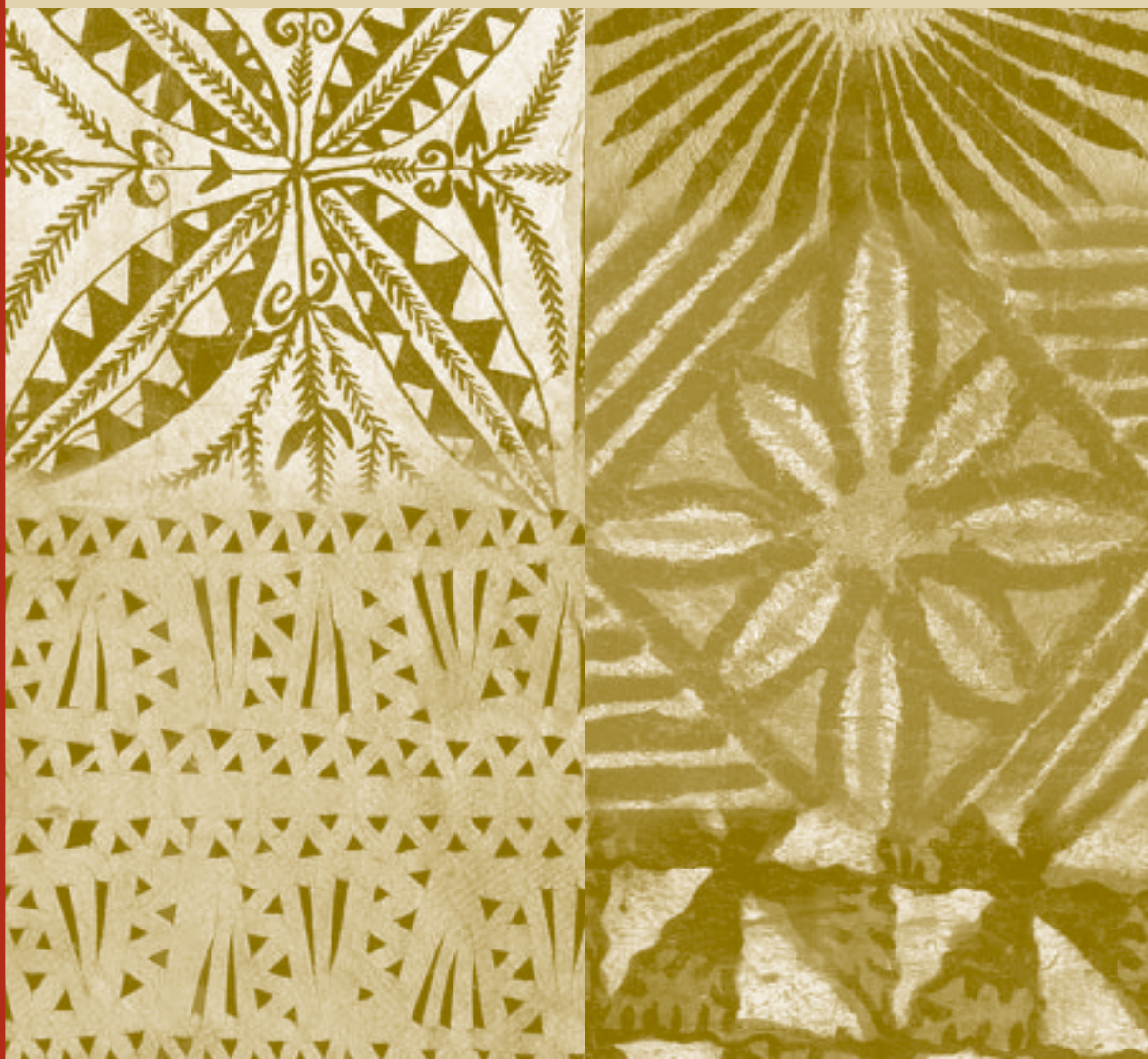
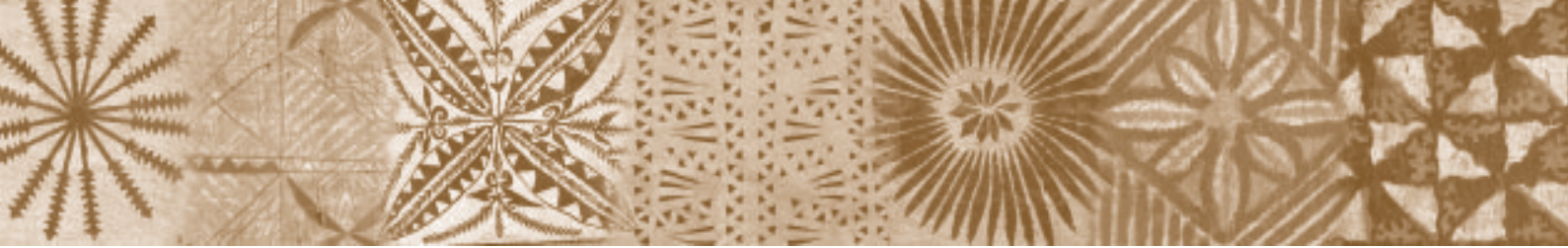




The Pacific Health and Disability Action Plan

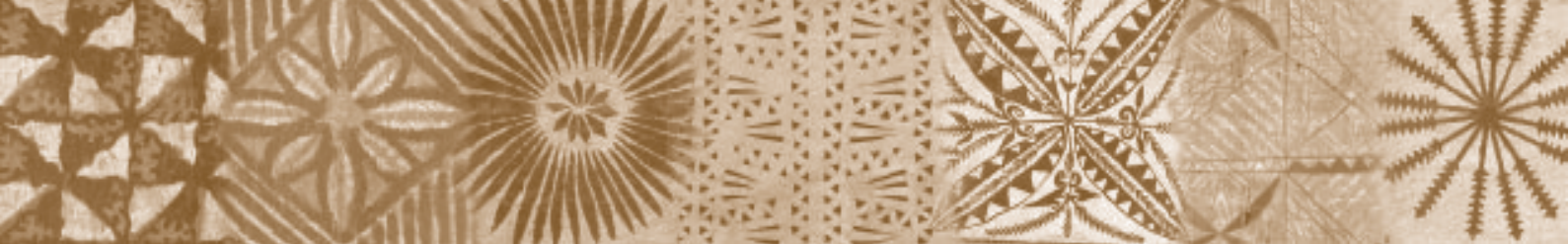
Hon Annette King, Minister of Health
February 2002





The Pacific Health and Disability Action Plan

**Hon Annette King, Minister of Health
February 2002**



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Foreword

Talofa lava, Kia orana, Malo e lelei, Fakaalofa Lahi atu, Taloha ni, Ni sa bula vinaka, Fakatalofa atu.

‘Healthy Pacific peoples achieving their full potential throughout their lives.’



