



# Ensuring self-management courses are understandable in the Pacific community

Faith Mahony<sup>1</sup>, Faimafili Tupu<sup>2</sup>.

1) [faith.mahony.evaluations](mailto:faith.mahony.evaluations); 2) Auckland District Health Board

## Background

Pacific peoples living in Auckland, New Zealand have worse chronic disease outcomes than other ethnicities.

The Auckland District Health Board in partnership with primary care providers uses the Healthy Village Action Zones (HVAZ) initiative to improve the health of the congregation members in 42 Pacific churches.

Misconceptions about health conditions, treatments and medications thrive in the presence of low health literacy.

The churches are invited to host a Self Management Education (SME) course for congregation members with chronic health conditions and their carers.

## The Self Management Education Course

The 6 week Stanford chronic conditions programme is an internationally respected evidence based programme.

The course is licenced by Stanford University and fidelity to the programme is a core requisite to using the programme.

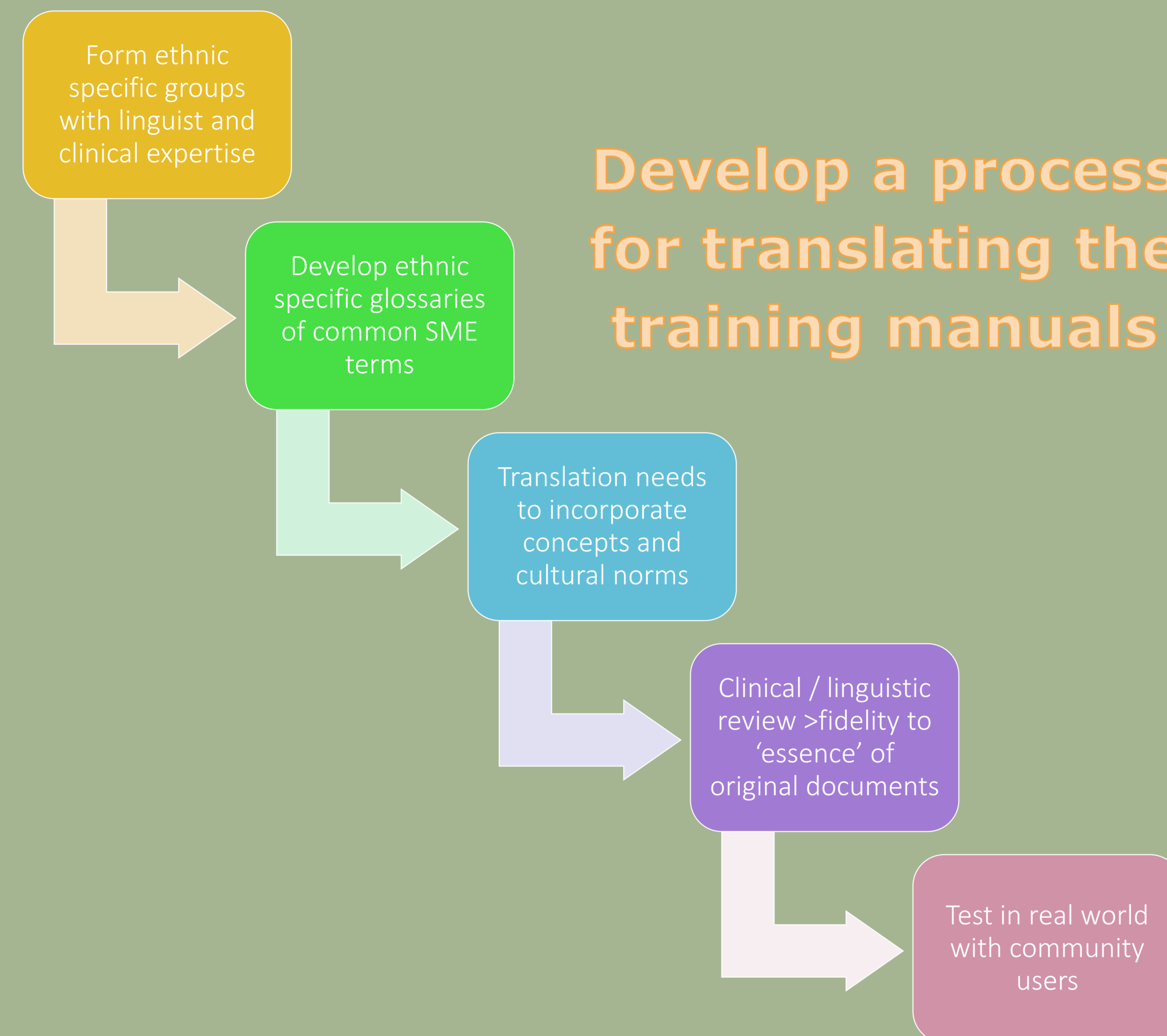
The training models are written in English.

## Meeting the specific needs of the Pacific community

Many of these Pacific peoples have English as their second language.

They miss the vital health messages needed to better manage their chronic conditions and life.

They need the course presented in a language and manner that is meaningful for them.



## Develop a process for translating the training manuals

## Success facilitators

The Minister's support is key to SME occurring in their church

Providing the course in the language of the congregation. Modifying the course to provide for an introductory phase facilitates acceptance in the church

Incorporating Pacific culture, prayer, singing, dancing, shared meals, fellowship and ongoing support

The 6 to 8 week course duration gives time for individual reflection, learning and changes to occur

Using church facilities provides a comfortable familiar environment



## SME Facilitator perspectives

*This is what they now want, and they're so health conscious - they want to know more about their conditions, they want to know more about how they can live more healthily and so we provide that.*

*I think it's good that I went through the training myself because even I, who can fluently speak English, struggled, I couldn't paraphrase because I didn't know whether I was changing the meaning. When I run a Samoan session I find that it flows. When I'm doing my English sessions I'm stressing out over the whole thing because I'm wanting to paraphrase; I'm wanting to make eye contact to be interactive. I can't do a whole exercise without having to spend perhaps 60 percent of the time looking down at my notes.*

*I have a lot of respect for the Stanford self-management and I have a lot of respect for the work that Stanford has put in because if it hadn't been for them we wouldn't have this. When I implemented changes in the way that I facilitate the Samoan sessions I never saw it as disrespecting their work. I wanted the programme to work.*

## 'Speaking to the heart'

Trained course facilitators who are passionate, fully engaged, honestly role modelling, sharing of themselves and speaking in their mother tongue means they can providing SME in a way that 'speaks to the heart' of the participants.

## 'Capturing the moment'

The Pacific Parish Nurses speaking in their mother tongue are able to utilise opportunities to 'capture the moment' when questions are raised by the church members.