The University of Otago Pacific International Health Symposium 2018 is proudly brought to you by Va’a o Tautai, the Pacific arm of the Division of Health Sciences at the University of Otago.

Acknowledgement

The second biennial University of Otago Pacific International Health Symposium has been organised with support from the Ministry of Foreign Affairs and Trade (MFAT), through the Pacific Island Countries Participation Fund (PICTicipate) fund, and the U.S. Embassy New Zealand.
29 November 2018

Kia Ora and Warm Pacific Greetings

We are delighted to welcome you to our second Pacific International Health Symposium, Division of Health Sciences, University of Otago.

The University of Otago is committed to Pacific development and supporting the aspirations of Pacific nations, as outlined in the University of Otago Pacific Strategic Framework (2013-2020).

We trust you will find many aspects of the two days both enjoyable and useful for your work. Through developing and strengthening our networks and connections, we can move forward together with confidence.

Ia manuia tele

Professor Paul Brunton
Pro-Vice-Chancellor
Division of Health Sciences
University of Otago

Faumuina Associate Professor Fa’afetai Sopoaga
Head, Va’a o Tautai
Associate Dean (Pacific)
Division of Health Sciences
University of Otago
Professor Paul Brunton
Pro-Vice-Chancellor
Division of Health Sciences
University of Otago

Paul Brunton graduated from the University of Leeds School of Dentistry in 1984. He completed his MSc and PhD at the University of Manchester and completed specialist training in 2001.

Professor Brunton was appointed as Dean of the Faculty of Dentistry at the University of Otago in 2014.

In July 2018 Professor Brunton was appointed Pro-Vice-Chancellor of the Division of Health Sciences. He is delighted and honoured to head the Division which is New Zealand’s leading provider of education and research in health and the biomedical sciences.

Professor Brunton’s research interests include obesity, temperomandibular disorders, operative dentistry and the early diagnosis and treatment of tooth wear.

Faumuina Associate Professor Fa’afetai Sopoaga
Head, Va’a o Tautai
Associate Dean (Pacific)
Division of Health Sciences
University of Otago

The Va’a o Tautai provides strategic leadership on Pacific matters in the Division of Health Sciences. Va’a o Tautai comprises the Office of the Associate Dean (Pacific), the Centre for Pacific Health, and the Pacific Islands Research & Student Support Unit (PIRSSU).

Faumuina is trained as a medical doctor at the University of Otago with expertise in public health and general practice. She recently received the Prime Minister’s Supreme Award for Teaching Excellence with an Endorsement for Supporting Pacific Learners. Her research interests include Pacific health workforce capacity building, and she is the Principal Investigator on an HRC-funded research project investigating the mental health and well-being of Pacific youth in higher education in New Zealand.
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# Opening Session

**Facilitator:** Faumuina Associate Professor Fa’afetai Sopoaga, Associate Dean (Pacific), Division of Health Sciences

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<tr>
<td>8:00 - 8:45am</td>
<td>Registration and Coffee</td>
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<tr>
<td>8:45 - 8:50am</td>
<td>Request for everyone to be seated</td>
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<tr>
<td>8:50 - 9:00am</td>
<td>Mihi Whakatau - <strong>Professor John Broughton</strong> – Ngai Tahu</td>
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<tr>
<td>9:00 - 9:05am</td>
<td>Pacific Blessing - <strong>Reverend Greg Hughson</strong> – University of Otago Chaplain</td>
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<tr>
<td>9:05 - 9:10am</td>
<td>University of Otago Welcome - <strong>Professor Paul Brunton</strong> – Pro-Vice-Chancellor, Division of Health Sciences, University of Otago</td>
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<tr>
<td>9:10 - 9:15am</td>
<td>Cultural performance</td>
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<tr>
<td>9:15 - 9:25am</td>
<td>Group photo</td>
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<tr>
<td>9:25 - 9:40am</td>
<td>Morning tea/coffee</td>
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## Keynote Speakers

**Facilitator:** Dr Kiki Maoate, Associate Dean (Pacific), University of Otago, Christchurch

<table>
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<tr>
<td>9:40 - 10:25am</td>
<td><strong>Dr Colin Tukuitonga</strong>, Director General, Pacific Community/SPC (via Zoom)</td>
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<tr>
<td></td>
<td><em>Pacific regional update</em></td>
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<tr>
<td>10:25 - 11:25am</td>
<td><strong>Professor Robert Beaglehole</strong>, Emeritus Professor, University of Auckland, and Chair of the Lancet NCD Action Group</td>
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<td><em>NCDs in the Pacific: a 50 year perspective</em></td>
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<tr>
<td>11:25 - 12:10pm</td>
<td><strong>Aiono Professor Alec Ekeroma</strong>, Head of Department, Department of Obstetrics and Gynaecology, University of Otago, Wellington</td>
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<tr>
<td></td>
<td><em>The Pacific needs health champions</em></td>
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## Lunch

12:10 - 1:00pm

## PLENARY

### Non Communicable Diseases & Capacity Building

**Facilitator:** Dr Dianne Sika-Paotonu, Associate Dean (Pacific), University of Otago, Wellington

<table>
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<th>Time</th>
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<tr>
<td>1:00 - 1:30pm</td>
<td><strong>Dr Rose Richards</strong>, Director, Centre for Pacific Health, University of Otago, Dunedin</td>
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<td><em>Journeys and destinations: research programme development in the Va’a o Tautai</em></td>
</tr>
<tr>
<td>1:30 - 2:00pm</td>
<td><strong>Professor Diana Sarfati</strong>, Head of Department, Department of Public Health, University of Otago, Wellington</td>
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<td><em>Challenges and innovations in cancer control in the Pacific</em></td>
</tr>
<tr>
<td>2:00 - 2:30pm</td>
<td><strong>Dr Pearl McElfish</strong>, Vice-Chancellor, University of Arkansas for Medical Sciences, Northwest Regional Campus</td>
</tr>
<tr>
<td></td>
<td><em>Family model of diabetes self-management education reduces HbA1c for Marshallese patients: a randomized controlled trial</em></td>
</tr>
</tbody>
</table>

2:30 – 2:35 5 minute break
# Parallel Sessions

| 2:35 - 3:20pm | **NCDs Research Showcase**  
**Venue:** Barclay Theatre | **Capacity Building**  
**Research & Evaluation**  
**Venue:** Hutton Theatre | **Emerging Researcher**  
**Presentations**  
**Venue:** Kakapo Room |
|---------------|--------------------------|--------------------------|--------------------------|
| **Facilitator:** A/Professor Daryl Schwenke  
Associate Dean (Pacific), Biomedical Sciences, University of Otago | **Facilitator:** Professor Pauline Norris  
Centre for Pacific Health, University of Otago | **Facilitator:** Professor David Murdoch  
Dean and Head of Campus, University of Otago |
| **Dr Andrea Teng**  
*Impact of sugar-sweetened beverage taxation.* | **Dr Ramona Boodoosingh**  
*ZOOM*  
*Health literacy levels of tertiary level students at the National University of Samoa.* | **Brad Watson**  
*Pacific leadership in the health sector.* |
| **Grace Johnstone**  
*Building diabetic eye care systems in the Pacific Islands: successes and challenges.* | **Dr Pearl McElfish**  
*Leveraging community-based participatory research capacity to recruit Pacific Islanders into genetics study.* | **Dr Rachel Dyer**  
*Cancer care in small Pacific Island states.* |
| **Dr Kirsten Coppell**  
*Non-alcoholic fatty liver disease, weight loss and empowerment: a Pacific participants’ experience.* | **Dr Michael Tatley**  
*Strengthening pharmacovigilance and medicines support systems in the Pacific.* | **Dr Malama Tafunai**  
*Acceptability of HPV self-sampling tests: Talanoa with women and health workers in Samoa.* |
| **Dr Dalice Sim**  
*Teen smoking in New Zealand’s Pacific people: differences between Samoan, Cook Islands Māori, Tongan, and Niuean adolescents in smoking prevalence and exposure to risk factors.* | **Associate Professor Konrad Richter**  
*Pacific Theatre Today* | **Dr Tamasin Taylor**  
*Preoperative bariatric surgery program barriers facing Pacific patients in Auckland, New Zealand as perceived by health sector professionals.* |

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### 3:20 - 3:35pm  
**Afternoon tea/coffee**

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### 3:35 - 4:55pm  
**PLENARY**  
*Strengthening Partnerships for Pacific Health - Opportunities for Engagement in the Pacific Region:*  
**Facilitator:** Dr Paula Vivili, Director, Public Health, The Pacific Community/SPC
### Presentations by PICT Regional Health Representatives:

- **Dr Josephine Herman**, Secretary of Health, Cook Islands & Chair of the Pacific Heads of Health
- **Dr Edgar Akau’ola**, Acting Director General of Health, Niue
- **Dr William May**, Dean, College of Medicine, Nursing and Health Sciences, Fiji National University
- **Dr Siale ‘Akau’ola**, Director General of Health, Tonga
- **Dr John Tony Harry**, Medical Superintendent, Ministry of Health, Vanuatu
- **Dr Lameka Sale**, Senior Medical Officer, Ministry of Health, Tokelau
- **Dr Natano Elisala**, Acting Director of Health, Tuvalu
- **Professor Satupa’itea Viali**, University Council Member, National University of Samoa

### Closing

Faumuina Associate Professor Fa’afetai Sopoaga  
Associate Dean (Pacific), Division of Health Sciences
Dr Colin Tukuitonga (via ZOOM)
Director General
Pacific Community (SPC)
colint@spc.int

Dr Colin Tukuitonga has served as Pacific Community Director-General since January 2014. He is based at the organisation’s headquarters in Noumea, New Caledonia.

