

Collaboration in community action: a successful partnership between indigenous communities and researchers

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SUMMARY

New Zealand Maori, in common with the indigenous peoples of many countries, face considerable alcohol-related problems. Although a number of initiatives have been implemented to deal with alcohol issues, these have often had limited involvement from Maori and consequently have been more effective for non-Maori. This paper examines a collaborative project between researchers at the Alcohol & Public Health Research Unit and two Maori organizations, Te Whanau o Waipareira Trust in

West Auckland and the Huakina Development Trust in South Auckland. The 3-year project evaluated two community action programmes which aimed to prevent alcohol-related traffic crashes amongst Maori. The programmes were run by the Trusts and were able to integrate research-based knowledge with community knowledge, resulting in a richness of strategies and a level of success that would not have been likely in an imposed project.

Key words: alcohol; community; evaluation; indigenous

INTRODUCTION

In common with indigenous people of many countries, Maori, the indigenous people of New Zealand, experience inequity in health status across a number of outcomes, including alcohol-related harm (Pomare *et al.*, 1995). Alcohol was unknown to Maori before it was introduced by non-Maori in the 18th and 19th centuries when it became associated with the process of colonization, including the loss of land in unscrupulous land deals (Awatere *et al.*, 1984). Today, alcohol-related traffic crashes are a significant issue for Maori due to the considerable loss of potential years of life, reduced quality of life (Richman, 1985; Pomare and de Boer, 1988) and the overrepresentation of Maori in alcohol-related morbidity and mortality statistics (Durie, 1994). Between 1989 and 1991, Maori male alcohol-related death rates were 2.2 times that of non-Maori (Pomare *et al.*, 1995). While survey results

have shown that fewer Maori drink than non-Maori, Maori males' median annual volume of consumption is higher and the median quantity of alcohol consumed on an occasion was almost twice that of the general population (Dacey, 1997).

Since the early 1980s there have been a number of community initiatives implemented in New Zealand and North America to reduce alcohol-related problems. This has run parallel to a general development in community strategies to address health promotion objectives (Duignan and Casswell, 1992). Although Maori are frequently identified as being most at risk, few studies or projects have involved Maori solutions and community action to deal with these issues has had a limited history. Up until the time of the collaborative project described here, partnerships between indigenous communities and researchers were rare.

Internationally, few alcohol studies have focused on issues related to ethnicity (Alaniz, 1998).

Information which is effective for Maori has been a major concern in health promotion in New Zealand. While a number of programmes have been shown to be effective with non-Maori, less impact has been shown on Maori health. Consequently, the need for both the message and the messengers to belong to the same ethnic group has been emphasized (Pihema, 1989; Ropiha, 1993; Rada, 1997). Durie, a prominent Maori researcher, concluded that the preferred path to goals of Maori development were 'based on Maori social structures, Maori delivery systems and a Maori cultural context'. He argued that the culture of providers was of central importance and evaluations also needed to reflect Maori involvement and ownership (Durie, 1993a, b).

Evaluated alcohol community action projects in New Zealand have emphasized ownership of programmes by communities as well as a range of strategies including influencing drinking environments, local policy and working across a range of organizations (Stewart, 1997). For Maori, ownership and empowerment have also become a central issue when addressing inequities in health and a key aim in community action programmes (Makara, 1997; Moewaka Barnes *et al.*, 1998).

These concerns have resulted in a number of suggested indicators and measures of the relevance and effectiveness for Maori: active involvement, participation, preparedness of the community to take on the intervention, and ownership and endorsement by communities (Durie, 1993a; Moewaka Barnes *et al.*, 1996; Rada *et al.*, 1997). However, it has also been cautioned that substantial gains for Maori need to be placed in perspective, and long-term objectives and strategies may take decades before their effectiveness is demonstrated. It has been argued that longer time-frames may be needed for Maori programmes (Durie, 1993a, b).

The collaborative demonstration project described here was developed from community action evaluation in New Zealand and North America, and from international literature research which demonstrated policies and strategies which are likely to be able to reduce alcohol-related traffic crashes (Casswell, 1986; Partanen and Montonen, 1988; Mosher and Jernigan, 1989; Casswell *et al.*, 1990; Vingilis and Coultes, 1990; Petersen, 1994).

This article examines the evaluation of two programmes that attempted to use community

strategies in the prevention of road traffic crashes in Maori. The programmes and their evaluations are described, and then important issues in evaluation for Maori are discussed.

