

also suggested that each marae might consider having a health "counsellor" who was able to demonstrate to Maori people that many of their health problems were long term, as was their treatment. This was to be contrasted with the one visit/cure consultation of the tohunga.

One other problem area, which was singled out for attention and further study, was that of asthma. Maoris suffered disproportionately from this disorder and aspects about its treatment or lack of treatment were discussed.

NOT THE WAY

It became clear as the meeting progressed that the concept of "Maori Doctor Task Forces" to address Maori gatherings in a formalised sense, was not an appropriate way to tackle the health problems discussed. However, it was strongly suggested that if Maori doctors were to speak to Maori groups each one had an obligation to take a positive attitude towards health matters, making practical suggestions to improve health. To this end it was suggested that the Maori doctors both in the Auckland and Wellington regions should put their heads together once again and endeavour to develop plans to improve the health status of the Maori in the longer term. It was felt enough had been said about what was wrong with the Maori and the time had come to take positive steps forward.

CONSUMER VIEW

The major part of the afternoon was occupied in a discussion of community based health services following a paper by Mrs Lyn White-side of Auckland. She gave her reaction and views from a "consumer" viewpoint about the delivery of health services to the Maori people, in particular in South Auckland. She spoke with much feeling about the difficulties faced by Maori people in this area and felt strongly that social and attitudinal changes were necessary preludes to the development of effective health care for Maoris.

She then presented a model for a community based health service which was integrated with other cultural and community activities which promoted all aspects of Maoritanga including language, arts and crafts, etc. These cultural ac-



tivities were seen as the focal point in the community which would provide a warm and supportive environment into which health matters could be introduced. Support groups emanating from the community would be encouraged and would cover important areas such as adoption, abortion, child health, etc. Natural and alternative methods of health care would be encouraged and education in health matters undertaken.

Dr Tipene-Leach, Auckland, spoke about aspects of the development of Australian Aboriginal health and the value of community based and "people run" health services. He made a strong case for development of a community centre in an area such as Otara that would provide a base for younger people in particular to visit, help direct, and which would provide resource help in health and other areas.

TRAINING LEADERS

There was a strong support for the development and trial of such a centre and that a working paper setting out requirements should be developed.

The proposal to train certain community leaders in areas of health promotion was also thought worthy of a trial. Such community facilitators would be in a position to help people with health and medical problems, including their management.

RECOMMENDATIONS

1. That groups in Auckland (Professor Mantell) and Wellington (Dr Pomare) discuss further the concept of community based health care and promote the wellbeing of Maoris in the longer term. The use of support material (video tapes etc.) also needed developing.
2. That for the present time the concept of "Maori Doctor Task Forces" be abandoned but that Maori doctors as individuals should be prepared to speak to Maori gatherings on health issues in a positive manner.
3. That any research into Maori health at the present time be low-key and if possible undertaken by Maoris.
4. That research into the following areas be given priority:—
 - (a) Socio-economic factors in Maori health.
 - (b) The attitudes of different sectors of the Maori population to "dependence" problems, e.g. smoking, alcohol.
 - (c) Studies in children 0-5 years. In particular, the "sudden death in childhood syndrome", and ear disease.
5. That a larger and more widely representative seminar on Maori health be convened in the first half of 1982, that the meeting be of at least two days duration, and held in a Maori setting.