

'Ala Mo'ui

Pathways to Pacific Health and Wellbeing
2014–2018



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Foreword

'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018 is the Government's national plan for improving health outcomes for Pacific peoples. It is driven by the vision of achieving health equity for all Pacific peoples in New Zealand. I believe that the very essence of health equity comes from realising that something as precious as health is a citizenship right to which all should be entitled. *'Ala Mo'ui 2014–2018* sets out the priority outcomes and accompanying actions for the next four years that will contribute to achieving this vision. It brings together sector-wide initiatives and builds on the progress that has been made with the implementation of the first plan, *'Ala Mo'ui 2010–2014*. My ardent belief is that we should be working towards the compliance of district health boards in achieving Pacific health outcomes as a universal expectation from Government. It is about all of us stepping up to deliver.



I am proud of what has been achieved to date with *'Ala Mo'ui 2010–2014*. We have increased breast screening coverage for Pacific women to a level that now exceeds the Government's target of 70 percent. We have developed some innovative initiatives, such as the Aniva programmes, which support the career development of participating Pacific nurses; and Tapuaki, the first-ever smartphone app for Pacific expectant mothers. We have also successfully established four Pacific health provider collectives, which will be instrumental in providing a collaborative service approach that strives to address the multiple, layered health needs of Pacific families and communities. These, along with many other successes, provide a springboard for our efforts over the next four years.

Despite the progress being made, there is still much work to be done. The diversity and unique characteristics of Pacific peoples, coupled with the effects of social and economic issues on the health disparities many Pacific individuals and families experience, continue to pose a real challenge for Government.

'Ala Mo'ui 2014–2018 aims to not only keep up the momentum we have achieved to date but also hasten the pace by reinforcing the responsibility and accountability of everyone in the health and disability sector. A collaborative effort and leadership from a strong and trusted workforce are critical as we shift our health system from a traditional sickness model of health care to a wellness model that is responsive to the specific needs of our Pacific families. For this reason, workforce and provider development will continue to be a priority. Reflecting this priority, the Pacific Provider Workforce Development Fund has been incorporated into this refreshed plan.

I consider that *Nga Vaka o Kāiga Tapu* (Ministry of Social Development 2012a) will be an essential platform for informing the plan. My vision is that the focus on family we see in *'Ala Mo'ui* will be supported by the complementary emphasis in both *Nga Vaka o Kāiga Tapu* and *whānau ora*.

New Zealand's Pacific population is growing about three times faster than the rest of the New Zealand population. Pacific communities bring youth and vigour into an ageing New Zealand population. The contributions that Pacific peoples make to New Zealand's society, economy and identity will form an increasingly important part of the future New Zealand. To realise the full potential of this contribution, we need to ensure our Pacific peoples are able to lead longer, healthier and more independent lives. We need to ensure that Pacific peoples realise their right to health equity. This is the challenge that lies

ahead, and it will take the Government, health services and communities working together in new and different ways to make this vision a reality. *'Ala Mo'ui 2014–2018* and the actions identified within it will help guide us over the next four years of this journey.

I look forward to seeing a significant lift in the health outcomes for Pacific peoples with the implementation of *'Ala Mo'ui 2014–2018* and thank all those who have contributed to this refreshed plan.

Hon Tariana Turia
Associate Minister of Health



Contents

Foreword	iii
Introduction from the Chief Advisor, Pacific Health	1
Purpose	2
Who should use <i>'Ala Mo'ui</i>?	3
Focus of this plan	4
Government goals	5
Whānau ora and integrated service delivery	5
Pacific principles	6
Respecting Pacific culture	6
Valuing 'āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili (family) and communities	6
Quality health care	6
Working together – integration	6
Enablers of outcomes	8
Increased Pacific responsiveness of the general New Zealand health and disability workforce	8
Priority outcomes and actions	13
Outcomes framework	14
Whole of system measures	15
1. Systems and services meet the needs of Pacific peoples	16
2. More services are delivered locally in the community and in primary care	20
3. Pacific peoples are better supported to be healthy	22
4. Pacific 'āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili experience improved broader determinants of health	24
References	26
Appendix 1: Workforce tables	28
Appendix 2: Refreshing <i>'Ala Mo'ui</i>	30

Introduction from the Chief Advisor, Pacific Health

Ni sa bula vinaka, Talofa lava, Kia orana, Taloha ni, Malo e lelei, Fakaalofa lahi atu, Talofa, Tēnā koutou and warm Pacific greetings.

On a population basis, Pacific communities experience poor health outcomes in New Zealand/Aotearoa. For example, the life expectancy of Pacific men was 71.3 years (6.7 years less than for total men) and Pacific women's life expectancy was 76.1 years (6.1 years less than for total women) in New Zealand. We know that poor health outcomes are related to social determinants, such as income, employment, housing quality and education (Tukuitonga 2012).



To address these inequities, the health, education and social development (including housing) sectors need to address existing barriers and lift performance across the board.

To facilitate the delivery of high-quality health services that meet the needs of Pacific peoples, *'Ala Mo'ui* has been developed. This edition, *'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018*, builds on the successes of the former plan, *'Ala Mo'ui 2010–2014*. It sets out a strategic direction to address the health needs of Pacific peoples and outlines some new actions, which will be delivered over the next four years. Our new long-term vision is:

Pacific 'āiga, kāiga, magafaoa, kōpū tangata, vuvale and fāмили experience equitable health outcomes and lead independent lives.

Our vision of equity is achievable. Critical to achieving our vision is the fundamental relationship that government-funded services have with Pacific communities. In partnership, we can work together to ensure all Pacific families lead healthy and independent lives.

I hope that the refreshed *'Ala Mo'ui 2014–2018* will guide and assist you in your planning, funding and delivery of responsive health services for Pacific families and communities.

I would like to acknowledge and thank all those of you who contributed to this refreshed *'Ala Mo'ui 2014–2018*; your wisdom, leadership, service and commitment to improving Pacific health outcomes form the cornerstone to achieving the vision of this plan.

Soifua

Hilda Fa'asalele
Chief Advisor – Pacific Health

Purpose

*'Ala Mo'ui*¹: *Pathways to Pacific Health and Wellbeing 2014–2018* sets out the priority outcomes and actions for the next four years that will contribute to achieving the Government's long-term outcomes for health. That is, all New Zealanders, including Pacific peoples, will lead healthier and more independent lives; high-quality health services will be delivered in a timely and accessible manner; and the future sustainability of the health and disability sector will be assured.

'Ala Mo'ui 2014–2018 is an update of the Ministry of Health's *'Ala Mo'ui 2010–2014* as the key overarching document for improving the health outcomes of Pacific peoples. This publication replaces the Ministry of Health's Pacific Health and Disability Action Plan (2002), the Pacific Health and Disability Workforce Development Plan (2004) and the Joint Action Plan for the Ministries of Health and Pacific Island Affairs (2008).

'Ala Mo'ui does not offer a comprehensive list of all activities that contribute to improving the health of Pacific peoples. Instead, it sets out the Government's priority focus areas for Pacific health in the next four years. The vision of *'Ala Mo'ui* is that:

Pacific 'āiga, kāiga, magafaoa, kōpū tangata, vuvale and fāmili² experience equitable health outcomes and lead independent lives.

