INTRODUCTION

The Pasifika Medical Group (PMAG) 23rd Conference 2019 took place from 24th – 26th September 2019 at the Matavai Scenic Resort on the Rock of Polynesia – Niue. The theme for this year’s conference was ‘The Rising Tide’ with four key themes: Responding to the rising effects of Climate Change, Sharing new approaches to workforce development, Navigating the future towards positive mental health and, Turning the tide on Non-Communicable Diseases (NCDs).

The conference was attended by more than 140 delegates who represented the health sector from the Pacific region, New Zealand and Australia. Conference delegates included guest of honour Hon. Henry Puna - Prime Minister of Cook Islands, and Hon Billy Talagi, Niue Minister of Health as well as senior public servants of the Government of Niue and Cook Islands. PMA hosted the conference in association with the Niue Department of Health and the event was convened by SPC Director General Dr Colin Tukuitonga.

Following the presentations on the last day, a series of statements were developed under the four broad themes and signed off by the conference convenor and the PMA CEO. The purpose of the’ statements is to send a message to our Pacific leaders about areas that need to be addressed to strengthen the health of Pacific people.

Pasifika Medical Association Conference 2019: The Rising Tide Statement, 26th of September 2019

Background to PMA

The Pasifika Medical Association Group (PMA) is a charitable Pacific company with a vision for ‘Prosperous Pacific Communities’. We are at the forefront of the PMA Family of Pacific organisations that provide opportunities which enable Pacific people to reach their aspirations. These organisations include the Pasifika Medical Association Membership Trust, Pasifika Futures, Etu Pasifika and Fale Futures.

We are internationally and nationally renowned for the various health, health workforce development, and social support services we provide in New Zealand and in the Pacific region. As the parent company, our role is to set the strategic direction for all organisations, monitor their performance, and provide governance and management support to the organisations.
Preamble

The Pasifika Medical Group (PMAG) 23rd Conference 2019 took place from 24 – 26 September 2019 in the Rock of Polynesia – Niue. The theme for the conference ‘The Rising Tide’ for Pacific Island Countries and Territories (PICTs). PMAG hosted the conference in association with the Niue Department of Health and the event was convened by SPC Director General Dr Colin Tukuitonga.

The purpose of this document is to inform Pacific leaders of the findings from the conference, and to make statements on behalf of PMA members to meet our vision of Prosperous Pacific Communities.

Responding to the Rising Effects of Climate Change

In response to the Paris Agreement that respects both the letter and spirit of the decisions reached in the Paris Agreement and COP decision 1/CP.21, we recognise that climate change cannot be viewed in isolation from health. We make the following statements:

- Pacific Island Countries and Territories (PICTs) will benefit from Emergency Medical Teams (EMTs) who can respond effectively and efficiently in the event of natural and man-made disasters. We recommend that PICTs formalise arrangements with EMTs to support their response efforts.
- We also recognise that climate change makes it difficult for PICTs to access clean water. Water is key to food security as crops and livestock need water to grow. Agriculture requires large quantities of water for irrigation and of good quality for various production processes. We recommend that PICTs leaders make investments in clean water, so this is available to all communities.

Turning the tide on non-communicable diseases

As is widely known non communicable diseases (NCDs) is the leading cause of death in the Pacific region and accounts for up to 80% of known deaths. Pacific countries have prioritised areas such as tobacco control, salt intake and the NCD roadmap. We make the following statement:

- While tobacco control is being addressed, we recognise that vaping is becoming more popular in PICTs. We ask PICT governments to undertake with some urgency evidence-based research around the benefits and disadvantages of vaping to inform policy decisions.

Navigating the future toward positive mental health

WHO acknowledge that there is ‘no health without mental health’ and is reflected by the New Zealand governments NZ$6 million funding boost to mental health. One in five people are affected by mental health with Pacific countries struggling to meet the increasing demand for mental health services:

- We recommend that PICTs invest further to make mental health services available to Pacific populations as well as expanding the mental health workforce.

Turning ripples into waves: Sharing New Approaches to workforce development

Health professionals play a key role in addressing health care needs for their people. Pacific people are in the best position to treat Pacific patients, much work has been done to develop terms that are appropriate for Pacific contexts. The approaches to Pacific people must also meet the needs of the LGBTQI (MVP FAFF) community ensuring no one is left behind:

- PICTs leaders to recognise the skills and experience of Pacific diaspora working in health who can support PICTs workforce development. PMA has access to an extensive database of health workers and can support the development of Pacific staff or back stop staff who intend to undertake further studies abroad.
- We acknowledge the positive effect of the NCD Roadmap in responding to the NCD crisis in the region. We recommend that Pacific regional child health also requires a ‘Road Map’ to coordinate child health plans and the required workforce that is needed to support this area.

Mrs Debbie Sorensen, PMA Group CEO

Dr Colin Tukuitonga, PMA Conference Convener 2019
Overview of the Pasifika Medical Association Group Activities

Debbie Sorensen, CEO, PMA

CEO of Pasifika Medical Association (PMA) Debbie Sorenson provided an overview of PMA activities in the last year. PMA has an annual revenue of $19m, a staff of 50 and three properties. The Pacific Health Dialog continues to promote all research pertaining to the Pacific region with a particular focus on Community Health and Clinical Medicine. The ‘Cultural Complexity and the Taro Patch’ workshop seeks to offer an understanding that Pacific cultures are diverse, and each have their own distinct histories and varied cultural practices. PMA delivered five cultural complexity workshops to the New Zealand Urban Search and Rescue (USAR) team and Fire and Emergency New Zealand teams in Auckland, Palmerston North and Christchurch. The PMA Membership Board has a membership of 7,000 people and a 20-year relationship with Medical, Dental and Nursing Associations. The PMA Conference, Charity Ball and Education Fund all sit under this board. Pasifika Futures is the Whanau Ora Commissioning Agency for Pacific Families, 81,000 people, 15,500 families have benefited from the work of Pasifika Futures. ETU Pasifika based in Christchurch has 25 clinical staff that provides Integrated primary care and Whanau Ora services to our clients. PMA has a strategic partnership with the Canterbury District Health Board who support our work. The Fale Futures work is underway, and a board has been established to oversee this component of PMA. PMA continues to promote women’s empowerment through the Moana Women’s Network where 380 women have attended three events. PMA has for the past 10 years been an active contributor to disasters and times of crises in New Zealand and the region. We are now in the process of gaining WHO verification for PACMAT.

