

## Pasifika Medical Association Conference Wellington 4-6 September 2022

The Annual PMA Conference remains the largest meeting of Pacific health workers and professionals in our Pacific region. It was held on the 4-6 September at TePapa Museum and Convention Centre, Wellington. It was attended by about 500 Pacific Health workers from all over the Pacific, New Zealand and Australia including Health Ministers from Tonga, Fiji and the Chief Executive Officer of Health from the Cook Islands.

The Conference enabled participants to share concerns and collective innovations, learnings, and best practices. The Conference also supported health workers to develop solutions to the challenges that face all our countries and communities.

The theme of the conference was: **Reconnect, Reflect, Re-Energise, and Reframe.**

The following are the abstracts from the Conference. Authors are encouraged to write full manuscripts for publication.

### **DIGIFALE: A digital health literacy programme for Pacific communities**

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

Globally, digital health and mobile health (mHealth) technologies are rapidly changing the landscape of how healthcare is being delivered. The challenge for New Zealand is to ensure emerging digital health technologies benefit all population groups, and not exacerbate health inequities and the digital divide. To ensure an increasing number of Pacific people can benefit from digital health tools to cope with the impact of COVID-19 and the transition towards digitised health services, DigiFale (a digital health literacy programme) provides the necessary access, connectivity and skills required to overcome the obstacles of digital exclusion. By strengthening digital and mobile literacy within church settings using a community based participatory approach, Pacific communities can build essential skills towards digital health literacy and digital equity to make informed choices to improve and manage their own health more

effectively. This presentation will provide an outline of the DIGIFALE programme and what the programme aims to achieve among Pacific communities. The programme is currently being delivered to four Pacific ethnic-specific communities (Niue, Cook Island, Samoa, Tonga).

### **Ōlaōla – Chatbot designed to help Pacific people who smoke to quit.**

**Associate Professor El-Shadan Tautolo, Auckland University of Technology**

This presentation will describe a Pacific community initiative launched on World Smokefree Day this year, 31 May 2022, in response to the Government's Smokefree 2025 Action Plan,

Pacific Health & Welfare Inc. (PHW) is a voluntary network and exists to connect, enable and improve access to information for the wellbeing of Pacific communities. With funding from Te Hiringa Hauora/Health Promotion Agency, PHW have provided a free digital smoke-free service named Ōlaōla, that hosts a 'chatbot' for Pasifika individuals to engage with via Facebook Messenger.

Pasifika people hold the second highest smoking rates after Māori and PHW aim to achieve better quit smoking outcomes for Pacific people through their online service, Ōlaōla.

'Ōla' is a chatbot designed to coach its user through the first 14 days of their quit smoking journey and is programmed to stay in touch through daily conversations via Facebook Messenger. Users can choose a unique avatar to help navigate Ōla and include a male, female, and transgender/fa'afine character. Across the 14 days, users get access to 14 unique storylines to complete. Each storyline has a fun and humorous plotline that aims to be relevant to Pacific as well as incorporating cognitive behavioural therapy techniques that support smoking cessation. This online service provides a free to use, interactive smoking cessation tool that leverages the reach of social media platforms Facebook and Instagram. The chatbot is a unique mix of

cognitive behavioural therapy and gamification that aims to keep users engaged with the service throughout their smoking cessation journey.

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### **Ethnic variation in Aged Residential Care admission rates for people with Heart Failure**

**Associate Professor Hamish Jamieson, MBChB, PhD, FRACP, The University of Otago**

**Introduction:** The international Residential Care Assessment Home Care Tool (interRAI-HC) is mandated in New Zealand for all older people requiring services or who are being assessed for entry into Aged Residential Care (ARC). It also provides a rich source of information which can be utilised to examine the equity of resource provision. In this study we examined the percentage of assessed clients with Heart Failure (HF) that are entering ARC, by ethnicity.

**Methods:** Consented interRAI assessments between 2015 and 2019 were used. The interRAI assessments were linked with the ARC entry data using the MoH Payment System. We also utilised the interRAI MAPLe score. The MAPLe is a five-point scale which classifies individuals as being less or more likely to obtain better care in other settings and it is a powerful predictor of ARC admission. Preliminary results show 13014 people with HF had an interRAI during the period. 1511 were Māori, 485 Pacific Peoples, 343 Asian and 10649 other. For MAPLe score 5/5 after one year following assessment, 5% of Pasifika, 10% of Asian, 16% of Māori and 22% of other had entered ARC ( $p < 0.01$ ). Similar trends occurred for all levels of MAPLe score.

**Conclusions:** For all MAPLe scores ARC entry was significantly lower for Pacific Peoples compared to other ethnic groups. The reasons for this are important to understand so that health providers can ensure that community supports meet the needs of Pacific Peoples with HF and that any barriers to ARC entry for this population are addressed.

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### **Working towards eliminating leprosy: The Kiribati Leprosy Contact Single-Dose Rifampicin Chemoprophylaxis Programme (2010 -2021)**

**Caitlin Bland, Medical Student, University of Otago**

Leprosy in the Pacific Region still persists with Kiribati having the highest rates of all Pacific nations. To further complement case-finding and disease management efforts, simulation intervention models have shown that giving a single dose of rifampicin (SDR) among close

household contacts (HHC) of index leprosy patients can also attenuate leprosy transmission. The Kiribati Leprosy Contact Single-Dose Rifampicin Chemoprophylaxis Programme started rollout in 2018. A database (2010 - 2021) of index patients and their respective HHCs (defined as individuals who was used to assess the effectiveness of the programme including rate of SDR to HHCs, reasons for non-administration, time to SDR, new leprosy cases and characteristics of cases and contacts. Of 11,952 eligible contacts from 1,786 index cases, 10,587 (88.6%) people received SDR. Absenteeism was the most common reason for non-administration both within (37.1%) and outside of Kiribati (5.0%). The median time to SDR was correlated with distance to highly-populated regions. Highly populated regions (Betio and South Tarawa) had a time to SDR between 177 days to 202 days and the Outer islands (Gilbert and Line Islands) varied between 344 days - 360 days. A total of 78 people suspected of having Leprosy were referred on for further assessment and treatment. The outreach of the nationwide chemoprophylaxis programme among household contacts in Kiribati is successful. Continued education, advocacy, active case finding and contact tracing activities that is delivered by local clinical staff and support workers will continue to aid the long-term efforts to eliminate leprosy in Kiribati.

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### **Kumi Fonua: Navigating with Pacific models of health for equity**

**Catherine Latailakepa-Tu'akalau, Nurse Practitioner, Group Medical Chambers, GP & Te au rere o Tonga, Lower North Youth Justice**

**Purpose:** To organise and host 6x free respiratory clinics for Pacific children from ages 0-2 years in the Horowhenua-Manawatū region. A structural response to address whole-family issues and social determinants of health through comprehensive inter-agency cooperation.

**Methods:** The Fonua model is a Tongan framework to health which comprises of five dimensions of life which are inter-dependent and complementary to each other. In addition to the five dimensions, there are four phases in the natural order of Fonua.

**Key Learning:** The respiratory clinics is amplified successful Pacific health promotion models committed to reducing health inequities Pacific families experience.

**Conclusion:** Inspire and aspire a Pacific sense of community. The power of talanoa and feiloaki, not by health professionals but Pacific families are instigating it.

Significance: The respiratory clinics is amplify successful Pacific health promotion models committed to reducing health inequities Pacific families experience. Aotearoa New Zealand's health & disability system reforms moving away from transactional to transformational. This will only be achieved when cultural ways of being and doing which are packaged by Pacific models of health like Fonua are understood and applied. How to apply and activate Pacific methodologies and models of health. Live and breathe Fonua – putting it into action rather than leaving as a theory.

Learning Objectives: 1. Understand and commit to building workforce cultural capability through centring of Pacific models of health such as the Tongan model of health, Fonua. 2. Reflect on culturally safe care that recognises Pacific children and their kāinga (family and village). Embed and strengthen whole-village approaches to primary health care.