Dr Tukuitonga, from the Pacific island of Niue, was formerly the Director of SPC’s Public Health Division. He was a member of an Independent External Review of SPC in 2012. His previous roles include Chief Executive Officer of the New Zealand Government’s Ministry of Pacific Island Affairs; Associate Professor of Public Health and Head of Pacific and International Health at the University of Auckland; Director of Public Health, New Zealand Ministry of Health; and Head of Surveillance and Prevention of Chronic Non-Communicable Diseases at the World Health Organization, Switzerland.

Dr Tukuitonga has also served in various leadership and management roles, including at the Fiji School of Medicine, the Auckland District Health Board, Northern Regional Health Authority (Auckland), University of Auckland, and the Health Research Council of New Zealand. He is a former Board member of the Pacific Cooperation Foundation.

Additionally, Dr Tukuitonga was a commissioner for the World Health Organization (WHO) global Commission on Ending Childhood Obesity from 2014 until its work concluded in early 2016.

Dr Tukuitonga is a Founding Member of the Niue Arts and Culture Festival, Pacific Language Weeks in New Zealand, and of the Leadership Development Programme for Pacific civil servants in New Zealand. He is a member of the Pacific Research panel for the Performance-Based Research Fund 2018 Quality Evaluation.

Pacific Regional Update

Focus on the two crises facing the Pacific:

- NCDs burden not matched by current budgets
- Health impacts of climate change
Professor Robert Beaglehole
Emeritus Professor
University of Auckland
Chair of the Lancet NCD Action Group
r.beaglehole@auckland.ac.nz

Professor Robert Beaglehole trained in medicine, epidemiology and public health in New Zealand, England and the USA before becoming a Public Health Physician. He was Professor of Community Health at the University of Auckland, New Zealand (1988-1999). He joined the staff of the World Health Organization (WHO) in 2000, and between 2004 and 2007, directed the Department of Chronic Disease and Health Promotion. He left WHO in February 2007, having reached the UN retirement age and returned to New Zealand. He is now an independent global public health practitioner with a focus on the prevention and control of noncommunicable diseases. He is Professor Emeritus at the University of Auckland and chairs the Lancet NCD Action Group.

NCDs in the Pacific: a 50 Year Perspective

The Pacific NCD crisis, along with the climate crisis, presents an existential threat to Pacific countries. The global, regional and national responses have included an enormous number of strategies and plans. However, the resulting actions have not been commensurate with the extent of the problem. The reasons for the inadequate inaction are complex; fortunately, there is cause for hope, based on the Pacific NCD Roadmap. However, even the Roadmap is too complex. I propose priorities for the immediate crisis response and a further set of mid-to longer-term interventions which will ensure progress on NCDs as part of the Healthy Island Vision.
Aiono Professor Alec Ekeroma

Head of Department
Department of Obstetrics and Gynaecology
University of Otago, Wellington
alec.ekeroma@psrh.org.nz

Aiono Professor Alec Ekeroma is a Consultant Obstetrician and Gynaecologist, and champion of Pacific health in New Zealand the Pacific region. At present, he is the Head of the Pacific Women’s Health Research and Development Unit (PWHRDU, founder), and a Senior Lecturer at the University of Auckland, where he has been teaching and supervising students in Obstetrics and Gynaecology for the past 22 years.

As of September 2018, Aiono Prof Ekeroma is the Head of Department of Obstetrics and Gynaecology (O&G) at the School of Medicine and Health Sciences, University of Otago, Wellington. He has also been appointed as the Founding Professor of the School of Medicine at the National University of Samoa, having played an instrumental part in setting up the medical school and developing the school’s initial curriculum in 2014. Aiono Prof Ekeroma is the Editor-in-Chief of the Pacific Journal of Reproductive Health (founder) and Pacific Health Dialog.

Aiono Prof Ekeroma grew up in Samoa and attended St. Josephs College before leaving for Papua New Guinea to study medicine. After graduating, he worked in Samoa for two years before leaving for New Zealand to specialise in Obstetrics and Gynaecology. In 2017, he received his PhD from the University of Auckland in 2017. His areas of expertise include stillbirth, research capacity building, Pacific women’s health, vitamin D, medical curriculum, gestational diabetes mellitus, and global health. His research portfolio is extensive and includes a collaborative project with the University of Otago to pilot a Point of Care HPV test for cervical screening in Samoa, mapping the O&G workforce in the Pacific Islands, the Pacific Islands Cervical Cancer Survey, and projects involving the use of smartphone technology.

Aiono Prof Ekeroma is highly accomplished in his field and as a leader of initiatives to grow and support the Pacific health workforce and achieve better health outcomes for Pacific peoples. His professional and personal life have been that of service to his profession, service to Pacific Health and service to Pacific organizations. Among other achievements, he established the first Continuous Professional Development Programme (CPD) for O&G specialists working in the Pacific Islands and was a founding member of the Pasifika Medical Association (PMA). He has received numerous awards including the RANZCOG Distinguished Service Medal in 2015 and an award from the Pacific Medical Association in 2006 for Excellent Service to Pacific Health.

The Pacific Needs Health Champions
PLENARY SPEAKERS
Non-Communicable Diseases & Capacity Building
Thursday 29 November  
Hutton Theatre 
Facilitator: Dr Dianne Sika-Paotonu

Dr Rose Richards

Director
Centre for Pacific Health
University of Otago
rose.richards@otago.ac.nz

Dr Richards is Associate Dean (Pacific) for the Dunedin School of Medicine, Director of the Centre for Pacific Health in Va’a o Tautai, Division of Health Sciences, and convenor for the new Pacific and Global Health major in the Bachelor of Health Sciences.

Rose’s background is in behavioural psychology and public health and she collaborates on research across a number of areas. She is currently Principal Investigator on an HRC Pacific Project about sleep health among Pacific families, and part of the Big Data team of the Better Start National Science Challenge. As former co-Director of the Cancer Society and Behavioural Research Unit she has published across a variety of cancer prevention areas, including physical activity, nutrition, tobacco control and supportive care.

Journeys and destinations: research programme development in the Va’a o Tautai

Richards, R., Kokaua, J., Camp, J., Lucas, A., Raureti, T., Lameta, M., Karaka, D., Rapata, H.

Nurturing the growth and diversity of Pacific and Māori research expertise has been a priority for health research in New Zealand.

As this growing workforce moves into more senior positions, new opportunities are emerging to conduct research which is aligned with the aspirations of our communities.

Alongside the opportunities, however, there are also places of tension, as individuals and collectives advocate for the incorporation of Pacific and Māori perspectives beyond the level of individual projects and into broader programme leadership, management and infrastructure.

In this talk we describe a ‘work in process’ framework for shaping our research programme, developed in response to some of the tensions experienced in this space. The framework uses the metaphor of voyaging as a tool to explain, cross-culturally, some of the processes and infrastructure we think is important to create safe spaces for our research team and, in turn, facilitate research outcomes that are impactful for Pacific and Māori communities.
Professor Diana Sarfati
Head of Department
Department of Public Health
University of Otago, Wellington
diana.sarfati@otago.ac.nz

Professor Diana Sarfati (MBChB, MPH, PhD, FNZCPHM) is a Public Health Physician, Cancer Epidemiologist and Health Services Researcher. She is Head of the Department of Public Health, and the Director of the Cancer and Chronic Conditions (C3) research group at University of Otago, Wellington. Diana has led a large body of research relating to ethnic disparities in cancer outcomes, particularly those affecting Indigenous peoples. This work has resulted in the identification of key patient and health system factors that influence cancer survival. It has been used extensively by health policy makers, clinicians and other researchers to develop policies and practices that aim to reduce inequities in cancer outcomes.

Her broader research on health services relates to cancer, maternity systems, and services for people with long-term conditions and complex healthcare needs. Her work in screening has included both research and policy elements. She is a former member of the National Screening Advisory Group and the National Bowel Cancer Screening Advisory Committee. She also has research interests in interventions to improve outcomes for those with cancer, type II diabetes and multimorbidity.

Diana is currently a member of the National Cancer Leadership Board (NZ), the Advisory Committee to International Agency for Research on Cancer’s (IARC) Pacific cancer hub, IARC’s international expert group on social inequalities in cancer, the Academic Advisory Committee on the International Cancer Benchmarking Project, and she is currently leading a Lancet Oncology series on cancer in small island developing states. Her primary teaching focus is on postgraduate courses in epidemiology. She is a past member of the National Ethics Advisory Committee, the Bowel Cancer Screening Taskforce, the National Bowel Cancer Working Group, the Board of the Cancer Society (Wellington Division), the Cancer Society Medical and Scientific Assessment Committee (Wellington), and the National Cancer Society Health Promotion Committee.

