



Topics	Discussion
<p>TOA Services Malia Hamani</p>	<p>Malia Hamani from TOA (Treasured Older Adults) Services presented to PHAC. PowerPoint presentation from TOA Services attached.</p> <p><b>Discussion Points:</b></p> <p>Malia stated that elder abuse and neglect (EAN) issues with Pacific families were becoming an increasing issue in the community. The Ministry of Social Development was currently leading the work on EAN but the committee agreed that there was a definite linkage to the health sector.</p> <p>Further investigation around the legislative powers to remove an older person also needed to be explored with reported incidences of older people being placed in residential care only to be uplifted by family members.</p> <p>Elizabeth Powell advised that a Community Constable could support discussions with the family in situations where abuse was occurring.</p> <p>Several committee members commented on the difficulty of having a NASC assessment. Anae queried whether it would be useful for the Committee to put up a recommendation to NASC.</p> <p>The committee suggested that TOA Services work alongside Carmel Peteru who had been contracted by CMDHB to develop recommendations around a Pacific Family Violence Plan.</p>
<p>Penina Health Trust Roine Lealaialoto</p>	<p>Roine Lealaialoto, Tavita Asiata and Mele Luamanu from Penina Health Trust presented to PHAC. PowerPoint presentation from Penina Health Trust attached.</p> <p><b>Discussion Points:</b></p> <p>Roine stated that Pacific workforce was still a major concern in the mental health sector.</p> <p>There was consensus by members of the Committee that there was a need for supporting people back into community living and that many Pacific people would benefit from being supported by traditional support systems, (e.g. families, church, ethnic groupings). However it was noted that there were still many issues around the perceptions of mental illness in Pacific communities which constrained 'community living' for Pacific people who had a mental illness.</p> <p>Addressing issues of Stigma and Discrimination was viewed as critical to improving mental health outcomes for Pacific people. Ronie commented that Pacific communities still did not accept mental illness as a problem and that it was still not openly discussed.</p> <p>Roine tabled with the Committee the issue of agreeing the terminology used to describe mental illness conditions, and the languaging of mental illness needed</p>

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	to occur in the Pacific sector, as it would support the breakdown of the de-stigmatisation of mental illness for Pacific families.
Radio 531PI Tom Etuata	<p>Tom Etuata from Radio 531PI provided an overview of the regional contract that Radio 531PI had to deliver Pacific health promotion radio programmes weekly in English and in four Pacific languages. Tom stated that from 1 February 2007 the contract had been assigned to the National Pacific Radio Trust and that the assignment of the contract had not changed the service delivered.</p> <p>Tom noted that there had been some issues with implementing pre-recorded programmes as part of their contract with changes in staff and the need for a quality assurance of information prior to programmes being aired on radio. Rachel Enosa-Saseve stated that one of the issues had been that Radio 531PI had not been eligible for Pacific Provider Development support, however CMDHB were currently working through a process to explore ways of supporting the provider.</p> <p>Sefita Hau'oli felt that it was important for CMDHB to meet with NPRT to ensure that there was an understanding of the contract and support for the programmes to continue. Rachel stated that she had already contacted NPRT for a meeting and was waiting to hear back from them regarding a suitable meeting time.</p>
Primary Health Care 3 Yr Plan Allan Moffitt /Tina McCafferty	<p><b>PHC Plan Mission</b></p> <p>Dr Allan Moffitt and Tina McCafferty provided an overview of the Counties Manukau District Health Board Primary Health Care Plan 2006-2010 which sets out a pathway for the future development of primary health services in Counties Manukau. The plan aims to:</p> <ul style="list-style-type: none"> <li>• help people make healthy choices and make accessing primary health services easier</li> <li>• deliver the support the community needs and wants</li> <li>• help manage the good health of the Counties Manukau population</li> <li>• the community participates in shaping</li> </ul> <p><b>Discussion Points:</b> Key points raised from the Committee included:</p> <ul style="list-style-type: none"> <li>• The Committee strongly supported the notion of the plan being community driven and not so clinically focussed.</li> <li>• Sefita Hau'oli suggested looking at a 'regular health check' or health assessment for people with a move towards prevention. There was a general consensus in the Committee that there should be a move away from 'sick clinics' to 'health clinics'.</li> <li>• There was a suggestion of 'drop in' clinics and that this should be further explored by the primary care team.</li> <li>• Elizabeth Powell requested more of an emphasis be put on Maori and Pacific people in the plan.</li> </ul>

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	<p>Next Steps:</p> <ul style="list-style-type: none"> <li>· Take the draft out to the originally communicated with community.</li> <li>· Put more emphasis on Pacific and Maori peoples.</li> <li>· Be available if PHAC need a second person.</li> </ul>
<p>Pacifica Dental Dr. Paopio Luteru</p>	<p>Dr Paopio Luteru provided an overview of his oral health service.</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> <li>● Middlemore Hospital viewed as a cheaper option for pain relief by the community but there were issues around accessibility of the service as they only took a limited number of people each day.</li> <li>● There was a need in the community for more pain relief for infection as Pacific people were going without it due to cost and accessibility issues.</li> <li>● There was a need for improved access to oral health services for Pacific adolescents and also for older Pacific peoples.</li> </ul> <p>Anae stated that the Committee would have further discussions with CMDHB officials to discuss the issues raised by Dr Luteru and would feedback to him on the outcome of those discussions.</p>
<p>TaPasefika Health Trust Siobhan Matich</p>	<p>Siobhan Matich from TaPasefika Health Trust presented to PHAC. PowerPoint presentation from TaPasefika attached.</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> <li>● Key service development areas included: <ul style="list-style-type: none"> <li>– Obesity</li> <li>– Reducing respiratory rates for under 5's</li> <li>– Workforce development</li> <li>– Diabetes / CVD</li> </ul> </li> <li>● Burden of disease consumes most of funding.</li> <li>● Issue raised about Pacific Provider Development criteria.</li> <li>● PHO needs more support from DHB.</li> </ul>
<p>South Seas Healthcare Michael Chan</p>	<p>Michael Chan from South Seas Healthcare presented to PHAC. PowerPoint presentation from South Seas attached.</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> <li>● Pressure on compliance for services – there is an annual compliance cost to providers to maintain their accreditation status.</li> <li>● When engaging with Pacific families, social issues need to also be</li> </ul>