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### **Exploring Pacific peoples' experiences, challenges and perceptions of initiating and managing insulin for type 2 diabetes in primary care in New Zealand.**

**Mrs Diana Phone, Pharmacist, President of Pacific Pharmacist Association.**

This was a qualitative study involving face to face, semi-structured interviews of Pacific people living in Auckland. The objectives of this research were:

1. To explore Pacific peoples' experiences of being initiated on insulin to manage their T2D in primary care in NZ, including what information they received about managing their insulin and diabetes, who provided the information and the form(s) the information was provided in.
2. To explore the challenges faced by Pacific people when initiated on insulin and during ongoing management of their T2D in primary care in NZ.
3. To explore Pacific peoples' perceptions of and preferences for education and support when initiated on insulin to manage their T2D in primary care in NZ, including what information about their insulin and diabetes they would like to know and how they would prefer to access this information?
4. To explore Pacific peoples' views of community pharmacists being more involved in providing education and support for insulin initiation and management.

The results of this qualitative investigation will be shared in the presentation. This research project will inform diabetes management

practices for Pacific people in an evidence-based manner. The attendees can utilise the findings from this study to create plans to raise the standard of diabetes care for Pacific people in primary care.

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### **Pacific Pharmacists Association Inc. NZ (PPA)- an insight into our journey thus far**

**Mrs Diana Phone, Pharmacist, President of Pacific Pharmacist Association.**

It would be a privilege to be given an opportunity to share an insight into the Pacific Pharmacists' Association Inc. NZ (PPA). PPA started out as a Facebook page and in 2018, officially formed into an incorporated society. Our key stakeholders are Pacific Pharmacists, Technicians, Interns, Pharmacy Assistants, Pharmacy Students and the Pacific Community.

The underlying factor that brought the founding members together was our passion to make a meaningful difference to our Pacific Community and our Pharmacy profession. We came together to empower our Pacific communities to achieve equity and best medicines-related health outcomes.

Prior to PPA, there weren't any strong advocates in our profession for our Pacific Pharmacy workforce, Pacific interns and students and for the health and wellbeing of Pacific communities. These are what helped form PPAs mission.

Due to the tireless work and services of our executive committee and members, we have been able to achieve many milestones in recent times, which are in line with our 4 strategic areas as follows:

1. Educating to Empower
2. Advocating to Drive Change
3. Networking for Greater Impact
4. Strengthening an Innovative Workforce

This presentation would help us inform conference attendees about the association's initiatives and the crucial work you are carrying out in the pharmacy sector. Additionally, it will help us achieve one of our current major goals, which is to develop effective working partnerships with Pacific Health Professionals from the wider health and wellness sector.

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### **New Zealand needs a new and different medical school**

**Dr Apo Aporosa, PhD, HRC Research Fellow, University of Waikato**

Although the two New Zealand medical schools produce high-quality doctors, only around 20% become general practitioners, 3% become



psychiatrists, and almost none choose to serve people living in Pacific, Māori and rural communities. This situation has not improved over the last decade despite a government funding for a 30% increase in New Zealand Medical Graduates (NZMGs).

In 2019, there were 521 new NZMGs, however the net gain was only 419, equivalent to 80% of the new graduates, because 355 doctors ceased practicing and 253 NZMGs returned to practice here. New Zealand currently relies on international medical graduates (IMGs) for its supply of doctors to a greater extent than any other developed country. In 2019, 909 new IMGs entered New Zealand, 753 IMGs departed and 157 IMGs returned. In other words, the net gain of IMGs in 2019 was 313.

The most successful model of education and training that produces a fit-for-purpose medical workforce is socially accountable, immersive community-engaged distributed education in which students learn their core clinical medicine in general practice as part of a facilitated education and training pathway starting with recruiting local students from rural and underserved communities.

The University of Waikato proposes to partner with communities including Pacific and Māori communities, and other organisations across New Zealand to establish the Aotearoa Graduate Entry Medical School (AGEMS). AGEMS will admit students who have a university degree and are recruited from underrepresented, underserved communities, and then provide these students with immersive clinical learning in these communities.

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### **Kava, traditionally influenced consumption volumes, and impacts on driver fitness**

**Dr Apo Aporosa, PhD, HRC Research Fellow, University of Waikato**

Introduction: Kava (*Piper methysticum*), a culturally significant Pacific Island beverage, produces soporific relaxant effects similar to Benzodiazepine. Traditional users typically consume this drink at volumes 20 times greater than pharmacologically recommended doses, with many then driving home. This study, funded by the New Zealand Health Research Council (19/002), assessed six key cognitive functions related to safe driving, following kava use.

Methods: Guided by the faikava methodology, male kava consumers (n=20) attended a six-hour kava session, each drinking 3.6 liters of kava. Drinkers were compared to a control group (males; n=19). At baseline (T1) all participants

completed Brain Gauge testing - a somatosensory tool that measures cognitive functioning in six-areas. Re-testing was completed at three (T2) and six hours (T3). Statistical modelling comprised Wilcoxon and Mann-Whitney U (MW), and Bayesian (BF) analysis.

Results: Analysis indicated no statistically significant ( $p < 0.05$ ) difference to the focus, accuracy, time perception, plasticity or fatigue of the active participants when compared against control at T1, T2 or T3. Conversely, data analysis showed a significant level of impairment to the temporal order judgement (TOJ) of the active participants at T3 ([MW=0.0119;  $t=0.007301$ ; BF=6.193058]) when compared with both their own and control data at T2 and T1.

Conclusions: Kava at traditional consumption volumes is shown to significantly impact TOJ. TOJ is associated with Executive Function, particularly sequencing. This new understanding suggests kava, at traditionally consumed volumes, impacts upon cognitive functioning, and therefore may compromise driver safety. This presentation expands on these findings combined with a recent kava drink-driving awareness program.

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### **Prevention and management of neonatal hypoglycaemia in the Pacific Islands: The Pasifika Babies study**

**Dr Deborah Harris, PhD, Senior Lecturer, School of Nursing, Victoria University of Wellington Te Herenga Waka.**

Neonatal hypoglycaemia is important, because it is common and linked with poor neurodevelopmental outcome. Babies at-risk of neonatal hypoglycaemia, include infants of diabetic mothers, those born prematurely, small (<2,500g) or large (>4,500g) for gestational age, or those not feeding well. Of these babies half will become hypoglycaemic. In developed countries progress has been made in the diagnosis and treatment of neonatal hypoglycaemia. Oral dextrose gel is now first-line treatment for neonatal hypoglycaemia. Dextrose gel is easy to use, well tolerated, reduces separation from mothers and babies, improves breastfeeding rates, is inexpensive, and follow-up studies at 2 and 4.5 years of the children who received dextrose gel as treatment soon after birth, have shown it to be safe. In 2021 between April to November, 2232 babies were born at Wellington Hospital, with 182 (8%) being Pasifika babies. Of these babies 78 (43%) were identified as being at-risk for hypoglycaemia. Best practice for these babies is to keep mothers and babies together, and screen for hypoglycaemia. If diagnosed, then treatment with oral dextrose gel and feeding, is

provided to increase the blood glucose concentration and reduce the risk of neurological harm. However, across low-middle income settings including the Pacific Islands there are barriers to the management of neonatal hypoglycaemia. Screening and treatment in the Pacific Islands is poorly understood, and data are scarce. We seek to start fa'atanoaga about how to share the knowledge generated in Aotearoa with our Pasifika neighbours and determine ways to provide clinical care for neonatal hypoglycaemia, similar to that received by babies born in Wellington Hospital.