Challenges and Innovations in Cancer Control in the Pacific

Small island developing states (SIDS) are highly diverse in terms of geography, economic and social development, population size, culture, language and history but also share certain features. They are characterized by small populations, which are geographically isolated. They are typically facing the triple burdens of high rates of infection-related cancer with rapid transition to cancers relating to reproductive, dietary and hormonal factors in combination with ageing populations. The Pacific region is perhaps the quintessential example of the cancer control challenges facing these smaller countries. In the Pacific, cancer surveillance systems are incomplete, patients often present late with advanced cancers, many Pacific countries and territories are unable to provide cancer treatment to those affected, with patients either not receiving treatment, or being treated offshore where resources allow. Many countries in the region lack complete screening, pathology, oncology, surgical and palliation services. Despite these challenges, there are emerging examples of innovative practice, which aim to improve cancer outcomes in the region. These include regionalisation of cancer planning and services, innovative approaches to cervical cancer prevention, and development of cancer treatment services.
Family Model of Diabetes Self-Management Education Reduces HbA1c for Marshallese Patients: A Random Controlled Trial

Background: Marshallese have high rates of type 2 diabetes and engage in low levels of diabetes self-management behaviours.

Objective: To test the effectiveness of a culturally-adapted family model of diabetes self-management education (DSME) against a standard model of DSME for Marshallese patients with type 2 diabetes.

Design: Comparative effectiveness, randomized controlled trial with data collected at baseline and 10 weeks post-intervention.

Setting: Community-based trial in northwest Arkansas, a region with a large Marshallese population.

Participants: 221 Marshallese adults (≥18 years) with a type 2 diabetes diagnosis.

Interventions: Random assignment to the culturally-adapted family model of DSME (n=110) or the standard model of DSME (n=111). Each intervention delivered 10 hours of education.

Measurements: The primary outcome was change in haemoglobin A1c (HbA1c).

Results: The standard model group experienced reduction in HbA1c of 0.59% relative to baseline (P<0.001). The family model group experienced reduction in HbA1c of 1.12% relative to baseline (P<0.001). After adjustments for baseline HbA1c, age, sex, marital status, employment, education, and diabetes medication use, and after accounting for family relationships, the family model resulted in more than one-half unit larger reduction in HbA1c relative to the standard model (P=0.02). Multiple imputations of missing outcome data yielded similar effects and conclusions.

Limitations: The unique effects of cultural adaptation and inclusion of family within the family model intervention are impossible to separate. The cost-effectiveness of interventions was not analysed. The study population and setting may limit generalizability.

Conclusion: This study adds to a growing body of evidence indicating DSME that is culturally-adapted and includes participant’s families may be more effective at improving glycaemic control than standard DSME.
**Impact of Sugar-Sweetened Beverage Taxation**

**Background:** Health and Finance Ministers in the Pacific have declared a NCD crisis and adopted a NCD Roadmap to address the crisis. Many Pacific Island countries and territories (PICTs) have introduced taxes on sugar-sweetened beverages (SSBs), but none of these have been rigorously evaluated. Studies from high-income countries show that SSB taxes can be an effective method of reducing SSB consumption, but there is little evidence from low-income countries.

**Methods:** SSB taxes introduced by PICTs since 1990 were systematically reviewed by searching library databases, online legislation, law libraries, news articles, and by contacting key stakeholders in the health and finance sectors. Information was collected on the size, changes and design of SSB taxes in the region. Time-series analyses were used to examine the impact of SSB taxes on importation and purchasing of taxed and untaxed beverages, using information from trade data and household income and expenditure surveys. Regression modelling adjusted for time trends, demographic and macroeconomic changes.

**Results:** Over half of PICTs have introduced SSB taxes and some recent policies include larger taxes, such as the 2017 T$4 ($NZ 2.50) per litre in Tonga and the $9.80 per kg sugar in Cook Islands. These taxes will be described and preliminary results will be reported for the analysis examining the association of SSB taxes with importation and purchasing of taxed and untaxed beverages. Litter survey data from at least one PICT will also be presented to inform the issue of plastic waste associated with SSBs.

**Summary:** Pacific leaders have shown international leadership by introducing SSB taxation policies. Policy design and implementation are important to maximise the health benefits from SSB taxation.
Grace Johnstone
Fred Hollows Foundation New Zealand
gjohnstone@hollows.nz

Grace Johnstone is the Programme Analyst at the Fred Hollows Foundation New Zealand. In her role monitoring, evaluating and reporting on the Foundation’s programmes, she observes how strong partnerships are key to achieving successful, sustainable outcomes. Grace also drives the Foundations research programme and is passionate about ensuring research is relevant, has impact, and helps to build regional research capacity.

Building Diabetic Eye Care Systems in the Pacific Islands: Successes and Challenges

Pacific Island nations are some of the worst afflicted by diabetes, making up 9 of the top 10 countries for highest prevalence of diabetes. Further, there are high rates of diabetes related complications due to undiagnosed and poorly managed diabetes. Visual impairment and blindness is one of the major complications of diabetes, however, it can be prevented through early interventions. Unfortunately, many diabetics, and even their primary carers are unaware of the need for regular eye exams to monitor the progression of diabetic retinopathy and seek treatment to prevent vision loss.

The Fred Hollows Foundation New Zealand has been working in the Pacific Islands to improve access to eye screening and treatment for diabetics, as part of its overall goal of ending avoidable blindness in the Pacific. The Foundation’s programmes include training of a diabetic eye care workforce, health promotion, advocacy, strengthening health information systems and integration with other non-communicable disease groups. With a focus on partnerships, we will report on the successes and ongoing challenges of the Foundation’s diabetes programme across Pacific Island countries. This will be informed by the preliminary results of an independent evaluation of the Foundations diabetic retinopathy programme.
Non-Alcoholic Fatty Liver Disease. Weight Loss and Empowerment: A Pacific Participant’s Experience

Non-alcoholic fatty liver disease (NAFLD) is an increasingly prevalent obesity-related metabolic disease, which can progress from simple steatosis to cirrhosis and hepatic cancer. It is associated with type 2 diabetes and increases the risk of cardiovascular disease. The prevalence of NAFLD is as high as 30%. The prevalence among Pacific peoples is unknown, but is likely to be high given the high rates of obesity among these groups. As there is no recommended pharmacotherapy for NAFLD, weight loss and treatment of associated conditions like hypertension is the mainstay of treatment. While a 5-10% weight loss has been shown to reduce hepatic fat, the most effective long term dietary approach is yet to be established, especially in our obesogenic environment. We sought to determine the feasibility and acceptability of two different dietary approaches for the treatment of NAFLD, specifically a short term low calorie partial meal replacement (Optifast) diet and an intensive evidence-based nutritional approach for the treatment and prevention of diabetes over a 6 month period. Both approaches sought to empower participants to make good dietary choices during and following study end. The WHO defines empowerment as “a process through which people gain greater control over decisions and actions affecting their health”. This presentation will describe the weight loss experience of a Pacific participant who is now empowered to make good dietary choices for herself and her fono, and also to help her community achieve her healthful successes.
I joined the University of Otago, Wellington as a Consulting Biostatistician in February, 2015. My background includes collaborating with cancer investigators (everything from cells to pet animals to people) at the Arizona Cancer Center and directing a group running multi-institutional clinical trials at the University of Western Ontario. Between 2010 and 2014 I was the Statistical Consultant at Victoria University, Wellington.

As well as research on cancer, I have been involved in designing and analysing studies in stroke, multiple sclerosis, hypertension and organ transplantation. I am looking forward to working with researchers at the University of Otago, Wellington on research in clinical and epidemiological settings.

**Teen Smoking in New Zealand’s Pacific People: Differences between Samoan, Cook Islands Maori, Tongan and Niuean Adolescents in Smoking Prevalence and Exposure to Risk Factors**

**Aim:** Our objective was to describe adolescent smoking prevalence, risk factors, and prevalence of exposure to risk factors in New Zealand’s (NZ) largest Pacific ethnicities.

**Methods:** We analysed repeat cross-sectional data 2004-2015 to determine trends in smoking prevalence and exposure to established risk factors (parental and sibling smoking, best friend smoking, exposure to second-hand smoke in the home and in vehicles) by NZ Pacific ethnicity. We calculated current (2013-2015) odds ratios for each risk factor.

**Results:** Regular smoking declined markedly in all Pacific ethnicities over the study period, but remained high compared with non-Māori/non-Pacific (NMNP), with ORs ranging from 1.6 (Samoan) to 3.8 (Cook Island Māori) in 2013-15. The rate of decline over time was highest for the Niuean group, and lowest for NMNP. In 2013-15, after adjusting for age, gender and school decile (SES), all Pasifika ethnicities had significantly higher regular smoking rates than NMNP (p < 0.0001). Cook Island Māori had the highest rates, and Samoan the lowest. After adjusting for risk factors, only Cook Island Māori had significantly higher rates than NMNP. This suggests that, for all but Cook Island Māori, regular smoking is explainable by exposure to risk factors, which varied markedly by Pacific ethnicity and gender. Best friend smoking and exposure to second hand smoke were consistently the most important risk factors. Second hand smoke exposure in homes and vehicles was high.

