
Pacific Health Plan 2016/17



COUNTIES
MANUKAU
HEALTH





Kind

Manaakitanga

Excellent

Rangatiratanga

Valuing everyone

Whakawhanaungatanga

Together

Kotahitanga

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Foreword

We are incredibly proud of the diversity and energy that Pacific peoples living in Counties Manukau bring to our communities. We acknowledge that the Pacific communities in our district are not all recent migrants. We have a well-established Pacific community with some aiga or families with four generations having lived and experienced a better life in New Zealand.

This is not the case for all Pacific peoples in our district. While the Pacific population makes up approximately 21 percent of people living in Counties Manukau, they also represent the largest Pacific population of all the 20 District Health Boards in New Zealand. Improving the health outcomes for Pacific peoples in Counties Manukau will have a national impact. This plan should be read alongside our Annual Plan. Our action commitments in 2016/17 will advance our Healthy Together strategic goal:

“Together, the Counties Manukau health system will work with others to achieve equity in key health indicators for Maaori, Pacific and communities with health disparities by 2020”

Counties Manukau Health (CM Health) acknowledges that the experience of Pacific peoples and their engagement with the health sector is an evolving one. The actions in this 2016/17 Pacific Health Plan challenge CM Health to engage and shape their thinking to reflect the diversity of our Pacific patients and fanau.

In 2016/17, our actions highlight the need for stronger community engagement and collaboration - particularly with other social agencies. We have identified opportunities for Pacific children and their families to improve access to health care services and better support their navigation through the health system.

To make a positive difference in the health of our Pacific peoples, our planned actions will target activity in local areas in our district with a high Pacific population and health disparities. This enables opportunities to target multiple approaches that will progress our strategic goal of achieving health equity.

We know that we cannot achieve this alone. We look forward to working in partnership with communities, key stakeholders, social agencies and other sectors to learn new ways of achieving better health outcomes for our Pacific population.



A handwritten signature in blue ink, reading "Dr. Lee Mathias".

Dr Lee Mathias
Chair

A handwritten signature in blue ink, reading "Geraint A. Martin".

Geraint A Martin
Chief Executive

1.0 Executive Summary

In 2014, the total estimated resident population of Counties Manukau was 524,500 with an estimated 110,000 identifying as Pacific peoples.¹ This makes up approximately 21 percent of the CM Health's estimated resident population or 38 percent of the total New Zealand Pacific population².

New Zealand's Pacific peoples are a diverse and dynamic group with the fastest growing population of young people. Each Pacific ethnic group has its own unique and widely varying culture, language and history. Despite the degree of diversity, there are similarities in some of their cultural values. An additional diversity factor is the length of time Pacific peoples have lived in New Zealand.

This 2016/17 Pacific Health Plan describes our action commitments to improve health outcomes for Pacific peoples living in Counties Manukau. For each action area, we will measure our progress as part of CM Health's overall performance reporting to the Counties Manukau District Health Board. This will form the basis of how we communicate our performance story and learnings to our Pacific communities about their health progress.

The experience of Pacific peoples and their engagement with the health sector in Counties Manukau is an evolving one. Previously, the main concern for Pacific peoples was migration and knowledge of how to access the healthcare system effectively. As our Pacific demography has changed, our planned actions have evolved to meet their changing needs. A significant proportion of Pacific peoples are now born in New Zealand. We have reshaped our planned actions to improve health service access and experience to reflect this change.

We analysed a range of Pacific health progress measures³ to inform development of this plan. This provided a rich source of information about health system performance for Pacific peoples and potential opportunities to accelerate health gain. As a result, we engaged with key stakeholders to collaboratively discuss and confirm Pacific health improvement approaches. The identified action areas will be measured through performance indicators.

National indicators⁴ and related action areas focus on:

- Access to Care for newborn enrolment
- Ambulatory Sensitive Hospitalisations (ASH)
- Breastfeeding
- Tobacco
- Rheumatic Fever
- Child Oral Health
- Sudden Unexpected Death in Infancy (SUDI)
- Childhood Obesity

Local indicators and related action areas focus on:

- Diabetes Management
- LotuMoui and Pacific community engagement
- Working in the Pacific Oceania Region
- Workforce Development

CM Health's Healthy Together strategy and health equity goal provides a planning lens to consider current and emerging health disparities and inequities across CM Health's Pacific population. This Plan should be read in conjunction with CM Health's Annual Plan and associated Maaori and Asian Health Plans. These collectively provide the Pacific Health Plan with the wider scope of actions that CM Health is undertaking to improve health of its population.

¹ 'Pacific peoples' in this document refer to people who are genealogically and ethnically linked to Samoa, Tonga, Cook Islands, Niue, Fiji, Tuvalu, Kiribati, Vanuatu, Solomon Islands, Tokelau, Tahiti and other Pacific Island nations.

² CM Health Annual Plan 2015/16 - Incorporating the Statement of Performance Expectations 2015/16 and Statement of Intent 2015/16 -2018/19.

³ CM Health Pacific Progress Trend Report 2013-15 Quarter 1 and 2 [2015/16].

⁴ Ministry of Health. 2014. 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018. Wellington: Ministry of Health.

2.0 CM Health Strategic Goal and Values

CM Health is committed to accelerating health gain and achieving health equity for our community. Our Healthy Together strategic goal is:

“Together, the Counties Manukau health system will work with others to achieve equity in key health indicators for Māori, Pacific and communities with health disparities by 2020.”⁵

This is an opportunity to improve health outcomes for Pacific peoples in Counties Manukau. We will measure the impact we have on healthy life years every year. This is our commitment to act and be deliberate in our choices and priorities.



To help us work together to achieve this, we will organise our actions around three strategic objectives. Together means collaboration and partnership with people, whānau, families, communities, health and other providers.

- **Healthy Communities:** Together we will help make healthy options easy options for everyone
- **Healthy People, Whānau and Families:** Together we will involve people, whānau and families as an active part of their health team
- **Healthy Services:** Together we will provide excellent services that are well-supported to treat those who need us safely, with compassion and in a timely manner



Our values reinforce our commitment to excellent, collaborative, compassionate and safe health care services that we aspire to live and breathe every day.

- **Valuing everyone:** Make everyone feel welcome and valued
- **Kind:** Care for other people's wellbeing
- **Together:** Include everyone as part of the team
- **Excellent:** Safe, professional, always improving

2.1 Respecting Pacific Culture

'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018 sets out the priority outcomes and actions for the next four years that will contribute to achieving the Government's long-term outcomes for health. That is, all New Zealanders, including Pacific peoples, will lead healthier and more independent lives; high-quality health services will be delivered in a timely and accessible manner; and the future sustainability of the health and disability sector will be assured.

Respecting the culture of Pacific peoples means that our health services planning and delivery needs to recognise that Pacific families' experience of health care is influenced by Pacific world views, cultural beliefs and values. Given the

⁵ Counties Manukau Health (2015). Healthy Together Strategic Plan 2015-2020.

dynamic nature of the Pacific population in New Zealand, these cultural world views, beliefs and values are diverse and evolving. In general, Pacific peoples in New Zealand maintain strong links with the Pacific Islands through family, culture, history and language.

“Workers in the health and disability sector are aware that, for most Pacific peoples, ‘āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili (family) is the centre of the community and way of life.

Family provides identity, status, honour, prescribed roles, care and support. Care for family members with disabilities or for older family members is often informally provided within the family.

Pacific peoples have a holistic view of health and wellbeing”⁶

As part of CM Health’s response to this need for a more holistic way of working with Pacific peoples, we developed a Fanau Ola approach in 2013/14. A Fanau Ola team was in place in 2014/15 with the aim of addressing multiple dimensions of fanau life. This includes environmental contexts, culture and worldview, family relationships, learning, physical health, emotional and spiritual wellbeing, leadership and aspirations for their future. This “strengths based” approach encourages fanau to create and share their vision for a healthier future, goal-setting and planning.

We recognise the significance of Maaori and the “Te Tiri” relationship which exists with Mana Whenua as the foundation of CM Health’s response to health inequities for Maaori. From this platform we will work in partnership with Maaori Health Development to ensure that shared opportunities will be identified between our respective services (Fanau Ola and Whaanau Ora) to further enhance the quality of services we directly provide to Maaori/Pacific patients and their whaanau/fanau along the continuum of health care in Counties Manukau.

2.2 How will we accelerate Pacific health gain through Healthy Together?

Our Healthy Together strategy builds on three key strategic objectives that will strengthen our response to Pacific population needs:

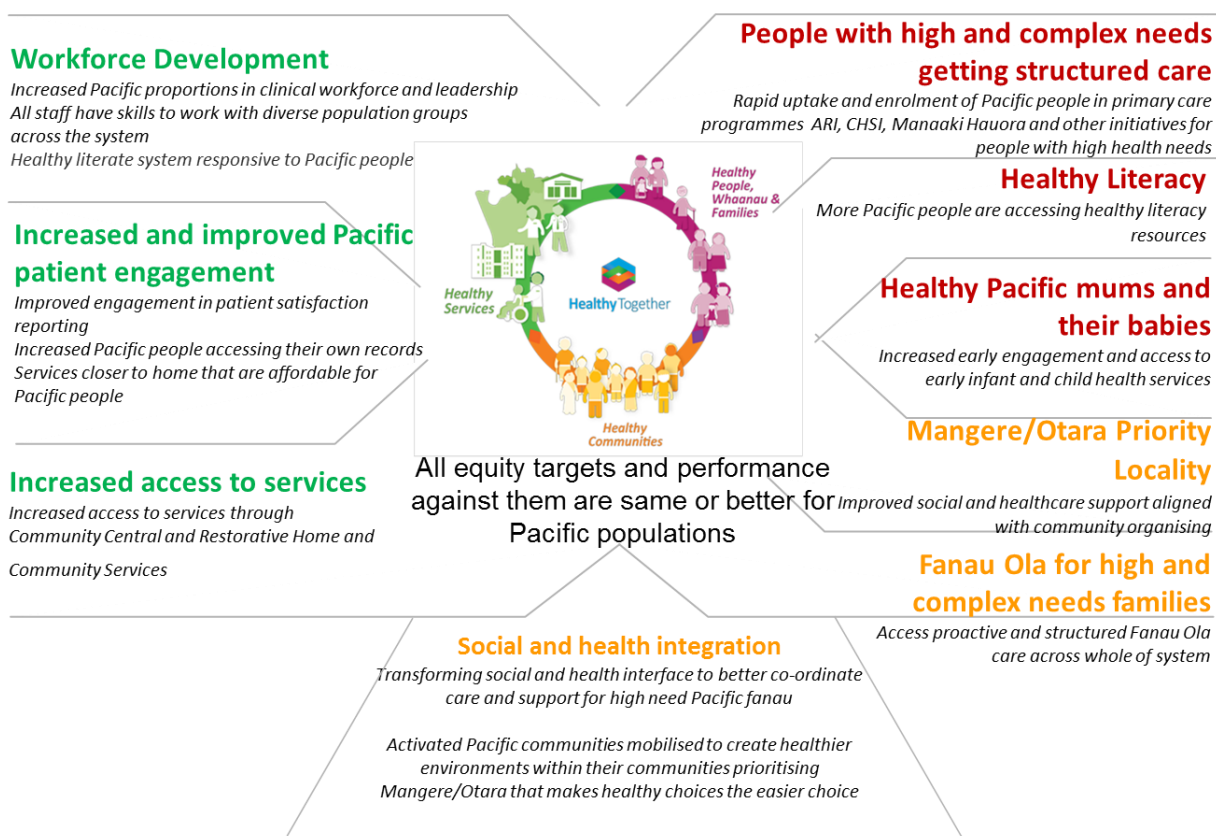
- **Healthy Communities:** Localities and Community Health Services Integration (CHSI) are the cornerstone primary healthcare initiatives that will leverage and accelerate Pacific health improvement:
 - Alignment of support for high and complex social and health needs of Pacific fanau (families) with CHSI, the At Risk Individual (ARI) approach, Manaaki Hauora and other locality initiatives to reduce likelihood of duplication and/or high need fanau falling through the gaps.
 - Preventing ill health will focus on the high proportion of our Pacific population that live in the Mangere/Otara locality area. Of the estimated 146,500 people enrolled in general practices in this locality, 57 percent are Pacific. Of all Pacific patients enrolled in CM Health practices, 71 percent are enrolled in Mangere/Otara practices. This presents an opportunity to build and expand on this locality as the centre of expertise for Pacific health improvement. The recently refreshed LotuMoui and Pacific community engagement action plans will further support Pacific health improvement.
 - Community organising through a whole of system Fanau Ola approach⁷ will target the highly complex health and social needs for Pacific fanau. This approach is based on our experience of health and social service co-ordination in Mangere/Otara with schools, churches and other agencies.
 - Equipping Pacific peoples with the power to change their local environments through the spread of community organising tools. This provides the opportunity to activate and engage Pacific peoples to create healthier environments within Mangere/Otara.
- **Healthy People, Whaanau [Fanau] and Families:** Improving Pacific enrolment and engagement in initiatives that strengthen their engagement with their healthcare team includes but is not limited to:
 - All high risk Pacific peoples with complex health and social needs will have a care plan and care co-ordination within primary care and related social agencies through a Fanau Ola approach.
 - More Pacific peoples are accessing health literacy resources. More than two thirds of health professionals have undertaken health literacy training.