1 *'Ala Mo'ui* is a combination of a number of Pacific languages meaning 'pathways to the essence of life force'. It represents the holistic view of health and wellbeing, encompassing the physical, mental, cultural and spiritual dimensions that are important to Pacific people: Tongan (*'Ala Mo'ui*), Niuean (*Ala Moui*), Samoan (*Ala*), Cook Island Maori (*Ara*), Tokelauan (*Ala*), Tuvaluan (*Ala*).

2 *'Āiga, kāiga, magafaoa, kōpū tangata, vuvale and fāmili* mean 'family' in Samoan, Tokelauan and Tuvaluan, Niuean, Cook Island Maori, Fijian and Tongan respectively.

Who should use *'Ala Mo'ui*?

Achieving better health outcomes for Pacific peoples requires action by the entire health and disability sector. The Ministry of Health, district health boards (DHBs), primary health organisations (PHOs), public health units, and Pacific and non-Pacific health and disability providers all have a role to play. Cross-sector government responsibility is also recognised.

'Ala Mo'ui sets out actions that will contribute most effectively to achieving the Government's health goals. It is also a guidance tool for planning and prioritising actions and developing new and innovative methods of delivering results and value for money. The Ministry of Health will use it to monitor and evaluate how the health and disability sector performs against performance measures (indicators) in order to improve Pacific health outcomes in New Zealand.

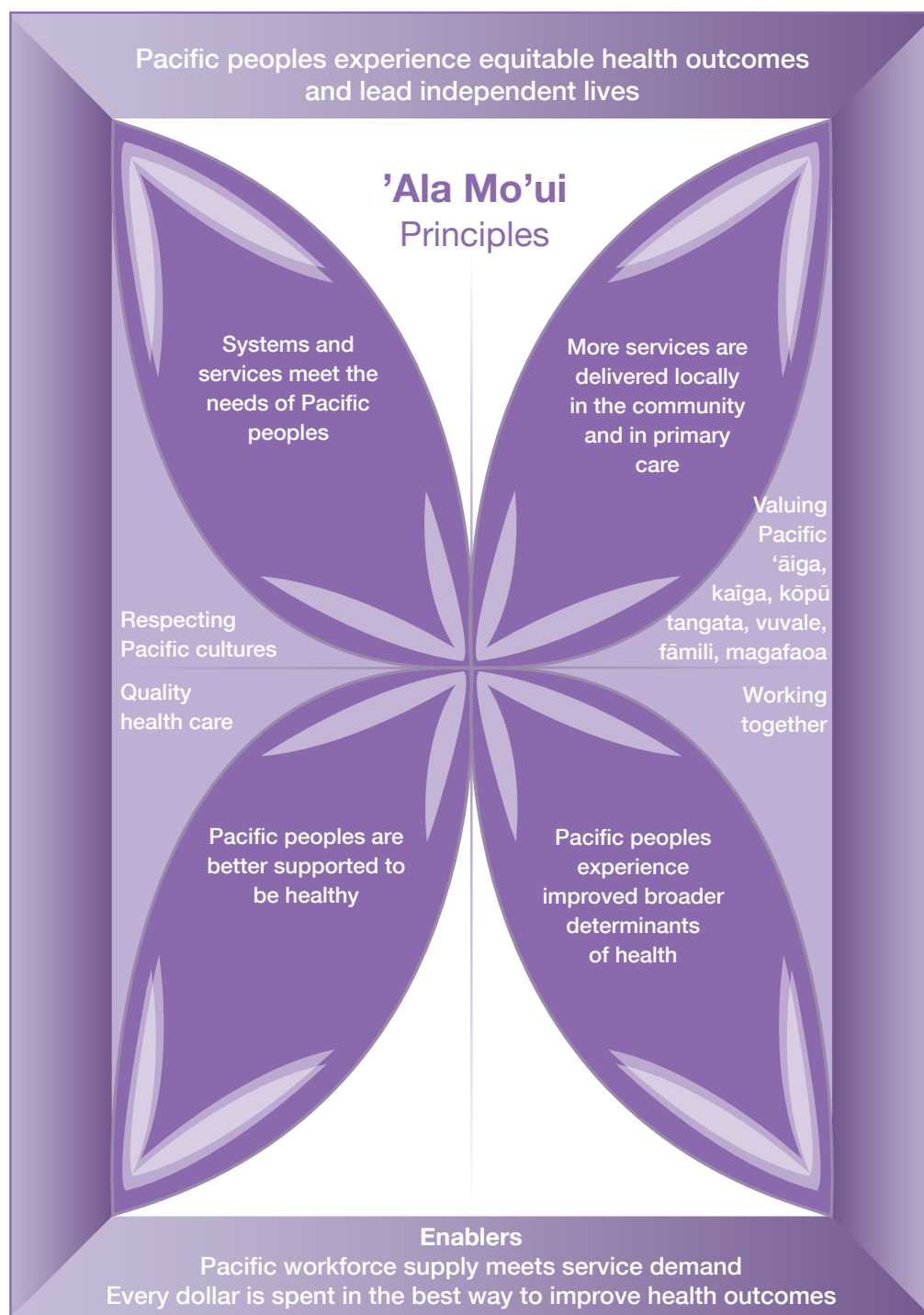


Focus of this plan

'Ala Mo'ui addresses priority outcomes and actions in terms of:

- what we are seeking to achieve: Government goals
- what the health and disability sector will do: actions
- how we will measure success: indicators.

The diagram below sets out the different components of 'Ala Mo'ui in more detail.



Government goals

’Ala Mo’ui contributes to the Government’s goal of Better, Sooner, More Convenient health care, whānau ora and integrated service delivery. The Ministry of Health’s three outcomes for the health and disability sector are that:

1. New Zealanders are healthier and more independent
2. high-quality health services are delivered in a timely and accessible manner
3. the future sustainability of the health and disability sector is assured.

The Ministry of Health measures the health and disability sector’s progress against the set of targets, known as the ‘health targets’.

Whānau ora and integrated service delivery

The whānau ora vision for Pacific families is ‘Prosperity for all Pacific families in Aotearoa/New Zealand by supporting and building ’āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāмили, family capability’ (Whānau Ora Commissioning Agency for Pacific Families 2013). The aims are that Pacific families:

- are prosperous in Aotearoa/New Zealand (for a definition of social and economic prosperity, see Ministry of Pacific Island Affairs 1999)
- are strong and confident in their Pacific identity
- self-determine what they need in their lives to be successful
- influence decision-making on matters that affect Pacific peoples at all levels.

Whānau ora promotes integrated service delivery and a seamless and coordinated approach to meeting multiple needs (Ministry of Health 2010c). The health and disability sector continues to promote a whānau-centred and holistic approach to quality service delivery.



Pacific principles

Respecting Pacific culture

Individuals and organisations in the health and disability sector recognise that Pacific families' experience of health care is influenced by Pacific world views, cultural beliefs and values (Taumoefolau 2012). Culture has been identified as 'expressions of knowledge, beliefs, customs, morals, arts and personality' (Ministry of Social Development 2012a). Moreover, as *Nga Vaka o Kāiga Tapu* (Ministry of Social Development 2012a) recognises, while Pacific 'cultures' share some similarities in principles and concepts, they each have specific and independent world views. Culture is reflected in the following terms: akono'ang Māori (Cook Islands), tovo vaka Viti (Fiji), aga fakaNiue (Niue), aganu'u Sāmoa (Samoa), tū ma aganuku o Tokelau (Tokelau), anga fakaTonga (Tonga), tu mo faifaiga faka Tuvalu (Tuvalu) (Ministry of Social Development 2012a).

