

# Abstracts from PMA Conference 2003 in Fiji

## **Sustaining the Pacific Health Workforce A Personal Perspective.**

*Audrey Aumua Chief Executive of TaPasefika Health Trust, New Zealand Pacific Primary Health Organisation.*

Workforce planning ..... Who's responsible ..... who pays ..... who cares .....

Workforce planning in the health sector is always complex. It involves effectively forecasting the future health needs of a population and then identifying the size and skill mix of the workforce required to meet those needs.

Improving the health status of any community requires a mobilized, highly skilled and motivated workforce.

Of the many factors that influence a reliable supply of new entrants to a health workforce, an educational system that provides educated, literate and achievement-oriented learners is the most critical.

Although it is only one of many supply factors for successful workforce planning and implementation, disparities between the output of our current New Zealand Education system and the needs of the health workforce continues to pose a significant risk to effective delivery of health services in the future and a substantial challenge for workforce planners.

This paper discusses Pacific peoples educational underachievement in New Zealand as one of the most critical impediments to the development of appropriate Pacific health services and Pacific workforce development in New Zealand.

It discusses the failure of educationalists to understand and support the recruitment, retention and achievement of Pacific learners in both the compulsory and tertiary sectors.

Pacific students are 10 percent more likely to leave school without formal qualifications, four times less likely to achieve a university bursary than other groups and six times less likely to undertake a course of tertiary education.

## **Continuing Professional Development In Clinical Practice**

*Wame Baravilala Dean Fiji School of Medicine*

The Pacific is a net exporter of medical and health expertise to New Zealand. In the case of Fiji most "internationally" qualified medical specialists sent to New Zealand to obtain their qualifications have not returned. While the reasons given for the exodus of medical personnel from the Pacific includes low salaries, poor conditions of service, little career progression, few opportunities for upskilling etc. the likelihood that these factors will be rectified in the short to medium term is remote. For those who remain and work in the Pacific the opportunity for continuing professional development may go some way to alleviating the sense of professional isolation and stagnation many feel. The examples of reproductive health and obstetrics and gynaecology provides a glimpse of what is possible at a regional level to improve the working lives of Pacific health professionals.

## **Financing of Public health Services — A Cost Benefit Analysis in Health Care in the Pacific Region**

*Stanley Dean Assistant CEO, CHS, Samoa*

The Government of Samoa focuses on issues related to health policy, financing and management, such as strengthening information systems, costing and financing of Health care services.

In many pacific islands, information and surveillance systems are not providing the timely and complete information critical to making good public health decisions. Data generally is of poor quality is not transmitted in a timely manner and is often not analyzed locally before being reported to higher levels. The Samoa Ministry of Health is strengthening surveillance and response system by addressing the technical issues but also by working to foster a culture of information. A culture of information exists when information is seen as a critical input to public health decision making at all levels, when quality data is demanded and when data is transformed into useful information and used by decision makers.

How are communities in Samoa responding to limited government capacity to provide priority health services? One promising strategy is Insurance and health financing schemes formed on the basis of solidarity and

management. In which rural and urban communities benefit from Government resources to get basic health care service. Our Strategy emphasizes on mobilization of resources, shared risk in controlling health care costs, and improved access to health services and supplies. Under any social insurance, formal sector make regular, predictable payments for health care and share risks so that at a time of need health cost do not constitute a barrier to receiving care. I will discuss our own experience working with health financing policy and proposed insurance scheme in Samoa.

As a first step to strengthen health care service in Samoa, Clinical services division in the Ministry of Health with the help of WHO and the Samoa Health sector Management project financed by the world Bank has completed an assessment focused on management and operations of Health Fund. This intends to ensure the availability of quality health services at affordable prices. Activities to improve financial management and record keeping will be discussed also during my presentation. Issues faced in Samoa are similar to these experienced in other neighbor islands, and the longer-term goal is to apply lessons learned in Samoa more broadly in the region to improve management and operations of Health Fund and service delivery.

### **Effective Indigenous Healthcare - the Alaskan Experience**

***Doug Eby MD, VP of Medical Services for Southcentral Foundation***

Alaska is home to 229 Federally recognized tribes. Together they are referred to as Alaska Natives, made up of many different tribal groups with unique languages and cultures. Anchorage is the largest city in Alaska and home to about 35,000 Alaska Natives. Southcentral Foundation (SCF) is the Native owned and Native managed healthcare corporation responsible for providing healthcare to these urban residents and another 10,000 in over 50 remote villages, some of them more than 1,000 kilometers away. Under tribal leadership SCF has completely redesigned the healthcare system based on Native values, providing care centered on long-term relationship with the family, same day access for any reason, increased emphasis on wellness, and patient driven approaches to disease management. The result is a system with such dramatic results that it has been featured on the front page of the New York Times, the British Medical Journal, the Journal of the American Medical Association, and others. Dr. Eby is a physician executive who has been part of the design and implementation effort led by tribal leadership. He is often asked to speak nationally and internationally about the work of SCF and the dramatic results obtained through this system redesign.

### **Evidence Based Medicine and Best Practice Guidelines Development in Clinical Practice**

***Rod Jackson Professor of Public Health, University of Auckland***

Synopsis: The term "evidence-based medicine" was coined by a group of clinical epidemiologists in the early 1990s to challenge clinicians to use more epidemiological evidence and to use it more explicitly in their practice. This challenge was a response to the limited understanding most clinicians had about clinical epidemiological evidence on the accuracy and precision of diagnostic tests, the power of prognostic markers and the efficacy and safety of therapeutic, rehabilitative and preventive interventions. Moreover new evidence is being generated at such a rate that few clinicians can keep up to date with this evidence without help. This help comes in a variety of forms including evidence summaries of individual studies written by colleagues with critical appraisal skills, systematic reviews and meta-analyses of all the relevant evidence on a topic and evidence-based practice guidelines. In order to practice high quality medicine, modern clinicians must understand the principles of evidence-based medicine, they must have basic critical appraisal skills and be able to recognise a high quality systematic review or practice guideline. This presentation will explore the principles of evidence-based medicine and its application, including the development and use of evidence-based guidelines.

### **Public Health in Medical Education: An Oxymoronic Pacific Pair**

***Sitaleki 'A. Finau Head of School, School of Public Health and Primary Care Fiji School of Medicine***

Teaching public health at a school for doctors is an oxymoron. A cursory look at the organisational culture and profile of two schools for doctors will expose the contradiction of public health education versus medical training. The paper will examine staffing, course distribution, course content and student assessment at the Auckland and Fiji schools of medicine.

If the priority health needs of the Pacific communities are recognised and politically accepted, the configuration of medical schools should be much more different than the existing model. Subsequently health resources for human development, including those for medical education, would favour public health education.

The recent experiences at Auckland and Fiji are used as case-in points to illustrate and discuss the oxymoronic situation. The analysis will identify strategies for public health to claim its rightful place in resolving health challenges of Pacificans, pacifically.

## Migration of Skilled Health Personnel in the Pacific Region

**Lorraine Kerse** *WHO Regional Adviser on Human Resource Development WHO Regional Office for the South Pacific*

This provides an update on current issues surrounding migration of health professionals in the Pacific Region. Historical, contemporary and future perspectives of migration are presented. Some of the world's richest countries benefit from international migration, whilst it has a generally negative impact on health services in some of the Pacific island countries. However, the influences on international migration are more complex than have often been portrayed: for example within a poor country some stakeholders see migration as a means of improving the finances of the country while others are concerned about the damage to health services. Responsibilities of both the source and recipient countries need to be made explicit before meaningful dialogue can take place. Despite the development of codes of practice on ethical international recruitment, the increased demand for health professionals seems inevitable. More radical strategies are therefore needed to protect health systems of the Pacific island countries most affected.

## Pacific Peoples: Origins, Itineraries and Encounters

**Patrick D. Nunn** *Professor of Oceanic Geoscience, Department of Geography The University of the South Pacific*

*Homo sapiens* probably encountered the Pacific Ocean first about 50 or 60 thousand years ago, and all the indications are that they did not think much of it. Yet, as their numbers increased and competition with other large predators became increasingly irksome, some modern humans did begin to seek their livelihood along Pacific coasts, an event which may have seen these people developing darker skin colors and the ability to sail and navigate distances of tens of kilometers -

Rapid bursts of sea-level rise at the end of the last ice age, particularly around 7600 years ago (+6.5 meters in <140 years), displaced large numbers of people from the coastal and lowland areas of the western Pacific Rim, particularly in the areas we now know as southern China and Taiwan. Unable to move inland because of resistance from people already settled there, many of the displaced people took to the sea. Some sailed south and then east, occupying the outer islands of Papua New Guinea and Solomon Islands about 4000 years ago.

The subsequent migration of these people into the Pacific Islands can be traced in various ways, particularly by their pottery and their vocabulary. In June-July 2002, the speaker directed the excavation of the oldest-known human occupation site in Fiji. The site – on Moturiki Island – was established some 2900-3100 years ago and contained a complete human burial. There is evidence from coconuts that Pacific people voyaged across the entire Pacific from west (New Guinea) to east (Panama) long before Vasco Nunez de Balboa, the first European to see the Pacific, gaped at the sight on 26th September 1513.

Contrary to popular belief, some of the earliest human inhabitants of Pacific Islands understood the limits of the island environments they encountered and adjusted their lifestyles accordingly. Others did not. It is challenging to set aside one's prejudices and evaluate the scientific evidence objectively, yet to do so is to reveal an impressive history of humans and human interactions which has yet to enter the popular psyche anywhere in the Pacific Islands.

## Self Preservation for Pacific Health Professionals

**Graham Roberts PhD**, *School of Public Health and Primary Care Fiji School of Medicine*

In recent years we have seen many changes to Pacific societies, some with ominous implications for the future and for health workers. The 'preservation of self' within this now volatile sea may be the least we can do for ourselves as individuals, but it isn't all we can do. As a health promoter I can't omit reference to the social determinants of health, such as stress, over-work and the lack of supportive relationships. But professional groups, high on the social gradient, are relatively less exposed to unemployment, poverty, social exclusion, poor diets and addiction. So what is it that threatens us? Do new pressures challenge our conception of our professional 'self'? Are we still who we were? Young altruists react to pressures in various ways. Some will succumb and retreat to the safety of limited involvement. Others will be soured and seek to make what gains they can. But those who rise to meet new pressures preserve their intrinsic 'self', and create conditions to help preserve others as well.

## Women's Reproductive Health Research in the Pacific: Challenges and Implications

**Annette Sachs Robertson** *Public Health Specialist*

Women's reproductive health research has been conducted over several decades in Pacific island

countries. However, the quality, types, geographical distribution and relevance of such research are variable. Results of clinical studies in obstetrical and gynecological care; anthropological and sociological surveys of sexual behavior, practices and family planning; national demographic fertility and mortality studies; and epidemiological studies of female reproductive diseases are not easily accessible for widespread utilization. The planning and implementation of studies identified by Pacific island communities as relevant to their needs; the utilization of population, clinical and operational research for the development of culturally acceptable policies and programs; the strengthening of the research capacity and utilization of existing health information systems especially in small island states; and the co-ordination of research findings throughout and within the various countries are some of the perceived future challenges to women's reproductive health research in the region. The research community in the Pacific needs to work closely together to address some of these issues.