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### **Climate Justice: a Pacific Island perspective**

**Mr Dian Enari, Lecturer and PhD candidate, Auckland University of Technology**

The negative effects of climate change disproportionately impact Pacific Island nations. Although Pacific Nations contribute the least to climate change compared to other nations, they are the most impacted by rising sea levels. These negative effects can see nations within the region completely submerged or uninhabitable. This article highlights how the Pacific Island diaspora in Australia are acting in solidarity with their homelands in the fight for climate justice. Although Pacific Island diasporic groups have moved away from their (Mother)land, they are still emotionally, mentally and spiritually connected to her. Many Pacific Islanders in the Australian diaspora are passionate and determined to ensure the survival of their Island (Mother)land. Given the lack of information on climate change from Pacific Island perspectives, it is envisioned that this article will bring awareness to climate change issues from Pacific people. The voices of two Samoan activists who were raised in Meanjin (Brisbane), Australia combine to tell this story.

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### **Dementia prevention potential in Pacific communities: what risk factors do we target?**

**Dr Etuini Ma'u, MBChB, FRANZCP and Senior lecturer, The University of Auckland**

Twelve potentially modifiable risk factors (less education, hypertension, obesity, alcohol, traumatic brain injury (TBI), hearing loss, smoking, depression, physical inactivity, social isolation, diabetes, air pollution) account for an estimated 40% of worldwide dementia cases. We aimed to calculate population attributable fractions (PAFs) for dementia for the four largest New Zealand ethnic groups (European, Māori, Asian, and Pacific peoples) to identify whether

optimal dementia prevention targets differed by ethnicity.

**Methods:** We calculated risk factor prevalence for 10 risk factors using the New Zealand Health Survey 2018/19 and published reports for hearing loss and TBI prevalences. We calculated the PAF for each risk factor using calculated prevalence and relative risk estimates from previous meta-analyses. To account for risk factor overlap, we calculated communality of risk factors and a weighted PAF.

**Finding:** The weighted PAF for dementia was 47.7% overall in New Zealand, 47.6% for Europeans, 51.4% for Māori, 50.8% for Pacific peoples, and 40.8% for Asians. Highest PAFs for Europeans were hearing loss (8%) and social isolation (5.7%), and for Asians hearing loss (7.3%) and physical inactivity (5.5%). For Māori and Pacific peoples, highest PAFs were for obesity (7.3% and 8.9% respectively) and hearing loss (6.5% and 6.6%). Interpretation New Zealand has higher dementia prevention potential than worldwide estimates with high prevalences of untreated hearing loss and obesity. The relative contribution of individual risk factors PAFs varies by ethnic group. Public health strategies for dementia prevention need to be tailored to these differences.

**Funding:** Health Research Council of New Zealand (HRC:20/021).

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### **Investigating Mental Wellbeing and Climate Change: Privileging Pacific Peoples' perspectives**

**Dr Jemaima Tiatia-Seath PhD and Co-Head of School Māori Studies and Pacific Studies, Te Wananga o Waipapa.**

**Dr Fiona Langridge, PhD and Research Fellow at Growing Up in New Zealand.**

**Background:** Climate change-related health risk in the Pacific include the increased risk of mental health disorders. The aim of this study was to seek consensus amongst a group of Pacific mental health and/or climate change experts on key principles underpinning mental health and climate change, and the intersection between the two for Pacific peoples.

**Methods:** The Delphi method included 75 panel members who were sent two rounds of questionnaires on issues related to wellbeing and climate change for Pacific Peoples. The first round was open-ended and the second round used a likert scale. The consensus level was pre-set at 70% agreement of agree or strongly agree, and a median of  $\geq 4$  and interquartile range of  $\leq 1$ .

Results: Of the 75 panel members, 71 completed at least one component. The panel members predominantly lived in Aotearoa New Zealand, Cook Islands or Niue (61/70, 87%). Most were one or more Pacific Island ethnicities (60/70, 86%). The 58/75 (77%) of panel experts who answered these questions came up with 8 themes and 78 subthemes. Round Two resulted in 54/59 (92%) of items reaching consensus and 21/59 (36%) reaching strong consensus of > 95%.

Conclusion: This study provides a helpful baseline to understanding the links between climate change and mental wellbeing from the perspective of Pacific experts and knowledge holders. It is a start to developing understandings, which can assist in developing responses and interventions, particularly in preparedness of mental health services both in the Pacific region, and in Aotearoa New Zealand.

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### **Epidemiology of Water related spinal cord injuries**

**Dr John Mitchell, MBChB, Orthopaedics, Registrar at Middlemore Hospital**

Aim: Investigate the epidemiology of Water Related Spinal Cord Injuries at the Auckland Spinal Rehabilitation Unit.

Methods: Retrospective data collected of all patients admitted to the Auckland Spinal Rehabilitation Unit between Jan 2007 and Dec 2021. Variables assessed: age at injury, gender, ethnicity, date of injury, activity, neurological status, associated injuries and complications.

Results: The incidence for a water related spinal cord injury averaged 1.12 per million people. The incidence for Maori (2.15 per million) and Pacific peoples (1.76 per million) is considerably higher than the general population. Average age of injury is 33 years and average stay in hospital is 93.6 days. Pacific Island patients are injured at a younger age and spend the longest in hospital (135 days). Pacific males are exclusively injured by diving off a wharf (average age 24 years). 90% of patients had a cervical spine injury with the most common level C4 (41%). A fracture at another site was the most commonly associated injury (22.5%), however vertebral artery dissection (17.5%) had the greatest average hospital stay (127 days). Urinary tract infection (33.3%) is the most common complication however pneumonia (17.9%) is associated with the greatest average length of stay (126.6 days).

Conclusion: This study has highlighted and explored important factors pertaining to risks and treatment of water related spinal cord injuries. It occurs predominantly males, with

both Maori and Pacific island patients are over represented in the statistics. Maori patients have more severe injuries and Pacific Islanders are younger and spend longer in hospital.

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### **Increasing equitable access to eye health services**

**Dr John Szetu, MSc (Oph), Medical Director for The Fred Hollows Foundation NZ**

Outreaches have been key in delivering much-needed eye services to Pacific communities. This was especially important for underserved populations with limited access to eye care facilities. Initially, outreach teams would travel from Australia and New Zealand to the Pacific and would only be able to provide short-term services at irregular intervals. While these overseas outreaches addressed the need at the time, building a committed and sustainable eye care workforce became a crucial aim given the increasing prevalence of vision impairment and blindness across the region. Over time, enough ophthalmologists and eye care nurses were trained within the region to form a Pacific outreach team. This team was able to provide more consistent and contextually appropriate eye care services across the Pacific region. To date, 6,678 surgeries have been conducted on 62 Pacific outreaches. Now, there is at least one local ophthalmologist in each country and the need for regional outreaches has reduced. Clinicians are now able to conduct more regular country in-reaches and travel to more rural and remote areas, thus increasing equitable access to eye care services. However, COVID-19 outbreaks and related restrictions resulted in a disruption to in-reach services, causing significant backlogs. With the relaxation in border restrictions, there has been requests from in-country ophthalmologists for additional assistance from the Pacific outreach team to help reduce backlogs and to provide ongoing upskilling and professional development opportunities. While the Pacific eye care workforce continues to grow, Pacific outreaches are now done on an as-needed basis.

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### **Understanding Drivers for Pacific Patients' Use of Emergency Departments for Non-Urgent Conditions at Counties Manukau Health**

**Dr Kate Young, MBChB, Registrar, Waikato District Health Board**

Background: Pacific people are high users of emergency departments (EDs) in Aotearoa New Zealand. With increasing number of initiatives turning away non-urgent conditions from ED, it is important to understand the underlying needs



which are driving people to use EDs with non-urgent conditions in the first place.

**Aim:** This study aims to identify key drivers for Pacific patients' use of EDs for non-urgent conditions, from the perspective of Pacific people.

**Methods:** A qualitative and quantitative analysis was undertaken of survey data which had been collected by Counties Manukau Health in 2019, asking patients why they had come to the ED with non-urgent conditions.