Given the dynamic nature of the Pacific population in New Zealand, these cultural world views, beliefs and values are diverse and evolving. In general, Pacific peoples in New Zealand maintain strong links with the Pacific Islands through family, culture, history and language (Health Research Council of New Zealand 2012).

Valuing 'āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili (family) and communities

Workers in the health and disability sector are aware that, for most Pacific peoples, 'āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili (family) is the centre of the community and way of life. Family provides identity, status, honour, prescribed roles, care and support (Tiatia and Foliaki 2005). Care for family members with disabilities or for older family members is often informally provided within the family (Huakau and Bray 2000). Pacific peoples have a holistic view of health and wellbeing (Ministry of Social Development 2012a,b).

Whānau ora is a holistic and strengths-based approach to developing and maintaining strong and vibrant families. The initiative supports Pacific families through the development of 'navigators', who facilitate increased access to existing systems and services.

Quality health care

The key dimensions of quality – access, equity, cultural competence, safety, effectiveness, efficiency and patient-centredness – are implicit in the delivery of health and disability services to Pacific peoples (Minister of Health 2003). Quality health care is delivered from a strengths-based approach and is apparent at individual, family, community, organisation and overall system levels.

Working together – integration

The health and disability sector works together to provide seamless and integrated quality care to Pacific peoples. The sector focuses on the social, environmental, economic and cultural factors that impact on Pacific health outcomes. The health and disability sector partners with education, housing and social development to prioritise and focus on Better Public Service targets.

The health and disability sector specifically focuses on the vulnerable children targets, which are:

1. increase participation in early childhood education
2. increase infant immunisation rates
3. reduce the incidence of rheumatic fever
4. reduce the number of assaults on children.



Enablers of outcomes

Two enablers in the health and disability sector are reflected in the new *'Ala Mo'ui* outcomes framework.

1. Pacific workforce supply meets service demand.
2. Every dollar is spent in the best way to improve health outcomes.

Increased Pacific responsiveness of the general New Zealand health and disability workforce

If we are to improve and gain equitable health outcomes for all Pacific peoples in New Zealand, it is essential to not only build the capacity and capability of the Pacific health and disability workforce but to also increase the responsiveness of the non-Pacific health workforce to Pacific health needs.

The Public Health Workforce Development Plan 2007–2016 recognises this and has a two pronged approach to supporting this matter, which is to 'strengthen the Pacific public health workforce and to increase the capability of the non-Pacific workforce to improve Pacific health and reduce inequalities'.

Cultural competence of the health workforce is a recognised component of health service quality. Pacific cultural competency may be defined as the ability to understand and appropriately apply cultural values and practices that underpin Pacific peoples' world views and perspectives on health (Ministry of Health 2008). A greater appreciation of diversity and the differences between patient's and providers world views and lived reality, will lead to improved communication, diagnosis and adherence to treatment regimes (Southwick et al 2012).

Increasing the responsiveness of the New Zealand health and disability workforce requires leadership at all levels of the health system. This is a fundamental requirement if we are to gain our aim of health equity for Pacific peoples in New Zealand.

One of the workforce priorities that fall out of the Health Workforce New Zealand's regional service plan 2014/15 requires DHB's to work with their regional training hub to increase participation Pacific FTEs in the workforce through initiatives such as scholarship programmes and supporting high-school based programmes.

Each of these enablers is described opposite.

1. Pacific workforce supply meets service demand

Developing the Pacific health and disability workforce is a priority because ethnic and linguistic diversity among health professionals is associated with better access to and quality of care for disadvantaged populations (Barwick 2000; United States Department of Health and Human Services 2006). Pacific health and disability workers bring connections with Pacific communities, personal understanding of Pacific issues, and Pacific cultural and language skills (Pacific Perspectives 2012). The Pacific health workforce can positively influence Pacific equity in health outcomes by ‘integrating cultural practices, concepts and diverse world views into high-quality, evidence informed health services’ (Pacific Perspectives 2012).

Pacific health workers have made an important contribution to the care of New Zealanders, particularly as nurses (Zurn and Dumont 2008) and non-regulated workers, such as community health workers, health care assistants and caregivers (Samu et al 2009). Developing the Pacific health and disability workforce therefore also contributes to the health and wellbeing of the wider New Zealand public.

Workforce development (including job creation and skill development) also has economic benefits for Pacific individuals, families and communities. Increasing the size of the Pacific health and disability workforce will also improve community health literacy and the cultural competency of the health and disability sector. Health literacy, socioeconomic determinants, collective world views and cultural beliefs impact on inequities experienced by Pacific peoples. Inequities are indicative of poor system responsiveness and quality of care experience (Pacific Perspectives 2012).

We want to improve our ability to attract, train and retain Pacific health and disability workers in priority areas where there are shortages, such as primary health care, child health, mental health, disability, youth sexual health and oral health. We also want to do better at recruiting and retaining qualified Pacific workers for Pacific providers and Pacific-focused services in mainstream organisations.

The youthful, urbanised and growing Pacific working age population is and will continue to be an important resource for the New Zealand health workforce (Pacific Perspectives 2012). We want to make best use of this resource by providing opportunities and support for Pacific peoples to become health and disability workers.

To this end, we also need to focus on increasing the number of Pacific students enrolling in health-related subjects at secondary school. In 2013, there were low numbers of Pacific students fully engaged in key science subjects at secondary school (such as chemistry, biology and physics), which are critical requirements for entry into many health workforce training courses (New Zealand Qualifications Authority 2014).

Pacific Provider Workforce Development Fund and Pacific Innovation Fund

The Ministry of Health allocates funding to Pacific providers via the Pacific Provider Workforce Development Fund. The focus areas for this funding are described in further detail below.