### **Evidence Based Policy Making in Health — Myth or Reality?**

***Ian Rouse Dean of Research and Enterprise, Division of Health Sciences Curtin University of Technology Western Australia***

The development of an efficient and effective health system that delivers the best quality health services according to need and available resources is one of the primary goals of most health jurisdictions. The reality is that significant policy changes are made in most jurisdictions with little or no reference to the evidence base that can inform the development and decision making process. It is certainly a myth that all health policy development is "evidence-based". Nevertheless, the optimistic epidemiologist or health policy practitioner hiding in all of us has a view that evidence-based health policy is indeed possible if not probable. Realising the potential of this new discipline will require that key issues of both a practical and conceptual nature be addressed.

In this paper I will address issues relevant to the nature and quality of evidence, the process and determinants of policy development and the range of "people-related" issues that influence the process. Using examples drawn from Western Australia, arguably the most information-rich health jurisdiction in Australia, I will attempt to uncover some of the key supporting and inhibiting characteristics for implementation of 'evidence-based' health policy which should be relevant to all developers of health policy.

There is a growing international call for the "Translation" of health research into health policy. Even if one argued

that the development of health policy is more an "art" than a "science" there is a critical need for the "artists" to have the appropriate set of tools and the creative mindset to produce a quality product. Without these I suspect that we will face a long period of time in which evidence-based policy making in health is much more a myth than a reality.

### **Expectations of Health Care and of Health Professionals in the Pacific: An informed Lay perspective**

***'Ana Maui Taufe'ulungaki Director, Institute of Educatio, University of the South Pacific***

One of the issues that is of increasing concern to Pacific peoples and communities, living in the Pacific region, is the continuing and escalating loss of regional medical personnel to developed countries. Whilst there are complex reasons for the phenomenon, I am proposing that the 'ideal of service' in the Pacific context from a layperson's perspective is a useful strategy for exploring the issue. For instance, one of the questions that has teased my mind over the years is why it was possible in the days when the only transport to the outer islands was by boat, which was infrequent and hazardous, and hospitals were no more than wooden shacks, with little equipment or medicine to send qualified doctors (graduates of the Fiji School of Medicine) to the outer islands and they went not only willingly, sacrificing a great deal in the process, but served long years in those outlier posts. Today, in contrast, with more qualified doctors per head of population, with better transport and communication linking the islands and better-equipped and resourced hospitals, a country, such as Tonga, is replacing fully qualified doctors and is, instead, staffing some outer islands hospitals with paramedics and public health officers. The paper offers a layperson's perspectives.

### **Flexible Learning at the Fiji School of Medicine**

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Since its inception in 1885, the Fiji School of Medicine has undergone three major name changes. Not only did this reflect the demand that came with these changes but also the apparent need to have more medical practitioners. Apart from name changes, the institution also reviewed its curriculum and made appropriate changes. These changes are a reflection of the schools initiative and philosophy in providing appropriate training for a health worker who is

ready to meet the needs of the wider community. Today, the story does not remain the same. To cater for the growing population and the existence of new diseases, more and more health professionals are in greater need to upgrade their qualifications and as such are willing to put in the time and effort so as to develop professionally. This is where flexible learning and distance education come in to the picture.

There have been some reservations about flexible learning and distance education here at the Fiji School of Medicine. Whilst the concept is still in its embryonic stage, it is nonetheless here to develop to its full potential. When defined, distance learning is an education programme that allows the student to complete all, if not; most of their programme from remote places while receiving the same credit as any of their counterparts enrolled on sight. In addition, it enables the student to become an active yet independent learner.

The Fiji School of Medicine is a unique institution in terms of its provision for health courses here in the region. It also offers low tuition fees which explains the high number of regional students who choose to come here instead of paying a much higher price somewhere in the Australasian region. Furthermore, FSM has undoubtedly gained its reputation over the years and it is through this that it's continuing to do even better. Gaining *\_auto\_nomy*.has also given the Fiji School of Medicine the opportunity and-the right to develop its curriculum and courses without having to seek approval from elsewhere. Today, the school has created its mission statement that reads as, "A commitment to excellence training and education of health professionals". Such vision will ensure that the Fiji School of Medicine will continue to live up to its credibility.

### *Ethnicity and Fetal Growth in Fiji*

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#### **Background**

The role of ultrasonography in obstetric care is universally accepted. Normograms used in the Pacific to chart fetal growth are imported from developed countries and reflect the growth pattern of fetuses there. Fetal growth is a result of a complex interaction between various factors including the ethnicity of the parents. Infants born to indigenous Fijian women are heavier at birth than those born to Indo-Fijian women. While the stillbirth rate is higher in Indo-Fijians, neonatal mortality is higher in indigenous Fijians. However the same

standards are used to monitor fetal growth in both ethnic groups.

#### **Aim**

To study fetal growth patterns in the two ethnic groups and to ascertain the influence, if any, of ethnicity on fetal growth.

#### **Methods**

A longitudinal study was carried out on women with sure dates, regular cycles, no known risk factor complicating pregnancy and having their first antenatal examination before 20 weeks. Symphysis-fundal height (SFH), biparietal diameter (BPD), abdominal circumference (AC) and femur length (FL) were measured by the same observer at recruitment and at follow-up visits until delivery). Infant measurements were recorded soon after birth.

#### **Results**

Indian babies were on average 795 g lighter, had 5.5 days shorter mean length of gestation and slower growth rate of AC compared to Fijian babies. Ethnicity of the mother was significantly associated with the difference in growth rate even after adjusting for other factors known to influence fetal growth.

#### **Conclusion**

Given the ethnic differences in fetal growth and maturation, it would be appropriate to use ethnicity-specific standards for perinatal care in Fiji.

#### **Keywords**

Fetal growth; Ethnicity; Fijian; Indo-Fijian.

### **Pacific Nutrition Training — Investment for Prevention, Health and Wealth**

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The goal of Pacific Islands Heartbeat (PIHB), a division of the National Heart Foundation of New Zealand, is to improve the heart health of Pacific people living in New Zealand. Promoting the benefits of good nutrition is fundamental to achieving this goal.

In New Zealand language and cultural differences mean the nutrition education needs of Pacific people are often not met by "mainstream" strategies. Health information is often not presented in ways Pacific people feel comfortable with. As such, Pacific people have

expressed a need for effective health promotion strategies aimed at Pacific people.

Acknowledging this need PIHB, in association with the Auckland University of Technology, developed an innovative nutrition course for Pacific health providers and community leaders. The aim of the course is to empower participants with the knowledge and skills required to promote nutrition in their local community. Participants are trained with nutrition information that is scientifically based, culturally appropriate, relevant, and practical.

A community development approach is taken, where PIHB responds to the requests from the communities who have identified a need for the nutrition training. Participants bring with them invaluable experiences, skills, and knowledge. They are encouraged to share this with the rest of the group.

Course content covers a range of topics including basic nutrition, nutrient functions, food labelling, menu planning, digestion, healthy eating throughout the lifecycle, heart disease, and the principles of physical activity. Trainees also learn skills in cooking and food demonstrations, teaching, and presenting, so that they are well equipped to promote the healthy messages in their communities.

Sixty-four people have completed the course in the last 18 months. As graduates pass on their knowledge and learning, feedback indicates that many positive outcomes have occurred at the community, family, and personal level. These include improved dietary habits and increased number of role models within families, communities, and worksites that are leading healthier lives. Church leaders have started to promote healthier food choices in their catering for church functions.

These encouraging and successful outcomes will ensure the continuation of our Pacific nutrition course. The contents of the course will undergo continuous improvement to reflect the needs of the trainees, while maintaining a high standard of excellence.

### **How much Public Health in the Professional Bag of Pacific Island Doctors of the Third Millennium?**

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The debate on the balance of the mix Clinical tuition vs Public Health tuition to be imparted to prospective medical practitioners of the years 2000 is neither new

nor peaceful, and definitely not settled as yet. Joining in this debate fills any discussant with apprehension, particularly those recognizing the impact that their own bias would bring to their case.

This short contribution, which admittedly falls in the apprehensive category, hopes to revamp the cause of more and better Public Health for young medical graduates, without aspiring at a "case closed" solution. Hence, considerations brought into focus include:

Is there still hope, in these years 2000, to improve the quality of life through disease prevention **and health promotion**? How much Clinical (read = patient-centered) sophistication and specialization is necessary for an "island doctor"?

Can young graduates be still lured (read = attracted or convinced) into remaining "home" and serving their communities of origin, and resist the temptations of nearby "greener pastures"?

Is the tuition currently imparted at the Fiji School of Medicine too long? Too short? Too stressful? Adequately mixed? Sufficiently stimulating? Well attuned to Pacific Island needs and expectations?

These considerations are re-opened in the light of current global trends, viewed as a powerful machinery for economic development, but also as a possible cause for the progressive loss of identity, of humane approaches to collective life, and for the relinquishing of the better components of societal tradition and culture.

In the end, the methodologic question is raised: are these the years of innovative exploration and considerate review of long-established principles and norms that seem to serve well non-Pacific populations?

Contributions and answers would likely bring more light to the eternal dilemma: are development and culture really antithetical and bipolar concepts?

### **Participation of Fijians in Health Research: A Review of More Than Three Decades of Health Publications.**

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Research in Health has been seen as one of the fundamental tools for the development of health knowledge and practice. This is of particular importance

in the context of socio-economic and political transition in developing countries, including Fiji.

Health research in the Pacific, to date, has been largely externally initiated, funded and controlled. Research imperialism has become a growing concern in Pacific health research. This study shows how this phenomenon has been observed in Fiji. It provides a rapid assessment method for monitoring research participation and performance among Fijian health professionals. The health-related papers about Fiji that were published in Medline over a period of 37 years (July 1965 to April 2002) were reviewed. Trends of papers published, authorships and relevant parameters relating to the publications were the focus of the study.

In light of the results obtained in this study, discussions on possible obstacles that Fiji has been facing and what should be national and regional initiatives towards research capacity development are proposed and reviewed. The concluding, main concern is that if Fijians do not control the initiatives in research work, then people from outside will come and fill the gap. And if this happens, what would be the future of Fiji health, the Fijians, and subsequently, of Pacific health and the Pacificans?

