

Minutes of Pacific Health Advisory Committee

Of the meeting held on Wednesday 18th October 2006 – 9.00 to 12.00 @ Lambie Drive

1. Present:	Mr Anae Arthur Anae, Mr Michael Chan, Mr Sefita Hauoli, Mrs Jillian Dooley, Mrs Roine Lealaialoto, Ms Malia Hamani, Mr Peter Skelton, Mr Phil Beilby, Ms Bernadette Pereira, Dr Etuate Saafi, Ms Louisa Lavakula In attendance: Fepulea'i Margie Apa, Mr Chad Paraone, Ms Gerardene Waldren, Mrs Rachel Enosa-Saseve, Ms Subha Srinivasan (Secretary)
Apologies:	Mrs Bernadette Pone, Mr Nuku Rapana, Ms Stephanie Erik-Peleti, Mr Paul Cressey, and for lateness from Mr Michael Chan
Welcome and apologies noted	
2. Minutes of Previous Meeting:	<p>Resolution The minutes of PHAC held on Wednesday 20th September 2006 were confirmed and approved with no further amendments.</p> <p>Moved: Mrs Jillian Dooley Seconded: Mr Phil Beilby Carried: All</p>
3. Matters Arising:	<ul style="list-style-type: none"> - Noted that reports requested at previous meetings is being finalised. <ul style="list-style-type: none"> Ø Pacific patients admission to the hospital Ø Brief on PPD Ø Feedback on Traditional Healing - Noted that the evaluation Memorandum of Understanding with Cook Islands is currently being written by Jane Lattimer a consultant and will be completed by the end of October. CMDHB is yet to receive a draft. - In response to query on proposed DHB actions re PPDF unallocated funds, it was noted that the DHB is currently undertaking a Provider Governance Review and developing a 3-year plan to inform how it will be used. - A progress report will be tabled after the review team meets with provider chairs. - This will also be discussed at the next provider meeting. - In response to query from Mr Michael Chan re the DHB stance on the utilisation of the PPDF funds for overseas conference, it was clarified that the DHB will approve the use of PPDF for overseas travel/conference as long as it is directly linked to competency building and building service capacity. - It was also clarified that historically the DHB hasn't approved the use of PPDF for PMA conference attendance as it isn't linked to competency and not seen by CMDHB as an appropriate use of funds. - Generally providers should budget for conferences and use of PPDF is driven by need/relevance to provider development. - Anae requested this information be communicated to the

	<p>providers so the information is clear and available.</p> <ul style="list-style-type: none"> - In progressing the Think-Tank session agreed at previous meeting, dates confirmed for 24 January 2007, 9.00 to 3.00pm, Boardroom at the DHB offices. - It was clarified that as there isn't a PHAC meeting in December or January, members will be able to allot some time for this meeting. - The aim of this session is to conduct a stock-take of the last 18 months focus on areas to work and review the future work programme for the DHB Pacific team for 07/08 and the duration of Tupuola Moui. 	
<p>4. Procedural Matters</p>	<p>Membership Update</p> <ul style="list-style-type: none"> - Mr Anae welcomed the 3 new members to the Committee - Mr Peter Skelton thanked the DHB for the opportunity to join PHAC. Mr Skelton is the deputy chair of the Mangere Community Board - He is passionate about working with the community directly, involved with Citizens Advice Bureau which is a link to the community in increasing awareness. - He sees health as an important area to focus on. - Mr Skelton also belongs to various committees and is on the Board of 531PI. - Dr Saafi is a Tongan member of the Pacific Island Advisory Committee at the Manukau City Council. - His background is diabetes research and education. - A resident of Mangere, he's aware of the health issues of the community. - Ms Louisa Lavakula belongs to the Otara community board. - She has an extensive background in health. She's a trained nurse, worked in secondary schools, primary care, Middlemore hospital and involved with disability. <p>Disclosure of interest</p> <p><u>Disclosure of interest (this list is part of all PHAC minutes)</u></p> <ul style="list-style-type: none"> - Mr Sefita Hauoli <ul style="list-style-type: none"> Ø Contracted to the Social Marketing Strategy formation work stream of the Let's Beat Diabetes initiative Ø Contracted to 531PI, a broadcasting service that has a health promotion contract with CMDHB; - Mr Nuku Rapana <ul style="list-style-type: none"> Ø Board member of TaPasefika - Mr Michael Chan <ul style="list-style-type: none"> Ø CEO - Southseas Health Care – CM Pacific Provider Ø Member of PHWAG, Oral Health group and Pacific Provider Management group. - Ms Malia Hamani <ul style="list-style-type: none"> Ø Manager, Toa Pacific – CM Pacific provider and involved in the Let's Beat Diabetes initiative - Mr Anae Arthur Anae <ul style="list-style-type: none"> Ø Board member of Phobic Trust Ø Counties Manukau Sports – Board member - Ms Bernadette Pereira <ul style="list-style-type: none"> Ø Member of the Breast Screening Advisory Group - Mrs Roine Lealaiauloto <ul style="list-style-type: none"> Ø Manager – Penina Health Trust – CM Pacific Provider Ø Board member – Ta Pasefika - Ms Stephanie Erick-Peleti <ul style="list-style-type: none"> Ø AUT Researcher. 	