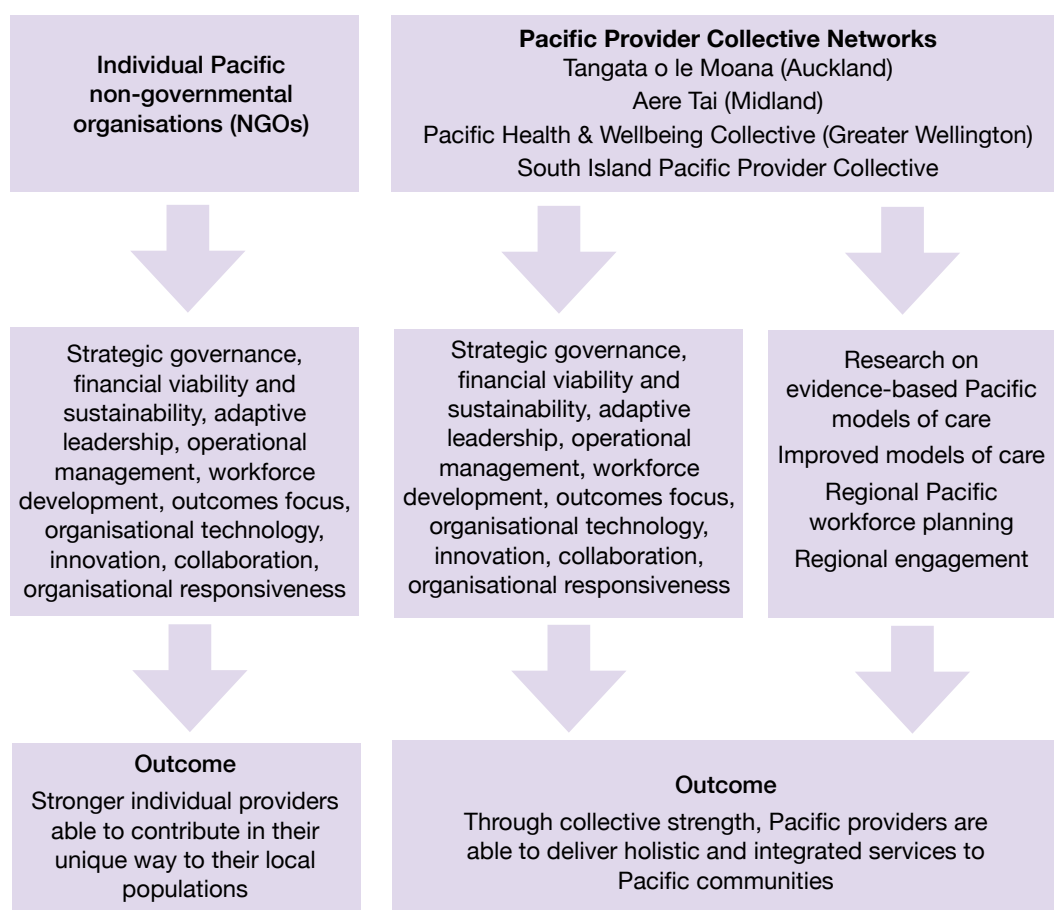
a. Increase the Pacific health workforce

The focus is on increasing the Pacific health workforce through a pipeline approach, as outlined in Table 1 below.

Table 1: Funded activities to increase the Pacific health workforce

Priorities	Goals	Funded activities
Attract	Increased number of Pacific students taking science subjects in years 11, 12 and 13	Health Science Academies in Auckland Mentoring for students studying health-related subjects (ie, Pacific Orientation Programme at Otago (POPO) mentoring – University of Otago; mentoring – Auckland tertiary institutions)
Train	Increased number of Pacific students enrolled in a health qualification at a tertiary institution	Pacific Health and Disability Workforce Awards (scholarships)
Strengthen	Increased number of Pacific workers in the health and disability workforce	Aniva programmes: Pacific nurses – Master of Nursing in Pacific health, master class seminar to Pacific nurses in postgraduate study Auckland University of Technology – return to midwifery programme Pacific community health worker support
Upskill and retain	Increased number of Pacific health professionals advancing in professional and/or clinical development	Professional health organisation support for: Pasifika Medical Association; Aotearoa Tongan Health Workers Association; Cook Islands Health Network; Tongan Nurses Association of New Zealand; Samoan Nurses Association of New Zealand; Pasifikology; Fiji Nurses Association

b. Strengthen Pacific providers to deliver quality health services



c. Innovation leads to transformation

The Pacific Innovation Fund will invest in Pacific health initiatives that demonstrate innovation through the application of new strategies, models and methods of service delivery. The focus of the 2014–2018 funding will be strengths-based innovation projects that seek to prevent the causes of disease and injury to the Pacific population. Priorities within this focus include:

- strengthening Pacific child and youth protective factors
- reducing the prevalence of risk factors affecting Pacific health (eg, obesity and smoking).

Currently, there is a significant shortage of New Zealand health and disability workers with an understanding of Pacific health perspectives and Pacific culture in general (National Health Board 2010; Pacific Perspectives 2012). Although Pacific peoples make up 7.4 percent of the total New Zealand population (Statistics New Zealand 2013), the proportion in the health workforce is lower (1.8 percent). See appendix 1 for the breakdown of the percentages of the Pacific health workforce in different health professional roles.

2. Every dollar is spent in the best way to improve health outcomes

Getting the best health value for every dollar spent is critical. Population ageing will place increasing demands on the health and disability sector in the future. There will also be ever higher expectations that the system should deliver a wider range of services and treatments. In parallel, funding increases for health and disability services are likely to be more constrained than they have been over most of the past decade.

Pacific peoples have a high prevalence of non-communicable diseases such as diabetes, heart disease, cancer and chronic respiratory disease. These conditions are causing a significant negative impact on the economic and social wellbeing of our Pacific communities and are associated with a number of modifiable risk factors such as smoking, unhealthy diets and physical inactivity.

Preventing chronic conditions is important for the future sustainability of the health and disability sector, both in capacity requirements and in terms of overall costs. Care for Pacific peoples in Auckland city alone costs in excess of \$93 million a year, of which \$35 million relates to costs associated with higher diabetes prevalence (Health Partners Consulting Group 2012).

We require urgent and sustained preventive public health interventions at all stages of the life cycle, beginning at antenatal care and continuing through to elderly care and support. A more sustained focus on priorities such as immunisation and effective support and management of long-term conditions within primary care is necessary.



Priority outcomes and actions

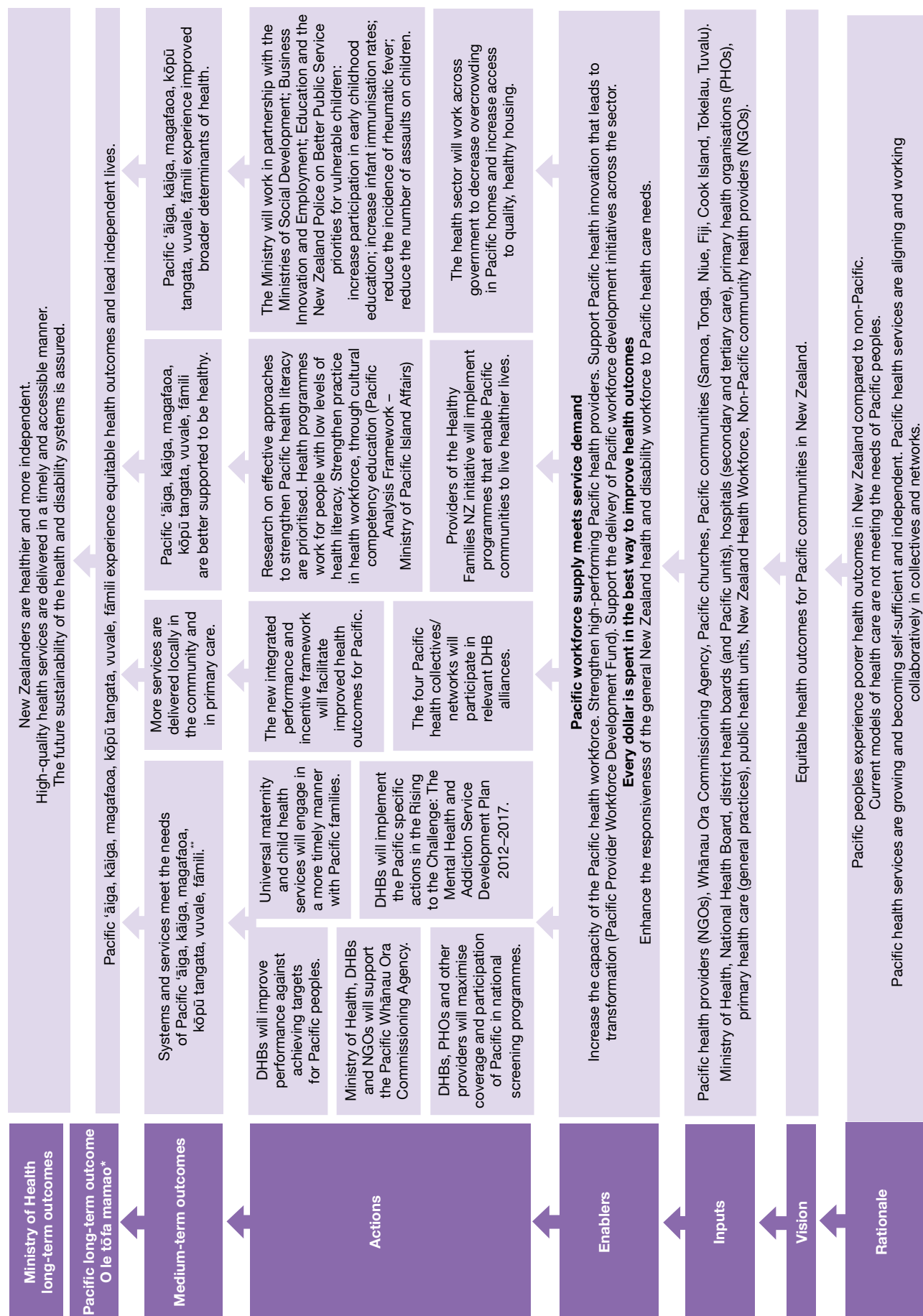
'Ala Mo'ui seeks to achieve the following four priority outcomes, as outlined in the outcomes framework (see page 14).