Reducing CVD risk: An mHealth approach for Pacific

Mrs Amio Matenga Ikihele, PhD Candidate, The University of Auckland

Cardiovascular diseases (CVD) are the leading cause of morbidity and mortality among women worldwide. Pacific women experience a higher prevalence of risk factors, such as obesity, physical inactivity, inadequate dietary intake, uncontrolled diabetes and gestational diabetes. This is an area of concern particularly as three of the top five risk factors contributing to health loss in New Zealand are diet, excess weight, and physical inactivity. Although women have different health needs and priorities throughout the life course, these have traditionally centred on sexual, reproductive and maternal health, followed by breast screening beyond the reproductive years. Pacific women are a priority group for lifestyle related behaviour change interventions to prevent premature mortality from CVD. In an effort to reduce these ethnic inequities, understanding how Pacific women perceive CVD risk and what their motivational factors are - moving from awareness to understanding, and further along to sustained behaviour change - is essential. Mobile health or mHealth (the delivery of healthcare services via mobile communication devices) offers an opportunity to reach diverse, under-served individuals and groups and affect change, particularly when traditional approaches have been consistently met with barriers such as language, cultural differences, work commitments, financial and transport difficulties. To date, there has been little research undertaken to explore the potential of mHealth or digital technologies in reducing CVD risk among Pacific individuals within the wider context of family, socio-cultural influences and spirituality. The primary outcome of this PhD is a culturally appropriate mHealth tool designed to support Pacific women living in New Zealand to engage in health behaviour change to reduce their risk of heart disease.

Mothers and sisters: Educators of sexual health information among young Niue women born in New Zealand

Mrs Amio Matenga Ikihele, PhD Candidate, The University of Auckland

Introduction: For many Pacific young people in New Zealand, discussing sexual health topics with their parents or families remains a highly sensitive subject that is uncomfortable and culturally challenging. These conversations are even more difficult for young Pacific females who are expected to show modest and virtuous behaviours. This aim of this study was to explore sources of sexual health information among Niue young women born in New Zealand.

Methods: Twenty Niue young women took part in semi-structured qualitative interviews. The young women needed to be of Niue descent, born in New Zealand, living in Auckland and aged between 16-24 years. Ethics approval was granted through the University of Auckland Human Participants Ethics Committee in 2010, Ethics Reference Number 2010/020.

Findings: This study highlighted the influential role of mothers (both Island born and New Zealand teams in Auckland, Palmerston North and Christchurch. The PMA Membership Board has a membership of 7,000 people and a 20-year relationship with Medical, Dental and Nursing Associations. The PMA Conference, Charity Ball and Education Fund all sit under this board. Pasifika Futures is the Whanau Ora Commissioning Agency for Pacific Families, 81,000 people, 15,500 families have benefited from the work of Pasifika Futures. ETU Pasifika based in Christchurch has 25 clinical staff that provides Integrated primary care and Whanau Ora services to our clients. PMA has a strategic partnership with the Canterbury District Health Board who support our work. The Fale Futures work is underway, and a board has been established to oversee this component of PMA. PMA continues to promote women’s empowerment through the Moana Women’s Network where 380 women have attended three events. PMA has for the past 10 years been an active contributor to disasters and times of crises in New Zealand and the region. We are now in the process of gaining WHO verification for PACMAT.
Zealand born) within the home, with mothers identified as being more likely to be involved raising and educating daughters around sexual health. The young women firmly believed mothers were their first teachers and were better placed to lead such sensitive discussions. Interestingly, the findings also drew attention to the role of sisters in the dissemination and search for sexual health information, with many of the participants reporting sisters as important positive influences.

**Conclusion:** This research provides important findings on the role of Niue women “both mothers and sisters” who have been identified as a key source and educator of sexual health information. These findings have significant relevance for Niue women and the potential for intergenerational discussions to take place, ensuring young Niue females are informed with adequate information and advice to make informed sexual health decisions.

**What we do:**
- Assist in liaising and engagement of families.
- Specific cultural input, information and support. Links to appropriate community resources and networks.
- Enhance the MH&A assessment and treatment process by providing a cultural clinical perspective.
- Assist with language difficulties and other barriers.
- Provide recommendations for the clinical management of the service user.
- Joint planning, co-ordination and facilitation of family meetings.
- Identify opportunity to build cultural capability across MH&A teams.

The challenge for the cultural clinical liaison service is how effective are we at meeting the mental health needs of Pacific people in CMH. The accomplishment is incorporating the cultural clinical liaison service into the MH&A integrated model of care. The cultural clinical liaison service is delivered in ethnic specific languages by Pasifika staff with greater understanding of the realities of mental health and social issues peculiar to Pasifika service users and their families.

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**Cultural Clinical Liaison supporting Community Mental Health Teams in Counties Manukau Health**

**Ms Angeline Hekau, Clinical lead – Pacific Faletoa Services - Pacific Mental Health, Counties Manukau Health**

Navigating the future towards positive mental health. Cultural Clinical Liaison supporting Community Mental Health Teams in Counties Manukau Health.

