Pacific workforce development within primary health care

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VAIKOLOA

Pacific Primary Health Care Treasures

Vai (water) is a symbol of 'life-source' and koloa (treasures) to share

As a general practitioner (GP) working in Mangere for the past 20 years, I have seen an inordinate and inequitable burden of illness experienced by our Pacific community. Pacific people feature disproportionately in poor health outcomes and heavy utilisation of secondary health services at acute stages. If New Zealand is to address inequities and improve health outcomes, focused effort on addressing the health of Pacific people is a necessity. We need to encourage more Pacific people to utilise current primary health services and, to do this, there must be a focus on delivering (1) clinically sound and (2) culturally appropriate services.

Workforce development is a critical component of a well-functioning health system. A well-functioning health system focuses on quality of health care delivery delivered by health professionals.[1,2,3]

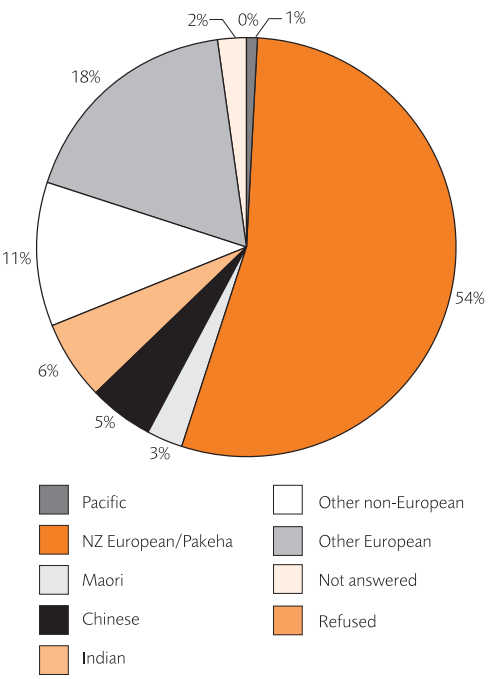
If we want to make significant inroads into improving Pacific people's health outcomes, we need to focus our efforts on increasing the number of Pacific GPs and nurses in primary health care, and improving our current primary health care workforce's cultural competence. A workforce that reflects a patient's ethnicity is more likely to realise positive health outcomes.

Jansen and Sorensen[4] identified that the development of a trained, qualified and engaged Pacific workforce is crucial to the successful delivery of health services to Pacific people. In New Zealand, where Pacific people make up nearly 7% of the population,[5] the Pacific medical workforce is a mere 1.8%.[6]

The lack of Pacific practitioners in (1) the medical workforce and (2) primary care in New Zealand indicates significant barriers to improving the health of Pacific people. In 2010 the Ministry of Health recognised the acute shortage of Pacific people in the medical workforce and is utilising the *'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2010–2014* strategy to 'Improve our ability to attract, train and retain Pacific health and disability workers in priority areas where there are shortages, such as primary health care'.[7]

The Ministry of Health funded Bader Drive Healthcare to implement a 'Pacific Clinical Training Support' programme in March 2010. The outcome of this initiative is to contribute towards increasing the number of registered GPs and registered and practising Pacific nurses by

Figure 1. Ethnicity of medical workforce in New Zealand (2009)



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providing a Pacific-specific clinical training and support programme for Pacific registrars in The Royal New Zealand College of General Practitioners' (RNZCGP's) General Practice Education Programme (GPEP 1 and 2). This programme is run in partnership with the RNZCGP and the Ministry of Health. Our mission is to '...increase Pacific workforce in primary care by establishing a workforce training network of Primary Care training organisations'.

At Bader Drive Healthcare (see www.bdhclinicaltrainingsupport.co.nz) we deliver both GP services and community health services to Pacific people because we believe in delivering services in a holistic and integrated fashion. We have 26 staff in total delivering services from Mangere and Manurewa clinics. The majority of our staff is of Pacific ethnicity and 90% of our enrolled population are Pacific. We are accredited by Te Wana and CORNERSTONE and we are an RNZCGP accredited teaching practice. Visit our website for more information about the Bader Drive Clinical Training Support Programme.

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Guarana

Paullinia cupana, *P. sorbilis*

Also known as Brazilian cocoa and 'Zoom'

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Guarana is a berry that grows in Venezuela and the northern parts of Brazil. The name 'guarana' comes from the Guarani tribe that lives in Brazil. Guarana plays a very important role in their culture and medical folklore. The herb is believed to be a magical cure for a range of complaints and a way to regain strength. Guarana's biological name, *Paullinia cupana*, was taken from the German medical botanist CF Paullini, who discovered the tribe and the plant in the eighteenth century.

PREPARATIONS: Guarana can be purchased as capsules, often in combination with ginseng. It is also present in stimulant energy drinks that are now commonplace, and in some teas and infusions. These drinks often make a point of highlighting the inclusion of guarana in addition to caffeine.

Guaraná Antarctica, which contains its namesake, is an iconic and best-selling soft drink in Brazil due to its distinctive and unique taste. The caffeine content of guarana products is variable but, as a rough guide, energy drinks on average contain about 90 mg caffeine per 250 mL which is about the same as a regular cup of coffee, and capsules commonly contain 20–30 mg caffeine.

ACTIVE CONSTITUENTS: Initially the active ingredient was called tetra methylxantine but it was later discovered that it is actually caffeine. The guarana plant and berry has one of the highest naturally occurring levels of caffeine at around 7–8%, and there are also traces of theophylline and theobromine. Instead of referring to caffeine, many companies and websites market their products using the term 'guaranine' when describing the active ingredient. Other companies clearly label their products with the caffeine content, but the impression may be given to consumers that there is something additionally special about guarana.

MAIN USES AND CLAIMS: Amongst a range of possible uses, guarana products are claimed to:

- improve concentration, endurance, vitality, immunity, stamina in athletes and sexual performance
- slow the effects of ageing
- alleviate migraine, rheumatic disease, diarrhoea, constipation and tension
- cure hangovers
- suppress appetite and facilitate weight loss.

None of the above effects have been proven other than those possibly at-

Herbal medicines are a popular health care choice, but few have been tested to contemporary standards. **POTION OR POISON?** summarises the evidence for the potential benefits and possible harms of well-known herbal medicines.