

Pacific Health Advisory Committee

Minutes

Of the meeting held on Wednesday 15th February 2006 – 9.00 to 12.30 @ Lambie Drive

1. Present:	Mr Arthur Anae (Chair), Mrs Bernadette Pone, Mr Sefita Hauoli, Dr Juliet Walker, Ms Stephanie Erik-Peleti, Ms Malia Hamani, Mr Michael Chan, Mrs Jillian Dooley, Mr Nuku Rapana, Mr Ika Tameifuna, Mrs Roine Lealaialoto,
Apologies:	Ms Bernadette Pereira, Mr Pat Snedden, Ms Bernadette Pereira, Mr Paul Cressey, Mr Nuku Rapana for lateness
Action	
2. Minutes of Previous Meeting:	<p>Resolution The minutes of PHAC held on Wednesday 16th November 2005 were confirmed and approved with no further amendments.</p> <p>Moved: Mr Michael Chan Seconded: Ms Stephanie Erik-Peleti Carried: All</p>
3. Matters Arising:	<ul style="list-style-type: none"> - Congratulations to Mr Michael Chan on his appointment as CEO for South Seas Healthcare. - Congratulations from Mr Pat Snedden to PHAC/Margie and wider team for the positive achievements last year - Noted that SIA funding discussed at the Board meeting in February. - Noted that Mr Arthur Anae attended a meeting of Pacific Boards across the country and noted the interest in achievements of PHAC in Counties Manukau. Also a potential presentation to the next meeting on LBD. - The date for final confirmation of the Pacific Disability plan is still a few weeks away. <p>Flu Pandemic</p> <ul style="list-style-type: none"> - Noted that Mick Hubbard will provide an update on further progress on the Flu Pandemic at next meeting. - Update at next meeting re plans on how to update community, precautionary measures to be taken etc.
4. Procedural Matters	<p>Disclosure of interest</p> <ul style="list-style-type: none"> - “Register of Interests” document circulated for updating. <p><u>Disclosure of interest (this list is part of all PHAC minutes)</u></p> <ul style="list-style-type: none"> - Mr Ika Tameifuna <ul style="list-style-type: none"> Ø involved in church that has applied for the Lotu Moui grant - Seiuli Dr Juliet Walker <ul style="list-style-type: none"> Ø Medical Director - TaPasefika – and Director – Southseas Healthcare - CM Pacific Provider, and a member of the Breast Screening Steering Group, ESSAG & CAG

	<ul style="list-style-type: none"> - Mr Sefita Hauoli Ø Directly engaged in work/information dissemination related to the Let's Beat Diabetes initiative and is the Manager of 531PI, a broadcasting service that has a contract with CMDHB; - Mr Nuku Rapana Ø Board member of TaPasefika - Mr Michael Chan Ø Employee of Southseas Health Care – CM Pacific Provider - Ms Malia Hamani Ø Manager, Toa Pacific – CM Pacific provider and involved in the Let's Beat Diabetes initiative - Mr Arthur Anae Ø Board member of Phobic Trust - Ms Bernadette Pereira Ø Member of the Breast Screening Advisory Group - Mrs Roine Lealaialoto Ø Manager – Penina Health Trust – CM Pacific Provider - Ms Stephanie Erick Peleti Ø AUT Researcher. Ø Treasurer: Pacifica Womens Inc. Auckland Central Branch Ø Treasurer: Pacific Health & Welfare Inc Society Ø National Pacific Diabetes Initiative – Subcontractor Ø Nancy Sheehan & Associates (Contracted provider for CMDHB) – (Writer) subcontractor <p>Updates re Membership</p> <ul style="list-style-type: none"> - Noted that Mr Sefita Hauoli has been asked by the LBD team to contract for 30 hours a week to work on the Social Marketing project. - Noted that Mr Ika Tameifuna is leaving NZ early March to work for the NZ Immigration office in Tonga. The Committee acknowledged his commitment and support for Pacific Health and wishes him all the best. 	
5. Committee Updates	- No comments	
6. Presentation	<p>Pacific Service Plan – goals for 2006 and funding/issues for the Board</p> <p>Presentation by Margie Fepulea'i. Some of the key points noted are:</p> <ul style="list-style-type: none"> - This is an attempt to focus on achieving positive health outcomes - Evidence indicates that the Pacific population are accessing services reflected in PHO and CCM enrolments. - Excellent body of research material is available, more important to ask the right questions to determine the needs and focus on interventions. - It's more about service design and delivery and how they need to change. - The modelling exercise highlights key issues around obesity/overweight. While a good percentage is being picked through CCM, Get Checked etc, concerns that those at risk aren't being picked up as this is an opportunity to slow down the progress of the disease. - Outcome 1 proposes a community based approach to improving the health environment – information, education etc 	