**Results:** A total of 357 participants completed the 2019 CM Health survey. Ethnicity data were available for 353 participants. 42% (n=58) of Pacific participants had been to their general practitioner prior to going to the ED. Most commonly identified drivers were: (1) the participants were advised to go, (2) symptoms were too severe, and (3) symptoms not improving. These drivers were consistent with those in the literature, but also identified three additional key drivers: (4) symptoms not improving, (5) did not know the location of an after-hours clinic, and (6) lack of transport.

**Conclusion:** Multiple drivers underlie non-urgent use of EDs by Pacific people. These drivers need to be considered in the design, implementation, and evaluation of the initiatives which discourage non-urgent use of EDs. This is so that such interventions are effective, equitable, and do not result in unintended consequences for Pacific people.

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### **Ethnic makeup of those receiving total hip and knee joint replacements at Wellington hospital for osteoarthritis**

**Dr Luke Karalus, MBChB, Orthopaedic Registrar, Wellington Hospital**

It had come to our attention that there weren't many patients from the Pacific that presented to the orthopaedic clinic with hip and knee arthritis and underwent joint replacement. This was concerning given arthritis is the leading cause of pain and disability globally and joint replacement surgery has high post operative patient satisfaction scores. To look closer at this we performed a cross sectional observational study looking at the ethnic backgrounds of those who had a total hip or knee joint replacement for arthritis over a 4 year period from January 2018- to January 2022 funded by CCDHB. We also looked into the proportion of referrals made up by Pacific patients over a 6 month period. What we found is that out of 1712 joints replaced 108 identified as Pacific. There was a significant difference in the rate of joint replacements received by those from the Pacific communities

compared to other ethnic groups. Pacific Islanders received 4.75 joint replacements per 1000 Pacific peoples and those European 5.68 per 1000 (giving an odds ratio of 0.83). The PI subgroup made up 7.9% of the referrals while accounting for only 6.3% of those who underwent joint replacement. This disparity is concerning and calls for research. The aims would be to identify factors leading to this disparity so that they can be addressed and removed as barriers to best care for people from the Pacific.

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### **Pacific Women in Surgery: Exploring barriers, enablers and lived experiences of Pacific female doctors with pursuing a career in Surgery within New Zealand, Australia and the Pacific Region.**

**Dr Melbourne Mauiliu-Wallis, MBChB, Clinical Research Fellow, South Auckland Clinical Campus, The University of Auckland.**

**Rationale:** Women are under-represented as Surgeons worldwide (about 13%) and Pacific female surgeons to a much lesser extent. Pacific Peoples are 8% of the total population yet make up less than 2% of the medical workforce. With an increase in young Pacific female in their pre-specialty training years it is important to plan for workforce equity by identifying ways to increase representation in Surgery. The goal of the presentation is to create awareness, encourage participation and create a Talanoa around ways to enrich this PhD project.

**Overall Aim:** To explore experiences, barriers and/or enablers faced by Pacific female doctors in pursuing a career in surgery within New Zealand, Australia and the Pacific Region through a mixed methods approach. Objectives (Quantitative)

1. Identify baseline demographics of the current Pacific female surgical workforce within New Zealand, Australia and the Pacific Region
2. Identify factors influencing a career in surgery or a non-surgical career by participants. Objectives (Qualitative)
3. Explore experiences faced by Pacific female surgical and non-surgical doctors in pursuing a career in surgery
4. Identify modifiable factors and possible implications for workforce planning, equity and overall improvement of Pacific health within New Zealand, Australia and the Pacific Region.

**Methods:** Cross sectional survey questionnaire and qualitative interviews Health Significance of expected outcomes: Potential long-term impact

will be on workforce equity, diversity and relevant service delivery for Pacific patients. Findings can inform medical school curriculum, workplace culture, training schemes with the overall goal of improving health of Pacific Peoples.

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### **Fiji Regional Telehealth Project**

#### **Dr Odille Chang, Associate Dean Learning and Teaching and College of Medicine, Nursing & Health Sciences and Fiji National University**

Conceptualised in March 2020, in response to COVID 19, this project aimed to promote telehealth engagement aligned with the COVID-19 response for physical and social distancing. Telehealth was seen to be valuable option for health-related disaster responses, rural and remote health services, but not commonly used or promoted in Fiji mental health services. The main challenge for this project included the 'element of the unknown' in promoting effective and sustainable healthcare provider use and client use of telehealth in this environment. In partnership with St. Vincent's Pacific Health Fund, the Fiji National University's College of Medicine, Nursing and Health Sciences (CMNHS) established ICT for telehealth mental health services provided at the university, and through the Fiji Ministry of Health public mental health services. Technology and support for MOH sites were allocated, with strategic planning with clinical leaders for initiating telehealth services, and online professional development offered for clinicians to engage with telehealth platforms and access peer support. FNU and MOH staff engaged in education; direct patient care through clinical reviews, consults and integrating with other health teams; and ongoing professional development and training for mental health workers in Fiji and the region. This project established capacity and interest in telehealth initiatives for mental health services in Fiji. It engaged a wide range of multidisciplinary health workers and generated discussion for future projects. This project is an innovation during COVID for the provision of mental health services and training which can be used in other regional settings.

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### **Advancing Pacific health research and leadership at the University of Auckland**

#### **Dr Roannie Ng Shiu, Asetoa Sam Pilisi, Prof Keith Camacho & A.Prof Kevin Eduardo**

The Knowledge Hub

In partnership with Pasifika Medical Association/Pasifika Futures Ltd, The Knowledge Hub is a collaboration which seeks to

enable Pacific people to live longer, better lives in New Zealand and the region. The Knowledge Hub has three pillars which contribute to the partnership's outcomes – these are: Pacific Research Excellence, Pacific Research Capacity Building and Training, and Social Impact and Outreach.

The core goals and objectives of the Knowledge Hub are to:

- Build the research capacity and capability of Pacific researchers with a cohort of Pacific
- research students completing doctorates, masters degrees and summer research
- studentships.
- Undertake Pacific led research and scholarship in Pacific health and social outcomes in
- New Zealand and the Pacific region.
- Contribute to health workforce best practice for practitioners in Health and Social
- Outcomes, Policy Development, and Health Communication.
- In five years, a semi-autonomous Centre of Excellence, delivering research excellence for Pacific health and social outcomes and research support to the Pacific region.

This presentation will provide updates on research, workforce capacity building activities and social impact and outreach initiatives.

#### Centre for Pacific and Global Health

The University of Auckland Centre for Pacific and Global Health has recently been established to address 'wicked' societal health challenges in Aotearoa, the Pacific and the globe. Our mission is to positively impact health in the Pacific and globally, through high-quality research founded in partnership and local ownership. Our transdisciplinary approach focuses on cocreated solutions, equity, capacity development while fostering Pacific leadership locally, regionally, and globally.

This presentation will highlight current research projects within our four key research

priorities:

1. Noncommunicable diseases including mental health and sensory health
2. Health impacts of the climate crisis
3. Pandemic preparedness
4. The health of children and young people

These research priority areas are interconnected through 'cross-cutting' determinants, health systems strengthening, research translation,



policy and legislation frameworks, leadership and workforce development.

As a University Centre, we play a key role in building a coordinated and cohesive response based on high quality, relevant, implementable research, and training opportunities. We envision a future where partners connected to our Centre become active global health contributors and leaders on issues that affect the lives of Pacific communities.

Pacific transnational experiences of Covid-19: Native Hawaiian and Pacific Islander (NHPI) Communities Resources and Services to Mitigate Their Status as the Most Affected Population by the COVID-19 Pandemic in the US.

*Kelani Silk, Heidi Quenga, Kawehi Keli'i, Tia Aga Tevaseu, Karla Thomas, and Keith L. Camacho*

According to the US Census, a Native Hawaiian and Pacific Islander (NHPI) individual is a "person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands." As a diverse indigenous population from the Pacific Islands, NHPIs also speak their languages of Chamorro, Fijian, Marshallese, Native Hawaiian, Samoan and Tongan, to name a few. With their ties to the US military and the care and service industries, 157,263 NHPIs now reside in Los Angeles, Oakland, Orange County, Riverside, Sacramento, San Bernardino, San Diego, and San Francisco. With the outbreak of the Covid-19 in 2020, NHPIs have been severely impacted by the pandemic, suffering a higher COVID-19 crude mortality rate of 123 deaths per 100,000 people; more than other ethnic and racial groups in California.