Pacific peoples aspire to lead full and active lives. But as we move into the new millennium, their progress towards achieving quality and healthy lifestyles continues to be fraught by social, cultural and economic factors. The health of Pacific peoples' is poorer than that of non-Pacific peoples in New Zealand. They have a higher death rate and a lower life expectancy than other ethnic groups, excluding Māori. Social and economic factors such as low income, poor housing conditions, and low education achievements contribute significantly to the relative poor health status of Pacific peoples.

The way forward requires a collaborative approach. An environment that supports healthy lifestyles and provides quality primary health care and support (or 'community based') services for Pacific peoples needs to be fostered and sustained. This must happen throughout the health and disability sector and the public sector as a whole, from policy development to service delivery. Pacific health providers have a special role in this process. Action dedicated to achieving meaningful improvement is the key motivator for us all.

I am pleased to present to you the Pacific Health and Disability Action Plan. This Plan sets out the strategic direction and actions to improve health outcomes and participation of Pacific peoples and reduce inequalities between Pacific and non-Pacific peoples. It provides a comprehensive approach to co-ordinating holistic and integrated programmes within health and disability services, Pacific communities and health organisations.

The Action Plan was developed with wide sector and Pacific community input. I wish to acknowledge the hard work and efforts of Pacific providers and communities, the Pacific Health Reference Group, the Pacific health sector and the wider health sector and the Ministry of Pacific Island Affairs in their contribution to the development of this document.

I am confident that the opportunities presented through the Action Plan will provide a solid foundation for the ongoing development of improved health and participation for Pacific peoples in the decade to come.

A handwritten signature in black ink that reads "Annette King". The signature is written in a cursive, flowing style.

Hon Annette King
Minister of Health



Acknowledgements

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Pacific health reference group:

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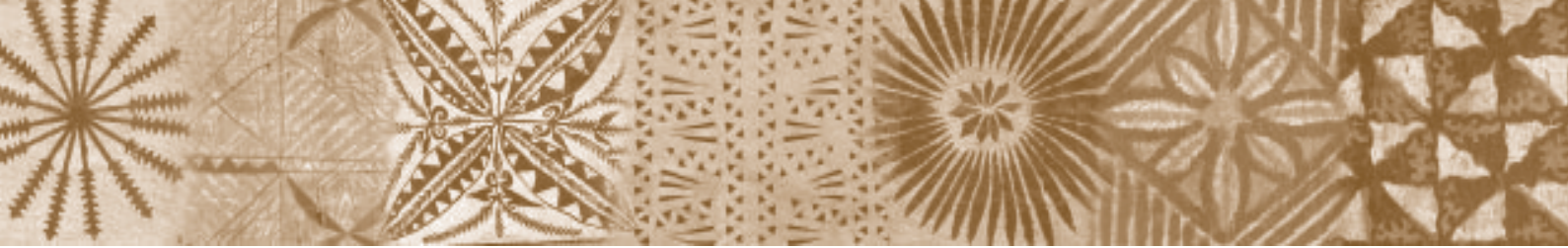
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Introduction

The Pacific Health and Disability Action Plan (the Action Plan) sets out the strategic direction and actions for improving health outcomes for Pacific peoples and reducing inequalities between Pacific and non-Pacific peoples. It is directed at the health and disability service sectors and Pacific communities, and aims to provide and promote affordable, effective and responsive health and disability services for all New Zealanders.

This Action Plan is the culmination of extensive consultations and community forums with Pacific providers, health professionals and communities. It builds on policy developments from two Ministry of Health publications *Making a Pacific Difference in Health Policy (1998)* and *Making a Pacific Difference: Strategic Initiatives for the Health of Pacific Peoples (1997)*. The Ministry of Pacific Island Affairs' programme of action reports has been incorporated in the Action Plan.

The vision, principles and priorities of the Action Plan will form the basis of future Pacific health and disability support policy and services.

The Action Plan highlights six priority areas where improvements can be made to health and disability support services for Pacific peoples. For each of the priority areas, a number of action items have been identified.

Of the 21 District Health Boards (DHBs), seven have relatively high numbers of Pacific peoples in comparison to other regions in the country. These boards will have particular responsibility to plan and fund Pacific health services. They are Capital and Coast, Hutt, Canterbury, Waikato, Counties Manukau, Auckland and Waitemata. However, it is also important that all other DHBs undertake the responsibility to engage with providers in their region to proactively support the needs of Pacific peoples.

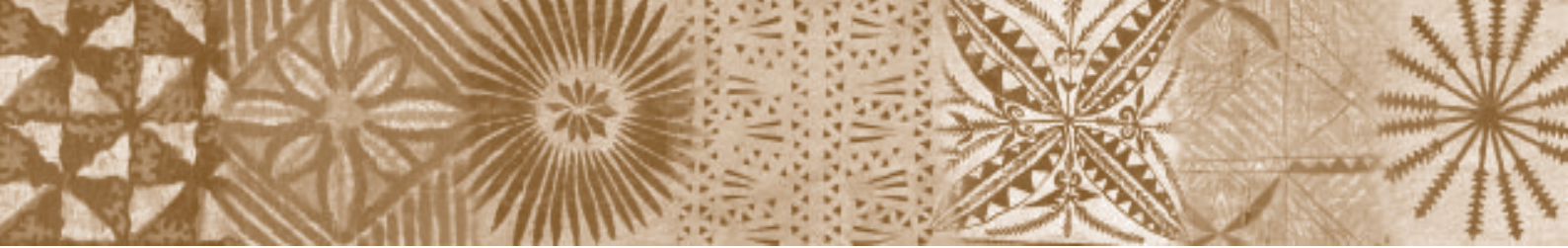
The Action Plan is a working document. It provides a foundation for the priorities now and sets the direction for the future.

Vision

Healthy Pacific peoples achieving their full potential throughout their lives.

Values

Service, respect and duty of care.



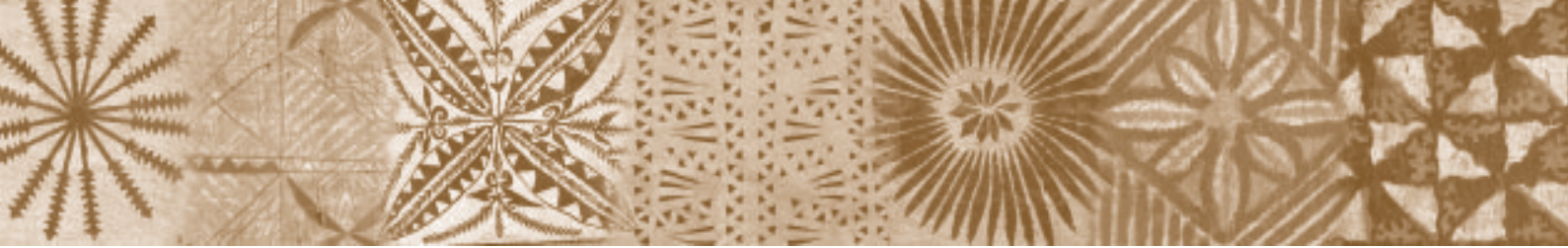
Principles

- Dignity and the sacredness of life are integral in the delivery of health and disability services.
- Active participation of Pacific peoples in all levels of health and disability services is encouraged and supported.
- Successful Pacific services recognise the integral roles of Pacific leadership and Pacific communities.
- Pacific peoples are entitled to excellent health and disability services that are co-ordinated, culturally competent and clinically sound.