	<ul style="list-style-type: none"> 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 - Ms Bernadette Pone <ul style="list-style-type: none"> • MIT Board of Council - Member • Contracted Provider - Work and Income NZ and Housing NZ • St Josephs School, Onehunga - Board of Trustee • Careerworks Pasifika Ltd - Managing Director - Mr Peter Skelton <ul style="list-style-type: none"> • Deputy Chair – Mangere Community Board • Board member 531PI - Dr Etuate Saafi <ul style="list-style-type: none"> • Member of Pacific Island Advisory Committee – MCC - Ms Louisa Lavakula <ul style="list-style-type: none"> • Member – Otara Community Board - Mr Pat Snedden <ul style="list-style-type: none"> Ø Business Advisor, Healthcare Aotearoa Inc Ø Chairman Housing NZ Ø Treaty negotiator, Ngati Whatua Orakei Maori Trust Board Ø Deputy Chair ASB Trusts Ø Director Watercare Services Ltd Ø Director Mai 86.6 FM - Mr Paul Cressey <ul style="list-style-type: none"> Ø Chairman Life Education Trust Ø Trustee South East Auckland Life Education Trust Ø Chairman Health Information Strategy Action Ministerial Committee Ø Chairman Injury Surveillance Ministry Advisory Panel (ISMAP) - Mrs Jillian Dooley <ul style="list-style-type: none"> Ø Currently employed by CMDHB as an Appointment Coordinator (0.5FTE) 	
5. Committee Updates		
6. Presentation	<p>Social Marketing - LBD</p> <p>Presentation by Gerardene Waldron and Chad Paraone</p> <ul style="list-style-type: none"> - Chad introduced himself as the Programme Director for this project and noted the progress achieved so far. This is a multi-disciplinary project that works with different agencies and streams mobilising with the one goal. - He also noted that LBD is about Maori and Pacific in South Auckland. - Gerardene reinforced the overall objective of this project which is being implemented through 10 action areas. - The social marketing campaign aims to understand and influence the societal response to dealing with diabetes. This campaign aims to work as a galvanising mechanism reaching out to the community and influencing them to make the desired changes. - The goals for this campaign is as follows: 06/07 – swapping to healthier eating and physical activity habits – prevention 07/08 – find out/screening/diagnosis - This campaign aims to target the audience at home environment and the “supply” environment to ensure a 	

