COUNTIES MANUKAU DISTRICT HEALTH BOARD
A Community Partnership

TUPU OLA MOUI

COUNTIES-MANUKAU DISTRICT HEALTH BOARD PACIFIC HEALTH AND DISABILITY ACTION PLAN

2006-2010

"Growing a prosperous and healthy life" Niuean
In Samoan, Tongan, Niuean and Tokelauan, "tupu ola" conveys the sense of "growing life". "Tupu Ora" is the Cook Island equivalent
In Tonga and Niuean "moui" conveys the sense of the "essence of life force"

Counties Manuku District Health Board's Shared Vision

To work in partnership withour communities to improve the health status of all, with particular emphasis on Maaori and Pacific peoples and other communities with health disparities

We will do this by leading the development of an improved system of healthcare that is more accessible and better integrated

We will dedicate ourselves to serving our patients and communities by ensuring the delivery of both quality focused and cost effective healthcare, at the right place, right time and right setting

Counties Manukau DHB will be a leader in the delivery of successful secondary and tertiary health care, and supporting primary and community care.

Values

Care and Respect	Treating people with respect and dignity; valuing individual and cultural differences and diversity
Teamwork	Achieving success by working together and valuing each other's skills and contributions
Professionalism	Acting with integrity and embracing the highest ethical standards
Innovation	Constantly seeking and striving for new ideas and solutions
Responsibility	Using and developing our capabilities to achieve outstanding results and taking accountability for our individual and collective actions
Partnership	Working alongside and encouraging others in health and related sectors to ensure a common focus on, and strategies for achieving health gain and independence for our population

From the Pacific Health Advisory Committee (PHAC) Chair

Talofa lava, malo e lelei, kia orana, faka'alofa lahi atu – warm Pacific greetings!

Pacific people have been an important part of the South Auckland and Counties-Manukau community for more than three decades, since the early settlement of our people in the 1960s – 1970s. We once enjoyed good health, full employment and active participation in our wider communities.

Although the poor socio-economic status of our communities is what we are known for in the wider world, this Plan is about sharing among ourselves – not only a bright and exciting healthy vision of our future – but also how the DHB will work with our community to achieve that vision.

This plan holds a vision of healthy futures for Pacific people – a future where our children fulfil their potential, young people continue to achieve and strive for the best, our families support each other and our community provides a safe, protective and healthy environment to nurture the hopes of our future.

We aim to achieve this through a partnership between Pacific people, the District Health Board (DHB) and the wider health sector. This Plan is about how we go from strength to strength and build on that partnership and turn our visions into action – we will do this the Pacific way.

What is the Pacific way? We will do this together – there is collective power in our family, extended families, church, friends, ethnic groups. We will grow a healthy future for all of us together. We will also do this with respect and acknowledgement of our history as a migrant community. We will see our cultural roots as an important part of our strength and foundation to move us forward.

This Plan was written with and has the full endorsement of the Pacific Health Advisory Committee[1] (PHAC) . It has the full commitment of the Counties-Manukau District Health Board (CMDHB) and PHAC will be holding the CMDHB accountable for its implementation.

We look forward to working together to create healthier futures for all of us.

Malo ma soifua

Anae Arthur Anae
Chair, Pacific Health Advisory Committee (PHAC)
Director, Counties-Manukau District Health Board

[1] The Pacific Health Advisory Committee (PHAC) is a sub-committee of the District Health Board that provides advice and recommendations to the Board on how the DHB's activities may improve the health status of Pacific populations in the CMDHB District.

INTRODUCTION

Purpose of Tupu Ola Moui – CMDHB's Pacific Health & Disability Action Plan

Tupu Ola Moui tells how we will implement the CMDHB District Strategic Plan for Pacific people who reside in the Counties Manukau district. The purpose of Tupu Ola Moui is to:

- within the outcomes framework set out in the District Strategic Plan, identifies the priority areas for Pacific health in CMDHB; and
- describes the actions that will be undertaken to progress those priority areas.

This Plan aims to support CMDHB's work to reduce the health inequalities present between Pacific populations and other groups.

