



# TASK PRESENTATION

VSHC

7<sup>TH</sup> AUGUST, 2015

TI FANE RABICI

Preventative Or



Curative



# 2002 NCD STEPS survey – Risk Status for NCDs (Source: Fiji MOH, NCD Strategic Plan 2010-2014)

- ▶ **SMOKING:** Prevalence of tobacco use 36.6%, 42% of which smoke daily. Mean age of starting smoking is 18yrs
- ▶ **NUTRITION:** 65% of Fijians consume <1 fruit serving a day. Only 1.2% consume >5 servings of fruits/vegetables daily
- ▶ **ALCOHOL:** among those who drink alcohol, the prevalence of binge drinking is 77.3%
- ▶ **PHYSICAL ACTIVITY:** least active were women, aged >35years, urban dwellers and of Indian descent. 29.9% Fijians were overweight and 18% obese. Females more obese than males in terms of BMI and abdominal obesity. Rapid increase of obesity in 30-34year age group □ maximal wt gain in younger generation in Fiji

# 2002 Population NCD status (Source: Fiji MOH, NCD Strategic Plan 2010-2014)

- ▶ Prevalence of diabetes 25-64year age group is 16%. Diabetes is most common cause of non-traumatic amputation & 2nd most common cause of adult blindness in Fiji. One diabetic amputation every 12.6hours.
- ▶ Prevalence of hypertension is 19.1%
- ▶ Cancers – average 300-350 cases registered annually w/ carcinoma of cervix and breast being top 2 CA in Fiji.

# 2002 NCD mortality status (Source: Fiji MOH, NCD Strategic Plan 2010-2014)

- ▶ 82% of all deaths due to NCDs, w/ CAD and stroke responsible for all deaths in 40-59 year age group.
- ▶ NCD also include blindness, deafness, oral diseases, accidents and injuries and mental disorders.
- ▶ The challenge for MOH is the premature deaths occurring in the population.