### **in-Country and Community-Based Postgraduate Family Practice & Community Health Training for Micronesian Physicians.**

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Dr. Sitaleki Finau, Fiji School of Medicine School of Public Health and Primary Care; Dr. Stevenson Kuartei, Ministry of Health, Republic of Palau; and Dr. Mark Durand, Palau Area Health Education Center. The U.S. Institute of Medicine in its 1998 review of the health care systems among the U.S.-Associated Pacific Islands (USAPI) identified promotion of primary health care (PHC) and training of the regional health workforce including postgraduate training for physicians as priorities. With the support of the health leadership of the USAPI and the Republic of Palau, the John A. Burns School of Medicine (JABSOM) of the University of Hawaii captured U.S. federal Area Health Education Center (AHEC) funds to implement a postgraduate program to train Family Practitioners - physician specialists in primary care for the region. The Palau AHEC has evolved into an innovative collaborative activity of JABSOM, the University of Auckland Faculty of Medicine and Health Sciences, the School of Public Health & Primary Care - Fiji School of Medicine, and Palau Community College to provide Diploma-level training in Family Practice and Community Health for Micronesian physicians.

### **Workforce Development and Mentoring at the HRC**

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#### **Issue:**

Strengthening Pacific workforce development initiatives / health, mental health and health research scholarships and awards / creating an innovative and culturally effective 'Pacific' mentoring support programme / creative measures to grow the Pacific health workforce sector

#### **Description:**

Building the Pacific health workforce is a challenge that can be met in a variety of ways. The provision of scholarships for Pacific students is one of these. The HRC's experience of administering Pacific scholarships has enabled us to build on and enhance traditional approaches to scholarship funding schemes. The HRC in partnership with the MoH has developed a mentoring support system that aims to strengthen the success and build the numbers of the future Pacific health sector. This is the result of recognising the need for a more holistic approach to supporting students. The HRC has developed and implemented the "Flax Roots Model" of mentoring.

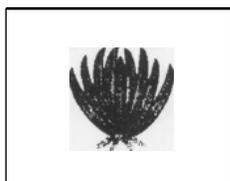
The model is reflective of the diversity of extended family support, and the 'spirit of the collective' offering their best to protect and nurture the individual. The model was developed recognising that a student's chance of **success is strengthened and enhanced if they have the necessary supports around them.** The student-centred model provides a framework for different type(s) of mentor(s) the students could choose to engage with during their academic year. This relationship is formalised via a Mentoring MoU (Memorandum of Understanding) defining the type of arrangement for support and proposed allocation of the \$1000 mentoring fund. Students currently funded are undergraduates and postgraduates in the fields of medicine, nursing, management, psychology, public health and most allied health sciences.

#### **Lessons Learned & Recommendations**

We look forward to sharing our learning from the implementation of this mentoring programme. Our experience in this first year has resulted in the model being streamlined and enhanced and we hope to further improve and strengthen this initiative. All Pacific HRC Career development awards have been supplemented with a mentoring component.

We believe the model helps students invest in alternative appropriate ways of improving their academic performance, and effectively:

- Enhances training and retention of the developing workforce
- Promotes support for students that is holistic and culturally responsive
- Addresses the challenge of building career pathways in Pacific health/health research
- Maximises the fiscal investment in workforce development



## Smokefree Pacific — The Auckland Story

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### Issues

Smoking is a major concern for Pacific people living in New Zealand and therefore Smokefree programmes need to be developed.

Pacific peoples smoking rates are higher compared to non—pacific people, 1 in 3 pacific people living in New Zealand smoke. Pacific peoples in New Zealand smoked 121 million cigarettes per year and the death toll estimated by the Ministry of Health is 105 deaths per year.

### Description

Smokefree Pacific Action network (SPAN) is a NGO group and was established because of the need for Smokefree Pacific network in the Auckland region and in New Zealand. SPAN was set up to address the disturbing health statistics relating to the effects of smoking in Pacific communities. SPAN was established for the purpose of co-ordinating a collaborative approach with Pacific health professionals working within the smokefree field.

SPAN members work in the areas of Public Health, PI Drug & Alcohol counselling, community education, Public Health Nurses, National Pacific Heartbeat and advocacy. Partnerships with Maori Auahi Kore have also been established.

SPAN has identified areas of research and is working collaboratively with Pacific researchers in identifying research high need areas.

The experience and broad range of SPAN members have developed it into an imperative force in Pacific smokefree.

### Lessons Learned

Work to date has included submissions, conference presentations, advocacy and lobbying for specific Pacific smokefree funding.

SPAN is concerned with New Zealand's high export of cigarettes into the Pacific region.

- The New Zealand tobacco industry exported 87 million cigarettes in the financial year ending June 2000 to nine Pacific countries.
- New Zealand Government organised under 'development funding ' for a cigarette a factory in Samoa in the 1980s.

The harmful and long-term effects of this type of 'development project' in the Pacific extend out into other Pacific nations.

### Recommendations

SPAN has identified a number of key areas to address:

1. To advocate that Pacific smokefree is identified as a Public Health issue alongside Auahi Kore and mainstream.
2. That specific funding is allocated to Pacific smokefree programmes, research, resource development, workforce development and training.

## Pacific Mental Health from a Neuropsychological Perspective Traumatic Brain Injury Rehabilitation

### Outcomes Across Cultures

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The rehabilitation of individuals with brain injuries has been labelled as the fastest growing area in international health care over the last two decades. Advances in management of trauma, emergency medical care and technology has seen a significant reduction in mortality rates and increase in survival following brain injury. As a result there has been a development of community-based rehabilitation services, as well as research to increase knowledge of the needs for rehabilitation and to continuously develop effective rehabilitation services for these people.

Evidence suggests that there is an over-representation of Maori and Pacific Peoples sustaining traumatic brain injury (TBI) in proportion to their populations in New Zealand compared to Pakeha. Official government guidelines require services to provide cultural safety and promote cultural competency for Pacific peoples. However, research efforts investigating rehabilitation outcomes and effectiveness of services have failed to take into account the multi-cultural make-up of brain injured individuals unique to New Zealand and the Pacific.

My research aimed to determine whether outcomes following TBI rehabilitation differed across Pacific, Maori and Pakeha cultures and identify service delivery needs for Maori and Pacific peoples that may be distinct from Pakeha. Results showed that while small differences in TBI outcomes can be found across cultures at a micro-level, on a global level, there are universalities that transcend cultures. These differences and universalities, and how they should be taken into account when planning appropriate TBI rehabilitation services for the future will be discussed.

There are many scientific, evidence-based, social, political and cultural barriers to being a Clinical Neuropsychologist in a Pacific community. This is the first study attempting to flesh out understandings of the experiences of Pacific people in neuro-rehabilitation. The implications for the future of Pacific Neuropsychology will be discussed.

### **Community SIDS Educators: Making a Difference**

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Issue

Pacific Community SIDS Educators: Making a Difference Sudden Infant Death Syndrome (SIDS) was identified as a Pacific problem in New Zealand. The rate of SIDS among Maori and Pacificans did not decrease in response to a mainstream national prevention programme targeting the average New Zealanders. Therefore a Pacific ethnic specific programme was designed to address the challenges of SIDS. This resulted in the decrease of the SIDS mortality rate among Pacificans in Auckland. This has been largely due to an ethnic specific approach to community-based prevention spearheaded by army of Pacific laypeople known as Community SIDS Educators (CSE).

This paper reports the educational approach to the training of the Pacific Community SIDS Educators in Auckland. It examines the training of these workers. A multi-ethnic Pacific dream designed the training, context for the education and work of the CSE. A sequential and spiral gaining structure, continual updates and ethnic-specific approach kept the knowledge focussed and fresh. The constant incorporation of community and cultural issues and selection of ethnic specific workers ensured that coverage was equitable. This paper will also discuss the special mix of training methodology, content, staffing and timing to ensure this project is success.

### **Bioterrorism in the Pacific : a virtual reality**

**Sitakei A. Finau**  
**Fiji School of Medicine**  
**Private Mail Bag, Suva**  
**Fiji**

Bioterrorism has become a global focus since 9/11 bombing and the events that followed. There is a push especially in the US affiliated Pacific countries to reorientate the services towards the low probability of mass threat and casualty. Vaccination for smallpox, training in emergency health, stockpiling, disaster planning and risk management are attracting funds never available before to these countries.

This paper addresses the issues of such investments and diversions in poor countries with urgent priorities other than bioterrorism. The poor Pacific countries do not have the capacity to diagnose and address the basic epidemiological challenges, let alone stockpiling for and identifying a bioterrorist act. Perhaps the Pacific countries' involvement is opportunistic and virtual rather than a reality.

### **Measuring ethnicity and asthma outcomes of Pacific and Maori People in NZ**

**Timothy Touhuni Funaki**  
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**NEW ZEALAND**  
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Issues

Ethnicity data is used throughout the health system, from measuring the health status of Pacific and other ethnic groups, to planning health services and monitoring outcomes from these services. However, the current method of measuring ethnicity in New Zealand is not by personal preference but by "prioritization". In this method,

mixed ethnic people are assigned to a sole ethnic group, with priority given to "Maori" first, "Pacific" second, and "Other" third, regardless of choice. This has been criticized by health researchers, as people who prefer to be "Other" (a predominantly Caucasian group) may be prioritized into the "Pacific" ethnic group, perhaps influencing and artificially elevating the health status of Pacificans.

### Aim

To determine if there are differences in the allocation of ethnicity using prioritised versus preferred ethnicity and if these two methods contrast in sociodemographic and asthma management outcomes.

### Method

Secondary data analysis was performed on data collected from The Primary Care Management of Childhood Asthma study (Crengle et al. *Unpublished*). Respondents were classified into prioritised ethnicity then reclassified according to preference, for comparison of Maori, Pacific and Other population sizes. The total Pacific ethnic population was divided into five sub-groups according to preference or sole ethnicity; Sole Pacific, Mixed Pacific no preference, Mixed Pacific prefer Pacific/Maori/Other. The total Maori ethnic population was similarly divided. Comparisons of sociodemographic and asthma variables were made between sub-groups, using either Chi-square, Dunnett's T3 or a Kruskal-Wallis test.

### Results

Reclassification from prioritisation to preferred ethnicity caused a 15% decrease in the Maori population, 1% increase in the Pacific population and a 16% increase in the Other population. The sub-groups that preferred Other, demonstrated statistically significant differences from the sole ethnic sub-groups in most sociodemographic and a few asthma variables.

### Discussion

There were substantial differences in population sizes between prioritised and preferred ethnicity. The differences in sociodemographics justify the separation of Mixed Pacific prefer Other and Mixed Maori prefer Other, from the Pacific or Maori populations. Due to the small size of some sub-groups, only the most prominent of differences in variables were detected, however these differences are significant enough to validate a review of ethnicity measurement, particularly of Pacificans (and Maori), in New Zealand.

### Recommendations

Further research needs to be undertaken on larger populations to see if the Mixed Pacific prefer Other group

is similar (at a significant level) to the Other ethnic group, in terms of sociodemographics and health outcomes. If so, this could indicate that the health status of Pacificans is falsely elevated (by the Mixed Pacific prefer Other group) and would justify replacement of the prioritization method of classifying ethnicity, in favour of ethnic preference.