	<p>consistent message is getting through.</p> <ul style="list-style-type: none"> Ø Influencers of home environment in Maori/Pacific families – these are the people who are responsible for their and the family’s eating patterns. Targeting this group will ensure that actions taken in the school/work environment etc are complemented. Ø Influencers “supply” environment – target environmental influencers. <ul style="list-style-type: none"> - In keeping the focus simple, the campaign will focus on obesity as this is the predominant cause of diabetes, it is tangible i.e. seen and perceived and there’s a high public awareness on obesity. - The causes for obesity are the following – fat, portion size, sugar and lack of exercise. - Feedback from initial pre-testing indicates that people can’t do this alone, they fall into the “try-fail-guilt” cycle – it is important to create a strong momentum and continue to support people. - Noted that people need an “emotional” reason to do this, protecting the future and a focus on holistic health - Ms Bernadette Pereira noted given that the messages over the last two years has been on diabetes, shifting focus to obesity might cause some confusion in the community. - Chad clarified that the focus is obesity as this is the main contributor for type 2 diabetes and in planning for way forward it is vital to tackle the issue of obesity. - Fepulea’i clarified that the health approach to obesity is based on BMI which is different to the community perception. - She also clarified the DHB approach is work with the community collectively in tackling this. There are concepts to engage and talk to families on this. - Mr Sefita Hauoli noted that language is an important factor in understanding obesity, the context, the implications etc. - Ms Louisa Lavakula noted the important role of the language in getting messages across and is major while introducing health projects. - Noted that clarify is needed around the word obese so that people can understand it. - Members expressed their concerns that the word “obesity” can be seen as stigmatising. - Discussions whether this word can be adopted for all languages and give it a meaning in the different languages – this will ensure it is consistent across the region and won’t lose the different implications. - Dr Saafi noted that in tackling the issue of diabetes, obesity is a good starter, but need to be aware of the emotional overtones. - The Committee suggested the DHB stance should focus on a family/societal response to tackling this issue rather than condemning or stigmatising people. - The committee suggested this campaign/awareness should be supported by other actions in order to get the desired results. - Noted the Coco-Cola/McDonalds initiative that was piloted in 23 outlets in Manukau was successful. Sprite was replaced by Sprite zero and the results note a 17% reduction in sugar consumption – this equates to 10 tones of sugar. - There hasn’t been any negative feedback and no reduction in sales noticed. 	
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Lotu Moui update

Mrs Rachel Enosa-Saseve spoke to this presentation.

- Noted there are currently 48 churches enrolled with the Lotu Moui programme
- In terms of monitoring reports 2 reports are generated for each 6-month period and a template provided for the reporting and a community advisor role to assist with this.
- 74% reports for funding round 1 and 45% reports for funding round 2 received to date.
- In reviewing the figures for building capacity within the community, noted that 28 churches participated in Governance training, as also upskilling noted for nutrition, first aid and smoke free training.
- Some of the actions being taken in response to implementation issues:
 - Ø Building capacity within the churches
 - Ø Churches re-orienting their programmes to include health
 - Ø Behaviour and attitude changes takes time
 - Ø This is a flagship project for the DHB, no longer a pilot, so this needs a proper structure/staffing
 - Ø Linkages with other DHB priorities
- A comprehensive evaluation programme is in place to evaluate the effect of this programme on behaviour changes for the Pacific people.
- The evaluation has two components – quantitative which is data collection and qualitative and is around personal reflections.
- The quantitative evaluation will be conducted by the School of Population health. This will target 10 churches, 1000 participants. The survey questions will be translated and measurements taken. This will be repeated in 2009.
- The Lotu Moui symposium is scheduled for 23 and 24 November and is themed on “Healthier Lifestyles: Planning for the next generation of Pacific peoples”.
- Keynote speakers have been confirmed
- Three breakout sessions are programmed – ethnic specific, gender-based panel discussions and workshops linked to Lotu Moui operational plan.
- Issues and panellists to be confirmed for the panel discussions on disseminating information back to the community on lifestyle issues.
- The themes are based on health committee discussions.
- There will also be a market place for the community providers and sponsors to show-case their business. The social marketing concepts will also be launched coinciding with the National Diabetes week.
- Pacific success stories will be show-cased to inspire participants, Lotu Moui DVD and Testimonials and the launch of Health Grant.
- Also concurrent to this, the youth stream will be run. The focus/priorities here are as follows:
 - Ø Succeeding in life – role models
 - Ø Self esteem, confidence and support from families
 - Ø Family arguments, lifestyle choices
 - Ø Obesity, keeping fit, eating healthy
 - Ø Sexual health – teen pregnancy
- The Youth Stream includes those in the 15-22 year age group.
- It was clarified the Youth Stream is based on Lotu Moui churches.
- Ms Bernadette Pereira queried whether in show-casing

