

Building relationships between pharmacy students and the Pacific community: A pilot project

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Abstract

Pacific Island (PI) individuals make up 6.5% of the New Zealand population. They face high levels of health problems, and experience difficulties in accessing appropriate health care. This project attempted to build relationships between pharmacy students and the PI community. As part of their fourth year pharmacy programme, seven students met with PI individuals to ask them about any medicines related problems they had, and to help to address these. Fifteen individuals were formally interviewed. Students became more positive towards the PI community and more aware of issues they faced. It is hoped that the project also encouraged PI individuals to see pharmacists as willing and able to assist with medicine problems.

Keywords: *Ethnic minorities, medicine-related problems, Pacific Islanders, health strategy*

Introduction

There are about 230,000 people of Pacific Island (PI) ethnicity in New Zealand. This is only 6.5% of the total New Zealand population, but the PI population is growing much faster than the rest of the population. Many PI people migrated to New Zealand in the 1950s and 1960s and now over half of PI people living in New Zealand were born here (Statistics New Zealand, 2004).

The PI population in New Zealand is made up of people from different regions and nations. It includes Polynesians (for example, from Samoan, Tonga, the Cook Islands) and Melanesians (for example, from the Solomon Islands, Vanuatu). This makes it difficult to generalize about "Pacific Islands culture". Christian religion and extended family play an important role in many PI people's lives, and their values tend to be collectivist rather than individualist (McLaughlin & Braun, 1998). The PI population in New Zealand has lower life expectancy than the European population, and has high rates of ill-health, especially diabetes and heart disease (Ministry of Health, 2001). In addition,

PI people face problems in accessing appropriate health services. Primary care in New Zealand often involves high user charges and PI people tend to have lower incomes (Statistics New Zealand, 2002). There are also cultural barriers to appropriate use of health services, such as shyness, different expectations of healthcare providers and stereotypes and prejudice amongst healthcare providers.

Reducing inequalities in health status, by ensuring accessible and appropriate health services for PI peoples is an important aspect of the New Zealand government's health strategy (Ministry of Health, 2000, 2002). Therefore, it is important for health professionals to explore ways to develop positive relationships with the PI community. Other health professions have developed such programmes with the indigenous Maori community (Crampton, Dowell, Parkin & Thompson, 2003).

Most PI people in New Zealand live in the North Island (94%: Statistics New Zealand, 2004). The population in Dunedin, which is in the south of the South Island, is small (about 3000 people). Thus, health professional students training at the University

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of Otago in Dunedin are not likely to encounter many PI people during their training.

A pilot project was developed to start to build relationships between pharmacy students and the PI community in Dunedin. Many medicines-related problems in the PI community, such as inability to afford medicines and lack of understanding of instructions had been observed by one of the authors. The aim was to gather data on these problems, which could be used to support requests for resources to address them. Students would also provide help with any problems identified, so that the project contributed to PI people's health, both immediately and in the longer term.

The objectives of the project were:

1. to identify and explore medicines related problems experienced by PI people in Dunedin;
2. to assist with the identified medicines-related problems and
3. to increase pharmacy students' knowledge and understanding of issues experienced by PI people living in New Zealand.

Method

In their fourth year of university study, pharmacy students at the University of Otago are required to conduct a research project. Most of these are carried out as group projects, which are designed by academic staff. Students read about the projects available, and then indicate which project they would like to do. The authors proposed a project called "Medicines issues of Pacific people in Dunedin: An action research project" which involved interviewing PI people about their medicines, and any problems they were having, and then help to solve the problems. Participants would be asked to bring their medicines to the interview. Only one student chose the project as their first choice and six others were allocated to it.

Ethical approval for the project was granted by the Chairperson of the Otago ethics committee. This required assurances that students would not give advice that they did not have sufficient expertise to give. Students were encouraged to check any advice they gave with the project supervisors and Pharmacy School staff.

At the beginning of the project, students attended the opening of the Otago Pacific People's Health Trust and the celebrations afterwards. Three students and the supervisors then attended a Cook Island meeting where the project was discussed. Individuals interested in participating in the study were encouraged to bring their medicines to the next community meeting. Throughout the project small groups of students carried out interviews at community meetings in church and school halls around Dunedin, and

interviewed individual people at the Otago Pacific People's Health Trust.

Results

Fifteen participants were recruited for formal interviews. Considerable difficulties were encountered in organizing interviews. These included the weather (two large snow storms and a very cold winter stopped many older people attending meetings), lack of transport (if people forgot to bring their medicines, they could not go home and get them), and some communication and organizational issues. However, students met and interacted with many more PI people than were formally interviewed.

The problems the students identified included difficulty in remembering to take medication, financial difficulties with access to health care and/or medication, suspected adverse drug reactions and uncertainty about why medications were being taken or how to take them. The assistance provided by students included providing advice directly to participants; getting information and advice from clinical pharmacy staff at the School of Pharmacy, and the drug information service at the local hospital and reporting this to participants; and encouraging participants to ask questions of their healthcare providers. One student accompanied a participant to an appointment with a specialist.

Discussion

At the end of the project, the students prepared a poster that would be displayed at the Otago Pacific People's Health Trust, and also presented the project at a large community meeting (known as a "fono") run by the Trust.

The project's outcomes are difficult to quantify. Some of the students allocated to the project were initially unhappy about it. However, during the project their enthusiasm grew considerably. The Otago Pacific People's Health Trust opening was, for most, their first encounter with the PI community. During the project students started making very positive comments about PI people, and how much they were enjoying the project. They began to understand the extent of health and medicine-related problems and questions PI people had, and were happy that their efforts to help were so much appreciated. We hope the positive attitudes the students developed towards PI people will persist. We also hope that the opportunity to interact with pharmacy students on an informal basis has made PI people in Dunedin more confident in approaching pharmacists with medicine-related problems. Future research projects could measure the extent of changes in students' attitudes during and after such a programme.

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