Final report summary

COVID-19 and National Immunisation Programme research

**Submitted by**
Auckland University of Technology

**Project title**
PROP-019 The Niue community’s experiences during the COVID-19 pandemic: an application of the Matalili Framework to inform future COVID-19 and vaccination initiatives in Aotearoa New Zealand.

# : Contact information

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# : Reporting

## Overview

* The aims of this study were to understand the key experiences of the Niue community during the COVID-19 pandemic relating to their wellbeing and perceptions of the COVID-19 vaccine. We addressed the research aims using a mixed-method approach, with 380 completed responses to the survey, followed by 26 participants in tala or narrative interviews. Underpinning this study is the application of the three key principles of the Matalili Wellbeing Framework. Ethical approval was obtained from the Monū Education and Social Services Trust Ethics Committee (MESSTEC) and the AUT Ethics Committee Ethics (AUTEC reference 22/279).
* The COVID-19 pandemic and the associated health responses negatively impacted the wellbeing of the Niue community, especially the elderly. However, participants in this study also described positive experiences during the pandemic and identified services that supported their wellbeing.
* While most respondents in this study have received the COVID-19 vaccine, there were concerns about the side effects of this relatively new vaccine, and the community wants more information especially with regards to the vaccine for children.
* The participants in this study showed a clear preference to receive their health information from trusted healthcare providers through mainstream media. The information needs to be kept simple and tailored for the Niue community.
* Based on the key findings, the practical solutions proposed are community-based or community-led solutions that takes a holistic approach to provide personalised care for individuals and their families. These include community-based healthcare providers who can provide general wellbeing care to families, and who give appropriate personalised health advice. Messaging of health information should be led by trusted community leaders and healthcare professionals. Ultimately, the implementation of these solutions should empower individuals in the community.

## What is the problem or issue that your research investigated?

The Niue community is an integral part of the broader Pacific Island community in Aotearoa New Zealand. Under New Zealand law and the 1974 Niue Constitution, a Niue person receives the right to be a citizen of New Zealand, while maintaining their heritage, identity, and culture (the source of their wellbeing). The 2018 census showed 30,867 Niue people in New Zealand, forming 8% of the Pacific community. No research to date has been devoted specifically to the investigation of the welfare of the Niue community during the COVID-19 pandemic. Research on the impact of COVID-19 so far has been mostly focused collectively on Pacific communities, which shows that the COVID-19 pandemic had a greater impact on Pacific Island communities. For example, most cases reported in the August 2020 outbreak involved younger individuals from the Pacific communities. Examining the COVID-19 experiences and attitudes of the Niue community is vital and timely for achieving successful outcomes in this evolving pandemic, as well as building resilience by informing future wellbeing and vaccination initiatives.

## What are the practical solutions and implementation options that you recommend?

The Matalili Wellbeing Framework provides a holistic perspective, grounded on three interconnected Niue principles, which can be applied in the design and implementation of future initiatives for the Niue community. The three principles are Vahā Loto-Agaaga Ofania (Spirit of Care), Fakafetuiaga (Inclusive Relationship), and Fakamalolo (Empowerment). The recommended practical solutions are:

* **Support community-led initiatives that foster better wellbeing, with focus on supporting the elderly.**

This Niue community study revealed that the COVID-19 pandemic and associated responses had both positive and negative impacts on the respondents, in terms of physical, social, spiritual, and psychological wellbeing. The positive impacts included having time at home with family, having time for hobbies and wellness activities, recognising support provided by family members, employers, work colleagues and church community, and spiritual wellbeing like feeling “blessed for what we do have”. These factors, revolving around inclusive relationships and community initiatives that fosters positive impacts for wellbeing, should be supported. The COVID-19 pandemic had a greater negative impact on psychological wellbeing, especially for the elderly who are over 50 years old. Access to healthcare was affected during lockdown, and this affected the elderly more negatively.

Turuki Health Care was specifically identified in the tala as a current initiative that served the community well during the COVID-19 pandemic and may form the model for future initiatives to foster wellbeing in future disruptions. Turuki Health Care uses a holistic approach to provide health, wellness, and social services for the whole whānau. The tala conveyed appreciation for trusted healthcare professionals from Turuki dropping off food parcels during lockdowns, while checking on the health of the whole family during the same visit.

The results of this study suggest that holistic and community-led initiatives that foster better wellbeing are preferred by the Niue community. A holistic approach is required because wellbeing was not only impacted by the individual’s physical health but also impacted by concerns for their family and community, spiritual elements, and psychological wellbeing. In addition, external factors such as financial pressures and disruptions to employment/studies because of the pandemic also had an impact on wellbeing. Feedback from community meetings indicates a preference for initiatives involving members of the Niue community, as they are more likely to understand existing issues and can draw from their own lived experiences. This preference may require more resources and training for community providers to meet the needs in future disruptions, such as another pandemic, severe weather events or disasters.

