Kaiti Health Project

FINAL REPORT

PREPARED BY AMORANGI KI MUA LTD FOR
KA PAI KAITI TRUST & TURANGANUI PHO

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1.0 EXECUTIVE SUMMARY

1.1 Introduction

The Kaiti Health Project is a collaborative project between Turanganui Primary Health Organisation and Ka Pai Kaiti. Since 2003, both parties have been working together to develop a project proposal with the shared vision of improving access to primary health care services for residents of Kaiti.

The initial plan was to:

1. Develop the infrastructure to support this project;
2. Develop a community driven program through the creation of an agreed service plan; and
3. Develop a community profile based on:
    - Surveys
    - Focus groups
    - Individual Interviews
    - Statistics gathered from other agencies
    - Develop a clinical advisory group (to assist with the service plan)

In 2005, the 'Kaiti Health Survey Report' presented the findings of a survey undertaken with 671 Kaiti residents. That research contributed much information to the development of a community profile, primarily through the distribution of a major survey related to health issues.

This report documents the follow-up research to the Kaiti Health Survey, in particular, the results of a whanau interview and interviews with 15 Key Informants. This additional information will also contribute to the community profile aspect of the overall Kaiti Health Project and inform the development of an agreed service plan by Turanganui PHO.

1.2 Key Findings

In line with the results of the Kaiti Health Survey, this research suggests that although there are similar health issues across all age groups of Kaiti residents, there are specific health issues for residents in the under 24 age group and specific health issues for residents in the over 55 age group.

There was agreement that smoking, drugs and alcohol are the biggest health issues for Kaiti and that these issues have a negative effect on the physical and emotional health of individuals and of families, across the board. There was also agreement that obesity and poor diet are significant health issues for Kaiti residents.

The main causes of these health issues are tied to poor education, high unemployment and low income. These factors, characteristic of many Kaiti families, mean that the affordability debate becomes complex. While there was agreement that affordability of health care for all age groups is important, there was some variance in how this might be achieved. The socio-economic status of Kaiti as a community lends one to believe that health care will need to be free or cheaper to enable Kaiti residents to access the type of health services they require.

For many Kaiti residents, accessibility to health care services is restricted by transport problems. Kaiti residents requiring services based outside of Kaiti are dependent on the few transport options available to them. Many of these are provided by health care services in response to the issue of transport.

For those Kaiti residents wanting to access health or social services in Kaiti, the options are limited but the overall suggestion of a Kaiti community space has the potential to offer a collaborative solution to the problems faced by practitioners wanting to deliver in Kaiti and to residents wanting Kaiti-based services.

In conclusion, where issues from the Kaiti Health Survey were presented to Key Informants and whanau interview members for discussion, there were differences and similarities. The interesting point is the variance between community needs as identified by the residents and the ability of current services to provide for those needs. It appears there needs to be greater alignment between the two groups and the development of a service plan for the Kaiti community may be one step in that direction.

2.0 INTRODUCTION

2.1 Project Background

The Kaiti Health Project is a collaborative project between Turanganui Primary Health Organisation and Ka Pai Kaiti. Turanganui Primary Health Organisation (TPHO) is a primary health organisation integrating the providers and services of Turanga Health and Pinnacle. Ka Pai Kaiti was formed in 2000 by a group of Kaiti residents who wanted to make Kaiti an even better place to live in. Ka Pai Kaiti gained charitable trust status in 2002.

Turanganui PHO received approval from Tairawhiti District Health (TDH) to utilise SIA funding to implement a community-focused program concentrating on improving access. The selection of the community was crucial. It was important the PHO select a community that is reflective of high Maori, and high deprivation status. Initial investigations showed that the greatest concentration of Turanganui PHO enrolled patients that meet this criteria reside in the Kaiti and Elgin suburbs. It was decided by the Board of Turanganui PHO to work in the suburb which already had an established and recognised community committee. For this reason, Turanganui PHO chose Kaiti.

Since 2003, both parties have been working together to develop a project proposal with the shared vision of improving access to primary health care services for residents of Kaiti.

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3. Develop a community profile based on:
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This report documents the follow-up research to the Kaiti Health Survey, in particular, the results of a whanau interview and interviews with 15 Key Informants. This additional information will contribute to the community profile aspect of the overall Kaiti Health Project and inform the development of an agreed service plan by Turanganui PHO.

2.2 The Researcher

Turanganui PHO contracted Amorangi Ki Mua Limited to undertake this research project. Ms Danica Waiti was assigned the task of Project Manager/Senior Researcher and Ms Manea Cooper was Research Assistant. Ms Waiti was also involved in the development of the Kaiti Health Survey Report in 2005.

3.0 PROJECT METHODOLOGY

3.1 Research Approach

The research approach taken for this project was based on tikanga-Maori and drew on the work of Kaupapa Maori Research theorists. The research was guided by the following tikanga:

Manaaki	Acting in a hospitable way.
Tuku Aroha	Reciprocity, ensuring benefits to both parties concerned.
Whanaungatanga	Development of positive relationships.
Whakapapa	Acknowledgement of whakapapa.
Whakamana	Respect for decisions and opinions of participants.
Koha	Gifting as acknowledgement of the informants knowledge.

3.2 Research Methodology

This work is part of the overall Kaiti Health Project. Two pieces of research have already been completed, The Kaiti Health Survey and the Kaiti Community Cohesion Project. This additional data was recommended in the Kaiti Health Survey report and collected through two ways; key informant interviews and whanau interviews.

Key informant Interviews

The use of key informant interviews provided in-depth information and data to the researcher. The development and use of a semi-structured interview schedule ensured consistency across interviews but allowed the interview to flow into certain areas, based on the participant's answers.

The one-on-one nature of the interview facilitated an intimate setting whereby the participant spoke freely to the interviewer and where the interviewer had the opportunity to clarify any points made by the participant.

Four of the interviews were recorded using a digital recorder, with the permission of the participant, and were later transcribed for data analysis. Notes taken by the researcher at the remaining interviews were also used for data analysis.

Focus Group Interviews

The use of focus group interviews was planned to allow for consensus from a group of people with common issues. Guidelines were developed for use by the facilitator. The interview was digitally recorded and notes were also taken.

