



Pacific Health Action Plan

A Plan for the Health of Pacific People
in Auckland District Health Board 2010-2014

Contents

Pacific Health Action Plan.....	1
Executive Summary	3
Vision for Pacific Health in ADHB	5
Context	5
Key Challenges for Pacific health	5
Building on the Strengths of Pacific Communities	7
Priorities for Action	8
1. Improving management of chronic conditions among Pacific people.....	9
2. Building the Capacity and Capability of the Pacific Workforce	12
3. Enhancing health service access and responsiveness for Pacific people.....	14
4. Fostering the health of Pacific children and young people.....	17
5. Strengthen and Consolidate Flagship Pacific Programmes and Services.....	19
Role of Pacific Health Division	23
Clarity of vision	24
Problem solving and barrier removal	25
Setting standards and providing feedback on performance.....	26
Joining up	27
Appendix 1: Historical development of Pacific health within ADHB.....	29
Appendix 2: ADHB Pacific Health Monitoring Framework.....	33
References.....	35

Executive Summary

Pacific health is at a crossroads that is both challenging and yet also provides important opportunities.

Challenging in that there are now significant funding constraints and the national direction of health policy has a stronger clinical orientation. But this new environment of value for money from health service delivery provides an opportunity to refine and reshape services, and to place accountability on health leaders, to ensure these services better meet the health needs of Pacific people.

This Action Plan sets out a new vision for Pacific health in Auckland District Health Board, in response to the emerging challenges from 2010.

Five overarching priorities for action are identified:

- 1. Improving management of chronic conditions among Pacific people**
- 2. Building the capacity and capability of the Pacific workforce**
- 3. Enhancing health service access and responsiveness for Pacific people**
- 4. Fostering the health of Pacific children and young people**
- 5. Strengthen and consolidate leading flagship Pacific programmes and services**

The Plan sets out a more tightly focused role for the Pacific Health team, together with the Pacific Health Advisory Committee, one that sets accountability for the health of Pacific people, and the development of the Pacific health workforce, across the whole system of ADHB.

The Pacific team's role will be to:

- Supporting the collective vision and pathway for improving Pacific health outcomes and delivering responsive health services
- Work with the DHB in problem solving and removing barriers that hinder the performance of Pacific services

- Set standards for service performance and provide rapid feedback to strengthen service delivery to Pacific people
- Actively work to join up people and organisations who are working to improve Pacific health.

The Pacific Health Advisory Committee's role, by providing an independent voice to advocate for and hold ADHB accountable for the health of Pacific people, will be crucial to ensuring the goals of the action plan are adopted across the DHB and in community-based services.

This Action Plan recognises and seeks to build on the achievements established by the Pacific Health team and the Pacific Health Advisory Committee, within both the DHB as well as community settings. The Plan also responds to the new challenges of national priorities, the growing demands for regional solutions, and the need to improve the value for money invested in health to ensure services meet the needs of Pacific people now and into the future.

A Pacific Health Monitoring Framework is proposed (detailed in Appendix 2), for which data can be regularly provided and rapidly fed back to service areas to support organisation-wide accountability for Pacific health and drive improvements in service delivery. The indicators proposed draw partly on the government's national health targets, as well as other key issues of concern for Pacific health. The intention is that these can be 'road-tested' immediately by ADHB and refined as needed. Indicators distinguish between service-level accountability indicators, and district-wide population outcomes, which many different services contribute towards.

Vision for Pacific Health in ADHB

The vision of this Action Plan is for

Pacific families living long and quality lives

For this vision to become a reality requires the active collaboration between Pacific communities and a responsive health sector offering comprehensive services in community and clinical settings.

Context

Key Challenges for Pacific health

The public health system in New Zealand has entered a period of new challenges. After steady growth in funding for some years, district health boards are now facing a period of significant funding constraints, as New Zealand grapples with the effects of a global economic recession.

As well as the economic environment, from 2009 district health boards have been required to respond to significant changes in government priorities. The Minister of Health, in his 2009/10 Letter of Expectations, charged DHBs with implementing the government's vision of 'better, sooner, more convenient healthcare for all New Zealanders'.

Priorities of the new government require DHBs to deliver, within existing baselines:

- Establishment of multi-disciplinary Integrated Family Health Centres
- Shifting some secondary services to more convenient primary care settings (at no cost to patients)
- Reduced waiting times for emergency departments and cancer treatment, and increased elective volumes

- Improved workforce retention.

A revised set of national health targets have been issued with a strong shift towards clinical service delivery.

The government expects all DHBs to maintain a strong focus on improving productivity and value for money. Within this focus, there is also a shift towards greater regional collaboration. The government is holding DHB chairs directly accountable for their performance.

Within these challenges, it is worth remembering that Pacific people are a significant population group within ADHB, comprising 13% of the population (54,453 people). ADHB's Pacific population is the second highest of any DHB in New Zealand and comprises 30 percent of the total Pacific population (177,933) in the wider Auckland region.

Although the scale of the challenge ahead is significant, for Pacific health, this new environment also offers significant opportunities:

- The policy shift to a service orientation provides the opportunity to refine and re-shape primary and secondary service provision to better meet the needs of Pacific people.
- The rising demands for improved productivity and value for money gives further impetus to ensuring those with the poorest health receive the treatment they need, delivered with care and respect.
- Improving Pacific workforce retention will support greater responsiveness to the health needs of Pacific people and Pacific self-determination in health.
- The performance accountability priority provides the opportunity to question how services are performing for Pacific people, and to hold health leaders to account for service delivery.

Within ADHB, and in this challenging environment, the role of the Pacific Health Advisory Committee (PHAC) is more important than ever. PHAC's responsibility to provide an independent group to advocate for and hold the DHB accountable for the health of Pacific people will be an important point of reference for the implementation of the Action Plan.