**Our Aim:**
- To increase engagement and participation of Pasifika service user and their families (koputangata, kainga, magafaoa, aiga) receiving services from Mental Health and Addiction Services (MH&A) at Counties Manukau Health (CMH).
- To provide Pasifika cultural clinical liaison to MH&A clinicians and teams.
- To identify and support an enhanced Pasifika cultural clinical competence framework in the MH&A workforce.
- To support effective working relationships within the mental health continuum of service delivery, including Primary Health Organisations and Non-Government Organisations providers in the integrated model of care.
- To contribute to the strategy of growing the Pasifika health workforce capacity and capability.

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**Understanding cognitive functions related to kava (Piper methysticum) use at traditional consumption volumes**

**Dr Apo Aporosa, Research Fellow, Te Huataki Waiora (School of Health, Sport and Human Performance), The University of Waikato**

Kava (Piper methysticum), a traditional and culturally significant Pacific Island beverage, produces soporific relaxant effects similar to Benzodiazepine (Sarris et al, 2012, Human Psychopharmacology Clinical and Experimental, 27:262-9). Traditional users typically consume this drink at volumes 30 times greater than pharmacologically recommended doses (Aporosa & Tomlinson, 2014, Anthropologica, 56:163-75); yet, little is known about cognitive function at this high consumption rate. Maneze et al. (2008, Australian & New Zealand Journal of Public Health, 32:314-6) report 70% of users frequently drive following kava use.

With Pacific peoples in New Zealand over represented in motor vehicle accidents (Slack et al, 2009, Report: NZ Ministry of Health and ACC), industry standard measures of drug driving were used to examine cognitive functions of kava users (n=20) against control (n=20) in a naturalistic high use kava setting. Despite observations of
Housing environment and Pasifika child health in the Growing Up in New Zealand study

Dr Emma J Marks, Research Fellow, Growing Up in NZ, University of Auckland, NZ

Key Theme: Turning the tide on Non-communicable Diseases Emma J Marks

Background: In New Zealand (NZ) rates of childhood hospital admission are increasing. Ethnic disparities exist, with higher rates of illness and hospital admission among Pasifika and Maori children. A clear link has been established between housing environment, rates of childhood infectious disease and hospital admission. The aim of this study was to investigate how different aspects of the housing environment impact the health of Pasifika children in NZ.

Methods: We described housing tenure, quality and household crowding in 1378 Pasifika children within the Growing Up in New Zealand study. Univariate and multivariate binary logistical regression was used to explore the association between housing quality and key health outcomes for these children.

Results: Of the 1378 Pasifika children, 674 (48.9%) were living in a highly crowded home and 870 (67.4%) residing rental accommodation. A third of children were living in a household that; used no form of heating (30.1%), is quite often or almost always damp (34.8%), the bedroom often or almost always has heavy condensation evident in the morning (33.9%) and a quarter (23.1%) of children's mothers observed mould or mildew in the room where the child sleeps at night. Nearly 6% (n=81/1378) had a health or developmental problem

slowed movement and slurred speech by the kava users, the industry standard measures revealed no statistical differences in cognitive functioning between kava users and control participants.

This presentation describes that study (Aporosa, 2017, Journal of Psychopharmacology, 31[8], A84), its unexpected results and the potential explanations for its ineffectiveness concerning the industry standard measures of drug driving. It also presents explanation on a subsequent feasibility study which utilises a new method and which shows promise, contingent on sufficient participant numbers as identified by power calculations compared against control (18). This study, aimed at understanding kava’s effects on driving following high consumption, is currently under way.

Conclusion: Housing environment, particularly rental accommodation have an impact on health outcomes in Pasifika children. This reinforces the need to focus policy and intervention attention to improving the quality of housing for our Pasifika children.

In our own backyard. Investigating the health status of primary school children in Tonga.

Dr Fiona Langridge, Research Fellow, The University of Auckland

In our own backyard. Investigating the health status of primary school children in Tonga.

Background: Much of the global child health focus has been on the reduction of the under-five mortality rate in large population countries. Consequently, the plight of children in the primary school age group in smaller, low-resource regions such as the Pacific have been largely ignored. This study investigated the health status of primary school children in Tonga using culturally appropriate survey methodology.

Methods: Using a Delphi technique and Pacific methodologies, 33 panel members reviewed two rounds of online questionnaires to determine what to include in a survey to describe the health of primary school aged children living in Tonga. A survey approach was then developed that was administered to 256 children, 143 caregivers, and 20 teachers in three primary schools in Tonga. Admissions for children aged 5-11 years to the main hospital in Tonga from Jan-2009 to Dec-2013 also described.

Results: Delphi panel consensus was met on a range of domains to be included in the survey method. From the survey of three schools, four percent of the children failed vision testing 36% failed audiology testing and 63% failed oral health screening. The prevalence of overweight was 19%. Over 60% of caregivers and teachers that responded felt that children are exposed to violence in Tonga and over 70% felt that neglect and abuse of children is a problem in Tonga. Injury and poisoning (28%), non-respiratory infectious diseases (19%), respiratory conditions (16%), abdominal/surgical conditions (13%) and dental (9%) were the most
frequent reasons for admission in the 5-11 years age group over the five-year period 2009-2013.

Conclusion: The primary school age group is a critical time period for the development of behaviours that may put children at risk of morbidity throughout their life. This study comprehensively describes the health status of a group of primary school children in Tonga.

