful to communities.

3. **Research design** – this step is about determining and refining the research design. Co-design with communities means that they make decisions concerning choice of the design, practical aspects of the research like timeframes that make sense in the real world of participants and that strategies for knowledge sharing and translation that make findings accessible are agreed up front. Attention will also be required to Māori data sovereignty issues.

4. **Develop or adapt tools etc.** – this step is focused on the development, adaption and refinement of research tools. Community partners have an important role in ensuring tools are relevant and take account of the realities of potential participants (eg, appropriateness of constructs, measures etc.). This input enhances the relevance and quality of data and reduces the burden on participants.

Conduct

5. **Access data sources** – this step involves planning and action to access data, including participant recruitment, and being clear as to the data source and how that impacts the research process. For example, issues of Māori data sovereignty will need to be addressed where Māori data will be used (ie, data from Māori, about Māori or about Māori resources) (Kukutai and Taylor, 2016).

6. **Data collection** – this step involves collecting data in ethical and culturally safe ways. Communities can provide leadership in terms of when and how to collect data to optimise participation, retention and data quality.

7. **Data analysis and interpretation** – in this step, data are analysed and interpreted to generate new ideas, insights, knowledge or evidence. Community involvement in analysis enables their own ways of knowing and values to be prioritised in the process such that the insights etc. that are generated are relevant to them. Analysis and interpretation is situated within the context of the data source. For example, if the data are sourced from Whakatōhea communities a 'Whakatōhea lens' should be applied by Whakatōhea researchers in undertaking analysis and interpretation.

Translate

8. **Knowledge translation** – this step is about the translation of research findings into positive outcomes that benefit communities. Māori scholars have proposed the concept of 'knowledge sharing', which is relational and "... honours the connection between the people who helped produce the knowledge and the diverse forms into which knowledge can be transformed" (Cram and Mertens in Smith et al., 2019, p3). It also foregrounds the role of knowledge in "transforming colonial conditions and informing decolonising futures" (Moewaka-Barnes et al., Smith et al., Tuck et al., in Smith et al., 2019).

Brief and practical checklists can be used (eg, for consultation checklist see HRC, 2010, p. 21), adapted from existing tools or developed to guide application of key principles to steps in the research process. The example on the following page is an adaption of the Health Equity Assessment Tool (Signal et al., 2008) that can assist researchers to consider application of the equity principle throughout the research process. A useful framework with associated tools is the He Pikinga Waiora (Enhancing Wellbeing) Implementation Framework that is intended to guide the development, implementation and evaluation of health interventions and can also be applied as a participatory research approach (see https://www.hpwcommunity.com).

Example 1.

Adaption of the Health Equity Assessment Tool

(adapted from Signal et al., 2008)

Task one: Understanding health inequities

1. What inequities exist in relation to the research focus under consideration? (What do you know about inequities in relation to this issue?)
2. Who is most advantaged and how? (Who is advantaged in relation to this issue and how?)
3. How did the inequity occur? (What is the causal chain(s) leading to this inequity?)

Task two: Research to drive intervention to reduce health inequities

4. How is equity addressed in each step of the research process?
5. Where/how will this research contribute to intervention to tackle this issue? (Structural? Intermediary pathways? Impact?)

Task three: Responsiveness to Māori

6. How will this research contribute to improvements in Māori health outcomes and reduction in health inequities experienced by Māori? (Have Māori been involved in use of the HEAT tool? Have Māori health inequities been fully considered? How will you ensure that the proposed research is high-quality, effective, culturally safe and impactful for Māori?)

Task four: Reviewing and refining the research process

7. How could this research affect health inequities?
8. Who will benefit most?
9. What might the unintended consequences be?
10. What will you do to ensure that knowledge translation leads to intervention to reduce inequities?

Task five: Measuring outcomes of the research

11. How will you know if the research has contributed to reduced inequities? What is the outcomes hierarchy proposed for your research (short-term impacts, long-term impacts, outcome for health equity)? What are the outcomes you want to achieve? (How will you measure whether these outcomes have been achieved?)

7.3 Te Kura Mai i Tawhiti

The research programme Te Kura Mai i Tawhiti (TKMT) is described here as an example of 'best practice' health promotion research in Aotearoa New Zealand, with a focus on application of the partnership principle (Ratima et al., 2019b).

