

Can Pacific communities in New Zealand contribute to improving the health care they receive?

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Pacific peoples living in New Zealand are migrants who moved for work opportunities and in the hope of a better future for their families.¹ For many, this hope has not been realised as Pacific peoples are over-represented in poor health and education statistics.^{2,3} Addressing the disparities in health and education outcomes has been the focus of government efforts in recent years.⁴ The New Zealand Medical Council also published a document to assist doctors when working with Pacific patients. Health education institutions in New Zealand can play a role in improving outcomes for Pacific peoples. Increasing the number of Pacific students successfully completing health professional training will assist this cause.

There are very few Pacific peoples, however, working in the health workforce in New Zealand. Pacific patients are more likely to be seen by a non-Pacific health professional. Health professionals need to be able to integrate the professional skills they have with an understanding of the patient's context and background. Because Pacific peoples suffer disproportionately from poor health outcomes compared to the total population in New Zealand, the teaching of Pacific Health needs to be incorporated in the curricula of all health education institutions. 'Pacific Health refers to the health of Pacific peoples living in New Zealand. It includes socioeconomic, cultural, spiritual, environmental, access to health care and other factors that influence health and well-being, and the efforts of society to improve health and health outcomes.'⁵

A pilot Pacific Immersion Programme at a medical school in New Zealand was developed where the Pacific community was involved in teaching medical students about factors that impact

and influence their health. Students had the opportunity to stay with a local Pacific family for a weekend. Students were welcomed into the local community and treated as a member of the host family. In this way, they were able to observe and learn issues important to consider 'from the inside'. Students learned from observations and stories shared by their host families about factors that influenced their health. They reported learning about many issues that would have been difficult to understand in lectures or classroom teaching.

Pacific communities have a role in the training of health professionals in New Zealand

Some families were unsure initially about the usefulness of the programme. Feedback at the end from all families indicated they valued the experience, and medical students had a positive impact as role models for their children. The Pacific Immersion Programme is a useful way of engaging the community in the training of the New Zealand health workforce. This will assist to ensure the medical workforce is responsive and able to engage effectively with Pacific patients and communities in New Zealand.

References

1. Spoonley P. A contemporary political economy of labour migration in New Zealand. *Tijdschrift voor Economische en Sociale Geografie*. 2006;97(1):17-25.
2. Ministry of Health. A Portrait of Health. Key results of the 2006/07 New Zealand Health Survey. Wellington: Ministry of Health. 2008.
3. Ministry of Health. Pacific Health and Disability Workforce Development Plan. Wellington: Ministry of Health. 2004.
4. Minister of Health and Minister of Pacific Island Affairs. 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2010-2014. Wellington: Ministry of Health. 2010.
5. Pulotu-Enderman FK. Fonofale Model of Health. Workshop on Pacific models of health promotion. Massey University, Wellington. September 2009. Available online at: www.hpforum.org.nz/resources/Fonofalemodel explanation.pdf



VAIKOLOA

Pacific Primary Health Care Treasures

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

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