**Conclusion:** Smoking has declined in adolescents of all Pacific ethnicities since 2004, but prevalence remains high, particularly in Cook Island Māori and girls, who should be recognised as priority groups. Differences in smoking rates largely reflect differing exposure to risk factors, suggesting additional resources may be needed for ethnic-specific community-led programmes to denormalise smoking.
Health Literacy Levels of Tertiary Level Students at the National University of Samoa

Health Literacy is a complex measure which encompasses; a person’s ability to seek and understand health information; engage with their health provider and impacts their degree of adherence to treatment regimes. In Samoa, there is a high incidence and prevalence of Non Communicable Disease. This research sought to evaluate the health literacy level of tertiary level students at the National University of Samoa, with the goals of; assessing the health literacy level of a sample of students at the National University of Samoa and to identify potential areas for improvement in health literacy. The findings would be used to develop training programs on health literacy. In this research study, Foundation and Year 1 courses in three Faculties were selected for inclusion. The standardized Health Literacy Questionnaire (HLQ developed by Deakin University) was administered in April- May 2018. SPSS was used in analysis. There was no statistically significant difference (<0.05) between the HLQ scores based on age, sex or place of residence (Apia Urban Area, Rest of Upolu, North West Upolu and Savaii). There was a statistically significant difference between the means of the HLQ scores based on Faculty (Education, Health Science, and Science) and Courses taken by the students.
Pacific Islanders face many health disparities, including higher rates of cardiovascular disease, cancer, obesity, and diabetes compared to other racial and ethnic groups. Specifically, the Marshallese population suffers disproportionately from type 2 diabetes, with rates 400% higher than the general US population. As part of an ongoing community-based participatory research (CBPR) partnership, 148 participants were recruited for a study examining genetic variants to better understand diabetes. Participants provided a saliva specimen in an Oragene® DNA self-collection kit. Each participant provided approximately 2 mL volume of saliva and was asked qualitative questions about their experience. The study yielded a recruitment rate of 95.5%. Among the 148 persons who participated, 143 (96.6%) agreed to be contacted for future studies; 142 (95.9%) agreed to have their samples used for future IRB-approved studies; and 144 (97.3%) gave permission for the researchers to link information from this study to other studies in which they had participated. Qualitative responses showed that the majority of participants were willing to participate because of their desire to contribute to the health of their community and to understand the genetic influence related to diabetes. This study demonstrates willingness to participate in genetic research among Marshallese living in Arkansas. Willingness was likely enhanced because the feasibility study was part of a larger CBPR effort. This study is important to community stakeholders who have voiced a desire to collaboratively conduct genetic research related to diabetes, perinatal outcomes, and cancer.
Dr Michael Tatley

Director
New Zealand Pharmacovigilance Centre
Dunedin School of Medicine
University of Otago
michael.tatley@otago.ac.nz

Dr Michael Tatley is the Director and Chief Medical Assessor of the New Zealand Pharmacovigilance Centre, University of Otago, which is contracted by the Ministry of Health to monitor the safety of medicinal products used in New Zealand. Michael is a member of the New Zealand Medicines Adverse Reactions Committee advising the Health Ministry on drug safety in New Zealand, and serves on the PHARMAC Immunisation Sub-committee. He is also co-chair of the New Zealand Vaccine Safety Expert Advisory Group. He has longstanding involvement with the WHO Programme for International Drug Monitoring and is a consultant reviewer for signals of emerging medicine safety concerns. He has served as an advisor to WHO Manila on Pharmacovigilance and WHO projects on Medication Error and Vaccine vigilance.

Strengthening Pharmacovigilance and Medicines Support Systems in the Pacific

Low and Middle Income Country (LMIC) health systems including pharmacovigilance, which focuses on the identification of safety issues with medicines and vaccines, are challenged by significant limitations. These range from resource and infrastructural inadequacies, absent or suboptimal systems and reliable access to technical or development support. Consequences of these inadequacies compromise capacity to monitor and respond to emerging safety issues with potential erosion of public confidence about medicines and vaccines that are critical to public health and immunisation programs. There has been relatively little attention to researching and addressing the pharmacovigilance systems of countries in the Pacific Island region, but it is likely that challenges similar to those typically observed in LMIC are present. Countries that have mature health regulatory and pharmacovigilance systems, especially those who are close neighbours, such as New Zealand, are ideally placed to provide support to strengthen pharmacovigilance and medicine regulatory systems in the Pacific Island Region. A proposal is presented whose underlying principles seeks to identify inadequacies through structured review and addresses these through training and support using existing opportunities where available. It crucially also includes the critical elements of assisting in the translating and embedding of knowledge and systems and ongoing collegial support through a network of relevant experts and mentors informed by the participating countries.
Assoc Prof Konrad Richter

Consultant General Surgeon
Clinical Associate Professor (Associate Dean)
Dean's Department (DSM)
Department of Surgical Sciences (DSM)
University of Otago
konrad.richter@otago.ac.nz

Konrad is a Colorectal Surgeon/Surgical Oncologist at Southland Hospital and Clinical Associate Professor at the Dunedin Medical School. He has received his extensive training in upper gastrointestinal, colorectal and endocrine surgery in Germany and the United States. Konrad came to New Zealand in 2007, for a one-year locum position, together with his wife and three of his four children. He loved the people, and the place and all stayed. He is a Fellow of the Royal Australasian College of Surgeons (FRACS) and member of the Colorectal Surgical Society of New Zealand and Australia (CSSANZ).

Besides being a busy clinician and surgeon, he is an active researcher and teacher, diving instructor, flyfisher and he is passionate about wildlife, history, and conservation. Over the last years, he has become active as a volunteer surgeon and teacher in the Pacific. During several trips to Samoa and the Solomon Islands he gave lectures, operated and started collaborative research projects.

Pacific Theatre Today

How can we move away from an exaggerated altruistic mentality to sustainable long-term service in the Pacific, so Pacific Islanders become independent from outside support in the future? To best support, as volunteers and workers in the health system, we need first to understand their (colonial) history, which is quite often our history. Before we go in, we should stop, look, listen, and try to understand. There are no short-term and no single solution answers. Often skills and knowledge are highly developed in the Pacific. Means to foster those include research projects, teaching, and training. Only after the medical staff is empowered to tackle the problems on their own, lobby their governments, address shortages and corruption, know and present their data and numbers, and educate the public, long-term solutions for the health system are possible. This short presentation tries to address some of these issues after several volunteer trips to the Solomon Islands as a General Surgeon and Teacher.
PARALLEL SESSIONS
Emerging Researcher Presentations
Thursday 29 November  Hutton Theatre  Facilitator: Prof David Murdoch

Brad Watson
PhD Candidate
Department of Management
University of Otago
bradley.watson@otago.ac.nz

Brad began his doctoral studies in March 2018 in the Department of Management, Otago Business School, and the Centre for Pacific Health, Va’a o Tautai, University of Otago. Prior to this, he led a team in the Pacific health space in the University’s Division of Health Sciences.

Brad is Samoan, Chinese, and New Zealand European (links to Scotland) with his Samoan family coming from the village of Tufulele, Upolu, Samoa. Growing up in the province of Taranaki, Brad started his tertiary journey in Health Sciences before changing to degrees in Law and in English literature. After completing his undergraduate degrees and a Master of Arts, his work in the Pacific health space allowed him to serve his community both in New Zealand and in Samoa. Brad is also an enrolled Barrister and Solicitor of the High Court of New Zealand.

Brad’s research interests include:
- Leadership, strategic and operational management, indigenous and Pacific business, governance and board functionality
- Indigenous peoples and law, family law, legal history, self-determination
- Pacific health, health and well-being of leaders, mental health, non-communicable diseases, global health within the Pacific region
- Pacific poetry, New Zealand literatures, postcolonialism, gender theory, cultural and indigenous epistemologies, iterative poetics.

Pacific Leaderships in the Health Sector

The New Zealand Health Strategy: Future Directions (2016) under the 'one team' strategic theme calls for great leaders and managers to enable change and achieve sustainability. This call for leadership is also seen in the Pacific health space, where more specific-Pacific roles are created to serve and operationalize the strategic themes and imperatives set by the current health policy to improve outcomes for Pacific peoples in New Zealand. These specific-Pacific leadership roles arguably bring with them challenges due to the different organisational structures that exist between Pacific and non-Pacific groups.
Additionally, the term “Pacific”, a label of convenience used in New Zealand, represents a diverse range of different cultural and ethnic backgrounds. With these challenges, questions arise about how do Pacific leaders gain effectiveness in their leadership roles, and further, are there specific differences in leadership approaches, behaviours and traits between Pacific and non-Pacific leaders.

This paper offers some initial thoughts on understanding these challenges Pacific leaders face in these Pacific-specific leadership roles. In order to understand these contemporary challenges, I argue there is a need to first understand why different models of leadership emerged in the Pacific region. Weaving strands of leadership, biological and cultural evolutionary theory together, I introduce an initial multi-disciplinary approach to leadership emergence in an island environment; an environment that is continuously harsh and unpredictable.

Specifically, this seminar will trace the pre-history of migration into the Pacific Ocean in three phases and suggest how these different phases of migration contribute to how Pacific leaders gain effectiveness when appointed to contemporary Pacific-specific leadership roles.
Cancer Care in Small Pacific Island States

**Background:** Like other LMICs, many Pacific Island countries and territories (PICTs) have fragile and overburdened health systems with which to combat an increasing burden of cancer. Additionally, a combination of small geographically dispersed populations, limited resources, isolation and frequent natural disasters make cancer control in Pacific Islands also significantly different to elsewhere in the world. No prior work has provided a stock-take of current capacity for diagnosis and treatment of cancer across the region to date.