Pacific Population Health Status Overview

There are approximately 90 000 Pacific people in CMDHB out of a total population coverage of 420 000. Pacific people make up 20% of the total District population. More than 30% of New Zealand's Pacific population live in CMDHB. The CMDHB Health Needs Analysis (2005) highlights the following features in relation to the health status of Pacific people:

- Youthful but growing: The Pacific population – projected population by 2006 is 90 410 – is youthful compared to other groups with 60% being under the age of 30. The Pacific population is also expected to grow 81% by the year 2026
- Relatively deprived: Pacific populations showed an increasing proportion of population with increasing deprivation. 78% of Pacific people were classified in the least affluent areas of CMDHB compared with 58% of Maori, 22% of Asians and 17% of Europeans/Other;
- Risky lifestyles: Pacific people in CMDHB were more likely to be obese and drink alcohol in a hazardous manner. Pacific people smoked more and had a relatively poor diet. Pacific people were also less likely to be physically active. Male Pacific, in particular, seem to lead a less than desirable lifestyle;
- Higher hospitalisation rate: Pacific people were more likely to be admitted to hospital for avoidable conditions. This is particularly so for Pacific children;
- Moderate mortality and life expectancy: Pacific people have a life expectancy at birth 5-8 years less than Euroopean/Other groups. Mortality for diabetes, stroke, respiratory disease and other causes are high;
- Self assessed as having good health: Pacific people had a higher rate of considering themselves to be good or better than other ethnic groups; and
- Users of Pacific specific services: Pacific people in CMDHB were more likely to state that they have attended a Pacific specific service in the previous 12 months than those from the rest of Auckland or nationally.

What causes health inequalities among Pacific populations?

Pacific people have a poorer health status than many other groups. Some might suggest that Pacific people need to eat less, exercise more and prioritise their personal health over other commitments. However, addressing inequalities in health, education, employment and housing for all disadvantaged groups requires public policy and delivery to address the many contributing factors, including (Ministry of Health 2004):

- low incomes earned by many Pacific peoples;
- poor housing conditions including over crowding in many Pacific households;
- high rates of unemployment among Pacific peoples;
- lifestyle and cultural factors such as beliefs, values and preferences that influence how Pacific peoples view health care; and
- under utilisation of primary and preventative health care services by Pacific peoples and lower rates of selected secondary care interventions.

Tupu Ola Moui alone will not change many of these factors. Although we aim to improve health through providing better and more accessible services, the key factors that drive poor health are influenced by other sectors - education, housing, social welfare are examples.

However, Tupu Ola Moui and the CMDHB DSP aims to work intersectorally to ensure that health and other partner sectors are taking advantage of collective resources to support Pacific populations.

Structure of the Action Plan

Tupu Ola Moui aims to complement the CMDHB's service development and health gain priority areas that also target Pacific populations (eg Let's Beat Diabetes, Youth Health Plan, Chronic Disease Plan, Child Health Plan, Primary Care Plan). Hence, many of the priorities for Pacific populations specific to those plans are not outlined again in Tupu Ola Moui unless Pacific specific workstreams are identified.

The following section discusses the importance of considering Pacific cultural perspectives on health, the legacy of economic and benefit reform that has contributed to poor health among Pacific populations and the implications for service delivery.

The remainder of Tupu Ola Moui outlines the Outcomes that CMDHB will aim to deliver. The Outcomes have the following structure:

- Goals: what the Plan aims to achieve; and
- Actions: the activities, programmes and/or developments that CMDHB will undertake.

A companion document will follow outlining the detailed indicators that will be used to measure the effectiveness of Tupu Ola Moui.

PACIFIC PERSPECTIVES OF HEALTH

> *"Pacific people have a holistic view of health where a person is in tune with his/her environment and community. Health is achieved when there are positive and balanced relationships between these three elements: Atua (God), Tagata (people) and Laufanua (land/environment). Health is the state in which a person's physical, mental and spiritual needs are in balance and the person is able to meet their obligations to themselves, their family, village and community. " [Lui 2003]*

> *"[Pacific cultural approach] to health care issues, which recognises the holistic worldviews of Pacific peoples. It is a perspective that acknowledges the inter-dependence between the spiritual, mental and physical beings of individuals and communities" [Taufe'ulunguaki 2004]*

> *"…the essence of the relational person exists in identity with others from specific locations of belonging as in their villages, districts and country [fa'asinomaga]; that they are born into genealogical continuums [tupuaga] and that during their lifetimes, they undertake positions and roles of responsibility[tofiga]" [Tamasese et al 1997]*

The Pacific perspective of health is often described as a balance between an individual's spiritual, mental and physical health and wellbeing. This is defined within a context of relationships with immediate and extended family, village, district, country. This social and collective context of relationships reflects the important points of reference for Pacific self identity and wellbeing.

Socioeconomic Deprivation Legacy and its impact on health

In the Counties Manukau context, early migratory waves of Pacific populations settling in the Otara, Mangere and Manukau areas reflected the economic boom times of 1950s, 60s and 70s. During this period, Pacific populations enjoyed average incomes, high employment and participation rates in the labour market.