In 2010, Dr Aroaro Tamati and Professor Richie Poulton were members of the Ministerial Taskforce on Early Childhood Education. The Dunedin Multidisciplinary Health and Development Study, under Professor Poulton's directorship, provided evidence that self-control in pre-schoolers leads to better health, education, labour market, financial and overall wellbeing outcomes. What was missing was an intervention to instil self-control in young children. Dr Tamati was a director of Taranaki-based Te Kōpae Piripono (TKP) kaupapa Māori early childhood education centre. She presented to the Taskforce on the Centre's model, processes and efforts to strengthen the positive dispositions and identity of tamariki as Māori. Te Pou Tiringa (the governance body of Te Kōpae Piripono) wanted to build robust evidence demonstrating the value of the Centre's approach. Professor Poulton saw the real world intervention that he and his colleagues had been looking for and made an approach following the presentation. Their discussion was the start point for the research programme TKMT.

Te Kura Mai i Tawhiti is a collaboration between Te Pou Tiringa and the National Centre for Lifecourse Research (NCLR), University of Otago. The research aims to generate knowledge to help combat the pervasive inequities experienced by Māori and other New Zealanders that start in early childhood and impact in cumulative ways over individuals' lifetimes and across generations. It challenges business as usual in proposing that early learning programming that embodies kaupapa Māori principles provides a transformational approach that will lead to health, educational and other benefits for all children throughout their lives. The intention is that the research will pave the way to scale up the most beneficial education and whānau development processes across New Zealand's entire network of early learning provision.

Te Kura Mai i Tawhiti projects to date have investigated the influence of a kaupapa Māori whānau development model on whānau engagement and have identified four positive child behaviour constructs that provide Māori ways of understanding child development and that can be applied to investigate how kaupapa Māori early years initiatives can impact development (Tamati et al., 2021). Child behaviour measurement tools for the Māori constructs were developed and an existing tool to measure self-control among pre-schoolers was identified. Over a 10-month period the measurement tools were tested, validated and shown to be sensitive to change over time (Tamati et al., 2021b). Health Research Council of New Zealand (Rangahau Hauora Māori) and Ministry of Business, Innovation and Employment (Endeavour Fund) support has been secured for the first three years of a longitudinal multisite investigation of the capacity of kaupapa Māori early learning provision to strengthen the expression of positive Māori and Western child behaviour constructs and improve health, education and other outcomes throughout later life.

The following factors enabled effective community engagement and development of a successful partnership (Ratima et al., 2019).

1. **Engagement was initiated around an area of community need and mutual interest**. The NCLR wanted to identify an intervention to instil self-control in pre-schoolers and Te Pou Tiringa wanted to build evidence of the value of their model of provision and share learnings.

2. NCLR team members entered the relationship with **humility, a willingness to set aside self-interest and a genuine deep respect for mātauranga Māori** held by the community partner.

3. An **interface approach** was explicitly adopted early expressing the legitimacy and value of both mātauranga Māori and Western science knowledge systems, and this supported the relationship by removing potential for philosophical tensions.

4. **Time was taken to develop a relationship of trust** and the **pace at which the research progressed took account of the capacity constraints and readiness of the community partner**. The university-based researchers respected the different priorities and timeframes of the community team.

5. **Early access to funding** from the HRC enabled community consultation and development opportunities which enhanced the level of understanding and input, capacity building for community team members and face-to-face team meetings.

6. **Building Māori research capability and capacity** has been of high priority within the partnership. University team members have completed and continue to progress in reo Māori courses. Four Māori research team members (three from the community) have completed HRC Māori Health Research Council Fellowships, one community-based researcher has completed her PhD with distinction and has taken up an HRC Hōhua Tutengahe Postdoctoral Fellowship, and another is on track to submit her PhD in coming months.

7. It **should not be assumed that Māori community partners will lack research expertise**. The community research team includes two experienced kaupapa Māori researchers who are part of the Te Kōpae Piripono whānau. Therefore, both partners have experience within the research sector. An oversight group of well-respected senior Māori academics was also formed to provide additional expertise.

8. At the suggestion of the university-based partner, given the power differential between a small Māori community organisation and a university, over a two-year period an **MoU was developed that formally laid out the power sharing relationship** and provided for protection of Indigenous intellectual property rights.

9. **All external research grants** (from the Health Research Council, Ministry of Education, the New Zealand Council for Educational Research and the Toi Foundation, previously the TSB Community Trust) have been held by the community partner.

10. A **co-design approach** was taken to define of research topics and questions, research design and the development of tools and other research materials. The research was conducted in **collaboration** and with leadership by the community partner in recruitment and retention of participants, data collection and Māori analysis of data. Biostatistical and other expertise was provided by the university partner. A collaborative approach was taken to knowledge translation.