* **Support community-based and personalised health services to inform about vaccinations and provide vaccinations.**

A high percentage of the respondents indicated that they have received the COVID-19 vaccine (88%), with at least 81% of respondents having received two doses of the COVID-19 vaccine. However, concerns about side effects of the COVID-19 vaccine and bad experiences that have persisted after receiving the vaccine were major apprehensions that may have contributed to the much lower uptake of boosters. The community have indicated that the need to receive a booster yearly is a demand, and questioned whether it is necessary. Therefore, more information about boosters and reassurances about the safety of the vaccine from trained community members is necessary.

Other barriers identified relate to convenience, such as difficulties with the online booking system for the elderly, and the ability to take time off work and going to the vaccination site for those aged 16-49 years old. The preference for community-based and convenient vaccination options are evident by 56% of the Niue community receiving their vaccination in pharmacies, GPs, or clinics (including private practice and Marae-based clinics) where they can receive the vaccine as part of other health services from familiar health providers.

In terms of child vaccination, parents strongly indicated their desire to do what is best for their children. They are concerned about the side effects of the vaccine for their children. In addition, parents need simple instructions on what they need to do for their children, as there are multiple layers of complications relating to uncertainties about the differences between the paediatric and adult vaccine, eligibility based on age of the child, and the need for boosters.

Community-based providers, such as GP or pharmacies, are needed to provide holistic one-stop-shop health services for the whole family, including personalised health information, vaccination services, and follow up checks in cases of adverse effects after the vaccination. The community-based and personalised approach for the whole family addresses barriers relating to access to healthcare, uncertainties about the necessity of the vaccine, and concerns about side effects and bad experiences after receiving the vaccine.

* **Support initiatives led by community-based healthcare professionals to provide information.**

Participants in this study indicated a clear trust for scientists and doctors, local health workers, and government health authorities as sources for their health information. Mainstream media, including television, newspapers, and radio, was the most trusted information platform for all age groups. Despite lower trust for online sources, the convenience of social media was preferred by younger age groups. In contrast, those aged 50 or over were more likely to trust family and friends. While participants indicated that they would like more information, messaging of health information must be simple as participants also indicated that there is too much information available, and it is often difficult to know what is true or false.

Taken together, the results suggest that initiatives to inform and educate the community needs to continue and be led by trusted community leaders (church leaders, healthcare professionals, Niue-trained community health workers) with simple messaging through the mainstream media, in both English and the Niue language. This general messaging must be complemented with personalised advice from trusted healthcare providers, who can draw on their lived experiences and experiences of people they know to build a relationship with the community members. The healthcare providers need to be trained to give simple and appropriate advice according to each individual and their family’s circumstances, without overwhelming them with a range of information that may not necessarily apply in their specific circumstances. The convenience of getting reminders and a trusted tool for checking false information may also increase the likelihood of community members getting vaccinations. The personalised information and advice empower individuals to make informed decisions for them and their family, without mandating specific actions.

## What considerations need to be taken into account when implementing the solutions?

The solutions proposed are based on the lived experiences and perceptions of the Niue community documented in this study. To ensure that the Niue community, as stakeholders, could give input to throughout the study, we held community meetings at multiple stages, including initial consultations with the survey design, data collection, dissemination of preliminary findings and workshops to hear recommendations put forward by the community. This inclusive approach that empowers the community in future actions should continue.

A potential limitation of this study is that the survey respondents are largely based in the Auckland region (91%), whereas only 75% of the Niue community in NZ resides in the Auckland region, as recorded in the 2018 census. Therefore, some experiences relevant to Niue people living outside of Auckland, such as access to healthcare for isolated or rural communities, may not have been fully explored in this study. Some consultation with Niue communities outside the Auckland region may be required before implementing the solutions.

The solutions proposed can be modelled on existing health services, with emphasis on community-led, personalised, and holistic approaches, which have been identified as being effective through the lived experiences and perceptions of the Niue community. With appropriate support and training, the benefits can be realised in the short term. There can also be long term benefits associated with initiatives to improve child vaccination and immunisation, especially as children up to 19 years old account for almost half the Niue population living in New Zealand, according to the 2018 census. The implications of inaction will be that the current disparities in health outcomes for Pacific Island communities will persist and may worsen. The analysis in this study and the application of the Matalili Wellbeing Framework provide culturally appropriate perspectives to ensure outcomes that promote wellbeing for the Niue people, who are an integral part of the wider Pacific communities in New Zealand.