E fa’alau: The lived experience of dementia
New Zealand Samoa Communities

Ms Fuafiva Fa’alau, The university of Auckland

Objective: The main objectives of this research are to engage with Samoan communities in this research and to explore and describe the lived experience of dementia from the perspective of Samoan communities in New Zealand. Despite the lack of evidence about dementia in NZ Pacific communities, local memory service data suggested that Pacific people are presenting with dementia at a younger age and with more severe cognitive symptoms.

Methods: We linked with the Samoan older peoples’ groups through our collaboration with Vakatautua health services. We conducted interviews with five Samoan with mild dementia and their caregivers and five caregivers of people with more severe dementia. Appropriate cross-cultural research methodologies, frameworks, and models for investigation developed by Pacific and Samoan scholars were used to translate and analyze data for this study. Recurring themes and concepts identified for further analysis and discussion with bilingual researchers and members of the advisory group.

Findings: A socio-cultural understanding of Pacific concepts and themes provides knowledge of how these groups conceptualize and cope with dementia. Key themes from the qualitative interview findings will be presented at this conference.

Factors associated with health-related behaviours in Rarotongan adolescents

Miss Heimata Herman, PhD Candidate, Liggins Institute, University of Auckland, NZ

This presentation is based on evidence obtained from the lead authors Master’s degree completed in 2018. This comprised a phenomenological case study investigating factors associated with health-related decision-making and behaviours among 14-15 year olds in Rarotonga. A mixed-methods approach involved thirteen students and their parents/caregivers.

Case study participants were selected from students in the 2016 Year 9 cohort of the Pacific Science for Health Literacy Project who reported at-risk behaviours for health-promoting and risk-promoting foods at baseline. Self-reported change in dietary behaviours was assessed using 12-week and 12-month post-intervention surveys. Student participants completed a three-day food and activity diary 14-months post-intervention, and an interview. Their parents/caregivers were also interviewed.

Positive shifts in 46% of the nine assessed dietary behaviours were reported 12-months post-intervention. Key factors perceived as enabling healthy food decision-making and behavioural change included but were not limited to regulated access to spending money, authoritative parenting and access to filtered water. Perceived barriers to healthy eating included but were not limited to a preference for unhealthy foods, time constraints and access to unregulated spending money.

These findings highlight the complexity of the interrelated personal, social and economic influences on health-related behaviours. This study offers the participating school evidence that may contribute to policy and practice.

The lead author has recently commenced a PhD exploring the role of communities in the design, implementation and evaluation of nutrition and mental health policies in the Cook Islands. Due to the early stage of this research, only the objectives and the intended methods will be presented.

Taking a mobile approach to reducing NCDs: trialling a mCessation programme in the Cook Islands

Dr Judith McCool, Associate Professor, The University of Auckland, NZ

Background: Text messaging is an effective method to provide direct cessation support for smokers. Regular unprompted reminders, short-term goal setting, cue avoidance, health benefits information and positive reinforcement are effective behaviour change techniques used effectively via text messages.

The University of Auckland (UoA) team have developed and trialled STOMP in New Zealand and TxtTaofiTapaa in Samoa. Based on our previous work, the MoH Cook Islands and the UoA team have collaborated to develop and trial
the mCessation programme to contribute to their aspiration for a Smokefree Cook Islands.

**Methods:** A research assistant (TR) will lead the project for the MoH. This includes the establishment of a local advisory group to provide advice on processes and protocols for the implementation of the mCessation programme, and liaison with Bluesky as the local mobile network operator. The text messages developed for theTxtTaofiTapaa programme will be adapted for the Cook Islands context and translated into Cook Island Maori. The programme will commence following the adaptation and translation of the text messages. We will recruit 100 smokers via community sampling methods. Participants will be those who want to quit smoking, who have access to a mobile phone and who provide consent to receiving text messages over a three-month period. Participants will complete a brief baseline questionnaire on tobacco use, mobile and social media use, and previous quit attempts. A follow-up questionnaire will measure changes in smoking behaviours, quit attempts, and views whether the programme helped them to quit.

**Next Steps:** The findings of this research will inform the MoH and WHO, the funder, about the impact (quit rates), feasibility (ease of implementation) and cost effectiveness (per smoker) to operate the text message programme. We discuss the importance of sustainability, scale-up and equity in intervention design and workforce development.

**mHealth support for Tongan people with pre-diabetes in Auckland, NZ**

**Ms Julienne Faletau, PhD Candidate, The University of Auckland, NZ**

**Rationale:** Pre-diabetes is a precursor to Type 2 Diabetes Mellitus (T2DM). A large proportion of the New Zealand (NZ) population have pre-diabetes, but it is considerably higher within Pacific (29%) and Maori (31%) communities compared to NZ/European (24%). Seventy percent of those with pre-diabetes will develop T2DM therefore there is an urgent need to prevent the onset of T2DM within Pacific communities. The challenge with engaging with people with pre-diabetes is that they are likely to be well. Unless lifestyle changes are made, they are at-risks of developing T2DM. This study, considers the use of mHealth to create awareness, educate and support Tongan people with pre-diabetes to manage their risk and delay the onset of T2DM.

**Aims:** To develop a detailed understanding of how being at-risk for T2DM and pre-diabetes is commonly understood by Tongan people with pre-diabetes living in Auckland, NZ. Secondly, to investigate the effectiveness of mHealth to engage and change behaviours related to improving health outcomes. Methods: A sequential exploratory mixed-method study design was employed. Phase 1 involved semi-structured interviews with 12 Tongan patients from Southseas Healthcare who had been diagnosed with pre-diabetes. Phase 2 will involve testing key health messages via mHealth. A group of Tongan patients who have pre-diabetes and own a mobile phone will be invited to participate in the 3 month mHealth programme. A behavior composite survey will be administered before and after the mHealth programme. Results: Phase 1 findings: Pre-diabetes is not well understood. There is a pervasive view that pre-diabetes is a one-way street that is non-reversible, discouraging behaviour change to improve future health. The Tongan interpretation of being at-risk may differ from the standard clinical term. This could be better understood and communicated to motivate behaviour change within the Tongan community. Phase 2 findings: still in the process. Conclusions: The mHealth programme for Tongan people with pre-diabetes could be used in the clinical setting to reinforce health coaching services and messages delivered by health professionals. Importantly, this could improve engagement with Pacific peoples who have pre-diabetes.