Findings from the Kaiti Health Survey Report identified that there were some differences between age-groups within common issues. For example, although across all age-groups the three biggest health issues were commonly identified as smoking, alcohol and drugs, there

were some differences between age groups. Those under 16 years identified sex and STD's as a big issue for their age group, while those over 65 years identified mobility, heart problems and diabetes as big issues for their age group.

Therefore, two separate focus groups were planned:

1. With a focus on health issues for Kaiti residents under 24 years of age; and
2. With a focus on health issues for Kaiti residents over 55 years of age.

Unfortunately, neither of these two focus groups eventuated. Only one participant turned up to the focus group for the under 24 year age group. This person was then interviewed as a Key Informant. The focus group for the over 55 year age group did not eventuate because the researcher could not find enough willing participants to attend. Those that did indicate an interest were later interviewed as Key Informants.

A whanau interview did take place and was held at the home of one member. The whanau interview was initiated by that member and involved whanau members who were also residents of Kaiti. Food and refreshments were provided by the researcher.

3.3 Sample

As mentioned previously, this research was carried out to provide additional data about the issues identified in the Kaiti Health Survey report. The aim was to solicit more in-depth data about the key findings from people who are employed in key organizations supporting the health of Kaiti residents or have a long association with the health issues of Kaiti residents.

Therefore, participants were selected on their previous or current relationship or association with the Kaiti community of a health or social services nature. Initial discussions with Turanganui PHO and Ka Pai Kaiti Charitable Trust identified 10 potential Key Informants. Further on in the research process, Key Informants also provided the names of other potential participants that were followed up by the Researcher.

The final research sample was made up of 15 Key Informant interviews and one whanau interview made up of 5 members.

Organisation/Profession/Resident	***Type of Interview***
Tairawhiti District Health Board	Key Informant
Kaiti Medical Centre	Key Informant
Kaiti Medical Centre	Key Informant
Pregnancy Counselling	Key Informant
Public Health Unit – Sexual Health	Key Informant
Kaiti Mall Pharmacy	Key Informant
Nga Maia Midwives Collective	Key Informant
Nga Maia Midwives Collective/Tairawhiti District Health	Key Informant
Arohaina Resource Centre	Key Informant
Leighton House	Key Informant
Dunblane	Key Informant
Sunshine Service	Key Informant

Age Concern	Key Informant
Turanga Health	Key Informant
Ngati Porou Hauora	Key Informant
Plunket	Whanau interview
Resident	Whanau interview
Resident	Whanau interview
Resident	Whanau interview
Resident	Whanau interview

3.4 Research Tools

The researcher developed three research tools to solicit the required data; semi-structured interview schedules.

1. To be used with Key Informants or Focus Groups who would comment on all age groups.
2. To be used with Key Informants or Focus Groups who would comment on the under 24 age group.
3. To be used with Key Informants or Focus Groups who would comment on the over 55 age group.

Whilst all the interview schedules followed a very similar format, the focus of questions changed if they were specifically interviewed about young people or older people. These research tools are included as Appendices to this report.

4.0 KEY FINDINGS

4.1 Health Issues for Kaiti residents across all age groups

4.1.1 Smoking, Drugs and Alcohol

The 2005 Kaiti Health Survey solicited the perspectives of Kaiti residents with regards to their health. One of the most significant findings of that survey was the identification of smoking, drugs and alcohol as the three biggest health issues facing Kaiti residents, regardless of age. As the report stated, the fact that smoking, alcohol and drugs featured across all age groups suggested that the negative effects of these products has such as wide reach that those who choose to, or choose not to, indulge in these products, agree that they constitute a significant problem for the Kaiti community.

These specific results of the survey were presented to 11 Key Informants and the members of the whanau interview for consideration. All agreed that smoking, drugs and alcohol affects many families in the Kaiti community. Participants pointed to the "party culture" consisting of weekend-long parties involving smoking, alcohol and drugs. Some associated this lifestyle with gangs, others weren't so specific.

Some participants felt that this behaviour was generational and had become normalized amongst some families. Young children were growing up in homes where this lifestyle was the norm. One key informant identified an at-risk age group of 12-16 years, a time of exploration and experimentation. Their only role models not only normalised this behaviour, but also glamourised it to young impressionable people who then experimented themselves. According to some participants, messages from school against smoking, drugs and alcohol, no longer apply to children and young people once they leave the school gates and return home.

According to participants, the impact of this lifestyle is destructive to families. Alcohol and substance abuse often leads to domestic violence and crime. One key informant pointed to the end result being young men "lying around bleeding in the cells on Saturday night".

Some key informants thought that smoking, alcohol and substance abuse are not necessarily a characteristic of low socio-economic communities but that they were more related to a lack of choices amongst families. An inability to break the cycle, a sense of despair and a lacking of motivation were all identified as characteristics of those unable to manage smoking, drugs and alcohol.

Furthermore, comparisons were made between levels of education and income and levels of alcohol and substance abuse. One key informant commented that "the less educated you are, the less choices you have". These products give instant gratification and they are addictive. People with jobs and income seem better at managing addiction or the effects of smoking, drugs and alcohol.

Members of the whanau interview felt that unemployment was a significant factor in the uptake of Kaiti residents of alcohol and substance abuse. The Freezing Works closure, followed by the closure of the Watties factory affected large numbers of Kaiti families and "sucked the heart out of Kaiti".

Work provided a sense of purpose and comraderie amongst workers. Maori people like to work as part of a team and, once that all ended, the effect on many families and individuals was significant. Many did not return to employment, given little opportunity and lacking motivation after the factory closures.

Participants could easily identify the problems of smoking, drugs and alcohol amongst the Kaiti community and some were also able to suggest solutions for improving these issues. One key informant felt that this would not require medical solution, but was more about encouraging community intolerance. The Kaiti community will need to take a united stand against, particularly drugs and alcohol. This would involve individuals, parents, families and community members not putting up with the negative effects of alcohol and substance abuse including domestic violence, the targeting of children as drug-runners, the availability of drugs in the community and the levels of and motivation for alcohol consumption amongst young people. This was also supported by other participants.