Building on the Strengths of Pacific Communities

This Plan responds to these challenges and charts a new direction for Pacific health in ADHB to build on the opportunities of the new environment. A performance framework is proposed, building on the national health targets, to focus activity towards improved Pacific health outcomes in the medium and long terms.

In taking this Action Plan forward, it is stressed that there are also strengths within Pacific communities to build from.

For Pacific people, there is a fundamental importance of relationships and connections with family, church and village groups. The church has become the surrogate village for more than 80% of Pacific people, providing a key venue for well-designed health promotion and clinical services.

Pacific families are the nucleus of Pacific culture, and central to the relationships and networks among Pacific communities. The strength and cohesion of Pacific families provides a significant opportunity for ADHB to engage with and work alongside Pacific families to find solutions that support more responsive health services and improved health outcomes.

The Healthy Village Action Zones (HVAZ) programme is well established as the central platform through which ADHB is advancing the health of Pacific families. Now established in more than 40 Pacific churches and with five parish community nurses, two community health workers, a nutritionist, a youth project manager and a community service coordinator leading activities, the programme is well placed to play a key role in responding the new challenges for Pacific health.¹

There are also commonalities based on core Pacific values. These values of love and compassion, respect and honour, humility, honesty and spirituality, together provide a pathway for supporting the health of Pacific people.

The Pacific population is substantially young and New Zealand-born. This provides a potentially substantial pool of health professionals and leaders for the development of the Pacific health workforce and community leadership roles, providing their talents and energies can be channelled at an early stage in supportive pathways.

Building on these core strengths of Pacific people will be an important focus of the work of the Pacific team, so that these strengths can be applied to address the health issues of Pacific families and communities.

Priorities for Action

To address these challenges, the following five Priorities for Action are proposed:

- 1. Improving management of chronic conditions among Pacific people**
- 2. Building the capacity and capability of the Pacific workforce**
- 3. Enhancing health service access and responsiveness for Pacific people**
- 4. Fostering the health of Pacific children and young people**
- 5. Strengthening and consolidating flagship Pacific programmes and services**

To achieve these goals within the constrained funding environment requires clear prioritisation of Pacific health within ADHB, recognising that to achieve the government's priorities requires improvement in service delivery and health outcomes for Pacific people.

The Action Plan's focus is less on developing new services and more on ongoing 'tuning' and reorientation of ADHB services, and ADHB-funded community services, to ensure that Pacific people are part of achieving the government's priorities. This can be likened to a continuous quality improvement process, where services are being regularly reviewed and refined to improve their functioning and contribution to health outcomes. The actions proposed are substantially within existing baselines.

Each priority area includes a small number of tracking indicators. The indicators proposed draw partly on the government's national health targets, as well as other key issues of concern for Pacific health. The intention is that these can be 'road-tested' immediately by ADHB and

refined as needed. Indicators distinguish between service-level accountability indicators, and district-wide population outcomes, which many different services contribute towards (together with the services of agencies outside the health sector).

The intention with the indicators is that they will provide a performance framework for which data can be regularly provided and fed back rapidly to service areas to support organisation-wide accountability for Pacific health and drive improvements in service delivery. Part of the role of PHAC will be to review Pacific KPIs and to ensure governance-level accountability of the wider ADHB for improving the KPIs over the medium and long terms.

1. Improving management of chronic conditions among Pacific people

Service-level accountability indicators (2-5 year timeframe)	Long-term population outcomes (5 years plus)
Provision of quit smoking advice (national target)	Smoking rates for Pacific people
CVD risk assessments (national target)	Obesity incidence (rate of growth) for Pacific people
Access to free annual checks (national target)	Diabetes and cardiovascular disease incidence
Satisfactory or better diabetes management (national target)	Breast and cervical cancer mortality rates
Breast and cervical cancer screening rates for Pacific women	

Issues

At a time when New Zealanders are being encouraged to save for their retirement, two in every five Pacific people will not live to enjoy retirement at all. In 2005, 43% of Pacific deaths and 57% of Maori deaths

occurred before age 65 years; only 18% of non-Maori non-Pacific deaths occurred before age 65 years.²

Pacific adults have higher than average rates of chronic diseases, including type 2 diabetes and ischemic heart disease. The 2006/07 New Zealand Health Survey found nearly 11% of Pacific people in ADHB had been diagnosed with diabetes, compared with 5.1% of the total population.³ Ischemic heart disease rates among Pacific men and women are also consistently higher than the national average.

Breast and cervical cancer mortality rates among Pacific women are consistently higher than the national average, and uptake of breast and cervical screening programmes is lower for Pacific women than the national average.

Obesity is a key risk factor associated with cardiovascular disease, diabetes and some cancers. More than half (52%) of the ADHB Pacific population are obese, compared to 21% of the total ADHB population.

If Pacific people are to live the long and quality lives that they are entitled to, confronting the rising toll of chronic conditions and effectively managing such conditions will be essential.

An important new area of focus is supported self-care, where people with chronic conditions are partners with health professionals in managing their illnesses. For Pacific people so strong is the concept of family within Pacific cultures, that any service or programme emphasizing 'self' or focusing on individual care, without reference to the role of the wider family, can create unforeseen problems or poorly aligned care.⁴

Actions

ADHB, through its role in providing services and in funding community-based and primary health care services, must take on a leadership role in reducing the incidence and impact of chronic conditions among Pacific populations.