In California, NHPI communities do not have access to translation services and resources, as well as lack NHPI language diacritics in government documents and materials about their communities. These conditions pose significant communication barriers to the already insufficient funding and resources made available to the NHPI population. By offering translation resources for NHPIs, the state of California can reduce the high NHPI infection rate of SARS-CoV-2; help NHPIs access medical and public health resources currently made available to other ethnicities and races; provide training and job opportunities for NHPI translators; and decrease the overall negative impact and vulnerability of the state of California to the COVID-19 pandemic.

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### **Te 'Ākirāta Mārama - Mental Health in Cook Islands**

**Dr Sam Manuela, PhD, Senior Lecturer and The University of Auckland**

To date there is very limited data on the prevalence of common mental illnesses in the Cook Islands. This presentation will share aspects of study protocol for Te 'Ākirāta Mārama - an HRC funded project that will address this data need. The objectives of Te 'Ākirāta Mārama are to describe the 1 month, 6 month, 12 month, or lifetime prevalence of anxiety, depression, and bipolar disorder; describe the prevalence of anxiety and depression symptoms; provide baseline data for the mental health status of Cook Islands populations; provide information on the utility of commonly used measures of depression, anxiety, and psychological distress for Cook Islands populations. Data analyses are ongoing and will be presented in the Cook Islands once completed. However this presentation will share preliminary demographic data and will be supplemented with discussions based on feedback from the data collection process and time spent conducting fieldwork in Rarotonga (n = 1023) and Aitutaki (n=150). Key themes will include: attitudes towards mental illness and mental health, mental health service delivery and capacity, additional areas for mental health and wellbeing support.

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### **Co-designing interventions with Pasifika communities to improve health outcomes in South Auckland.**

**Dr Siobhan Tu'akoi, PhD, Research Fellow, The University of Auckland**

A co-design partnership exists between the Pacific People's Health Advisory Group (PPHAG), comprised of community members of different Pacific ethnicities and backgrounds in South Auckland, the Pacific Practice-Based Research Network (PPBRN) representing South Auckland general practices, and University of Auckland researchers. Together, PPHAG and PPBRN workshopped two key research questions they felt were important to improve the health and wellbeing of South Auckland Pacific communities: improving uptake of urate-lowering therapy for gout patients and reducing the rheumatic fever burden. Gout and rheumatic fever both disproportionately affect Pacific people, with the highest rates among all ethnic groups in Aotearoa. As a result, two research projects were set up and are led by a team of Pasifika researchers from the University of Auckland and clinical experts in collaboration with PPHAG and PPBRN. Both projects follow a three-phase approach: 1. Utilising national and Auckland PHO data to explore the burden of disease, 2. Co-designing and implementing an innovative Pasifika intervention, and 3. Evaluating the implementation of the intervention. Although the COVID-19 situation

provided challenges for in-person Talanoa over the past year, the groups adapted to attend workshops on Zoom and are currently in the intervention development phase. These studies aim to co-design an approach that will work for Pacific people, enhance health and foster equity and empower Pacific communities to lead solutions.

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### **The perception and acceptability of Low Carbohydrate, High Fat (LCHF) diets among Pacific people in Dunedin**

**Miss Theresa Fitzpatrick, 6<sup>th</sup> year Medical Student, University of Otago**

**OBJECTIVE:** Low carbohydrate, high fat (LCHF) diets (similar to Keto diets) are currently much debated in both the media and the academic literature. However, little is known about (i) the acceptability of these diets amongst Pacific people in New Zealand, who traditionally consume diets high in carbohydrates, and (ii) how they might interpret recommendations to follow these diets.

This study aims to investigate how LCHF diets are perceived by members of a local Pacific community (Dunedin) and some of the barriers and facilitators to following this type of diet.

Face to face interviews were conducted with 11 Pacific participants. Interviews focused on their perceptions about carbohydrates, such as how often they ate carbohydrates, and their food habits including high carbohydrate and high fat foods. Other questions included the participants' thoughts on the LCHF diet, and if they would be willing to try a LCHF diet. Interview transcripts were analysed by inductive thematic analysis.

Exchanging high carbohydrate foods for high fat foods was perceived as being expensive, difficult and time consuming in terms of planning family meals. For a number of the participants it would require a substantial change in cultural practice as traditional diets were perceived to be high in starchy carbohydrate foods and dietary patterns were described as being heavily influenced by these traditions.

Our study suggests that LCHF diets may be unsuitable in some Pacific households because high carbohydrate foods are seen to play an important part in Pacific culture in Pacific adults in Dunedin. However, there are some positives in that the participants were willing to try it with further information.

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### **Can Pacific people go Low Carb?**

**Dr Theresa Fitzpatrick, MBChB, Te Whatu Ora Counties Manukau**

Low carbohydrate, high fat (LCHF) diets are currently much debated in both the media and the academic literature. However, little is known about (i) the acceptability of these diets amongst Pacific people in New Zealand, who traditionally consume diets high in carbohydrates, and (ii) how they might interpret recommendations to follow these diets. This study aims to investigate how LCHF diets are perceived by members of a local Pacific community (Dunedin) and some of the barriers and facilitators to following this type of diet.

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### **Equality for our Pacific Elders - Using InterRAI to understand Older Pacific People in New Zealand**

**Dr Xaviour Walker, MBChB, FRACP, Associate Dean Pacific Division of Health Sciences, University of Otago**

Achieving equity in health and quality of life for older Pacific Peoples is an important priority. New Zealand has a unique world-leading international Resident Assessment Instrument (interRAI) database that can provide valuable insights into the health status of older Pacific Peoples. Despite past interRAI research studies including Pacific Peoples, there is a gap in research to provide a comprehensive overview of the epidemiology of the health and well-being of older Pacific Peoples using the interRAI dataset.

Using descriptive and logistic regression analyses, we developed an epidemiological profile of Pacific Peoples in the interRAI dataset and compared it with the NZ Europeans. We compared demographic and clinical characteristics, prevalence of health conditions, health service use, and survival rates for Pacific Peoples and NZ Europeans.

Our study consisted of 5,501 Pacific Peoples and 122,217 NZ Europeans aged 50+ years who had an interRAI Home Care assessment. Pacific Peoples receiving an interRAI home care assessment had a mean age of 75.3 and NZ Europeans had a mean age of 81.7. We found that Pacific Peoples had lower unadjusted rates of loneliness and diagnosed coronary heart disease, but a higher prevalence of bed-bound individuals and bladder incontinence.

We are using the knowledge gained from this study to provide information to aid planning for older Pacific peoples' care and help inform policy makers during this period of health reform. This study will help future interRAI and other research focused on older Pacific populations.

## **Measles Community Outreach programme**

**Mr Faletose Asafo, BSc, Research Assistant, Moana Research.**

Pacific youth and young adults in Aotearoa New Zealand, between 15-30 years of age, are at a higher risk of contracting Measles due to existing health inequities. To encourage vaccinations among this group, Counties Manukau Health and Moana Research designed and delivered a community outreach programme. The programme aimed to engage and collaborate with various community groups in South Auckland to co-design and establish drop-in vaccination clinics that align with community-based events.

Our approach involved engaging with key leaders in community groups in South Auckland. An information workshop was held in March, to provide key information about Measles and other relevant information groups needed to know about hosting a drop-in clinic.

The programme delivered 8 community drop-in clinics and 2 additional events held at the Otara and Mangere flea markets. As a result of the programme, 221 Pacific youth/young adults are now protected against Measles. Another important outcome was raised awareness about the significance of protecting our families and communities against Measles. This was achieved by having conversations with community groups and members in the wider community as well as using promotional resources about immunisations and details about the drop-in clinics.