- Systems and services meet the needs of Pacific peoples.
- More services are delivered locally in the community and in primary care.
- Pacific peoples are better supported to be healthy.
- Pacific peoples experience improved broader determinants of health.

The four priority outcomes of *'Ala Mo'ui* are not ranked in order of preference. Instead, they are interrelated and together provide a holistic view of Pacific health that recognises the impact of complex factors at the levels of: the individual; *'āiga*, *kāiga*, *magafaoa*, *kōpū tangata*, *vuva*, *fāmilī*; community; health and disability sector; and wider society.

Accompanying each priority outcome are specific actions to be undertaken by the Ministry of Health, DHBs, PHOs and Pacific and non-Pacific health and disability providers. Each action has one or more correlating indicators, which will support the Ministry to measure progress.

Outcomes framework



* O le tōfa mamao means long-term view/outcome in Samoan.

** 'āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāfili mean 'family' in Samoan, Tokelauan and Tuvaluan, Cook Island Māori, Fijian and Tongan respectively.

Whole of system measures

There are measures and indicators that the health and disability system uses to assess its overall performance. These key indicators are; (1) life expectancy; (2) health expectancy and (3) ambulatory sensitive hospital admission rates.

Life expectancy

Life expectancy is the total number of years a person can expect to live, based on the mortality rates of the population at each age in the given year or period (Ministry of Health 2012b). This indicator measures the quantity of life and is a health status indicator.

In 2006, Pacific male life expectancy was 71.3 years (6.7 years less than total male population) and Pacific female life expectancy was 76.1 years (6.1 years less than the total female population) in New Zealand (Ministry of Health 2012b).

Health expectancy

Health expectancy is the number of years a person can be expected to live free of functional limitation needing assistance (Ministry of Health 2012b). This indicator measures quality of life and is a health status indicator.

In 2006, the gap in independent life expectancy for Pacific males compared with males in the total population was 4.4 years. The gap for Pacific females compared with females in the total population was 5.3 years.

Ambulatory sensitive hospital admissions

Ambulatory-sensitive hospitalisations (ASH) refers to hospitalisations due to those medical conditions that could be avoided by the provision of adequate primary health care (Ministry of Health 2012b). ASH rates are a health system indicator.

Table 2: Pacific and total ASH rates (per 100,000) for the 2012/2013 period

Priority DHBs	Pacific ASH Rate (per 100,000)	Total Population ASH Rate (per 100,000)
Auckland	3543	1877
Canterbury	4019	1724
Capital & Coast	3835	1750
Counties Manukau	3696	2408
Hutt Valley	4149	2437
Waikato	3133	1956
Waitemata	3670	1937

'Ala Mo'ui

The aim of this refreshed plan is to positively influence these three key indicators and in particular, see a reduction in ASH rates for Pacific, and increases in life expectancy and health expectancy. These key health system and health status indicators are long-term measures but in order to reach health equity, all three indicators need to reflect positive health trends for Pacific families and communities.

1. Systems and services meet the needs of Pacific peoples

Why is this outcome a priority?

Like all users of the health care system, Pacific peoples want services that meet their needs and expectations in primary health (National Health Board 2010; Southwick et al 2012). Pacific peoples also want seamless service delivery, with effective information flow and patient management between primary care and other parts of the health and disability sector, including hospitals, specialist care, mental health and disability support services.

Research shows that Pacific peoples can experience financial, cultural, logistical, physical or linguistic barriers to their access to and use of services across the health and disability sector (Pacific Perspectives 2010; Ministry of Health 2013). These barriers are key reasons why Pacific peoples are not benefiting from health services as much as other groups (Tobias and Yeh 2009).

What are we seeking to achieve?

Health and disability systems and services need to focus on what works for Pacific peoples and communities. While strengthening the Pacific workforce and providers in the health and disability sector is important (Ministry of Health 2010b), we also want to ensure that non-Pacific services effectively meet the needs of Pacific peoples, because most Pacific patients receive their health care from non-Pacific providers.

Improving cultural competence in service delivery is a key component of achieving this goal for non-Pacific services. Cultural competence improves health care by making services more acceptable to a wider spectrum of individuals and families, thereby increasing access and use of services by those who experience barriers (Tiatia 2008).

The Ministry of Health will support:

- DHBs to improve performance against achieving targets for Pacific peoples
- DHBs to support the Pacific Whānau Ora Commissioning Agency
- DHBs, PHOs and other providers to maximise coverage and participation of Pacific women in the National Cervical Screening Programme
- universal maternity and child health services to engage in a more timely manner with Pacific women and their families
- DHBs to implement the actions focused on Pacific peoples in the *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017* (Ministry of Health 2012a) in order to build more responsive services for Pacific people who are severely affected by mental illness or addiction.

How are we going to measure this?

The Ministry of Health will use the following indicators to measure whether the actions identified above achieve the intended outcomes.