Economic deregulation in the late 1970s and 1980s had a devastating effect on Pacific populations who did not transition well with limited transferable skills. High rates of unemployment coupled with benefit reform in the early 1990s contributed to the legacy of low socioeconomic status. Its impact on health status that many Pacific people live with today continues to prevail.

Redefining Pacific Populations

With a growing New Zealand born Pacific population, cultural identities are being examined, deconstructed and redefined constantly. Despite high levels of intermarriage, urbanisation and a growing identity connected with Counties-Manukau (or South Auckland – Southside!) many Pacific families continue to foster their relationships and obligations to island based families. As Sheehan (2005) comments:

> *"[how Pacific is Pacific] This is a question that continues to impact on their sense of identity as they forge a new place for themselves. This deconstruction of cultural identity is spurring social change and redefining identity within the whole Pasifika community, these trends will also continue to drive different needs to those met by the currently funded Pacific service delivery that targets predominantly Traditional Pacific."*

Although health inequalities are persistent in successive generations of many Pacific populations, the strategies to address those needs must reflect the changing needs of the Pacific community. This acknowledges that Pacific communities are not assimilating to mirror the needs of "mainstream" , but continue to evolve a separate identity albeit with different health needs.

Implications for Health Service Delivery

Ignoring the impact of different world views of health on patient perspectives and their impact on health outcomes contributes to the health inequalities among ethnic minority populations in the following ways (Lavizzo-Mourey and Mackenzie 1996; Lawson 1996; Moffic and Kinzie 1996 from Management of Health Sciences):

- Patients may choose not to access needed services for fear of being misunderstood or disrespected;
- Providers may miss opportunities for screening or assessment because they are not familiar with the prevalence of conditions among Pacific populations;
- Providers may fail to take into account differing responses to medication, treatment or care options;
- Providers may lack knowledge about traditional remedies, leading to harmful drug interactions or incomplete care planning to take account of other therapies or services being used;
- Providers may make diagnostic errors resulting from miscommunication;
- Patients may not adhere to medical advice because they do not understand or do not trust the provider.

Improving health status among Pacific populations requires health professionals to understand that poor health status is a *"product, not the sum, of a complex interaction between genes, behaviour and environment" [Daniel, Green et al 1999 in reference to Diabetes prevalence among Pacific people]*.

In addition, distinction needs to be drawn between those risk factors that are modifiable at personal and population interventions (eg obesity, physical activity) and risk conditions that require multi-sectoral and policy change to improve (eg socio-economic, political subjugation)(Daniel, Green et al 1999). This is in addition to a person's degree of motivation, psychosocial condition, risk profile and compliance.

Reducing health inequalities for Pacific people

How does the health sector contribute to reducing health inequalities among Pacific populations? Key themes from a Diabetes literature review emphasised the following themes (CMDHB 2005):

- Services are targeted at Pacific populations where there is significantly high prevalence of conditions or inequalities between Pacific populations and other groups is significant (needs based);
- That Pacific services and Pacific providers are supported as an option for Pacific populations;
- Pacific communities are involved in services and interventions development and planning;
- Programmes are designed to be relevant and tailored culturally to Pacific people's lifestyles;
- Family centred approaches are implemented to care and health promotion/education;
- Interventions and services incorporate social supports for Pacific populations;

- Services and developments support and are consistent with an environment that promotes healthy living;
- Service are integrated and co-ordinated to reduce the likelihood of Pacific people falling through the cracks; and
- Services reinforce the importance of quality, informative and educational contacts and interface with Pacific populations at all levels of the health system.

In reviewing various health campaigns and service delivery to Pacific populations, Sheehan (2005) refers to the following critical success factors in delivering effectively to Pacific populations:

- Leadership: Building leadership capacity in Pacific communities to take an active partnership with the health sector to improve their own health;
- Community Identity: Understanding the changing definitions of Pacific communities and the consequent change of health needs – models that encompass ethnic specific, traditional vs contemporary needs;
- Effective Collaboration: collaboration between funders, providers and key community leadership;
- Structural Cohesiveness: consistent messages at all levels of the system ie funders, providers, individual health professionals; and
- Strengthened Pacific health capacity: strengthening and developing Pacific workforce both in the health sector and within the community to support action.

A key message and aim of Tupu Ola Moui is to shift the Pacific social consciousness towards good health by strengthening Pacific community capacity. This provides an environment that facilitates better acceptance and responsiveness to personal and individual targeted interventions.