BRIEF HISTORY

In 1988, in response to a New Zealand parliamentary select committee identifying a need, a working party was established to facilitate research on Maori drink driving. This group was not successful in obtaining any proposals from Maori researchers. The Alcohol & Public Health Research Unit (APHRU) was then approached to carry out research examining Maori attitudes around this issue. The Director of the Unit suggested that a community action research approach would be more useful. It was decided that a hui, which is an open forum carried out within Maori protocols, would be an important starting point in involving Maori and in setting a foundation for the research. This was held on a local marae (gathering place) and a Maori graduate was employed in 1992 to work with Maori in developing a funding proposal.

The Unit initiated a highly consultative process in order to identify providers, programme and evaluation approaches and specific objectives.

Two trusts emerged through this process. In 1992 a collaborative project was developed between two Maori trusts—Te Whanau o Waipareira Trust Board and Huakina Development Trust—and the Alcohol & Public Health Research Unit. Each trust would implement a programme in the communities in which they were based. The aim of the project was to develop and evaluate both 3-year community-based programmes (1993–1995) which were aimed at preventing alcohol-related traffic crashes amongst Maori. Both trusts were committed to providing programmes that were informed by both research and Maori knowledge, resulting in a mix of policy-, environmental- and community-based strategies. While objectives were developed that were based on strategies likely to meet with success, the programmes themselves and the way in which strategies were implemented were based on the tikanga and the context of the local communities. The programme objectives were as follows.

- To develop and implement a marae focused programme aimed to raise awareness and support among Maori for culturally appropriate

strategies to prevent alcohol-related traffic crashes.

- To develop and implement a co-ordinated mass media strategy including media advocacy and paid Maori mass media to raise awareness of and support for culturally appropriate strategies to prevent alcohol-related traffic crashes.
- To develop and implement strategies aimed to reduce drunkenness in drinking environments in which Maori drink.
- To develop and implement strategies aimed to increase the mutual supportiveness of compulsory breath testing (CBT) and the programme components.

Funding was successfully obtained, covering both the programmes and the evaluation components, from the Accident Compensation Corporation and the Health Research Council of New Zealand.

DEVELOPMENT OF THE EVALUATION

The nature of the collaborative Maori programmes meant that a naturalistic evaluation approach was considered the most appropriate. This did not involve the manipulation of independent variables by the researchers, but emphasized description and understanding of social phenomena (Parlett and Deardon, 1977; Guba, 1978; Patton, 1980). A quasi-experimental design was not considered feasible for a number of reasons, including the willingness and desire of Maori to share ideas and strategies that were seen to be effective resulting in a high likelihood that knowledge of the programmes and their components would spread to other communities. It was not considered ethical or appropriate to place any restrictions on this. Time series analysis of databases from the participating regions with non-equivalent comparison regions was also considered. This too would have been contaminated for the reasons given above. In addition, routinely collected statistics on traffic crashes in terms of ethnicity and alcohol were few and unreliable, and morbidity statistics in the areas would not have yielded enough cases. The emphasis in this project was on the design and implementation of a demonstration project. An evaluation was therefore needed that would be able to reflect this and meet the needs of the programmes.

The research was based on the principles of utilization-focused evaluation, where the usefulness of information is a primary concern [(Patton, 1986), pp. 332–336]. This met the needs of the programmes by providing information that could be fed back to the providers and their communities. Given the size of the programmes and the limited time-frame, the focus was on the implementation of the programmes, including the process of collaboration between researchers and Maori communities. The project attempted to place research-based strategies, which had been shown to lead to traffic crash reductions when implemented effectively, within the cultural context of the communities. Therefore, rather than measuring changes in traffic crashes, longer-term impacts were assumed and qualitative methods were used to examine programme impacts.

METHODS

Formative evaluation was carried out which drew on published research. The formative evaluator was Maori and had close links with the providers, as well as research knowledge. He was involved in aspects of programme design and development, and provided a sounding board, asking questions and accessing research information for the programmes (McClintock, 1986). In addition to influencing the implementation of the programmes, this also meant that they were more able to respond to emerging issues.

The process and impact evaluation consisted of key informant interviews, participant observation by the evaluators, small group discussions, interviews with managers of licensed premises and environmental audits of these premises, and content analysis of Maori radio station broadcasts. Identifying stakeholders and disseminating information in a manner which met and respected the needs of different interests was negotiated throughout the evaluation. The feedback process aimed, not only to assist in programme development, but to include local Maori in both the evaluation and the programmes. The emphasis of the process and impact evaluation was on gaining insight and understanding in order to inform this and other programmes, and to do this in a manner which reflected the collaborative and participatory nature of the programmes and the evaluation.