Priorities

- Child and youth health.
- Promoting healthy lifestyles and wellbeing.
- Primary health care and preventive services.
- Provider and workforce development.
- Promoting participation of disabled Pacific peoples.
- Health and disability information and research.

The above priorities are not ranked in order of preference. All six are contingent on the successful implementation of this Action Plan, and are intended as a total approach to improving Pacific peoples' health and participation.



Priority 1: Pacific child and youth health

In 1996 48% of the Pacific population were under 17 years, and 39.2% were under 15 years (compared with 23% of the total population). Of the Pacific peoples resident in New Zealand in 1996, 58% were born here. Their median age was 11.4 years. It is projected that by 2051 one child in five will be Pacific (Statistics New Zealand 1996).

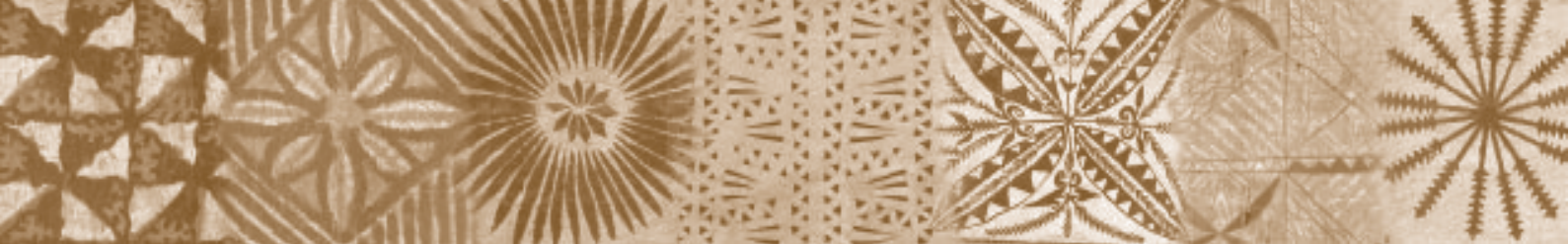
Pacific children have a high incidence of risk factors for disease and illness, and there has been little improvement in Pacific child health compared with the rest of the population. Barriers to existing services for example, language, transport, affordability and cultural responsiveness are ongoing concerns for parents and caregivers of Pacific children and youth.

The health problems facing Pacific children are:

- vaccine-preventable infectious diseases (for example, measles)
- other infectious diseases and their complications (for example, meningococcal disease, rheumatic fever, respiratory infections, glue ear and skin infections)
- asthma
- unintentional and intentional injuries
- risk factors for premature illness in later life (for example, nutrition, obesity and inactivity) (Ministry of Health 2001).

The hospitalisation rates for Pacific children with pneumonia (Grant CJ, personal communication, 1998) and vaccine-preventable infectious diseases (Ministry of Health 1986) such as measles and hepatitis B are higher than those of other ethnic groups. Pacific children's rates of meningococcal disease (Baker et al 1999) are twice those of Māori and almost eight times those of Europeans. Pacific children are more likely to fail their new entrant hearing tests (Ministry of Health 1986) and are least likely to receive treatment or grommets (Knight and Percival 1999). They also have poorer access to preventive and screening services.

The low immunisation coverage rate signals that the current system of delivery is inadequate. In recent years a number of programmes have been put in place to improve Pacific immunisation rates, but data is not yet available to show the impact of these programmes. Other infectious diseases and health complications include rheumatic fever, respiratory infections, skin infections, asthma and unintentional injuries.



Hospitalisation data by age, ethnicity and area of deprivation shows much less variation for Pacific children with increasing deprivation compared with Māori and Europeans. This implies that cost and household income are not the only factors in poor health, and that for Pacific children there are other considerations such as culture (Ministry of Health 2000), service delivery methods, appropriate health promotion/education and information. To address these issues it is essential that the collection of accurate and quality data on Pacific children begin immediately.

Surveys undertaken in 1992 and 1996 in the North Health region revealed no significant improvement in the percentage of two-year-olds who were fully immunised compared with Māori and Europeans of the same age, whose rates improved by 11% and 9% respectively.

Good antenatal care is one of the most effective interventions for improving child health. Childhood killers in the first year of life are conditions arising in the perinatal period and SIDS. All of these are amenable to good prenatal care. It is disturbing that as many as 30% of Pacific women are either unbooked or present late in the third trimester (Dr Alec Ekeroma, Counties Manukau DHB, personal communication 1999). A focus on ensuring Pacific women are healthy and connected to Pacific primary care providers during pregnancy will improve outcomes.

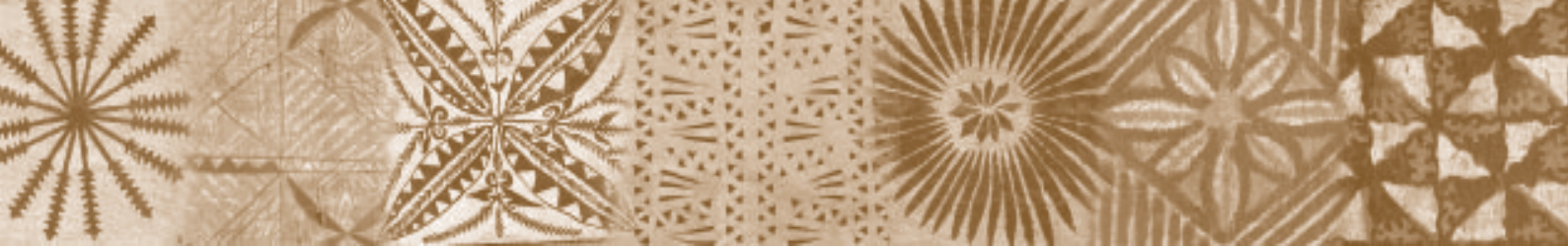
Much of the burden of disease for Pacific children and young people is preventable through:

- health promotion and prevention programmes and services, and health information that is delivered in the context of the day to day experiences of low income Pacific families
- culturally competent primary health services, such as Wellchild services and general practice services
- mainstream health services that are responsive to the needs of Pacific children and their families
- intersectoral action on both the causes and improvement of ill health and related problems
- increased coverage within decile 1–5 school-based services, beginning from preschool.