Action	Indicator	Pacific performance (at 1 May 2014)		
1. DHBs will implement the actions focused on Pacific peoples in <i>Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017</i> in order to build more responsive services for Pacific people who are severely affected by mental illness or addiction.	Improving the health status of people with severe mental illness through improved access rates.	Nationally, 2.9% of Pacific peoples currently access specialist mental health and addiction services, compared to 3.4% of the overall population.		
		Access to specialist mental health and addiction services (DHB and NGO services) by priority DHBs*		
		District health board	Total percent Pacific	Total percent New Zealand
		Auckland	4.08	3.67
		Canterbury	2.55	3.14
		Capital & Coast	3.36	3.25
		Counties Manukau	2.7	3.44
		Hutt Valley	2.89	4.15
		Waikato	3.18	3.66
		Waitemata	3.06	3.1
		Total	3.11[#]	3.46
		* The Ministry of Health has prioritised seven DHBs with the largest Pacific populations (Auckland, Canterbury, Capital & Coast, Counties Manukau, Hutt Valley, Waikato and Waitemata)		
		[#] The total percent Pacific is for the priority DHBs only and is not the national total.		
		Access to alcohol and drug services (DHB and NGO services) by priority DHBs		
		District health board	Total percent Pacific	Total percent New Zealand
		Auckland	1.9	1.2
		Canterbury	0.72	0.69
		Capital & Coast	0.99	0.7
		Counties Manukau	0.86	1.05
		Hutt Valley	0.62	0.79
		Waikato	1.02	1.03
		Waitemata	0.95	1.04
		Total	0.9	1.03

Action	Indicator			Pacific performance (at 1 May 2014)	Targets	
2. Universal maternity and child health services will engage in a more timely manner with Pacific families.	Increased percentage of Pacific infants who are enrolled with a general practice by three months			62%	88%	
	Increased percentage of Pacific infants who receive all five Well Child / Tamariki Ora core contacts in their first year of life			65%	86%	
	Increased percentage of Pacific children who receive B4 School Check			74%	90%	
	Increased percentage of Pacific infants who are exclusively or fully breastfed up to three months			45%	54%	
	Increased percentage of Pacific children with body mass index > 99.4th percentile are referred			74%	86%	
	Increased number of Pacific children in pre-school who are enrolled with the Community Oral Health Service (in order to reach the national target of 95% by June 2016)					
	Increased percentage of Pacific children in pre-school who are enrolled with the Community Oral Health Service		December 2013 data	Preschool Enrolment Data		
			District health board	Pacific	All	
			Auckland	72.6%	75.2%	
			Canterbury	52.1%	71.4%	
			Capital & Coast	34.2%	42.6%	
			Counties Manukau	73.5%	75.6%	
			Hutt Valley	41.1%	46.9%	
			Waikato		67.5%	
	Waitemata	66.6%	81.1%			
	Increased number of Pacific children caries-free, and DMFT ³ rates at age 5 and school year 8 at least equal to the equivalent rates for the total population	Dental health status of Year 8 Pacific children 2013				
		District health board	Percentage of caries free		No. of decayed, missing and filled teeth	
		Pacific	Total	Pacific	Total	
Auckland		39.98	62.06	1640	6592	
Canterbury		43.33	62.37	251	10188	
Capital & Coast [#]		45.52	65.08	332	3910	
Counties Manukau		36.25	50.79	2697	14683	
Hutt Valley [#]		55.62	63.23	167	2628	
Waikato		42.99	54.69	178	8929	
Waitemata		44.11	67.08	748	7933	
Total		40.37	60.75	6013	54863	
Notes * Partial return (results not available for all children examined). # Excludes small numbers of children for whom fluoridation status was not recorded.						
3. DHBs will improve performance against achieving health targets for Pacific peoples.	Increased number of Pacific peoples who smoke are offered brief advice and support to quit smoking in primary health care			68%	95%	
	Improve management of diabetes by increasing 'More heart and diabetes checks'.			Pacific Target	79%	
	The target is 90 percent of the eligible adult population will have had their cardiovascular disease (CVD) risk assessed in the last five years				90%	

3 DMFT – Diseased Missing or Filled Teeth because of decay.

Action	Indicator	Targets	
4. DHBs will support the Pacific Whānau Ora Commissioning Agency.	Qualitative: District annual plans report on extent of support for the Pacific Whānau Ora Commissioning Agency.	District annual plans for 2015, 2016, 2017, 2018	
	Decrease the number of Pacific children aged 2–14 years who are obese	BMI> = cole cut-offs (2-14 years)	
		Performance as at 2012/13*	
		Pacific	27.1
		Overall/total	11.1

* The New Zealand Health Survey results 2012/13

5. DHBs, PHOs and other providers will maximise coverage and participation of Pacific in the national screening programmes.	Increased percentage of enrolled Pacific women aged 20–69 years old to receive a cervical smear in the past three years (63%) to at least equal to the rate of the total population (77%).	Total Pacific Coverage – 63%	
		Priority district health boards	Cervical screening coverage
		Auckland	64%
		Canterbury	61%
		Capital & Coast	63%
		Counties Manukau	60%
		Hutt Valley	63%
		Waikato	66%
		Waitemata	66%



2. More services are delivered locally in the community and in primary care

Why is this outcome a priority?

Primary health care is one of the most effective ways to promote healthy behaviour, protect against diseases through immunisation and prevent serious illness through screening, early detection and treatment. It is vital in managing care for Pacific patients with complex health needs and is the main channel into secondary care and other types of care.

Primary health care is often a patient's first point of contact with health services and can be an access point to other social services, such as financial assistance or housing/accommodation entitlements. This is particularly important for Pacific peoples with disabilities (National Health Board, 2010) or with long-term debilitating conditions. Primary health care is better able to reach and engage Pacific families through community nurses and other community health workers. The more that Pacific communities are actively involved in the design and delivery of services, the more accessible and effective such services will be.

Pacific peoples use both Pacific and non-Pacific primary health care services. Pacific primary care or community-based providers include general practitioner (GP) services, disability support services and mental health providers. They play a key role in the delivery of culturally competent services to Pacific individuals and families, particularly where there would otherwise be cultural or language barriers to care. Pacific providers often facilitate access to social services for Pacific patients, acknowledging the Pacific notion of holistic health, which encompasses spiritual, mental, social and physical wellbeing. Pacific health and disability providers are often very effective at developing innovative and adaptive services to meet Pacific health needs.

As the majority of Pacific patients engage with non-Pacific providers for most of their health and disability needs, the importance of culturally competent primary health care providers cannot be overstated (Health Partners Consulting Group 2012).

What are we seeking to achieve?

Pacific peoples want high-quality and culturally competent primary health care services closer to home that are available whatever time of the day they are required (Southwick et al 2012). They also want to have effective and long-term relationships with their GPs (Southwick et al 2012).

The Government wants to build on the existing strengths of primary care and community-based services for Pacific peoples by supporting and working with DHBs, PHOs, public health units and other providers to maximise the coverage and participation of Pacific women in the National Cervical Screening Programme. The Ministry of Health also supports increasing the cultural competence of primary care providers and innovative primary and community-based services for Pacific young people.

The Ministry will ensure:

- the four Pacific health collectives and networks are part of relevant DHB alliances
- the new Integrated Performance and Incentive Framework facilitates improved health outcomes for Pacific peoples.

How are we going to measure this?

The Ministry of Health will use the following indicators to measure whether the actions identified above achieve the intended outcomes.

Action	Indicator	Pacific performance (at 1 May 2014)			
1. The four Pacific health collectives (Auckland, Midlands, Wellington, South Island) will be part of relevant DHB alliances.	Monitor the number of Pacific collectives/ networks involved in DHB alliances through collective and network monitoring reports	Alliance Health Plus is part of Auckland District Health Board's PHO alliance.			
2. The new Integrated Performance and Incentive Framework will facilitate improved health outcomes for Pacific peoples.	Increased Pacific utilisation rates of primary health care providers in the seven priority DHBs	Equity in all system measures for Pacific peoples ie, health start measures, healthy child measures and healthy adult measures.			
		GP and nurse consultations for Pacific peoples, 2013			
		Lead district health board	Average number of GP visits per person	Average number of nurse visits per person	Total visits per person
		Greater Auckland*	3.1	0.7	3.7
		Canterbury	2.0	0.1	2.1
		Capital & Coast	2.8	1.2	4.0
		Hutt Valley	2.0	0.8	2.9
		Waikato	2.5	0.7	3.3
		Total	2.9	0.7	3.6

* The greater Auckland area includes Auckland, Counties Manukau and Waitemata DHBs. The data are presented for one 'greater Auckland' region as PHOs collect the data and PHOs deliver services across the three Auckland DHBs.