⁶ This plan is accessible online from the New Zealand Ministry of Health website: <http://www.health.govt.nz>

⁷ The Fanau Ola approach acknowledges the spirit, heart, mana and inherent dignity of Pacific fanau. Through the development and implementation of Fanau Ola, Pacific fanau will be encouraged build their capacity to transform their lives.

- Increasing engagement of Pacific mums in pregnancy in maternity services with seamless connection to early infant care. The proportion of “At Risk” enrolments reflects the Pacific proportion of patients with high and complex needs.
- Pacific peoples are at a minimum proportionally represented in the Manaaki Hauora initiative and accessing their own health information.
- Healthy Services:** Pacific peoples experience excellent services that are well supported to treat those who need health services safely, with compassion and in a timely manner as reflected in:
 - Improving engagement in patient satisfaction reporting
 - Accessing technology that will enable access to their own records
 - Infrastructure is designed and located in a way that increases affordable access for Pacific peoples
 - Refreshed and modernised Pacific cultural competency training programme to achieve a values-led organisational culture that improves Pacific peoples quality of care and experience
 - Increasing access by Pacific peoples to primary care based services through Restorative Home and Community Services
 - Key health equity target performance is the same or better for Pacific peoples compared to others

Figure 1: Key Healthy Together strategic actions for Pacific peoples



2.3 Applying a Health Equity Lens

Our health data shows us that we need to do more to achieve our health equity strategic goal. Addressing health equity is fundamental to CM Health’s population health approach. This requires targeting our planned actions in a way that best meets the needs of Pacific peoples who have a poorer health status compared to non-Maori/non-Pacific peoples.

Through the planning process we acknowledged and learnt from where we performed well, e.g. immunisations at 8 months and breast screening rates. We have more work to do to achieve health equity for pregnant mums, infants,

children and adults with potentially avoidable hospital admissions. Some of the specific indicators highlighted in our review of health system performance for Pacific peoples⁸ will be the focus actions in 2016/17.

2.4 Engagement with Pacific Communities

CM Health has a long history of engagement with Pacific communities. In 2008 we formally developed a LotuMoui Programme that has been the main platform of engaging with approximately 80 Pacific Island churches. For many years the Ministers Advisory Group and Youth Advisory Group have provided invaluable support and advice to CM Health. Their work has contributed to improving health not only for their own constituents, but also for their wider communities. They have prioritised building capability and skills among Pacific peoples, with targeted initiatives driven through church leadership and community group based health committees. There has been a change among Pacific peoples with increased diversity of faith based and community based settings. This has seen an expansion beyond churches to ethnic specific island groups with networks, into the Pacific region itself, sports and fitness networks.

The LotuMoui programme was recently refreshed in consultation with key stakeholders to increase its reach to other community groups. We engaged approximately 1,000 people from a diverse range of Pacific peoples' groups and backgrounds. Our community engagement goal was to focus on healthy choices and CM Health as an enabler rather than a leader of programme actions.

We analysed the identified key issues and enablers using our Fanau Ola community strengths based approach. Health and financial literacy and management were identified as priorities. A strong theme emerged regarding activities that continue to contribute to better health outcomes so that fanau can be healthy and well at home and in their communities.

2.5 Pacific Provider and Workforce Development in the Health Care Sector

Pacific providers will continue to play a key improvement role in offering Pacific peoples with service choices. Building on the success of earlier engagement with Pacific community and primary care providers, CM Health continues to invest in Integrated Services for Pacific Peoples (ISP) with complex health and social needs funded through Primary Health Organisation, Alliance Health Plus.

CM Health supports the priorities of the Ministry of Health's Pacific health action plan⁹ focus, i.e.

"it is essential to not only build the capacity and capability of the Pacific health and disability workforce but to also increase the responsiveness of the non-Pacific health workforce to Pacific health needs".

CM Health has continued to invest significantly in growing Pacific healthcare workforces at all stages of the workforce pipeline. This includes High School Academies and career promotion programmes in secondary schools, scholarships in tertiary studies and facilitated mentoring into employment. These are critical enablers to increase the proportion of Pacific workforce to a level that is more representative of our community.

⁸ CM Health Pacific Progress Trend Report 2013-15 Quarter 1 and 2 [2015-2016].

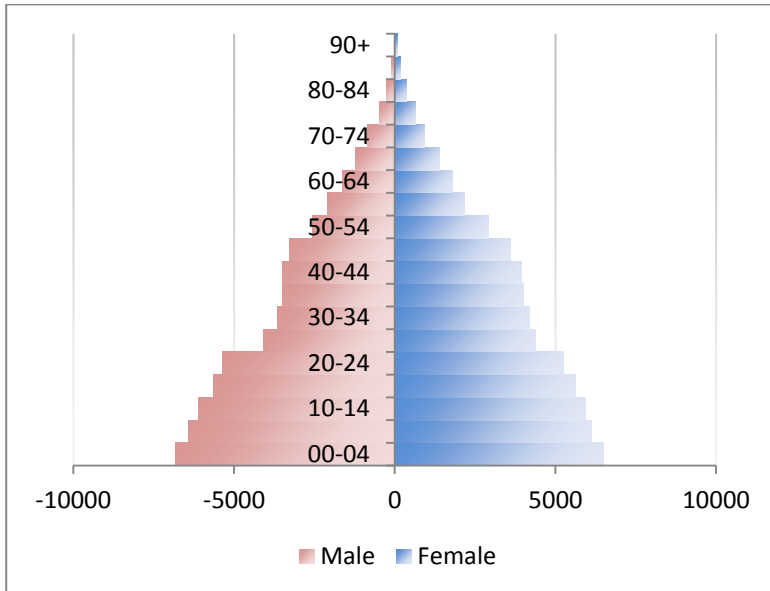
⁹ Ministry of Health. 2014. 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018. Wellington: Ministry of Health.

3.0 Demography of Pacific Peoples in Counties Manukau

3.1 Population Profile

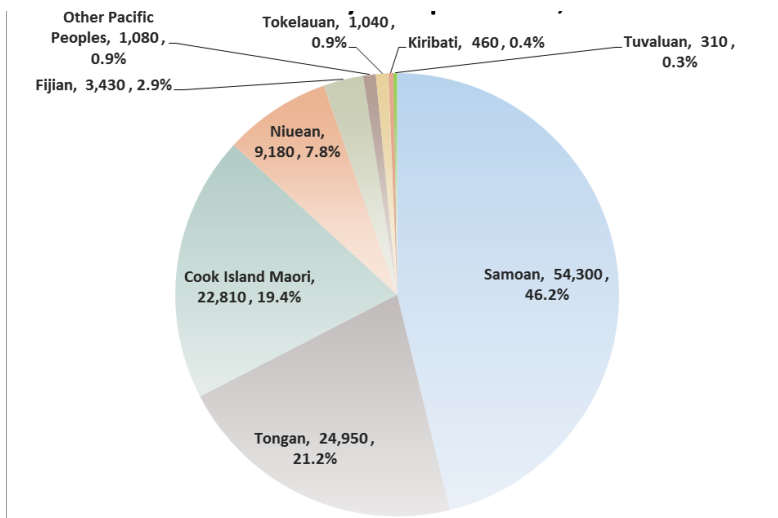
Our Pacific population is youthful. An estimated 29 percent are under the age of 15 years of age (Figure 2).

Figure 2: Pacific peoples living in Counties Manukau (2013) ¹⁰



Amongst Pacific peoples who reside in Counties Manukau at the time of the 2013 Census (Figure 3), 54,300 or 46.2 percent identify themselves as Samoan, 24,950 or 21 percent identify as Tongan and 22,810 or 19 percent as Cook Islands Maori.

Figure 3: Pacific peoples ethnicity groups living in Counties Manukau (2013) ¹¹



A third of young Pacific peoples in Counties Manukau identify with more than one ethnicity. More Pacific peoples tend to have dual residency and live in both New Zealand and the Pacific Islands ¹².

¹⁰ DHB Population projections by age, gender and prioritised ethnic groups (2015) Ministry of Health Update, based on Census 2013.

¹¹ DHB Population projections by age, gender and prioritised ethnic groups (2015) Ministry of Health Update, based on Census 2013.

¹² Metro 2012: Health Partners Consulting Group 2012. Metro Auckland Pacific Population Health Profile. Auckland: PCG.

3.2 Health Determinants

Factors that promote and protect good health are known as the determinants of health. In 1998 the National Health Committee of New Zealand¹³ stated that:

“social and economic factors that have been shown in a variety of settings to have the greatest influence on health are income and poverty, employment and occupation, education, housing, culture and ethnicity.”

More recently the World Health Organization’s Commission on the social determinants of health described these factors as the “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life”.¹⁴ The social determinants of health are described as the key drivers for health inequities – unfair and avoidable differences in health.

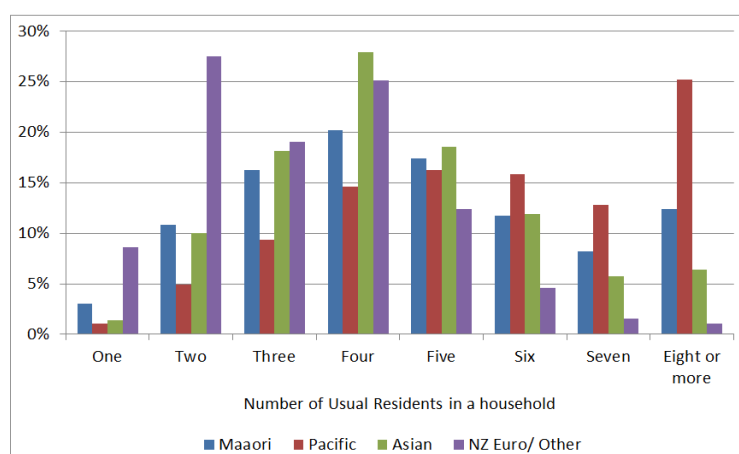
There has been much debate in the last decade with regards to the influence of income inequalities on population health. One view suggests that it is not the absolute material deprivation that shapes health at a population level, but the effects such inequalities have on psychosocial outcomes such as the degree of control over work, anxiety, depression and social affiliations. Other evidence suggests that it is not the psychosocial effects of income inequality which play the greatest role, but rather:

- the lack of material resources (for example differentials in access to adequate nutrition, housing and healthcare), together with;
- a systematic underinvestment in human, physical, health and social infrastructure (for example the types and quality of education, health services, transportation, recreational facilities and public housing available).

This view suggests that the combination of those negative exposures is particularly important for the health of the most disadvantaged.