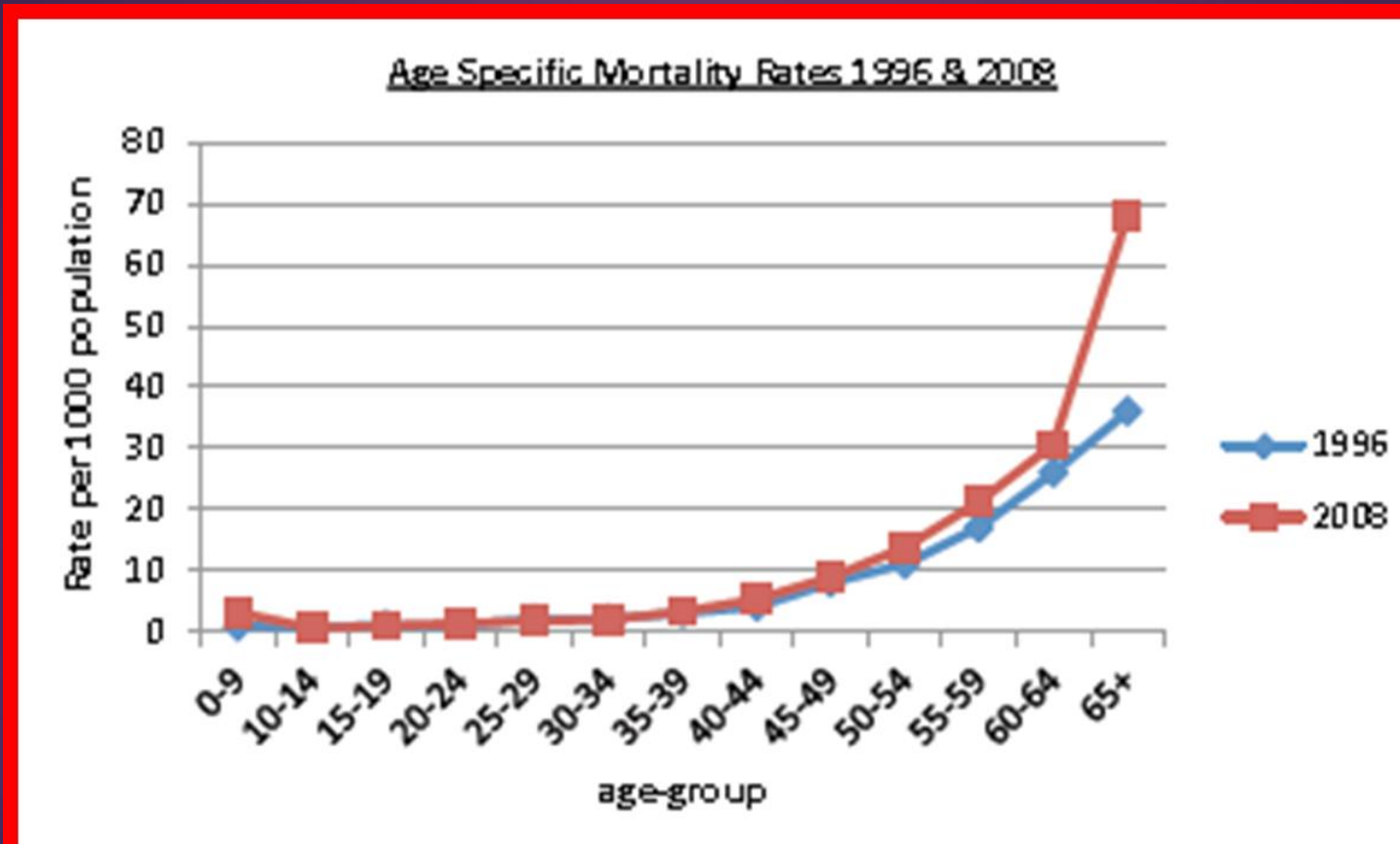
# Preventative Health

- ▶ As defined by WHO: “Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one’s role expectations in the family, community, place of worship, workplace and other settings.” (WHO, 2000)

## How did this concept came about?

- ▶ In 2012, the NCD Unit merged with the National Centre for Health Promotion . The thought of wellness was triggered by the increase in Premature deaths (< 60years)
- ▶ from average rate of 200 per 1000 per year at age 40 years to about 800 per 1000 per year at age 59 years (Tukana, 2013).

# Age-specific mortality trends (1996-2008) (Tukana, 2013)



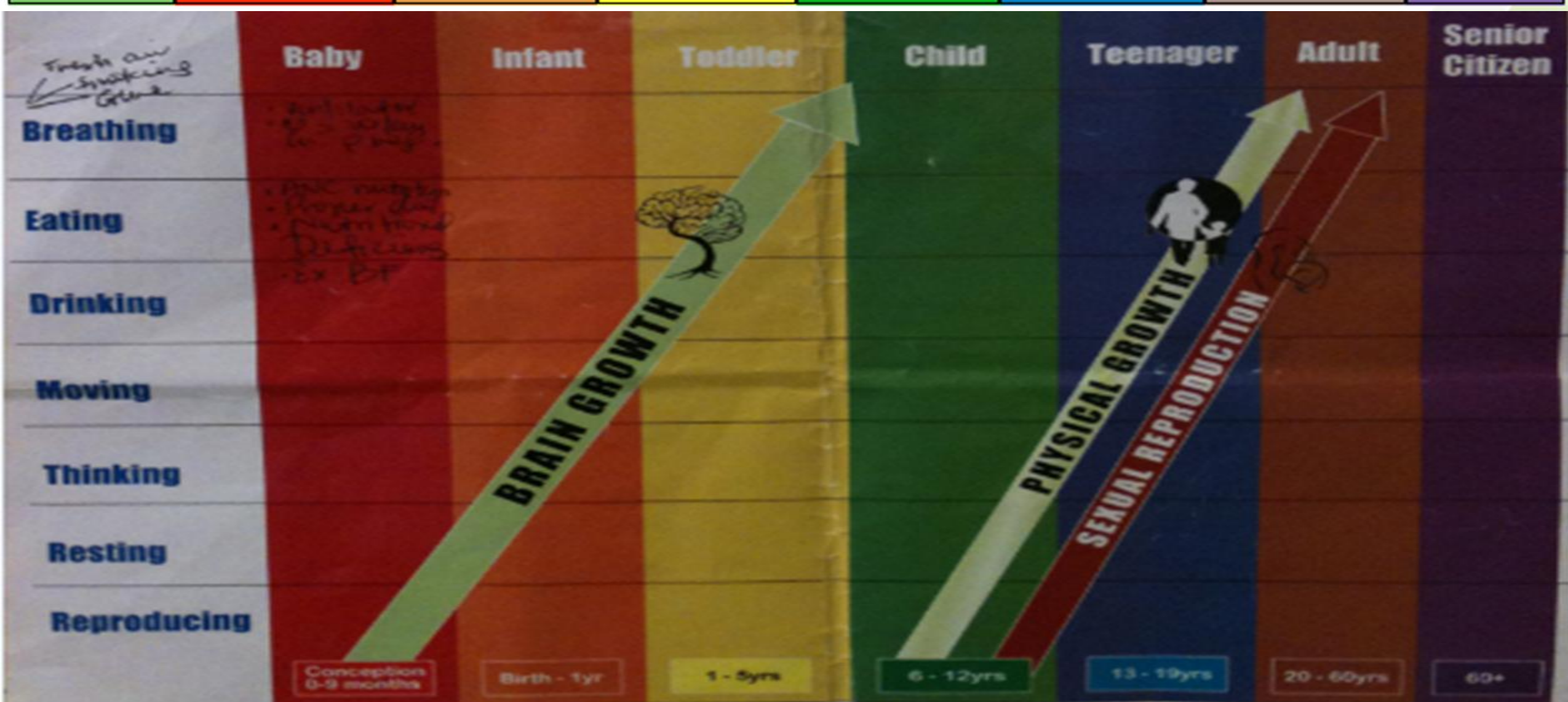
- ▶ The aim of Wellness Fiji is to reduce behavioral risks in the Fijian population throughout their lifespan.
- ▶ A 'womb to tomb' approach.
- ▶ Comprise of a wellness matrix. 7 dimensions with the Fijian population divided into 7 age groups, each designated a color of the rainbow.