Actions are proposed in the table below:

Actions: Improving management of chronic conditions	Lead Responsibility
<ul style="list-style-type: none"> Working with primary care providers to support the application of management programmes for Pacific people with chronic conditions 	ADHB PHOs and Primary Care Management
<ul style="list-style-type: none"> Building on HVAZ platform in HEHA-related activities to incorporate clinical service development, particularly in relation to chronic disease management 	Pacific Health ADHB PHOs and Primary Care Management
<ul style="list-style-type: none"> Build on existing public education on screening to lift Pacific women's rates of breast and cervical cancer screening 	ADHB Primary Health Care team PHOs/ primary care providers
<ul style="list-style-type: none"> Promote CVD risk assessments and diabetes screening through HVAZ and mainstream providers 	ADHB PHOs and Primary Care Management PHOs/ primary care providers Pacific Health
<ul style="list-style-type: none"> Engage Pacific men and women on health issues directly through HVAZ 	Pacific Health/HVAZ leaders PHOs/ primary care providers
<ul style="list-style-type: none"> Implement tobacco control Plan for Pacific population with a focus on increasing access to cessation services for Pacific people 	Auckland Regional Public Health Service Tobacco cessation providers
<ul style="list-style-type: none"> Supporting Pacific smoking cessation services to link with Pacific community organisations through HVAZ and other initiatives. 	Auckland Regional Public Health Service Tobacco cessation providers
<ul style="list-style-type: none"> Support maternity service development towards providing a continuum of care for Pacific women from primary to secondary care services 	ADHB P&F (Women and Children); ADHB Maternity Services PHOs/ primary care providers
<ul style="list-style-type: none"> Fostering supported self-care for chronic conditions, drawing in Pacific people with chronic conditions and their wider family and social networks 	ADHB P&F (Our Health 2020) PHOs/ primary care providers
<ul style="list-style-type: none"> Monitoring service delivery performance in managing chronic conditions among Pacific people, and providing dialogue and feedback on ongoing service improvement 	Pacific Health team

2. Building the Capacity and Capability of the Pacific Workforce

Service-level accountability indicators (2-5 year timeframe)	Long-term population outcomes (5 years plus)
ADHB Pacific employees (FTE) by workforce category; total and as proportion of ADHB workforce	Pacific nursing, allied health and medical graduates employed by ADHB

Issues

A strong multidisciplinary Pacific health workforce is essential to improving the health of Pacific people. Growing and developing the Pacific workforce is a foundation for Pacific self-determination in health, by fostering supportive health environments for Pacific people, building Pacific health sector leadership, and promoting greater responsiveness to the health needs of Pacific people.

ADHB has a role in fostering Pacific workforce development to effectively serve the Pacific people of Auckland, as a provider of health services to a large, diverse and growing Pacific population, and as a funder of community services through Pacific providers and other primary care services.

The challenges to building a stronger workforce are considerable: the health of Pacific people is poorer than other population groups, and faces long-term pressures of rising rates of long term illnesses such as diabetes and heart disease. This is combined with a Pacific workforce in ADHB that although growing, remains disproportionately small relative to the health need of Pacific people. There is a clear imbalance between the needs of the Pacific population and the capacity of the Pacific workforce to meet those needs.

Recruiting more Pacific people into the ADHB workforce is critical if we are to remain responsive to the health needs of some of our most vulnerable populations. Building young people's participation in the health workforce requires creating an environment of youth participation in health, coupled with engaging whanau/families in choice of health

careers. Support and mentoring is needed through all stages of school and tertiary training to maximise Pacific participation in the health sector.

Recruiting and retaining Pacific staff in the DHB and provider organisations is an ongoing challenge. Key to the retention of Pacific staff within the DHB is building a supportive environment for Pacific workers across all divisions. The development of the nursing and allied health staff in ADHB and its provider network are key priorities. Pacific nurses make up the largest component of the health workforce in ADHB, but the workforce is seen to be ageing and lacking renewal by young people. Developing ongoing skills and knowledge, and the career pathways of ADHB Pacific allied health professionals (such as social work, physiotherapy, dietitians and occupational therapy) is similarly important.

Actions

Actions are proposed in the table below:

Actions: Pacific Workforce Development	Lead responsibility
<ul style="list-style-type: none"> • Work with Ministry of Health Pacific Provider Development initiatives to foster the capability and capacity of the Pacific workforce 	Ministry of Health ADHB Pacific Health Executive Director of Nursing
<ul style="list-style-type: none"> • Support and monitor the ongoing implementation of the ADHB Workforce Development Plan, and in particular, the priorities of: <ul style="list-style-type: none"> ○ Fostering the entry of young Pacific people into health careers and supporting their progression into the health workforce ○ Investment in recruiting, retaining and building capabilities of Pacific nursing, allied health and management across the continuum of care ○ Enable career development pathways for all Pacific health workers 	Pacific Health
<ul style="list-style-type: none"> • Roll out ADHB Scholarship programme and monitor uptake by Pacific students 	Executive Director of Nursing
<ul style="list-style-type: none"> • Support the establishment of a Pacific Regional Clinical Advisory group, and contribute resources with other DHBs 	Pacific Health

to sustain its development	
<ul style="list-style-type: none"> • Work with tertiary institutions in forecasting and planning for Pacific health workforce needs, promoting health careers to schools and Pacific communities, and establish undergraduate Pacific training placements in provider arm and community settings 	Pacific Health Executive Director of Nursing
<ul style="list-style-type: none"> • Link with initiatives in Tamaki Transformation Project to support young Pacific to undertake foundation training as a step towards nursing training 	ADHB P&F Pacific Health
<ul style="list-style-type: none"> • Work regionally with Waitemata and Counties Manukau DHBs to support Pacific-trained nurses and health workers to further develop their English language skills, so as to support health career progression 	Executive Director of Nursing
<ul style="list-style-type: none"> • Establish a Pacific workforce development position to assist with ADHB and community provider training and career development, youth recruitment and coordinating a Pacific workforce network 	ADHB P&F Executive Director of Nursing

3. Enhancing health service access and responsiveness for Pacific people

Service-level accountability indicators (2-5 year timeframe)	Long-term population outcomes (5 years plus)
Emergency department stays (national target)	Pacific people's life expectancy Cancer mortality rates Staff completed Pacific Best Practice Guidelines training
Elective surgery access (national target)	
Cancer treatment waiting times (national target)	
Pacific Outpatient clinic DNA (did not attend rates)	

Issues

Access to health services is vital for maintaining health and managing illness. Primary health care settings will assume growing importance as the first port of call for a wide range of health services, including some services that are currently in secondary care settings.