Key informant interviews

The key informant interviews were carried out in three stages, conducted at annual intervals, in the regions where the two programmes were based. They aimed to examine changes over time, describe how and what was implemented, and provide insights into why things occurred as they did.

The evaluator for these components, who was Maori, was aware of the programme and its activities, and identified herself as working for APHRU. Prior to commencing work on the project, she was known to the providers, who agreed with the researchers that she would be an appropriate person to carry out interviews and participant observation. Although having a more 'detached' role than the formative evaluator it was nevertheless considered important that she was accepted by the providers and was able to build up a level of trust in order to carry out interviews, disseminate findings from the process and impact evaluation to the providers, and attend some programme events.

The key informants were selected on the basis of their role in the communities or because of their involvement with the programmes. Interviews were conducted with people based in the trusts, the health sector, police, local marae, kohanga reo, local councils, kura kaupapa, Maori media and Maori Wardens.

All interviews were conducted face to face (except one on the telephone with a senior police officer), with all agreeing to be taped for later transcribing. Over the 3-year period of the evaluation, 40 people were interviewed for one programme and 30 for the other. In addition, the person mainly responsible for implementing the programme was interviewed. This consisted of five interviews in each region. Although a structured schedule was used, interviews varied in length from 45 to 90 min. In order to work constructively with people in the communities it was important not to rush interviews. This was particularly important with older people, who, coming from an oral tradition, often took their time and told stories to illustrate points.

Key informants were asked to describe: their perceptions of Maori and alcohol and Maori and drink driving; what had occurred in relation to the programmes' objectives; and their knowledge of events which had not been planned.

Participant observation

The evaluator, who carried out the key informant interviews, also attended a range of programme activities and meetings in order to observe and gain greater insight into the programmes.

Small group discussions

Two rounds of small group discussions were undertaken from 1994 to 1995. In each round approximately eight–nine interviews were carried out by Maori student researchers in each region. The interviews were tape recorded and transcribed. As participants were people from the communities, who were not necessarily connected with the programmes or identified as key informants, they were asked more general questions about their perceptions of drink drive and alcohol issues in their community, as well as their knowledge of any programmes which related to these issues. The information from these was mainly used formatively and was fed back to the providers. However, some of the data about knowledge and perceptions of the programmes and changes over time were included in the process and impact evaluation.

Licensed premises surveys

Three surveys, consisting of interviews with managers of licensed premises and environmental audits of these premises, were carried out in each area from 1993 to 1995. Approximately 20 premises from each region were included in the study. Student researchers observed the premises and filled in forms about host responsibility and drink driving signage, and the provisions and visibility of services relating to host responsibility, e.g. food and alternative transport. Managers were asked about practices in their premises, particularly relating to host responsibility as well as their awareness of the programmes. Interviews were tape recorded and transcribed. Most of this information was separately reported on (Webb *et al.*, 1996), but some information, particularly from the interviews, was used to inform the process and impact evaluation.

Media

Two Maori radio stations were systematically recorded for the duration of the project. These two stations were chosen because they provided

coverage over the two programme regions and over different age groups. One was mainly aimed at young Maori and the other had an older age audience and covered Maori news and activities. Twelve hours recording per week was undertaken for both stations, with a focus on news and entertainment programmes. Data were largely reported separately (Compain and Stewart, 1996), but segments which specifically mentioned either of the two programmes were included in the process and impact evaluation, as was the finding that there was no specific trend on drink drive coverage over the time period of the project.

Analysis

All data were analysed looking for changes in relation to the objectives of the programmes, as well as for insights into what had occurred. Key informant interviews, in particular, were examined in relation to broader community action objectives, including collaborations and the increased role and visibility of the Trusts over a range of issues. Participant observation was used to understand and inform the description of programme activities. Data from all components of the evaluation were combined to provide an overview of the process and impacts of the programmes.

PROGRAMME DESIGN

Activities to meet the specific objectives were developed through hui and undertaken by Maori community workers, employed by the providers.

Although adopting the same objectives, each programme had its own identity and way of implementing strategies, depending on the communities in which they were based. Initially, this involved extensive networking, in order to enable the communities to have input and ownership into the strategies which were implemented. An important part of this was working closely with elders, who are a key part of Maori society. Both programmes worked through media (television, print and radio), marae and Maori educational settings, from pre-school to school-leaving age, as well as in areas which were specific to the different communities.