**Antenatal dietary interventions in maternal obesity. Effect on pregnancy weight gain and birthweight: the Healthy Mums and babies RCT.**

**Dr Karaponi Okesene-Gafa, Senior Lecturer and Obstetrician & Gynaecologist, The University of Auckland, and Women’s Health Middlemore, NZ**

Obesity and gaining excess amount of weight in pregnancy, above that recommended by the Institute of Medicine increases risks of complications. Interventions to limit weight gain in pregnancy have reduced pregnancy complications. The Healthy Mums and babies (HUMBA) was a 2x2 factorial randomised controlled trial to determine whether a culturally tailored dietary intervention (delivered by community health workers + text messages) with or without probiotics in women with obesity reduced excessive weight gain and birthweight. Women recruited with a BMI of 30kg/m2, singleton, between 12+0 to 17 weeks + 6 days;
randomised to dietary intervention +/- probiotics (Lactobacillus rhamnosus + Bifidobacterium lactii 6.5 x 10 billion CFU) or routine advice +/- probiotics. Analysis was by intention to treat, maternal results adjusted for baseline BMI, and infant outcomes further adjusted for infant sex, ethnicity and gestational age. Results: 230 women were randomised to dietary interventions (n=116), routine advice (n=114) and probiotics (n=115), placebo (n=115). Demographic characteristics were similar across groups.

There was no significant difference in our primary outcomes: (1) proportion of women with excessive weight gain (dietary intervention vs routine advice 79/107 [73.8%], vs 90/110 [81.8%], adjusted relative risk [aRR], 0.92, 95%CI, 0.80-1.05; probiotics versus placebo 89/108 [82.4%] and 80/109 [73.4%], adjRR 1.14 95%CI 0.99-1.31). Nor a significant difference in (2) birthweight across groups: dietary intervention vs routine advice: 3575 vs 3612g, adjusted mean difference (adjMD), -35g, 95% CI, -169 to 97; probiotics vs placebo: 3685 vs 3504g, adjMD, 107g, 95% CI, -14 to 228).

Total maternal weight gain (secondary outcome) was lower with dietary intervention compared with routine dietary advice (9.7 vs 11.4 kg, adjMD, -1.76, 95%CI, -3.55 to 0.03), with potential future benefit in health of mothers and babies if sustained. No significant differences in other secondary maternal/neonatal outcomes.


Caring for cutaneous and environmental ecosystems in management of common inflammatory skin disease.

Dr Louise Reiche, President, New Zealand Dermatological Society Inc

Carbon footprint from health systems and the impact of global warming on health require reflective, holistic and innovative change to medical practice. Biodiversity loss has led to reduced interaction between environmental and human microbiota leading to immune dysfunction and impaired tolerance. Different microbiota strains have profound functional differences which can be mitigated by greater human microbiome diversity. Lifestyle advice to patients to enhance their microbiome diversity e.g. optimising sleep, regular outdoor exercise, consuming a seasonal, locally grown plant based rich diet, optimising skin integrity by simple skin care regimes supplemented by prudent, specific use of medicines and limiting overall drug and antibiotic use, has a significant positive impact on skin and environmental resilience, in the management of many skin conditions.

Leveki Workforce ingenuity: A national platform for Pacific workforce development, recognition and celebration.

Mrs Maliaga Erick, Pacific Clinical Cultural AdvisorWerry Workforce Wharaurau or Infant, child and adolescent mental health and addiction workforce development.

Tulai O! Puipui O! Tulai O. Puipui O. Come together! Yes, we are coming! The term Leveki is derived from the Niuean language, meaning to guard, to care for, and to protect. Leveki also means security, surety, and a trustee. In the Niue culture, an individual appointed as Leveki must have the skills, knowledge and trust of the family to take on the role of caring for others, or to be the trustee of something important to the family. The Werry Workforce Wharaurau organisation firmly believes in the importance of Infants, children, young people and their families, having access to highly skilled, well supported and effective mental health and addictions workforce. The Werry Workforce Wharaurau has established and hosted the Leveki Fono a bi-annual national Pacific infant, child and adolescent mental health and addiction conference since 2009. The fono is an opportunity for the Pacific workforce including clinical and non-clinical staff to upskill, celebrate and share their knowledge in matters pertaining to Pacific children, adolescents, families, communities and Pacific world views. To share understanding, the Leveki Fono is open to Pacific and non-Pacific workforce in New Zealand.

This paper will present the outcomes of the 2019 Leveki National Pacific ICAMHS & Addiction Workforce Fono, themed Drawing from the Wells of Wows! held on 30 August at the Manukau Institute of Technology, Auckland, New Zealand. The focus of the Fono included: What is working for the Pacific workforce? What contributes to their well-being as staff members; and, what wellness-focussed support do Pacific staff receive from their respective organisations or employers?

Back to the beginning

Ms Metua Bates, Pacific Equity Manager, Alliance Health Plus

In response to the Raising Healthy Kids national health target in Aotearoa (NZ), a Positive Parenting Active Lifestyle (PPAL) Programme...
Phase two used semi-structured interviews to explore the perspectives of mental health professionals on follow-up for Pacific young people. The participants were selected using purposive sampling of the community teams that provide care for this group of people. Descriptive analysis was used to analyse the quantitative data and thematic analysis was used to analyse the qualitative data.