Nationally, Pacific peoples appear to be connected into the health care system; yet the 2006/07 New Zealand Health Survey showed that on a national basis, Pacific people are less likely than adults in the total population to report that their health care professional treated them with respect and dignity.⁵ For Pacific people, particularly young people, cost and cultural barriers have hindered access to some services, including mental health services and primary care services.

It is also evident that within ADHB, the outpatient DNA (did not attend) rates are disproportionately high compared to other population groups (comprising 12% of total bookings, compared to 11% for Maori and 5% for NZ Europeans in 2009). This is estimated to cost ADHB \$2 million per year.

It is crucial to ensure that Pacific people can not only access services, but that the services are responsive to their needs, link with their wider families, have strong communication skills and channels with Pacific families, and that the services themselves are in places where Pacific families are comfortable, welcomed and respected.

Pacific health professionals and health workers are also required to extend their cultural understanding and knowledge to meet the needs and expectations of the many different communities. These challenges are compounded by the substantial Pacific population (including 44% of Fijian, 56% of Tongan, 60% of Samoans, 73% of Cook Island and 74% of Niuean people) who were born in New Zealand, and who have different outlooks and health needs from the older generations.

Although there is an increasing presence and visibility of Pacific providers, particularly in health promotion and primary health care, the reality for Pacific people, particularly those who attend ADHB secondary and tertiary services, is that they are most likely to see a non-Pacific health professional. It is therefore critical that mainstream health professionals have an understanding of the dynamics of Pacific cultures so as to be able to deliver the best possible care to Pacific people and to improve Pacific health outcomes.

Improving mainstream responsiveness would have a positive impact on the quality of service. Understanding how a Pacific person’s cultural values and beliefs shapes their behaviours, attitudes and perceptions of health will provide health professionals with an awareness of what the causal factors of an illness or disease may be, and will ultimately improve the quality of service provided for the patients/clients. Building a connection with patients/clients and their families by acknowledging and incorporating Pacific values into practice allows for trust to develop and provides opportunities for information to flow freely between all parties.

Actions

Actions are proposed in the table below:

Actions: Service Access and Responsiveness	Lead responsibility
<ul style="list-style-type: none"> • Maintaining the role of ADHB’s Pacific Health Advisory Committee in providing independent advocacy for Pacific people, and holding the DHB accountable for the health of Pacific people 	PHAC ADHB P&F
<ul style="list-style-type: none"> • Provision of opportunities for ongoing mainstream responsiveness/cultural competence training and support for Pacific and non-Pacific staff, consistent with ADHB Mainstream Responsiveness Plan 	ADHB Human Resources
<ul style="list-style-type: none"> • Investigating and implementing cost-effective new initiatives to reduce DNA rates among Pacific people 	ADHB P&F Pacific Health
<ul style="list-style-type: none"> • Implementing the Pacific Best Practice Guidelines and training package in Starship and Adult health services 	ADHB Provider Arm
<ul style="list-style-type: none"> • Monitoring service delivery performance in service access and responsiveness, and providing dialogue and feedback on ongoing service improvement 	Pacific Health

4. Fostering the health of Pacific children and young people

Service-level accountability indicators (2-5 year timeframe)	Long-term population outcomes (5 years plus)
Pacific breastfeeding rates at 6 weeks and 3 months	Injury-related hospital admissions for Pacific children and young people Pacific teen pregnancy rates Primary care utilisation/enrolment rates for Pacific population aged 15-24
Immunisation rates among Pacific 2-year olds (national target area)	
Acute respiratory admissions (pneumonia and bronchiolitis) for Pacific children	
Pacific children caries free at 5 years	

Issues

Over recent years, there have been some clear health gains for Pacific children and young people, including immunisation (particularly the Meningococcal B vaccine); declines in smoking; declines in injury mortality, including suicide; and wider improvements in determinants of health, such as educational achievement and school retention rates.⁶

Yet against these improving indicators remains the persistently poorer health status of Pacific children and young people. Breastfeeding rates remain consistently lower among Pacific people than most other ethnic groups; immunisation rates for pertussis are relatively low; bronchiolitis admissions among Pacific children are over four times higher than NZ Europeans and one and a half times that of Maori children.⁷ Among Pacific young people, mental health, violence, injuries, sexual health and service/support access are critical areas.⁶

Given the young profile of the Pacific population, maintaining the health of Pacific young people is a vital investment for the health system.

For conditions such as these, health services in primary health care settings and secondary services have important roles to play in supporting

healthier lifestyles, providing effective early intervention, and reducing preventable mortality. There is also an important role in the health sector in reaching across other sectors to ensure a whole system response to the health of Pacific young people.

Actions

Actions are proposed in the table below:

Actions: Pacific Children and Young People	Lead responsibility
<ul style="list-style-type: none"> • Support the enrolment of Pacific children into the well child programme 	ADHB P&F (Women and Children) Well Child providers
<ul style="list-style-type: none"> • Engaging with young people, initially through established channels of HVAZ and its Youth Action Komiti, and also more widely on their health service needs and supporting service responses across hospital and community settings, including primary health care 	Pacific Health (HVAZ) ADHB PHOs and Primary Care Management
<ul style="list-style-type: none"> • Support nutrition and physical activity interventions and initiatives that target Pacific young people 	Auckland Regional Public Health Service ADHB HEHA
<ul style="list-style-type: none"> • Foster service linkages between mental health and addictions services and first point of contact settings for Pacific young people and their families 	ADHB Mental Health/Lotofale Pacific Health
<ul style="list-style-type: none"> • Make available nutrition grant funding for Pacific preschools 	ADHB HEHA
<ul style="list-style-type: none"> • Work with oral health services to ensure appropriate oral health outreach to Pacific children 	ADHB Oral Health Services and Planning
<ul style="list-style-type: none"> • Support sexual and reproductive health services to deliver appropriate services that meet the needs of Pacific young people 	ADHB Sexual Health Services ADHB PHOs and Primary Care Management
<ul style="list-style-type: none"> • Monitoring service delivery performance in key areas of the health of Pacific children and young people, and providing dialogue and feedback on ongoing service improvement 	Pacific Health