Publicity can work, according to one key informant, but to be truly effective would have to utilise high level media, which is often expensive. It appears that anti-smoking campaigns are not getting through to adults. However, these campaigns do seem to get through to children who then get through to adults with comments like "I don't want you to die", when a smoke is lit. Perhaps more focus on this type of campaigning and targeting could be more effective.

Furthermore, the shift of smokers away from smoking inside, could not, according to one member of the whanau interview, be attributed only to campaigning, but was also a result of the personal experiences of individuals and families with regards to lung cancer and other smoking-related deaths.

Members of the whanau interview felt that nationwide campaigns don't work for the Kaiti community. Instead, they suggested a more personalized campaign. These types of campaigns might appeal more to individuals, particularly rangatahi who are worried about image. The connection between smoking, drugs and alcohol to social behaviour would need to be made. One suggestion was that smoking companies be more upfront with the poisonous ingredients in cigarettes. This could help to personalize the negative effects of smoking on peoples bodies. Another was that a person be employed to spread the word throughout the Kaiti community. This person would need to be respected by the community and be able to get through to certain parts of the community, especially men, in a positive and effective way.

It was acknowledged by some participants that the ban on smoking in public places is making a difference. However, some felt that it only helped people to cut down on their cigarette smoking, because there is now less time to smoke, but did not necessarily mean that they stopped smoking.

Members of the whanau interview suggested that people need motivation to stop smoking. They felt that through Community Wananga, Kaiti residents could be encouraged to look at the bigger picture and show them that buying cigarettes was making other people rich. This type of motivation and personalizing could impact on community residents.

Cannabis is deeply entrenched in the Kaiti community, according to one key informant. Drug screening at work seems to have worked and made a difference, particularly in forestry crews. One suggestion was to treat sobriety in a team/peer pressure team situation to discourage or help to cut down on usage.

The availability of alcohol and drugs was identified by one key informant as part of the problem. To counteract this, they suggested tougher laws and community intolerance against those bringing drugs into communities. More policing would be needed and more convictions made.

The effectiveness of rehabilitation and addiction services was acknowledged but so too was the recognition that adequate resources for the service to deliver and for those needing help is needed to ensure success.

If solutions were set in place, participants thought that there would be indicators of improvement. These indicators could include a drop in drink driving offences, rates of domestic violence and alcohol and drug-related crime. These rates would be available through the Police. Smoking cessation rates could also be easy to monitor as general practitioners record the incidences of smokers. Tracking mortality in smoking-related diseases and heart disease would also be an indicator. And finally, there would be an obvious difference in the number of people seen smoking.

4.1.2 Education

Three key informants felt that one of the biggest health issues for Kaiti residents was education. This holistic view and perspective of the 'bigger picture' provides a framework in which to consider the impact of external influences on one's 'health'.

The idea behind this view is that a good education provides the basis for positive health parameters to follow.

> "…the basic health of the community relates to the amount of education, training and independence that people have. So if you have a community that's educated, it's more likely that those people will be happier, independent, in control of their own destiny and therefore, healthier…"

When people have poor education they are limited in many ways; in opportunities, in life choices and finally, in thinking.

> "Poverty is a potent cause of ill health but the poverty is not necessarily financial, it is poverty of thought".

One of these three key informants identified two types of people who struggle—

1. those that are not working or are on low incomes, have poverty of the mind and, as a result, have poor health; and,
2. those that are on low levels of education, are on low incomes, are struggling to provide for their families and are susceptible to sickness and, as a result, have poor health parameters.

People on low incomes might prioritise their health, but it will all be relative to their other priorities. According to one key informant, poorer people will let their health issues accumulate whereas better educated and wealthier people will tend to take preventive action before the issues reach crisis point. Affordability of health care is also relative to levels of income.

According to these key informants, education is also about the quality of the education system to equip people with the skills they need to access the health system. The example given by one participant was the ability to read, write and understand paperwork to access a medical centre or medical services. Consent forms and paperwork are all required to access medical services.

Furthermore, people need to be educated on how to keep themselves well. They need to know what services they need, how to access those services, what a Primary Health Organisation (PHO) is about and how it all fits together.

The solution to the lack of education amongst Kaiti residents is to nurture and foster education as a community. On another level, the solution is improvements in the education system to ensure that children and young people are leaving school with adequate literacy levels. This will result in more people with jobs, self esteem and man to match, families that are looked after and an improvement in health statistics.

Another suggestion was to educate parents about how to be parents, to value children and for the role of parenting to begin at the time of conception. This key informant felt that families and parents provide the difference between good and bad health parameters for their children. If this type of education was being provided, this key informant identified an increase in children with choices and the resulting improvement in all health indices.

4.1.3 Obesity/Poor Diet/Nutrition

One key informant and the members of the whanau interview identified obesity as a health issue for Kaiti residents. This issue did not feature significantly in the results of the 2005 survey but it is possible that it was reflected in a number of other related issues including poor diet, heart problems, diabetes, exercise and nutrition. The label 'obesity' was not offered as an option for participants in the survey to consider.

The problem of obesity is a result of poor diet and nutrition and not enough physical activity. Obesity can lead to diabetes, heart disease and high blood pressure. For one key informant, the indication that these are all health issues for Kaiti residents is evident by their experience in the distribution of a high volume of prescriptions relating to oral and injectable medicines to treat those health issues.

A short term solution is the prescription of Xenical, however due to the high cost of this drug, this option will not be affordable for a high proportion of the Kaiti community. A more viable option, according to this key informant, is encouragement of a change in lifestyle that sees more people cooking and eating healthier food and exercising.

Indications that the problems are improving will be difficult to measure unless rates of heart disease, obesity and diabetes are monitored over a number of years, however, this key informant would expect lower statistical rates across all these health issues.

The members of the whanau interview also identified obesity as a health issue for Kaiti residents. The evidence, they say, is in the number of overweight people that are seen in the community. Obesity, however, is slowly affecting community members of all ages, even babies. The cause of obesity, as identified by these participants, is the accessibility and affordability of unhealthy food in relation to healthy options. A comparison was made between the low-fat diet and physical activity levels of Maori people in traditional times and the poor diet and exercise of Maori people in contemporary times.