Housing is described as a key determinant of health and “an important mediating factor in health inequalities and poverty”.¹⁵ Household overcrowding and cold damp conditions can have direct detrimental effects on physical and mental health. High housing costs leave less money for other expenses such as heating, nutritious food, education, and access to health services.¹⁶ Rental housing is recognised as generally being in poorer condition than owner occupied housing¹⁷ and lack of stable tenure can impact on education and employment. A high number of Pacific peoples in Counties Manukau are living in overcrowded houses (Figure 4). This equates to almost half of all Pacific peoples and 53 percent of Pacific children. This could be a possible explanation for the significantly higher rate of acute hospital admissions for Pacific children ages 0 – 4 years of age.

Figure 4: Number of people usually resident in a household for Counties Manukau population in the 2013 Census for prioritised ethnic groups¹⁸



¹³ National Health Committee (1998) The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health. Wellington: National Health Committee.

¹⁴ World Health Organization. Social determinants of health. Accessed online from <http://www.who.int>

¹⁵ New Zealand College of Public Health Medicine (2013) Housing. Position statement. Wellington: New Zealand College of Public Health Medicine

¹⁶ National Health Committee (1998) The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health. Wellington: National Health Committee.

¹⁷ Buckett N, Jones M, Marston NJ (2012) BRANZ 2010 House Condition Survey – Condition Comparison by Tenure. Wellington: BRANZ Study Report SR264.

¹⁸ Pacific patients domiciled in CM Health but enrolled anywhere in NZ. Sourced from PHO enrolment data and provided with thanks by CM Health Senior Strategic Business Analyst, Health Intelligence & Informatics, May 2016.

The 2013 Census indicated that ten percent of Pacific peoples living in Counties Manukau were unemployed. This was approximately three times higher than NZ European/other groups (3.4 percent).¹⁹ More than 60 percent of Pacific peoples who are 15 years of age and over earn less than \$30,000 a year. Low income, unemployment, limited education, and low social connectedness and cohesion impact significantly on Pacific peoples' physical, mental, and emotional health.

The impact of low income for Pacific peoples was reflected in the results from the annual update of the New Zealand Health Survey 2014/15. This report highlighted 17 percent of Pacific adults and 15 percent of Maaori adults had not collected a prescription due to cost. Pacific adults were 2.8 times as likely as non-Pacific adults and Maaori adults were 2.6 times as likely as non-Maaori adults not to have collected a prescription due to cost, after adjusting for age and sex differences. In contrast, only 5 percent of Asian adults were unable to fill a prescription due to cost at some point in the past 12 months.²⁰

The negative impacts of economic and social determinants are entrenched in the lives of Pacific peoples and are shown in their poor health status. The New Zealand Health Survey from 2014/15 tells a story of opportunities to work with others to do better for Pacific peoples, and in particular Pacific children:

- 30 percent of Pacific children and 15 percent of Maaori children were obese
- 10 percent of Pacific children and 9 percent of Maaori children had been physically punished in the past four weeks
- Maaori and Pacific children were 1.8 times as likely to have been physically punished as non-Maaori and non-Pacific children - in contrast 2.4 percent of Asian children had been physically punished
- 21 percent of children living in the most socioeconomically deprived areas were obese compared with 2.1 percent of children living in the least deprived areas. The childhood obesity rate was five times higher in children living in the most deprived areas than it was for children living in the least deprived areas. This link between obesity and neighbourhood deprivation was far stronger for children than for adults

¹⁹ Winnard D, Lee M, Macleod G (2015) Demographic Profile: 2013 Census, Population of Counties Manukau. Auckland: Counties Manukau Health.

²⁰ Ministry of Health. (2014). Annual Update of Key Results 2013/14: New Zealand Health Survey. Wellington: Ministry of Health

4.0 Health Profile of Pacific Peoples in Counties Manukau

4.1 Health Snapshot

The social and economic life realities impact on the overall health status of Pacific peoples. These factors combine to tell a story of lower health status compared to more privileged populations. Table 1 below provides valuable information about the number of people requiring a range of health services.

Table 1: Snapshot of Pacific population and their health status²¹

131,737 living in Counties Manukau	22% newborns not enrolled with GP by 3 months
21% of total CM Health population	51% babies exclusively breastfed to 6 weeks
34% of all live births in Counties Manukau	47% babies do not receive WCTO core contacts by 1 year of age
75% live in high deprivation areas	66% children have dental caries by 5 years of age
65% of Otara and Mangere population	3651 ASH discharges in one year (0-74 years of age)
103,840 Enrolled in Primary Care within Counties Manukau	7 years less (shorter life expectancy)
22,570 Enrolled in Primary Care outside Counties Manukau	7% 25-44; 30% 45-64; 48% > 65 years of age diagnosed with diabetes
14,356 enrolled in PHO outside Counties Manukau	

4.2 Ethnicity Data

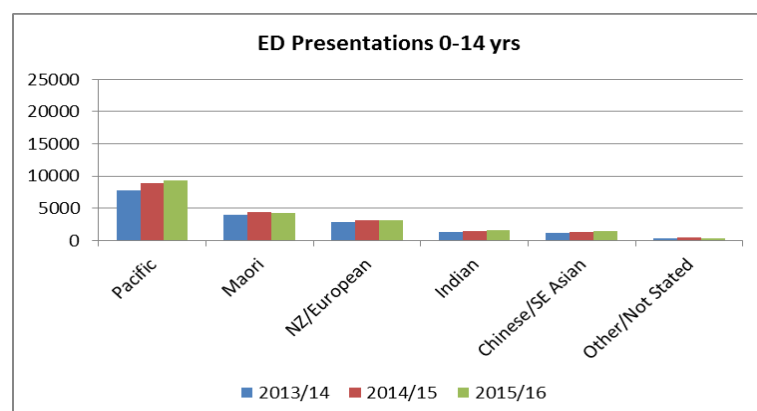
Evaluating and monitoring Pacific health and wellbeing outcomes involves a complex number of factors. It includes identifying patterns and trends, determining genuine change and transformation, developing appropriate policies, programmes, services and processes, and driving improvements across the health sector.

Accurate ethnicity data is important for informing the public and the health sector, identifying health need, service planning and funding, and monitoring activities. To improve the quality and accuracy of ethnicity data in general practice, CM Health collaborated in the implementation of the Ethnicity Data Audit Tool in 2015/16. Work continues to improve this in 2016/17.

4.3 Acute Health Services Demand

The biggest percentage increases in Emergency Department (ED) presentations have been among Asian children and Pacific. Pacific children are estimated to be 28 percent of the resident population but comprise 46 percent of ED presentations of children.

Figure 5: Emergency Department presentation of children aged 0-14yrs²²



This pattern of high percentages of Pacific children presenting requires further analysis. It may reflect to a certain extent the different health systems in the countries of origin of these groups, the limited availability of primary care in those settings and hence a higher reliance on hospital services. For Pacific populations who have been in New Zealand for much longer, it may also reflect a lack of confidence to manage conditions at home.

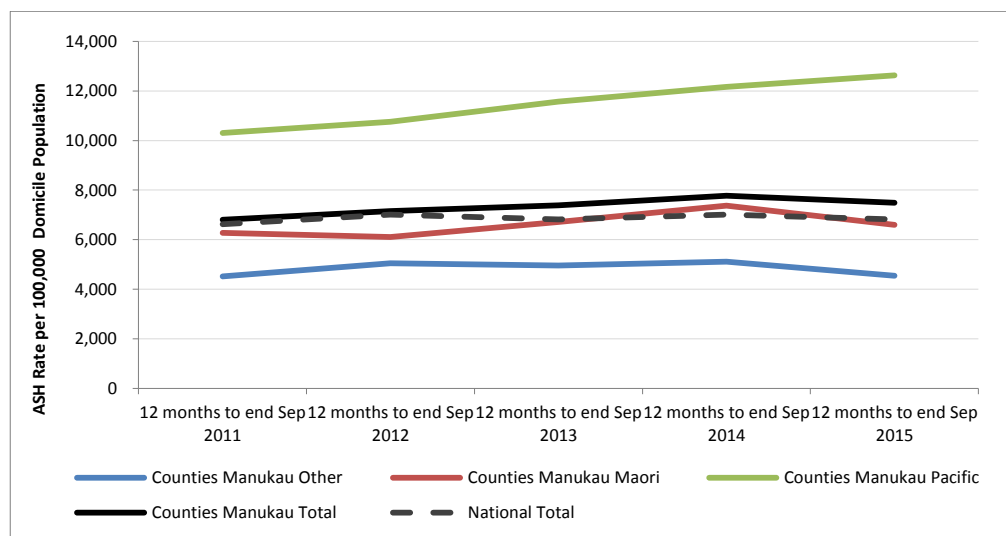
²¹ University of Otago, Wellington (2014) New Zealand Indexes of Deprivation, 2013; NZDep2013 Area Concordance File; analysed by CM Health.

²² Regional Acute Demand by Rosie Whittington, Doone Winnard, Wing Cheuk Chan. May 4, 2016.

4.4 Ambulatory Sensitive Hospitalisations (ASH)

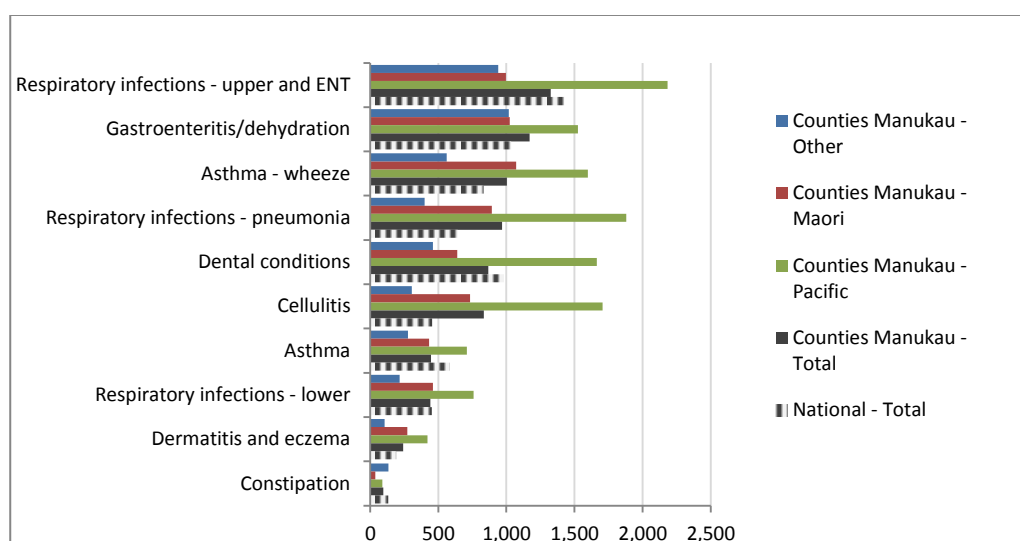
The equity gap is widening in ASH rates for Pacific children age 0-4 year olds (Figure 6). While there is a decrease in ASH rates for other ethnic groups, particularly in the past 12 months, this was not the case for Pacific children.

Figure 6: ASH rates for Counties Manukau DHB, 0-4 year old age group²³



Furthermore, the top ten conditions for hospital admissions in age 0-4 year olds highlights the significantly higher rates for Pacific children, compared to other ethnic groups (Figure 7).

Figure 7: Top 10 Conditions, ASH Rates, Counties Manukau DHB Age 0 – 4 (12 months to end Sep 2015)²⁴



4.5 Child Oral Health

Dental caries (tooth decay) is a diet and saliva-modified bacterial disease which can have a negative impact on oral health as well as general health and well-being. Caries is a disease process that ends in decayed, filled or missing teeth (DMFT). Disease in primary teeth results in disease being three times more likely in permanent teeth. The implication is that caries status in the primary teeth can be used as a risk indicator for predicting caries in permanent teeth. Caries may cause years of discomfort and pain before requiring treatment or extraction. Oral health for Pacific peoples is extremely poor (Table 2).