5. Strengthen and Consolidate Flagship Pacific Programmes and Services

Service-level accountability indicators (2-5 year timeframe)	Long-term population outcomes (5 years plus)
Number of churches that have participated in community education modules	Provider arm referrals for family violence intervention
Physical activity levels	DHB funding allocation to Pacific initiatives
Participation in diabetes SME	Utilisation rates for 'by Pacific' services

The recognition of Pacific peoples themselves as having the solutions to their health needs has seen a shift in the health sector towards increasing opportunities for Pacific peoples to be involved in their health care. Empowering Pacific communities to be active participants in their journey towards 'living long quality lives' sees the next phase for flagship Pacific programmes and services focusing on strengthening three of the cornerstones for Pacific health and wellbeing:

- Pacific Families
- Pacific Churches and Communities
- Pacific Service Providers

Pacific Families

Families are at the heart of health and wellbeing for Pacific peoples. Understanding the important role that family members play in implementing healthier lifestyle practices and in managing the care of family members is critical to improving health outcomes for the Pacific population. The child, youth and women's health priorities of the plan reflect the need for inclusive and whole of family approaches, where individuals are viewed in the context of their family, their roles and responsibilities, and the relationships and obligations they have to their wider family and community.

It is also important to consider the socio-economic determinants of health and the implications of the current economic climate on Pacific families, particularly with 13.7 percent of the Pacific population currently unemployed.⁸ Increased financial pressures on vulnerable populations are shown to have a direct correlation with poorer health outcomes.⁹ This includes increased incidences of family violence, overcrowding, cold and damp housing situations and poorer nutritional practices.^{10 11}

Actions

The following actions are proposed to enhance the health and wellbeing of Pacific families:

Actions: Pacific Families	Lead responsibility
<ul style="list-style-type: none"> • Pilot a Pacific-based Integrated Family Health Centre, using HVAZ as a platform and building on strengths-based approaches to foster Pacific health (pending national funding availability) 	ADHB PHOs and Primary Care Management Pacific Health
<ul style="list-style-type: none"> • Provision of ongoing support to Pacific patients through the Pacific Family Support Unit (PFSU), including supporting a seamless transition between secondary services and clinical services in community settings through discharge planning 	PFSU
<ul style="list-style-type: none"> • Delivery of a parenting /caregiver module through the HVAZ programme that is structured around the healthy development of children and adolescents 	ADHB P&F (Women and Children) Pacific Health (HVAZ)
<ul style="list-style-type: none"> • Support the implementation of the Health of Older People pilot project through the HVAZ programme 	ADHB Health of Older People Pacific Health (HVAZ)
<ul style="list-style-type: none"> • Development of a diabetes self management education model of care that is inclusive of Pacific families 	ADHB PHOs and Primary Care Management
<ul style="list-style-type: none"> • Work with other key agencies to develop and deliver a culturally appropriate family violence prevention module to Pacific communities through the HVAZ programme 	Pacific Health (HVAZ)
<ul style="list-style-type: none"> • Scope options for cross-sector collaboration through HVAZ to address some of the social determinants of health for Pacific communities 	Pacific Health (HVAZ) ADHB P&F (Our Health 2020)

Pacific Churches and Communities

Healthy Village Action Zones (HVAZ) is a significant partnership programme between the Auckland District Health, Primary Health Organisations (PHOs) and Pacific church communities in the Auckland District. At the centre of the HVAZ Vision is a model of self-determination and community-led development that aims to support Pacific communities to develop their own solutions to their health priorities.

The challenges facing HVAZ include how it continues to sustain the current levels of activity and programme momentum over the next five years. It is envisaged that PHAC will have a greater role in community leadership processes within HVAZ to support the programme's ongoing visibility and sustainability.

The focus moving forward for HVAZ is one of consolidation with a strong focus on providing opportunities for the HVAZ community to build and strengthen its current capacity and capabilities to implement healthy lifestyle programmes. This will require a shift of knowledge, skills and expertise from health professionals to HVAZ participants in order for them to become the 'expert patient' and have greater control over their health and wellbeing.

Actions

The following actions are proposed:

Actions: Pacific Churches and Communities	Lead responsibility
• Evaluate two key priority areas identified in the HVAZ Action Zone Plan	School of Population Health (HVAZ evaluation project)
• Support HVAZ churches to develop and implement health action plans	Pacific Health (HVAZ)
• Implement the strengthening leadership programme across HVAZ with a focus on strengthening the capacity and capability of church leadership teams and health committees to implement their healthy lifestyle programmes	Pacific Health (HVAZ)

<ul style="list-style-type: none"> • Consolidate the HVAZ Youth Advisory Komiti (YAK) work stream and implement two leadership development projects aimed at equipping HVAZ youth leaders with the tools to implement their youth focused healthy lifestyle activities 	Pacific Health (HVAZ)
<ul style="list-style-type: none"> • Work with the Pacific Heartbeat Programme to extend HVAZ to include an additional 10 Pacific churches into the programme 	Pacific Health (HVAZ) National Heart Foundation
<ul style="list-style-type: none"> • In response to community identified priorities, work collaboratively with other agencies to implement community education modules focused on the following topics: <ul style="list-style-type: none"> ○ Nutrition and physical activity ○ Addictions prevention ○ Men’s Health ○ Women’s Health ○ Health of Older People ○ Child and Youth health ○ Parental education 	Pacific Health (HVAZ)

Pacific Service Provision

Pacific service providers offer an alternative to mainstream services and have been a significant feature in the Pacific journey so far. These ‘by Pacific for Pacific’ providers have contributed towards increasing access to culturally responsive clinical and population health services. An example of where this has worked well is the implementation of the PHO based Parish Community Service which has been implemented through Healthy Village Action Zones and is delivered in community settings.