## Self Reported Health Status of Auckland Adolescents

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*NEW ZEALAND.*

The Medial Outcome Study Short Form 36 (SF36) is a recent self reported health survey that allows participants to rate their health. Self reported health status introduces an element of subjectivity into health status measurement. This allows a more consumer-centred view of health. It emphasises on quality of life and well being. It measures two major dimensions of health, physical and mental health. SF-36 has eight domains. Physical functioning role physical mental health, role emotional, vitality, general health, bodily pain and social functioning. SF-36 is interpreted by scoring each domain out of 100, the higher the score the better the health.

SF-36 was used to score the data collected from the 1997/1998 Cardiovascular Risk Factors cross sectional survey of Form 5-7 students at ten schools in South, Central and West Auckland.

Major finding of this report, were that non-pacific students scored better in the physical functioning role physical, social functioning, bodily pain most of the eight domains than pacific students. In all the eight domains except bodily pain, males scored higher in all compared to females with a pronounced difference in role emotional.

Maori and Pacific student scored lower compared to other ethnic students in role physical and role emotional. Within Pacific ethnicity there is evidence that the underlying mean scores is higher for other Pacific students compared to the Cook Island students and Samoan students for role physical, other Pacific students also scored higher than Samoan and Tongan students for mental health, other pacific students also scored higher than Samoan and Tongan students is higher than the Samoan students for bodily pain.

The research project allowed me to analyze data and interpret their relevance. My supervisor taught me many methods of analyzing data and applying the information to the general population.

Future steps to be taken with this report are:

- further research required for why is our Pacific youth is unhealthy as comparison with other ethnicities i.e underlying factors?
- Proposal on how to improve the health of our Pacific adolescence
- Further research comparing the health of Pacific Adolescence in different New Zealand regions and hence why is there such a difference.
- Educate (i.e prevention) our Pacific people about health lifestyle and their benefit
- More funding for Pacific research since we are at the bottom with our health
- Improving data collection and evaluation of this project

### **Pacific Stroke Patients and their Caregivers: What services are required?**

**John Hu'akau**  
**Dept. Of Maori & Pacific Health**  
**University of Auckland, Auckland**  
**NEW ZEALAND.**

Issues:

Pacific stroke patients and their families and their needs after stroke, including health service gaps and their experiences with the health system.

Description:

The aim of the ARCOS III study is to determine the impact of stroke on individuals, families and communities in Auckland, New Zealand over the 1-year period from March 2002 to February 2003. Included in this study is a sub-study involving in-depth qualitative interviews with 10 sets of Pacific stroke patients and their caregivers (20 interviews in total). From these interviews, information is collected on the types of services that stroke patients and caregivers say they want and need, and some of their experiences with the New Zealand health system.

Lessons learnt:

Results:

The services stroke patients and families want are services that educate the family about stroke and how they can understand the needs and wants of patients; services that teach the family how to look after the patient and who to turn to for help and support; services that educate the family about how to ask for help and provide them with a list of all health services they can contact when in doubt or need questions answered; services that provide translators to break-down communication barriers; services that help with transportation issues;

and services which give them the opportunity to raise their concerns and difficulties.

**Relevance to the Pacific region:**

Stroke will become an increasing burden in the Pacific region because of demographic changes such as increasing population age and the high prevalence of risk factors for stroke such as smoking, diabetes and high blood pressure.

**Recommendations:**

New Zealand stroke services need to be more comprehensive to meet the needs of Pacific stroke patients and their families and potential community solutions need to be considered.

Further work will be done in which recommendations and strategies for potential community solutions are put forward and published as findings from the ARCOS III sub-study.

### **A Concoction of Alcohol, Culture and Health**

**leti Lima**  
**Dept. of Sociology, University of Auckland,**  
**Auckland**  
**NEW ZEALAND**

Alcohol has secured a place in the lives of many Pacific peoples throughout Oceania. In Aotearoa/New Zealand, for example, some Pacific peoples will often drink until there is no alcohol remaining or until they can drink no more. A Ministry of Health (1999) survey found that over fifty percent of all Pacific adults reported no alcohol intake in the 12 months prior to the survey. However, among the drinkers, more than a third drank in a manner that put them at risk of future mental health problems.'

Yet scant attention has been given to alcohol and its effect on Pacific people's health. This seeming lack of interest in documenting a phenomenon which has become increasingly pervasive and a problematic activity among Pacific peoples in the islands and in New Zealand needs to be addressed. A good starting point to develop strategies to address alcohol and the concomitant 'social problems' is to gain insight into, and understanding of Pacific people's attitudes, and behaviours towards alcohol and alcohol use. This paper will examine the attitudes and behaviours of some Samoan people towards alcohol and alcohol consumption. Moreover, it explores why some Samoans drink excessively, others drink moderately, while some don't drink at all. And what is the relationship of Samoan culture and alcohol, and how do these concepts interact to influence health?

The paper is based on two separate data sets: (a) data collected by the author for an ALAC-funded pilot study which explored the attitudes and behaviours, as well as the level of awareness of some Samoan people in Auckland about the effect of alcohol on their health; and (b) part of the data collected for the author's PhD thesis titled: "Examining Alcohol and Pacific People's Health within the Sociocultural Framework of Fa'asamoa". The paper argues that alcohol and its consumption have affected many Samoan people's physical, cultural, economic, and social wellbeing. Yet not a lot has been done to ensure people are aware of the effect of alcohol on their social and cultural wellbeing.

Pacific peoples in New Zealand and in the region are diverse. But there are also similarities among Pacific cultures which need to be considered, and taken into account when developing strategies to address alcohol and the 'drinking' of alcoholic beverages. Central to future health and social policies would be the need for educational programmes that raise awareness among Pacific people about the detrimental effect of alcohol on health and wellbeing. Just as important is the need to grow Pacific alcohol, drugs and health research to inform policies in places such as New Zealand with a high Pacific population, and throughout the Pacific region.

### **Searching for the blue lagoon - Progress towards improving best practice in health care for Pacific alcohol and drug consumers in Aotearoa New Zealand**

*Tina McNicholas*  
*Alcohol Advisory Council*  
**P O Box 5023, Wellington**  
**NEW ZEALAND**

Until recently in Aotearoa New Zealand, Pacific people who are dependent users of alcohol and other drugs were provided little option for treatment interventions. Mainstream alcohol and drug services offered models of treatment that were based purely on western orthodox clinical methods which allowed little acknowledgement of the significance or impact of culturally diverse approaches to care. Not surprisingly, evidence has indicated that current alcohol and drug treatment produces outcomes that are less than effective for Pacific consumers.

In the last couple of years stringent efforts have been made by the Alcohol Advisory Council of NZ (ALAC) to address this gap in the strive for best practice. While Pacific consumers still predominantly utilize mainstream services, alcohol and drug services run by Pacific people for Pacific people are slowly increasing and various measures are being implemented to protect the cultural

safety and improve treatment efficacy for Pacific consumers.

One such measure was the development of Pacific cultural competencies for non-Pacific alcohol and drug practitioners working with Pacific consumers. This focused on the acquisition of a minimum skill set for non-Pacific clinicians working with Pacific consumers to facilitate engagement at a relatively basic level of care. This initiative was subsequently strengthened by the inaugural publication of the first set of Pacific practitioner competencies for Pacific people working with Pacific consumers. This set out to validate and document for the very first time the range of knowledge, skills and beliefs that Pacific alcohol and drug practitioners considered to be integral to the effectiveness of their work. Another initiative has been the development and completion of stage one of a three-stage research project aimed at improving treatment outcomes for Pacific people. Other measures being developed focus on the other end of the spectrum of care: at the primary and secondary intervention levels. This conference paper will focus on the development and findings of these various initiatives.

### **Guidelines on Pacific Health Research – the NZ Context**

*Karlo Mila*  
*Pacific Health Research*  
**110 Stanley Street, Grafton, Auckland Central**  
**NEW ZEALAND**

Issues:

Pacific Health Research Guidelines; Pacific ethical principles for research; the challenge of producing ethical 'guidelines' for Pacific health research in the New Zealand context.

#### **Description:**

In 2003 the Pacific Team at the HRC have focused on developing 'Guidelines on Pacific Health Research'. The Guidelines have been guided by the HRC 'Expert Panel for Pacific Peoples Health.' We have conducted consultation meetings, and have planned a website consultation, external 'edits' and 'peer reviews' of the document.

The Pacific guidelines depart from the traditional 'individual rights based' ethics approach, and begin with the premise that relationships are the foundation for all ethical practice. The document identifies guiding ethical principles in the context of (research) relationships. These principles strengthen and enhance ethical research practice, and support the overarching and fundamental principle of the centrality of 'relationships': *Va Fealoaloa'i*

## Health Profile of Pacific High School Adolescents in Aotearoa

*Aleina Lisane Tupe Morrissey*  
*University of Auckland*  
*9/14 Whittaker PI , Ackland*  
*NEW ZEALAND*

### Issues-

In the Western world, statistically the youth of New Zealand are noticeably unhealthy, with leading rates in cigarette smoking, suicide, unintended pregnancy and self-harm. Therefore, it is clear that policy makers on youth health and education in New Zealand urgently need more accurate and up to date information, as a framework for future discussion. Despite this, nationally representative population based data for youth in New Zealand is scarce, with information on the health and well being of Pacific health being particularly limited.

This study provides accurate and up to date information on the current health status of Pacific Youth nationwide. The specific aims of the report are to describe the:

- demographics
- health status and utilisation
- risky health behaviours
- protective factors

of the Pacific youth of New Zealand who attend secondary school.

### Description

In year 2000, survey titled 'New Zealand Youth 2000' was conducted among secondary schools of New Zealand. The objective of the survey was to determine the prevalence of selected health behaviours and associated risk, as well as protective factors, in a representative population of New Zealand youth who attend secondary school. The survey resulted in the first data set to give a comprehensive national picture of the families, environments, health status, protective factors and risky health behaviours of youth who attend secondary school.

This report presents results and observations made from the analysis of the Pacific portion of the 'New Zealand Youth 2000' survey. The report begins by briefly giving background information on the survey, summarising how the survey was designed and implemented, followed by the analysis of different aspects of the Pacific data, and ends with a discussion of the significance and implications of the results. The information obtained is aimed at enhancing the planning and implementation of programmes to improve the health of Pacific adolescents in New Zealand.

### Lessons Learned

Based on the findings from this analysis, a number of health behaviours and social or environmental protective factors have been identified as potential targets for prevention education and information. The findings can also be a guide as to which target areas need more immediate attention, and assist in the planning and implementation of programmes aimed at improving the health of Pacific Adolescents in New Zealand. The barriers to health care access identified through the survey suggested that students need to be more aware of the health services available to them and that health providers in turn be more aware of what they can do to effectively help youth feel comfortable enough to take advantage of those services. This data can be used as a baseline for future study, and also to monitor trends in the health and well being of Pacific students in New Zealand.

### Recommendation

Findings concerning the prevalence of protective factors suggest that protective factors are widely prevalent for both male and female Pacific students. There was also some indication of there being gender specific patterns for protective factors. Further study will be required to better explain the relationships between these protective factors, **health behaviors and outcomes**. Overall the results from this study indicate that the health of Pacific secondary students in New Zealand is fairly good, however, more youth health promotion and education is required.