	<ul style="list-style-type: none"> - Outcome 2 aims to improve the Pacific child and youth health – focus on link to Well Child programmes, obesity management, support to mothers and caregivers - Outcome 3 - focuses on those with chronic disease - a structured care approach seems to work well with Pacific people - Outcome 4 – to reduce inequalities through prioritisation processes - Outcome 5 – improvement in access to services for the Pacific population – includes electives services and DNA rates - Outcome 6 – growing and developing the Pacific workforce and providers. Investment in scholarships and health as a viable career option. - Currently working on confirming resourcing for the next 5 years to ensure funding and workforce to meet service volumes. - Margie thanked PHAC for their advice and support. <p>In responding to some queries, noted that</p> <ul style="list-style-type: none"> - There is no cadetship yet, starting with scholarships - There is support for young students at universities, a recognition ceremony is scheduled for 9th March. - There is no relationship with South Pacific School of Medicine. - The varied opportunities in health industries need to be communicated to children in schools. - In order to get messages across to the communities, might be a good idea to approach the Theological College to include a component on community education. <p>Child Health Plan</p> <ul style="list-style-type: none"> - The Child Health Strategy will be presented to the Board for approval and implementation. - The plan identifies the range of activities to improve child health and implement the DSP outcomes for the next 3-5 years. - The plan will focus on prevention/intervention during the early years through healthy lifestyle choices, education. - Noted that of the 0-14 year population – 37% are Pacific and 39% Maori. - The plan will be built using positive achievements – Kidslink/NIR linking outreach, public health nursing capacity, structured mechanism for working with primary care and the success of MeNZB campaign in reaching all children through schools, outreach services. - In terms of process, workshopping with internal and external child health stakeholders, Maori and Pacific groups was undertaken. - Some key themes that emerged include maternal education – integrating maternity and well child continuum of care, connection between community based services and working intersectorally. - The Child Health Plan has identified the priorities using the DSP framework – community wellbeing, improve youth and child health, reduce priority conditions, reducing inequalities, health sector responsiveness and health sector capacity - The plan will be tabled at the Committees for feedback, consultation, external stakeholders for feedback/consultation and then taken to the Board for approval/ratification. 	
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	<p>Social Marketing</p> <p>Noted that Mr Sefita Haouli didn't participate in discussions as a committee member as he was part of the group presenting on progress achieved on Social Marketing Strategy.</p> <ul style="list-style-type: none"> - To recap, the aim of this project is to develop a 3-year social marketing strategy to meet the key objectives of LBD among the high at risk population groups e.g. Maori and Pacific. - This update focuses on the development of the 18 month programme of social marketing and communication activities. - The aim of social marketing is to motivate customers to adopt desired behaviours, support promotion to enable existing initiatives in other areas, it can also identify what new initiatives are required to bring in behavioural changes. - Key behaviours are being developed from Maori/Pacific strengths – family approach, cultural systems and social contexts, using life events and trusted agents, role modelling and local people making changes in a local way. - The Communication approach is non-judgemental, real life, community based – neighbours, families and about Manukau. - Celebrate the community, families, business, health professionals by showcasing them as 'champions' of the desired behaviour changes. - The next stage is the consumer immersion process to work and see how the strategy connects to people's lives, the information gained will help form the communication strategy. 	
<p>7. Progress report</p>	<p>Lotu Moui</p> <ul style="list-style-type: none"> - The operations plan for the next 4 years tabled for members' information and discussions. - This plan uses the findings of the symposium, Ministers Forum, Health Committee fono and PHAC. - The strategic priorities and KPIs are aligned to and complement the Pacific Health Plan, DSP and LBD. - The operation plans outlines how the Pacific Health team intend to achieve the Health outcome "To implement Lotu Moui to build healthier church environments". - The Lotu Moui framework is contextualised in the Board visions and values and provides a pathway for partnership between CMDHB and Pacific churches. - The overarching theme is about changing mindsets towards healthy living, healing and wholeness for Pacific people and a collective approach to health and wellbeing. - An evaluation by the School of Population Health is being undertaken of qualitative and quantitative data to see whether the programme is achieving the desired results. - Linking to other strategies, there are 6 key outcomes <ol style="list-style-type: none"> 1. Improve nutrition practice 2. Increase physical activity levels 3. Promote healthy weight 4. Reduce smoking prevalence 5. Improve engagement with health systems 6. Implement community education models 	

	<ul style="list-style-type: none"> - All outcomes have specific goals, commitment from the organisation and targets set through for the next four years. <p>Let's Beat Diabetes Update by Adrian Field. It was noted that</p> <ul style="list-style-type: none"> - Noted that LBD has consolidated governance functions and built a skilled and effective operational team. - Relationships have been established with external partner organisation. - The evaluation and social marketing strategies are on track. - Community nutrition education programmes developed for Pacific communities linking with Lotu Moui - 8 community Action fund applications approved, 5 in the process – this enables smaller community groups to take on a health promotion role. - Teaching resources for nutrition and physical activity is being developed and school healthy canteen business model will be piloted. - Partnership with Manukau City Council to include promoting physical activity in design and development of neighbourhood parks. - 	
8. Information papers	<p>Pacific GM update</p> <ul style="list-style-type: none"> - Report distributed and taken as read. <p>Breast Screen Service Implementation Project Update</p> <ul style="list-style-type: none"> - Noted paper has been read by all members 	
9. General Business:	-	
10. Adjournment :	The meeting adjourned at 12.10noon	
11. Next Meeting:	Wednesday 15 th March 2006, 9.00 to 12.00, Boardroom – Lambie Drive.	
<p>Signed as a true and correct record on the 15th March 2006</p> <p>Chair: Mr Arthur Anae</p> <p>Resolution</p> <p>The minutes of the meeting of the Pacific Health Advisory Committee of Counties Manukau District Health Board of 16th February 2006 are approved.</p> <p>Moved: Mr Sefita Hauoli Seconded: Mrs Jillian Dooley Carried: Unanimous</p>		