In other words, our approaches need to reflect co-ordinated and cohesive responses at all levels:

- Pacific patients, their families and the important social relationships that have a bearing on their health status;
- Their community settings and/or environments that reinforce those relationships (eg church, extended family, ethnic specific contexts);
- Health professionals and the quality of their interactions with Pacific people and their families;
- Providers – both Pacific and non-Pacific – that provide an environment supporting and incentivising effective interactions between health professionals and Pacific people; and
- Planning and funding whether at Ministry of Health or District Health Board activities that set the operational policy context for service delivery.

These perspectives set the context for the following Pacific health outcomes, goals and objectives in CMDHB.

OUTCOME 1: IMPROVE PACIFIC COMMUNITY HEALTH AND WELLBEING

> *"It is difficult, because there is no such thing as a Samoan person who is independent (of others), [tu'otasi]..we can try and explain the Palagi concept of self but this is futile. We will eventually return to the connections between people [va fealoaloa'i]. You cannot take a Samoan out of the collective context" quotes from "O Le Taeao Afua" Tamasese, Peteru, Waldegrave 1997*

Many Pacific people draw their sense of health and wellbeing from the quality of their relationships within their collective contexts - immediate and extended family, community networks (eg church) and cultural practices that reinforce those connections. Improving the health and wellbeing of Pacific communities requires an overarching approach that aims to influence these settings as sources of information, education, knowledge, support and motivation to act.

This is consistent with the Ottawa Charter that identifies effective health promotion relying on comprehensive co-ordination and targeted approaches that are community supported by the wider political, social and cultural environment. The settings prioritised and targeted for community based interventions are:

- Churches – more than 80% of Pacific populations indicated a religious affiliation in the 2001 Census and more than 67% of Pacific young people reinforced this in the Youth 2000 survey;
- Families – the benefits of health services for many high risk Pacific individuals are constrained by the lack of support and/or holistic support offered to their families. Examples are patients living with mental illness and/or chronic disease who's care requires supportive family environments but families are not aware or informed about how they can support their loved ones;
- Ethnic specific cultural settings – CMDHB does not set out to deliberately change cultural practice. However, CMDHB can facilitate forums to share important health information in bilingual settings where ethnic specific discussions can occur to support community driven examination of cultural practice and developments that are not consistent with healthy lifestyle choices.

Outcome 1 aims to improve Pacific community health and wellbeing by implementing programmes that are aimed at the three settings – churches, families with high needs and working with ethnic specific groups.

Goal 1.1 Healthier Pacific Church Environments

Goal 1.1 aims to improve Pacific health by ensuring Pacific church environments are protective and supportive of healthier lifestyles. LotuMoui is the flagship programme for achieving this. A LotuMoui Operational Plan will be developed and implemented that comprises the following activities:

- Church Grants: revolving grants for churches to fund pre-approved health programmes that are consistent with CMDHB's strategic priorities;
- Capacity Building: workforce development activities to build community capacity including governance training for health committees, nutrition training, smokefree health promotion, sexual health promotion, child health development;

- Engagement and Communication: Regular forums to engage with Ministers and religious leadership and Health Committees, bi-annual LotuMoui Symposium to showcase progress in church programmes.
- Evaluation: Evaluation to monitor impact of LotuMoui on the health of Pacific church communities (change in lifestyle behaviours), assess its cost effectiveness (eg impact on hospital admissions) and participation and/or perceptions of the health system among Pacific populations.

A LotuMoui team will be established to support the implementation of LotuMoui in the Pacific Health Division.

Goals	Objective
1.1 Develop and implement LotuMoui to build Healthier Church Environments	1.1.1 Implement Pacific Tobacco Control Strategy for CMDHB through LotuMoui. More than 30% of Pacific adults smoke with increasing smoking among young Pacific people. There are also ethnic specific differences with young Cook Island and Niuean people more likely to smoke in earlier years (Schaaf 2003). The Pacific Tobacco Control Strategy was launched in 2004 and identified some key recommendations for reducing smoking among Pacific populations. This will be implemented in CMDHB through the LotuMoui church programme and ensuring linkages between smoking cessation and programme that enrol high need Pacific patients (eg CCM, primary care).
	1.1.2 All LotuMoui churches will have a healthy lifestyle programme that leads to healthier lifestyle education and support for church communities A grant and capacity building programme has been established with Pacific churches and will provide the vehicle for the following activities: • Increasing knowledge of the community of disease, their prevalence and prevention strategies through training and information; • Implementing healthy lifestyle programmes that provide safe settings for communities to action and support healthy lifestyle choices; and • Increase awareness and knowledge of available health services. LotuMoui will be the implementation mechanism for national HEHA initiatives aimed at Pacific populations.