The key areas in the Child Health Strategy for improving the health of Pacific children, and which were also identified by Pacific peoples, are:

- greater focus on health promotion, prevention and early intervention
- better co-ordination
- Pacific child health information and research that focus on information systems, evaluation and evidence-based practices
- development of the Pacific child health workforce
- Pacific child health leadership.

In recent years many Pacific young peoples have taken responsibility for maintaining and learning about their cultural heritage. Often, various aspects have been redefined to reflect the New Zealand context in which they live by subsequent generations. At the same time, some Pacific groups have experienced significant language loss and youth alienation. The implications



have been a demand for Pacific health services that meet the needs of Pacific youth, with a focus on mental health, sexual and reproductive health, suicide prevention, and alcohol, drug and tobacco consumption.

Two critical areas of development are leadership training and the building of responsive youth programmes and services. To develop leadership training that is meaningful for Pacific youth, this population will need to redefine from their own experiences and future visions how age, gender and New Zealand-born culture are to be independently and collectively addressed within the expectations of Pacific families, community of churches and mainstream society.

The development of a Pacific youth strategy will be undertaken to complement the Youth Health Strategy.

Making the health of Pacific children (0–14 years) and of Pacific youth (15–24 years) a priority within the Pacific Health and Disability Action Plan recognises that there are a range of national and community benefits to be gained from investing in the health and wellbeing of children and young people.

Goal 1: To improve and protect the health of Pacific children (0–14 years)

Objective	Action	Role ¹	Completion date
1.1 To improve access to primary health care services for all Pacific children	<ul style="list-style-type: none"> Implement and evaluate the Intensive Home Visiting pilot programmes in Tokoroa and South Auckland. 	Clinical Services Directorate	2003/04
	<ul style="list-style-type: none"> Support the enrolment of all Pacific children and their caregivers with a Pacific primary health care provider or mainstream provider. 		2002/03
	<ul style="list-style-type: none"> Develop and extend assertive follow-up and culturally competent outreach services for Pacific children and families. 		
	<ul style="list-style-type: none"> Increase Pacific preschool and Pacific components of school-based health clinics for decile 1–5 schools. 	Public Health Directorate Locality	2001/02
1.2 To improve uptake of immunisation and Wellchild services	<ul style="list-style-type: none"> Monitor and evaluate the effectiveness of Pacific immunisation outreach services. 	Public Health Directorate	2002/03
	<ul style="list-style-type: none"> As part of the Wellchild scheduled review, redefine competencies, including cultural competence standards. 	Clinical Services Directorate	
	<ul style="list-style-type: none"> Register all Pacific children with a Wellchild provider by six weeks and actively follow up. 		
	<ul style="list-style-type: none"> Establish and extend culturally competent immunisation and Wellchild outreach services. 	Clinical Services/ Public Health Directorate	
1.3 To reduce the high incidence of infectious diseases	<ul style="list-style-type: none"> Further develop and implement health promotion and education programmes for parents and families of Pacific children to create awareness of infectious disease symptoms and prevention practices. 	Pacific Health Branch	2002/03
	<ul style="list-style-type: none"> Implement the Infectious Disease Strategy, with a particular focus on meningococcal, rheumatic fever and hepatitis B. 	Public health programmes; DHBs	2001/02

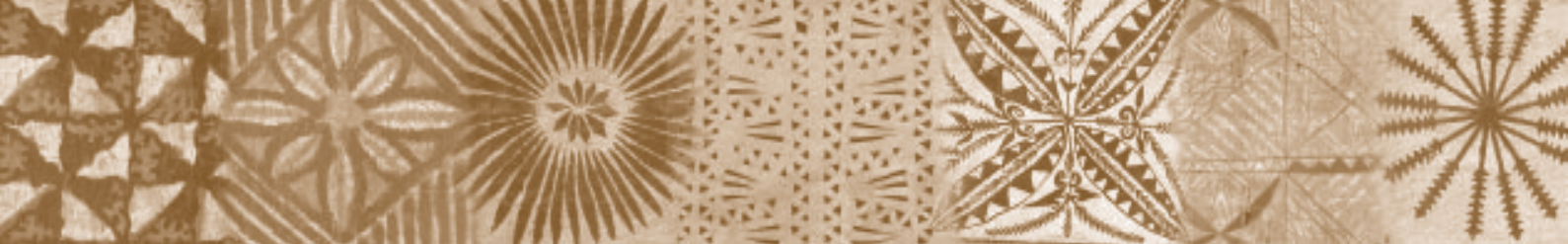
¹ The plan identifies, in the column headed 'Role', which groups or programmes within the Ministry of Health or DHBs have the responsibility for implementing the actions. Some groups are responsible for a number of actions within a given objective, and these are listed under their name.



Objective	Action	Role	Completion date
1.4 To reduce the rate of injuries to children	<ul style="list-style-type: none"> • Contribute to the development of family violence protocols and training programmes to assist providers in identifying family violence. • Investigate injury prevention programmes. • Support intersectoral work on Pacific programmes that provides safety in homes (eg, burns, scalds, falls, home drownings, poisonings). • Support intersectoral work on Pacific road safety programmes (eg, child car seats) for Pacific families. • Provide parenting services with Pacific service delivery models. • Define competencies for consistent programme delivery of injury prevention. 	<p>Clinical Services Directorate</p> <p>Public Health Directorate</p>	2003/04

Goal 2: To improve and protect the health of Pacific youth (15–25 years)

Objective	Action	Role	Completion date
2.1 To develop a Pacific Health Youth Strategy	<ul style="list-style-type: none"> • Collate relevant ethnic-specific information and identify priorities for action. • Investigate appropriate service models that will provide more effective services to Pacific youth in areas such as alcohol, drugs, sexual and reproductive health, and mental health. • Establish clear linkages to the Youth Health Strategy. 	Pacific Health Branch	2001/02



Priority 2: Promoting Pacific healthy lifestyles and wellbeing

While developing the Action Plan, a strong theme was the recognition by Pacific communities and families that they have an important role in improving their own health and wellbeing. However, it was emphasised that this could only occur if Government supported the development of healthy and inclusive environments and conditions to enable and assist Pacific peoples in adopting healthy lifestyles. It is therefore essential that health sector changes take place in conjunction with other sectors such as Education, Employment, Welfare, Housing, and Sport, Fitness and Leisure.