WHANAU/TU BADD

Te Whanau o Waipareira Trust Board was based in West Auckland, a largely urban area with a wide tribal spread and a high young Maori population. Initially the programme was called WHANAU, an acronym comprising Maori words which expressed a whanau (family) and collective approach to prevention. A survey was carried out in the region, which raised awareness of the programme and enabled an information package and display to be developed. When a male worker took over from the woman that had originally been appointed, haka, waiata (Maori musical compositions) and posters were produced. The creation of these involved a range of people from the community and was a vehicle for developing further awareness, and increasing involvement and ownership in the programme. The male worker also initiated BADD (Brothers Against Drink Driving). This group reflected the large population of young Maori males in the area and worked in a number of settings, including working with gangs. A Maori rugby league team—BADD Company—was formed which had networks throughout a diverse range of gangs. BADD acknowledged the image of Maori men as warriors, but sought to turn this around by giving out the message that to be a brother also meant to take care of oneself, friends and family. Primarily, BADD was saying that it was ‘cool’ and ‘staunch’ not to drink and drive and to take these issues on board. In the second year of this initiative, Tu BADD was formed. As well as denoting the second year of BADD, the Maori word tu carries the meaning to stand strong. Tu BADD was launched at a local pan tribal marae with the involvement of elders. As BADD and Tu BADD had gained considerable support from gang members, it was notable that rival gangs participated jointly to launch the programme and abided by the marae expectation of no patches or gang regalia. Printed posters and posters on billboards and buses formed a part of the profile of Tu BADD. A woman was then appointed to continue the work of WHANAU. She carried out a number of initiatives, including policy implementation through the broad Trust networks and collaborations with local marae, council and police. As part of this, policies around alcohol use at local venues and events were drawn up, involving extensive networking and education. The inclusive nature of this process enabled wide acceptance and

implementation of the policies. Host responsibility practices were adopted and some events—particularly those where children were present—were designated as alcohol free. A driver licensing course was developed in collaboration with a local marae, police and community members.

WHIRIWHIRI TE ORA

Whiriwhiri te Ora (Choose Life) was the name of the programme run by the Huakina Development Trust. This organization was tribally (Tainui) based within a largely rural population in South Auckland, and a Maori woman from Tainui was selected, by the Trust Board, to run Whiriwhiri te Ora. The programme was launched at a poukai, an important Tainui gathering, attended by the Maori queen. Whiriwhiri te Ora worked through community and Trust networks, including affiliated marae, and had strong networks with police and also worked in conjunction with Maori Wardens. The programme used the Tainui history of opposition to alcohol to provide context for strategies which sought to reduce drink driving. This emphasized that prevention strategies were something that could be adopted by a whole tribe and be part of that tribe's identity. The programme co-ordinator, Maori Wardens and police visited a number of settings including marae, Maori pre-schools and schools to spread the messages of Whiriwhiri te Ora. This began with the unique Tainui history of alcohol prohibition, which saw the King Country tribal borders remain a dry area until 1954. When people adopted the messages of the programme they agreed not to drink and drive, and not to let others drink and drive. Wearing a blue ribbon was a symbol of this commitment and learning a song about the programme was also stressed as being appropriate only for those who had made this promise. A booklet, song, blue ribbon and posters, developed utilizing the extensive trust networks, all formed part of the identity of the programme.

The Maori Wardens, who play a statutory role in alcohol harm reduction and control amongst Maori, were particularly involved in Whiriwhiri te Ora's Manakitia initiative, which was a collaboration between the wardens, Whiriwhiri te Ora, police, bar people and managers and the local District Licensing Authority. This was carried out largely in licensed premises, working

with managers to introduce and strengthen host responsibility practices. A competition for licensees was held annually, and seminars were held to educate bar staff and provide practical examples of host responsibility practices. The competition had local media coverage and carvings were presented to successful managers at an annual event held on a local marae. A spin-off from these activities was the formation of a group called the Blue Ribbon Mocktails. This was made up of young people who were available to cater at marae hui and private functions where alcohol was served. Their aim was to offer non-alcoholic drinks with the objective of encouraging sober driving practices.

A display, Lost Generations, was also used extensively by the programme. This was gifted from within Tainui and was in the shape of a whare (a house-like building where gatherings take place). On one side were pictures of people who had died as a result of drinking and driving, and on the other were family members who had been left behind. The walls were adorned with carvings and colours which had particular significance. The display used whakapapa (genealogy), a precious concept to Maori, to demonstrate that when one person is lost all the generations that may have followed from them are also lost. Lost Generations travelled extensively with Whiriwhiri te Ora—to tribal gatherings, conferences and other events.