High numbers of Pacific fanau living in the Counties Manukau area have diverse and complex health needs. A flexible model of care that is patient and fanau focused is needed across the services including for on-site examinations.

²³ Provided by Senior Strategic Business Analyst, Health Intelligence & Informatics, Counties Manukau Health (May 2016).

²⁴ Provided by Senior Strategic Business Analyst, Health Intelligence & Informatics, Counties Manukau Health (May 2016).

Table 2: CM Health total oral health service enrolments by age by ethnicity in Counties Manukau²⁵

Age Group	Asian	European	Maaori	Other	Pacific	Total
0-2 years enrolled	3,306	3,448	3,061	975	3,972	14,762
0-2 years % enrolled	62%	89%	44%		50%	59%
3-4 years enrolled	3,038	3,587	3,771	805	4,908	16,109
3-4 years % enrolled	80%	145%	84%		93%	97%
Total 0-4 years enrolled	6,344	7,035	6,832	1,780	8,880	30,871
Total 0-4 years % enrolled	69%	102%	64%		73%	76%

Pacific children carry a high burden of dental disease with only 34 percent being caries free at five years of age. While the target for enrolment in oral health services is 95 percent by four years of age, the focus for oral health improvement will be to enrol infants by six months, with their first dental check conducted by one year of age.

Figure 8: Counties Manukau Preschool mean DMFT by age year, 2015²⁶

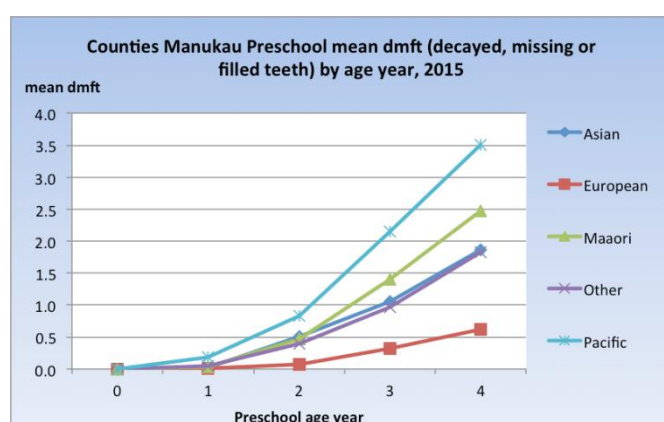
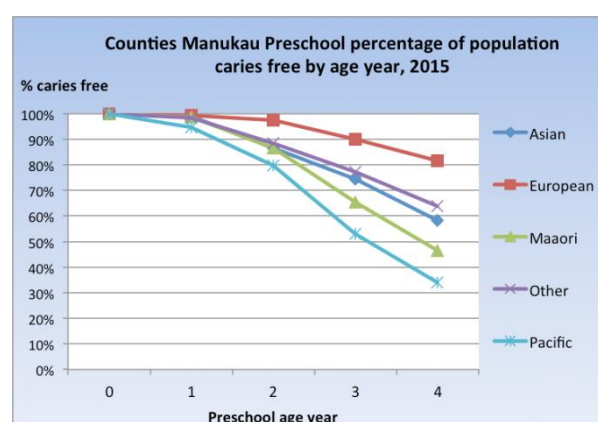


Figure 9: Counties Manukau Preschool percentage of population caries free by age year, 2015²⁷



4.6 Community and Primary Healthcare Engagement

While the majority of Pacific peoples are enrolled with Primary Health Organisations (PHOs) within Counties Manukau in 2016, 22,616 patients enrol in practices outside our district (Table 3). Many of these are of Tongan ethnicity enrolled with practices based in Otahuhu.

Table 3: CM Health residents enrolled in Counties Manukau practices, all ages combined²⁸

Primary Health Organisation	Domiciled in Counties Manukau & enrolled anywhere in NZ	Domiciled in Counties Manukau & enrolled in CM Health located practice	Domiciled anywhere & enrolled CM Health located practice
Alliance Health Plus Trust	29,350	19,924	21,806
East Health Trust	2,272	2,272	2,501
National Hauora Coalition	5,519	2,829	2,987
Procure Networks (GAIHN)	44,068	34,281	36,517
Total Healthcare	49,815	49,815	53,570
Others	713	-	-
Grand Total	131,737	109,121	117,381

²⁵ Data for the period Jan - March 2016, sourced from PHO Register.

²⁶ Data sourced from the Auckland Regional Dental Service (ARDS) Titanium reporting tool.

²⁷ Data sourced from the Auckland Regional Dental Service (ARDS) Titanium reporting tool.

²⁸ Provided by Senior Strategic Business Analyst, Health Intelligence & Informatics, Counties Manukau Health (May 2016).

4.7 Access to Care

Despite high PHO enrolment, access to health care remains an issue for many Pacific fanau. Numerous barriers have been identified including financial barriers such as cost of transport, doctors' fees, and medication; as well as opportunity costs including the cost of time off work and childcare. Low health literacy, low English proficiency and cultural barriers have been called a 'triple threat' to effective health communication.

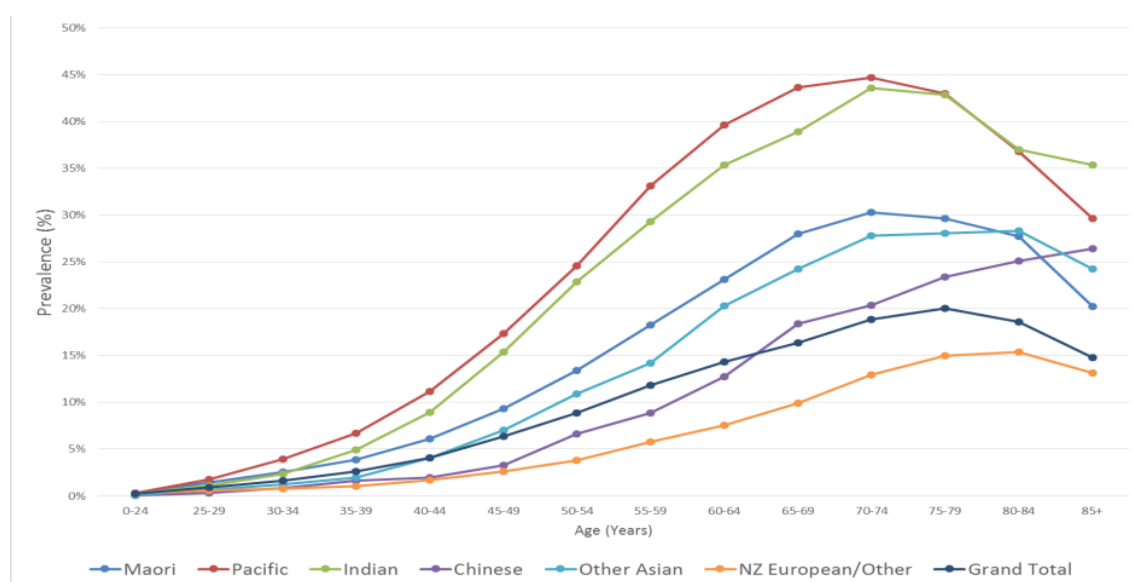
Reviews in New Zealand and internationally show that although poor, vulnerable and ethnic minority populations are most likely to require enhanced chronic care and coordination services, the needs of these groups are inadequately addressed in current health systems.²⁹ Research has also identified that ethnicity is a significant factor associated with poor health, after controlling for a range of socioeconomic, health risk and demographic variables.

To improve access to healthcare issues, the voice and influence of Pacific patients, fanau and consumers needs to be elevated and included in the design of services, processes, and systems across all health services, public and non-government organisations providing services.

4.8 Diabetes

Diabetes is an important disease due to its high prevalence in the community, the high likelihood of complications, mortality rate and significant costs associated with treatment. The prevalence of diabetes in Auckland is strongly related to age, with prevalence increasing up to the age of 70 years from a very low prevalence in the early 20s (Figure 10). Pacific peoples have the highest prevalence of the disease (almost one third of people aged 55 to 59 years and 45 percent in those aged 65 to 74 years).

Figure 10: Diabetes prevalence, by age and ethnicity (Auckland, 2013)³⁰



²⁹ See also Ovretveit, 2011; Sheridan, 2011; quoted in Pacific Perspectives Research Report (2015): Experiences of Pacific patients who have used Fanau Ola Services p.38.

³⁰ Derived from TestSafe data, personal communication Dr Wing Cheuk Chan (2016).

5.0 Priority Action Areas

5.1 National Indicators

This section describes the priority actions to be undertaken by CM healthcare system during the 2016/17 year. These actions should be read in conjunction with the CM Health Annual Plan and the Maaori Health Plan.

5.1.1 Access to Care - Newborns

Increase Pacific newborn enrolment in primary health care Increasing Pacific newborn enrolment in Primary Health Organisations (PHOs) is important to enable access to health services, and to health and social interventions to give them the best start in life. While rates have improved over the past several months there are still a significant number of Pacific babies who are not enrolled, and we need to increase this rate to 98%.	Percentage of Pacific newborn infants enrolled with a GP by three months	2015/16 Baseline Q3	2016/17 Target
		83%	98%
Actions <ul style="list-style-type: none"> Q1-4: Work with PHOs to review each PHO's newborn enrolments plan, activities and performance on a quarterly basis Q1-4: Support PHOs to identify and address issues where performance is not improving sufficiently to meet the target of 98% of newborn infants enrolled by 3 months Q1-4: Co-design and develop an improved newborn enrolment processes and protocols, engaging health sector stakeholders including Lead Maternity Carers (LMCs), antenatal, maternity, GPs, PHOs, and Well Child Tamariki Ora (WCTO) providers 	Who will we work with? <ul style="list-style-type: none"> CM Health PHOs 		
	Monitoring Processes <ul style="list-style-type: none"> Pacific enrolment rates via Trendly Quarterly reporting to ELT, ALT & MOH 		
	Measures <ul style="list-style-type: none"> Newborn enrolment plans and performance reviewed on a quarterly basis Quality improvement initiatives developed and implemented on a quarterly basis where relevant 		

5.1.2 Access to Care – Ambulatory Sensitive Hospitalisations

Reduce Ambulatory Sensitive Hospitalisations (ASH) for Pacific fanau, and in particular for children 0-4 yrs old Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially avoidable through prophylactic or therapeutic interventions deliverable in a primary care setting. By reducing risk factors and taking appropriate early intervention, many conditions can be prevented or managed without the need for hospital level care. Keeping people well and out of hospital is a key priority; not only is it better for our population, but it frees up hospital resources for people who need more complex and urgent care. Age has a significant impact on admissions for some conditions, especially for newborns and children. For children (29 days–14 years) dental, otitis media/upper respiratory tract infections, asthma, gastroenteritis, pneumonia and cellulitis/skin infections are the major causes of ASH admissions. Angina, congestive heart failure, pneumonia and gastroenteritis admissions increase significantly as people age. Maaori and Pacific peoples have significantly higher admissions for asthma, congestive heart failure, epilepsy, pneumonia and cellulitis/skin infections ³¹ .	Ambulatory Sensitive Hospitalisation (ASH) Rates	2015/16 Baseline Q2	2016/17 Target
	ASH Rate Pacific for Age 0-4	12,702 per 100,000	9,751 per 100,000
	ASH Rate Pacific for Age 45-64	9,247 per 100,000	6,424 per 100,000
	Who will we work with? <ul style="list-style-type: none">PHOsNorthern Regional Alliance (NRA) - Child Health		
	Monitoring Processes <ul style="list-style-type: none">Quarterly reporting to ELT, ALT, MoH		

³¹ Health Quality and Safety Commission. (2015). The Atlas of Healthcare Variation. Wellington: Health Quality and Safety Commission. Accessible online from <http://www.hqsc.govt.nz>