## Pacific Primary Health Care Utilization Study

*Vili Hapaki Nosa*

*Dept. of Maori and Pacific Health*

*Pacific Health Discipline, Faculty of Medical and Health Science*

*University of Auckland*

*NEW ZEALAND*

### Issues

This study is a first attempt to describe Primary health care utilisation by Pacific Islands people which examines ethnic specific groups for the four main Pacific groups living in Auckland, New Zealand: Samoa, Tonga, Cook Islands and Niue.

### Description

There are four aims of this research

To examine Pacific Islands people's perceptions of and beliefs about health and illness.

To identify Healthcare seeking behaviour of Pacific Islands people living in the Auckland region, particularly the first response to illness, including self-medication,

use of traditional healers, and the utilisation/non-utilisation of western primary healthcare services.

To explore and identify the psychosocial, socio-economic, religious, and other socio-cultural factors influencing pathways to healthcare.

To identify Pacific Islands people's preferences in primary health care service delivery.

#### **Lessons Learned:**

The lessons learnt in this research is to assist in future planning and policies for Pacific Islands people and to identify those healthcare delivery models which best meet the needs of Pacific Islands people.

#### **Recommendations**

The following recommendations were made from this report. Identify strategies and programmes in recruiting/increasing Pacific health professionals. Establish ethnic specific medical health services with administration, staff nurses and doctors who are able to converse in at least one Pacific language.

Arrange a mobile health clinic to make home visits for individuals unable to attend medical clinics. Promote flexible arrangements for paying fees, by instalment for example, for attending doctor's medical clinics. Set up health promotion programmes in partnership with the churches and communities. Develop appropriate resource material for Pacific Islands people.

### **Study the prevalence of colour blindness among Pacific Islanders using molecular biology techniques**

**Sunita Dhananjay Pawar**

*Fiji School of Medicine*

*Private Mail Bag, Suva*

*FIJI*

#### **Aims & objectives**

This study is carried out to confirm or refute the documented low incidence of color blindness among Fijians and other Pacific Islanders. And to study the genes responsible for red-green color blindness in this population.

#### **Introduction**

The present study investigates incidence of color blindness among Pacific Islanders in order to better understand the reason for the very low incidence of color blindness reported in the literature.

#### **Material & method**

Approximately 400 students are randomly selected from Fiji School of Medicine and University of South Pacific to take a paper based color vision test. The ethnicity of participants is established using standard questionnaire.

Then incidence of color blindness is calculated among Pacific Islanders and compared with others. It is planned to collect a small amount of (5-6 ml) venous blood and process it for DNA extraction by PUREGENE protocol in FSM molecular biology laboratory. The processed samples will be sent to Medical College of Wisconsin, USA for DNA sequencing and analysis.

#### **Results**

It is planned to estimate and compare incidence of color blindness among Pacific islanders and other races and to evaluate genetic makeup of color blindness genes in Pacific Islanders.

#### **Conclusion**

This study will refute or confirm the documented low incidence of color blindness among Pacific islanders and further, study their genetic basis of their superior color vision

### **Planting the seed — An informal introduction to the fundamentals of the New Zealand Prostitutes Collection (NZPC) to sex education with minority groups in South Auckland**

**Annah Baravi Pickering**

*New Zealand Prostitutes Collective, P O Box 68-509*

*Newton, Auckland*

*NEW ZEALAND*

Annah Baravi Pickering is the first Pacific Islander to work for NZPC. In her capacity as the community liaison officer in Auckland, she conducts regular outreach to South Auckland, involving safe sex education with mainly Maori and Pacific Island transgendered sex workers and younger street people.

Her introduction will touch on NZPC's Philosophy, based on their two primary roles as sex educators and rights advocates. NZPC is chiefly a collective of 'peer educators', who support awareness of cultural and sexual difference, particularly difference in sexual expression.

Annah believes that as a Melanesian she has a unique role to play with her work in South Auckland, as she says - 'I've been there', I know what it feels like to be discriminated against. She believes that cultural awareness is one of the most important aspects of her success. She continues: "at NZPC we're successful as a community group because we're non-threatening, non-judgemental - it's people connecting with people. We're as real as the people out there. It's about people, people's spirits, people getting in there."

Hers is a pragmatic approach with some the initial steps being:

Taking stock like a koha or sevu sevu.

Then talking about how to use these gifts, which is planting the seed, something that people can go home and think about.

This is a practical clear presentation of safe sex information. Being aware of people's Christian conditioning can be helpful as is being empathetic, honest and straight forward.

"Sow the seeds, reap the benefits - knowledge is power."

## **The Knowledge Wave — Immunization, Education and Training**

*Tania Pompallier*

*Immunization Advisory Centre, University of Auckland*

*3 Ferncroft st, Level 6 Ecom House  
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NEW ZEALAND*

Issues:

New Zealand (NZ) has a long history of inadequate vaccine coverage, associated disease outbreaks, exportation of disease to the Pacific nations and unnecessary suffering for our children. Immunisation coverage statistics suggest that rates are as low as 70% of NZ 2 year olds being fully immunised, and even lower than this in the Maori and Pacific communities.

International research clearly highlights the importance of health provider knowledge about immunisation as an important factor in vaccination uptake. It is considered by many to be the key element in raising and maintaining high immunisation coverage. In NZ the overwhelming majority of childhood immunizations are delivered within the general practice setting.

Description:

In 2002 the Immunisation Advisory Centre (IMAC) undertook a research project looking at NZ general practitioners' knowledge base in immunisation. This research highlighted considerable gaps in general practitioner knowledge, and a strong desire for more information. In assessing numerous options in detail over a number of months the solution of web based technologies **supporting traditional and** telecommunications support emerged as offering the greatest opportunity. A variety of multi national platforms were assessed, but all required the addition of either

specialised technical personnel, a reliance on already stretched IT departments and some were primarily LMS (learning management system) based which were less suited to the GP 'out in the field' learning approach.

Lessons Learned:

GuideTools Ltd offered IMAC a unique web based learning platform. This eLearning Engine has reduced the cost of training and made it easier to train people. IMAC's personnel are passionate and committed health support professionals, not information technologists. GuideTools personnel are communication and information technology specialists with no domain knowledge of the subject. Traditionally these two disparate groups are usually worlds apart.

**Recommendations:**

The resources and material utilised in this programme are easily adapted for use in the next phase of the project. Practice Nurses, of which there are in excess of 8,500 based in the majority of general practices around NZ and internationally would be able to completed the NZ Non-Medical Authorised Vaccinator status as a participant in distance learning programme. In addition this and future projects can leverage IMAC's intellectual property to provide the organisation with the ability to support other international affiliates and the opportunity to for commercial gain that can further fund its commitment to providing preventative health care.

The project has been a challenge and a pleasure for all involved. Formal recognition of this project's innovation and leadership in this area of health care can only further assist our initiatives in protecting our greatest asset: our children.

## **The Tongan Gambling Scene in Auckland**

*Yvette Guttenbeil-Po'uhila*

*Auckland Regional Public Health Service, Auckland  
NEW ZEALAND*

Issues

### **Tongan Gambling in Auckland**

Problem gambling and pathological gambling in New Zealand is a growing problem among Pacific peoples including Tongans and is a cause of deep concern to Pacific leaders and health and social workers.

This research was funded by the HRC and is based in the Auckland Regional Public Health Service and focuses on Tongan people in Auckland to identify factors that contribute to the development of a gambling addiction. It also explores the effects of gambling on the Tongan community and health promotion strategies for community development and participation.

**Description:****Research Objectives:**

1. Report the extent to which gambling is an emerging health and social problem for Tongan people in Auckland
2. Identify issues that contribute to the risk of developing an addiction to gambling
3. Lay foundation of knowledge and community support for further systematic investigation and action of these issues.

This research is divided into two phases. The first phase will focus on interviews with 20 Ministers from different denominations, 15 health and social professionals working for different service providers and 15 community trusts and leaders to identify whether Tongan people in Auckland indeed have gambling issues.

The second phase dependent on funding is proposed to interview the wider Tongan community as well as gamblers, problem gamblers and pathological gamblers and their families.

The first phase is an Health Research Council funded research that is hosted by the Auckland Regional Public Health Service. The research was initiated by the Pacific team, Vaka Ola and community interest and has developed into its current state.

**Principal investigator:** Ms Yvette Guttenbeil-Po'uhila  
**Co-investigators:** Mr. Sione Tu'itahi, Dr. Jennifer Hand & Dr. Tin Htay

**Lessons Learned**

At the time of the conference our research findings and analysis will not have been completed. The final report is due to be released in June 2004. However, we would like the opportunity to present what we have learnt as a team and some preliminary findings.

Community observations, anecdotal evidence and interviews have confirmed that gambling has significant health and social impacts on Tongan and hence Pacific peoples in Auckland. The relevance to the Pacific region in first acknowledging this world-wide phenomena and understanding it in a Pacific framework is vital to any programme planning, policy decisions and community developments.

**Recommendations**

Gambling research to date has not addressed Pacific issues either specifically or ethnic specific. An HRC funded PHD student is investigating Samoan gambling and our project is looking into Tongan gambling. Other research to date has been Pacific inclusive but not exclusive. Pacific researchers, evaluators, policy makers

and practitioners must be given the resources to develop their own paradigms. Our team believe that gambling research needs to engage with the strengths and meanings of Pacific world views in order to be an effective tool for wider social impact.

**Socio-Economic Impact of HIV/AIDS on Households in Fiji**

*Virisila Raitamata*

**United Nations Development Programme  
 Tower 6, Reserve Bank Building, Suva  
 FIJI**

**Issues**

HIV/AIDS, over the last few decades continue to be viewed by many quarters as a health issue therefore not placing any obligation or responsibility on other sectors to equally analyse the scope of the problem, learn more about it, see the relevance and plan strategically in terms of interventions to complement the efforts of the health sector.

**Description**

The study will look at the socio-economic impact of HIV/AIDS on households that have been affected. This will be a qualitative research combining data collection methods in triangulation. Its findings will be a useful planning tool to be shared widely with all relevant stakeholders.

The study is done as a partnership initiative between Ms Virisila Raitamata of UNDP and Ms Litiana Kuridrani, of the School of Public Health & Primary Care, FSM. The background of the study was presented by Virisila at the Global Public Health conference in Hawaii as at June, 2003. We are hoping to share preliminary findings of this research in this conference. The results of interviewing HIV/AIDS cases, their care givers and families.

We had conducted an earlier study on the Awareness of HIV/AIDS at the policy level which is presently on review for publication.

**Lessons Learned**

The research aims to document the impact of having a HIV positive person in a household in terms of attitudes, income, behavior, security, etc...The findings will assist in the realistic design of strategies and interventions by government and other stakeholders including in communities working in the area of HIV/AIDS.