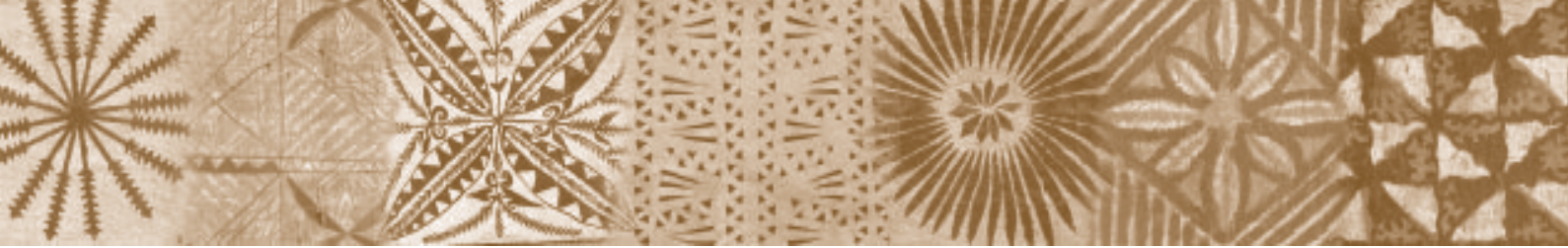
This priority action area is directed at Pacific families, including those of disabled Pacific peoples, and gives recognition to the key role that Pacific peoples play in determining and improving their own health and wellbeing.

Health promotion is the key to this priority action area. It aims to mobilise Pacific peoples to develop responses to their own needs from within their own contexts. This approach to health promotion is guided by the principles of the Treaty of Waitangi (participation, partnership and active protection) and the strategies set out in the Ottawa Charter (WHO 1986). It involves an increasing focus on reducing inequalities between different population groups within New Zealand, which is consistent with the theme of the 5th Global Conference on Health Promotion held in Mexico in 2000, and with the strategic direction of the New Zealand Health Strategy (King 2000).

The resulting strategies will create a platform for providers to ensure that services are directed towards strengthening Pacific community actions, creating supportive environments, contributing to the building of healthy public policy, developing personal and community skills, and reorienting health services. These strategies should be undertaken with a view to seeking intersectoral partnerships as a means of enhancing service delivery to Pacific peoples.

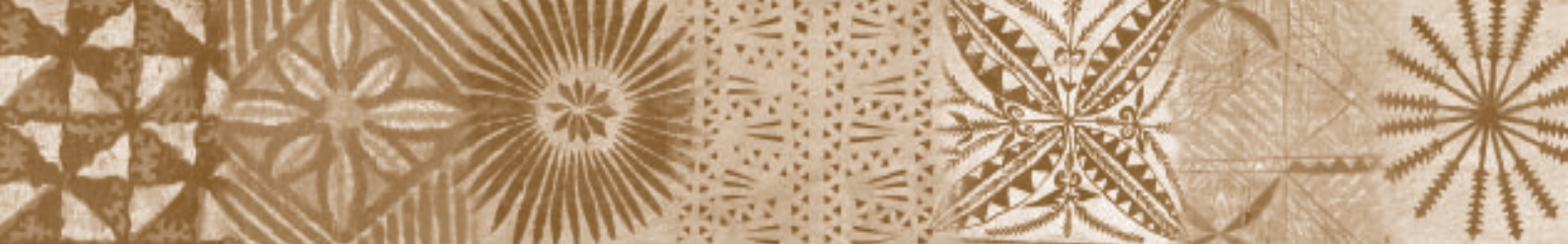
What does an effective health promotion programme look like? Importantly, it facilitates agreement from its consumer community on matters such as values, beliefs, ethics, protocols and etiquette, and overall world view. Effective health promotion recognises the issues of ownership and rights of definition by the community of Pacific families it serves.

This priority action area identifies the leading lifestyle health concerns that have been identified by Pacific communities, and it will be progressed through the development of Pacific health promotion models. These lifestyle concerns suggest the need for a refocus of existing population-based health promotion strategies so that they are responsive to the experiences of Pacific families. To ensure that Pacific peoples are effectively informed collaborative and integrated partnerships between population-based health promotion and treatment-focused primary health care services will be encouraged. Population-based health promotion services will address issues of early detection, screening, prevention and accessing treatment.



The following list maps out a selection of risk factors that influence Pacific peoples. Treatment, prevention and support services require a framework against which these risk factors can be facilitated and understood through cultural contexts, best practice and appropriate competencies.

- Nutrition and physical activity – cardiovascular and respiratory diseases, cancers, diabetes, obesity.
- Minimising harm – gambling, alcohol, drugs, tobacco, STDs, HIV/Aids, unplanned pregnancies.
- Creating healthy environments – preventable injuries, cancers, dental health caries, rheumatic fever.
- Promotion and education – all of the above, plus infectious diseases, hepatitis B, meningococcal disease.
- Improving mental health status – mental disorders, suicide and suicide attempts.



Goal 3: To encourage and support healthy lifestyles

Objective	Action	Role	Completion date
3.1 To encourage and promote healthy nutrition practices	<ul style="list-style-type: none"> Support and extend existing programmes focused on healthy lifestyles. 	Public Health Directorate	2002/03
3.2 To increase the level of physical activity	<ul style="list-style-type: none"> Support community-based physical activities. 	Public Health Directorate	2002/03
3.3 To minimise the harm caused by alcohol, tobacco, drugs and gambling	<ul style="list-style-type: none"> Explore the development of Pacific Quitline and smoking cessation programmes. Encourage smokefree Pacific environments. 	Public health programmes and locality; Public and Population Health Policy and Strategy	Ongoing
	<ul style="list-style-type: none"> Explore and utilise existing cultural structures, mechanisms and channels of communication to promote responsible use of alcohol among Pacific peoples. Improve linkages between Pacific communities and statutory and non-statutory agencies (e.g., churches), to ensure co-ordinated and integrated planning for minimising alcohol- and drug-related harm. Investigate the feasibility of working with Pacific communities to better define their needs and to identify strategies that are culturally responsive to promoting responsible gambling and minimising harm. 	Public health programmes; Public Health Intelligence; Pacific Health Branch; DHBs	2003/04
	<ul style="list-style-type: none"> Improve the availability and delivery of services in the areas of gambling, smoking, alcohol and drugs. 	Public and Population Health Policy and Strategy	2001/02



Objective	Action	Role	Completion date
3.4 To create healthy environments	<ul style="list-style-type: none">• To co-ordinate and facilitate intersectoral policy development work within the health sector.• To support the Ministry of Pacific Island Affairs in the facilitation of intersectoral partnerships eg, housing, employment, welfare and education.• Develop effective health promotion models that are responsive to a range of settings for Pacific peoples in key health areas.• Require services provided to Pacific peoples to encompass a holistic, integrated and culturally competent approach.	Pacific Health Branch	2002/03



Priority 3: Pacific primary health care and preventive services

The six key directions articulated in the Primary Health Care Strategy and supported by the Pacific Health and Disability Action Plan are to:

- work with local communities and enrolled populations
- identify and remove health inequalities
- offer access to comprehensive services to improve, maintain and restore people's health
- co-ordinate care across service areas
- continuously improve quality, using good information
- integrate access to public health and primary health care services.

