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# H.E.A.P.S. in Advances Towards a Healthier Samoa The Health Education and Promotions Section's Role in Combating Non-communicable Diseases

Kara Le  
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**H.E.A.P.S. in Advances Towards a Healthier Samoa**  
**The Health Education and Promotions Section's Role in Combating**  
**Non-communicable Diseases**

Kara Le

Advisor: Dr. Maria Kerslake  
Academic Director: Jackie Fa'asisila  
Assistant Director: Karen Te'o  
S.I.T. Samoa, Fall 2014



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## Abstract

With an increase in the number of health issues within Samoa, specifically in relation to non-communicable diseases (NCDs), it is important to examine the efforts being made by government health officials to improve Samoa's overall health status. This study explores the role of the Health Education and Promotion Section (H.E.A.P.S.) of the Ministry of Health in establishing and promoting healthier standards within the Samoan community. The current efforts of H.E.A.P.S. in combating NCDs through recently introduced projects and programs were explored in-depth. Further analysis of the design and effectiveness of these programs in changing the unhealthy habits of Samoan people was conducted through an application of Samoan cultural values and the Health Belief Model. Through multiple interviews, participant observation and further secondary research, it was found that H.E.A.P.S. contributes to the establishment of a healthier lifestyle in Samoa through the implementation of health programs and projects that target the four main risk factors of NCDs. The appropriate and numerous proactive measures taken by H.E.A.P.S. reveal promise in achieving a healthier future in Samoa.

**Keywords: Public Health, Health Education, Cultural Anthropology, Non-communicable disease (NCD)**

### Contacts

Fa'aifaoso Moala. Senior Health Promotions Officer at the Health Education and Promotions Section, Ministry of Health

Email: faaifaosom@health.gov.ws

Daphne Tyrell. Health and Alcohol Promotions Officer at the Health Education and Promotions Section, Ministry of Health

Email: daphnet@health.gov.ws

Dr. Maria Kerslake. Public Service Commissioner, Government of Samoa

Email: mkerslake@psc.gov.ws

I would like to dedicate this Independent Study Project to the person I look up to most, my father. Thank you for sparking my interest in the medical field from a very young age and encouraging me to pursue each and every ambition of mine. Without you, all the wonderful experiences I have been given in life, including my opportunity to study abroad in Samoa, would not have been possible. Your constant love and support is appreciated beyond expression.

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## Introduction

The prevalence of NCDs within Samoa has doubled within the past twenty years making them the leading cause of mortality among Samoan people. These deadly diseases include obesity, diabetes, heart disease, high blood pressure, stroke and cancer. These ailments are largely caused by a lack of nutrition and physical activity, as well as engaging in excessive smoking and alcohol consumption. The Western Pacific Country Health Samoa Profile 2011 reports that with increasingly high prevalence rates, NCDs have become and should remain a top priority for Samoan health officials (World Health Organization 2011, p. 372). Much of the responsibility to combat NCDs lies with the Ministry of Health (MOH).

The National Non-Communicable Disease Policy 2010-2015 has been implemented to address the need to prevent and reduce the rise of NCDs in Samoa. The vision of this policy is that “the overall quality of life of the Samoan people will be enhanced by the prevention of NCDs and their complications.” This can be best done by improving “health and well-being, length of life and productivity together with a reduction in long term health care costs of NCDs” (Ministry of Health, 2010 p. 6). This study examines the efforts made as a result of the national policy by exploring the current health programs and projects conducted in the Samoan community today. The MOH places many of these programs and projects under the direction of the Health Education and Promotion Section (H.E.A.P.S.) H.E.A.P.S. strives to improve the health status of the population of Samoa by making healthy choices easy choices (Silva, 2014 p. 1). Their method of combating NCDs by making a healthy lifestyle more achievable and accessible is evident in the health programs

they have implemented in the community today. H.E.A.P.S. targets the four main risk factors of NCDs, which include smoking and tobacco use, alcohol use, lack of nutrition and lack of physical exercise.