The most significant challenge the programme faced was delivering the drop-in clinics at the same time as the Covid-19 vaccine rollout as this created some confusion and hesitancy within the community.

The programme provides an innovative collaborative model for health service providers, Pacific researchers, and community groups to work together to protect Pacific peoples against communicable diseases.

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## **Literature Review: To explore New Zealand-born Pacific youth perspective of well-being using the Pacific Fonofale model of health.**

**Ms Folole Fangupo, Occupational Therapist, Lotofale Pacific Mental Health**

The aim of this literature review is to examine current literature on key principles that are important to New Zealand-born (NZ-born) Pacific well-being using the Fonofale model of

health (Vaka, Brannelly & Huntington, 2016). The Fonofale model utilises the metaphor of a Samoan fale to represent seven key components important to Pacific well-being which are the following key principles family, environment, culture, physical, mental, spiritual and other (gender, sexual orientation and socioeconomic status) (Manuela & Sibley, 2013). The method used will be an integrative literature framework to explore how these key principles contribute to positive well-being of NZ-born Pacific as the Fonofale model is an important Pacific model of health that illustrate key principles important to health and well-being (Manuela & Anae, 2017).

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## **Determining Long Term Outcomes of a Pregnancy Incentive Programme.**

**Ms Julia Kayes, 5<sup>th</sup> year Medical Student, University of Otago**

Incentivised smoking cessation programmes have previously been shown to be an effective long-term intervention during pregnancy and post-partum. In 2017, Te Hā - Waitaha, a smoking cessation organisation in Canterbury grounded in kaupapa Māori framework, initiated the Te Hā Waitaha Pregnancy Incentive Programme for expectant mothers referred to smoking cessation support services in Christchurch.

This study aimed to evaluate the success of this incentive programme from 1 October 2017 - 31 October 2021, and to determine the efficacy of the programme for Māori and Pasifika populations. Smoke-free milestones throughout a participant's pregnancy, at birth and up to five years post-birth were determined.

A total of 946 women attended their first meeting with a Stop Smoking Practitioner. Of these, 393 (42%) were Māori and 36 (4%) were Pacific. Overall, milestones were achieved in 40% of women being smoke-free at 4 weeks, 32% smoke-free at 12 weeks and 27% smoke-free at birth. By ethnicity, 26% Māori and 42% Pacific were smoke-free at birth. A 62% response rate in the follow-up survey showed that of those who were smoke-free at birth, two-thirds were smoke-free up to 5 years later.

This Incentive programme achieved its goal of reaching high priority groups, in particular Māori. Although Pacific involvement in the programme was small, their engagement was significant with a high proportion achieving smoke-free status at birth. Learnings from this study show that there is potential for Pregnancy Incentive Programmes to be successful for expectant Pacific mothers if delivered by Pacific practitioners.



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### **Is it appropriate to homogenise Pacific people when considering their need for CVD health services? A systematic review of the epidemiology and management of CVD among Pacific people**

**Ms Julie Winter-Smith, PhD Candidate, The University of Auckland**

Background: Pacific people experience inequities in the burden of cardiovascular disease (CVD) globally. In NZ, CVD (including as a result of diabetes) is the leading cause of preventable death and health burden for Pacific people. Health services generally homogenise Pacific people in terms of health service delivery.

Method: We conducted a systematic review to determine whether the epidemiology and management of CVD among Pacific people varies according to Pacific-specific ethnicity or place of birth. The review covered the period 1959–February 2021. Key words were cardiovascular, Pacific, Pacific-specific, epidemiology, management, equity. The full review protocol is available at <https://osf.io/x7nr6/>.

Results: Twenty-three texts were identified, of which only six were of good quality. Much of the literature was outdated and interpreted from non-Pacific perspectives. The findings of included literature indicate that there do appear to be differences in the epidemiology and management of CVD by Pacific-specific ethnicity or place of birth. The most recent NZ-based report estimated the prevalence of ischaemic heart disease (IHD) as highest among Cook Islands Maori (138 per 1,000 age-standardised population (p,0.001)) and lowest among Niuean (107.8) in metro-Auckland.

Conclusion: Health services will benefit from a contemporary, Pacific led understanding of the epidemiology and management of CVD by Pacific-specific ethnicity. This will foster equity in CVD health outcomes of Pacific people in NZ

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### **Who are Pacific people in Aotearoa New Zealand? Findings from a Pacific-led analysis of national health and non-health datasets in the IDI.**

**Ms Julie Winter-Smith, PhD Candidate, The University of Auckland**

Background: Pacific people experience inequities in the burden of cardiovascular disease (CVD). Health services responsible for meeting the health needs of Pacific people generally homogenise this group in terms of health service delivery. This project seeks to provide a more granular view of who Pacific people are, by

Pacific-specific ethnicity (including if of multiple ethnicities) and country of birth, before undertaking analyses to explore whether CVD burden differs between these groups.

Methods: Using the Statistics NZ Integrated Data Infrastructure (IDI), anonymised individual-level linkage of NZ administrative health and non-health data identified individuals alive on 31 March 2013 (as developed by Dr Suneela Mehta). From this cohort, Pacific people by Pacific-specific ethnicity and ethnic blend (e.g. sole Samoan, Samoan/Māori, Samoan/another Pacific, Samoan/non-Pacific, non-Māori) and by country of birth were identified.

Results: The results of this planned Pacific-led analysis and interpretation are unable to be publicly shared until confidentiality checked and released by Statistics NZ. We anticipate results to be available in August 2021.

Conclusion: This work provides a more comprehensive understanding of the rich diversity within and between Pacific-specific ethnic groups, which is masked by the use of the homogenous “Pacific” label. Subsequent analyses will explore the extent to which CVD burden differs between these groups. Appropriate tailoring of health services based on this more granular view of who Pacific people are in NZ needs prioritising in an attempt to achieve equity in CVD outcomes for Pacific people.

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### **Diabetes in the Cook Islands, a Clinical Audit**

**Ms Machaela Tepai, BHSc, 4<sup>th</sup> year Medical Student, The University of Otago**

Introduction: The global burden of diabetes mellitus (diabetes) is significant particularly in poorly resourced settings including the Pacific region. The Cook Islands faces mounting pressures to address diabetes alongside competing health priorities. As part of the Realm of New Zealand, Cook Islands residents are often referred to New Zealand for diabetes-related complications requiring advanced secondary or tertiary care. Such processes impact on the health, social and economic systems, and families and communities.

Aim: Determine the prevalence of diabetes and pre-diabetes and incidence of gestational diabetes mellitus (GDM) in the Cook Islands.

Method: Analysis of Te Marae Ora Cook Islands Ministry of Health diabetes datasets for the period 01 January 2009 to 31 December 2018 using Microsoft Excel (2013) and the Cook Islands 2016 population census to calculate rates. The study was funded by the Health

Research Council of New Zealand, ethics approved by The University of Auckland Human Subjects Committee, study approved by the Cook Islands Research Committee.

Results: Of the 1,270 diabetes cases, 53% were female and half aged 45 to 64 years. The prevalence and incidence of diabetes was 728/10,000 population and 64/10,000 population respectively. There were 55 pre-diabetes cases and 146 GDM cases. Of the 20 GDM cases who developed diabetes, 80% were diagnosed before the age of 40 years. Data quality was poor.

Discussion: The Cook Islands diabetes registers provide important data to help inform priorities for diabetes-related preventative and treatment measures. A data analyst has been employed to ensure quality, regularly audited data and information systems.

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### **Wellbeing of the tagata Niue people matters in Aotearoa**

**Mrs Maliaga Erick, BSW, Interim Project leader, Werry Workforce Wharaurau ICAMS and addictions.**

This paper will discuss about the Niue national wellbeing strategic plan and the process involved to ensure peoples voices are being heard and how it is represented at the Niue Leaders national fono. This project was supported by Pasefika Proud under the Ministry of Proud Pasefika. There are challenges and barriers experience shared but also great insight to what is wellbeing to our Niue people. Where to from here will be discussed and shared also.