11. The **first author** of joint academic and other publications from the research programme have been **community team members**.

8.0 Concluding comments

The Te Hiringa Hauora Research Framework draws together many of the unique strengths of health promotion and research in Aotearoa New Zealand including a rights-based approach to which Te Tiriti o Waitangi is foundational. Māori concepts of health and health promotion and approaches to research ensure that there is a strong focus on self-determination, understanding health in a holistic way inclusive of spirituality, cultural identity and whānau and community development. These features are also entirely consistent with Pacific concepts of health and health promotion.

The interface approach to research which draws on both Indigenous and Western knowledge systems opens the door to much greater potential for innovation and transformation.

The Te Hiringa Hauora Research Framework can be used to raise the quality of health promotion research in Aotearoa New Zealand, so that it better serves the interests of whānau and communities and maximises its contributions to decolonising futures, equity and health and wellbeing for Māori, Pacific peoples and all New Zealanders.

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Appendix: Organisational and workforce competencies

Table 5

Examples of competencies that foster health promotion research at the interface

Level	Descriptor
Organisational	*Māori hauora ā iwi (public health) competencies (Jones in Crengle et al., 2021)* • Understand colonisation as a fundamental determinant of Indigenous health. • Understand institutions' roles in the colonial project. • Framework for understanding and addressing racism and privilege. • Policies and practice reflect Indigenous health concepts and principles. • Advocacy for Indigenous rights and Indigenous health. • Embed Te Tiriti o Waitangi articles and principles. • Cultural safety *(also see Curtis et al., 2019).*
	Māori Crown Relations Capability Framework for the Public Service https://www.tearawhiti.govt.nz • Governance (eg, agency shares decision-making, governance and work planning with Māori; agency is able to meaningfully draw on te ao Māori frameworks to shape its business; agency is open to making radical changes including dismantling existing infrastructure and frameworks to achieve changed outcomes and relationships). • Relations with Māori (eg, agency involves Māori in procurement, agency regularly works with Māori to advance important matters). • Structural considerations (eg, enabling structures, proactively addressing institutional racism). • Workforce capability (eg, Māori have high representation in senior leadership roles). • Environment (eg, agency is able to undertake all business in accordance with tikanga Māori). • Policy development and services (eg, te ao Māori is embedded at the centre of policy processes as a default, the agency partners with, or empowers, Māori to identify, design and deliver services).
	Pacific cultural competencies (2008) • Governance (eg, attainment of cultural competence in the organisation is resourced). • Management (eg, involvement of Pacific peoples). • Communication (eg, workforce is culturally safe and communicates effectively with Pacific peoples). • Human resources (eg, recruitment, retention and development of Pacific peoples in the workforce). • Information (eg, quality ethnicity data). • Evaluation (eg, evaluation of cultural competence).

Table 5 continued

Level	Descriptor
Workforce	*Generic competencies for public health in Aotearoa New Zealand (PHANZ, 2007)* • Cultural safety *(also see Curtis et al., 2019).*
	Māori hauora ā iwi (public health) competencies (Crengle et al., 2021) • Embed Te Tiriti o Waitangi articles and principles in practice. • Te reo Māori me ōna tikanga. • Socio-political determinants of health. • Programme planning, evaluation and policy. • Effective communication and engagement. • Advocacy and allyship. • Reflective practice.
	Health promotion competencies for Aotearoa New Zealand (HPF, 2012) • Knowledge base (eg, Te Tiriti o Waitangi, Aotearoa New Zealand context, Ottawa Charter, health equity, ethics, determinants, prevention, models, evaluation and research). • Evidence-based practice.
	Māori Crown Relations Capability Framework for the Public Service https://www.tearawhiti.govt.nz • Understanding equity and institutional racism. • Tikanga/kawa. • Te reo Māori. • Māori engagement.
	Research competencies • Kaupapa Māori research. • Use evaluation tools and research methods, and utilise guidelines for best practice research. • Research proposals and practice are culturally safe and contribute to health equity. • Health research literacy (Crengle et al., 2021 p11). • Understand differentiations between research and evaluation (PHANZ, 2007). • Identify and use appropriate health promotion evaluation tools and research methods. • Use research and evidence-informed strategies to inform practice (HPF, 2012 p17). • Co-design. • Commission research that richly interprets data and applies a Māori, Pacific or other community lens (https://www.tearawhiti.govt.nz). • Ensure research findings and outputs are accessible to Māori communities and other relevant organisations. • Knowledge translation and knowledge sharing (Smith, 2019, 2021*).*