



Pacific Health Advisory Committee

Minutes

Of the meeting held on Wednesday, 15 August 2007 at 9am until 12pm at CMDHB, Manukau Boardroom, 19 Lambie Drive, Manukau City

Attendees	Anae Arthur Anae (AA), Peter Skelton (PS); Michael Chan (MC); Malia Hamani (MH); Paul Cressey (PC); Sefita Hauoli (SH); Louisa Lavakula (LL); Bernadette Pereira (BP1), Philip Beilby (PB), Nuku Rapana (NR), Dr Etuate Lui Saafi (ELS)
CMDHB	Manu Sione (MS); Vicky Tafau
Apologies	Bernadette Pone, Roine Lealaialoto
Absent	Stephanie Erick-Peleti

Actions from Previous Meeting	Action Items
Michael Chan is to report to PHAC in three to four months time to update on how his programme has run.	MC
Cancer Control Committee – could we look at a joint POU/PHAC venture or a Pacific Cancer Advisory Committee? The Maaori Committee is already organised. Awaiting feedback from Maika Veikune.	MV
Disclosure of interests. To be printed and published in this set of minutes.	VT
Workforce Development Plan being updated and sent out to the WFD Committee and PHAC via mail. MS to coordinate.	MS
P Bielby to present at the next PHAC meeting – amalgamation model between PIASS and another organisation.	PB

	Action Items
Welcome	Arthur Anae welcomed the Committee. Opening Prayer: Nuku Rapana
Minutes	Amendments to previous minutes: The minutes were accepted as a true and accurate record of the previous meeting held on the 18 July 2007. Moved: Sefita Hauoli Seconded: Michael Chan

Topics	Discussion	Action Items
Matters Arising	<p>Sustainability Workshop – need full engagement from all parties. The suggestion was made that the Providers should lead the workshop. Have a set agenda with a range of topics. CMDHB to be in a support role – facilitator.</p> <p>Providers require the engagement of the PHAC Committee. PHAC and Providers shall work together to make the Sustainability Workshop a success.</p> <p>Elder Abuse – a DVD tool will be provided to DHB's (\$55). It was suggested that there is a need to communicate the findings through talkback radio. Bring the subject to the forefront, identify it. We need to raise the levels of awareness amongst the community. Even profile abuse in general.</p> <p>TOA Pacific has a training package for working with Pacific People. TOA Pacific would like staff at Middlemore Hospital to make use of the Pacific Training Package.</p> <p>The PHAC Committee was advised that South Seas Healthcare won the Family Violence contract. They ran a programme through Malaeola – representatives from 25 Catholic Churches attended. (Disclosure of Interest) Michael Chan is to report to PHAC in three to four months time to update on how his programme has run.</p> <p>There is a need for a multi-pronged approach – all media coverage and through Pacific Networks (Lotu Moui)</p> <p>Cancer Control Committee – could we look at a joint POU/PHAC venture or a Pacific Cancer Advisory Committee? The Maaori Committee is already organised. Awaiting feedback from Maika Veikune. 9.40am Paul Cressy arrived</p> <p>A BreastScreen funded PI person is to be employed to link in with BreastScreen Counties Manukau.</p> <p>The question 'Why do PI women not get breast screened' was asked. Some of the ideas were to have better communication via PI radio stations and to better utilise the Mobile Unit during the weekends.</p> <p>Is there a need to look closely at our churches? Can they back these difficult issues? Resources need to accompany any programmes that need to be delivered. Could we look at a funding increase for Lotu Moui to cope with the load that is being forced on our churches?</p> <p>Another idea raised was to house clinics in the churches rather than building new venues.</p> <p>WorkForce Development The sub-committee met on 13 August.</p>	<p>MC</p> <p>MV</p>

	<p>Requirements and needs of providers under contract are not being looked after. Are there links between the plan and the providers? The links are there but the plan needs to be continually improved. Onus is on the providers to make sure shortfalls are made public. Draw them to the attention of the DHBs.</p> <p>Create a bureau of skills – make is accessible to providers.</p> <p>Pipeline – where to the PI Providers needs and requirements fit in?</p> <p>Plan being updated and sent out to the WFD Committee. Being sent out to PHAC via email. MS to coordinate.</p> <p>PPDF/Sustainability/Service Contracts – demographics change. Need a better understanding on how this affects cost of services. PPDF funding of \$4.4M has been allocated for this financial year.</p> <p>Pat Snedden keen to find out how CMDHB can support providers.</p> <p>DayCare for PI Elderly – no such thing in CMDHB although a proposal has been presented several times.</p>	<p>MS</p>
<p>Presentations</p>	<p>Discussion</p>	<p>Action Items</p>
<p>Oral Health Ingrid Minett</p>	<p>See attached slides.</p> <p>Are we facing the same problems now as we did in the 50's and 60's? PC replied that youth oral health is getting worse. Statistics show we are a long way behind Australia/the US/Scotland and England. We need to get things right.</p> <p>Counties Manukau's oral health plan focuses on:</p> <ul style="list-style-type: none"> • delivering services through a hub and spoke model • providing a "seamless service" for children from 0-17 years of age • preventing as well as treating tooth decay • integrating with other primary care services • reducing oral health inequalities • growing the work force • providing an efficient and effective DHB funded child and adolescent dental service <p>Preschool messages</p> <ul style="list-style-type: none"> ü choose milk or water instead of sugary drinks ü put baby to bed with a story not a bottle ü brush twice a day to keep cavities away ü smile, kids dental visits are free ü Make sure their teeth grow as strong as they do <p>Where does this programme interface with the MOE? Bernadette Pereira joined the meeting at 10.50am.</p> <p>Preschool is the focus of the moment. Focus on older children will continue.</p> <p>What can the oral health team do to ensure that people will bring their children to these services? For this, we need more troops on the ground and to focus more on prevention and mobile units.</p>	