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### **Developing Tongan and Samoan centred ways to expand access to primary health care (general practice/pharmacy) in Auckland, New Zealand.**

**Miss Latu Manusiu, PhD Student, School of Population Health, Faculty of Medical and Health Sciences, The University of Auckland**

Quality of health care is imperative for Pacific people when accessing primary health services. These populations face significant barriers in accessing New Zealand (NZ) general practices, and are less likely to be satisfied with their care. Many perceive pharmacies as 'prescription depots' despite their ability to resolve medication problems. NZ's largest Pacific populations, Tongan and Samoan people may therefore face more challenges when accessing services. Little research has been conducted on Pacific and ethnic specific service delivery models of care. Thus, this research has two aims

to 1) Explore how accessible primary health services are for Tongans and Samoans in Auckland 2) Optimize the quality of services for these two populations. The study has four objectives and includes: understanding these groups' experiences; developing a service delivery model; assessing the model through co-assessment using: case studies of diabetes and contraception; and a community meeting; and providing recommendations to stakeholders on policies. The research has three phases and will funnel down from qualitative interviews to one co-design workshop, two case studies and one community meeting. Participants will include health users/potential health users, health professionals, other health workers and CEOs or general managers. Participatory, co-design, Talanoa and Talanga methodologies/methods will be used. A co-designed model by these communities and service providers will incorporate professional and cultural standards to improve experiences. This model signifies a Pacific centric solution developed to alleviate access inequities and strengthen workforce capability. This presentation will provide a brief overview of the research, key findings, Covid-19 and future research implications.

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### **Moving towards almost live streaming Pacific Health workforce data to support planning**

**Mrs Mayor Pokino, Evaluator and Researcher, National Institute of Health Innovation**

The dissemination and management of data in health can be complex. Traditional data systems today can be time-lagged and highly manual, therefore delaying important data from reaching decision-makers in a timely manner. Building new systems that can present timely data will enable decision-makers to make highly informed decisions and view its impact early. This is most important for Pacific Peoples, where health inequity continues to hamper their health outcomes.

Using the COVID-19 pandemic as a case study, the National Institute of Health Innovation (NIHI), together with the University of Otago, is evaluating the COVID-19 Education and training program delivered by the Immunisation Advisory Centre (IMAC). The programme evaluation focused on the effectiveness of the COVID-19 vaccine training programme to train vaccinators to be part of the COVID-19 pandemic response and provide ongoing support to these learners in a dynamic environment.

To understand how learners were engaging with the programme and its processes, NIHI built a live stream data system using Power BI. While

data was aggregated for gross reporting, a more granular data stream was created to provide real-time data by subgroups - Pacific learners. By analysing and presenting the data by the different Pacific Nations, rapid insights of who the in-training and trained Pacific COVID-19 vaccinator workforce was available and thus early insights into gaps and successes could be identified.

The rapid analysis and presentation of the data enabled MoH, DHBs, and IMAC decision makers to quickly perceive gaps in the workforce and explore reasons, culminating in new courses and roles to be developed that better met the needs of the Pacific. The dynamic environment presented by the COVID-19 pandemic provided the necessary stimulus to challenge existing modalities of managing, presenting and utilising data and clearly highlighted that 'almost' live streaming Pacific Health workforce data to support planning had a positive impact on Pacific health equity.

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### **Act F.A.S.T. - A community lead approach to improving stroke outcomes**

**Miss Meisha Nicolson, MSc BA BSc, Senior Researcher, Te Whatu Ora Health New Zealand**

Stroke disproportionately affects Māori and Pacific peoples and at a younger age. Reducing the burden of stroke, with a focus on high-risk populations, is a key goal to improve health outcomes in New Zealand. People who present to hospital quickly after the onset of the first signs of stroke, have a greater chance of survival and improved outcomes.

For nearly a decade, the Ministry of Health's Long Term Conditions team, Te Hiringa Hauora (both now Te Whatu Ora), and the Stroke Foundation of New Zealand have been working collaboratively and with communities to encourage people to act on the signs of stroke by understanding the F.A.S.T. message. F = Face, A = Arm, S = Speech, T = Take Action.

Communities are best placed to design and deliver effective solutions to remove equity and hauora barriers. Digital promotions and community led grants have formed the basis of more recent F.A.S.T. campaigns. Dioscuri, a Māori and Pasifika owned design agency, has been producing story-telling videos to share the F.A.S.T. message, specifically for Māori and Pacific peoples communities. A national survey has shown that the 2020/21 F.A.S.T. campaign appears to have been particularly effective in increasing awareness of signs of stroke among Pacific peoples. This programme presents a

successful model for further health promotion initiatives which tackle risk factors for long term conditions.

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### **Integrated Primary Mental Health & Addiction - So, what is HIP'ing?**

**Mrs Metua Daniel-Atutolu, MN BHSc, Health Improvement Practitioner, National Hauora Coalition**

The Integrated Primary Mental Health and Addiction (IPMHA) includes an evidence-based approach to providing behavioural health support within general practice (Te Pou, 2022). The aim of these new services is to:

- Increase access and equity to access
- Increase choice in addressing people's holistic concerns
- Reduce wait time for mental health and addictions support
- Improve population health and equity outcomes

The IPMHA service is for anyone. People of all ages and at all stages of their lives are offered help with any type of issue related to behaviour change or mental wellbeing. There are no barriers to accessing this service, no referral criteria, no cost to the patient and the service is designed to 'flex' to meet the identified population health needs. The service is funded by the Ministry of Health for the period of 2020 to 2025, priority is given to Maori and Pacific peoples, youth and those people living in rural and remote locations.

So, what is HIP'ing? Is the privileged work that Health Improvement Practitioners (HIPs) do. As a HIP you become integrated into the general practice team to receive 'warm handovers' and provide patients with a 30-minute consultation that focus' on solutions, uses of evidence-based interventions and develop a plan or pathway that supports their mental wellbeing or support with addiction. As Pacific people in the HIP role we offer teams clinical or cultural consultations, psychoeducation and support with identifying patient pathways and networks to the community.

Collectively, we have been HIP'ing for 2+ years within clinics in Central and South Auckland, Marae-based clinics and the first HIP in a School-Based setting. In our experiences, the aim of this service is working for Maori and Pacific people, we'll share data that shows how our communities benefit from receiving mental health and addiction support sooner. The service is free and within their general practice clinic, home, marae, or nominated place. We have seen people's physical health improve; people have



told us they are in a happier space, we have connected people to others and we're told them we are here as part of your clinic team "come and see us again, if you need". This is HIP'ing!

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### **Achieving equity through Pacific health leadership - a qualitative analysis of New Zealand's senior Pacific health leaders**

**Miss Michaela Peters, 4<sup>th</sup> year Medical Student, The University of Otago**

**Aim:** The primary aim of this study was to explore the perceptions of senior Pacific on what makes Pacific health leadership effective. The secondary aim of this study was to build a foundation for future research and enquiry into the topic of Pacific health leadership.

**Method:** This study involved the participation of five top senior Pacific leaders within the health and disability workforce of New Zealand. Semi-structured interviews were conducted over Zoom instead of face-to-face due to the current COVID-19 pandemic. The interview schedule included questions about the participants' understanding and experience of Pacific health leadership, the challenges and nuances of their role as a leader, and what the future of Pacific health leadership could look like. All interviews were digitally recorded then transcribed. A thematic analysis of the transcripts was then completed.

**Results:** Analysis of the data collected from the interviews identified three key themes: (1) the definition of 'Pacific health leadership'; (2) the challenges faced by Pacific leaders in health; and (3) the future of Pacific health leadership.

**Conclusion:** The information gained from Pacific leaders in the health and disability workforce here in New Zealand, provided meaningful insight and information. This information can be used to develop a potential model or framework of Pacific health leadership. This can be applied in healthcare services across New Zealand to improve Pacific health outcomes.