	<p>Pacific success stories, it might be useful to have a reality check and also include those who've tried and failed and still keep going.</p> <ul style="list-style-type: none"> - Mr Sefita Hauoli noted that exploring the psychology of how humans keep trying again and again is important to understanding human behaviour. 	
<p>7. Information papers</p>	<p>Pacific GM update</p> <p>Fepulea'i Margie Apa provided an update on the Tupu Ola Mou reporting for quarter one for 06/07</p> <p>Outcome 1</p> <ul style="list-style-type: none"> - Stocktake of church programmes progressing - Baseline survey – process for ethnic specific information gathering encountered a snag due to statistical methodology issues. Agreement reached that will go back to original plan and scope a different plan to gather in-depth ethnic specific information as this is highly vital. - The two main information required as part of the baseline survey is the degree of under-diagnosis and an in-depth understanding of ethnic-specific perception of the disease. - Well child obesity, assessment review being scoped. - Physical activity toolkit deferred to quarter3/4 - Smokefree project progressing very well. <p>Outcome 2</p> <ul style="list-style-type: none"> - Maintain or increase immunisation coverage has been problematic due to reporting, planning to boost coverage. - Evaluation of childhood obesity, interventions planned in Quarter 2. - One stop shop scoping phase – focuses on capturing the youth perspective. <p>Outcome 3</p> <ul style="list-style-type: none"> - Screening, review process on establishing a screening pilot - Services for morbidly obese people – not Pacific specific This is an internationally accepted intervention. There are strict eligibility criteria, targeting diabetics who are on CCM. - Proposing an integrated model – supported by CCM and working with households to change the routines. <p>Outcome 4 – Health inequalities</p> <ul style="list-style-type: none"> - A Pacific Needs Health Analysis is being compiled and Dr Brad Novak will present this at November meeting - DNA project will be reviewed later this month. This aims to pull out services that contributed to DNA and address it. <p>Outcome 5</p> <ul style="list-style-type: none"> - Access to elective and hospital specialist services to start after the Health Needs analysis report <p>Outcome 6</p> <ul style="list-style-type: none"> - Cultural competency progressing well - The Project Manager is currently attending a conference overseas and will bring back some ideas on developing a framework for cultural competency training that can be tailored to the DHB. - The Pacific Workforce Plan is progressing well - The National Pacific Workforce Plan is scheduled for 21st November 2006-10-19 - Noted that a governance review of the Pacific Provider 	

	<p>Development Fund has commenced.</p> <p>Other work programmes</p> <ul style="list-style-type: none"> - Part of the Regional Pacific Work Programme: MoU with Niue is going well, MoU with Cook Islands is being reviewed, scoping trip to Samoa has been deferred. - The Metro Auckland work programme, progress in the Regional Mental Health planning. - The National Pacific DHB continues to work on Well Child, Workforce Development and Funding reviews. - Fepulea'i also noted that is being planned to build a dedicated capacity to add new functions. <ul style="list-style-type: none"> Ø A dedicated Director role to manage the developmental projects Ø Programme Manager for Lotu Moui Ø Community Development Officer for Lotu Moui Ø Admin Support for Lotu Moui <p>Breast Screen Service Implementation Project Update</p> <ul style="list-style-type: none"> - Noted report tabled. 	
8. General Business:		
9. Adjournment:	The meeting adjourned at 12.00noon	
10. Next Meeting:	Wednesday 15 th November 2006, 9.00 to 12.00, Boardroom – Lambie Drive.	
<p>Signed as a true and correct record on the 15th November 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 18th October 2006 are approved.</p> <p>Moved: Ms Bernadette Pereira Seconded: Mr Arthur Anae Carried: Unanimous</p>		