**Aim:** To describe the specialised health services available for cancer control in the Pacific region, and show the complexity associated with accessing cancer care for Pacific Islanders.

**Methods:** A cross sectional review of medical services and human resources available for cancer control was undertaken for 21 Pacific Community (SPC) member states in April-May 2018, specifically diagnosis and treatment by contacting individual countries and territories.

**Results:** Capacity for cancer diagnosis and care is extremely limited in the Pacific region. The exceptions are the two French Territories (French Polynesia and New Caledonia) and Guam where a near full complement of services for diagnosis and treatment are operational. Overseas referrals for medical services not available in-country are a common feature to all PICTs health systems. A need to travel long distances to access health care is a challenge faced by Pacific Islanders on outer islands and rural villages. Examples will be presented.

**Conclusion:** Cancer control services are few and far between in the Pacific region, and PICTs will always likely rely on overseas referral process for care not available in-country. Access barriers exist for those on outer islands and in villages, and an unknown number seek treatment late or not at all for these reasons. Governments need to invest into strengthening primary and secondary care services, making them an option that is more easily accessible to remote populations.
Acceptability of HPV Self-Sampling Tests: Talanoa with Women and Health Workers in Samoa

Like many other Pacific Island nations, Samoa does not have a national screening program for cervical cancer. As part of a bigger project to help develop and implement a potential cervical cancer prevention programme for Samoa, a study was undertaken to explore the acceptability of self-sampling HPV tests amongst health workers and women from both rural and urban communities in Samoa. This presentation will share some findings from that study.
Preoperative Bariatric Surgery Program Barriers Facing Pacific Patients in Auckland, New Zealand, as Perceived by Health Sector Professionals

Background: Bariatric surgery is now recognised as the most effective procedure to treat patients with obesity and obesity-related co-morbidities. However, eligible patients of Pacific ethnicity in NZ are the least likely to complete publicly-funded surgeries, for example, they are recorded as dropping out at a rate of 73% from the Auckland DHB program. The present study explored structural barriers in bariatric surgery programs that are contributing to these high Pacific patient attrition rates.

Methods: Health sector professionals (n=21) who work closely with surgery patients or in related health services were interviewed. Thematic analysis under a social constructionist framework was utilized to conceptualise the sociocultural contexts and structural conditions underlying participants’ accounts.

Results: Two primary themes were identified: Confidence negotiating the medical system and appropriate support to achieve preoperative goals. These themes highlighted challenges that Pacific patients face in successfully navigating the preoperative phase. The latter theme had two subthemes: Cultural awareness and Practical support.

Conclusions: The qualitative methodology produced findings that are unique as well as supporting much of the extant quantitative literature. The novel understandings of structural preoperative bariatric surgery program barriers from the perspectives of health sector professionals in the present study may assist in developing countermeasures to ensure greater retention of Pacific patients.
STRENGTHENING PARTNERSHIPS FOR PACIFIC HEALTH—OPPORTUNITIES FOR ENGAGEMENT IN THE PACIFIC REGION

Thursday 29 November  Hutton Theatre  Facilitator: Dr Paula Vivili

Presentations by PICT Regional Health Representatives:

Dr Josephine Herman
Secretary of Health, Cook Islands, and Chair of the Pacific Heads of Health

Dr Edgar Akau’ola
Acting Director General of Health, Niue

Dr William May
Dean, College of Medicine, Nursing and Health Sciences, Fiji National University

Dr Siale ‘Akau’ola
Director General of Health, Tonga

Dr Tony John Harry
Medical Superintendent, Ministry of Health, Vanuatu

Dr Lameka Sale
Senior Medical Officer, Ministry of Health, Tokelau

Dr Natano Elisala
Acting Director of Health, Tuvalu

Professor Satupa’itea Viali
University Council Member, National University of Samoa

NEW ZEALAND FOREIGN AFFAIRS & TRADE
Day One Facilitators

Dr Kiki Maoate
Associate Dean (Pacific)
University of Otago Christchurch

Dr Dianne Sika-Paotonu
Associate Dean (Pacific)
University of Otago Wellington

Assoc. Prof. Daryl Schwenke
Associate Dean (Pacific)
Biomedical Sciences
University of Otago

Prof Pauline Norris
Centre for Pacific Health
University of Otago

Prof David Murdoch
Dean and Head of Campus
University of Otago Christchurch

Dr Paula Vivili
Director
Public Health
Pacific Community/SPC
## PROGRAMME | Day Two: Friday 30 November 2018

<table>
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<tr>
<th>Time</th>
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<tr>
<td>8:00am</td>
<td>Registration and Coffee</td>
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<tr>
<td>8:45 - 9:00am</td>
<td><strong>Review of Day 1 &amp; Opening</strong>&lt;br&gt;Fauimuina Associate Professor Fa’afetai Sopoaga&lt;br&gt;Associate Dean (Pacific), Division of Health Sciences</td>
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<tr>
<td>9:00 - 9:45am</td>
<td><strong>PLENARY</strong>&lt;br&gt;<em>Communicable Diseases &amp; Mental Wellbeing</em>&lt;br&gt;Facilitator: Dr Aumea Josephine Herman, Secretary of Health, Cook Islands Ministry of Health &amp; Chair of the Pacific Heads of Health</td>
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<td>9:00 - 9:45am</td>
<td>Dr Monique Faleafa, Chief Executive Officer, Le Va&lt;br&gt;<em>A fence at the top of the cliff for Pasifika mental wellbeing</em></td>
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<td>9:45 - 10:15am</td>
<td>Dr Rebecca Levine, Senior Research Scientist, Integrated Vector Management Team, Centres for Disease Control and Prevention (CDC)&lt;br&gt;<em>CDC’s International Vector Response to the Zika Virus Outbreak: Strengthening Regional Capacity for Public Health Entomology</em></td>
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<td>10:15 - 10:45am</td>
<td>Dr Dianne Sika-Paotonu, Associate Dean (Pacific), University of Otago, Wellington&lt;br&gt;<em>The Benzathine Penicillin G (BPG) reformation studies – towards a new penicillin for rheumatic fever and rheumatic heart disease</em></td>
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<td>10:45 - 11:00am</td>
<td>Morning tea/coffee</td>
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## Parallel Sessions

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<th>Time</th>
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<tr>
<td>11:00 - 12:30pm</td>
<td><strong>Communicable diseases and efforts to reduce vector-borne disease in the Pacific region</strong>&lt;br&gt;<em>Venue: Hutton Theatre</em></td>
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<td><strong>Emerging researcher presentations</strong>&lt;br&gt;<em>Venue: Kakapo Room</em></td>
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<td><strong>Facilitator: Professor Stephen Chambers</strong>&lt;br&gt;Department of Pathology &amp; Biomedical Science, University of Otago, Christchurch</td>
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<td><strong>Facilitator: Dr Rose Richards</strong>&lt;br&gt;Director, Centre for Pacific Health, University of Otago</td>
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<td><strong>TechCamp New Zealand – setting the scene</strong>&lt;br&gt;Mr Will Seal Representative of United States Consulate General, Auckland / Dr Rebecca Levine</td>
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<td><strong>TechCamp Project Team Presentations – Cook Islands and Fiji</strong></td>
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<td></td>
<td><strong>Douglas Tou</strong> Laboratory Manager, Rarotonga Hospital Laboratory Services, Cook Islands</td>
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<td><strong>Taaiki Moekapiti</strong> Health Protection Officer, Public Health Department, Cook Islands</td>
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<td></td>
<td><strong>Elaine Sililo - ZOOM</strong>&lt;br&gt;<em>Audit of neonatal deaths at Tupua Tamasese Hospital between January 2016 and December 2017.</em></td>
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<td><strong>Tito Kamu - ZOOM</strong>&lt;br&gt;<em>Reflections on medical education in Samoa: a student perspective</em></td>
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<td><strong>Troy Ruhe</strong>&lt;br&gt;<em>The ‘Niu Movement’- assessing the acceptability of a circuit based physical activity intervention in Pacific Islands communities - A pilot study.</em></td>
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<td><strong>Mylene Anwar</strong>&lt;br&gt;<em>Bioactive water soluble non-starch polysaccharide of taro (colocasia esculenta).</em></td>
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<td>Jackson Mar</td>
<td>Ryder Fuimano</td>
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<tr>
<td>Senior Assistant Health Inspector, Fiji Ministry of Health &amp; Medical Services</td>
<td>The perspectives of Samoan patients and health professionals about access to renal services in New Zealand</td>
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<td>Alisi Tokailagi</td>
<td>Tevita Vaipuna</td>
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<td>Senior Assistant Health Inspector, Fiji Ministry of Health &amp; Medical Services</td>
<td>Sleep in Pasifika adolescents</td>
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<td>Charlotte Gilkison</td>
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<td><em>Predicting the impact of household contact and mass chemoprophylaxis on future new leprosy cases.</em></td>
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<td>Dr Nabura Ioteba</td>
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<td><em>Implementation of the chemoprophylaxis strategy for leprosy in Kiribati – strong partnerships are crucial.</em></td>
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<td>Dr Richard Everts</td>
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<td><em>Antimicrobial stewardship in the Pacific Islands.</em></td>
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12:30 - 1:00pm       Lunch

1:00 - 3:00pm

**PLENARY**

**Strengthening Partnerships for Pacific Health – Where To From Here?**

Facilitator: **Professor Peter Crampton.**  
Kōhatu-Centre for Hauora Māori, University of Otago