<p>Bacterial skin infections are a common cause of hospitalisation in children resident in Counties Manukau. The most common agents are Staphylococcus aureus and Streptococcus pyogenes. Infections are more likely to be established in skin that is already damaged often from eczema, abrasions or insect bites. Social factors impacting on skin infections include overcrowding, low income, poor transport access to services, lack of hot water and low access to washing machines and families having debts with their GPs thus creating a barrier to accessing primary care.</p>	
<p>Actions</p> <p>Skin Infections</p> <ul style="list-style-type: none"> Q1: Deliver training to WCTO providers on early identification and treatment of skin infections and key messages for families for preventing skin infections ('clean, cut, cover') Q1-Q4: Promote the regional clinical pathway and skin resources to primary care and WCTO providers for skin infections Q4: Clinical nurse specialist to provide clinical advice to WCTO providers around the management of skin conditions Q4: Support potential pilot with Nursing Council for registered nurse prescribers for over the counter medicines and first line treatment for skin infections to increase access for treatment of scabies and skin infections Explore options for population health approaches for prevention of flea infestation in pets and mosquito bites Work with general practices and pharmacies in Mangere, Otara and Manukau to increase awareness of detection and treatment of scabies in the community through: <ul style="list-style-type: none"> Exploration of greater use of oral treatments for scabies Reducing the financial barriers to accessing scabies treatment in the pharmacy Setting up a system of enhanced surveillance of the burden of scabies Track the volume of scabies treatment in community pharmacies using the Pharms warehouse database, and compare these trends to sentinel surveillance sites 	
<p>Asthma and respiratory</p> <ul style="list-style-type: none"> Q1-Q4: Identification of Pacific children with asthma, and ensure families have access to self-management support and action plans Q1- Q4 Work with PHO Nurse Leaders to provide clinical updates and information to Practice Nurses to increase knowledge in paediatric asthma management Q1-Q4: Provide admission data to practices which identifies Tamariki under 5 years who are eligible for funded flu immunisation 	
<p>Several actions outlined in this plan are expected to contribute to a reduction in ASH rates including targeted actions to:</p> <ul style="list-style-type: none"> Increase newborn enrolment rates with PHOs Increase the percentage of Pacific infants breastfed Improve Oral Health Reduce Childhood Obesity Improve Diabetes Management 	

<p>Measures</p> <ul style="list-style-type: none"> Clinical pathways and resources promoted and training provided to the 4 WCTO providers by Q4 (first session planned for 5th July) Training specific to scabies diagnosis and treatment delivered to primary care and pharmacy professionals in localities with high scabies prevalence 	
<ul style="list-style-type: none"> 100% of families have access to self-management support and action plans 100% of Tamariki eligible for flu vaccination identified and families contacted NHI provided to PHO for recall for eligible children to receive influenza vaccinations measure uptake through NIR information 	
<p>Refer to:</p> <ul style="list-style-type: none"> Section 5.1.1 Section 5.1.3 Section 5.1.6 Section 5.1.8 Section 5.2.1 	

5.1.3 Breastfeeding

Increase the percentage of Pacific infants breastfed

Exclusive breastfeeding is recommended by the World Health Organisation for the first six months of an infant's life to support healthy infant growth and development. Breastfeeding has numerous benefits, supporting infant development and immune protection, protecting against sudden unexpected death in infancy (SUDI), respiratory illness and chronic otitis media, childhood obesity, diabetes.

We are committed to increasing breastfeeding rates for Pacific women to equal to or greater than the breastfeeding rates for the total population. Our vision is that women and their fanau in Counties Manukau will have the information they need to make confident and informed decisions about breastfeeding, and live and work in an environment that enables and supports their decisions. A consistent standard of breastfeeding knowledge and skills needs to be available for women and their fanau in the wider community, so that they will be encouraged to initiate and continue breastfeeding, and view it as the best food source for their infants.

Given that breastfeeding rates in Counties Manukau have either remained relatively stable or well below target, a breastfeeding planning workshop was held in December with stakeholders working in maternal and child health in Counties Manukau. The purpose of the workshop was to identify issues and barriers and to develop practical and achievable actions across the health system and in our communities that will reduce inequities in rates of breastfeeding. The recommendations from the workshop have informed the actions below and key stakeholders will come together in Quarter 1 to develop a joint Breastfeeding Action Plan. Te Rito Ora, CMDHB's breastfeeding service, will move into phase 2 in 2016/17 expanding to the full Manukau and Otara/Mangere localities and incorporate in the external evaluation findings to improve the services again with a focus on reaching, engaging and effectively supporting mothers to breastfeed.

Actions

In partnership with LMC, WCTO providers and other key stakeholders develop a joint Breastfeeding Action Plan to improve breastfeeding rates in Counties Manukau

- Q1: Joint workshop to discuss and develop draft plan
- Q2: Finalise plan
- Q3-4: Implement plan

Ensure that Pacific fanau have access to evidence based breastfeeding education antenatally to inform them about the benefits and management of breastfeeding

- Q1-Q4: Provide targeted antenatal and early parenting education to Maaori and Pacific women and fanau using revised curriculum with a core focus on actively supporting breastfeeding
- Q1-Q4: Delivery of a series of Whaanau Hapu Waananga (comprehensive childbirth and antenatal education programme) – refer SUDI section

Support mothers to establish breastfeeding

- Q1-Q4: Secondary care facility based Breastfeeding Advocates provide support and information to support mothers to establish breastfeeding
- Q1: Review and strengthen Breastfeeding Advocate roles to ensure seamless continuity of breastfeeding support from birthing facility into the community
- Q1-Q4: Provide information about and refer mothers and fanau to primary care and community based breastfeeding support services on

Percentage of Pacific infants exclusive or fully breastfed

At 6 weeks

At 3 months

Percentage of Pacific infants receiving breast milk

At 6 months

**2015/16
Baseline
Q2³²**

53%

39%

**2015/16
Baseline
Q2³³**

59%

**2016/17
Target**

75%

60%

**2016/17
Target**

65%

Who will we work with?

- Well Child Tamariki Ora Providers: Plunket, Papakura Marae Tamariki Ora, Raukura Hauora o Tainui Mokopuna Ora, Southseas Healthcare
- LMCs
- Primary Care

Monitoring Processes

- Quarterly report to ELT & ALT
- External evaluation of Te Rito Ora services

Measures

- Increased uptake and engagement in antenatal education
- Increased percentage of infants exclusively breastfed at discharge

- Breastfeeding policy
- Maternity services staff up-to-date with BFHI breastfeeding education requirements

³² Breastfeeding rates for 1 July 2015 to 31 December 2015, Plunket data, sourced from Plunket.

³³ Breastfeeding rates for 1 July 2015 to 31 December 2015, Plunket data, sourced from Plunket.

<p>discharge</p> <ul style="list-style-type: none"> Q1-Q4: Maintain Baby Friendly Hospital Initiative (BFHI) accreditation 	
<p>Ensure that Pacific fanau continue to have access to appropriate breastfeeding support and information in the community and after they are discharged from birthing facility and/or their LMC to maintain breastfeeding to six months</p> <ul style="list-style-type: none"> Q1: Identify and implement (Q2-4) ways to improve referral processes and communication between hospital/birthing facilities and community breastfeeding support services (Te Rito Ora and B4Baby) to ensure women and fanau are supported and connected with services as they transition from DHB care back to the community Q1-Q4: Provision of Te Rito Ora community based breastfeeding and baby feeding services: drop in breastfeeding clinics, Kaitipua Ora volunteers (mother-to-mother peer supporters), and community and home based lactation consultant service. Pacific are one of the 3 priority populations for this service: <ul style="list-style-type: none"> Q1: Roll out of phase 2 of Te Rito Ora services based on evaluation findings to strengthen the service model including moving to a localities based model Q1-Q4: Ongoing external evaluation of Te Rito services with a focus on acceptability and improved outcomes for Maaori and Pacific. Evaluation findings will be feedback into the programme to guide improvements Q1: Increase LMC, WCTO, primary care and community awareness about services and referral processes Q2: Breastfeeding support groups established for mothers and fanau Primary Birthing Unit Breastfeeding Clinics based at Botany and Pukekohe Work collaboratively with Well Child Tamariki Ora (WCTO) providers to strengthen the support they provide breastfeeding mothers and whaanau <ul style="list-style-type: none"> Q1: Meet with WCTO providers in Counties Manukau to discuss support requirements and develop WCTO breastfeeding action plan. Plans to be developed by each of the WCTO providers by the end of Q1 Q2-4: Support implementation of the action plans Deliver breastfeeding education sessions – see below Q1-Q4: Encourage and support LMCs who are interested to become BFCI accredited through educating about requirements and support with costs Q2: Set up of a community based breast pump loan service 	<ul style="list-style-type: none"> Referral processes established Improved communication between hospital/birthing facilities and community breastfeeding support services Breastfeeding action plans developed by end of Q1 LMC BFCI accredited Steering group established Indicator Champion appointed Maternity and child health provider forum established Improved integration between health providers
<p>Support breastfeeding services that are coordinated and delivered with a community development focus</p> <ul style="list-style-type: none"> Q1-Q4: Promote collaboration among maternity and child health providers <ul style="list-style-type: none"> Q1 & Q4: Establish shared forum for sharing information about services, learnings and best practice, planning, and networking Q1: Investigate shared training opportunities Q1-Q4: Clinical champions in the PHOs and 2 LMC liaison midwife roles Q2: Identify a key breastfeeding contact/champion within each organisation 	
<p>Improve health professionals breastfeeding knowledge to support a consistent standard of breastfeeding knowledge, messages and skills to be available to women and fanau</p> <ul style="list-style-type: none"> Support LMC to become BFCI accredited – see above. Q1-Q4: Deliver breastfeeding education sessions to health professionals 	

<p>and organisations</p> <ul style="list-style-type: none"> Q1: Develop the internal workforce mentorship capacity and capability within selected maternity and child health organisations to train and mentor their workforce in the 3-Step Health Literacy Model (Te Rito Ora Workforce Development and Training initiative) 	
<p>Link breastfeeding initiatives and activities with childhood obesity activities</p> <ul style="list-style-type: none"> Q1-Q4: Delivery of Te Rito Ora infant and toddler nutrition initiative that focuses on breastfeeding and healthy eating for infants and toddlers: <ul style="list-style-type: none"> Delivery of healthy eating and cooking workshops Delivery of workforce development initiative that includes increasing confidence of health professionals to have difficult conversations with parents about their child being overweight/obese Q1-Q4: Infant and child nutrition expert advisory group to provide oversight over breastfeeding and childhood obesity activities 	

5.1.4 Tobacco

<p>Promote and deliver smokefree services across South Auckland to Pacific populations</p> <p>While the current priority population group for the Smokefree programme continues to be Wahine Maaori, due to the significantly higher prevalence they have in comparison to other populations, CM Health will continue to deliver the Pregnancy incentives service to Pacific peoples.</p> <p>People who smoke are at increased risk of cardiovascular disease, chronic lung disease and a wide variety of cancers. Smoking also affects young children and other family members who don’t smoke. Smoking in pregnancy is a significant risk factor for sudden unexplained death in infancy (SUDI), glue ear, and lung disease in early childhood.</p> <p>All pregnant women who are smokers should be referred to stop smoking services as soon as their pregnancy is confirmed and at any time they have contact with the health system.</p>	<table><tr><th>Percentage of Pacific mothers who are smokefree at 2 weeks postnatal</th><th>2014/15 Baseline Q2³⁴</th><th>2016/17 Target</th></tr><tr><td></td><td>67%</td><td>95%</td></tr></table> <p>Who will we work with?</p> <ul style="list-style-type: none">▪ CM Health employed midwives▪ CM Health Lead Maternity Carers▪ CM Health Well Child Tamariki Ora providers (Plunket, Raukura Hauora o Tainui, Papakura Marae, South Seas)▪ CM Health SUDI Governance Group <p>Monitoring Processes</p> <ul style="list-style-type: none">▪ Quarterly review of performance data from MOH and audits of systems other than MMPO (MCIS)▪ Monthly review of referral rates by ethnicity and referral source▪ Monthly monitoring of incentives programme outcomes including 4 and 12 week quit outcomes as defined by National Tier three service specification▪ Service data via monthly reporting from providers working with pregnant women▪ Report against each quarter’s measures presented to quarterly CM Health Smokefree Project Board meeting▪ Quarterly reporting to ELT, ALT	Percentage of Pacific mothers who are smokefree at 2 weeks postnatal	2014/15 Baseline Q2 ³⁴	2016/17 Target		67%	95%
Percentage of Pacific mothers who are smokefree at 2 weeks postnatal	2014/15 Baseline Q2 ³⁴	2016/17 Target					
	67%	95%					
<p>Actions</p> <p>Smokefree Pregnancy Incentives Programme</p> <ul style="list-style-type: none">▪ Q1-4: Promote and deliver across South Auckland to Pacific populations, delivering smokefree services to pregnant Pacific Women and their fanau (pending MOH agreement with tobacco realignment process)	<p>Measures</p> <ul style="list-style-type: none">▪ Pending MOH agreement, the pregnancy incentive pilot is moved into business as usual and delivered as Smokefree Pregnancy Incentives Programme						

³⁴ Baseline period 1 July – 31 December 2014; this is the most recent data available. Note that this data does not include mothers who do not have a smoking status recorded (approximately 12% of records nationwide). Source: WCTO.