The Maori Wardens and programme co-ordinator lodged an objection to a proposed alcohol outlet under the Sale of Liquor Act, played a role in getting a liquor license suspended and worked with a local marae to have alcohol consumption on a public reserve curtailed. Whiriwhiri te Ora also successfully led a campaign to have the use of the Maori word 'mana' taken out of an alcohol industry sponsored promotion of rugby league. The word mana, which denotes prestige and pride, was removed from the promotion within 3 days of the start of the campaign.

FINDINGS

Communication between the partners involved in this project was largely positive and constructive. Relations were interactive, with both providers and researchers feeling a strong sense of involvement and shared investment in the project. This was also apparent within the

communities, where people were highly involved in both the programmes and enthusiastic and forthcoming when approached to be part of the evaluation.

The Trusts were seen as ideal bases for the programmes, allowing the utilization of local networks and enhancing the delivery of the programmes. In turn, the programmes themselves were perceived as increasing the legitimacy of the Trusts. The Maori community workers, employed by the Trusts, were seen as central to the success of the programmes. They belonged to their communities and were effective deliverers of the messages. In the case of the Tu BADD worker, this was described as having 'street credibility'.

By placing themselves within a context that was perceived as both appropriate and effective, the programmes were able to give meaning to the issue of drink driving for Maori, and bring about changes in attitudes and practices around alcohol. They also increased Maori knowledge and support for concepts of health promotion and prevention, as opposed to treatment.

An important aspect of this was the identity and profile that the programmes built up within their communities. Media visibility, particularly utilizing local papers and display opportunities, enhanced the sense that the programmes were locally owned and had a Maori identity. In South Auckland, the Lost Generations display was viewed as something that could only have been developed by Maori. The high profile and growing support for the Manakitia initiative was seen as leading to changes in host responsibility practices in licensed premises. In West Auckland, Tu BADD had a high visibility, particularly amongst male respondents. It was able to reach an 'at risk group' that was often considered to be in the 'too hard basket'.

Although time consuming, the building of alliances was seen as an important, and possibly lasting, component (Gillies, 1998). It was felt that the processes employed set a strong foundation for the wide acceptance of the programmes and their strategies. Respondents reported that because people felt included, they were more willing to, not only accept, but also support and implement programme initiatives. This was particularly noted for an alcohol policy which was introduced throughout Te Whanau o Waipareira Trust structures and affiliated groups. Alliance building also increased social cohesion by facilitating collaborations with a range of groups,

including community, police, councils, marae, education, justice and sports organizations. One result of this was reported changes in the attitudes of Maori towards the police and changes in police perceptions of Maori.

The relationships and knowledge built up over the course of the project have resulted in the continued involvement of one of the Trusts, in particular, in other community prevention initiatives. The Maori researchers, who began their research careers with this project, and the Maori community workers have also continued in similar work. The Alcohol & Public Health Research Unit has developed further initiatives with Maori and other communities, informed by the knowledge gained from this project. Although not specific objectives of the project, these are important considerations given that a Maori health and research workforce is desperately needed, and self-direction and empowerment are central to Maori aspirations.

CONCLUSION

The project was different from a number of others which address indigenous health issues. Rather than being imposed, which may involve the adaptation of strategies with little significant input or control, the intervention was controlled by the two communities. This happened from the initial development stages and throughout the course of the project.

The collaborative nature of the project resulted in considerable Maori participation in both the programmes and the evaluation. Combined with the consultative and inclusive approach that the researchers and providers took, this resulted in unique programmes that were able to combine research-based objectives with a Maori world view. This, in turn, led to a richness of strategies and a level of community ownership which would not have been likely in an imposed project.

The findings indicate that successful programmes can be implemented where research knowledge is not the overriding concern, but an important and negotiated component. The advantage of this approach is that the evaluation served the needs of the programme and the community. Where a narrow focus on outcomes or outputs may serve the needs of funders, the evaluation process discussed here was able to reflect Maori aspirations, support the development

and implementation of the programmes, and include the community development and journey which took place. The programmes demonstrated that communities were able to integrate their knowledge with that of researchers and merge them into strategies that were able to successfully meet both harm reduction and Maori community objectives.

This resulted in a range of positive outcomes which were related to the specific objectives of the programmes as well as meeting broader community action objectives.

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