With a growing Pacific population, the challenge facing the Pacific health sector is its ability to respond and adapt current service provision to meet the changing face of the Pacific population. With a significantly youthful age structure and a largely New Zealand Born population, there will be increased opportunities for the development of new and innovative models of care to meet the diverse Pacific population. Other issues facing the Pacific sector include developing Pacific sector leadership, recruitment and retention of the Pacific NGO workforce, building critical mass and provider sustainability.

Actions

The following actions are proposed:

Actions: Pacific Service Provision	Lead responsibility
<ul style="list-style-type: none"> Develop Pacific models of care that respond to the action plan priorities and that enhance community development and empowerment approaches for Pacific populations 	Pacific Health
<ul style="list-style-type: none"> Encourage and strengthen Pacific sector responsiveness towards meeting the needs of a diverse Pacific population 	Pacific Health
<ul style="list-style-type: none"> Support opportunities for regional collaboration which contribute towards building critical mass for the Pacific sector 	Pacific Health CMDHB/WDHB
<ul style="list-style-type: none"> Nurture and encourage the development of the Pacific workforce with a focus on developing leader managers 	ADHB Human Resources Pacific Health
<ul style="list-style-type: none"> Support Pacific primary care providers to link with secondary care services in order to improve the patient's journey through the health system 	Pacific providers ADHB PHOs and Primary Care Management Pacific Health
<ul style="list-style-type: none"> Support to ongoing development and maintenance of Lotofale mental health services 	ADHB Mental Health Pacific Health
<ul style="list-style-type: none"> Implement leadership training in HVAZ churches 	Pacific Health (HVAZ)

Role of Pacific Health Division

For the small Pacific team, the challenge is to focus its activities so that it is supporting and challenging the ADHB organisation to deliver effective services to Pacific people, and to provide leadership and support to community-based services delivered by Pacific providers and other organisations.

This focused direction could encompass the following elements:

- Providing clarity of vision
- Problem solving and barrier removal

- Setting standards and providing feedback
- Joining up.

These are discussed in the sections that follow.

Clarity of vision

The Pacific team has a key role in supporting the collective vision and pathway for improving Pacific health outcomes and delivering responsive health services.

This plan builds upon the past achievements of the ADHB Pacific health team but also ushers in a new direction that aligns with government priorities on clinical outcomes and improved productivity.

There will need to be strong leadership and a clarity of vision to describe the forward direction in a manner that it is meaningful for a broad range of stakeholders.

Measurable improvements in Pacific health will require building trust and influence with Pacific communities, health professionals and health organisations.

Each of these three key stakeholder groups require different types of information, communications and relationships in order to understand how they can best participate in improving Pacific health outcomes.

The vision for Pacific health and health system response needs to be led by the Pacific health team, with support from the Pacific Health Advisory Committee and the wider ADHB Board and senior management and clinical team.

Key tasks requiring clarity of vision will include:

- Engaging stakeholders in the focus on clinical performance and outcomes for Pacific people
- Ensuring Pacific perspectives and requirements are a part of key government initiatives, such as devolution to primary care and establishment of family medical centres

- Working with Pacific communities to chart future directions for HVAZ and the ongoing leverage of HVAZ for improved clinical outcomes
- Championing the ongoing development of the Pacific workforce within ADHB and across the community organisations and PHOs
- Building new accountability-based relationships with health providers in terms of quality and performance for Pacific people

Problem solving and barrier removal

Pacific people are a minority group in Auckland and relatively poorly resourced.

Pacific people experience barriers in access to health services. Pacific workforce experience barriers in access to education and progression. Pacific providers experience barriers in participation in the wider health system.

Some of these barriers are substantive and others may be perceived – either way they contribute to a less-than-optimal health system for Pacific people.

One of the important historical – and future – roles of the ADHB Pacific team is to identify and remove barriers that are hindering Pacific health improvements.

Barriers may exist around communications, cultures, service design, policies, resourcing, attitudes and skills.

As leaders in the health system the ADHB Pacific team is well placed to identify and influence the many barriers in the system. This role is to proactively identify and mitigate barriers and also to act as a representative of Pacific peoples, health workers and providers to be a trusted advocate on their behalf.

It is important to note that the focus on barrier removal is not about introducing new constraints or bureaucracy but aligns with a more responsive and productive health system.

Key tasks associated with problem solving and barrier removal include:

- Systematic review of the Pacific health improvement indicators in this document and identification of barriers to improving performance in these areas
- Ongoing in-depth involvement with Pacific communities through HVAZ and the identification and removal of barriers to local health self determination.
- Identification of systems barriers relating to improved self management in relation to chronic disease.
- Identification of the barriers to improved healthy behaviours and health outcomes for Pacific women.
- Ongoing focus on barriers to improving the proportion and seniority of the Pacific workforce within the health system

Setting standards and providing feedback on performance

This plan focuses on improving the performance of clinical services for Pacific people. Within this context the ADHB Pacific team and the PHAC will be taking on an enhanced role in setting expectation and monitoring the performance of many aspects of the health system.

A small number of performance indicators have been designed to focus on priority areas. The Pacific health team will collect and communicate these indicators on a regular basis and institute a process of rapid and regular feedback to health services.

The aim is to create a constructive learning environment where clear priorities and robust indicators lead to dialogue with service directors and clinicians about processes of continuous improvement. Development of this indicator-led improvement system will be supported across ADHB services and primary health care. Within this process the Pacific health team will also fulfil a role of knowledge brokers – helping to transfer effective solutions for Pacific people from one part of the system to another.