Referring at time of birth <ul style="list-style-type: none"> Q1-Q4: Implement strategies to ensure all women at time of birth are supported to engage with Smokefree support regardless of whether they managed to stop smoking during pregnancy or not 	<ul style="list-style-type: none"> Postnatal referrals are improved each quarter
Collaboration with specialist midwifery teams <ul style="list-style-type: none"> Q4: Undertake a needs analysis to further target support for Pacific people who smoke with actions (and potential indicators) to be introduced in the 2017/18 Pacific Plan 	<ul style="list-style-type: none"> Needs analysis is developed and informs 2017/18 Pacific Plan

5.1.5 Rheumatic Fever

Reduce rheumatic fever rates in Pacific children <p>Acute rheumatic fever (ARF) and rheumatic heart disease (RHD) disproportionately affect Maaori and Pacific children and young people in New Zealand. Rates of ARF are high in New Zealand compared to other developed countries with the highest rates of the disease seen in Pacific children and young people.</p> <p>There has been a huge amount of effort and resource put into reducing rheumatic fever rates in CM Health. There has been a large decrease in rheumatic fever rates in Pacific children and young people living in CM Health over the past year. There is however more work to be done to in order to achieve the 2016/17 target.</p> <p>The MOH has committed ongoing funding to rheumatic fever prevention with CM Health also allocating considerable resource to rheumatic fever prevention work. The updated Rheumatic Fever Plan outlines the detail of the work planned moving forward.</p>	<table><tr><th>Acute rheumatic fever first hospitalisations rate per 100,000 population</th><th>Baseline 2015/16³⁵</th><th>2016/17 Target</th></tr><tr><td>Pacific</td><td>21.5</td><td rowspan="2">4.5</td></tr><tr><td>Total</td><td>6.0</td></tr></table>	Acute rheumatic fever first hospitalisations rate per 100,000 population	Baseline 2015/16 ³⁵	2016/17 Target	Pacific	21.5	4.5	Total	6.0
Acute rheumatic fever first hospitalisations rate per 100,000 population	Baseline 2015/16 ³⁵	2016/17 Target							
Pacific	21.5	4.5							
Total	6.0								
Actions <p>Deliver activities and actions as per the CM Health Rheumatic Fever Prevention Plan.³⁶ A number of activities included in this plan are:</p> <ul style="list-style-type: none">Continuation of the school based primary care nursing service (Mana Kidz) in 61 primary and intermediate schools which includes the identification and management of sore throatsContinue to support school-based health services in secondary schools to provide throat swabbing serviceContinue to work with PHOs and general practices to stream line access to rapid, free, sore throat assessment and treatment when appropriateEnsure Kidz First and the Mana Kidz refer eligible children to housing programmeWork with MOH to strengthen housing support available to eligible children and their familiesImprove collaboration between the CM Health rheumatic fever prevention work and the MOH funded Pacific Engagement StrategyIncrease Pacific representation on the Alliance Leadership Group (delegated authority for the governance of rheumatic fever prevention in CM Health) from 1 to 2 peopleCommunity fono to engage with local Pacific communitySecondary care clinicians will review cases of rheumatic fever to identify risk factors and system failure pointsWorking with Kidz First to ensure that the notification of acute rheumatic fever to the Medical Officer of Health occurs within 7 days	<p>Who will we work with?</p> <ul style="list-style-type: none">MOH, PHOs, primary care, Pacific health providers, Maaori health providers, Northern Region DHBs, Ministry of Education, Ministry of Social Development, Housing providers (AWHI, Warm up Counties) <p>Monitoring Processes</p> <ul style="list-style-type: none">Regular updates to CPHACQuarterly reporting to MHAC and MOH <p>Measures</p> <ul style="list-style-type: none">Q4: 2 Fono held>95% consent rate of children attending Mana Kidz schools100% of children eligible for referral to housing programme are identified and referred100 percent of cases reviewed with quarterly reporting to MOHMonitor uptake and ongoing sustainability by Primary Care and Secondary schools<ul style="list-style-type: none">Number of practices / schools participatingNumber of swabs taken								

³⁵ Source of baseline data: MOH incidence of first episode acute rheumatic fever cases as defined by MOH algorithm for the 2015 calendar year. Rate per 100,000 population based on Statistics NZ estimated resident population projections.

³⁶ Accessible online from <http://countiesmanukau.health.nz>

5.1.6 Oral Health

Increase early detection and intervention for improved oral health among Pacific children

Prevention of oral disease in infants and pre-schoolers reduces the risk of dental, gingival and periodontal disease in permanent teeth and will have positive impact on their long term oral health, general health and well-being. Pacific children are almost twice as likely as the total population to have decayed or filled teeth by the age of five. Oral health therefore presents an opportunity to reduce inequalities and better target those most in need.

A flexible model of care that is patient and fanau focused is needed across all oral health services including those for on-site examinations. The actions outlined below are tailored to address a number of issues and barriers including:

- A lack of time for patients and fanau to engage with multiple services
- Barriers to patients accessing services due to location and transport costs
- Poor oral health literacy of Pacific fanau

Our objectives are to:

- Improve access and engagement for children aged 0-4 years to Community Oral Health Services (COHS)
- Prevent Early Childhood Caries thus reducing prevalence of early Decayed, Missing and Filled Teeth (DMFT)³⁷ in ages 0-4 years and improving the percentage of children caries free at five years

Actions

- Q1: Implementation of enrolment by 5 months into COHS by Well Child Tamariki Ora providers and supported by Fanau Ola
- Q1-Q4: Clinical examination of tamariki by 1 year of age
- Q1-Q4: Preschool examinations use a flexible model for better access, engagement and attendances:
 - Dental therapist specific screening time at a Well Child Tamariki Ora clinic –use a smaller screening van and/or portable equipment; specific weekdays and possible Saturdays to catch working parents or
 - Larger preschools – using screening van and/or portable equipment or
 - At the COHS dental clinics/ mobile vans/ TDUs
- Q1: Pilot increased access hours for hub dental clinics through a Saturday trial at Browns Road Hub Clinic for preschoolers to reduce barriers to access and increase appointment capacity
- Q1–Q4: Provide incentive welcome packs for children aged 1 year for their first examination
- Q1–Q4: Oral Health education is provided to parents and caregivers by

2015/16
Baseline
³⁸

2016/17
Target

Percentage of children enrolled in oral health services aged 0-4 years

Maaori	66.7%	95%
Pacific	75.5%	
Asian	77.0%	
Total	74.1%	

Percentage children Caries free at age 5 years

Maaori	37%	55%
Pacific	30%	
All Other	64%	
Total	49%	

Who will we work with?

- Auckland Regional Dental Service (ARDS)
- Auckland Oral Health Regional Services
- Mighty Mouth Dental (Preschool Toothbrushing program)
- Well Child Tamariki Ora providers

Monitoring Processes

- Monthly COHS referrals and enrolment reports
- Six monthly WCTO indicator reports
- Six monthly regional reports
- Quarterly reporting to MHAC,ELT and ALT

Measures

- 95% of eligible children 1 year of age are enrolled in COHS
- 95% of eligible children 1 year of age are examined by a dental therapist

³⁷ The Decayed, Missing, or Filled Teeth (DMFT) index is one method for assessing population dental caries prevalence [& dental treatment needs].

³⁸ Baseline period is the calendar year ending 31 December 2015.

WCTO Providers at all core contacts, and includes Lift the Lip exam, advice on healthy nutrition, tooth-brushing, and attendance at dental clinic appointments

- Q1-Q4: Follow-up of persistent DNAs in preschool patient group through WCTO, community health workers and/or Fanau Ola service
- Q1-Q4: Monitoring of preschool children identified with severe Early Childhood Caries at dental examination or referred to hospital dental services for relief of pain treatment or extractions under general anaesthetic
- Q3-Q4: Local promotion of swap sugar sweetened drinks to water or milk as part of oral health literacy promotion
- Q3-Q4: Review Preschool Mighty Mouth tooth brushing programme to expand from 150 high needs / high Maaori and Pacific preschools to additional identified preschools
- Q1: Child Health Services flyer includes preschool oral health enrolment and Lift the Lip checks with Well Child Tamariki Ora Providers for better understanding of available FREE child health and oral health services
- Q1-Q4: Distribute Child Health Flyer via LotuMoui, Fanau Ola, WCTO and other community communication channels, Oral Health Enrolment Packs to Pacific fanau in the appropriate language

5.1.7 Sudden Unexpected Death in Infancy (SUDI)

Reduce SUDI rates in Pacific infants

Sudden Unexpected Death in Infancy is the leading cause of preventable post-neonatal death in infancy. These deaths can be prevented through access to a safe sleep space, smoke free pregnancy and environment, placed on back to sleep, and breastfeeding. During 2016/17 CM Health will continue to build on the considerable amount of work already done to decrease the rate of SUDI deaths in our Pacific and high-risk populations.

The CM Health SUDI strategy is aligned to the Northern Regional Alliance SUDI 5 year Action Plan.

SUDI deaths per 1,000 live births	Baseline 2010-2014 ³⁹	2016/17 Target
Maaori	2.13 (1.38 – 3.14)	0.4 per 1,000
Non-Maaori (all Pacific)	0.52 (0.30/0.84)	
Total	0.96 (0.69 – 1.30)	
Percentage of caregivers provided with SUDI prevention information at WCTO Core Contact 1 ⁴⁰	Baseline 2015	2016/17 Target
Maaori	72.9%	100%
Pacific	72.5%	
Total	79.5%	

Who will we work with?