Results: The audit found that 70 Pacific young people attempted suicide in this one-year period. The most used method to attempt suicide was self-poisoning, the most reported reasons for attempting suicide were related to relationships stressors with families and others. All young people were referred to either primary health care (n = 8) or community mental health services (n = 62). All referrals to mental health services were opened by the services within one month. All young people were seen by community mental health services and received assessments. The three themes that were developed from qualitative data analysis were intervening, engaging and referrals & recommendations. Interventions included comprehensive assessments, active contact and education. Effective engagements strategies included age and cultural appropriate methods. Barriers to engagement included lack of understanding, stigma & shame, and workforce issues. Health professionals made multiple referrals but reported gaps and cost barriers to access. Health professionals recommended services or programmes for resilience building and early intervention in the community.

Conclusions: These findings indicate that there are increasing numbers of Pacific young people presenting to Auckland emergency departments following a suicide attempt. Many are young people in schools. Counties Manukau Health provides a systematic approach to assessments and follow-up; however, more could be done with more specialists staffing. Programmes and services are needed in schools and primary care to equip young people to manage their emotional distress and to provide early intervention for those contemplating self-harm or suicide.

The state of Transgender Healthcare in the Pacific

Ms Phylesha Brown-Acton, Director, FINE Pasifika Aotearoa, NZ

FINE Pasifika Aotearoa is a Whanau ora funded initiative, its services were as a response to Pasifika LGBTQI+ peoples and their families who were not always able to access health and...
wellbeing services in the Auckland region, FINE provides key services that work across the domains of Education, Employment, Health and wellbeing, Financial literacy, Culture, Community and Leadership. FINE is an organisation committed to ensuring that it has a healthy and thriving Pasifika LGBTQI+ community, who are taking care of themselves and their families and are seen as integral to the family unit, community and society.

FINE draws on an WHO endorsed document: The Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific as a foundational document that requires greater interest by the medical community in supporting efforts to factor transgender health for its transgender communities. The main purpose of the Blueprint is to improve access to competent primary and specialised care for trans people in Asia and the Pacific. A comprehensive evidence-based guide is an essential step in that process. This Blueprint will be a resource enabling health providers, programme planners and managers, policymakers, community leaders, and other stakeholders to promote and address the health needs of trans people. The impact of stigma and discrimination has a profound impact on a transgender person’s mental health and wellbeing. The issue that transgender health across the Pacific region is unknown or has very little uptake, is of concern, a challenge and barrier to transgender people’s health and wellbeing. The Blueprint draws on strong medical knowledge and highlights stepping stones required in establishing entry points for transgender health, it also offers insight from transgender peoples about their lived realities and experiences and highlights good examples of practice across the Asia Pacific region.

FINE is a leading organisation that draws from its unique position of lived experiences and realities where it centres these realities into a professional development package, tailored to inform and educate providers, services and agencies about inclusive practices and best practice for Pasifika LGBTQI+ peoples, which enriches professional practice and policy development and to better understand what inclusive practice entails.

Cancer Care in Pacific Island Countries & Territories

Dr Rachel Dyer

Like other LMICs, many Pacific Island countries and territories (PICTs) have fragile and overburdened health systems with which to combat an increasing burden of cancer. Additionally, a combination of small geographically dispersed populations, limited resources, isolation, and frequent natural disasters make cancer control in Pacific Islands also significantly different to elsewhere in the world. No prior work has examined the availability of services for cancer diagnosis and treatment in the Pacific region.

Pacific Peripartum Psychiatric Presentations

Dr Sara Weeks, Psychiatrist, Lotofale PIMHS ADHB

There are several particular post-partum states described, specific to Pacific cultures, such as failelegau (Samoa), cavuka (Fiji) and kita (Tonga). While these presentations have some features of post-natal depression or psychosis, they do not fit neatly into western diagnostic categories and do not necessarily respond to biomedical management alone.

CONTENT: The syndromes of failelegau and kita will be described and an attempt will be made to explain the aetiology and symptomatology in biomedical terms alongside the traditional explanations. Treatments will also be considered. Discussion and opinion will be welcomed. Some case vignettes will be presented. Given the high birth rates among our Pacific women, alongside the comparatively high rates of psychological distress during pregnancy and post-partum, it is important to be aware of culturally appropriate explanations, diagnoses and treatment in order to avoid prolonged distress and dysfunction and reduce the impact on the family and in particular the children.

Ā’loa, an ethnic model of integrating mental health care

Dr Sione Vaka, Senior Lecturer, Auckland University of Technology, NZ

Pacific people in New Zealand are found to have higher prevalence rates of mental illness compared to the general population and only a very small number use the mental health services. Pacific people seek help from traditional healers, church leaders, community elders for many forms of social and spiritual support. Mental health services are last points of contact for some Pacific people, being predominately through involuntary admission and under the mental health act. The Pacific population is over represented in New Zealand mental health services.

This presentation will critique a Tongan model which is based on a communal fishing technique...
called Å’loa and proposed ways of integrating mental wellness care through incorporating Pacific worldviews. Å’loa captures Tongan interpretations and constructions of mental distress and also emphasises Tongan worldviews through the concepts of: collectiveness, connectedness, collaboration, communication and culture. Å’loa was an effective fishing tool in terms of looking after people in our Tongan communities through food provision, checking on people’s well-being, team work, effective communication and allocating tasks to strengths of the people. This is a follow up from a recent doctoral study where Tongan interpretations and construction of mental distress was investigated in a group of Tongan (1) service users, (2) youth, (3) women, (4) community leaders, (5) families with service users, (6) families without service users and (7) men.