# The 7 Dimensions of Wellness

- ▶ Social
- ▶ Mental
- ▶ Physical
- ▶ Financial
- ▶ Spiritual
- ▶ \* Occupational
- ▶ \* Environmental

Life stages	Womb	Infant	Toddler	Children	Teenagers	Adults	Senior citizens
Age range	9 months in vitro	0-1 year	1-5 years	6-12 years	13-19 years	20-60 years	60 years+



# Shift from NCD control to Wellness

- ▶ Shift from Honiara Communique 2011 (Pacific is in an NCD crisis requiring urgent attention) to Yanuca Island Declaration 1995; move from NCD Crisis to Wellness Fiji so Fijians can respond appropriately to globalisation, urbanisation, trade and contemporary Fiji (Tukana, 2013).



- Strategic shift of Fijians from medical beings to lifestyle (social) beings.

To reverse the premature mortality trend □ change the morbidity trend □ address risk behaviors at childhood

# Yanuca Island Declaration

Healthy Islands are where:

- ▶ Children are nurtured in body and mind
- ▶ Environments invite learning and leisure
  - ▶ People work and age with dignity
- ▶ Ecological balance is a source of pride
- ▶ The ocean which sustains us is protected.

# The Health of Pacific Adults and Children (NZ health survey, 2013)

## Health Behaviors and Risk Factors

- 14% of Pacific children are given solid foods before 4 months. This is higher than the national average.
- Pacific adults and other adults have similar level of fruits intake. However, Pacific adults are less likely to eat at least 3 servings of vegetables each day and are also less likely to be physically active.
- 1:3 pacific children and 3:5 pacific adults are obese. Rates are higher than the national average.
- 1:4 pacific adults smoke

## Health Status and Conditions

- DM disproportionately affects the pacific adults. 1:10 have been diagnosed with DM
- 1:10 have experienced psychological distress in the past 4 weeks. Much higher than the national average.

## Access to Health Care

- Cost prevented 17% of pacific adults and 7% of pacific children from visiting GP when they needed to in the past 12 months
- Over 1:10 pacific adults and children did not collect a prescription item in the past 12 months due to the cost
- 1:3 (33%) pacific adults (with natural teeth) had visited a dental health care worker in the past 12 months
- Pacific adults and children were more likely than other people to have had a tooth removed due to poor oral health in the past 12 months

# Health Centre

- ▶ 'The Alma-Ata Declaration defined primary health care as 'the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and [it] constitutes the first element of a continuing health care process' (WHO 1978).
- ▶ The Declaration affirmed health as a fundamental human right and strongly linked it to national development.
- ▶ 'Alma-Ata Declaration expanded the scope of health care by presenting 'health not merely as a result of biomedical interventions but also an outcome of social determinants' (Lawn, Rohde et al 2008).

- ▶ For the first time, prevention was equally as important as cure and 'there was a shift in attitude from a focus on ill health and hospitals, to a focus on communities and families controlling their own health, putting the "public" into public health' (Lawn, Rohde et al 2008).
- ▶ 'The Declaration emphasized greater equity in access to care, community ownership and efficiency in service delivery.' (High Hopes at Alma-Ata, 1978).