**Learning Objectives**

1. Provide some insight on the impact of HIV/AIDS on households.
2. Demonstrate how HIV/AIDS is not just a health issue but one that needs to be tackled by all sectors. Demonstrate how HIV/AIDS affects different levels of society and how it impacts and how these can be addressed appropriately.

**Primary Health care in Crisis — Solomon Islands Perspective**

**Lester Gideon Ross**  
*Fiji School of Medicine*  
*Private Mail Bag, Suva*  
*FIJI*

**Issues:**

A Comprehensive Review of the Health Services carried out in Solomon Islands raised and confirmed the concern that doctors are not willing to be posted to Provincial Hospitals. This is despite the fact that more than 85% of the population lives in the Provinces or rural communities.

**Description:**

Solomon Island is located south east of Papua New Guinea and North West of Vanuatu. It has six big islands and thousand of small-inhabited islands scattered over a million square km of sea. The country has a population of 450,000 with Ethnicity: Melanesians (95%) Polynesians (4%), Others (1%). The country gained its political independence from Britain in 1978. The government is a Parliamentary Democracy with a unicameral legislature. -Tit! Legislative Assembly or National Parliament consists of 50 members, elected for a four-year term. Cabinet with Prime Minister and 20 Minister 9 provincial government – Provincial Premiers English is the official language however 1C, Island Pijin is the lingua franca and main language of communication. There are 74 different local languages listed (69 living & 5 extinct).

The GDP is US\$1.2 billion and GDP per capita US\$3000. Major Industries are timber, fish, palm oil. The Major Trading partners are Malaysia, Japan, South Korea and Taiwan

The Ministry of Health is responsible for providing health services. This is implemented through a Referral System that consists of seven levels. They are:

- Village Health Post, – Village Health Workers (Village)
- Nurse Aid Post – Nurse Aids
- Rural Health Clinics Registered Nurses)

- -Area Health Centers (Nursing Officers & Malaria Technicians)
- -Provincial Hospitals (Doctor/Nurses/Para Medics)
- National Referral Hospital (Specialists)

The major health problems and concerns are -Malaria, Malnutrition, ARI, Maternal Health, STI, Diarrhoea, NCD (diabetes, cancer & hypertension), Tuberculosis, skin diseases (yaws), Preventive and promotive services, Community health services

Reproductive health, Maternity services and Child health care services, In trying to address the primary concern the government plans are:

- To have deploy relevant cadre of health workers will be further developed
- Managed in a learning atmosphere
- Given clear directions in relation to effective and efficient health service delivery
- Staff motivation through skill enlargement and job enrichment to be pursued
- Develop a workforce that is responsive professionally, effectively and efficiently
- Capacity building in areas to improve skills, knowledge, and attitude of health workers to promote the quality of health care services, management and strategic planning both at the clinical and promotive and preventive health services in the country

To increase the proportion of qualified skilled health worker at the provincial levels from 40.5% in 1999 to 60% by 2003.

**The country main training institutions are:**

FSM since 1930; for **72 years** FSM has been producing medical officers for the Solomon Islands (medical assistants to doctors) UPNG first graduate in 1968 (**25 years**)

**It seems that the current doctors training and products are:**

- Urban based
- Clinical specialist
- Become Private practitioners
- Brain drain (greener pastures)
- Politicians

**Narendra et al found from a survey of DFMS student's choices are:****Specialty Choices**

Surgery 44.3%  
 Paediatrics 23%  
 Internal Medicine 16.4%  
 Obstetrics & Gynaecology 11.5%  
 Community Medicine 3.3%

**These are influenced by:**

- -Ethical Consideration
- -Academic challenge of discipline
- -Good teaching/appreciation of subject in Med School
- -Popularity of discipline
- -Ease of finding job
- -Role model influence

**Way forward****Government of Solomon Islands:**

- Review scheme of Service for doctors and medical professionals
- Provide technical facilities and support systems
- Provide specific incentives; provincial bonus, entertainment allowance, training plan, educational allowance, etc
- Review scheme of services, salary structures, etc

**Fiji School of Medicine & University of Papua New Guinea**

Aggressively make primary care interesting Postgraduate programmes addressing especially Community and Primary Care practice

Specific Master in Community Health/Rural Health Practice postgraduate programme

**A health profile of New Zealand secondary school students: Comparisons between Pacific and NZ European youth: Adolescent Health Research Group**

*David Schaaf*  
University of Auckland  
Auckland  
NEW ZEALAND

**Aim**

To compare the prevalence of selected health behaviours and protective factors in a representative population of Pacific and NZ European youth who attended secondary school in New Zealand.

**Methods**

The study sample comprised 12 934 Year 9 to 13 (form 3-7) youth from 133 randomly selected secondary schools across New Zealand in 2001. A cross-sectional, anonymous, self-report survey was conducted, incorporating 523 questions in a multimedia computer assisted self interview (M-CASI) format. The questionnaire domains of enquiry included: ethnicity, home, school, neighbourhood, spirituality, general health, mental health, nutrition, physical activities, substance use, sexual health, injuries and violence. Each of these

areas asked questions about risk, but also included questions about protective factors, which support young people to have healthier lives.

**Results**

The school response rate was 85.7% and the student response rate was 75.0%, resulting in an overall response rate of 64.3%. The final dataset comprised 9570 students (males 46.2%, females 53.8%), who belonged to diverse ethnic groups (Maori 24.7%, NZ European 55.3%, Pacific 8.2%, and Asian 7.2%). Compared with Europeans, Pacific students were *less* likely to report: feeling healthy (Pacific 87.6%; Europeans 93.4%), always using contraception (Pacific 42.2%; European 70.9%), always wearing a seatbelt (Pacific 59.1%; European 69.8%), and always feeling safe in their neighbourhood (Pacific 77.1%; European 87.3%). Pacific students were *more* likely to report: problems accessing health care (Pacific 53.0%; European 45.7%), adults at school who care (Pacific 92.7%; European 89.5%), very important spiritual beliefs (Pacific 66.7%; European 26.8%), smoke cigarettes weekly (Pacific 20%; European 12.6%), having attempted suicide in the last year (Pacific 11.6%; European 5.7%), and having been sexually abused (Pacific 26.2%; European 17.6%).

**Conclusions**

This large scale population based survey finds that the majority of New Zealand youth are healthy. However, Pacific youth have specific issues of concern including mental health and risky health behaviours (such as substance use and sexual health). In addition, for Pacific youth that recognise the need to obtain healthcare they are more likely than their NZ European peers to report significant barriers to accessing health care. Many Pacific youth report the presence of protective factors known to be sources of resiliency in the lives of young people. Spirituality is particularly important for Pacific youth. The findings of the current study support the implementation of the New Zealand Government's newly released Pacific Health and Disability Action Plan, Youth Development Strategy Aotearoa and the Youth Health Action Plan.

**Pacific Telepathology at the Fiji School of Medicine**

*Venkatesh Murthy Shashidhar*  
Fiji School of Medicine, Suva  
FIJI

**Introduction**

Pacific Telepathology service has been established at Fiji school of Medicine with technical support from University of Basel. The service is designed for remote consultation, continuing medical education (CME) & health care research (HCR).

**Aims**

To develop Telepathology services for participation with international Telepathology community for improving quality of health care in the Pacific.

**Methods**

Telepathology server for "Pacific Pathology Group" has been set up at <http://telepath.patho.unibas.ch/> to bring together health care professionals in the Pacific to overcome limitations of distance, lack of resources and to improve quality of healthcare services. Accessed by a computer possessing internet and email connection, members send cases and questions, review and comment on other cases and receive consultation via web or email. Benefits are tremendous in terms of remote consultation, CME, HCR and improving quality of health care even at remote islands devoid of health care resources. Internet speed or reliability is not a limiting factor.

**Results**

This Service has been established at the FSM for student education with intentions to expand to other islands for consultations and CME. Presently the service is established in the Solomon Islands where there is no pathologist and the consultation service is provided by pathologists in Australia, Switzerland and USA.

**Conclusion**

Web based telepathology is currently the best option for improving quality of health care, providing distance education and forming a strong global Telepathology community.

**Faataua le Ola (Value Life) and the Lifeline Samoa**

*Ruta Fiti-Sinclair*

*Faatuaua le Ola, P O Box 609, Apia*

**SAMOA**

In 1981 Samoa had the third highest suicide rate in the world. Forty-nine suicides were recorded that year. The suicide numbers in the last decade have fluctuated between 15 and the low 30s but they have not returned to the less than ten there were before the mid-1970s.

Faataua le Ola (FLO), (Value Life in English), a suicide awareness and prevention organisation was formed in early 2000, when the number of suicides rose again in towards the end of 1999. FLO's mission is to reduce the number of suicides in Samoa.

One of FLO's strategies is a counselling service. FLO under the name Lifeline Samoa was affiliated to LifeLine

International in November 2002, and it opened a 9am. - 5pm. telephone and face-to-face counselling service in February 2003.

Nine counsellors trained overseas have joined the service as volunteers. As well, FLO has trained 32 new volunteers in Basic Counselling Skills and in Suicide Counselling. Ongoing in-service training is continuing for these counsellors and training is planned for more new counsellors before a 24-hour service is feasible.

LifeLine Samoa encourages people to seek counselling for any problem, in the hope that by working on these problems, people will not reach a stage when they will consider suicide. Around 30 people have been counselled by Lifeline Samoa since it opened in February. The service has not been widely advertised as Lifeline needs time to build up its pool of counsellors.

One of the difficulties faced by FLO is the lack of people who offer to be trained to be volunteer counsellors. Most of the 32 who have been trained are people already in positions of responsibility such as pastors' and matais' wives. Although not employed on an eight-to-four basis, these people have a lot of commitment in their own communities so commitment to a regular Lifeline roster needs to be developed.

The training of counsellors requires funds. FLO was able to secure funds from the World Bank for the training of the first lot of counsellors. This fund has been promised again for training more counsellors later in the year.

FLO's other main service strategy is an awareness/out-reach programme. This is planned for 2004 once the Lifeline is established and more people are trained to carry out this service.

**Health Workforce Migration: An insight into migration of doctors from Fiji**

*Narendra Singh*

*School of Public Health and Primary Care*

*Fiji School of Medicine, Suva*

**FIJI**

A lot has been contemplated in literature on migration of doctors and health workforce from developing countries in the recent times. Nonetheless it is an issue of major concern for Pacific Island countries but what are countries doing about it? Should we at all bother about this issue in the global market economy? This article is an attempt to provide some insights into Fiji experience on Migration of doctors from Fiji. Findings of focus group discussions will be presented. Issues at the heart of

medical workforce migration experience in Fiji will be highlighted and some interventions may/will be suggested.

### **The Challenges of Involving Pacific Babies in Research - Maori and Pacific participation in a Phase II Late Infant Meningococcal B Vaccine Study in New Zealand**

*Viliame Sotutu*

***Meningococcal B Project, University of Auckland  
NEW ZEALAND***

#### **Introduction:**

The factors which influence the choice of an individual to voluntarily participate in research are many and varied. When this choice is made on behalf of one's children the issues become more delicate. An even greater level of complexity appears however when cultural factors pertaining to Maori and Pacific communities are also considered.