Awareness of the existing health programs in the Samoan community is just the first step in understanding the efforts being made to decrease the prevalence of NCDs. In order to assess the efforts of the MOH in correlation with H.E.A.P.S., one must understand why and how these programs are successful and how their effectiveness can be improved. This study will analyze the successes of H.E.A.P.S. programs using two different means of measurement. First, aspects of Samoan culture outlined in “Samoan Culture and Language” by John Mayer and “The Future of Our Past” by Epeli Hau’ofa will be applied to contextualize program design in relation to cultural perceptions and behaviors.

Secondly, the Health Belief Model (HBM) is used to analyze the programs effectiveness in changing the unhealthy behaviors common in Samoa. The HBM, a “psychological model that attempts to explain and predict health behaviors,” focuses on individual attitudes and beliefs. (Rosenstock, 1950 p.1) According to the HBM, an individual will adopt a health-related action if s/he feels that a negative health condition can be avoided, expects a positive outcome as a result of a recommended action, and believes that s/he can successfully take a recommended health action. The understanding and application of these beliefs are broken down into six different concepts, five of which are applicable to this study. The first, perceived susceptibility is the “chances of getting a condition, “ which is determine by defining the population at risk and personalizing the risk through the utilization of familiar

features or behaviors. The second, perceived severity, assess the seriousness of a condition and its consequences through specific presentation of the condition. The third, perceived benefits assesses the effectiveness of the advised action to reduce risk or seriousness of impact by providing clear and specific action to take and the positive outcomes to be expected. The fourth concept, perceived barriers, relates to the tangible and psychological costs of the advised action, which is addressed through reassurance, incentives and assistance. The last concept, cue to action, relates to the strategies created to activate “readiness” by providing how-to information and promoting awareness. These five concepts are applied to the health programs implemented by H.E.A.P.S. to analyze their effectiveness in combating NCDs in Samoa by changing unhealthy behaviors in the community.

An in-depth analysis of the contextualized design and effectiveness of the current health programs and projects using the two ideas outlined will serve as a framework to evaluate the efforts of Samoan health programs to reduce the detrimental effects of NCDs. The Samoan community must be knowledgeable of the initiatives to deplete unhealthy lifestyle habits in order to better the overall health status of Samoa and establish healthier generations in the future.

### Methodology

Research for this study was conducted during a three-week period in November of 2014. Information was first gathered through secondary research regarding the prevalence of NCDs in Samoa and the policies set forth by the MOH to address the issue at hand. Interviews were conducted with staff members of

H.E.A.P.S. at the MOH to learn of their involvement with community health and the design and outcomes of their programs. Observations at the National Hospital and participant observation in health programs such as the Fana and Lee Zumba Program provided additional insights.

Limitations to this health related topic included challenges in accessing information from the MOH and time constraints. Obtaining proper consent in a timely matter was difficult and limited access to MOH resources and personnel. An extensive interview with Faaifoaso Moala, the Senior Health Promotions Officer at H.E.A.P.S, along with interviews with Analosa Mauele, a nutritionist at the MOH and Daphne Tyrell, the Health and Alcohol Promotions Officer at H.E.A.P.S, provided valuable information. The opportunity to not only observe, but also participate in some of the health programs endorsed by H.E.A.P.S. enhanced this research immensely.

#### Health Programs of H.E.A.P.S.

H.E.A.P.S. addresses NCDs in Samoa by targeting four main risk factors. They implement various health programs within the community to help change unhealthy habits of smoking and tobacco use, alcohol consumption, lack of proper nutrition and physical inactivity. According to the Western Pacific Country Health Samoa Profile 2011, 40% of total population smokes and 35.6% of total population eat virtually no fruit. The current levels of alcohol consumption place 37.6% males and 19.6% females at moderate to high risk of developing an NCD. Additionally, 21% of population does very little to no physical activity. This report also states that

reducing these risk factors requires changes in lifestyle and behavior of individuals, families and communities, as well as a coordinated and multisectoral national response (World Health Organization 2011, p. 372).

