

Introduction

We worked with Tongan clinicians to develop and test an easy to use tool for non-Tongan clinicians to provide care that is affirming to kāinga. The tool has its foundations in the stories from kāinga, was developed with Tongan clinicians, and was tested with GPs, nurses and other health professionals.

The tool is centred around the concept of Haohaoā (see definition, right) and how this contributes to short-term and longer-term outcomes for kāinga.

We heard from kāinga about the trauma they experienced in their healthcare journeys. We also heard how clinicians have a critical role to play, but often don't understand Tongan culture and practices. And we heard how the healthcare journey is siloed, with different clinicians creating different experiences.

During our prototyping phase, we set out to reduce the emotional labour for kāinga engaging with the health system and to develop and deliver a family-centred model of care.

Haohaoā is inspired by traditional Tongan maritime navigation practices. 'Hao' refers to the act of navigating safely across dangerous seas while 'haoā' is the state of safety that is achieved by reaching the destination harbour. This was used as a metaphor for kāinga who experience rheumatic fever; the necessity to navigate the uncertainty and complexity of rheumatic fever (short term) in order for their kāinga to reach tau'ataina, a settled, safe and thriving future (long term).

Tool for non-Tongan Clinicians about providing Haohaoā in practice

HAO-HAOA IN PRACTICE: RHEUMATIC FEVER KAINGA CENTRED APPROACH HAOA LONG-TERM HAO SHORT-TERM **PREVENTION GROUP A** · Test and treat other household members at · Provide and explain treatment options based on 'time' as the cost; antibiotics course (10 days) STREP versus penicillin injection. Encourage sore throat clinics or household testing and provide access to testing. • Establish and maintain the va (rapport) with Provide information for physical and mental MANAGEMENT RHEUMATIC patient. Be consistent with clinician where wellbeing support they can access in terms of FEVER/RHD time, location and relevance. Acknowledge sacredness of health and the body. **CULTURAL** • Noting in file preference for patient(s) and Allow time for faith based practices. Gender/Sex specific. Male and female participants carer(s). **ASPECT** Have authentic Cultural Advisors or Capability should be given the option to be present during examinations or during injections. to inform any direct written or verbal communications. **TREATMENT** Provide relevant and accessible resources (printed/digital). Follow up: send printed versions in the mail to improve access. If kāinga meeting 2+ criteria should be considered as high risk of RF. · Encourage and enable testing and treatment **SCREENING &** MONITORING · Administer/prescribe antibiotics or penicillin · Refer to provider with [free] wrap around injection while awaiting results. service that assess housing situation etc.

