A Pacific Model of Health: The Fonofale Model

The Fonofale model was created by Fuimaono Karl Pulotu-Endemann as a Pacific Island model of health for use in the New Zealand context, and is named after his maternal grandmother Fonofale. This model can help us understand and treat our Pacific people in a more holistic, safe and effective manner.

The Roof: Culture
The roof represents cultural values and beliefs that are the shelter for life. These can include beliefs in traditional methods of healing as well as western methods. Culture is dynamic and therefore constantly evolving and adapting. In some Pacific families, the culture of that particular family comprises a traditional Pacific Island cultural orientation where its members live and practise the particular Pacific Island cultural identity of that group. Some families may lean towards a Palagi orientation where those particular family members practise the Palagi values and beliefs. Other families may live their lives in a continuum that stretches from a traditional orientation to an adapted Palagi cultural orientation.

The Foundation: Family
The foundation of the Fonofale represents the family, which is the foundation for all Pacific Island cultures. The family can be a nuclear family as well as an extended family and forms the fundamental basis of Pacific Island social organisation.

The Pou
Between the roof and the foundation are the four pou, or posts. These pou not only connect the culture and the family but are also continuous and interactive with each other. The pou are:

- **Spiritual**: this dimension relates to the sense of wellbeing which stems from a belief system that includes either Christianity or traditional spirituality relating to nature, language, beliefs and history, or a combination of both.
- **Physical**: this dimension relates to biological or physical wellbeing. It is the relationship of the body to physical or organic substances such as food, water, air, and medications that can have either positive or negative impacts on the physical wellbeing.
- **Mental**: this dimension relates to the health of the mind, which involves thinking and emotion as well as behaviours expressed.
- **Other**: this dimension relates to variables that can directly or indirectly affect health such as, but not limited to, gender, sexual orientation, age, social class, employment and educational status.
The fale is encapsulated in a cocoon whose dimensions have direct or indirect influence on one another. These dimensions are:

- **Environment** this dimension addresses the relationships and uniqueness of Pacific people to their physical environment. The environment may be a rural or an urban setting.
- **Time** this dimension relates to the actual or specific time in history that impacts on Pacific people.
- **Context** this dimension relates to the where/how/what and the meaning it has for that particular person or people. The context can be in relation to Pacific Island-reared people or New Zealand-reared people. Other contexts include politics and socio-economics.

There are many other Pacific models of health, including **Te Vaka Afataga** (Tokelauan), **Fonua** (Tongan), and the **Pandanus Mat model**, which may be more appropriate or may strengthen your treatment and relationship with your Pacific patient. Contact your PHO for more information about other Pacific models of health.

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**Pacific Cultural Protocols**

*Each Pacific culture has its own unique culture, language, history, and health needs. Please note that the following points are general guidelines for working with Pacific patients, and if you require further guidance please ask your patient.*

- It is respectful to keep lower than someone more senior, which means they may sit as soon as possible when entering a room, and speak to superiors (such as a doctors/nurses) from a seated position.
- If you visit a client at their home or hospital while they are lying in bed or sitting in a chair, it is respectful to seat yourself first before starting your conversation with a client.
- For many Pacific cultures it is inappropriate to touch anyone on the head, so please ask permission if you need to touch your patient anywhere on the head during a consultation.
- Be aware of using double negatives in questions during consultations which may be confusing, such as “you don’t want that, do you?”
- Pacific children tend to defer to their parents when asked questions, and in many instances parents will answer for their children. When asking questions of the child you may need to explain to the parent why you need the child to reply.

**TAPU AND PACIFIC PEOPLES**

The concept of tapu is about ensuring cultural safety, and enabling culturally safe practices for pacific peoples; each pacific culture has their own understanding of tapu and what it means to them. Some illness, especially mental illness, is believed to be the result of a breach in tapu, and you will need cultural advice if a patient believes an illness is the result of a breach of tapu.

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**Greetings**

- The face of the medical practice is the reception. The reception is often the first person the patient sees and the first contact the patient has with your primary care team. Using a welcome phrase like ‘Talofa’, ‘Kia Orana’, other Pacific language greetings, or simply ‘Welcome’ will enhance a sense of welcome.
- Having an environment that supports and promotes Pacific people, such as having Pacific related images, information, and reading materials, will help them feel accepted and part of the community.

**PRONOUNCING NAMES**

Keith Tarsau, Service Manager and Health Promotion Advisor for the Horowhenua team in Central PHO, has had his name mispronounced many times over the years, which he says is understandable but not acceptable and can be corrected. It is important to pronounce your Pacific patient’s name properly, so ask for help with pronunciation and spelling if you are unsure.