These participants acknowledged that there are some solutions in place that are effective. The free aerobics at the Army Hall offered by Ngati Porou Hauora was identified as a good initiative. This initiative is part of the Ngati and Healthy intervention program that was developed by Ngati Porou Hauora in response to a survey in 2002 that revealed some disparate health issues for the Tairawhiti region.

The exercise program is free and inclusive of everyone, from babies to kaumatua/kuia. Aerobics classes are held twice a week in a 'lycra-free' and whanau friendly environment. According to feedback from participants to Ngati Porou Hauora, it is this environment that encourages increasing participation. The majority of people participating in the exercise program are Kaiti residents.

Though cost is not a barrier to participants, it appears that transport is. This has pre-empted Ngati Porou Hauora to consider holding a second class, in Kaiti, but a lack of appropriate and affordable space has been difficult to secure and as a consequence, the class is not up and running yet.

Any further solutions for addressing obesity, according to the whanau interview participants, need to be culturally appropriate. 'Foreign' places or people can act as barriers to people wanting to participate in health-related activities. The attitudes and friendliness of staff can also be a barrier. Team or group-situation activities were encouraged. The indication of success of any initiatives put in place would be less overweight Kaiti residents.

The issue of poor diet and nutrition was of great importance to two key informants as a result of their experiences dealing with pregnant women from Kaiti. According to these participants, the majority of the Kaiti women who present to them are high-risk due to poor diet and nutrition. The consequences, they say, are that the health of the mother and her baby is compromised. A large part of the job for these key informants is in raising the health levels of the mother prior to the arrival of the baby.

Poor diet and nutrition is a result of low income, according to these key informants. While they do their best to educate each woman on an individual level, a better solution lies in the provision of cooking classes where mothers can learn about nutrition, budgeting, breastfeeding and preparing food. A previous attempt at this initiative proved popular amongst mothers and fathers. The re-activation of a similar initiative is encouraged by these key informants.

4.1.4 Asthma

According to one key informant, asthma is a health issue affecting Kaiti residents across all age groups. This issue was identified by some participants in response to one question in the 2005 survey, but was not identified at all in the previous question. The results may have been different in this instance, had 'asthma' been offered as an option to participants.

This key informant knows it is a problem because of their role in the distribution of a high volume of asthmatic medicine to Kaiti residents. There is a particular urgency with the relief inhalers, whereas the volume of preventative medicine is not so high, suggesting that people are not using their preventative medicine as much as they should be.

The importance of asthma sufferers in using their preventative medicine needs to be stressed. The suggestion given was a campaign of some sort on television. Another alternative was a documentary on the topic. This key informant noted that although Kaiti residents are not as likely to read leaflets, they might be more interested in seeing something educational on television.

An indication that this issue is improving could be less cases of relief medication, more people picking up and using their preventative medicine and regular pick up of asthma medication in general.

4.1.5 Affordability of Health Services

The 2005 survey showed that 169 out of 671 Kaiti residents thought that improving Kaiti's health services meant that they needed to be more affordable. The question of affordability was put to key informants and members of the whanau interview for their comments. Two different perspectives emerged; that healthcare already was affordable and that healthcare was not affordable.

Those participants who felt that healthcare already was affordable were practitioners working in health services. This perspective could be related to their experience in delivering services and their knowledge of the 'true cost' of health care provision. One key informant pointed specifically to that cost of provision and felt that if Kaiti residents knew those kinds of financial facts, they would be more accepting of the charges they pay for healthcare services.

The perspective from three key informants was that the value people place on the service they receive is related to the amount of money they pay for that service. In other words, offering completely free healthcare to Kaiti residents would see a lower standard of healthcare and little or no value placed on that service by patients.

Comparisons were made by two of these key informants to other healthcare systems around the world and the disadvantages and advantages of those systems were discussed. The question asked was if healthcare was made more affordable, who would pay for it? One suggestion was the government, who already subsidies healthcare and some medication.

Another key informant, who did not state whether they thought healthcare was affordable or not, thought that healthcare could be made more affordable through the prescribing of less expensive medications by doctors.

Though the government subsidies some medications in each category, not all doctors will prescribe those subsidized medicines. Some medicines will still have a part-charge and some pharmacies will add a part-charge to some medicines (something they are entitled to do). This key informant suggested that funding so that the current $3 fee on prescriptions could be waived would help to make healthcare more affordable and might see more Kaiti residents picking up their prescriptions.

Acknowledgement of the low socio-economic status of the Kaiti community was apparent. One key informant pointed out that healthcare services are helping families afford healthcare by offering automatic payments over time and also in working with WINZ. Another key informant felt that affordability was sometimes related to priorities. In other words, people pick and choose what they spend their money on and sometimes healthcare can fall victim to other priorities.

Those participants who felt that healthcare was not affordable were residents of Kaiti who participated in the whanau interview. These participants noted that alongside the increase of charges by some healthcare services, the cost of getting to and from services was also rising with increasing petrol costs.

Though it was suggested that healthcare services be made more affordable, actual practical ideas for achieving this were not given by the members of the whanau interview, except for the need for a budgeting service in Kaiti to help residents manage their finances with respect to all aspects of their lives.

4.1.6 Resources for Current Services

In the 2005 survey, 87 participants felt that an increase in resources for current services would improve health services overall. This set of suggestions included having more staff (doctors and nurses), more funding for current services and more specialists and qualified people working in Kaiti services.

Three key informants discussed the availability of more doctors and specialists in depth. All spoke of their experience and the difficulty in attracting and retaining specialists, in particular. The nature of specialists and even today's generation of doctors demand high level resources, job security and opportunities, limited working hours and high salaries. According to these key informants, these demands make it difficult to attract these types of people to Kaiti. This perspective is based on the experience of Kaiti Medical Centre in attempting to recruit additional staff and specialists.

According to one of these key informants, the number of General Practitioners is lessening. Many are going overseas to work for more money and a better lifestyle. Some are diverting to other specialty roles. Recruitment in places like the United Kingdom is becoming more popular amongst medical centres in New Zealand.

4.1.7 Accessibility to Health Services

In the 2005 survey, 38 participants felt that increasing accessibility to healthcare services would improve health services for Kaiti residents. Increasing accessibility included the availability of transport, longer operating hours of healthcare services and 'walk-ins'.