3. Pacific peoples are better supported to be healthy

Why is this outcome a priority?

Like all New Zealanders, Pacific peoples desire good health and wellbeing (Tamasese et al 2010). At the same time, many Pacific people have beliefs about individual health, family and community needs and realities that are different from those of other New Zealanders (Southwick et al 2012). These beliefs can influence health choices and behaviours. For instance, the financial priorities of many Pacific individuals centre on maintaining relationships, meeting their immediate family needs, donating to church, and making contributions to family, both in New Zealand and in Pacific Island countries of origin (Tait 2009). Such financial obligations can impact on families' ability to pay for health services. Their use of traditional Pacific medicine and healing can also influence the way that Pacific peoples use health care services in New Zealand (Ministry of Health 2008).

Pacific peoples appear to be more connected socially than many other population groups in New Zealand (Tait 2009). For example, many Pacific families are strong participants in church and community activities, which create and reinforce strong social connections and therefore resilience (Tait 2009). A number of recent health initiatives have successfully built on the strengths of Pacific communities, such as the immunisations campaigns for Pacific children, and Pacific church initiatives to promote physical activity and healthy eating.

Because of these unique Pacific factors and strengths, it is important that Pacific peoples are more strongly engaged in identifying and developing effective approaches that will work for them. Pacific participation helps to spread knowledge, awareness and understanding of Pacific health issues and encourages collective ownership of and action on health issues.

While there are complex barriers that impact on the health status of Pacific peoples, health professionals are in a position to better support them to be healthy. For instance, many Pacific people are unaware of the services available to them through government agencies (Koloto 2007), or from health professionals and providers (Pacific Health Research Centre 2003; Paterson et al 2004). Some groups of Pacific peoples face particularly complex barriers in accessing information and support. Many of these groups are among those most in need, including Pacific peoples with disabilities and Pacific informal caregivers (Goodhead and McDonald 2007; National Health Board 2010).

Poor health literacy is a significant barrier to accessing health care (Ministry of Health 2010a) and results in poor health outcomes (Kickbusch et al 2005). Ethnic minorities, particularly people who speak English as a second language, tend to have lower health literacy (Zanchetta and Poureslami 2006). Evidence suggests that having a workforce that reflects the population it serves improves the delivery of culturally competent care (Cohen et al 2002).

What are we seeking to achieve?

The Ministry of Health wants to enable Pacific peoples to get the most benefit from the health system, through:

- improving the health literacy of Pacific peoples so that they can make healthy choices and gain better access to the health and disability system – which we will achieve by supporting research on effective approaches to strengthen health literacy; ensuring that health programmes work for people with low levels of health literacy and raising health literacy awareness; and strengthening the practice of health literacy in the health workforce through cultural competency education
- working with lead providers of the Healthy Families New Zealand initiative to implement programmes that enable Pacific families and communities to live healthier lives.

How are we going to measure this?

The Ministry of Health will use the following indicators to measure whether the actions identified above achieve the intended outcomes.

Action	Indicator	
1. Improve the health literacy of Pacific peoples so that they can make healthy choices and gain better access to the health and disability system, by supporting research on effective approaches to strengthen health literacy.	A qualitative survey to measure the health literacy of Pacific peoples in New Zealand.	
2. Ensure that health programmes work for people with low levels of health literacy and raise health literacy awareness.		
3. Strengthen the practice of health literacy in the health workforce through cultural competency education (Pacific Analysis Framework Training, Ministry of Pacific Island Affairs).		
4. Work with lead providers of the Healthy Families New Zealand initiative to implement programmes that enable Pacific families and communities to live healthier lives.	Decrease the number of Pacific children aged 2–14 years who are obese.	BMI > = cole cut-offs (2–14 years) Performance as at 1 May 2014
		Pacific 27.1
		Overall/total 11.1
	Improve management of diabetes by increasing 'More heart and diabetes checks'. The target is that 90 percent of the eligible adult population will have had their cardiovascular disease (CVD) risk assessed in the last five years.	As at December 2013, over 28,000 or 9.0 percent of Pacific peoples are estimated to have diabetes compared to 5.7 percent of all New Zealanders.



4. Pacific 'āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili experience improved broader determinants of health

Why is this outcome a priority?

There is strong evidence that biological factors, health-related behaviours, access to health care and environmental and socioeconomic factors all influence health (Commission on Social Determinants of Health 2008). Environmental and socioeconomic factors – particularly income, education and employment – have the most significant impact on the health of populations.

The determinants of health do not operate independently: there are often complex interactions between individual risk factors and wider environmental influences in maintaining health or causing illness. However, many of the determinants of health can be altered to improve health and wellbeing (Ministry of Health 2012b).

While there have been some improvements, Pacific peoples are still worse off than other New Zealanders across a range of socioeconomic indicators (Ministry of Health 2012b). Improving the incomes, education, employment and housing of Pacific peoples is critical to improving their health outcomes.

Significant current and emerging health, social and economic issues in the Pacific Island region (such as non-communicable diseases, and emerging and re-emerging communicable diseases) also have an impact on Pacific peoples in New Zealand.

What are we seeking to achieve?

Successful interventions to address the negative influences of health determinants tend to be those that involve multiple actions across different sectors and at different levels (Commission on Social Determinants of Health 2008). We therefore want to see more effective interconnected action to improve health, social and economic outcomes at central government, regional and local levels.

We want greater recognition of the impact of intersectoral activity on Pacific health outcomes and to promote wider use of health impact assessments to assess and develop actions to manage the health effects of policies and projects.

In the wider Pacific Island region, we want to continue to contribute to initiatives that seek to foster economic development, eliminate poverty and improve educational outcomes for Pacific peoples.

What will we do to achieve this?

To improve the broader determinants of health:

1. the health and disability sector will work across government to decrease overcrowding in Pacific homes and increase access to healthy housing
2. the Ministry of Health will work in partnership with the Ministries of Social Development, Business, Innovation and Employment, and Education and with the New Zealand Police on the following Better Public Service priorities, targeting vulnerable children:
 - increase participation in early childhood education
 - increase infant immunisation rates
 - reduce the incidence of rheumatic fever
 - reduce the number of assaults on children.

How are we going to measure this?

The Ministry of Health will use the following indicators to measure whether the actions identified above achieve the intended outcomes.

Action	Indicator	Pacific performance 2013*	Targets	
1. The health and disability sector will work across government to decrease overcrowding in Pacific homes and increase access to healthy housing.	Reduction in Pacific rheumatic fever hospitalisation rates per 100,000 by June 2017	Rate 33.2	Rate (per 100,000)	1.4
2. The Ministry of Health will work in partnership with the Ministries of Social Development; Business, Innovation and Employment; and Education and with the New Zealand Police on the following Better Public Service priorities, targeting vulnerable children: <ul style="list-style-type: none"> • increase participation in early childhood education • increase infant immunisation rates • reduce the incidence of rheumatic fever • reduce the number of assaults on children. 	Increase in childhood immunisations at six months of age	74%	77%	
	Increase in childhood immunisation at six months [#]	District Health Board	Pacific	Target
		Auckland	76%	95%
		Canterbury	74%	95%
		Capital & Coast	78%	95%
		Counties Manukau	75%	95%
		Hutt Valley	78%	95%
		Waikato	71%	95%
		Waitemata	71%	95%
		Total	75%	95%
	Qualitative: Delivery of the Children's Action Plan	In progress		

* Pacific is defined using prioritised ethnicity

Data for three month period to 31 May 2014

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Appendix 1:

Workforce tables

Table A1: Distribution of Pacific in the medical workforce,⁺ 2012

Position	Number	Percentage
Medical Workforce	215	1.8

⁺ Medical Council of New Zealand (2012).