	<p>What are the levers for parents to be bringing their children into a Hub? Do they need to be picked up and taken there? The Hub idea needs to have an attraction for parents and kids.</p> <p>Oral Health equalities will be achieved through:</p> <ul style="list-style-type: none"> ü understanding community needs through community consultations and focus groups ü working alongside Maaori and Pacific communities ü targeted health campaigns for Maaori, Pacific and low socio economic families ü out reach services going out to the “hard to reach” ü developing high quality community oral health facilities that all families will feel good about visiting 	
<p>Addressing Family Violence in Pacific Families Maiava Carmel Peteru</p>	<p>In this literature review, diverse knowledge pools were called upon to provide as wide a commentary on the nature of family violence within ethnic and Pacific communities.</p> <p>Its is an attempt to respond and dialogue with the conceptual ideas and frameworks offered by local and international expertise and researchers to issues of violence within ethnic and Pacific families.</p> <p>The discussions issues are not complete here however, elicited are concepts, which challenge and innovate.</p> <p>Two models emerged from the literature review. The Model of Change emerged mainly from the experiences of non-Pacific groups. Application of this model to a Pacific milieu exposed research assumptions that required explanation:</p> <ul style="list-style-type: none"> · The arena for change continues to be from within places of intervention · There is an absence of discussion on the relationship between behaviour and attitudes and, values and beliefs and environment · Change model did not recognise a partnership between the cultural; religious; societal paradigms of knowledge · There is no comparative discussion particularly on the complex world views; the shifting contexts in which a model of change needed to respond to; tensions between institutional practice and community / familial based beliefs and perceptions <p>The Transformative Model centres on the core values and beliefs of its indigenous culture. The values and beliefs are arrived at through a process of deconstructing meanings across Pacific cultures; religion and the prevailing norms within ‘mainstream society.’ The purpose for a deconstructing approach is to enable</p> <ul style="list-style-type: none"> · An uncluttering / disentanglement of Western thought from Pacific worldviews · Comparisons to be undertaken across the three paradigms of constructed meaning · The development and emergence of a transformed model in progress · Development of Pacific primary prevention services and informed workforce growth <p>The importance of developing a cultural benchmark via participation and agreement from Pacific ethnic specific groups establishes a framework that removes the ambiguity and ambivalence of the term ‘culturally appropriate’ and from which ongoing work can confidently track and</p>	

	<p>negotiate the complexity of 'multiple identities'.</p> <p>RECOMMENDATIONS</p> <p>1. That an Action Plan addressing family violence within Pacific families be developed for the Counties Manukau District.</p> <p>2. That the priority action areas will be aligned with the government Taskforce for Action on Violence within Families: Leadership; Changing attitudes and behaviour; Safety and accountability; Effective support services.</p> <p>3. That an Advisory Group be established to advice on the development and implementation of the Action Plan.</p> <p>4. That a Working Group be established to develop a theological model to be implemented in conjunction with the Action Plan.</p> <p>PHAC asked if the review was a document, they could champion. Is it CMDHB specific?</p> <p>Do we view it as a project as large as LBD or is it smaller?</p> <p>Agree that there needs to be a collaborative approach.</p> <p>Where to from here? Develop a working party?</p> <p>Carmel needs to continue to gather information.</p> <p>One idea was to use Masters or PHD students. Determine what the 3 or 4 key things were that need to be investigated. Get the students to make them their thesis... One each.</p> <p>Work definitely needs to continue – not sure, how that will be done. Too big for one person. Needs more resourcing.</p>	MCP
General Business	<p>P Beilby to present at the next PHAC meeting – amalgamation model between PIASS and another organisation.</p> <p>Apologies from Manu Sione for the next PHAC meeting as he will be at the PMA Conference in Samoa.</p> <p>Nuku Rapana closed with a prayer.</p>	PB
Conclusion	<p>The next meeting is on Wednesday, 19 September 2007 at CMDHB Offices, 19 Lambie Drive, Manukau City.</p>	

Signed as a true and correct record on Wednesday, 19 September 2007

Chair: Anae Arthur Anae

Resolution:

The minutes of the meeting of the Pacific Health Advisory Committee of Counties Manukau District Health Board of 15 August 2007 were approved.

Moved: Malia Hamani

Seconded: Louisa Lavakula

Carried: Unanimously