

Community Health Workers:

Taking Pacificans from a marginal existence

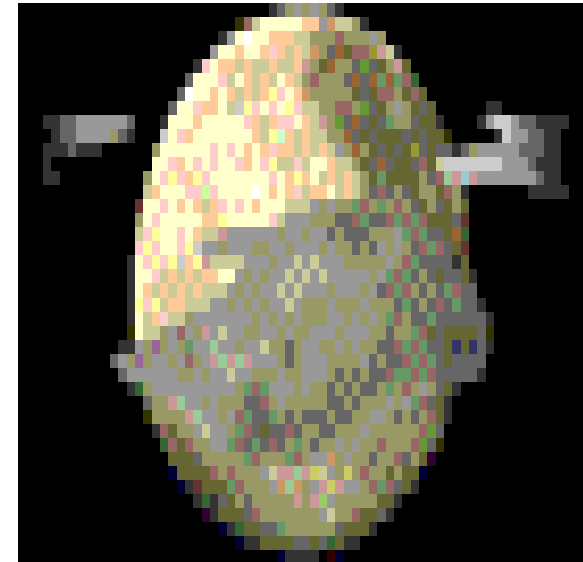
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Introduction

- In 1999, Pacific Community Health Work (CHW) became sexy, funded and started.
- Sexification: Need assessment and trialing done the preceding years
- After protracted negotiations
- ***“If we don’t do it no one will do it –drivers of change”***



Health Situation Pacificans

<u><i>Health Item</i></u>	<u><i>Pacificans</i></u>	<u><i>Average NZer</i></u>
Risk Factors	Higher	Lower
<i>Morbidity</i>	<i>Higher</i>	<i>Lower</i>
Mortality	Higher	Lower
<i>Health Service Utilization/Access</i>	<i>Lower</i>	<i>Higher</i>



Redefining the Pacificans' health problems: The 4 Ps

Powerlessness: minority, *no equity, lingo*

Poverty: *affordability, access*

Poor Education: *acceptability,*

Personality differences: marginal existence



Confirming the Problems

- **A review problems, solutions & evidence**
- ***Consultation with Pacific Providers***
- **Talk to MOH, RHA HFA, DHB?**
- **All disease agencies!**

- ***Problems outcome of past & current systems and workers***



Confirming the Problems

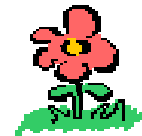
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The Solution

- ❖ **Train CHW with community development skills**
- ❖ **Affordable, accessible & scientific**
- ❖ ***Develop ownership of problems***
- ❖ **Enable the Pacificans to empower & deal with problems**



- ❖ ***Enhance cultural democracy***



The Training Format

- **Problem-based discussions and lectures**
- ***Practice & scenario sessions***
- **Competency-based assessments & end point exams**
- ***Training mostly in English at about Form two level with translations where appropriate***
- **Audio & Videotaping used as teaching and competency monitoring tool**
- ***Train for qualification and jobs***

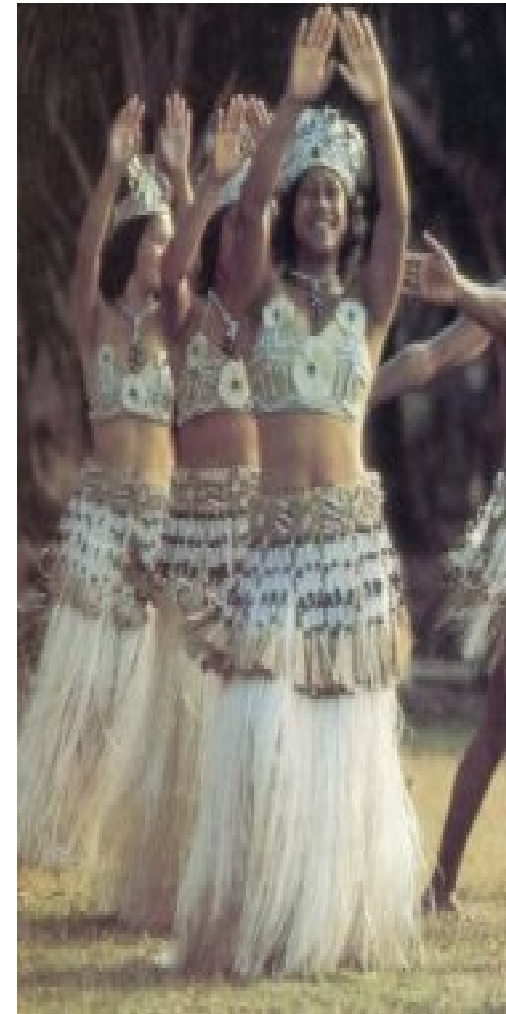
Why the CHW?