It has been shown that an effective population health focus will improve health outcomes (National Health Committee 2000). The scope for this extends from improving primary health care for key conditions such as diabetes, to Pacific community health promotion programmes in key areas such as nutrition and physical activity. It is important for Pacific programme development to be both acceptable to and effective for Pacific communities. Similarly, Pacific providers delivering health promotion and primary health care should be encouraged to work collaboratively with mainstream health organisations in developing services appropriate for Pacific families and disabled Pacific peoples (see Priority 5).

The complexities that surround how Pacific families prioritise and fund their health needs suggests that enrolling this population may require more than one approach. This also has important implications for the need to seek opportunities for collaborative intersectoral approaches. Pacific Primary Health Organisations and the choice that these organisations will offer to Pacific peoples will therefore be critical.

Pacific primary care services are underdeveloped in New Zealand. Historically there has been a shortfall of resources and effective Pacific provider services for a population that continues to experience increasing social and economic need.

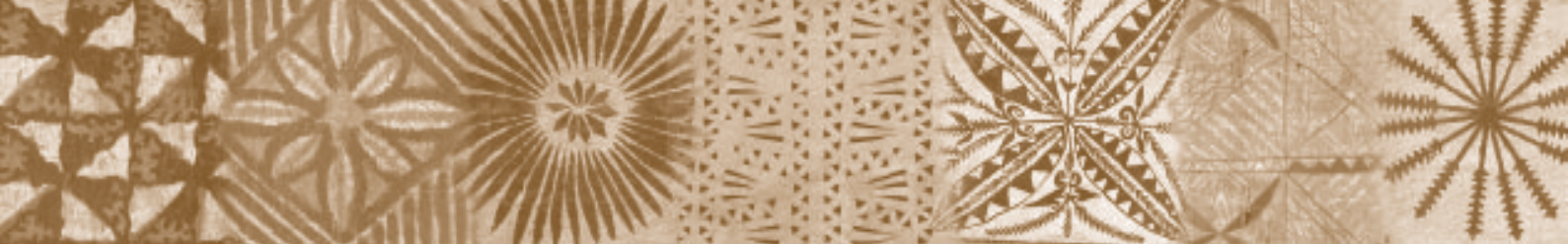
The rates of avoidable deaths and hospitalisations, and ambulatory-sensitive hospitalisations for Pacific peoples are higher than those of non-Pacific populations (Ministry of Health 1999), yet Pacific peoples are least likely of any ethnic group to access primary care. Better access to more effective primary health care, and relevant disability services and specialist services, is therefore an important intervention for Pacific families.

To bring about a decrease of unnecessary morbidity and mortality rates within Pacific families, there is an urgent need to consolidate and strengthen existing primary health organisations and establish new primary health care services that are well funded and utilised.

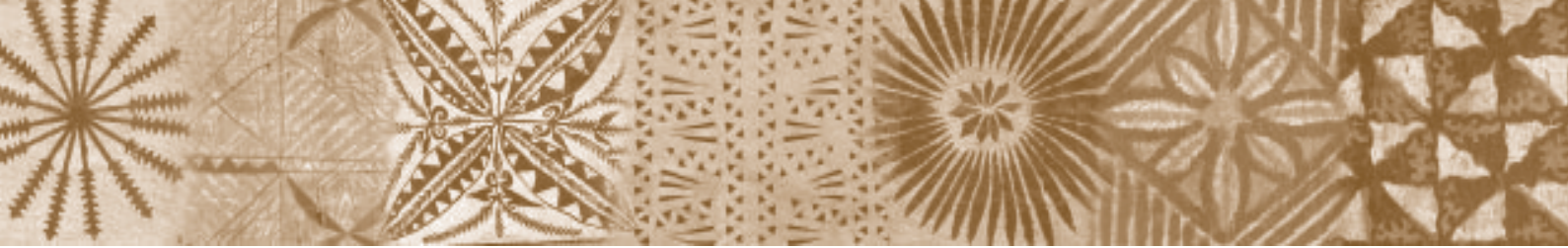


Goal 4: To ensure that there are locally available Pacific primary health providers that effectively meet the needs of their local Pacific communities

Objective	Action	Role	Completion date
4.1 To improve access to effective primary health services	<ul style="list-style-type: none"> Ensure that Pacific providers have access to information on successful indigenous and Pacific models of health and development. 	Pacific Health Branch	2001/02
	<ul style="list-style-type: none"> Develop further service capacity (volume and mix of services) of current Pacific primary health care providers, enabling comprehensive care, robust providers and community responsiveness. 		2001/02
	<ul style="list-style-type: none"> Establish Pacific primary health organisations. 	DHBs	2002/03
	<ul style="list-style-type: none"> Implement and support the development of Pacific primary health care provider infrastructure, management and business systems, information technology and clinical technology capacity. 	DHBs	
4.2 To ensure a high quality of clinical health care by Pacific providers	<ul style="list-style-type: none"> Fund the development and implementation of best practice clinical guidelines in key health areas (eg, diabetes, respiratory and cardiac care, and child health conditions). 	Pacific Health Branch; Clinical Services Directorate	2002/03
	<ul style="list-style-type: none"> Support providers to develop quality assurance plans. 	DHBs	2002/03
	<ul style="list-style-type: none"> Evaluate the most effective service models which will deliver improved outcomes. 		
4.3 To support the development of mainstream providers to be more responsive to the health care needs of Pacific communities	<ul style="list-style-type: none"> Develop and provide dual clinical and cultural competency training for mainstream providers. 	Pacific Health Branch	2002/03
	<ul style="list-style-type: none"> Support mainstream providers to develop their knowledge of, and involvement with, their local Pacific communities. 	DHBs	



Objective	Action	Role	Completion date
4.4 To improve health outcomes for Pacific women	• Improve access to prevention, screening and early detection and intervention services to Pacific women.	National Screening Unit	2002/3
	• Provide access to specialist services for high need women (eg, mental health, gynaecology and chronic disease services).	Clinical Services Directorate	
	• Establish comprehensive pregnancy services, including family planning programmes and breastfeeding.		
	• Develop responsive women's health education programmes.	Public Health Directorate	
4.5 To improve access for Pacific peoples to specialist services	• Improve access to acute and elective services which meet population benchmarks.	DHBs	2003/04
	• Develop systems to support the integration of secondary services with Pacific providers.		
4.6 To improve outcomes associated with high-incidence cancers	• Establish early detection, screening and treatment programmes for high-incidence cancers in Pacific populations.	DHBs	2003/04
	• Develop 'by Pacific for Pacific' palliative care services in areas with substantial Pacific populations.		
	• Investigate education awareness programmes for Pacific peoples.		
4.7 Create new and improved ways of delivering mental health services	• Increase the number of Pacific mental health services.	Mental Health Directorate	2001/10
	– Support the development of best practice guidelines which define what is uniquely Pacific mental health.		2002/03
	– Align current service specifications to best practice guidelines.		2002/03
4.8 To improve outcomes associated with chronic disease	• Establish 'at risk' identification, screening and treatment programmes, including assertive follow-up diabetes, respiratory and cardiac disease in Pacific primary health care services.	DHBs	2002/03



Priority 4: Pacific provider development and workforce development

This priority action area recognises the paucity of Pacific health and disability professionals ('by Pacific for Pacific' services) currently participating in the health sector, and points to the importance of developing both a *Pacific* health and disability workforce, and a mainstream health and disability workforce that is responsive to the immediate and long-term needs of Pacific peoples.