The findings showed a fragmentation in service provision with Å’loa proposed as a platform where services can be integrated to address Tongan mental health needs. This Å’loa project is currently being conducted and evaluated in South Auckland with the participants being service users, allied health staff who work directly with Pacific people from Counties Manukau District Health Board, traditional healers, non-government organisations, as well as Tongan youth who have the lived experience.

The intention is for this approach to be transferred to Pacific populations. Å’loa will provide evidence for policy makes and service providers on how to work with Pacific people experiencing mental distress.

HRC - Growing the Pacific health research workforce in New Zealand

Ms Tolotea Lenumata, Manager of Pacific Research Investment Health Research Council of New Zealand

Conference theme: Turning ripples into waves: sharing new approaches to Workforce Development. The Health Research Council (HRC) of New Zealand is the principal funder of health research in New Zealand. The primary mechanism used by the HRC to develop Pacific health research has been targeted support for Pacific research capability through Career Development Awards (CDA).

The number of applications to the CDA has doubled in the last 3 years, with a high number of PhD applications. HRC recognised the need to support those moving from CDA to mid-career and introduced the ring-fenced funding for Pacific investigator-led Project (Pacific Project) in 2017 with an investment of 1.2 million to fund 2 projects at $600,000. This investment increased to 2.4 million for the 2020 funding round where applicants will be invited to submit proposals with a budget anywhere between $0.6 and 1.2 million. This increased investment will make a significant difference to researchers applying for Pacific Project funding, enabling them to extend the scope of their research and have an even greater impact on the health of our Pacific community. It also continued recognition of the importance that the HRC places on growing New Zealand’s Pacific research workforce.

Going forward, the New Zealand Health Research Strategy 2017-2027 prioritisation work is currently underway to establish health research investment priorities for New Zealand for the next 10 years and beyond. An important part of this work is to invest in research that results in equitable outcomes for Pacific peoples and helps them lead independent lives. This is an opportunity to be innovative, collaborating in research with our colleagues in the Pacific region to tackle some of the big issues facing the region and New Zealand such as climate change and NCDs.

Te Tumu Waiora - ProCare Mental Health model

Mrs Viena Pole, Pacific Engagement & Strategy Advisor ProCare

Why was the programme or project initiated? The Te Tumu Waiora model was driven by a clear need within Aotearoa’s health system for a primary mental health system that is more accessible, engaging, connected, delivered by people who are personally and professionally motivated, and gives every New Zealander their right to live well (enunciated in a document published by Network 4 called “Closing the Loop.”)

What are your aims and objectives? This model aims to address the physical, emotional, and social needs of the client. It offers a small amount of targeted, brief intervention to a large number of people, as opposed to a large amount of therapy, to a small group of people. It focuses on addressing equity.

What is your approach to achieve your aims and objectives? The model puts mental health and wellbeing at the heart of the general practice setting. Patients receive timely access to a Health Improvement Practitioner (HIP), and a Health Coach who become part of the general practice team. An
important learning was to consider Pacific faith-based approach to mindfulness programmes that are culturally relevant with good understanding of the patient's worldview and value system to reduce barriers.

Were there any challenges?
Collaboration between three Auckland DHBs, NGOs and other PHOs comes with its challenges. Engaging general practices was not a simple process. Funding constraint was a major challenge.

Were there any accomplishments?
The model has been adopted by other PHOs nationwide. The government's 2019 Wellbeing Budget supports an intended roll-out of the Te Tumu Waiora model to place trained mental health workers in doctors' clinics, iwi health providers and other services.

How has it developed workforce capacity and capability?
The HIP is a new role requiring training for any Registered Health Practitioner and the programme provides further support for the role of Health Coaches trained non-regulated workforce. Having these new roles onsite takes the pressure off GPs to leave them to focus on what they are good at.

When the struggle is too real: Persistent hardship and respiratory tract infections in the first five years of life.

A/Prof Vili Nosa  Head of Pacific Health Section & Associate Professor Pacific Health Section, School of Population Health, Faculty of Medical & Health Sciences, University of Auckland, NZ

New Zealand ranks poorly within the OECD in regards to child poverty. Almost half of the Pasifika population in NZ live in the most deprived areas. Consequently, Pasifika children are more likely to live in poverty. Pasifika children are overrepresented in hospitalisation rates for acute respiratory infections (ARI). This study investigated the impact of persistent poverty on ARI hospitalisations for Pasifika children in the Growing Up in New Zealand (GUiNZ) study. We described hospitalisations from ARI in the first five years of life for 1322 Pasifika children in an established cohort.

Logistic regression was used to test associations between hospitalisation for ARI, and household income and material hardship using adjusted odds ratios (OR) with 95% confidence intervals (CIs) both at one time point and at all-time points (persistent nature). Twenty eight percent of the Pasifika children (377/1322) enrolled in the Growing Up in New Zealand cohort were hospitalised with an ARI in the first five years of life and almost half experienced financial hardship in the first two years of life (40%, at nine months and 46%, at two years).

The odds of an ARI hospital admission during infancy were increased for children persistently living in income hardship from 9 months to 54 months (1.89, 1.06-3.39).

The odds of an ARI hospital admission during infancy were increased for children living with persistent material hardship: putting up with feeling cold (2.50, 1.51-4.13), use of special food grants/food banks (1.43, 1.15-1.97), gone without fresh food and vegetables (1.32, 0.98-2.95), received help of food and clothes (1.40, 0.74–2.73).

Financial and material hardship over time increases the likelihood of hospitalisation due to ARI in Pasifika children living in NZ. Persistent poverty is a driver of poor respiratory health, confirming the imperative to improve the economic position for our least advantaged children.