Goal 1.2 Healthier Pacific Families

The management of some chronic conditions and/or health issues can be limited by Pacific families not being able to sustain lifestyles changes that may support patients. Anecdotal reports of Pacific patients not being able to sustain management of their conditions because their family settings and environment do not change, examples are:

- Diet changes to help control diabetes and/or cardiovascular disease is difficult to sustain when the household cook is balancing the needs of individual patients against whole of household/family needs;

- Medication management is carried out by uninformed family members other than the patient;
- Caregivers of older patients are unaware of support available to support home based care for their elderly and will cope without accessing additional care;
- Repeat admissions to hospital for preventable conditions where families do not have the resources, information or knowledge to manage at home.

This goal will identify groups of high risk Pacific patients for whom supportive family environment is a critical success factor to manage health and wellbeing in the following areas;

Goals	Objective
1.2 Healthier Pacific Family Environments for Patients with High Health Needs	1.2.1 Family centred interventions for Morbidly Obese Morbidly obese populations are most in need of immediate environments that support weight management and lifestyle change to sustain weight loss/retention and long term effectiveness of intervention.
	1.2.2 Families with frequently admitted children Although acute admissions for all children are reducing, Pacific children continue to have excess discharges and frequent admissions, particularly in their early years of life. In these circumstances, the opportunities to support parents at home and ensure that family environments support children to recover and prevent further admissions will be scoped and linked with existing programmes.
	1.2.3 Families with frequently admitted patients (hospital) As with children, some Pacific adults (particularly older) are likely to be admitted because they have not accessed care and support, or families are not able to cope with care at home. The size of the population who are likely to be admitted more than twice in one year and opportunities to intervene and/or better co-ordinate care with cultural interventions will be scoped.
	1.2.4 Families with youth at risk Many Pacific families still struggle to cope with the changes in lifestyles and expectations among New Zealand born and raised populations. In addition, young people may manifest the complexities of their identity journeys in high risk activities and require health services as a consequence (eg alcohol & drug). The opportunities to intervene and work with the Youth Health Plan will be identified for implementation.

Goal 1.3: Healthier Cultural Practices

The cultural perspectives of health held by Pacific populations can be a constraint in accessing services, promoting healthier lifestyle choices and/or supporting uptake of preventative programmes.

An example is the role of food. Food plays a significant role in the ceremonial gifting in Tongan and Samoan cultures. Gifting is seen as a way of fulfilling obligations, a symbol of mutual obligation and respect in a ceremonial setting [Pacific Island Heartbeat, National Heart Foundation New Zealand 2003]. The ceremonial presentation of food through activities such as feasting is a reflection on those who have called for the gathering. Feasting strengthens relationships and is a symbol of respect. Povi Masima or corned beef, in this context is highly valued as a ceremonial food for gifting and exchange. Povi Masima, however, is high in salt and fat and is not considered a nutritious meal.

Changing cultural practices, however, to recognise alternative sources of ceremonial gifting requires the gathering of key cultural experts and leaders in those communities to recognise the issues and identify their own vehicles for change.

Changing cultural practice has implications for how communities identify themselves. CMDHB does not have a role in publicly commenting on the appropriateness of cultural practice. However, CMDHB does have a role in engaging with Pacific ethnic specific communities to raise awareness and create forums for communities to discuss and examine cultural practice within appropriate settings.

Languaging health issues in a cultural context can be complex where there are limited words to translate anatomy, body functions and the physiological impact of disease processes. However, historical attempts at medical dictionaries and/or terminology have not been accepted by the Pacific health professional community.

The development of a language with oral traditions requires a critical mass of language and health professional experts to dialogue and language those issues among themselves as a process for gathering consensus on how important health issues will be described consistently. This is in line with the oral history and development of Pacific languages. This is also important in supporting Pacific community engagement and understanding health issues.

Goals	Objectives
1.3 Healthier Cultural Practices	1.3.1 Annual ethnic specific bilingual forums on a programme of key health issues CMDHB will create ethnic specific forums to gather language and cultural experts to debate and dialogue cultural practices and language in relation to priority health issues.

OUTCOME 2: IMPROVE PACIFIC CHILD AND YOUTH HE ALTH

Pacific children and young people represent the future hope and aspirations of the Pacific community. A significant proportion of the Pacific population in CMDHB are under the age of 30 years. Pacific community consultation strongly emphasised the importance of the health of Pacific children and young people for two important reasons:

- The earlier we intervene in shaping attitudes to healthier lifestyle choices the more likely we are to influence the future health of Pacific populations; and
- Pacific children and young people make up a significant proportion of the Pacific population and represent an important opportunity to focus health gain interventions.