H.E.A.P.S is a vital part in the multisectoral national response Samoa has initiated to create a healthier Samoan lifestyle. H.E.A.P.S. programs address all four risk factors in some aspect, but unhealthy eating and lack of proper nutrition is primarily attended to by the Nutrition Department at the MOH and will not be discussed in detail in this paper. It was found that H.E.A.P.S. programs largely focus on the risk factors of physical activity and smoking and tobacco use and address the issue of alcohol consumption in their programs inclusive of all four risk factors.

#### Programs Targeting Physical Inactivity

To tackle the lack of physical inactivity, H.E.A.P.S., in partnership with numerous organizations, has introduced multiple exercise programs into the community. H.E.A.P.S. has initiated aerobic exercise programs within rural village communities. Currently, around 200 villages, organizations and women's committees are registered with H.E.A.P.S. To register, each village or group must present a proposal outlining their plans and schedule for their own physical activity programs run by a designated member of their village community. The proposal must follow the World Health Organization (WHO) physical activity guidelines provided to H.E.A.P.S. These guidelines encourage any type of physical activity, three days a week for thirty minutes a day. If the proposals meet these standards, H.E.A.P.S. then provides them with training, including basic aerobic exercises and

stretches for before and after each session. H.E.A.P.S. also provides funds for resources to run these programs, such as a stereo or CDs for zumba, if that is the type of exercise the village decides in most suitable for their community. These programs are monitored through spot checks about every three months usually on days when the villages said the program would be held in their proposal. However, there are no repercussions if the villages do not follow their proposal or fail to meet the guidelines since these programs are meant to simply encourage physical exercise. Instead, H.E.A.P.S. will offer solutions and advice as to why the program are not being run effectively to try and increase the level of physical activity.

At the end of each year, H.E.A.P.S. organizes a competition between the 200 registered villages and organizations. The competition consists of a two to five minute performance of aerobic exercise and a skit on one of the four NCD risk factors. For example, villages have preformed skits explaining how smoking tobacco can negatively impact one's health. The villages with the top ranked performances are awarded a money prize. Unfortunately this competition is not occurring this year due to a lack of funding. The cost to run this program and provide villages with resources is close to WST\$100,00, which is funding the ministry does not have in this year's budget. H.E.A.P.S. decided to focus this program on aerobic exercise because it targets members of Samoan population that are vulnerable to physical inactivity. Other ministries, such as the Ministry of Education, Sports and Culture (MESC), run sports programs such as rugby, soccer and volleyball, which appeal mainly to males, resulting in the exclusion of women and children from physical exercise. Aerobics is a type of exercise that many of the women and children in rural

villages have expressed interest in and so has become a focus of the exercise programs implemented by H.E.A.P.S.

H.E.A.P.S. often inquires into community interest when designing their health programs. They will present the health problem at hand to the community, such as obesity, and then ask the member how they wish to go out addressing the issue. H.E.A.P.S. never forces any type of activity or participation onto a community because they have found it does not work. In addition to the rural community, Samoans living in an urban setting have also expressed an interest in aerobic exercise and so similar programs are offered in Apia.

H.E.A.P.S. is currently partners with a team of zumba instructors from New Zealand to conduct the Fana and Lee Zumba Program. The program is offered from Monday to Saturday at 5:30 p.m. at various venues for a fee of WST\$3. Participants mainly include overweight women, as well as men and children.

Also offered in the urban area of Apia is the Tabata Fitness Program. This is an exercise program described by Faaifoaso Moala as an easier form of crossfit, which involves exercises that focus on toning the body, such as push-ups, sit-ups and light weightlifting. It is lead by non-Samoan community members in partnership with H.E.A.P.S. and is offered at TB Fitness facilities. Each session, costing WST\$5, is an hour long with thirty-second periods of intensive physical exercise with breaks in between. Almost all the exercises preformed during the thirty-second intervals are done individually and so incorporate an aspect of self-motivation, unique to other aerobic programs offered. Although these programs differ in the types of exercise they offer and the individuals they target, collectively

they help to combat the risk factor of inactivity that largely contributes to the prevalence of NCDs in Samoa.