Given the scope of activity and services, it is likely there will need to be phasing and areas of focus.

Key tasks associated with setting standards and performance feedback include:

- Developing regular and robust reports based on the Pacific performance indicators and identifying key standards of service for Pacific people.
- An important area of standards of service may relate to new family medical centres (for example in reducing drop-out from picking up prescriptions and undertaking lab tests)
- Creating those reports in a manner that is meaningful for service designers and clinicians.
- Engaging in constructive review of performance with providers and collaboratively identifying where and how improvements could be made.
- Identifying best practice and transferring solutions across clinicians and providers.

Joining up

Many problems associated with improving Pacific health and clinical outcomes are complex and include linked issues which cut across traditional health service silos.

Effective solutions often require new thinking and new coalitions of people and organisations. Sometimes it is difficult for those people within particular organisations or service silos to see the 'whole' and anticipate where and how they can join up with others to create improved solutions.

The ADHB Pacific team has an important role as a catalyst for innovation or a 'joining up' ideas, people and organisations in new ways. This is not a bureaucratic role, nor is it top-down co-ordination. It is taking advantage of their relative 'helicopter' position and their ability to see how improved outcomes could be achieved by bringing capabilities together and then brokering effective introductions and identifying common goals.

There are many examples in the HVAZ programme where the Pacific team has effectively brokered an otherwise-chaotic system of community

demand and health service suppliers within the Pacific church environment.

There may be many opportunities for new ways of joining up skills and capability with the devolution of clinical services into primary care.

Key tasks associated with joining up include:

- Identify opportunities for improved efficiency and service coherence from joining up district initiatives into regional-level services.
- Ongoing joining of communities and services within the HVAZ environment
- Focus on the priority areas in this plan and identify opportunities to join up people and organisations to improve outcomes
- Focus on how new coalitions of clinical skills and community skills can support cost effective self management of chronic conditions
- Identify new coalitions to support the development and retention of Pacific health workforce.

Appendix 1: Historical development of Pacific health within ADHB

District Health Boards came into being in 2001, following the passage of the New Zealand Public Health and Disability Act 2000. Depending on individual DHB capacity, Pacific health teams or dedicated Pacific positions were established within at least seven Pacific priority DHBs. ADHB's response in its early years was the employment of Aseta Redican as General Manager for Pacific Health in 2001.

The team was formed under the leadership of GM Pacific Health, with two core staff; a Planning and Funding role and an administrative/community development role. They were later joined by a Pacific Provider Arm managerial role.

Together with the Pacific Health Advisory Committee, the Pacific team advises, advocates for, supports and assists ADHB in reducing inequalities among the disadvantaged and vulnerable Pacific population.

A key role of the Pacific team has been to challenge the cultures and practices within the DHB, to improve the responsiveness of services delivered to Pacific people thereby improving health outcomes.

The team began with no office and no budget, apart from some residual Pacific health services that had carried over from the Health Funding Authority/North Health. Although over the period since 2001, there have been some changes in staffing and roles, the same core staffing level of approximately 3 permanent FTE has remained constant. The team has from time to time been supported by contracted staff to support strategic development and service delivery.

In this time, the team has consistently delivered advice, advocacy, strategic programmes and initiatives that are considerably greater than would be expected from a team of this size. The team has worked strenuously to raise the profile of Pacific health as a priority issue for the DHB and to develop services, and strategies and Pacific best practice support and guidance.

These achievements have been made at a time of significant challenges for the DHB, including a major building programme and associated change management programme, and the need to tackle a substantial deficit.

The Pacific team remains small, but it has consistently added value across the DHB's operations, providing Pacific perspectives on strategic development and health practice, and proactively managing contracts and services with providers.

The timeline on the following page charts the development and key achievements that have occurred in Pacific Health since ADHB was formed in 2001.

Within ADHB, the timeline charts the establishment of a GM Pacific Health role in 2001, and the changes and developed it has fostered and influenced over that period. These include the roles in Pacific provider development, sponsorship of the Pacific Family Support Unit and the Lotofale Mental Health Unit, the development of the Pacific Health Advisory Committee and strategic planning.

In community settings outside of ADHB, the timeline tracks the progression from Parish Nursing pilots through to the establishment and rapid expansion of Healthy Village Action Zones, the development of Pacific PHOs, and the establishment of the Pacific Community Health Workers training at Manukau Institute of Technology.

These initiatives are profiled in detail in Appendix 1. The initiatives have laid key foundations for work in the provider arm and community for delivering improved services to Pacific people, of raising the capabilities of Pacific health professionals, and have assisted with improving the health of Pacific people.

What is apparent with these initiatives is that they have taken time, with many factors impacting on their development. These include:

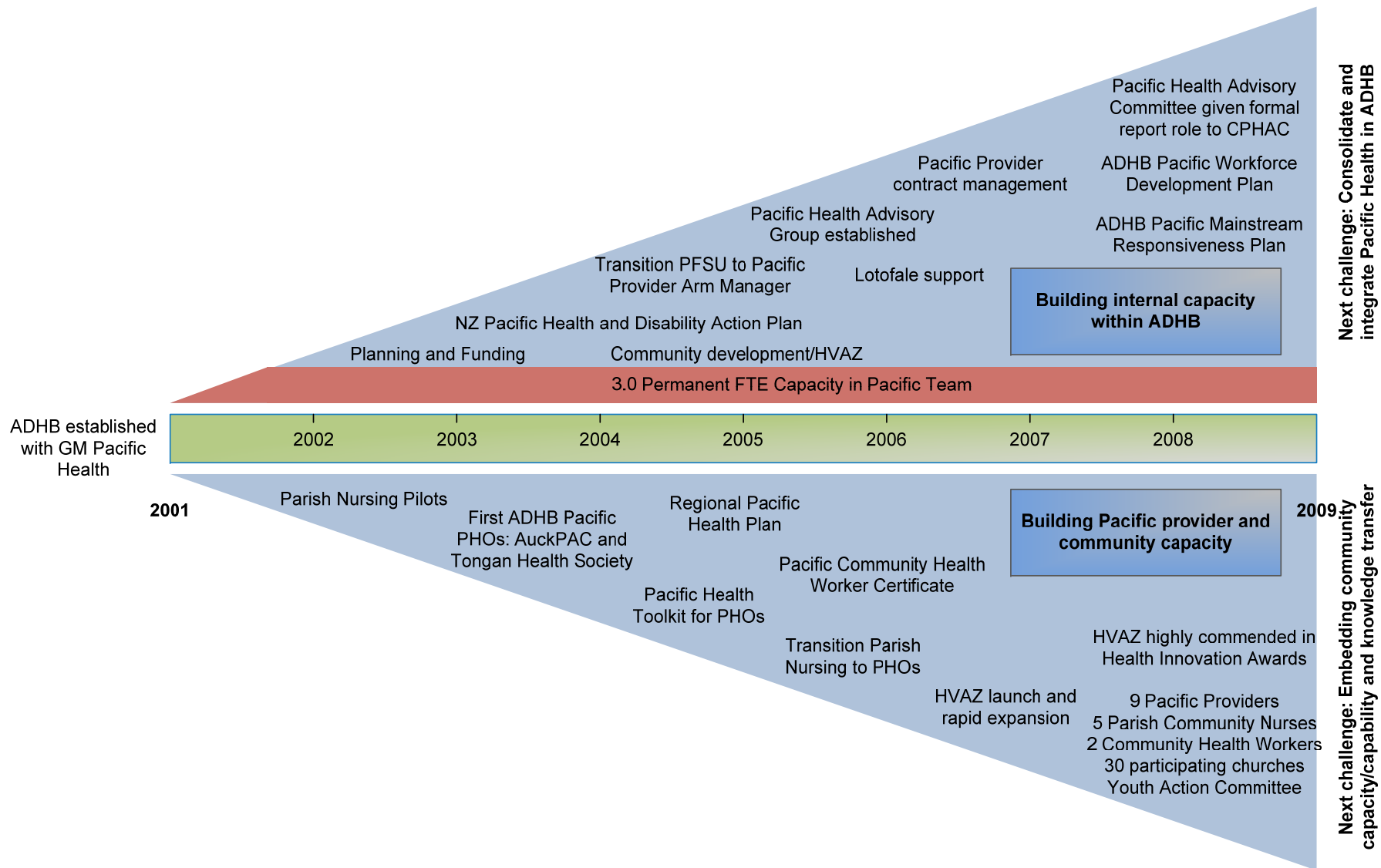
- Consulting and working with Pacific communities and in identifying needs and effective responses
- Piloting and refining programmes for wider rollout
- Obtaining buy-in from funders

- Developing partnerships with providers
- Developing effective relationships in a complex environment of DHB funding and provision, PHO service planning, Pacific providers and other service providers.

However, key pay-offs for the investment of time and resources are well-consulted and well-planned initiatives for effective implementation, and crucially, the buy-in and enthusiasm of Pacific provider organisations and communities, particularly church organisations.

There remain two overarching challenges:

1. Within ADHB, the challenge is to consolidate and integrate Pacific health across the DHB's activities. This is a priority that was highlighted by the DHB back in 2001, and while some progress has been made, it is essential that responsibility for the health of Pacific people and the development of the Pacific Health workforce are implemented as organisation-wide priorities.
2. In the community, the challenge is to embed capacity and capability for Pacific health across community provider organisations (among both Pacific and mainstream organisations), and supporting transfer of best practice to improve health outcomes for Pacific people.



Appendix 2: ADHB Pacific Health Monitoring Framework

Priority area	Service-level accountability indicators (2-5 year timeframe)	Long-term population outcomes (5 years plus)
1. Improving management of chronic conditions among Pacific people	<p>Provision of quit smoking advice (national target)</p> <p>CVD risk assessments (national target)</p> <p>Access to free annual checks (national target)</p> <p>Satisfactory or better diabetes management (national target)</p> <p>Breast and cervical cancer screening rates for Pacific women</p>	<p>Smoking rates for Pacific people</p> <p>Obesity incidence (rate of growth) for Pacific people</p> <p>Diabetes and cardiovascular disease incidence</p> <p>Breast and cervical cancer mortality rates</p>
2. Building the capability and capacity of the Pacific workforce	<p>ADHB Pacific employees (FTE) by workforce category; total and as proportion of ADHB workforce</p>	<p>Pacific nursing, allied health and medical graduates employed by ADHB</p>
3. Enhancing health service access and responsiveness for Pacific people	<p>Emergency department stays (national target)</p> <p>Elective surgery access (national target)</p> <p>Cancer treatment waiting times (national target)</p> <p>Pacific Outpatient clinic DNA (did not attend rates)</p>	<p>Pacific people's life expectancy</p> <p>Cancer mortality rates</p> <p>Staff completed Pacific Best Practice Guidelines training</p>
4. Fostering the health of Pacific children and young people	<p>Pacific breastfeeding rates at 6 weeks and 3 months</p> <p>Immunisation rates among Pacific 2-year olds (national target)</p> <p>Acute respiratory admissions (pneumonia</p>	<p>Injury-related hospital admissions for Pacific children and young people</p> <p>Pacific teen pregnancy rates</p> <p>Primary care utilisation/enrolment rates for Pacific population aged 15-24</p>

and bronchiolitis) for Pacific children

Pacific children caries free at 5 years

Priority area	Accountability indicators (2-5 year timeframe)	Long-term outcomes (5 years plus)
5. Strengthen and consolidate flagship Pacific programmes and services	Number of churches that have participated in community education modules Physical activity levels Participation in diabetes SME	Provider arm referrals for family violence intervention DHB funding allocation to Pacific initiatives Utilisation rates for 'by Pacific' services

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