Goal 2.1 Well Pacific Children

Goals	Objective
2.1 Well Pacific Children	2.1.1 Full enrolment and uptake of Well Child programmes by all Pacific children Well Child is the national service framework for providing preventative developmental checks and monitor the progress of children. CMDHB has a strong infrastructure for supporting and improving access to Well Child checks with the establishment of a Kidslink/NIR system that monitors and tracks the uptake of Well Child and Immunisation. The next phase of Well Child development is to ensure that all Well Child providers are supported and developed to provide a consistent level of service coverage in the District and that identified issues are able to referred to services. The key priorities being: • hearing and vision checks • oral health • injury prevention • obesity risk prevention; and • other chronic disease as identified in clinical assessments.
	2.1.2 Obesity Management Strategy for Pacific children is developed and implemented Obesity and overweight levels were highest for Pacific children (30%) compared to the national average (21.3%) [Barnfather 2004]. Although research does not provide clear directives for obesity prevention, some local programmes are in place that indicates some effectiveness. An example is Kids In Action where 70% of children have maintained or lost weight and 42% have lost weight. Other wider population health programmes (eg school based interventions) may reach a larger group for less resource but

	are less likely to be effective at an individual level. The ability for these interventions to be scaled up to cover a wider population cost effectively will be examined and implementation pathway agreed.

Goal 2.2 Healthy Pacific Young People

Risk factors that lead to poor health are present in the lifestyles of many Pacific young people. Tupu Ola Moui aims to mprove access to primary care services in youth appropriate settings to complement the Primary Care and Youth Health Strategy. Pacific young people can access services through either primary care or school based clinics. Tupu Ola Moui will scope the feasibility of increasing that access through youth specific settings to provide another option for young people in CMDHB.

Goal	Objectives
2.2 Health Pacific Young People – supporting implementation of the CMDHB Youth Health Plan for Pacific youth	2.2.1 Improved access to primary care services for young Pacific people (out of school youth) School based clinics have made a significant contribution to improving young people's access to primary care services in CMDHB. An alternative access point for services are one stop shops or health facilities that provide young people with a youth focused environment and friendly setting. Tupu Ola Moui in partnership with the Youth Health Strategy will examine the feasibility of a youth targeted health facility and service and implement where agreed.
	2.2.2 Obesity Management Strategy for Pacific youth is developed and implemented An Obesity Action Plan for Pacific people will identify youth targete initiatives for implementation.

Goal 2.3 Supported Pacific Mothers and Caregivers

Community consultation identified the importance of Improving Pacific child and youth health through improved support for Pacific mothers and those who provide care for children, young people and their families. Improved maternal education and support has direct impact on the outcomes of children and young people in many areas. This is encompassed in the following areas of focus:

- Improved access to women's health services (eg maternity, screening, treatment); and
- Parenting/caregiver support through programmes and education support.

Information and research on effective interventions for improving Pacific women's health is limited. The Pacific Service Plan will work closely with the Sexual and

Reproductive Health Plan to ensure its implementation for Pacific populations as well as identify additional Pacific specific interventions that may be considered for implementation.

Goals	Objectives
2.3Well Pacific Mothers and Caregivers	2.3.1 Improved Pacific women's health through increased access to screening and Well Women programmes (eg breast, cervical)
	2.3.2 Improved access to an integrated continuum of care spanning maternity services antenatal, postnatal, primary care and Well Child handover
	2.3.3 Work with appropriate agencies to strengthen Pacific parenting and caregiver programmes and improve access to CMDHB populations and appropriateness for Pacific settings
	2.3.4 Establish and promote research to inform service developments in Pacific womens' health.

OUTCOME 3: IMPROVE THE MANAGEMENT OF PRIORITY CONDITIONS FOR PACIFIC POPULATIONS

Outcome 3 for the Pacific Health & Disability Action Plan focuses on those populations who have chronic disease and how they can be better managed. Improved management supports Pacific people to live well with chronic disease and prolong life and/or quality of life.

The priority conditions for Pacific populations are:

- Obesity and Morbid Obesity – although this is not considered widely as a medical condition the prevalence of obesity and, in particular, morbid obesity among Pacific populations impacts on future risks of diabetes, cardiovascular disease and other co-morbidities (eg musculoskeletal, respiratory);
- Diabetes – the implementation of the Let's Beat Diabetes Plan and integration of the findings from the National Pacific Diabetes Initiative will form the basis for improving overall care for Pacific populations;
- Cardiovascular and Chronic Respiratory Disease: support structured care management programmes that effectively target high need Pacific patients;
- Cancer – implementing the New Zealand Cancer Control Strategy for Pacific populations including Tobacco control;
- Mental health – Implementation of the Northern Regional Pacific Mental Health & Addictions Plan for CMDHB populations.