### Programs Targeting Smoking and Tobacco Use

Because smoking and tobacco use tops the list of risk factors for NCDs in Samoa, it is seen as priority of H.E.A.P.S. and addressed through education and awareness. H.E.A.P.S. facilitates various events with organizations from all around Samoa and the world to provide information and resources to the community. For example, as part of the WHO World No Tobacco Day, H.E.A.P.S., in partnership with the Ministry of Women, Community and Social Development (MWCSD) and the Samoan Cancer Society, promoted cancer awareness and prevention through the Uso Bike Rider group from New Zealand. This group of cyclists includes men from New Zealand whose lives have been affected by cancer in some way. They came to Samoa the past two years to partake in a bike-a-thon campaign around the entire islands of Upolu and Savaii, stopping at fifteen different villages to give thirty-minute speeches on what cancer is, how they have been impacted by it, and steps that can be taken to prevent it (Moala, Personal Communication, 19/11/14). Although not on bikes, H.E.A.P.S. staff accompanied these cyclists to each of the villages to provide translation and present what has been done in Samoa in terms of cancer treatment and prevention.

Organized events, such as the Uso Bike Ride have been effective in spreading information and understanding of the harmful effects of tobacco use, such as cancer, due to their uniqueness and convenience in bringing the event to villagers.



However, H.E.A.P.S.'s largest project in their efforts to change the habits of smoking in Samoa is media based. H.E.A.P.S. has started a Tobacco Control Billboard Campaign. One hundred forty billboards displaying various messages of the negative health effects of smoking have been installed outside of primary and secondary schools. The messages are rotated every six months and aim to spread awareness about the many different dangers of tobacco, such as the physical damages to various body parts such as the eyes, mouth and lungs, the dangers of smoking during pregnancy, the harmful effects of secondhand smoke and the bad habits children can pick up just by being surrounded by smokers. H.E.A.P.S. believes placing these billboards outside of primary and secondary schools will encourage these schools to set up their own tobacco policies and advocate to students the health risks of smoking. It is in hopes that these students will then be advocates to their parents and other older members of their community.

Another multimedia tactic that H.E.A.P.S. has implemented very recently is the printing of graphic messages, similar to the ones seen on billboards, directly on to the packaging of Pall Mall products (Moala, Personal Communication, 19/11/14). Their efforts in these projects that aim to lessen smoking in Samoa have been successful due to the 2008 Tobacco Control Policy. This act implements regulations that make it easier for H.E.A.P.S. to take actions within the community (Ministry of Health, 2010 p. 5). However, because there are no acts or regulations in place regarding alcohol consumption, H.E.A.P.S. has struggled in their efforts to reduce this risk factor. Nevertheless, they realize the importance in doing so and often place

a focus on alcohol consumption in their programs that aim to spread awareness about all the risk factors and healthier living in general.

#### Programs Inclusive of All Risk Factors

When undertaking the large task of educating the public on all four risk factors of NCDs, H.E.A.P.S. will partner with many government ministries to organize health programs and events. Each year, a village health fair entitled “Whole of Country “One Health” Integrated Program for Health Living Program” is run by all the government ministries, including H.E.A.P.S. as well as Samoan doctors and nurses. The health fair addresses many different aspects of healthier living and ultimately helps to combat NCDs. The health fair is set up into different stations, which offer free screening including blood sugar level and high blood pressure tests by doctors and nurses. Other stations include health education presentations, focusing on topics such as tobacco, alcohol and nutrition, information booths and demonstrations such as planting vegetable gardens for healthier eating. This fair is an all-day event and travels to many villages around Samoa. Almost all of the members of each village attended the fair when brought to their area to access health information in a convenient manner.