In terms of transport, some key informants commented that in many cases, doctors will go to patient's homes if required, particularly if they are very ill or have mobility issues.

When asked to comment on the possibility of extending operating hours, three key informants felt that the current operating hours were sufficient. Kaiti Medical Centre is open on weekends and patients of Puhi Kaiti can access medical services on the weekend too. Furthermore, these key informants felt that the distance from Kaiti to the Hospital was not overly far.

One of these key informants stated that the core of general practice is a GP developing a relationship with a patient over a long period of time. The role of the GP is to "treat whole families and whole lives". Because of this, 'walk-ins' should not be encouraged, according to that key informant except in exceptional circumstances.

In the 2005 survey, 47 participants thought that more services were needed for Kaiti residents. Some of the services that were suggested included a gym, an Abortion Clinic, more services for men, more services for elderly and more services for solo parents.

The idea of a gym was supported by some participants. One key informant felt that more encouragement of free exercise was a better idea. Another key informant agreed with the idea of a gym and then added that it would need to be free or very cheap for Kaiti residents to access it.

The idea of an Abortion Clinic was generally not supported by key informants. Currently, women have to travel outside of Gisborne to receive this type of service. Two key informants felt that more emphasis should be on educating people about contraception and preventing pregnancy. One of these key informants felt that the availability of an Abortion Clinic would encourage more abortions. Another said that while they did not support an Abortion Clinic, the health of the mother and the child should be maximized in all cases.

Kaiti Medical Centre has tried in the past to run services for men. Their experience showed that it was hard to attract and retain men to use the free service. None of the other participants answered this question.

The idea of services for elderly people was supported by some key informants. It was acknowledged that the number of elderly people is increasing due to the success of medical science in prolonging lives. Furthermore, the increase of elderly people as a proportion of society and an increased younger population will be expensive for a decreasing tax-paying population.

None of the participants talked about the necessity for services for solo parents but one key informant commented instead that more education should be available so that both parents are involved in the care and parenting of their children.

An issue raised by two key informants related to the lack of accessibility of Kaiti mothers to appropriate midwifery services and vice versa. According to these key informants, despite Gisborne having a favourable proportion of midwives, there are still barriers to Kaiti mothers receiving midwife care and to midwives accessing pregnant mothers.

Contactability is one barrier to midwives maintaining regular contact with mothers. Many mothers cannot afford the cost of a cellphone call to a midwife. The establishment of an 0800 number by Nga Maia Midwives Collective has proved successful in improving access of mothers to their midwives. Anecdotal evidence suggests that levels of contact have improved between midwife and mother due to this initiative.

Another barrier is the number of community midwives offering services to Kaiti residents. A shortage in this area means that not all mothers can receive the care they need from the midwife they prefer. This presents a further problem where it is common for mothers (not usually first-time mothers) to delay attempts to contact a midwife until around 6 months of pregnancy. By that time, those midwifes that do provide community services may not be in a position to take on another mother and the health of the mother and her baby may be compromised.

Active recruitment of midwifes is needed. Two key informants felt that a collaborative effort between health and education organizations was needed. This would include targeting people in training or thinking about training and also encouraging midwifery as a career to school-aged young people. Scholarship opportunities already in place provide incentive however a recruitment strategy is also needed.

One suggestion put forward by the members of the whanau interview was the development of a Family Centre in Kaiti Mall. One particular member had experience in a past initiative and commented on the disappointment of the community once it closed down. These participants felt that a revamp of the Kaiti Mall as community space was needed and that this type of centre would encourage community participation.

The idea is based on a one stop shop providing a range of services; budgeting advice, information, advocacy, referrals, refreshments and a revolving timetable of organizations providing their services. The need, according to these participants, is based on the 'information overload' for residents. The result of this overload is confusion about basic rights and access to services, and the consequence is that whanau do not choose any services. The availability of a drop-in centre would help individuals and whanau to make informed choices.

4.2 Health Issues for Kaiti residents under 24 years old

The 2005 survey found that sex, sexually transmitted diseases, teenage pregnancy and kutu/headlice were health issues that were identified by a large proportion of Kaiti residents under 24 years old. A popular suggestion from the survey was the need for more services and activities for young people. These issues are discussed in this section.

4.2.1 Headlice

The problem of headlice/kutu was mentioned by one key informant who acknowledged the seemingly never-ending saga amongst many families, not just Kaiti residents. The stance of schools and their attempts to prevent the spread of headlice does no appear to be effective and the likelihood of return is so significant that it seems almost impossible. The cost of treatments appears to be a barrier in the attempt to extinguish headlice. A suggestion from this key informant was to investigate the possibility of free or subsidized treatments.

4.2.2 Sex, STD's and Education

This same key informant agreed that those between 12-24 years particularly were having sex and were at risk of STD's and unwanted pregnancies. The health risks not only appear to be physical but can be mental and emotional as well. Gender can play a part in the impact of these risks on the under 24 age group. There are differences between how females and males approach sex and STD's. There are also differences according to ethnicity. However, there is a common thought amongst 12-24 year olds that they are not likely to pick up an STD and this is sometimes evident by their sexual activity and the level of risk they expose themselves to.

According to this key informant, this age group currently receives ample information and advice about sex, STD's and pregnancy through several services. A large amount of this information is attributed to the Public Health Unit and their role in schools. The role of schools in sex education removes some responsibility from parents. Their experience has shown that whilst many parents are happy for their children to receive this information, they are less likely to want to participate themselves or may not extend this education into the home environment.

For this key informant, more parental involvement is the solution. Each generation has different sexual experiences and issues, and because of this, it is important that parents are in tune with their children and any sexual experiences they might currently be involved in or be planning in the future. One example was the relatively recent emphasis on HIV and the use of condoms, issues that would not have been so prevalent for the parents of 12-24 year olds.

Though contraception is available to young people, the cost of contraception may be a barrier to use. An investigation into the types of contraception available through the schools is needed. Furthermore, the availability of free or cheaper contraception is needed. Though contraception is free through some services, negotiations with pharmacies could see more types of contraception being cheaper to the consumer.