An essential component of providing excellence in planning, development and service delivery to Pacific peoples is a well-trained and skilled workforce. In turn, such a workforce needs to be guided and supported by the development of cultural competencies and best practice guidelines.

According to information gathered from the New Zealand Health Information Services, there are 27 Pacific general practitioners out of a total of 3166 in New Zealand, and 49 Pacific practice nurses out of a total 3064 practice nurses.

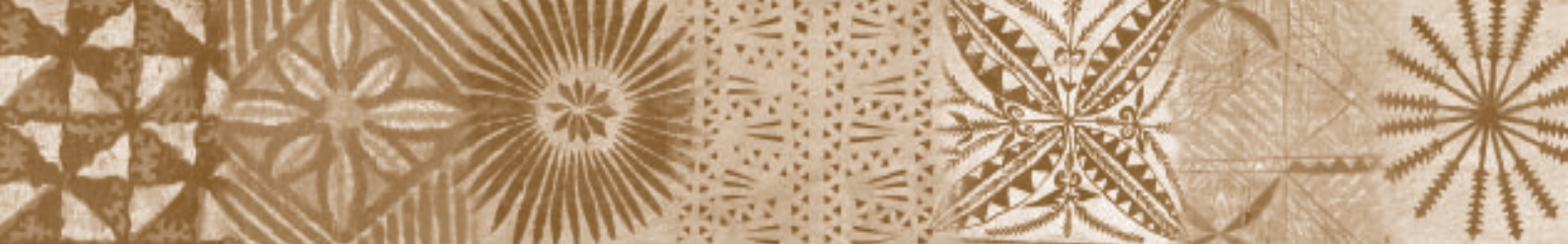
Pacific workforce development requires a trained, experienced and culturally competent Pacific workforce of professional people – clinical and non-clinical, specialist and non-specialist community and institution based – capable of delivering services across the entire health and disability support sectors. For non-Pacific health and disability organisations, Pacific workforce development not only involves implementing proactive practices of recruitment, retention and training of Pacific peoples at all levels, but also Pacific cultural competency standard development and training.

In a study undertaken in 2000, there were some 30 Pacific provider organisations nationally that are regarded as providing 'by Pacific for Pacific' health services (Colmar Brunton, 2000). This study identifies an increasing demand for more Pacific-led health services.

This priority action area also aims to strengthen Pacific provider infrastructures, and increase their capacity and capability. It will provide Pacific peoples with incentive and increasing opportunity to access high-quality and culturally competent health care and disability support services.



Objective	Action	Role	Completion date
5.4 To address the workforce development issues facing mental health	<ul style="list-style-type: none"> Increase the range and number of Pacific mental health professionals by developing strategies to achieve a strong Pacific mental health workforce. 	Mental Health Directorate; DHBs	2001/04
5.5 To support disability workforce development and training for Pacific peoples, by training Pacific peoples as providers of disability information and services for their local communities	<ul style="list-style-type: none"> Support training and development of trilingual interpreters for deaf people. 	Disabilities Issues Directorate / Pacific Health Branch	2001/02
	<ul style="list-style-type: none"> Scope the training needs of existing Pacific disability support service providers. 	Pacific Health Branch	2001/02
	<ul style="list-style-type: none"> Support the establishment of new Pacific disability support services by developing appropriate criteria. 	Pacific Health Branch	2002/03
	<ul style="list-style-type: none"> Build the capacity of disabled Pacific people through a partnership with the Pacific Disability Empowerment and Advisory Service. 	Disabilities Issues Directorate	2001/02
5.6 To support the establishment of new Pacific services, including disability services	<ul style="list-style-type: none"> Establish benchmarks for the level and mix of services to be provided to Pacific populations. Determine appropriate criteria for new Pacific services. 	Pacific Health Branch	2001/02
5.7 To support the growth and development of newly established Pacific Primary Health Organisations (PHOs)	<ul style="list-style-type: none"> Implement best practice guidelines for priority health conditions in conjunction with Pacific primary health care providers. <ul style="list-style-type: none"> Develop cultural competency within current practice guidelines. Implement training by academic institutions. 	Pacific Health Branch; DHBs	2002/03
	<ul style="list-style-type: none"> Develop and support Pacific PHO information technology support capacity for Pacific primary health care providers. 		2003/04
	<ul style="list-style-type: none"> Develop Pacific PHO capacity for Pacific primary health care providers as described in the Pacific PHO guidelines. 		2002/03



Priority 5: Promote participation of disabled Pacific peoples

The area of disability and disability rights is underdeveloped in the Pacific population of New Zealand. As with the mental health consumer movement, this is an area where leadership needs to be fostered to promote greater inclusiveness within the Pacific community and throughout society.

Based on the New Zealand Disability Survey, it is likely that Pacific children and adults are more at risk of disability than non-Pacific and non-Māori children and adults. Pacific children will have impairments resulting from conditions acquired at birth, such as muscular dystrophy and cerebral palsy, or from those acquired through childhood, such as meningococcal disease, rheumatic fever or hearing loss. Additionally, in Pacific adults impairments are often the result of the effects of chronic medical diseases such as diabetes and respiratory disease or acquired brain injury associated with strokes.

Pacific peoples are typically low users of support services, which reflects the poorer access of people from low socioeconomic areas. It also reflects the need for greater responsiveness from mainstream services, as well as for Pacific-led service delivery models that more actively engage the Pacific population and its community of disabled people.

Widespread economic disadvantage is compounded by the financial cost of disability, especially for those families who may have more than one member with significant impairment, such as a child with congenital disability and an adult with a chronic health need.