H.E.A.P.S. has also been able to provide information to individual communities without having to travel from place to place by engaging the church leaders of each village. They have initiated, in partnership with the MWCSO and the National Council of Churches (NCC), the “Facilitated Package Program.” This program aims to educate village communities on the risk factors of NCDs and

methods of healthier living through community discussions lead by church leaders. H.E.A.P.S., along with its partners, has provided training, funding and resources, including a package of information regarding the prevention of NCDs, to twenty-five church leaders from all denominations. After pastors, priests and ministers receive their training they are to facilitate weekly discussions with community members on why unhealthy habits exist in their village, the health effects of those habits and what can be done to change them. The package provides a new topic to be discussed every week, such as the depletion of alcohol consumption, as well as, physical activity directives and demonstration instructions. Faaifaoso Moala reports that in theory this program should be very effective due to the large influence church leaders have in their communities, however a challenge arises in the health status of the church officials themselves. In reality many pastors, priests and minister are often times over weight or engage in unhealthy habits such as smoking and drinking alcohol, and so do not serve as good, healthy role models. To address this problem, H.E.A.P.S. attempts to first change the habits of the church leaders as part of their training to enable them to practice what they preach effectively.

Overall, the health programs implemented by H.E.A.P.S. provides a comprehensive approach to combating the risk factors of NCDs. An analysis of the design and reasons for H.E.A.P.S. programs may be useful in reducing the prevalence of NCDs and creating relevant, appropriate and effective means of community engagement.

## Analysis

### The Design of the Health Programs

Discussions with staff members at H.E.A.P.S. and participant observations, suggest these health programs have been extremely popular due to the amount of engagement and participation from community members. The way in which H.E.A.P.S. designs their programs encourages community participation. Samoan values are incorporated into the design of the programs that contextualizes them in a way that fits Samoan culture and practices. John Mayer's "Samoan Culture and Language" outlines various Samoan values that can be seen in the design of H.E.A.P.S. health programs. These values include competitiveness, religious importance and cooperation and working together. Epeli Hau'ofa's article "The Future of Our Past" also addresses values seen in Samoa historically and presently that are applicable to various health programs, such as the incorporation of arts and entertainment into community life and the recent development of individualism in urban areas.

For example, the aerobic exercise program in rural communities is widely popular and effective in engaging all member of the community because it plays on the Samoan values of cooperation and working together, the incorporation of arts and entertainment into everyday life and competitiveness. In his article, Mayer conveys that "the *fa'aSamoa* encourages humility and group cooperation and discourages one from taking too much satisfaction in individual accomplishment in an endeavor" (Mayer, nd p. 1). This concept can be seen clearly in the way aerobic exercising, such as zumba, in over 200 rural villages is done as a large group and not

individually. This is also true for The Fana and Lee Zumba program, although not conducted in a rural setting. Participant observation of this program revealed some dance movements involving the utilization of one or more people. By highlighting the efforts of the group as a whole, instead of the work of each member involved in their design, H.E.A.P.S. has added as sense of comfort to their programs that encourage more member of the community to participate.

A look at the other exercise program offered in an urban setting illustrates the values of Samoan culture unique to individuals in urbanized areas. For example, the exercises preformed in the Tabata Fitness Program are mostly done individually requiring more of a sense of self-motivation, which coincides with a value outlined in Hau'ofa's article. He recognizes that, "individualism is increasingly becoming the life-style of the urban-bases island elites" (Hau'ofa nd, p. 161). This would suggest the Tabata Fitness Program might only be successful in an urban area where the concept of individualism has risen, but may not appeal to rural villagers who base much of their way of living on group solidarity.

The consideration of the difference in values between the rural and urban populations of Samoa is also noted in the aerobic exercise program implemented in rural villages through the incorporation of the traditional practice of integrating arts and entertainment into community life. Rural villages are where traditional values are kept alive in Samoa. According to Hau'ofa, traditionally "poetry, music and dance were mostly integrated into, and usually preformed as part of some religious or community festivals and ceremonies" (Hau'ofa, nd p. 159). Therefore, by providing the means to be active through dance, H.E.A.P.S. has lessened the aversions that

many people can have in regards to physical exercise by allowing it to be seen as a part of everyday life as opposed to an obligation.