- LMC / midwives
- Well Child Tamariki Ora providers
- Community health workers
- Maternity and birthing units
- Social services sector
- Whakawhetu / TAHA

Monitoring Processes

- Service-level reporting
- Quarterly reporting to ELT & ALT

³⁹ Five year annualised data. Source: MOH

⁴⁰ The Well Child Tamariki Ora Core Contact 1 occurs between 4-6 weeks (but is dependent on discharge / handover from LMC/Midwife)

Actions	Measures
<ul style="list-style-type: none"> Q1-4: Make SUDI online learning / Safe Sleep education a requirement for all staff and contracted organisations Q1-4: Ensure there are Safe Sleep Champions in all Maternity and Child Health providers Q1-4: Implementation of Safe Sleep Policy in all primary birthing units, maternity post-natal wards, Kidz First medical, and Neonatal care Q1-4: Implementation of the Safe Sleep Policy Audits in all birthing units, maternity wards, Neonatal care, Kidz First medical as an additional element of the CM Health "Point of Care measurement Tool" Q1-Q4: The safe infant sleep environment will be assessed and planned during every pregnancy and for all newborn infants, and safe sleep information provided in late pregnancy, in first week of baby being born, and at WCTO Core Contact 1. Families assessed with unsafe infant sleep environments will be referred to Safe Sleep Team to receive additional support to reduce the risk of SUDI Q1-4: Provision of pepi-pods and wahakura, and safe sleep education to whaanau with newborn babies identified and referred by Lead Maternity Carers and midwives as being in unsafe sleep environments Q1-4: Develop a range of baby bed options - wahakura, pepi-pod, 'Pregnancy Help Bassinet' or portacot to support whanau where unsafe sleeping environments identified and no other options. Q1-4: Implementation of follow-up survey to parent/caregivers who have received safe sleep intervention All pregnant women who smoke are offered brief advice and support to quit <ul style="list-style-type: none"> Delivery of Smoking Cessation in Pregnancy Plan Ongoing monitoring of mandatory alert of smoking in pregnancy at midwife booking interview or admission to maternity facilities and referral to Smoking Cessation Services for follow-up Smoking cessation support will be offered to all mothers, fathers, and fanau who smoke, with referral to a culturally appropriate smoking cessation service Reduce smoking prevalence and smoking related-harm amongst Pacific - refer section 5.1.4 of this plan and section 2.2.5 of CM Health's 2016/17 Annual Plan 	<ul style="list-style-type: none"> Providers / staff completing SUDI training reported as Q&S monitor, non-participants tracked Referrals to Safe Sleep team Follow-up with Fanau (development measure) Compliance with Safe Sleep policy, weekly audit tool and monthly feedback to unit Quarterly report to NRA Infant safe sleep environment assessed during every pregnancy All caregivers provided with SUDI prevention information at WCTO Core Contact 1 Report quarterly as research and audit Referrals to Smoking Cessation and utilisation of pregnancy incentive programme
<ul style="list-style-type: none"> Increase the percentage of Pacific infants breastfed – refer section 5.1.3 of this plan 	<ul style="list-style-type: none"> 75% exclusive or fully breastfed at LMC discharge 60% exclusive or fully breastfed at 3 months 65% receiving breast milk at 6 months

5.1.8 Childhood Obesity

CM Health has been identified as one of the DHBs with a high rate of overweight and obese children who require additional care and advice. Thirteen percent of 4 years olds were identified as being obese (>98th percentile) at the time of their B4S check in the 6 months to January 2016.

Unhealthy diets and lack of physical activity are key determinants of obesity which in turn impacts on health both in childhood and in later life. The long term consequences include diseases such diabetes, CVD and osteoarthritis.

Percentage of obese Tamariki identified at B4SC referral to a health professional for clinical assessment	2015/16 Baseline	2016/17 Target
Pacific	_ ⁴¹	95%
Total	_ ⁴²	

⁴¹ Baseline to be established in 2016/17.

⁴² Baseline to be established in 2016/17.

CM Health will undertake activity in order to contribute to the reduction of obesity in our Pacific children, including through contribution to the health sector actions in the national Childhood Obesity Plan. We will develop a new culturally acceptable Family-based Nutrition, Activity and Lifestyle Intervention Service for children, and their fanau, who are identified as obese during their B4S check.

This work will link to wider outcomes to improve health for all population groups across different provider and funder groups. We will ensure that initiatives support a reduction in obesity for Pacific fanau, and children living in high deprivation areas.

Actions

Sector review

- Q1-Q2: Undertake a stocktake of current physical activity and nutrition programmes available in the region, and review evidence of effectiveness of such programmes
- Q1-4: Identify other initiatives across sectors such as Healthy Auckland Together, Healthy Families NZ, family based diabetes prevention programmes such as H.O.P.E (healthy options positive eating), and H.E.A.L.S (healthy eating active lifestyles) to ensure alignment and leverage against existing programmes
- Q1-4: Work with key stakeholders across health and other sectors to support implementation of the obesity package of initiatives

New service

- Q1-4: Develop multidisciplinary alliance with WCTO providers, primary care and community partners
- Q1-4: Implement appropriate referrals pathways to ensure families experience seamless transition and support post referral from the B4 School Check to primary care for clinical assessment. Expedited pathway for Maaori and Pacific children
- Q2: Implement culturally appropriate Family-based Nutrition, Activity and Lifestyle Intervention Services for children identified as obese at their B4S Check; services to include post-intervention framework, specifically targeted to Maaori, Pacific, and families from high deprivation communities
- Q1-4: Implement the Northern Regional (Childhood) Obesity Prevention pathway to ensure primary care have access to appropriate resources to support conversations with families, identify metabolic complications of obesity, and are clear when referral to secondary and/or family nutrition, activity and lifestyle intervention services is appropriate
- Q1: Implement regionally consistent guidelines and electronic growth chart solution for primary care and B4SC providers, consistent with MOH advice
- Q1-4: Implement and monitor guidelines for clinical staff working in secondary or tertiary care response when children are assessed as obese
- Q1-4: Monitor adherence to weight assessment guidelines by clinical staff working in secondary or tertiary care
- Q1-4: Referrals to 'At Risk' programmes for children/families who meet the eligibility criteria
- Q1-4: Liaise with school based programme "Mana Kidz" and Health Promoting Schools (HPS) to ensure they are working with schools to develop healthy food policies and health promotion around nutrition as a core part of their daily work

Workforce development

- Q1-4: Upskill WCTO workforce on infant and family nutrition using health literacy model, and develop family-based healthy nutrition initiatives
- Q1-4: Develop a training module for primary care to upskill workforce on infant and nutrition family discussions using health literacy framework

Measures

- Stocktake completed by Q2
- Appropriate alignment to avoid duplication of service
- B4 School practice nurses have been trained in referral processes and guidelines and electronic growth chart solution for primary care by Q1
- PHOs have been trained in process, regional guidelines, electronic growth chart solution and resources for GP practices by Q1
- 100 percent of GP practices have received training, regional guidelines and resources by Q2
- Implement regional guidelines, electronic growth chart solution and resources for clinical staff in secondary and tertiary care over Q1-Q2
- Implementation of the Family-based Lifestyle Nutrition and Physical Activity intervention provider contracts by Q1
- Implement Quality plan and reporting for referrals, use of the regional guidelines and electronic growth chart by Q2
- 100 percent WCTO trained by Q4
- Training module developed by Q2
- ECE resources and training developed aligned to NZ Heart Foundation programme
- 50 percent of ECE trained and resourced targeting high Maaori and Pacific rolls, high deprivation by Q2
- Remaining ECE trained and resourced by Q4
- Water and milk promotion by Q3-Q4

- Q1-4: Upskill Community Oral Health services to ensure consistent nutritional advice is received by parents and caregivers of preschool children
- Q1-4: Training module and resources for ECE, preschools, language nests, Kohanga Reo to upskill staff and volunteers using the health literacy module and aligned to the curriculum Te Whaariki for healthy nutrition and exercise. The initial module will target ECE centres in high deprivation localities with high roll of Maaori and Pacific children
- Q1-4: Continue to work with midwives and self-employed LMCs around the implementation of the Healthy Weight in Pregnancy guidelines

Sector alignment

- Oral Health education is provided to parents and caregivers by WCTO Providers at all core contacts, and includes Lift the Lip exam, advice on healthy nutrition, tooth-brushing, and attendance at dental clinic appointments
- Nutrition messages should be consistent across settings
- Liaising with ECE, Preschools, Language Nests, Kohanga Reo in the region for implementation of nutrition and preschool activity guidelines consistent with MOH advice and aligned to Te Whaariki (ECE curriculum)
- Q3-4: Co-design a culturally relevant local promotion to WCTO, COHS, ECE of swap sugar sweetened drinks to water or milk as part of oral health literacy promotion

5.2 Local Indicators

The actions in this section reflect CM Health's local priorities for Pacific peoples living in Counties Manukau.

5.2.1 Diabetes Management

Background		2015/16 Baseline	2016/17 Target
<p>Prevalence, morbidity and mortality rates from diabetes are higher for Pacific than other groups in the Counties Manukau district. Therefore, targeted initiatives are required to reduce the prevalence of risk factors for the development of diabetes and to improve identification, screening and management of diabetes, particularly to achieve good glycaemic control.</p> <p>Living Well with Diabetes is a plan for people at high risk of, or living with, diabetes. Key to the plan is the Diabetes Care Improvement Package (DCIP). This has been redesigned to focus on those who have been identified as having poor glycaemic control and to implement a range of interventions, including those provided by CM Health’s At Risk programme. The redesigned package will also focus on integration with key services in order to achieve better health outcomes for our Pacific patients living with diabetes. Services included are podiatry, retinal screening, health psychology and other social services.</p> <p>Clinical Governance Structures will be implemented with a strong focus on data, reporting and performance. These will be improved through a collaborative approach with a new targeted model of care for those practices that have high numbers of patients with poorly controlled diabetes.</p> <p><i>NOTE: The Metro Auckland Clinical Governance Forum has agreed five cardiovascular disease and diabetes indicators. The PHOs have agreed to send population level data on these indicators to support baseline and ongoing performance monitoring. A quality improvement process is underway and we anticipate a confirmed baseline, target and reporting capability by mid-October 2016.</i></p>	<p>HbA1c Glycaemic control: Percentage of enrolled Pacific patients with diabetes (aged 15 to 74 years) who have good or acceptable glycaemic control with HbA1c ≤64 mmol/mol</p> <p>Blood pressure control: Percentage of enrolled Pacific patients with diabetes (aged 15 to 74 years) whose latest systolic blood pressure measured in the last 12 months is <140 mmHg</p> <p>Management of Microalbuminuria: Percentage of enrolled Pacific patients with diabetes (aged 15 to 74 years) who have microalbuminuria and are on an ACE inhibitor or Angiotensin Receptor Blocker</p>	58%	69%
<p>Actions</p> <ul style="list-style-type: none">Q1: Implement a new targeted model of care through the Diabetes Care Improvement Package (DCIP) to focus on patients with poor glycaemic control to improve their HbA1C levels; lower their blood pressure and reduce the risk of renal damage due to unmanaged microalbuminuria through treatment with medicationQ1: Implementation of a diabetes collaborative with a selected group of practices (practices with large numbers of patients with poorly controlled diabetes will be targeted) to test new models of careQ1: Five diabetes indicators will be reported by ethnicity so performance can be monitored and analysed with the aim of reducing variation between practices and variation between ethnicitiesQ4: Increase Pacific referrals and access to:<ul style="list-style-type: none">Podiatry servicesRetinal screening servicesGreen PrescriptionQ4: Practice Nurses who work in practices with high numbers of Pacific patients with diabetes will be encouraged to attend the Manukau Institute of Technology Diabetes Care and Management courses	<p>Who will we work with?</p> <ul style="list-style-type: none">Northern Region Diabetes NetworkPrimary care and secondary care clinicians and Clinical ChampionsIntegrated Care Clinical Governance GroupDiabetes Service Level Alliance TeamDiabetes Projects Trust <p>Monitoring Processes</p> <ul style="list-style-type: none">Service level reportingQuarterly reporting to ELT & ALTQuarterly reporting to the Diabetes SLAT		