Structured Care Works Well for Pacific People

A high proportion of the Pacific population who were projected to have diabetes have enrolled in the national Get Checked programme. In addition, a high proportion of the Chronic Care management programme are Pacific populations. Those populations enrolled on these programmes have shown significant improvements in the following ways:

- With appropriate utilisation and adherence to wellness plans, better managed blood pressure, blood sugar levels, access to prescribed medications;
- Pacific people are able to access care that meets national guidelines for diabetes; and
- Pacific people strengthen their relationship with their primary care provider.

The lessons to be applied are that well structured care for Pacific populations is effective where:

- All providers are supported to deliver to best practice and/or national guidelines and standards;
- Relationships between Pacific populations and their primary care provider is strengthened; and
- Costs of consultations and services are heavily subsidised (ie free).

Goal 3.1 Develop and Implement a Pacific Obesity Action Plan

Goals	Objectives
3.1 Reduce obesity among Pacific populations	3.1.1 Develop an Obesity Action Plan for Pacific populations targeting those at high risk of chronic disease Scope the range of interventions that are likely to have an effect on reducing obesity (including morbid obesity) for

	Pacific populations including: • Expanding existing interventions for obese Pacific children and young people at risk of chronic disease and/or other medical conditions related to their weight • Population approaches to shift "social consciousness" (eg LotuMoui) and raise awareness and action to reduce incidence of obesity and overweight.

Goal 3.2 – 3.5 Supporting the implementation of CMDHB and national plans for priority chronic conditions for Pacific people

Goals	Objectives
3.2 Let's Beat Diabetes Plan	Developing annual work programmes to implement the following LBD workstreams for Pacific populations:
3.3 Implementation of National Pacific Diabetes Framework	Increase workforce capacity for diabetes (eg nurse specialists) and develop Pacific primary care providers to deliver quality care that meets national best practice and guidelines
3.4 Reduce impact of disease and incidence of avoidable complications - Cardiovascular, chronic respiratory disease, depression	Work with Primary Care Team to implement Chronic Care Management (CCM) for Pacific populations and other Primary care programmes for Pacific people
3.5 CMDHB Cancer Control Action Plan	3.5.1 Develop implementation plan for Pacific populations in CMDHB
	3.5.2 Increase screening coverage for breast, cervical and other cancers as appropriate
3.6 Implement the Regional Pacific Mental Health & Addictions Implementation Plan in CMDHB	3.6.1 Establish primary mental health services in Pacific PHOs
	3.7.2 Increase access to child and adolescent mental health services for Pacific populations
	3.8.3 Improve access to Alcohol & Drug service provision in line with CMDHB AOD service developments

OUTCOME 4: REDUCE HEALTH INEQUALITIES FOR PACIFIC PEOPLE

The overarching purpose of the Pacific Health & Disability Action Plan is to reduce inequalities for Pacific populations in CMDHB. There is also significant public media and scrutiny on how needs are defined and identified and resources applied – particularly where ethnicity is used as a criteria.

This section identifies actions to ensure prioritisation processes in the DHB and governance processes will reflect the strategic priority of reducing inequalities among Pacific populations.

Goal 4.1 – 4.3 Strengthen ongoing Pacific community participation

Goals	Objectives
4.1 Ensure community participation in Governance processes	4.1.1 Monthly Pacific Health Advisory Committee meetings
	4.1.2 Quarterly Pacific Health Communications (eg newsletter)
	4.1.3 LotuMoui six monthly Ministers and Health Committee forums
4.2 Strengthen Memorandum of Undertanding with other Pacific community groups	4.2.1 Annual forums or meetings with key community stakeholders
4.3 Strengthen prioritisation processes for funding, programmes and service developments including criteria identifying how services will improve access fro Pacific populations	4.3.1 Ensure criteria for reducing inequalities is applied to service and funding prioritisation
	4.3.2 Complete a Pacific Health Needs Analysis that identifies ethnic specific differences in health among Pacific groups in CMDHB

OUTCOME 5: IMPROVE HEALTH SECTOR RESPONSIVENESS TO PACIFIC INDIVIDUALS AND FAMILY

Access to services for Pacific populations is improving at many levels of service delivery:

- Full population enrolment in PHOs identifies primary care as a significant player in accessing Pacific populations;
- Improvements in Pacific access to cardiac elective services suggests that improvements in access to elective services at population expectations is possible.