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### **Pacific data sovereignty [PDS] - Equity through data sovereignty**

**Ms Nalei Taufa, BHSc, PGDip PH, MPH, Senior Research, Moana Research**

Pacific are consistently researched with framings that are predominantly a deficit framework, by etic 'outsider' perspectives. Despite centuries of cultural and traditional oratory, generations of storytelling, expansive datasets of knowing, believing, and experiencing. Pacific peoples have not always held the pen detailing the memoirs of migration stories, journeying through foreign

lands, and expressing past histories, present realities, and future aspirations, as People of the Pacific. Our oratory traditions are empowering as we are tellers of our own stories. Advocacy occurs when strength-based lenses that are inherently applied. We pen our own experiences, the rigorous accuracy, and representation when we center knowledge about us, from us. Pacific Data Sovereignty holds that we are the rightful stewards of our stories and testimonies. Pacific people have the right to govern the collection, ownership, and application of data about Pacific communities in Aotearoa. As Pacific, it is categorically true, that within Aotearoa; we are not indigenous peoples, rather children of the migration. Statistics demonstrates we are resilient migrants facing unique inequities and adversity. To address inequities, the Pacific Data Sovereignty Network aims to guide discussions and areas of the decision-making process. Data is a potent solution, but it can and has been harmful. PDSN hope to be a strategic channel to mobilise Pacific people's stories to create better outcomes. PDSN hopes to work alongside Pacific communities who will lead the charge for data that: advocates for equity, mediates Pacific solutions, and enables a reclamation in our Pacific storytelling.

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### **Prioritising Pasifika for NZ's MedTech Research Translator and Medtech Innovation Quarter**

**Mrs Natalie Solomona, BA/LLB, Research Operations Manager, Auckland Bioengineering Institute, The University of Auckland**

The Consortium for Medical Device Technologies (CMDT) is a partnership of five NZ universities (AUT, Universities of Auckland, Canterbury, and Otago, Victoria University of Wellington) and Callaghan Innovation. Its purpose is to connect stakeholders across NZ's medtech ecosystem through initiatives that create new opportunities in workforce development, healthcare, and commercialisation.

CMDT has established numerous successful national strategic initiatives including the MedTech Centre of Research Excellence; MedTech Research Network; Women in HealthTech; and the Trans-Tasman BioBridge to connect the NZ and Australian medtech innovation ecosystems.

CMDT is embarking on two new major NZ initiatives: 1) MedTech Research Translator; and 2) Medtech Innovation Quarter (Medtech-iQ). These initiatives can directly benefit our Pacific communities, particularly by having Pacific

leaders play key roles within both, which aligns with the RE-ENERGISE theme.

The MedTech Research Translator will provide funding for capability development and collaborations between clinicians and researchers to develop new medical technologies that help solve key clinical issues faced by health professionals and patients. Funding has been allocated for projects led by and with Pacific clinicians and researchers, as well as projects that focus on improving healthcare for Pacific communities across NZ and the Pacific.

The Medtech Innovation Quarter (Medtech-iQ) will be a national hub focused on accelerating the success of the entire medtech sector by enhancing collaborations, research, translation, commercialisation, investment, and employment pathways. This long-term initiative is in its conceptual stage, so it is vital Pasifika are involved now to ensure the establishment of Medtech-iQ is carefully considered via a Pacific lens.

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### **“Pikipikihama kae vaevae manava”: Family to family aid post 15 January eruption in Tonga**

**Pakilau o Aotearoa Manase Lua, Matapule,  
Secretary of Communications, Aotearoa  
Tonga Relief Committee**

In response to the 15 January 2022 volcanic eruption in Tonga, a group of Tongan community leaders formed the Aotearoa Tonga Relief Committee (ATRC). The aim was to quickly mobilise aid and ‘family to family’ assistance. Members of the ATRC were also involved in mobilising the Tongan community for COVID19 vaccination in 2021.

The benefit of this approach to the eruption included:

1. families being able to supply what was urgently needed by their own families back home
2. families here in New Zealand feeling like they were doing something and helping loved ones
3. better coordination and prioritisation of aid
3. less bureaucratic red tape

The ATRC were able to quickly establish Mt Smart Stadium as its base of operations for volunteers from 19 January to 21 March 2022 (phase 1). An executive was formed Co-chaired by Hon Jenny Salesa and MP Anahila Kanongata’a-Suisuiiki it established a comprehensive logistics and communications plan involving over 120 volunteers. A dedicated communications team were able to inform the

wider public via the media and also gain financial and other supports from communities and the public, businesses and other donors.

The ATRC’s work resulted in 86 (20 foot equivalent) containers of aid being shipped to Tonga. Additionally, 30 fishing boats, eight tractors and 10 containers of cereal were donated by billionaire businessman Graeme Hart via the ATRC. The goods donated to Tonga via the ATRC efforts were worth well over ten million dollars.

This is a recent and real time example of how the offshore community led from the front quickly and with compassion and resilience to organise and deliver aid in partnership with their families in Tonga. It is an approach that can be used again and there are key lessons to be shared.

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### **Pacific youth health plan: co-designing better outcomes for Pasifika youth**

**Mrs Stephanie Erick, MPH MHSc, Principal  
Advisor, Tiriti and Equity Team, Te Whatu  
Ora, National Public Health Services**

The development of this Pacific health promotion plan involved consultation with key experts in Pacific health promotion and leaders in this space to understand their perspectives on what Te Whatu Ora needs to do to achieve equity in health promotion. The importance of youth and young people within Pacific populations in Aotearoa was acknowledged and it was decided we needed to ensure their input. There was a deliberate decision made to have this action plan be informed by the voices and experiences of Pacific youth.

In September 2021, Synergia and Sound Research Ltd were commissioned by Te Whatu Ora to support the development of a Pacific Action Plan for health promotion.

The development of the plan intended to privilege Pacific ways of working Pacific values, priorities and worldviews of health promotion amongst a few other key goals. The process drew on the Kakala research framework. Most importantly, the development privileged the Pacific youth voice, as the inheritors of the system and the future of the Pacific peoples.

Our presentation will focus on the 5 “key shifts” that need to occur within health promotion, in order to develop a more equitable approach for Pacific peoples and sharing of the launch (29.08.22) collateral.

It is intended that this plan be a gift for the future system, a pathway forward to achieving equity for Pacific in health promotion.

**Exploring Samoan families understanding, and experiences of the current MH services integrated model of care.**

**Ms Taavale Ioana Mulipola, Nursing, Registered Nurse, Counties Manukau**

In NZ Pacific population has the highest prevalence of mental illness in the nation (NZ MH Survey 2003-2004). Samoans make up over half 51% of the Pacific population (Statistics NZ (2010) with associated high burdens of mental illness and an increased need for appropriate mental health services interventions.

MHS in Counties Manukau have made a significant whole of system transformation change in recent years whereby primary care, NGO and clinical services have become integrated to ensure service users and their family are centralised in care delivery aiming for everyone to achieve holistic health and wellbeing across their life course. My DHSc qualitative research using Samoan indigenous Fa'afaletui methodology, supported by HRC scholarship set out to explore the experiences of Samoan families using community mental health services to determine the effect of this model of care to their holistic health and wellbeing considering their cultural need. Preliminary findings to date, drawn from interviews with 12 families of service users suggests that families are having difficulty in accessing mental health services when needed, are not aware of the current family centred services nor the objectives of the current integrated family model of care due to poor communication and lack of cultural appropriation. Also found was that using Samoan language and engaging with Pacific centric cultural approaches (beliefs and staff) would benefit their experience.

The preliminary data suggests that the current model of care is not working for Samoans. Recommended is the development of an integrated MH care with a focus on inclusivity, accessibility, Samoan language based, to enable understanding of diagnosis, treatment, and service approaches and most importantly more understanding and acknowledging of cultural values and needs around mental illness.