5.2.2 LotuMoui

Extend LotuMoui and increase Pacific community engagement		2015/16 Baseline	2016/17 Target
<p>The LotuMoui and Community Programme is the main platform for CM Health to engage with Pacific communities in the Counties Manukau district.</p> <p>In 2015/16, the LotuMoui Programme was refreshed to increase its community engagement to better reflect the changing demographics of our Pacific community. This refresh included broadening the reach and diversity of the faith based organisations that are engaged with LotuMoui and extending LotuMoui into other community entities including early childhood education centres (ECE), social, sports and cultural groups.</p> <p>Implementation of the programme changes is the focus for 2016/17.</p>	Expanded reach of Pacific communities and groups (number of organisations)	15	20
	<p>Who will we work with?</p> <ul style="list-style-type: none"> Locality networks of clinical and provider partnerships Primary care and secondary care clinicians and clinical champions Pacific churches early childhood centres, social, sports and cultural groups. <p>Monitoring Processes</p> <ul style="list-style-type: none"> Quarterly reporting to ELT 		
	<p>Actions</p> <ul style="list-style-type: none"> Q1: Reconnect and rebuild relationships with churches that have previously engaged with LotuMoui Q1: Establish relationships with other organisations including early childhood centres, social, sports and cultural groups Q1: Approve LotuMoui Community action plan Q1: Establish LotuMoui and Community Leadership Advisory Group Q2-Q4: Delivery of agreed capability programmes in the community (e.g. wellbeing, financial and health literacy) Q4: Host a LotuMoui and Community fono with a focus on child health and workforce development <p>Measures</p> <ul style="list-style-type: none"> Number of LotuMoui and community events providing capability action for Pacific communities Increase and maintain relationships and community participation with CM Health Increase community leadership participation from church and community leader events 		
<ul style="list-style-type: none"> Q4: Increase civil action and efforts in Pacific communities to help ensure healthy choices are also the easiest choice Q1-Q4: Enrol at least 2 representatives from 15-20 organisations to participate in the LotuMoui and Community Train The Trainers Living Well programmes Q1-Q4: Liaise and engage with between 10 to 20 new large groups (>500 participants), including churches, social, sports and cultural groups with a focus on groups with ECE in place 		<ul style="list-style-type: none"> 15 new co-ordinators trained by Q4 10 new groups engaged by Q4 	

5.2.3 Working in the Pacific Oceania Region

CM Health acknowledges the strong connection between its Pacific peoples and their islands. We have supported the development of healthcare systems in a number of Pacific Island nations including Niue, the Cook Islands, Samoa, Fiji, and Kiribati.		2015/16 Baseline	2016/17 Target
<p>Support has included:</p> <ul style="list-style-type: none"> Health governance and management support including health policy advice, strategic development and evaluation Coordinating overseas referrals of patients into New Zealand 	Implementation of current development contracts with Niue, Cook Islands, Samoa, Fiji and Kiribati	As agreed in contract	

<ul style="list-style-type: none"> Coordinating Visiting Health Specialists to the Islands Providing capability and capacity training in clinical and non-clinical areas such as neonatal, infection control, radiology, and other allied health services. Coordination and of Emergency response through the NZ Medical Assistance Team <p>CM Health has developed excellent collaborative partnerships with these Pacific Island nations and remains committed to contributing to improving the health and wellbeing outcomes of their people and communities.</p>	<p>Who will we work with?</p> <ul style="list-style-type: none"> MFAT and other Development Aid Donors Health system leaders from the Pacific Island nations Partner organisations in New Zealand <p>Monitoring Processes</p> <ul style="list-style-type: none"> Reporting as required by MFAT and donors
<p>Actions</p> <ul style="list-style-type: none"> Q4: Successful design and delivery of contracts as agreed with MFAT and development donors in Pacific countries 	<p>Measures</p> <ul style="list-style-type: none"> MFAT, Donor and Pacific country satisfaction and completion measures as set out in contracts

5.2.4 Workforce Development

Increase the proportion of Pacific peoples employed by Counties Manukau District Health Board to better reflect our community.

While Pacific make up 21 percent of the people that live in Counties Manukau, only 11 percent of employees identify as Pacific ethnicity. This means that the current number of Pacific employees would need to almost double to reflect the estimated population today.

Growing the capacity and capability, and the size of our Pacific and Maaori workforce is one of the Northern Region's four priority areas for workforce development in the 2016/17 Plan. To achieve this, the region will agree differential targets for our clinical and non-clinical workforces and develop related strategies to achieve these by the end of Quarter 1.

A whole of systems collaborative approach by CM Health Workforce Development and Human Resources will target initiatives to increase the proportion of Pacific people in our workforce. These initiatives aim to 'widen the workforce pipeline' established by CM Health's 'Grow Our Own' initiative.

Increase the number of Pacific in the CM health and disability workforce everywhere from 12% to 21% by 2020	2015/16 Baseline ⁴³	2016/17 Target
Number of new Pacific employees by head count (HC) Total	904 ⁴⁴	1052
Percentage of Counties Manukau DHB employees who are Pacific	12%	14%
Number to recruit	148	212

Who will we work with?

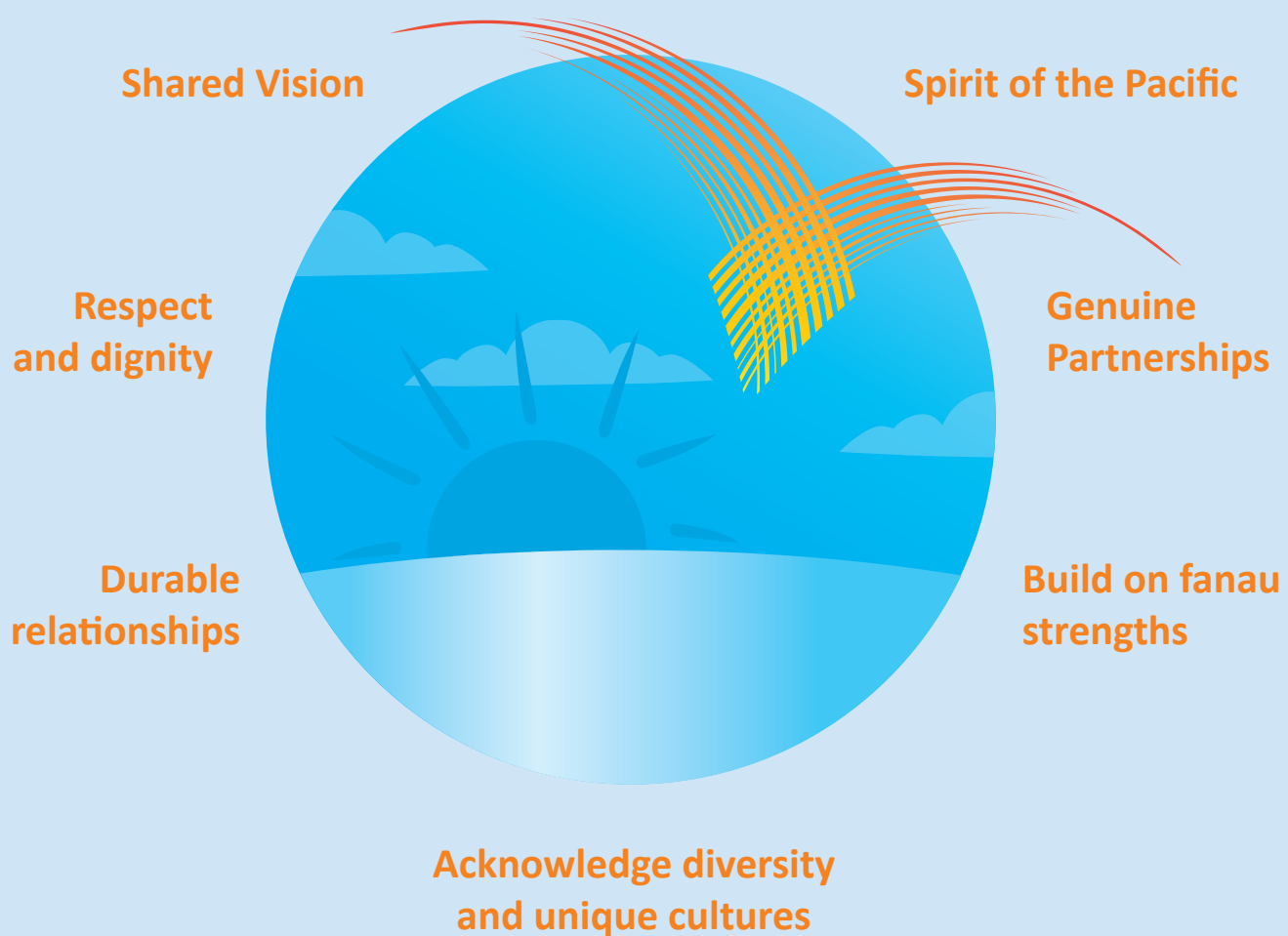
Improvement in workforce disparities takes time, and requires leadership and commitment from a range of stakeholders. To achieve our objectives we will work with:

- Pacific students and their families who are interested in a career in health
- Secondary schools in the Counties Manukau region
- Tertiary education providers including Joint Venture Partners the Manukau Institute of Technology, Auckland University of Technology and University of Auckland
- Professional/ clinical leaders, clinical educators, HOD's and school/ faculty staff
- Auckland DHB and Waitemata DHB Pacific and Maaori workforce, recruitment and human resource teams
- External funders including the Tindall Foundation, Tertiary Education Commission, Ministry of Social Development and the Ministry of Health
- CM Health Recruitment Centre team, HR staff

⁴³ CM Health Hospital Management Team Scorecard as at 30th June 2016

	<p>and Communication team</p> <ul style="list-style-type: none"> ▪ PHOs, Pacific providers / NGOs and primary care providers ▪ CM Health clinical teams and services including the Volunteer Service <p>Monitoring Processes</p> <ul style="list-style-type: none"> ▪ Quarterly reporting to ELT and Northern Regional Alliance Workforce and Training ▪ Reporting to CPHAC as required ▪ Reporting to external funders
<p>Actions</p> <ul style="list-style-type: none"> ▪ Q1-Q4: Implementation of the MOH funded Regional Pacific contract for three Health Science Academies (HSAs) (Onehunga High School, Waitakere College, De La Salle College) ▪ Q1-Q2: Review and develop Letters of Agreement and plans for CM Health funded Health Science Academies (Tangaroa College and James Cook High School) ▪ Q1-Q4: Implementation of the MOH funded Pacific Tertiary Student Support Programme (Programme W&AT!) for students from year 13 through to first year of employment (University of Auckland, Unitec, MIT, Massey, and Auckland University of Technology). This programme extends across the three Auckland DHBs 	<p>Measures</p> <ul style="list-style-type: none"> ▪ Q4: 200 students engaged in the HSA programme ▪ Q2: Letters of Agreement and plans developed for Tangaroa College and James Cook High School ▪ Q1-Q4: Ongoing implementation measures of Programme W&AT! including engagement across five universities and three District Health Boards ▪ 125 students across the Auckland region engaged in Programme W&AT! by December 2016
<ul style="list-style-type: none"> ▪ Q1-Q4: Review and refresh Health Could B4U Programme, including increasing the number of schools engaged 	<ul style="list-style-type: none"> ▪ Complete review and refresh of Health Could B4U Programme by Q4 ▪ 15 additional schools engaged with Health Could B4U Programme by Q4
<ul style="list-style-type: none"> ▪ Q1-Q2: Review Ko Awatea Scholarships Programme from ‘end-to-end’ including scope, eligibility criteria, review processes, interviewing, acceptance and support to Pacific students receiving Ko Awatea scholarships 	<ul style="list-style-type: none"> ▪ Complete review of Ko Awatea Scholarship Programme by Q2
<ul style="list-style-type: none"> ▪ Engage Pacific Health Development Workforce Manager as panel assessor for scholarships ▪ Q1-Q4: Fund and support Pacific Midwifery Students to be awarded scholarships for Years 2-3 ▪ Q1: Employ and engage 1 FTE Pacific Midwife / Clinical Educator to provide academic support and mentoring for Pacific students ▪ Q1-4: Work with HR team to co-design, develop, and implement the values-based recruitment strategy organisation-wide, with ethnicity-specific targets to increase Pacific workforce ▪ Q1-Q4: Deliver tailored workplace literacy and numeracy programme (TEC funded) targeting 300 CM Health employees including Pacific and Maori 	

Improving Pacific people's health where fanau live, learn, work, and play



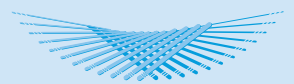
The bird is Pasifika Fanau, their spirit, heart, mana and dignity.

They weave strong relationships with each other and their communities.

They are empowered to pursue their vision of a brighter future, as they seek to experience greater wellbeing, balance and harmony in their lives.



Kind | **Excellent** | **Valuing everyone** | **Together**
Manaakitanga | Rangatiratanga | Whakawhanaungatanga | Kotahitanga



COUNTIES
MANUKAU
HEALTH