Additionally, programs have also been designed to incorporate the competitive nature of Samoa people. Mayer acknowledges, for example, "despite the need for group harmony and cooperation, there is a great amount of competition and rivalry between individuals within a group and between groups" (Mayer, nd p. 1). This concept is seen in the willingness of villages to register with H.E.A.P.S. and compete against other villages for prize money at the end of each year. Such yearly competition, encourages physical activity, but also incorporates an aspect of Samoan culture that entices more members of the community to participate.

Another aspect of Samoan culture that H.E.A.P.S. has used to contextualize their health programs is the importance of religion. Mayer recognizes "the high status of church and God within the society" in Samoa (Mayer, nd p. 1). Furthermore, "the church is well positioned to influence all aspects of village life" due to "the close relationship between church and state reflected in the practice of government leaders, who are exclusively *matai*, performing dual roles as church leaders" (Thornton et al 2010, p. 6). H.E.A.P.S. recognizes and appreciates the prominent position of the church in their communities and so employs its leaders as discussion facilitators in order to achieve the greatest impact on the individuals of religious congregations. They are aware of the devotion and attentiveness many villagers give to their church and so use it to their advantage by infusing health related information into religious gatherings. In doing so H.E.A.P.S. has been able to

address the issue of the NCDs risk factors by integrating awareness and prevention into an aspect of Samoan life held at a high level of importance.

The way in which H.E.A.P.S. health programs are designed are very instrumental in ensuring participation from community members across the spectrum. The integration of certain Samoan values has been an incentive to participants. However, the high level of community engagement does not speak for how effectively these programs have been in changing the unhealthy behaviors that proliferate everyday life in Samoa. It is important to determine that these programs are effectively changing the unhealthy habits of their participants, and not just facilitating a place for social interaction. This can be determined through the application of the HBM.

#### The Effectiveness of the Health Programs

The HBM is designed to explain and predict health-related actions a person may take based on six different concepts. Applying this psychological model to the health programs and projects implemented by H.E.A.P.S. can help to determine if efforts have been successful in instilling appropriate and effective beliefs into the minds of Samoan people. It doing so it would enable them to take health-related actions to improve their health overall health status and prevent NCDs. For example, the concept of perceived susceptibility is addressed in H.E.A.P.S.'s Tobacco Control Billboard Campaign by influencing Samoan people's opinions of their chances of contracting a NCD by personalizing the risk. They are able to achieve this

personalization by utilizing images of Samoan people and homes in the billboards portraying unhealthy habits.

Additionally, this multi-media campaign plays on the concept of perceived severity by using realistic, but unpleasant graphic images of the physical health effects of smoking. According to the HBM, graphic images sways one's opinion of how serious a condition and its consequences can be by specifying and heightening the costs of indulging in the risk factors of NCDs. Lastly, the billboards, as well as many of the other projects lead by H.E.A.P.S., such as the Village Health Fair and Uso Bike Ride, utilize cues to action by incorporating aspects of promotion and awareness. Illustrating the negative health effects of certain habits and raising awareness of NCDs, increases the "readiness" of Samoan people to make healthier choices.

The Village Health Fair and the Uso Bike Rid also incorporate a component of convenience by bringing resources and knowledge to the villages. By providing this convenience, H.E.A.P.S. has attended to an individual's perceived barrier. When an advised action is made, such as informing oneself about NCDs, an individual might weigh the cost of taking this action, such as paying for transportation to reach the MOH. However, this concern is eliminated when the information is brought to them through traveling health fairs or a bike-a-thon.

Another barrier is also broken when an incentive, such as a monetary prize, is offered. By offering such an incentive, the burden of the tangible cost is lessened. Identifying facets of H.E.A.P.S.'s projects and programs that incorporate concepts of the HBM shows that efforts effectively affect the mindset of Samoan people in a way



that will lead to health-related actions resulting in a change towards healthier habits. However, some weaknesses of the program can also be identified.