A further solution is to maintain the continuous flow of information to this age group but to concentrate on those who are not receiving it as much as others. According to this same key informant, these are young men. Whilst young women are very much informed about available services, males have different needs and require different services, but not necessarily an all-male service that has been trialed in the past and been unsuccessful.

An off-shoot of this information could be more campaigning. For this key informant, the de-stigmatisation of condoms was seen as important, for young males and females. This could help to prevent STD's, unwanted pregnancy and other mental and emotional health issues of a sexual nature.

Another key informant with considerable experience dealing with pregnant women, would like to see an approach to information or education around sexual health framed from a Maori cultural perspective. This was suggested as one way of ensuring that appropriate information is delivered in safe environments. This would require collaboration between midwifes, schools and sexual health educators.

4.2.3 Services for young people

In the 2005 survey, some participants in the 12-44 age group identified that one way of improving primary health services in Kaiti was to provide more activities for children and young people. Several participants in this research also identified that need, particularly when looking at the cause of some health issues, such as smoking or drinking. They felt that rangatahi had limited options in Kaiti for socialising or physical activity.

One key informant suggested the idea of a one-stop youth shop located in Kaiti. This central space would cater for all health issues for young people and ideally would only need to be open on weekends and in school holidays. There would be space for sports, for activities, for programs to be run, refreshments, internet access, information booths, advocacy services and anything else of interest to young people. The key would be to get young people involved in its development and in the way it is run, in order to be successful. The space would also need to be inclusive of all age groups up to 24 years old, and this would be reflected in its operation.

Currently there are little alternatives for Kaiti youth. According to one member of the whanau interview, some are walking all the way from Kaiti to Pizza Hutt to the skateboard bowl. Plans for the development of Waikirikiri Park were acknowledged. The availability of the Ilminster Intermediate swimming pool was acknowledged as an important resource for Kaiti residents. Comments about its availability over summer 2006 were positive and were connected to the need for more activities for children and young people. Locations for a one-stop youth shop were identified by some participants; Kaiti Hall, Tyndall Park and the Bowling Club.

The 'Healthline' service was identified by one key informant as a worthwhile initiative. An additional suggestion was the expansion of the txt messaging service to get messages through to young people. This could be followed up with email reminders, taking full advantage of technology and its influence on young people.

4.3 Health Issues for Kaiti residents over 55 years old

The 2005 survey identified that there are specific health issues for Kaiti residents over 55 years old. Mobility, diabetes and heart problems are some of those issues. In this research another issue was exposed; elder abuse. Six Key Informants and the members of the whanau interview shared their ideas about health issues for elderly Kaiti residents.

4.3.1 Elder Abuse

Age Concern is a community-based group providing advocacy, information and assistance to elderly people across the Tairawhiti region. According to one representative and key informant, elder abuse is the most significant issue for the elderly residents of Kaiti of which make up around one-third of the proportion of elderly they serve. According to Age Concern, the elderly voice is not heard. Although related to domestic violence, elder abuse is not as widely recognized in society. Another participant agreed that elder abuse, while present, is often not spoken of by elderly, particularly elderly Maori residents.

Elder abuse comes in many forms. Around 80% of the cases from Kaiti residents are related to financial abuse, where the perpetrator is usually a family member. According to this key informant, other cases of elder abuse come as a result of a gap in services to the elderly, particularly home help. A lack of information or assistance to an older person can affect their levels of independence and mean that they are relying more on family members. This can sometimes lead to an increase in abuse from family members of a financial or emotional nature. Where family are not involved, the end result is usually self neglect.

4.3.2 Access to current services

There is a current push from the Tairawhiti District Health Board to encourage elderly people to remain in their homes, rather than move into rest homes. This push is targeted at those elderly people who are well enough to maintain their independence in their own home. According to this key informant, elderly people do want to stay in their own home but many lack the skills to live independently. Some loose their ability to drive, affecting their confidence. The result of this is isolation, which is why many choose to go into rest homes. According to another key informant, this strategy could work, as long as there is sufficient assistance to these elderly people, in the form of home-help. There is however, a current issue of accessibility for elderly people to access health services.

Some elderly people, due to health conditions, are required to have full-time care. There are services in Kaiti that provide full-time care for elderly people; Dunblane and Leighton House. These services are not specifically set aside for Kaiti residents but cater to elderly people from all over the region. Access to healthcare for the residents of these rest homes is not difficult. They receive food, shelter and medical care around the clock. However, access to services provided by the hospital does prove more difficult. The hospital system acts as a barrier to elderly people needing hip replacements, heart surgery and those types of medical issues.

Residents of the rest homes can participate in any daily activities provided by their home but are unable to use other services due to health and mobility issues. Leighton House does not have their own transport due to funding and legal requirements around drivers and vehicles.

For those elderly people who are able to live in their homes, contact with the outside world is critical to their social, physical and mental wellbeing. Services such as the Arohaina Resource Centre find that around one-third of their clients come from Kaiti. The centre offers social interaction, information, advocacy and support, as well as a daily program, exercise and food.

4.3.3 Mobility

Mobility was identified as a health issue by elderly residents who completed the 2005 survey. This involves not only their ability to move around their own homes but also to move around the community. For those elderly Kaiti residents who wish to take part in the activities at Arohaina, there are three transport options. The first is by private car, usually driven by a family member. The second is by taxi, which costs money. The third is by bus, specifically the Sunshine Service. The key informant representing Arohaina stated that some days, one whole Sunshine Service bus will be filled by Kaiti residents.

There are problems with all three methods of transport. Elderly people do not like to depend on family members for transport or sometimes this is not an option because of availability of family members and/or a vehicle. With the rise in petrol costs and the regular cost of a taxi fare, many residents find it financially difficult to afford taxi transport. The Sunshine Service is cheap and provides wheelchair and walking frame access but it can sometimes be overbooked and residents must fit in with timetabled schedules that sometimes can interfere with the timings of their activities.

The desire of Arohaina to increase its programs is somewhat restricted by the availability of transport for its clients. The Sunshine Bus is sometimes stretched and the centre does not have its own transport and/or driver. The reason that Arohaina does not have its own transport is because of the funding required to purchase maintain an appropriate vehicle and also because of the need to fund a driver and a Coordinator position. Another reason is that Sunshine Service is already providing a good service and there seems little use in duplicating that service.