#### **Objective:**

We review the experience of the Meningococcal B Vaccine Clinical Trials conducted in Auckland, New Zealand, with the background of a large and persisting nationwide outbreak of meningococcal disease. We highlight some of the factors which must be understood if Maori and Pacific people are to be effectively engaged and involved in such research.

#### **Methodology:**

We review the recruitment for a Phase II single-centre, observer-blind, randomised controlled study evaluating the Safety, Reactogenicity, and Immunogenicity of NZ MenB OMV when administered to healthy 6 to 8 months old infants. The assumptions underpinning the recruitment strategy for Maori and Pacific people are examined, and the outcomes are discussed.

#### **Results:**

The engagement of Pacific and Maori Communities involves a number of steps and the observance of various protocols. This process may take a considerable amount of time. Attempts to speed it up may subject it to considerable risk.

The rates of meningococcal disease in New Zealand are highest amongst Pacific and Maori infants. The proportion of Pacific (19%) and Maori (14%) infants enrolled in this study however did not reflect this, nor were they consistent with the proportion of Pacific and Maori babies (33% and 19% respectively) within the Auckland Infant population. This occurred in spite of a deliberate, focussed, and multi-faceted approach to

recruitment. Many factors may have contributed to this relatively low involvement of Pacific and Maori Infants.

#### **Conclusions:**

An appreciation of the factors influencing the decision-making within Pacific and Maori communities is vital if Pacific and Maori families are to be successfully involved in research involving babies, new vaccinations, and blood sampling. The process of engaging these communities effectively involves many steps, requiring the appropriate consultation, the observance of various protocols, and time. When research is conducted within the community, a failure to adequately acknowledge these factors may lead to low Pacific and Maori involvement.

### **Positioning Pacific health Systems : Supporting the development of Pacific workers**

*Api Talamaitonga*

***Pacific Trust Canterbury***

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NEW ZEALAND***

In 1998 Pacific organizations, community members, leaders, clinicians and clergy met for 18 months discussing the issues that affected our Pacific community in Christchurch. The vision from these meetings was clear "To improve the ability for Pacific people to access services, gain employment, support their families and reach their potential."

The only way that Pacific people were going to achieve this was to take control of their own destiny, be proactive in gaining services that best fit their communities, access funding that was sustainable and continuous, and deliver services that provided quality information, outcomes and the opportunity to develop a Pacific workforce that could take this on into the future.

Pacific Trust Canterbury (PTC) commenced delivering health services in January 2000. At that time we were contracted to deliver child health immunization and adult mental health services. One of the first tasks for the new Board was to identify the health needs of our community from a community perspective and from data (albeit inaccurate) from the Ministry of Health and Health Funding Agencies.

### **Psychological Resilience; a illustrated through the narratives of three Samoan migrants.**

*Juliet Todd*

***University of Waikato***

***NEW ZEALAND***

'Psychological resilience' is a construct used in psychology, to describe adaptive behaviour of individuals who have been exposed to marked stressors. Such individuals appear to have thrived and succeeded in life, despite having a background characterised by disadvantage, or having dealt with other significant stressors. This Master's level study sought to investigate Samoan ways of responding to and 'bouncing back' from stress/trauma; through the narratives of three island born Samoan people now residing in New Zealand/Aotearoa. This project sought to identify what factors contributed to participants' successful adaptation to migration and other life experiences they cited as stressful, and what factors may have hampered this process.

Several individual interviews were conducted with participants, and thematic analyses performed with data collected. Individual case studies were compiled, describing participants background's, and life experience related to stress and coping. Common and unique themes across case studies illustrative of successful adaptation to trauma, were identified. Preliminary results support previous research suggesting that migrants experience particular stressors including: geographical and socio-cultural displacement, racial discrimination, and intergenerational conflict. Results also suggest that aiga and church support, and socialised beliefs and attitudes of a 'traditional' Samoan nature, were significant contributors to participants' successful adaptation to stressful circumstances. This presentation will include: a brief overview of the research, some preliminary findings, and some 'personal reflections'.

### **Globalization and Health Reform: Issues and Challenges for Middle Level Health Managers in Fiji.**

*Jonacani Tuisuva*  
*School of Oral Health*  
*Fiji School of Medicine*  
*Private Mail Bag, Suva*  
*Fiji*

#### **Issues**

This international interest in health sector reform has had the effect of increasing the potential range of strategies and options for achieving national health policy objectives in developing countries. However, the extent to which these experiences are relevant to the political, economic, social and institutional context prevalent in the South Pacific remains controversial particularly when foreign paradigms are promoted to effect change in developing countries.

The Ministry of Health, Fiji, initiated the Fiji Health Management Reform project in 1997, as strategy to

overcome many of the management problems the Ministry has been facing over the years. This is established under a memorandum of agreement between the government of Australia and the Government of Fiji in 1998. An attempt over the years to tackle the problems has been unsuccessful because of lack resources. Constant adverse media reporting over the year led to a Senate Inquiry in 1997.

The 1997, Senate Select Committee commented that: The "structure of the Ministry of Health poses a real management problem" particularly the "unwieldy span of control and the lengthy chain of command", that the "Ministry of Health lacks the autonomy to decide on matters concerning personnel and finance".

There is no specific blueprint for health sector reform in less developed countries. Nor can reformers rely uncritically on models developed in the industrialized world. Those responsible for planning reform will need to draw on ideas and experiences from a wide range of sources, both within the outside the health sector, from developed countries, and carefully match strategies to the problems they are designed to address.

#### **Description**

Conducted a Qualitative study for all middle level health managers around Fiji, in all disciplines. This involved all supervisors at the sub-divisional level. Specific focus on the 3 major hospitals Suva, Lautoka and Labasa. Data collection methods:

- ii. Key Informant interview
- Focus Groups discussions
- Participant Observations

#### **Lessons Learned**

The Ministry of Health Management Reform will bring about the most needed and key changes to the current state of the Ministry of Health, Fiji. As such it is vital for the reform agents to focus on identifying areas that are likely to resist or become stumbling blocks to the successful implementation of the project and then plan, organize and manage relevant activities to overcome such. For this part of our research we study the management of the Health Reform observing the attitudes, responses and the level of commitment of the Ministry's employees to the reform.

#### **Recommendations**

It is obvious that the majority of employees at the Ministry of Health strongly accepted and knew that there was a real need for the Ministry of Health to undergo a Management Reform or change to its then, current state and standard of services. This conviction was reinforced by the employees' awareness of the poor standard of the health services coupled with frustrations due to the

slow response of top management in making important decisions. The research confirmed this aspect to the extent that individuals were initially motivated and committed to the reform based on their knowledge that there was a need for the general public to be given quality health services through the Ministry.

Unfortunately, there have been a number of drawbacks in the management of the reform as identified above resulting in individuals not fully supporting and not contributing positively to the reform.

## **Open Learning Health Network for Health Professional in the Pacific**

**Richard Wah**

**World Health Organization, Suva**

*Fiji*

### **Issues:**

The paper begins with a presentation of the OLHN and invites discussion on it. The purpose of the paper is two fold:

- o To present an overview of OLHN to keyplayers of the Health professional,
- o To invite comments on this and other similar projects and how this project could learn from and collaborate with these other initiatives,
- o To have a general discussion on other learning needs of Health Professionals

### **Description:**

The open learning Health Network is a pilot project that is providing computers, Internet facilities and self-learning programs for health professionals to use for their continuing education. The labs are setup in hospitals, nursing schools in ten Pacific Islands countries

### **Lessons Learned**

A brief description of the results of the project, particularly its relevance to the Pacific region

The people involved in the OLHN are the element that will be instrumental in the project's success or failure. Thus all the keyplayers and the coordinator need to be on the same page, are able to access that page and know where they want to go from that page. Another major lesson learned so far is that there is so much happening and not enough coordination. There is a need for a secretariat to organize this coordination and collaboration to improve the capacity of health professionals in the Pacific.

## **Recommendations**

A brief statement of the future / next steps to be taken.

The project has been funded to the end of 2004. However, this is a project that has been eagerly awaited for sometime now. The project should be allowed to continue for at least another two years to provide the consolidation and coordination required to establish the concept of Open Learning amongst Health Professionals. The attempt to reach the outer clinics should also be implemented as a major component of the extended two years.

## **Physiotherapy Education for Pacificans**

**Maria Waloki**

*School of Health Science*

*Fiji School of Medicine, Suva*

*Fiji*

### **Issue**

Approximately 47 years of physiotherapy training at the Fiji School of Medicine has produced over 100 physiotherapists. Fiji accounts for the majority with the rest being distributed over other pacific island nations. Now a total of 10 island countries have and are using the FSM for the education of their physiotherapists. This is a direct effect of changes in funding policies of donor agencies such as AUSAID, NZODA etc that requires training to be at the FSM rather than at an overseas training institute. However, appropriateness in number of physiotherapists and service for the island nations of the pacific has yet to be adequately addressed.

The FSM having developed its physiotherapy education programme from certificate to diploma level in 1997, now has plans to undertake a major revision of the diploma to increase its appropriateness for the pacific health care environment, by expanding the programme to incorporate OT, Speech & Language & other therapy related areas.

### **Description**

Physiotherapists now work in the health service of many pacific island countries, the distribution varying from 1 to 35 per country depending on whether they find employment in the country following graduation. Employment of physiotherapists largely depends on government policies and Ministries of Health budget spending, which in the pacific islands context results in much spending with little effectiveness and efficiency. This results in PT graduates (other graduates as well) being unemployed as the government is the main employer in these countries. A direct flow-on effect is that main health issues such as the care of people with disabilities, general health care needs etc. in these island communities remain at a minimum.

"The FSM recognizes that the health workforce in the region is often not prepared to provide the spectrum of health-related services required of those with disabilities. ...that a large proportion of rehabilitation services are provided by physiotherapists who find themselves confronted with the need to provide a wide range of services outside of physiotherapy eg, OT, Speech and social work." (CROP HPWG meeting Dec.2002) Thus the FSM intends to revise its current physiotherapy curriculum with the view to educate physiotherapists with the necessary knowledge and skills to meet the rehabilitation requirements of persons with disabilities as well as the many health problems eg NCD, Congenital deformities. This training will translate directly to Pacific health services employing a PT with the capacity to meet therapy related needs of all persons, including those with disability. This reduces the cost of rehabilitation services at the same time increases effectiveness of it in terms of education as well as employment.

#### Recommendation

Those governments in Pacific island countries demonstrate understanding and support for FSM initiatives as the main regional health personnel training institution, in its efforts to provide education appropriate to Pacific health care needs. These same governments be proactive in training and providing employment for their nationals.