Table A2: Gender breakdown of Pacific medical workforce

Country	Gender		
Ethnicity	Female	Male	Total
New Zealand Māori	165	186	351
Pacific	89	126	215
Chinese	244	397	641
Indian	242	451	693
Other	634	922	1556
Other European	979	1051	2030
New Zealand European	2538	3794	6332
No Answer	84	115	199
Total	4975	7042	12,017

Table A3: Distribution of Pacific in the medical workforce, 2012

Distribution of Pacific Medical Practitioners by Main Employment Capacity (2012 Survey)	Number	Percentage
General Practitioners	56	26.0
Registrar	48	22.3
Specialist	48	22.3
House Officer	40	18.6
Medical Officer Specialist Scale	9	4.2
Primary Care	2	0.9
Other	5	2.3
Not Answered	7	3.3
Total	215	100.0

Table 4 reflects the distribution of Pacific within the medical workforce, of which Pacific make up 1.8 percent.

Table A4: Distribution of Pacific workforce in health and disability sector

Position	Number	Percentage	Year
Registered nurses*	1622	3	2013
Enrolled nurses	106	3	2013
Nurse practitioners	2	1.8	2013
Midwives [#]	69	2.4	2012
Dentists [^]	19	1	2009
Pharmacists ^{**}	22	0.7	2013

* Nursing Council of New Zealand (2013).

[#] Midwifery Council of New Zealand (2012) – this total consists of Pacific midwives who identified Pacific as their first, second or third ethnicity.

[^] Dental Council of New Zealand (2009) – this total consists of Pacific dentists who identified one of the following ethnic specific groups – Samoan, Tongan, Niuean, Tokelauan, Fijian, other Pacific peoples – as their first or second ethnicity.

^{**} Pharmacy Council of New Zealand (2013).

Appendix 2:

Refreshing *'Ala Mo'ui*

The refresh of *'Ala Mo'ui* has been informed by focused consultation with clinical and community health leaders, and Ministry of Health officials, drawing on relevant national and international literature and using the latest available evidence on Pacific health.

The papers provide detailed analysis of the health status of Pacific peoples, and collectively highlight priority areas for action. The papers are available at www.health.govt.nz/Pacific

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Sector Expert Leaders Group 1, 21 February 2014

Jenny Salesa, Tertiary Education Commission
Dr Monique Faleafa, Le Va
Dr Margaret Southwick, Whitireira
Dr Fa'afetai Spopaga, University of Otago
Margareth Attwood, Health Workforce NZ
Tiana Collins, National Heart Foundation
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Walter Fraser, The University of Auckland

Pacific Senior Officials Group, 28 February 2014

Matalena Leaupepe, Ministry of Business, Innovation and Employment
Debra Tuifao, Ministry of Education
Roy Lagolago, New Zealand Customs
Lisale Falema'a, Tertiary Education Commission
Isabel Evans, Ministry of Social Development
Lesa Kalapu, Department of Internal Affairs
Shelly Rao, Education Review Office
Peter Stokes, New Zealand Police
Violet Stevenson, Education Review Office
Jenny Salesa, Tertiary Education Commission
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Utulei Antipas, Taeaomanino Trust
Api Poutasi, Health Promotion Agency
Tua Sua, Kowhai Health Trust
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Dr Sunia Foliaki, Massey University
Taima Fagaloa, Capital & Coast DHB
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Graham Dyer, Hutt Valley DHB
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Robert Muller, The Village Project
Siaosi Anamani, Porirua Council
Bella Bartley, Capital & Coast DHB
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Sector Expert Leaders Group 3, 15 May 2014

Leani Sandord, Auckland and Waitemata DHBs
Dr Teuila Percival, Counties Manukau DHB
Fa'amatua'inu Tino Pereira, Pacific Advisory Group; Director – Niu Vision
Dr Monique Faleafa, Le Va
Pulotu Bruce Levi, Waitemata and Auckland DHBs
Dr Ofa Dewes, Pacific Health – The University of Auckland
Innes Logan, Oceania Media
Louisa Ryan, Pacific Heart Beat
Lita Foliaki, Auckland and Waitemata DHBs

Collective Leads and Pacific General Managers Fono, 12 May 2014

The collective leads (chief executive officers and board chairs) of the four Pacific health provider collectives from across New Zealand were consulted on the refresh at the Pacific Health fono hosted by the Ministry of Health on 12 May 2014. The four Pacific health provider collectives that are supported by the Ministry are the Ministry's direct link to Pacific communities and their health care needs.

The providers hold fono to gain community input and subsequently feed back community views and needs to the Ministry. Below is a list of all the Pacific collectives the Ministry has engaged.

Auckland – Alliance Health Plus Collective

Midlands – Aere Tai: Midlands Pacific Collective

Wellington – Pacific Health & Wellbeing Collective

South Island – South Island Pacific Provider Collective

Pacific DHB General Managers

Elizabeth Powell, Pacific Director, Counties Manukau DHB

Taima Fagaloa, Director, Capital & Coast DHB

Tofa Suafole Gush, Director, Hutt Valley DHB

Hector Matthews, General Manager, Canterbury DHB

Talalelei Taufale, Pacific Advisor, Hawke's Bay DHB

Lita Foliaki, Planning and funding Manager, Auckland and Waitemata DHBs

Others present at 12 May Fono

Rachel Enosa Saseve, Service Development and Integration Manager – Alliance Health Plus

Alan Wilson, Chief Executive, Alliance Health Plus

Dr Kiki Moate, Chair, Pasifika Futures

Utulei Antipas, Pacific Health and Wellbeing Collective

Debbie Sorenson, Chief Executive Officer, Pasifika Futures

Tony Fakahau General Manager – Pacific Trust Canterbury

Mosese Fifita, Chair, South Island Pacific Collective

Dr Margaret Southwick, Chair, Pacific Health and Wellbeing Collective

Peta Karalus, Chief Executive Officer, K'aute Pasifika Trust

Akarere Henry, General Manager, South Waikato Pacific Island Community

Kabwea Tiban, Programme Manager, Midlands Collectives

Engagement with South Island Collective, 16 May 2014

Dr George Ngaei, Chair, Pacific Island Advisory Cultural Trust (Invercargill)

Dr Kim Ma'ia'i, Chair, Pacific Trust Otago

Brenda Lowe-Johnson, Vaka Tautua, Christchurch

Malo Ioane, Manager, Tangata Atumotu Trust, Christchurch

Ofa Boyle, Manager, Fale Pasifika o Aoraki, Timaru/South Canterbury

Sonny Alesana, Nelson, Nelson/Tasman Community Trust

Tony Fakahau, General Manager, Pacific Trust Canterbury

Mosese Fifita, Chair, South Island Pacific Provider Collective

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