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<td><strong>Professor Vernon Ward</strong>, Dean, School of Biomedical Sciences, University of Otago</td>
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<td><strong>Professor Barry Taylor</strong>, Dean, Otago School of Medicine, University of Otago</td>
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<td><strong>Professor David Murdoch</strong>, Dean and Head of Campus, University of Otago, Christchurch</td>
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<td><strong>Aiono Professor Alec Ekeroma</strong>, Head of Department, Department of Obstetrics and Gynaecology, University of Otago, Wellington</td>
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<td><strong>Tofilau Nina Kirifi-Alai</strong>, Manager, Pacific Islands Centre, University of Otago</td>
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<td><strong>Dr Kiki Maoate</strong> (via Zoom), Associate Dean (Pacific), University of Otago Christchurch</td>
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<tr>
<td><strong>Dr Rose Richards</strong>, Associate Dean (Pacific), Dunedin School of Medicine, and Director, Centre for Pacific Health, University of Otago</td>
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<tr>
<td><strong>Dr Dianne Sika-Paotonu</strong>, Associate Dean (Pacific), University of Otago Wellington</td>
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<td><strong>Professor Darryl Tong</strong>, Associate Dean (Internationalisation), University of Otago</td>
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<td><strong>Reverend Alofa Lale</strong>, Mission Coordinator, Mercy Hospital</td>
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<td><strong>Ms Anna Pasikale</strong>, Unit Manager Human Development, Sustainable Development Sector and Thematic Division (DST), New Zealand Ministry of Foreign Affairs &amp; Trade</td>
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<td><strong>Dr Brian Wells</strong>, U.S. Navy Oceania Health Affairs Advisor, U.S. Embassy, New Zealand</td>
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3:00 - 3:30pm

**SUMMARY AND CLOSING**

Summary: **Faumuina Associate Professor Faaafetai Sopoaga**  
Associate Dean (Pacific), Division of Health Sciences

Closing Prayer: **Reverend Alofa Lale**

3:30pm – onwards  Afternoon tea/coffee and Networking
PLENARY SPEAKERS
COMMUNICABLE DISEASES & MENTAL WELLBEING

Friday 30 November  
Hutton Theatre  
Facilitator: Dr Aumea Josephine Herman

Dr Monique Faleafa

Chief Executive Officer
Le Va
monique.faleafa@leva.co.nz

Monique has served Pacific communities in the not-for-profit sector, district health boards, academia and social services for nearly 20 years as a clinician, as an advocate for improving health and social outcomes for Pacific communities, and better wellbeing for all New Zealanders.

As founding Chief Executive of Le Va, Monique is a firm believer in supporting her team to be at their peak performance, delivering services based on traditional values but delivered with contemporary execution.

Monique is a Clinical Psychologist and also contributes to her communities at governance levels: currently Deputy Chair for the Health Promotion Agency, Deputy Chair for the New Zealand Psychologists' Board, board member for the Health Research Council of New Zealand, ‘A Better Start’ MBIE Science Challenge Board, and the ACC Sexual Violence Prevention Board. Monique is a Member of the NZ Order of Merit and a finalist in the Westpac Women of Influence awards. Internationally she is a mental health advisor to Australia’s National Rugby League, is an Alumni of the Commonwealth Emerging Pacific Leaders Dialogue, and one of two Pacific Associate Members of Global Women.

A Fence at the Top of the Cliff for Pasifika Mental Wellbeing
Dr Rebecca Levine
Senior Research Scientist
Integrated Vector Management Team
Centres for Disease Control and Prevention (CDC)
rrl3@cdc.gov

Dr Rebecca Levine joined the Epidemic Intelligence Service (EIS) at CDC in the Division of High-Consequence Pathogens and Pathology in 2014. She spent the majority of her two years in EIS supporting CDC’s Ebola emergency response in West Africa where she was deployed five times to Sierra Leone. During and since EIS, Dr Levine also deployed to over a dozen different countries for CDC’s Zika emergency response.

She is currently an epidemiologist/entomologist on the integrated vector management team, where she supports projects to strengthen mosquito surveillance and control with Ministries of Health in over 50 countries throughout the Americas, Caribbean, West Africa, and Southeast Asia. Dr Levine received her BA in Ecology and Evolutionary Biology from Princeton University in 2001, her MPH in International Health and Infectious Diseases from Emory University in 2005, her professional teaching certificate in science and math from the state of Georgia in 2007, and her PhD in Population Biology, Ecology, and Evolution from Emory University in 2014.

*CDC’s International Vector Response to the Zika Virus Outbreak: Strengthening Regional Capacity for Public Health Entomology*
Dr Dianne Sika-Paotonu  
Associate Dean (Pacific)  
University of Otago, Wellington  
dianne.sika-paotonu@otago.ac.nz

Dr Sika-Paotonu is of Tongan descent and works as a Senior Lecturer in Pathology & Molecular Medicine and the Associate Dean (Pacific) at the University of Otago Wellington. She is also the Scientific Lead for the Rheumatic Fever related Penicillin research work based in New Zealand. She completed her PhD in Biomedical Science, specialising in Immunology at the Malaghan Institute of Medical Research, where she was a member of the Cancer Vaccines team. Her work showed that specific modifications to these cancer vaccines could generate stronger immune responses against cancer. Her areas of research interest and focus include immunology, rheumatic fever, rheumatic heart disease, cancer, pharmacology and Immunogenetics. More recently, Dr Sika-Paotonu worked at the Telethon Kids Institute (TKI) in Perth Western Australia as the Scientific Lead for the Penicillin Research work within the Group A Streptococcal Disease team based at the Wesfarmers Centre for Vaccines & Infectious Diseases.

Dianne remains an Honorary Research Associate with the Wesfarmers Centre for Vaccines & Infectious Diseases, Telethon Kids Institute and Victoria University of Wellington and is also an Affiliate Member of the Maurice Wilkins Centre for Molecular Biodiscovery at the University of Auckland. She is also a member of the New Zealand based research team investigating the Immunogenetics of Rheumatic Fever connected with the Genome Wide-Association Study International Consortium. Her main research focus in New Zealand and the Pacific Region includes work that seeks to contribute to global efforts to generate a more appropriate form of Penicillin for Rheumatic Fever, and the development of an early detection method for cancer using circulating tumour DNA technology.

The Benzathine Penicillin G (BPG) Reformulation Studies—Towards a New Penicillin for Rheumatic Fever and Heart Disease

Acute Rheumatic Fever (ARF) is the autoimmune condition triggered by untreated Group A Streptococcal (GAS) infection of the upper respiratory tract (and possibly skin). Severe and recurrent untreated attacks of ARF can cause cardiac damage, known as Rheumatic Heart Disease (RHD). RHD remains a significant cause of morbidity and mortality globally and in Australia, New Zealand (NZ) and the Pacific Region, the disease burden of ARF and RHD amongst Indigenous and Pacific communities is one of the highest in the world, usually affecting children and young adults. The most effective recommended preventative measure for ARF requires painful monthly intramuscular injections of Benzathine Penicillin G (BPG) for 10 years or more. Known as secondary prophylaxis, these injections aim to prevent GAS infections that may lead to recurrence of ARF and either cause or worsen RHD. Adherence to secondary prophylaxis remains a challenge in many settings and improved understanding of barriers and a BPG reformulation that is more appropriate are urgently needed. The BPG Preferences study sought to explore the BPG reformulation preferences and perspectives of predominantly Māori and Pacific children/teens in New Zealand currently receiving monthly BPG intramuscular injections, their families and healthcare providers using three software applications developed for this purpose. The BPG Pharmacokinetics study seeks to determine the Pharmacokinetic characteristics BPG in a paediatric population currently receiving monthly intramuscular BPG injections for secondary prophylaxis in New Zealand.
PARALLEL SESSIONS
Communicable Diseases and Efforts to Reduce Vector-Borne Disease in the Pacific Region

Friday 30 November  Hutton Theatre  Facilitator: Assoc Prof Stephen Chambers

TechCamp New Zealand: Setting the Scene

TechCamp NZ Project Team Presentations: Cook Islands and Fiji

Douglas Tou  Laboratory Manager, Rarotonga Hospital Laboratory Services

Taaki Moekapiti  Health Protection Officer, Public Health Department

Jackson Mar  Senior Assistant Health Inspector, Fiji Ministry of Health & Medical Services

Alisi Tokailagi  Senior Assistant Health Inspector, Fiji Ministry of Health & Medical Services
I have recently completed a Master in Public Health through the University of Otago, using a transmission model to predict the impact of chemoprophylaxis interventions on future leprosy cases in South Tarawa, Kiribati. Prior to this I completed a Bachelor of Science in Microbiology and a Postgraduate Diploma in Public Health with a particular interest in epidemiology, also through the University of Otago.

Predicting the Impact of Household Contact and Mass Chemoprophylaxis on Future Leprosy Cases

The country of Kiribati is a Pacific island nation of around 110,000 people which had a prevalence of leprosy of 115 per 100,000 in 2016, and is one of the few countries yet to reach the WHO leprosy elimination goal (prevalence <1/10,000 population). Chemoprophylaxis with single dose rifampicin (SDR) administered to household contacts of new leprosy cases, or the whole population in highly endemic areas have been found to be effective in reducing new case rates. This study investigated the potential impact of different chemoprophylaxis strategies on future cases in South Tarawa, the main population centre of Kiribati.