- They live with and know the communities
- *Established identities*
- Understand tradition & speak the languages
- Re-start education & stair casing
- *All ready a community leader*



Competencies

- **Culture practitioner and broker**
 - ***Able to do presentations***
 - **Ability to write reports**
 - ***Fluent in English and Pacific language(s)***
-
- **Basic health, social work & home sciences**



Graduate Profile

- **1999-2004 136 graduated (funded 90)**
- **73% female 17% males**
- **Age range 18-62, Median 45**
- **60% South, 25% West, 15% Central**
- **54% fulltime employed,**
- ***stair cased 8 to nursing, early childhood teaching, theology, social work degree, public health***



CHW in Action!

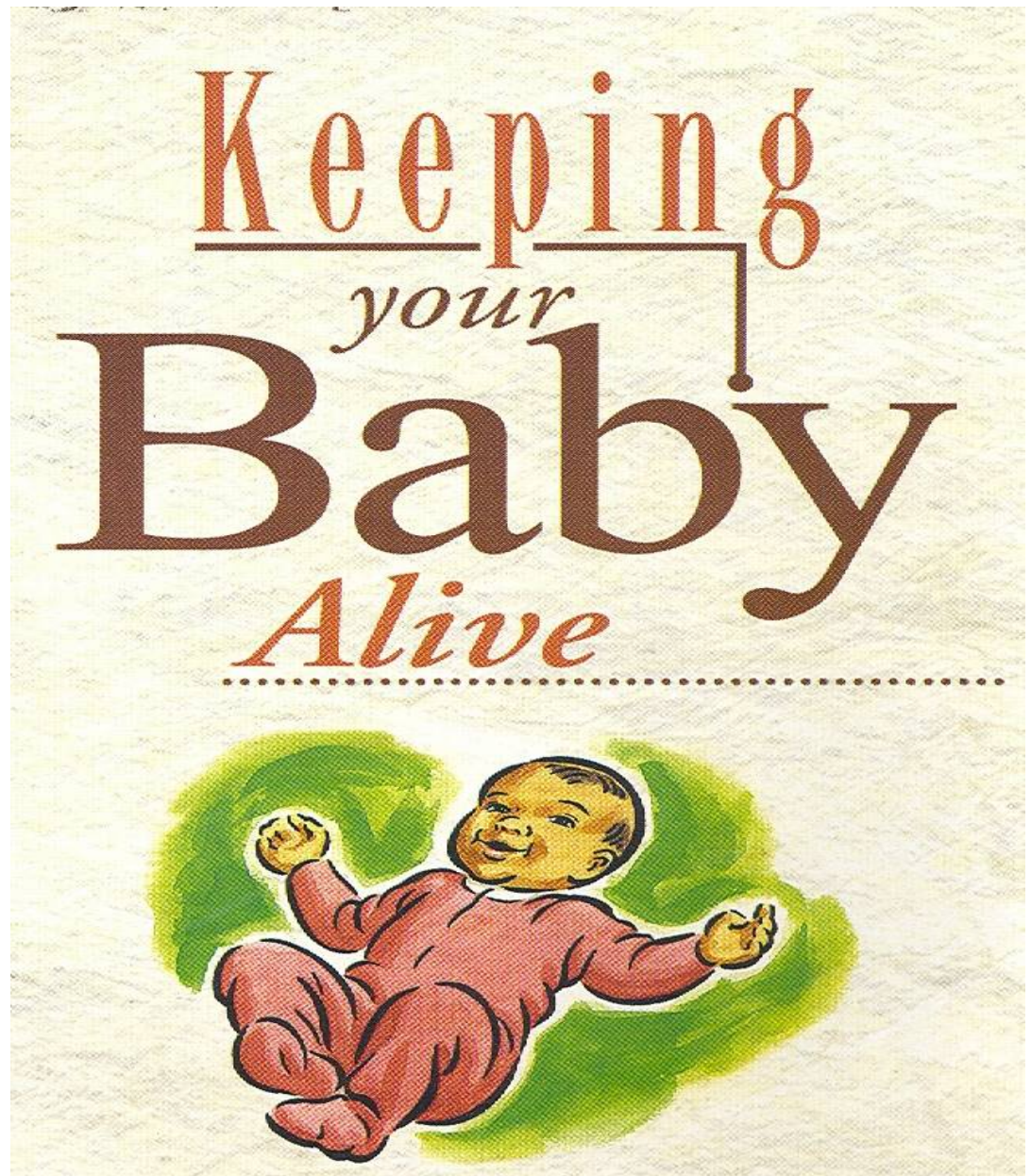
- ✓ **Health Promotion: organize health and education sessions**
- ✓ ***Teach navigation of the bureaucracy: negotiating, advocacy***
- ✓ **Conduct radio programs in the vernacular**
- ✓ **Some legitimate healing skills**
- ✓ ***Refer to appropriate services***





Challenges.....!

- **CHW qualification hard to give**
- ***CHW broad competencies needed at all levels of health spiral***
- **Culturally appropriate teaching methods enhance learning**
- ***Need ethnic specific health school & services***
- **New health status needs paradigm shift from body repair and diseases to well being**
- ***Move from schools of diseases to community oriented schools of health***





Lets predict our Future through Creating It

***Malo
Haere
Ra!***