- ▶ Alma-Ata emphasised community-focused health, calling for a system that ‘addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly’ and initiatives that require and promote ‘community and individual self-reliance and participation in the planning, organisation, operation and control of primary health care’ (WHO 1978).





- ▶ The necessary components of PHC as defined by the Declaration included education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs (WHO 1978).



Any Questions?





# VSHC

FROM OUR POINT OF VIEW

VSHC IS A LIVING OTTAWA CHARTER

# Creative Supportive Environments

Screening at Saweni

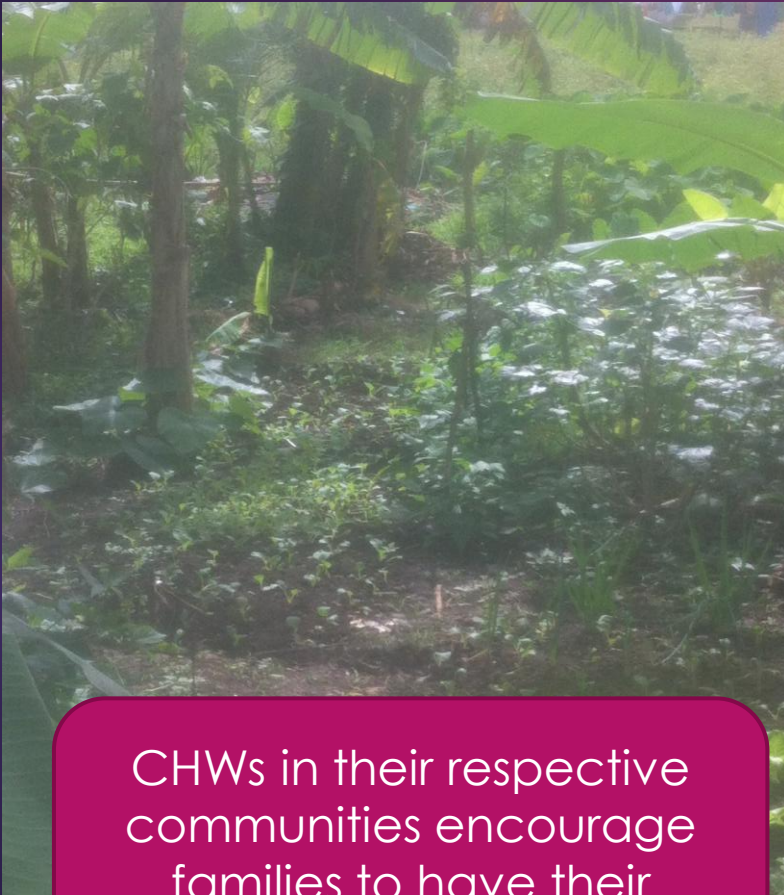


Backyard gardening



Health cuts across all the aspects of development therefore supporting and complimenting each other.

# Strengthen Community Action



CHWs in their respective communities encourage families to have their backyard gardening.



The CHWs are the reason why screening in Vishnu Deo Memorial College was made possible.

- ▶ Establishment of health committees to initiate wellness initiative at community level
- ▶ To assist CHW in the advocacy of wellness and prevention of NCDs

# Develop Personal Skills



- Training of CHW
  - Social development through training
  - As part of training, health educators also teach healthy cooking
- CHW improve skills through screening programs



# Reorient Health Services

Health Promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments.

- ▶ Community councils- assisting the health center in taking community health programs and wellness into the community
- ▶ Supporting health promoting initiatives from the ministry of Education through designated health promoting schools eg Vuda District Sch., Vishnu Deo Memorial College
- ▶ Engaging the ministry of Youth and Sports in providing seedlings for back yard gardening.



matavuvale.com



Bus Fare!! pliz

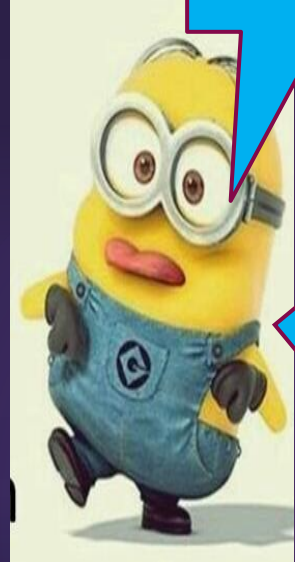


\$\$\$

Emeniriki!!



Dats ma brother!!!!



?????



**THANK YOU VSHC!!**