Pacific Men’s Health and Wellbeing: The Case of Niuean men living in Niue

A/Prof Vili Nosa  Head of Pacific Health Section & Associate Professor Pacific Health Section, School of Population Health, Faculty of Medical & Health Sciences, University of Auckland, NZ

Very little is known about the health and wellbeing of Niuean men living in Niue. The aims of this research were to discuss the definition of being a Niuean man, health beliefs, knowledge of their health issues and how to improve healthcare services. This qualitative study addresses the case of Niuean men living in Niue. Qualitative face to face interviews were undertaken with twenty Niue men.

The findings identified that non-communicable disease was the major health issues that affected Niuean men. Many participants identified unhealthy diets as a major contributor to high blood pressure, high cholesterol, diabetes and gout.

This research has indicated that more research is needed regarding health beliefs, practices and cultural issues surrounding Niuean men’s health. Furthermore, in order to improve Niuean men’s health there is also a need for more community
and health promotion community workshop activities in Niue.

A Document Analysis of Oral Health in Niue

A/Prof Vili Nosa  Head of Pacific Health Section & Associate Professor  Pacific Health Section, School of Population Health, Faculty of Medical & Health Sciences, University of Auckland, NZ

The aim of this research is to review the dental reports from the dental clinic in Niue and to examine their oral health and dental services. A document analysis of seven dental reports between July 2011 to July 2018. The information found in the documents were organised under the sections: clinical data; key challenges; main achievements; and recommendations.

Dental caries are the most common reason for tooth extractions followed by periodontal diseases. Primary school students are affected the most with 60 percent of students experiencing untreated dental caries. Among high school students, the rate of dental caries experienced is relatively low. Women appear to attend the dental clinic more than men however the number of visits for both men and women has declined.

The key challenges faced by the dental team were a lack of resources specifically shortage of computers and functioning dental chairs, unfamiliarity with MEDTECH and limited staff development opportunities. Despite these challenges, the team were still able to establish the Atuhau Mamali’s programme and upskill one staff member through professional development.

Other achievements included reducing noise pollution, allocating a budget for safety equipment and establishing clinical guidelines for practice. Recommendations to improve oral health and dental services in Niue are to deliver targeted dental caries interventions in schools, introduce stronger food policies and to implement collaborative networks across the Pacific region. It is recommended that the Niue dental team develop a more rigorous methods of data documentation to gain a more accurate picture of oral health in the country.

The Impact of Migration and Mental health: A Case Study of the perceptions of the Niuean community regard mental illness in Brisbane, South East Queensland, Australia

Ms Wani Erick, Professional Doctorate Candidate School of Nursing, Faculty of Health, Queensland University of Technology, Queensland, Australia

There is an emerging diaspora of Pasifika migrants resettling in Queensland, Australia, and Queensland is recognized as having the highest rates of migrants directly from the Pacific Islands and from New Zealand. The trickle-down effects of the Trans-Tasman Act introduced in 2001, between New Zealand and Australia has resulted in Pasifika Families in Queensland experiencing and being labelled second highest a vulnerable and socio-health disadvantage group.

Poor mental health is a leading cause of death and disability which makes up about 13% of the global burden of disease, and mental health and illness is one identified growing health issue for Pasifika including Niuean communities in Queensland. A needs assessment study undertaken by Queensland Health showed Pasifika lack of uptake of mental health services in Brisbane, and a forum funded by Queensland Mental Health Unit was held in 2015 to explore issues of access to mental health service delivery.

The aim of this presentation is to outline findings of the Impact of Migration and Mental Health on the Niuean community regard mental illness in Brisbane, South-East Queensland, Australia. A focus group comprised of fourteen Niuean participants was undertaken in which they were asked about their perspectives on social issues, mental illness and about accessing mental health services.

One key finding is disruption to their sense of belonging exacerbated by social stress and cultural deficit. The Niuean participants believed mental illness is linked to cultural and spiritual influence. Whilst services have been improving, the current range of mainstream mental health services available in the South-East Queensland, Brisbane, Australia region do not provide sufficient levels of culturally appropriate support.

Queensland Maori, Pasifika Families and Child Health Service Providers narrating (talanoa) about their experiences of (Child) health service delivery: a journey using an Indigenous Conceptual Framework Underpinning Decolonisation, Cultural Safety Methodology and Talanoa Methods

Ms Wani Erick, Professional Doctorate Candidate, School of Nursing, Faculty of Health, Queensland University of Technology, Queensland, Australia

A Queensland Health report identified Maori and Pacific Island groups in Queensland as two
priority groups due to social disadvantage. One key performance disadvantage among Maori and Pacific Island communities in Queensland is disengagement from child and family health services. A qualitative study was undertaken, to explore this issue, drawing on a theoretical lens which combined Decolonization and Cultural Safety methodologies and Talanoa methods. Interviews were conducted with twenty-nine Maori and Pacific Island Families in Townsville and eight Child Health Service Providers in Brisbane and Townsville to produce greater insight into the conceptualisation of culturally safe health service delivery. A combination of Charmaz’s constructivist approach and Bronfenbrenner’s ecological model underpinned data analysis. Power dynamics, socio-contextual realities or positionality, identity versus cultural difference, deficit discourse and cultural disconnection were key categories that depicted health service delivery to Queensland Maori and Pacific Island Families. The theoretical framework shifted the focus from service users (Maori and Pacific) to examine child health service providers' experiences in their work with Maori Pacific Island families. An interpretive analysis unearthed misconceptions, particularly a predisposition implying health care delivery that engaged a transcultural approach was assumed a culturally safe approach.