However, there is room for improvement as important service developments are underway to increase access to key services:

- Implementing the Health of Older People and Disability Strategy by supporting Pacific participation in service developments;
- Reducing avoidable hospital admissions for adults and children; and
- Improving organisation performance on key indicators for Pacific populations.

Goals	Objectives
5.1 Reduce inequalities in organisation goals to improve access for Pacific populations	5.1.1 Reduce Pacific DNA rates to organisation goal of 10%
	5.1.2 Reduce Pacific unplanned readmission rates in key health priority areas
	5.1.3 Ensure all PHOs are establishing and funding services appropriate for their enrolled Pacific populations
	5.1.4 Improve continuum of care to Pacific older people – Implementation of Health of Older People Strategy
	5.1.5 Support integration in services that prioritise Pacific populations
	5.1.6 Examine areas where Pacific intervention rates for elective services are lower than overall CMDHB population
5.2 Disability Strategy	5.2.1 Implement the Disability Strategy for Pacific populations
5.3 Health of Older People's Strategy	5.2 2 Implement Health of Older People's Strategy for Pacific populations

OUTCOME 6: IMPROVE THE CAPACITY OF THE HEALTH SECTOR TO DELIVER QUALITY SERVICES TO PACIFIC POPULATIONS

Outcome 6 aims to improve the following capacities to respond to Pacific populations:

- Pacific workforce development – increasing the Pacific workforce at all levels and in all priority occupational groups;
- Pacific provider development – expanding and continuing to strengthen Pacific providers to provide a viable option for Pacific populations;
- Cultural responsiveness and awareness of the health sector to the health perspectives and issues of working with Pacific populations.

This applies to both the CMDHB's Provider Arm and the community/NGO sector.

Goal 6.1 Increase and expand Pacific workforce development

NZIER Workforce projections work identifies the key priority growth areas for workforce driven by Pacific population health needs are:

- More than 100% growth in need for workforce in adult medicine and services related to older people (eg rehabilitation, intermediary care);
- 70-80% increase in workforce need in mental health and surgical services; and
- 30 – 50% increase in workforce need driven by children and women's health needs.

This modelling focused on hospital workforce. Its applicability to the NGO and community sector workforce needs to be tested. However, given that the same population health needs will be driving workforce in both sectors, this can be indicative of NGO/community workforce needs also.

Not all Pacific populations will be receiving care from Pacific health professionals. This work provides a useful indication of the relative weightings and priorities for workforce growth and the key areas that Pacific workforce growth interventions may be targeted.

Goals	Objectives
6.1 Pacifc workforce development	6.1.1 Implement, in consultation and collaboration with Pacific providers and education institutions a Pacific Workforce Development Plan that will increase Pacific health workforce.

Goal 6.2 Pacific Provider Development

The Ministry of Health has signalled a three year funding pathway for Pacific provider development from 2006 - 2009. A three year Pacific Provider Development Plan will be developed to reflect the provider and workforce growth needs for Pacific health. This is likely to prioritise new service developments in high growth areas:

- Services for older people and disability
- Strengthening community based child and youth health services;
- Build capacity for obesity related service developments; and

Goals	Objectives
6.2 Pacific Provider Development	6.2.1 Develop and implement a Pacific Provider Development Plan identifying and prioritising provider deveopment areas consistent with CMDHB's strategic priorities

Goal 6.3 Improved Health System Cultural Responsiveness

The reasons why health professionals and health service providers should be culturally competent for the following reasons (Foliaki 2005):

- culture and language have a significant impact on influencing the way in which Pacific peoples choose to respond to, and access health services; and
- knowledge of Pacific language, and culture, irrespective of birthplace, are required in order to work with Pacific peoples accessing health services by respecting their values and beliefs and their families culture, as it is central to their wellbeing.

In absence of a current provider from the training and education market specialised and skilled in cultural competency and awareness raising training, CMDHB provides this training for the organisation. It's extension and applicability to the primary care/NGO sector will be examined. An Auckland Regional Project has been established to oversee the development of a Pacific Cultural Competency Framework and its delivery in training modules. This work is likely to inform national developments in the Ministry of Health.

Goals	Objectives
6.3 Pacific cultural competency development	6.3.1 Establish and deliver Pacific cultural competency and awareness raising training for health professionals
	6.3.2 Develop and agree a Regional Plan and work programme for establishing cultural competency training and awareness raising for the metro-Auckland region.

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