The Sunshine Service operates three vans, servicing the city limits of Gisborne. Elderly or disabled clients can book their transport by phone. They can opt for one-way or return transport. The vehicles all allow wheelchair access and are configured with side-facing seating to allow for greater accessibility by all clients.

Over half of the clients of the Sunshine Service are from Kaiti. Transport is provided to several key services in Gisborne including the IHC, Vanessa Lowndes Centre, Arohaina Resource Centre and several rest homes, as well as hospital and doctors appointments. Vans are driven by volunteers, often elderly people themselves. The service receives no government funding so donations are welcomed.

A fourth van is awaiting clearance to be used from the Land Transport New Zealand. New regulations mean stricter configurations on vehicles. There is a need for additional vehicles however this will also mean more volunteer drivers, who are already hard to attract. If drivers were to be paid, that would mean regulations to follow under the 'carriage of passengers' policies.

Elderly Kaiti residents also make up a significant proportion of participants in the Kaumatua/Kuia/Koroua Program run by Turanga Health. This rural and marae-based program provides services to elderly people at no cost. The program has a health focus, offering health checks (blood pressure, blood sugar and weight), education and information, as well as a social focus through activities and interaction. Though the program runs effectively as it is, more support is needed from the medical community to enhance its provision of up to date information and services.

Transport is provided to the elderly on a 45-seater bus. Turanga Heath staff also use their own vehicles to cater for growing numbers of participants. The availability of transport is integral to the participation of elderly in the program. Many no longer have their own transport, or prefer not to depend on family members who have their own commitments. Public transport is often not an option due to poor accessibility for the physically impaired or elderly.

The provision of services to the elderly was seen as important to many participants, particularly in terms of the added value to the lives of elderly residents; the social aspect. Where feelings of isolation are common, elderly people may find respite in the opportunity to socialise with their peers. The provision of free or low-cost transport can mean the difference between their ability to participate or not.

4.3.4 Improving services for the elderly

The members of the whanau interview had suggestions for improving services for elderly residents of Kaiti. Whilst they supported the need for some elderly people to remain in their own homes, they also liked the idea of community living either with one or more elderly people sharing a house or where small houses were grouped in a community. This way, they thought, elderly people could enjoy their independence and have a support network around them.

The Gisborne District Council is currently proposing the sale of pensioner flats, some of which are located in the Kaiti community. According to two key informants, the removal of this housing option for elderly Kaiti residents will be significant, particularly if the properties are sold to private landlords. Furthermore, in current socio-economic times the elderly of Kaiti cannot participate in the rental market which is becoming less affordable as housing sales increase. Consideration of the wider ramifications of the proposed sale was encouraged by these participants.

Another idea from members of the whanau interview was the development of a Nanny-Mokopuna buddy system. Here, the Nanny would provide mentoring to the youngster, tell stories and share with one another. This type of positive and reciprocal interaction would provide benefits to both parties.

In addition, a Kaumatua Day, run along the same lines as Children's Day, would be an opportunity to celebrate the elderly and encourage awareness of some of the issues facing elderly residents.

5.0 CONCLUSION

In line with the results of the Kaiti Health Survey, this research suggests that although there are similar health issues across all age groups of Kaiti residents, there are specific health issues for residents in the under 24 age group and specific health issues for residents in the over 55 age group.

There was agreement that smoking, drugs and alcohol are the biggest health issues for Kaiti and that these issues have a negative effect on the physical and emotional health of individuals and of families across the board. There was also agreement that obesity and poor diet are significant health issues for Kaiti residents.

The main causes of these health issues are tied to poor education, high unemployment and low income. These factors, characteristic of many Kaiti families, mean that the affordability debate becomes complex. While there was agreement that affordability of health care for all age groups is important, there was some variance in how this might be achieved. The socio-economic status of Kaiti as a community lends one to believe that health care will need to be free or cheaper to enable Kaiti residents to access the type of health services they require.

For many Kaiti residents, accessibility to health care services is restricted by transport problems. Kaiti residents requiring services based outside of Kaiti are dependent on the few transport options available to them. Many of these are provided by health care services in response to the issue of transport.

Nearly all of the key informants interviewed for this research identified the need for a community space for Kaiti. For many, this need arose out a lack of space to deliver health or social services to Kaiti residents. Based on the data from this research alone, a community space could be used for physical activity, advocacy services, midwifery services, budgeting services, internet, information stalls, sexual health information and referrals. Furthermore, the space could cater for all Kaiti residents, that is, young and old, male and female. The overall suggestion of a Kaiti community space has the potential to offer a collaborative solution to the problems faced by practitioners wanting to deliver in Kaiti and to residents wanting Kaiti-based services.

The idea of a community space for Kaiti is not a new one. The Kaiti Community Cohesion project in 2005 reported on the community desire for the development of a community space to "initiate greater community cohesion; facilitate events, activities and services to the community; and bring about whanaungatanga and pride amongst residents" (Ka Pai Kaiti, p. 4, 2005a). This is an initiative worthy of extensive investigation.

In conclusion, where issues from the Kaiti Health Survey were presented to key informants and whanau interview members for discussion, there were differences and similarities. The interesting point is the variance between community needs as identified by the residents and the ability of current services to provide for those needs. It appears there needs to be greater alignment between the two groups and the development of a service plan for the Kaiti community may be one step in that direction.

6.0 REFERENCE LIST

Ka Pai Kaiti (2005a). *Kaiti Community Cohesion Project Report*.

Ka Pai Kaiti (2005b). *Kaiti Health Survey Report*.

APPENDIX A: INFORMATION SHEET

This information sheet is for potential participants in the Kaiti Health Project. Turanganui PHO has contracted the services of Amorangi Ki Mua Ltd to carry out a research project. The project leader is Danica Waiti.

The Research Project

In 2005 Kapai Kaiti undertook two projects with the Kaiti Community. The first of these, Kaiti Community Cohesion project, highlighted the strong affinity between Kaiti residents and their community, and ideas for encouraging greater community cohesion. The second, Kaiti Health Survey Report, documented the results of 671 surveys with Kaiti residents. The purpose of this research is to collect more in-depth information about the key issues raised by the survey, including accessibility to quality services and health issues for specific age groups.