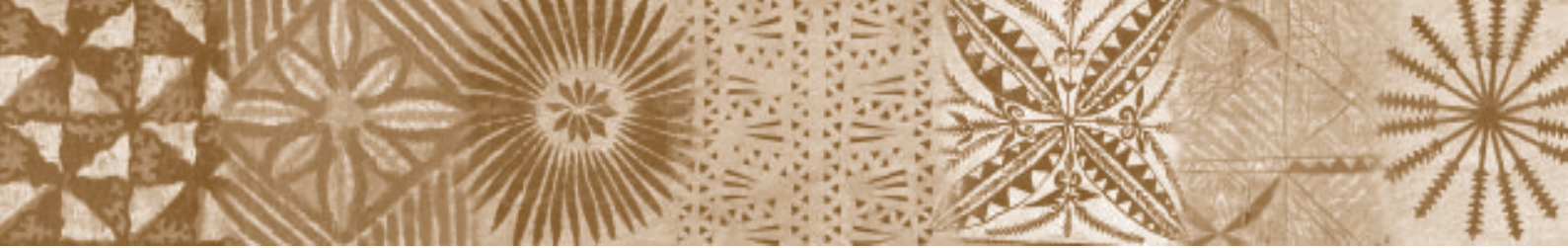
Access is a key factor to enabling of Pacific peoples with disabilities to participate within all levels of their society, community and family. This may range from participation in decision-making forums and developing resources; receiving quality and timely information on access to structures such as houses and buildings; access to communication such as sign language, Braille and translations; and access to services that do not discriminate against or exclude on the basis of beliefs and perceptions of people with disabilities.

The provision of quality education and promotion of the needs of disabled Pacific peoples, their families and caregivers will better inform issues of communication, mobility and how best to develop responsive mainstream and Pacific-led services. The day-to-day issues around promoting participation of Pacific peoples include access to physical environments, accurate, high-quality information; opportunities to participate in the workforce; positive images; and understanding of disability within Pacific families and communities.



Goal 6: To deliver disability support and health services that will enable disabled Pacific peoples to participate fully in their communities

Objective	Action	Role	Completion date
6.1 To increase access to and quality of disability support services	<ul style="list-style-type: none"> Evaluate the effectiveness of current needs assessment and service co-ordination services for different population groups, including Pacific peoples. 	Disabilities Issues Directorate	2002/03
	<ul style="list-style-type: none"> Develop culturally appropriate guidelines for needs assessment and service co-ordination services. 		2002/03
	<ul style="list-style-type: none"> Enter into partnerships and service contracts with Pacific providers of: <ul style="list-style-type: none"> – disability empowerment, advocacy and support – home-based support services – specialist physical and sensory services. 		2001/02
6.2 To encourage Pacific communities to consider disability issues and perspectives and further their own understanding of disability through the development of community-based plans for disability issues	<ul style="list-style-type: none"> Support Pacific advocacy services to work with Pacific communities to foster development of greater inclusiveness for disabled Pacific peoples. 	Disability Issues Directorate	2001/02



Priority 6: Pacific health and disability information and research

This priority action area recognises the need to ensure that health care and disability services for Pacific peoples are informed by accurate, and useful data. It also recognises the need for health and disability information and research findings to be timely, relevant and reliable.

The usefulness of any data depends on the research frameworks and methods used to gather it. This entails the need for analyses that reflect diverse Pacific contexts and integrity in the dissemination and use of information. For Pacific peoples, this will entail promoting the development of a Pacific health and disability research workforce committed to translating the diverse realities of Pacific peoples in a manner that informs their health and support needs and Pacific health and disability policies.

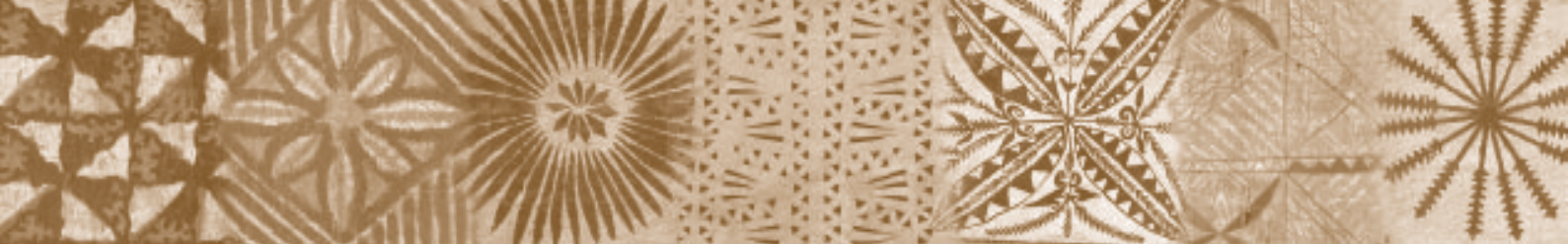
The collection, collation and storage of Pacific data are therefore key aspects of this priority action area. All health and disability support providers must exercise responsibility for maintaining requirements for these key aspects. In consideration of the privacy concerns that have already been raised by communities, access to this information will require ongoing management and care.

The development of a Pacific health and disability research strategy will include developing a research workforce plan, applying appropriate research methods and evaluation to a range of population settings, and the effective dissemination of information to Pacific people and communities.



Goal 7: To develop Pacific research capacity that will inform policy, planning and service development

Objective	Action	Role	Completion date
7.1 To develop a Pacific health and disability research strategy	<ul style="list-style-type: none"> Identify priority areas for research such as: <ul style="list-style-type: none"> child health, child morbidity, antenatal access and utilisation primary care models mental health disability issues for Pacific peoples 	Pacific Health Branch	2001/02
	<ul style="list-style-type: none"> Develop appropriate Pacific methodologies. 		
	<ul style="list-style-type: none"> Evaluate the effectiveness of interventions to improve delivery of health services. 		2002/03
	<ul style="list-style-type: none"> Support and develop the Pacific health and disability research workforce. 		
7.2 To collect, collate and analyse relevant ethnic-specific information for policy and service development	<ul style="list-style-type: none"> Implement a Pacific component of the National Mental Health epidemiology study. 	Mental Health Directorate	2004/05
	<ul style="list-style-type: none"> Establish consistent national ethnicity data collection standards. Collect data on maternal and newborn mortality and morbidity. 	Pacific Health Branch	2003/04
7.3 To disseminate information to Pacific communities	<ul style="list-style-type: none"> Develop appropriate ethnic-specific mechanisms for the delivery and dissemination of information, and encourage active participation of Pacific communities. 	Pacific Health Branch	2002/03
	<ul style="list-style-type: none"> All 'by Pacific for Pacific' providers will develop and implement a Pacific communications strategy. 		



Objective	Action	Role	Completion date
7.4 To develop an increased awareness of the practice of Pacific traditional healing as alternative and complementary healing	<ul style="list-style-type: none"> • Gather information on the use of traditional healing among Pacific peoples (e.g., defining parameters of traditional health systems for each Pacific group, ownership/guardianship of knowledge and practice within the context of a Western health system). • Establish a pilot to integrate traditional healing practices and Pacific primary care service provision. 	Pacific Health Branch	2002/03
7.5 To undertake information collection and research focusing on disability issues for Pacific peoples	<ul style="list-style-type: none"> • Research and identify the practices of Pacific families in meeting their disability support needs. • Improve collection of information by needs assessors, so that Pacific ethnicity is accurately recorded and relevant data on Pacific peoples is available. 	Pacific Health Branch Disability Issues Directorate	2002/03 2002/03



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