### **Imperishable Seed: Health Promotion Activities for Young People**

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*Centre for Youth Health, P O Box 23-562*

*Hunter Corner, Auckland*

**NEW ZEALAND**

For many young people excluded from mainstream education, Alternative Education (AE) schools are often their last chance for success in school. However, recent NZ research of students attending AE Schools in the Northland and Auckland regions (of NZ) revealed that young people excluded from mainstream high school are more likely to engage in health risk taking behaviours than students attending mainstream high school. The (NZ) Ministry of Education states: "that young people need good health to learn". Developing youth health and social services appropriate for this group is vital and urgently needed to prevent avoidable morbidity and mortality amongst this group of young people and may improve their educational achievement.

Furthermore, The NZ Health Strategy focuses on improving the health of all New Zealanders, it places emphasis on improving population health outcomes and reducing disparities in health status between population groups.

With 80% of this population of AE students identifying with Maori or Pacific Island ethnic groups, means that there is an urgent need for comprehensive, culturally appropriate health and youth orientated services to address the potentially poor health outcomes and disparities in achievement among these Polynesian students. Although AE providers have identified these large gaps, they feel they have insufficient resources and information to provide them.

In this presentation we look at potentially appropriate health promotion activities for this unique group of young people and how youth health services, grounded in evidence based approaches and healthy public policy, can meet the needs of this culturally diverse group of disadvantaged young people who experience poor health and educational outcomes compared to mainstream students.

### **SPHC: Role in Pacific disaster management**

*Sitaleki A Finau*

*Head, School of Public Health and Primary Care*

*Fiji School of Medicine, Suva*

**FII**

Disaster management, like public health, is about risk management. The management of risk decreases vulnerability and increases resilience of communities to combat misfortunes, ailments and disasters and to be able to swiftly recover and restore previous functional status. As such, the School of Public Health and Primary Care (SPHPC) of the Fiji School of Medicine have a central place in Pacific disaster management.

This paper argues for SPHPC to be recognised as a bonafide participant in managing disasters at the national and regional level. The paper: describes the current situation; discusses the potential areas for development and the challenges for doing so; and provides an analyses of why SPHPC may have been overlooked.

### **Impact of Structural and Economic Reforms on health service delivery in Fiji**

*Litiana Kuridrani*

*School of Public Health and Primary Care*

*Fiji School of Medicine, Suva*

**FII**

Structural Adjustment is the brainchild of much larger economies of the World Bank (WB), World Trade Organization (WTO) and the International Monetary Fund (IMF). Structural Adjustment Programs include currency devaluation, privatization a stream lined government, lower social spending the trade liberalization aimed to

improve economies of countries that are in debt. (PSI,1994)

So "unprofitable" sectors like Health, Education and Welfare will be faced with a number of consequences especially the brunt of these cuts. Like any other developing country in the world, Fiji's Ministry of Health is in the process to face the challenges of this restructuring ; in the name of Health Reform.

The user pay system will involve rational mobilization of resources to meet health care cost at all levels, in collaboration with the private sector and aspects of cost recovery. The financing of health services will slowly be operating in the name of "capital" meaning give the money to receive the service. The efficiency and excellence of the trade simmers through in the name of productivity, hospitality, total quality, and the effectiveness to deliver the goods. Gone away with monopolies of public funded health services, comes the issue of competitions. ( Berger Peter,1993)

Very competitive that the larger and smaller economies like Fiji are expected to compete with undefined boundaries in a leveled playing field. (Rakuita T,1996 ). On one hand the reform is made to bring forth customer satisfaction to the users of services. On the other hand it is quietly promoting health financiers who are mainly of private enterprise origins some flexibility in offering short term insurance, incentives and packages that mostly the rich could afford. Health restructuring in Fiji has been supported by the Australian International development Assistance Bureau (AU SAID)

### **Description**

I wish to present a conceptual paper based on literature, experiences faced by selected Pacific island countries, with regards to this restructuring processes. This paper will attempt to highlight issues on how we are affected as Pacific Island Countries with Structural Adjustments of trade boundaries, economies, policies, and of course the reforming of health care delivery where the power brokers will drive both the market demand and competitions trying to promote better health service delivery.

### **Lessons Learned**

The Health Planners were motivated to take on the challenge but entire structural resources were not prepared to receive the change in terms of leadership capabilities, health management, technological support and etc. The restructuring process brought about many changes, both positive and negative. Should the health ministry be not careful in the long term, it should be ready to face the consequences of increased brain drain. This means that Fiji will be more and more obligated to hiring expatriates to do specialized tasks for health.

### **Recommendations**

Anticipating that some of the critical analysis of issues to create healthy academic dialogue and to trigger the development of health strategies to meet the challenges of both structural and economic reforms.

### **Channel surfing is not a sport: Physical inactivity, television watching and obesity**

*David Schaaf*

*Univeristy of Auckland, Auckland*

**NEW ZEALAND**

Overweight and obesity are increasing dramatically around the World and contribute substantially to the burden of chronic health conditions. The 1997 National Nutrition Survey estimated more than 50% of New Zealanders aged 15 and over were overweight or obese. More than 80% of Pacific participants were overweight or obese and one in two Pacific female were obese. The Dunedin Longitudinal Study (1972-73) found that overweight during childhood can track to overweight in adulthood. A decline in physical activity accompanied by an increase in sedentary activities, especially watching television, using computers and playing video games contribute to this.

### **Aims**

To examine ethnic differences in the levels of physical inactivity in the Auckland High School Heart Survey (AHS).

### **Method**

2549 (Pacific Island 1031, Asian 602, European 601 and Maori 315) Form 5-7 students were interviewed in a high school-based cross-sectional survey. Fasting blood samples were collected for determination of blood glucose and serum lipids. Participants completed a food frequency questionnaire and provided information on smoking and leisure time physical activity. Blood pressure, fitness, weight, height, waist circumference, hip circumference and percentage of body fat mass (%FM) were measured.

### **Results**

One in four adolescent watched television more than 4 hours per day. A higher proportion of Pacific adolescents watched television at least 4 hours per day compared with European adolescents. Television watching was associated with the risk of over-weight and obesity. A statistically significant higher proportion of Pacific adolescents were over weight and obese compared to European.

## Conclusion

Primary prevention to reduce obesity should include interventions to reduce sedentary life style. These efforts must be targeted at this age group.

## The clinical implementation of Multisystemic Therapy with antisocial adolescents : A case study to consider cultural responsivity of the approach for Pacific Populations.

*Tansy Brown*  
*Youth Horizon's Trust,*  
*Hamilton*

Multisystemic Therapy (MST) is a family-focused intensive treatment approach developed in America that incorporates evidence-based practise and has demonstrated success in working with families to treat young people with antisocial behaviours. Family interventions are designed based on nine guiding principles and integrated into a structured treatment plan with the ultimate goal of increased and sustainable youth and family psychosocial functioning and working within the ecology of the family and a reduction in criminal behaviour. The case study with a non-Pacific family will overview the theoretical orientation of the approach, and then describe the assessment and treatment results that incorporate individual, family, school, peer, neighbourhood and other agency interventions. The presentation will conclude with a discussion of implications in using this approach in a NZ environment, specifically with Pacific people's, as MST has recently been introduced with significant support from Child Youth and Family, and the Department of Corrections.

## Pasifika Workforce Development within the Pacific Islands Families

***Esther Tumama Cowley***  
***Pasifika Research & Workforce Development***  
***Pacific Islands Families Study, Auckland***  
***NEW ZEALAND***

The aim of this presentation is to describe the development of the Pasifika workforce within the Pasifika islands Families: The First Two Years of Life (PIF:FTY) and Transition to School(PIF: TTS).

Issue:

Was a lack of Pasifika staff/researchers and 'budding' researcher on the Pacific Islands Families Research study?

The study is designed to follow a cohort of 1398 Pacific children and mothers and fathers over the first six years of the child's life. This prospective, longitudinal study is

generating important practical information on Pacific child and family over a critical developmental stage, which will contribute to health and educational in New Zealand but within the South Pacific region. The cohort was drawn from Middlemore Hospital, South Auckland, in the year 2000. Middlemore Hospital has the largest number of Pacific births in New Zealand and is representative of the main Pacific groups. Information concerning the development of the child and the circumstances of the families was obtained through interviews with mothers conducted by Pacific interviewers at five time points (six weeks after birth, 12 and 24 months old, and at four and six years of age

## Addressing the Issue:

The development of the Pacific workforce within the PIF Study has involved a concerted effort and collaboration with Palagi and Pasifika personnel. From the very outset of this Research Study the PIF researchers have had a commitment (in policy) to ensuring 'budding' Pasifika researchers will be "grown and mentored" in this study, either as members of AUT PIF staff, or as post graduate students. The study' now in its third year and our strategic direction is progressing well. This year we offered our 1st PIF scholarship for a post graduate student in the Masters programme and also employed Pasifika research assistants, Both of the research assistants are under-graduate who will be encouraged to go onto further studies.

The future: short-term-Our aim in 2004 is to progress our current Mas4rs student into a PHd programme and to offer another scholarship for another Masters student. In addition we plan to assist a Pasifika student in putting an application together to a funding agency, which will support him/her in a PHd programme, and to work within the PIF study. These scholarship and mentoring strategies are increasing the Pasifika workforce within the PIF study, in particular, post graduate students who can move into all of research, ranging from data collection to data analysis to writing reports on findings for publication. The PIF study is an example of a way to gradually develop the Pasifika workforce and act as a 1 'launching pad' for potential Pasifika researchers

*Long-term- To see this research study fully managed and staffed by fine Pasifika researchers*

Retention of Pacific Island peoples in mental health training — School of Psychology Victoria University, a case study

*Evaneglene Daniela*  
*Helen Lenihan*  
*Rozi Patterson*  
*Victoria University of Wellington;*

**Te whare wananga o te upoko o te ika a maui.**

Under-representation of Pacific Island mental health workers within New Zealand is well-documented phenomena. However, the development of a Pacific Island mental health workforce is an issue that is gaining significant interest from both government and tertiary institutions. Increasing the numbers of adequately trained Pacific Island mental health workers requires an understanding of potential barriers to education. Several barriers to Pacific Islanders obtaining tertiary health qualification include; isolation, lack of a supportive environment, low levels of perceived relevance, lack of practical application, financial difficulties and lower prior educational backgrounds.

The Faculty of Science at Victoria University of Wellington has a four-year old mentoring program, Te

Roopu Awhina Putaiao. Under this umbrella, the School of Psychology operates a comprehensive Whanau Support group. The Whanau Support program incorporates mentoring, general and targeted tutorial sessions (specific subjects, and second and third year course), first year kaupapa maori tutorials, and liaisons with external Maori and Pacific Island mental health teams. These activities are designed to specifically combat key barriers that inhibit Maori and Pacific Nation students from gaining the relevant tertiary educational levels required to work in mental health. This program has increased academic achievement and retention levels of Maori and Pacific Nation students in psychology, and created an environment in which Pacific peoples are valued and given a sense of belonging. However, many institutional and cultural barriers still remain to be addressed. The above issues will be discussed in greater detail.

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E Ideas need people who are doers not talkers - they need champions with zeal and passion, sustained by convictions and fortified by faith.

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