Beneficiaries of the Research

The primary beneficiaries of the research will be the community of Kaiti and its residents. This research project will add to the research already completed and contribute to the development of a Service Plan by Turanganui PHO. This research will provide much-needed data and evidence so that this plan meets the health needs of the Kaiti community.

Potential Participants

Danica will be interviewing a number of key informants who have, or have had, a strong association with the Kaiti community that is health-related. Potential participants include practitioners such as midwives and medical doctors, as well as personnel in organisations that serve the Kaiti community. You will be asked about your thoughts on the major health issues for Kaiti residents and to contribute any solutions you may have.

Your Rights

Should you agree to participate in this research, Danica will ensure that you are fully informed. You will have the right to withdraw at any time. You will also have the right to withdraw any comments at any time. You will have the right to access the recording of your interview, the transcript of that interview and the completed reports. Your identity can remain confidential, should you wish.

Your Time

You will be asked to participate in a face to face interview with Danica. This interview will take approximately one hour from start to finish. This interview can be held at your chosen venue, on a day and at a time that is convenient to you. With your permission, this interview will be recorded.

Contact Person

The contact person for this research is Danica Waiti. If you have any questions about the research do not hesitate to contact her by email (danica@amorangikimua.co.nz) or by phone (8673099).

APPENDIX B: CONSENT FORM

This form is to be signed by participants in the Kaiti Health Research Project.

Please ensure that you read the Information Sheet before you sign this form.

Please tick any of the boxes you agree with:

- ☐ I have been given and understand the Information Sheet
- ☐ I agree to participate in this project as a Key Informant or Focus Group member
- ☐ I understand that I may withdraw from the project at any time and without consequence.
- ☐ I agree to the recording of my interview
- ☐ I would like a copy of the transcript of this interview to confirm my statements
- ☐ I would like a copy of the final research report.
- ☐ I do not mind if people know that I participated in this project.

Signed: _____

Print name: _____

Date: _____

APPENDIX C: SEMI-STRUCTURED INTERVIEW SCHEDULE - GENERAL

Name: **Date:**
Venue: **Time:**
Organisation: **Position:**

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1. How long have you served as a _____ in the Kaiti community?

2. Do you know what proportion of the customers/people you deal with are residents of Kaiti?

3. In your experience as a _____ what do you think is the biggest health issue for Kaiti residents?

   Across all age groups
   For youth
   For older people

   a. How do you know it is a problem?
   b. How do you think it could be solved (remember that this information will help Turanganui PHO to develop a service plan for Kaiti
   c. How will you know that the problem is being addressed or improving?

4. Last year a survey was conducted with 671 Kaiti residents. They said that the 3 biggest health issues impacting on all age groups were smoking, drugs and alcohol.

   Do you agree with this?
   a. How do you know it is a problem?
   b. How do you think it could be solved (remember that this information will help Turanganui PHO to develop a service plan for Kaiti
   c. How will you know that the problem is being addressed or improving?

5. In that survey, residents were asked how primary healthcare in Kaiti could be improved. The most popular suggestion was to make it more affordable. How do you think this can happen?

   The second most popular suggestion was to increase resources for current services e.g more doctors and staff in general, better facilities, more specialists. What do you think? Are these suggestions realistic?

   Another suggestion was to increase access to current services e.g. longer operating hours, walk-ins, transport. What do you think?

   A further suggestion was to increase health services to Kaiti residents, e.g more chemists, an Abortion clinic, a gym, more services for men, for solo parents, for elderly. What do you think?

APPENDIX D: SEMI-STRUCTURED INTERVIEW SCHEDULE – YOUNG PEOPLE

Name:
Date:
Venue:
Time:
Organisation:
Position:

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1. How long have you served as a _____ in the Kaiti community?

2. Do you know what proportion of the customers/people you deal with are residents of Kaiti?

3. In your experience as a _____ what do you think is the biggest health issue for young people living in Kaiti?

    a. How do you know it is a problem?
    b. How do you think it could be solved (remember that this information will help Turanganui PHO to develop a service plan for Kaiti
    c. How will you know that the problem is being addressed or improving?

4. Last year a survey was conducted with 199 Kaiti residents under 24 years old. They said that the 3 biggest health issues impacting on their age groups were smoking, drugs and alcohol. Other issues included sex and STD's, teenage pregnancy and abortion, headlice and kutu.

    Do you agree with this?
    a. How do you know it is a problem?
    b. How do you think it could be solved (remember that this information will help Turanganui PHO to develop a service plan for Kaiti
    c. How will you know that the problem is being addressed or improving?

5. When asked how primary care could be improved, many of these residents, particularly those under 16, did not give suggestions but for those that did, affordability and more resources for current services were the most popular.

    Affordability includes things like free or cheaper doctors visits, free or cheaper medication, free or cheaper dental care, free ambulances.

    Increasing resources for current services means things like more doctors and staff in general, better facilities, more specialists. What do you think? Are these suggestions realistic?

    In your view, how could primary care for under 24 year olds realistically be improved?

APPENDIX E: SEMI-STRUCTURED INTERVIEW SCHEDULE – ELDERLY RESIDENTS

Name:
Date:
Venue:
Time:
Organisation:
Position:

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1. How long have you served as a _____ in the Kaiti community?

2. Do you know what proportion of the customers/people you deal with are residents of Kaiti?

3. In your experience as a _____ what do you think is the biggest health issue for elderly people living in Kaiti?

    a. How do you know it is a problem?
    b. How do you think it could be solved (remember that this information will help Turanganui PHO to develop a service plan for Kaiti
    c. How will you know that the problem is being addressed or improving?

4. Last year a survey was conducted with 199 Kaiti residents under 24 years old. They said that the 3 biggest health issues impacting on their age groups were smoking, drugs and alcohol. Other issues included mobility, heart problems, diabetes and arthritis.

    Do you agree with this?
    a. How do you know it is a problem?
    b. How do you think it could be solved (remember that this information will help Turanganui PHO to develop a service plan for Kaiti
    c. How will you know that the problem is being addressed or improving?