### The Weaknesses of the Health Programs

Although the health programs and projects of H.E.A.P.S. have many participants and include aspects of both Samoan culture and the HBM, the prevalence of NCDs continues to increase each year, highlighting limitations in the programs. First, when looking at the HBM holistically, each program contains some of the concepts outline in this model, but not one of them contains all six. In fact, the approach that H.E.A.P.S. takes in combating NCDs disregards the concept of perceived benefits completely. They fail to address “one's belief in the efficacy of the advised action to reduce the risk or seriousness of the impact” by failing to provide information on how, where or when positive effects can be achieved (Rosenstock, 1950 p.1). The Tobacco Control Billboards for example, display the harmful effects of smoking and tobacco use, but do not provide any information as how to prevent these damaging effects from happening or where to go to seek treatment if they do occur. This is one of the largest criticisms of the efforts of the MOH expressed by members of the Samoan community. Suzie Schuster, a health education lecturer at the National University of Samoa, says that such methods of promotion result in the disempowerment of individuals who see them. She believes that ultimately it does not spark any further action to be taken towards improving one's health because they simply accept their detrimental fate depicted in the graphic images when they

do have the knowledge for prevention or treatment (Schuster, Personal Communications, 11/11/14).

Additionally, while the attendance at the programs offered is high, not all programs are being offered to all regions of Samoa. Apart from the aerobics exercise program in rural villages, the programs organized by H.E.A.P.S., such as the Facilitated Package Program, are reaching only about 25% of the population (Moala, Personal Communication, 19/11/14). This may be due to a lack of funding that does not allow for H.E.A.P.S. to offer such programs to more villages. However, the funding that is allotted to H.E.A.P.S. by the government of Samoa could be spent in a way that would allow for the inclusion of a larger percentage of the population. If achieving better health and weight-loss was an incentive in itself, the money offered as a monetary incentive could be used to fund similar programs in more villages. In doing so, a more widespread approach to combating NCDs, in which a larger portion of the population is included, can be established in Samoa.

### Conclusion

Through an extensive examination, analysis and critique of the health programs and projects implemented by the H.E.A.P.S., aspects of the measures currently taking place in Samoa to combat NCDs can be understood. H.E.A.P.S. works to carry out the vision and objectives of the National Non-communicable Disease Policy 2010-2015. Their health programs, which have been contextualized through the incorporation of Samoan values, have been well received by the community, as seen in the number of participants. Identifying concepts of the HBM within the

projects organized by H.E.A.P.S. indicates that their efforts to change the unhealthy behaviors of Samoan people are headed in the right direction. However, programs more inclusive and mindful of all concepts of the HBM may help to initiate an actual diminishment of NCDs in Samoa.

H.E.A.P.S., as reported by Faaifaoso Moala, looks forward to establishing a more comprehensive approach to tackling the health issues of Samoa at hand. H.E.A.P.S.'s largest plan of action is to establish more partnerships with other government organizations, as well as non-government organizations and private associations, to improve efforts to reduce NCDs from all angles. No plans to change any of the current programs are in place, but H.E.A.P.S. is currently working on getting an endorsement from the government for a Health Promotion Foundation. H.E.A.P.S. believes a separate foundation from the MOH will release them from many of the constraints and obligations that come with working under government directives. Additionally, it could provide them with separate funding that will allow a larger focus to be placed on combating NCDs. With plans as such that place the depletion of NCDs as a top priority, the improvement of the overall health status of Samoa is hopeful. Community members must be encouraged to take a closer look at what is being done is to address matters hindering their quality of life. The in-depth exploration of the health programs and projects of H.E.A.P.S. presented in this study is a step towards understanding of the efforts being put forth to combat NCDs and promote a healthier Samoa.

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## Glossary of Terms

*Fa'aSamoa*: The Samoan way of life

*Matai*: A leader who represents all family members in the village and at other public functions and oversees family lands and activities

## Acronyms

H.E.A.P.S. – Health Education and Promotion Section

HBM – Health Belief Model

NCC – National Council of Churches

NDC – Non-communicable Disease

MOH – Ministry of Health

MWCSD – Ministry of Women, Community and Social Development

WHO – World Health Organization