

PACIFIC HEALTH LEADERSHIP PROGRAMME
PAPER DELIVERED BY
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THE PACIFIC HEALTH LEADERSHIP MODULE
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John Maxwell in his excellent book “The 21 Irrefutable Laws of Leadership” talks about the most important law of leadership – “The Law of the Lid”. The potential to succeed for any person and therefore any venture depends on that person’s leadership abilities – nothing more, nothing less. MacDonalds would still be a small five-outlet operation under the MacDonald brothers, Dick and Morris. It needed Ray Kroc to turn it into a multi-national, multi-billion dollar, business empire.

Bertolt Brecht echoes these sentiments when he stated, “There are many elements to a campaign. Leadership is number one. Everything else is number two”.

There are three crucial stages to succeeding in improving Pacific peoples’ Health:

- (1) We must all come together and accept there is a problem – that is the beginning.
- (2) We must keep up the momentum and the team must stay together, and remain focused – that is progress.
- (3) We must all work together to achieve our goals – working together is success.

Come Together and Accept there is a Problem

The Main point to focus on here is that health problems do not exist in a vacuum. There are many problems facing Pacific Islanders and Maori people in New Zealand, not just health problems. There are social problems. Overcrowded housing with no proper ventilation and heating. Lower education achievements and low self-esteem. Lack of

basic hygiene in the homes. These social problems are the root of many of our people's health problems.

There are problems related to poverty. Accepting and addressing the problems related to poverty are crucial to solving health problems. I give an example – a sickness beneficiary – 62 year old female, with heart problems. Her monthly doctor's visit costs \$32. Her tablets, all crucial for her heart cost \$38. I asked a doctor, how long before she suffers a heart attack if she chooses that she cannot afford these tablets – the answer – 6 – 9 months! If she cannot afford the next months' doctor visit – she is charged \$12 by the nurse, before she can pick up her new prescription. The health service, by charging \$70 a month the lady cannot afford, now has to provide \$30,000 - \$50,000 to care for a heart attack patient. There is neither social nor economic justice in such a scenario.

Why are the tablets so expensive? The doctor looked at them and said – they are expensive any way, and one is less subsidised. In any case, monthly costs are \$38. All these *hidden costs* are costing lives, and making Pacific Peoples' *inaccessible* to certain health services. How many doctors charge a handling fee of \$5 - \$10 for children under 6? It is difficult to determine numbers because people choose not to take their children under 6 to doctors.

The first thing to accept is that it will not be possible to solve Pacific peoples' health problems, without making a major effort to solve all their problems. We go back to basic economics; things will not happen unless they are demand – driven. We know existing primary health care initiatives for children are not working. How do we know? Our Pacific children in Auckland are still filling the emergency admissions to capacity at Kids First and Starship. Why? Their parents and caregivers are not taking them in earlier for medical treatment, and critical and emergency services *are* responsive. In many cases, much more responsive than other health services, and there is definitely *no* charge for emergency services. This is the ultimate irony!

The statistics are appalling, and hence we are gathered here to try and solve the health problems facing our people. The mere fact we are here is acceptance that there is a problem. We are a long way along to finding solutions once we accept there is a serious problem to be addressed and dealt with.

Remain Together and Stay Focused – Progress in Solving the Problem

We have the jargon – culturally sensitive health initiatives. Health initiatives of Pacific Islanders, by Pacific Islanders, for Pacific Islanders.

We have the expensive consultants' reports.

We now have to translate all this into progress in solving and improving the problems.

I would like to formally congratulate you all, the New Zealand Department of Health, Hon Annett King, Ms Karen Poutasi, Ms Audrey Aumua, the entire Pacific Health Programme Team. We are witnessing a very real commitment to not only addressing but also solving Pacific Health problems.

We accept the existing programmes have failed Pacific Islanders. Let us put the past behind us. I remember one low point. The 1998 World Health Report put out by the World Health Organization (WHO). In the country statistics there was an asterisk next to New Zealand. The notes next to the asterisk underneath: The life expectancy rates exclude Maori and Pacific Islanders. Why? Are they not New Zealanders? What is WHO's problem? Even in today's New Zealand Herald, New Zealand rates a poor 80th in health system efficiency! This rates behind Japan (9th) Malta (2nd) Australia (39th) and even Brazil (78th) and Trinidad and Tobago (79th). This may have been for the period 1993-1997 – but it relates not to money and resources committed to health, but to the results achieved with that money.

The main thing is to stay focused on the problem, keep the team together and their efforts cohesive – and progress will be achieved. Not all initiatives will succeed. There will be failures. The main thing is to keep the momentum going. This is vital to achieving progress.

Working Together to Achieving our Goals – Success

We know our Pacific people. We know they are mostly low income, one car or no car families. We know the bread winner must work, and in most cases must drive to work.