Methods: The microsimulation model SIMCOLEP was calibrated to simulate the South Tarawa population, past leprosy control activities, and replicate annual new cases from 1989 to 2016. The impact of six different strategies for delivering one round of SDR chemoprophylaxis to household contacts of new cases and/or one or three rounds of SDR to the whole population (mass) was modelled from 2017-2030.

Results: Our model predicted that continuing the existing control program of infant BCG vaccination, treatment of cases with multidrug therapy, and a high level of public awareness and passive case detection would lead to a substantial reduction in cases but this was less effective than all modelled intervention scenarios. Mass chemoprophylaxis led to a faster initial decline in cases than household contact chemoprophylaxis alone, however the decline under the latter was sustained for longer. The greatest cumulative impact was for household contact chemoprophylaxis with three rounds of mass chemoprophylaxis at one-year intervals.

Conclusion: The results suggest that control of leprosy would be achieved most rapidly with a combination of intensive population-based and household chemoprophylaxis. These findings may be generalizable to other countries where crowding places social contacts as well as household contacts of cases at risk of developing leprosy.
Dr Nabura Ioteba
Registrar
Community and Public Health
Canterbury District Health Board (CDHB)
lloffhagen@orbit.co.nz

I am a naturalised i-Kiribati-Kiwi currently residing in Christchurch. Current employment as a Registrar at Community and Public Health (a division of the Canterbury District Health Board)—as a requirement for the New Zealand College of Public Health Medicine Training Programme (NZCPHM).

I have been fortunate to be closely associated with the Pacific Leprosy Foundation (an NGO based in Christchurch) and involved in leprosy activities in Kiribati for the last few years.

Implementation of the Chemoprophylaxis Strategy for Leprosy in Kiribati—Strong Partnerships are Crucial

In 2000, the WHO elimination target of less than 1 case per 10,000 population was achieved 'globally'. However, leprosy remains endemic in some parts of the world, including the Pacific. Leprosy control can exert pressure on public health systems, and becomes a significant burden in economically-challenged island nations of the Pacific.

In recent years, Kiribati has reported increasing number of new case findings, including children. This is in part due to the increasing activities by the Kiribati Ministry of Health and Medical Services (MHMS) - National Leprosy Programme (NLP), in conjunction with major health partners - of which the Pacific Leprosy Foundation (PLF) is a major contributor at all levels.

The NLP has programs and activities in place that have been supported and strengthened with the partnerships between the Kiribati MHMS, WHO (in-country liaison office), Department of Foreign Affairs and Trade (DFAT - Australia) and PLF of New Zealand.

For some years now, a memorandum of understanding has been in place between the Kiribati MHMS and PLF of New Zealand, to continue support and assistance to the NLP in the on-going control of leprosy.

In late 2017, an agreement and endorsement for implementation of a Chemoprophylaxis Strategy using Single Dose Rifampicin was signed between the MHMS and PLF. Implementing the Chemoprophylaxis Strategy in Kiribati commenced this year and the value of strong partnerships are evident and will remain crucial for the success of the Programme.
Richard Everts is an Infectious Disease Specialist and Medical Microbiologist with Nelson Bays Primary Health and Nelson Marlborough DHB. He is an expert clinical advisor for ACC on infection claims and runs a private internal medicine clinic in Nelson and Marlborough. Richard has completed about 30 work trips to the Pacific Islands (including Cook Islands, Tonga, Samoa, Vanuatu, Niue and Kiribati) with the World Health Organization or the New Zealand Ministry of Foreign Affairs and Trade, to support antibiotic guidelines and stewardship, microbiology laboratory testing, and infection prevention and control. Richard does general medical and infectious disease work in Australia. He has recently run a few small research trials, with special interests in antibiotic pharmacokinetics, duration of antibiotic treatment, and prevention of infections after surgical procedures.

**Antimicrobial stewardship in the Pacific Islands**

In this presentation I share my experience of 27 work visits to Pacific Islands, including Samoa, Tonga, the Cook Islands, Kiribati, Vanuatu and Niue. These visits have enabled the development of locally relevant CLSI- or EUCAST-based susceptibility testing protocols, identification of the causes of bacterial infections, study of antibiotic resistance patterns and trends, infection prevention and control interventions, and the development of unique antibiotic guidelines for each Island. Pyogenic and diabetes-related infections are common. Typhoid is strikingly common in Samoa, where 1 in every 25 sets of blood cultures grows Salmonella typhi. The MRSA rate varies from almost nil in Vanuatu to 52% of Staphylococcus aureus isolates in Samoa (testing procedures are correct). The susceptibility of E. coli also varies widely: cotrimoxazole susceptibility ranges from 40% in Vanuatu to 79% in the Cook Islands, Augmentin susceptibility from 43% in Vanuatu to 58% in Tonga, ceftriaxone susceptibility from 73% in Samoa to 97% in the Cook Islands, and ciprofloxacin susceptibility from 64% in Samoa to 85% in Tonga. The overall rate of antibiotic use is high. I will present my use of computerised modelling for antibiotic guideline development and the results of testing natural products for antiseptic activity.
Elaine Sililo (via ZOOM)

School of Medicine
University of Samoa
elaine.sililo@gmail.com

Elaine is a 5th year medical student at the National University of Samoa School of Medicine (SOM). She is from Nuuuli, American Samoa. Her education has all been in Samoa, completing her primary and secondary level education at local schools before entering the National University of Samoa to complete a Foundation Certificate in Science. She started her medical education career in the Oceania University of Medicine (OUM) before the establishment of the new SOM, and is one of the remaining group of students who underwent the transition from OUM to SOM.

A mother of one, Elaine aspires to become a paediatrician or a Primary Healthcare Physician, strengthening the Primary Care system to address the burden of NCDs in Samoa. She is very keen to continue in this space of health research with strong interests in the areas of paediatrics, psychiatry and primary healthcare. She is currently working on a climate change and health audit with the National Kidney Foundation of Samoa looking at the environmental impact of dialysing one patient over a year.

Audit of Neonatal at Tupua Tamasese Hospital between January 2016 and December 2017

Preterm birth is recognised as a major public health problem by both clinicians and researchers.

It is a leading cause of infant mortality in industrialised countries and also contributes to many neonatal complications. Caring for preterm infants also incurs large health care expenditures. Infants born at or before 25 weeks gestation have the highest mortality rate (about 50%) and a high chance of severe developmental impairment if survives.

In Samoa, there have been no studies conducted on premature neonatal deaths, hence an audit was conducted to look at the current preterm infant mortality issue to inform strategic plans and practice for the Samoa paediatric and neonatal unit.
Tito Kamu (via ZOOM)

School of Medicine
National University of Samoa
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See you soon
Tito Junior Jerome Kamu is a 5th year medical student at the National University of Samoa School of Medicine (SOM). He has been educated through the local schooling system and is now engaged in medical education. His interests are sports medicine, DJ’ing, meeting new people and finding and making use of opportunities. His career goals are Emergency Medicine, Ophthalmology and Primary Health Care. He is single, a Christian, family oriented and the eldest of 12 siblings. Tito has expressed a keen interest to pursue clinical research as he prepares to enter into the medical workforce of Samoa. He has keen research interests in Samoa’s health system commencing with audits to measure local work and learning how to write to publish, with the hope of creating a difference in the work he plans to do in the future.

Reflections on medical education in Samoa: a student perspective

Samoa has boldly entered into medical education establishing its first locally driven medical school (The National University of Samoa School of Medicine [SOM]) in 2015. The SOM is now completing its fourth year rolling out its own curriculum. The University of Otago has played a huge role supporting this initiative. However, before this, medical education was being provided in Samoa by the Oceania University of Medicine, a private medical school delivering a curriculum online and based in the United States of America. When Samoa commenced its new locally driven medical school there were a large number of medical students in the OUM programme across several different years. These students were informed of the government’s decisions and then had to move across to the local school with little discussion about what they wanted. Tito is one of the last group of students who were in this transition and will be sharing his experience entering into medical education in Samoa and then having to transfer to the locally driven medical school and sharing his experience and some of his reflections.
My name is Troy Tetini Ariki Henare Tararo-Ruhe. I am Cook Islands Māori from the beautiful island of Mauke, and in Aotearoa I hale from Nga Puhi and Tuwharetoa. I started my Bachelor of Physical Education at the University of Otago in 2013 and completed my degree with first class honours in 2016.

Initially with my degree I was going to be that guy to attack negative health statistics through teaching and education. However, after my first year of University, I fell in love with clinical exercise physiology even though I had not completed any sciences through high school. Being a physically active and curious individual who enjoys manipulating variables in training to try and achieve specific outcomes, retrospectively I understand how I ended up loving the field of physical activity and health.

My particular interest is investigating acceptable and effective methods of implementing exercise programmes into Pacific Islands communities. Working in and for Cook Islands communities developing best practice for an inclusive exercise environment. From my honours to until now, I have followed a natural progression of research topics. My honours was an immersion into Pacific models of health and research methodologies to put me in the best position to understand the nuances of research within Pacific Islands communities. After familiarising myself within literature pertaining to Pacific Islands research and in depth discussions with the Pacific Islands community in Dunedin and my family in the Cook Islands, it was made clear to me that our people understand exercise and the importance, but lacked expertise. Instead of fighting an uphill battle, I started a PhD testing a self-developed a circuit-based exercise model based on the preparation of coconut cream; a familiar food source and process.

