



MEMBER FOR GAVEN

Hansard Thursday, 7 October 2010

SERVICES, MAORI COMMUNITY

Dr DOUGLAS (Gaven—LNP) (5.54 pm): Health issues facing the Maori community on the Gold Coast came under the spotlight at a hui for hauora at Nerang recently—this is a gathering for health. There is a high percentage of Maori living in the Nerang area, and it is growing in the Gaven electorate. The meeting reported that there was a significantly higher prevalence of lifestyle related chronic disease such as diabetes, renal failure, cardiovascular disease, COPD—that is, chronic obstructive pulmonary disease—and some cancers within the Maori community. It highlighted that Maori are struggling to come to terms with their health problems. People are not turning up to scheduled appointments and programs because they do not feel culturally safe. The medical model is not encompassing of family and spiritual wellbeing. There is a denial of the ramification of an unhealthy lifestyle—smoking, drugs, drinking alcohol and bad diet are commonplace. Many families do not know how to access health care or whether they can afford it.

One of the models for understanding Maori health, Te Whare Tapa Wha, includes the four cornerstones of physical, spiritual, family and mental health and, should one of these dimensions be missing or changed, a person may become unbalanced and unwell. For many Maori, modern health services lack recognition of the spiritual dimension and, in a traditional approach, the inclusion of the family and mind are as important as the physical manifestations of illness. Underpinning this is the relevance of the earth, and in this instance Maori living on the Gold Coast find themselves reflecting on the absence of this traditional, geographical and spiritual belonging.

Other issues identified at the hui were the move to Australia where there was a loss of a familiar environment, breakdown of social support network, as well as reduced economic support network. Parenting and schooling can also present issues, including teachers and others not being able to pronounce Maori names which can lead to retaliation. They tend to form groups and they can often be trouble. Often if cultural jewellery is not allowed to be worn at schools it can be perceived as an intention to bury different cultural habits. As well, there has been an increase in internal fighting and friction between different tribes, challenged because of race, size and colour. Many Maori experience stigma and differing levels of racism, but they can equally do the same in retaliation.

Since the hui, many good things have come out in the community. It has brought a focus to the Maori community and validated this community as separate, yet connected, to the wider Pacific community—that is, islanders primarily. The Nerang Neighbourhood Centre has become a well-known point of contact for the Pacific Indigenous Nations Network including Indigenous, Maori and Pacific islanders. Health and community representatives returned to their organisations with a greater understanding and positive response which they shared with workers. Queensland Health staff said the benefit of being able to speak with Maori patients about their own experiences reduced barriers and gave them a greater sense of confidence to refer patients to a range of social support.

There will be ongoing work with the community nutritionist at Gold Coast Health Service on the Go for 2&5 initiative with the Maori community. Furthermore, there will be inclusion in future activities with the Multicultural Communities Council Gold Coast and workshops for health professionals to improve their knowledge. It is critical for their overall health outcomes that Maori children and adults integrate into the Australian community and not try to recreate their New Zealand lives in an Australian environment.

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