Cultural sensitivity. Why is Tagata Pasefika screened at 9.30am on Sunday morning when most Pacific peoples are either at church or getting ready for church? Who is watching it at this time slot?

Why are appointments all before 5 pm? In areas with large Pacific populations? The best times for appointments are between 7.00pm – 9.00pm in the evening, when the bread winner is home and can drive either himself or his family to the doctor.

(This was written before the late Thursday evening repeat!)

When we talk access – we should ensure that time is taken into account. What is the best time for Pacific people?

The next point is cost. We have discussed the hidden costs. How many do not access health services purely because they cannot afford it?

Then there is place, or venue. Where do we expect Pacific people to access health services? We know they are reluctant or just do not come to doctors' offices. How about visiting them at schools? Senior nurses attending to Pacific children at schools? These types of initiative are very successful in some Asian (especially India) and Pacific Island countries (Samoa's new NZODA funded mobile clinic). If children's health is a major problem for Pacific peoples, how about sending health services to them where they

cannot avoid them, at the schools. The dentistry children's care has been successfully sending out mobile clinics to schools for years.

If Pacific pregnant women do not attend ante-natal care clinics at the doctors – send the midwives out to them. Send them to their homes, where they cannot avoid getting ante-natal care. Make sure there are sufficient female Pacific Island doctors to attend to their ante-natal needs, there is a cultural problem with a male palagi doctor.

Post natal care for mother and child, what has been the impact of cut-backs on Plunkett nurses? What can be done to increase the level of service and to substitute other services for the dwindling number of Plunkett nurses.

Is this not the solution to the poor immunization rates? Annette King asked me at a luncheon she hosted in Geneva at the 2000 WHO World Health Assembly – How does Samoa achieve a 97% immunization rate? It is quite simple really. The immunisation program managed by the community nurses, and they ensure every child is discharged from hospital with an immunization card, and they follow up that their immunization shots are actually done. The peer pressure to comply comes from soliciting the help of the National Council of Women and Komiti Tumama. New Zealand can be just as successful with community based programs.

Why do you not use the Churches in New Zealand? Most if not all Pacific families attend Church activities, and their children all attend Sunday schools. Take the health services to them! Enlist the faifeau or Church Ministers in health prevention and all the other public health initiatives. Instill a wholesome competitive spirit. Who has the healthiest children, the healthiest Congregation? Set up special awards for the Church Ministers whose congregations' achieve the best improvement in their health. This is already happening in to weight loss and nutrition programs driven by Church Ministers. How else can we improve nutrition and encourage healthier life styles?

We need to use role models. Jonah Lomu, David Tua, Michael Jones, these are but a few that come to mind. There are many more. The King of Tonga has taken on not only his health problems, but has set a good example for all Tongans. As Minister of Health, I used, with his permission, the wonderful role model of our robust 89 year old Head of State, His Highness Malietoa Tanumafili II. He used to play golf three times a week, work on his plantation, and has never smoked a cigarette or drunk alcohol to excess in his entire life. Pacific peoples respond to this type of positive encouragement, and especially to good examples set by their leaders and people they respect.

How to get the best results with health education? Do not put them on boring television programmes they will not bother to tune in to. You need to take health education to their work places, to their churches, to their schools, to their own social settings that they feel comfortable and secure in.

Take them culturally sensitive messages that they can positively respond to. Samoans' say "O au o matua fanau" – Our fanau we take great pride in. This pride is inbred in every Samoan; it just needs to be rekindled. The same applies to all Pacific peoples.

Conclusion

Pacific Health is not rocket science. Pacific Health is about people. If we know the people, their cultures, their values, what drives them; we are half way to finding the solutions to any of health problems, especially their health problems.

Ken Adelman once wrote: "A leader knows what's best to do; a manager knows merely how best to do it". We may have to upset the current General Practitioner regimes – engage Pacific Community Doctors, pay them \$100,000 + per year, and deal with Pacific peoples in their defined geographical areas. Have them dispense free health services. It is certainly cheaper, as we have shown, than dealing with the full cost of

health problems that develop because basic preventative health is not being put into practice.

President Dwight D. Eisenhower once said, “Pull the string, and it will follow where you wish. Push it, and it will go nowhere at all”. Let us work with Pacific Peoples by responding to their needs in a culturally sensitive way. Let us understand their problems are not confined to health, and let us proceed to successfully improve their health standards by convincing *them* good health is good for them. We shall never succeed by convincing ourselves, but by convincing them. Self motivation is the best form of motivation.

I should like to thank the Department of Health and in particular the Pacific Health Leadership for inviting me today. It is a real privilege and honour for me to address you. It is also an honour to be part of a New Zealand Government initiative that accepts Pacific Peoples are different, celebrates their uniqueness, and whose main objective is to improve their standards of living, by making dramatic improvements in their health.

Faafetai and God Bless you all

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SAMOA

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