Understanding basic training principles, anatomy and physiology while coupling those principles in an acceptable manner with a community that you are passionate about is fulfilling and has never felt like work.

The ‘Niu Movement’—Assessing the Acceptability of a Circuit Based Physical Activity Intervention in Pacific Islands Communities—A Pilot Study

Exercise has been associated with positive health benefits and mitigation of risk factors associated with non-communicable disease (NCD); however, there is little research in ethnic specific exercise programmes in Cook Islands communities. Physical activity interventions within Pacific Islands communities have reportedly been established from as early as 2006, but there is lack of evaluation strategies to assess the effectiveness of such programmes. Of the reported physical activity interventions carried out in Pacific Islands communities, those that evoked cultural identity and were culturally appropriate were most effective.

The ‘Niu Movement’ is a physical activity programme that was designed in collaboration with Cook Islands community members while adhering to Cook Islands values, simulating the four phases of
The purpose of this study is to develop an acceptable and effective combined resistance and aerobic modality exercise programme based on Pacific Islands food preparation within a Pacific Islands cohort in Dunedin for later implementation in Rarotonga.

The study is a single group pre-post design using a circuit-based combined resistance and aerobic exercise programme, ‘The Niu Movement’, for 8 weeks in a group of Pacific Islands community members from Dunedin. Physical function will be assessed through administration of the Short Physical Performance Battery (SPPB) and 6-minute walk test (6MWT). A device to assess energy expenditure (the SenseWear Pro Armband) will be worn by participants during the exercise sessions. Questionnaires will be used to gauge the acceptability for individuals who participate in the programme.

This research may contribute to a more physically active and physically literate Pacific and specifically Cook Islands community. The reporting of the research process and findings may encourage future research within Pacific communities to seek innovative ways to encourage and increase physical activity while including cultural values and ideals.
I am from the Philippines and a doctoral student undertaking a PhD in Food Science under the University of Otago Doctoral Scholarship grant. I am also a faculty member of the Department of Food Science in Central Mindanao University, Philippines. My current research focuses on the bioactive water-soluble non-starch polysaccharide of Taro (Colocasia esculenta), an important tuber crop grown in abundance in Pacific Islands, Africa and Asian countries. This study will explore the potential of this bioactive material as a functional ingredient in the development of functional food that may contribute to the well-being of individuals where Taro constitutes a significant part of their diet.

EDUCATION
MSc in Food Science and Technology (minor in Chemistry), Visayas State University, Philippines, 2013
BSc in Food Technology, Visayas State University, Philippines, 2008

Taro Water-soluble Non-starch Polysaccharide: Functions and Potentials for Food and Pharmaceutical Industries

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Taro or cocoyam is an important tuber crop and a significant source of carbohydrates due to its high starch content. Its corm also contains high amount (up to 13.8%) of mucilage, a water-soluble non-starch polysaccharide (NSP), with known functionalities (texture modifier, freshness enhancer, bread improver, emulsifier and stabilizing agent) and bioactivities (immunomodulatory, phagocytic activity, anti-metastatic and inhibitory activity against intestinal disaccharides). Taro mucilage has a wide high molecular weight range (> 100 000 Da up to 1 000 000 Da) and is also a highly branched polysaccharide known to be a Type II arabinogalactan containing arabinogalactan-protein (AGP). The polymer is composed mainly of neutral monosaccharide units of galactose, arabinose, glucose, mannose, rhamnose, xylose and acidic sugar fraction (uronic acid). As a highly branched polysaccharide, it exhibits a Newtonian flow behavior, is soluble in water and has good thermal stability. Its polysaccharide-protein complex component, the AGP, makes it a potential material to stabilize oil-in-water emulsion system. In addition, being a water-soluble dietary fiber, it also has an excellent potential to enhance the nutritional value of food products useful in the development of functional foods and for gut health products. The physico-chemical and some technological features of Taro mucilage has been studied but its potential remained unexploited making it an interesting topic for further research in line with the increase interest for natural hydrocolloids from non-conventional sources useful for food and pharmaceutical industries.
Ryder Fuimaono is from the villages of Salani, Salelavalu and Ululoloa in Samoa. He has two brothers and one sister. He is a NZAid scholarship student from Samoa and is currently studying in the Dunedin School of Medicine, University of Otago. He took one year out of his medical studies to undertake a degree in Bachelor of Medical Sciences with Honours (BMedSc(Hons)) in 2018. He is returning back to do his final year of medical training in 2019. Today he will be presenting on the results of a summer school research project he undertook in 2016. He is interested in Renal Health and his research project has explored renal health in the context of NZ and Samoa.

The Perspectives of Samoan patients and health professionals about access to renal services in New Zealand

Aim: Information about Pacific patients’ access to renal services is limited. This research aims to describe Samoan patients’ access to nephrology services in New Zealand (NZ).

Methods: Interviews were conducted with six health professionals and four Samoan patients about access to renal services in 2016. Participants were recruited using the snowball method. Interviews were audio-recorded and transcribed. Field notes were also taken. Data were analysed and coded to identify emerging key themes about how Samoan patients access renal services in NZ.

Results: Health professionals and Samoan patients’ perspectives on pathways for accessing renal services in New Zealand were similar. However, there were differences between perspectives and access. Samoan patients’ actual pathways or access to services were often complex involving acute presentations to hospital. Patients moving between NZ and Samoa also contributed to these complexities. Miscommunications between patients and health professionals, patients’ lack of understanding about chronic kidney diseases, their beliefs and use of traditional medicine also impacted on their pathways to services.

Conclusion: This study identified factors that effected Samoan patients’ access to renal services in NZ. Raising awareness of chronic kidney diseases, and addressing barriers to accessing services, is likely to enable timely interventions and improved outcomes.
Tevita Vaipuna
University of Otago
vaite219@student.otago.ac.nz

Tevita is of Tongan and European descent and has just completed the 4th year of the MBChB degree. Last year Tevita underwent the BMedSc (hons) degree, for which he received the Maurice and Phyllis Paykel Trust Research Award in Medical Sciences. This honours project built on Tevita’s HRC-funded Summer Studentship project from the preceding summer.

Sleep in Pasifika Adolescents

Sleep of adequate duration and quality is crucial for maintaining every aspect of health. However, research suggests that Pasifika youth in New Zealand may not be getting enough, which may be contributing to health disparities between Pasifika communities and the general New Zealand population. This study aimed to describe perceptions of Pasifika adolescents about sleep, their thoughts on how Pasifika culture impacts on sleep, and the appropriateness of different sleep improvement interventions within Pasifika families.

This study involved qualitative interviews with local Pasifika high school students, underpinned by the Talanoa research method and the University of Otago Pacific Research Protocols. Transcripts from these interviews were analysed using thematic analysis, noting common themes that arose from the interviews.

The results suggest that most Pasifika adolescents felt they had challenges in getting enough sleep. Alongside challenges that are consistent with adolescents worldwide (e.g. a delayed circadian rhythm and a tendency to catch up on missed sleep in the weekends), they felt some were more specifically related to aspects of Pasifika family values and lived experiences. For example, many mentioned living with large families that had inconsistent sleep patterns, attended family, cultural, and church/community events or activities during some evenings, and had high extracurricular and academic pressures, all which they felt negatively affected their sleep.
STRENGTHENING PARTNERSHIPS FOR PACIFIC HEALTH—WHERE TO FROM HERE?

Friday 30 November    Hutton Theatre    Facilitator: Prof Peter Crampton

Panellists:

**Professor Vernon Ward**
Dean
School of Biomedical Sciences
University of Otago

**Professor Barry Taylor**
Dean
Otago School of Medicine
University of Otago

**Professor David Murdoch**
Dean and Head of Campus
University of Otago, Christchurch

**Aiono Professor Alec Ekeroma**
Head of Department
Department of Obstetrics and Gynaecology
University of Otago, Wellington

**Tofilau Nina Kirifi-Alai**
Manager
Pacific Islands Centre
University of Otago

**Dr Kiki Maoate**
Associate Dean (Pacific)
University of Otago, Christchurch
(via ZOOM)
Dr Rose Richards
Associate Dean (Pacific)
Dunedin School of Medicine

Dr Dianne Sika-Paotonu
Associate Dean (Pacific)
University of Otago,
Wellington

Professor Darryl Tong
Associate Dean (Intl.)
University of Otago

Reverend Alofa Lale
Mission Coordinator
Mercy Hospital

Anna Pasikale
Unit Manager Human Development
Sustainable Development Sector &
Thematic Division (DST)
NZ MFAT | Manatū Aorere

Dr Brian Wells
U.S. Navy Oceania Health
Affairs Advisor
U.S. Embassy New Zealand
Day Two Facilitators

Dr Aumea Josephine Herman
Secretary of Health
Ministry of Health
Cook Islands

Prof Stephen Chambers
Department of Pathology & Biomedical Science
University of Otago, Christchurch

Dr Rose Richards
Associate Dean (Pacific)
Dunedin School of Medicine
Director
Centre for Pacific Health
University of Otago

Prof Peter Crampton
Professor of Public Health
Kōhatu-Centre for Hauora Māori
University of Otago