

**CAPITAL & COAST DISTRICT HEALTH BOARD**



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## Executive Summary

Capital & Coast District Health Board (C&C DHB) has recognized the importance of improving the health of all communities within its region. The District Strategic Plan 2006-2012 identifies the improvement in the health of Pacific people as a critical priority for the district. The development of the Pacific Strategic Action Plan 2007-2012 (PSAP) is a continuation of the great work achieved in the initial Pacific Health Action Plan 2003-2007.

This plan attempts to address the health issues currently facing people in the district by using a:

1. Whole of Government
2. Whole of Community; and
3. Whole of Family Approach

In doing so the strategic intent of the C&C DHB in developing this new plan is to:

1. Improve Pacific health in our district
2. Reduce disparities and inequalities amongst Pacific people
3. Utilise a population based approach to assist in improving Pacific health

These intentions are outlined to help C&C DHB deliver its services to Pacific people in a more effective and efficient manner.

**Part One:** *A Vision for Change* outlines the commitment of the DHB to Pacific people in the district in identifying key strategies that require specific health development in order to reduce disparities. The strategies the DHB has identified include:

- Developing Workforce
- Supporting and Promoting Healthy Lifestyles
- Working with Communities
- Focusing on Integrated Care

The C&C DHB attempts to do this by:

- Relationship Management
- Workforce Development
- Research and Development

**Part Two:** *The Health Needs of Pacific People* focuses on the specific achievements gained through the initial Pacific Health Action Plan 2003-2007. It also looks at the health status of Pacific people in the district which includes current issues such as:

- Pacific people on average have poorer health status compared to people of other ethnic groups.
- Life expectancy of Pacific peoples is less than 65 years

- Incidence of diabetes is twice that of Europeans
- Pacific children (0-14yrs) have 35% more admissions compared to children of 'Other' ethnicity for conditions such as respiratory and cellulitis.
- Pacific children have a higher rate of tooth decay.

**Part Three:** Highlights some of the key *Priority Action Areas* the C&C DHB is striving to achieve for Pacific people. The three specific goals identified by the C&C DHB in this plan from 2007-2012 are:

1. Child and Youth Health
2. Pacific Primary Care
3. Chronic Disease Management

A focus on workforce development across all three goals is required to continually attract, retain and develop Pacific staff in health related roles.

***Key to the achievement of the PSAP 2007-2012 are three critical success factors:***

1. ***C&C DHB resourcing, commitment and support***
2. ***Pacific provider development and sustainability***
3. ***Pacific community engagement and participation***

***This Pacific plan requires a total funding resource of 4.8 million over the next 5 years. This amount only estimates the cost to deliver the initiatives as stated in this document, but does not account for the resourcing that is targeted towards Pacific communities across all health portfolios. The commitment of the DHB across portfolios and the continued commitment towards Pacific initiatives is fundamental to establishing a collaborative approach in improving the health disparities facing Pacific communities. This collaborative approach across all portfolios shows ownership across all teams as closing the disparate gap amongst Pacific can not and should not be resourced alone by specialized Pacific units or teams within C&C DHB.***

**Part Four:** The PSAP outlines in detail the *Action Plan* and outcomes expected for the health of Pacific people to improve by 2012. These include:

- Establish Pacific antenatal services
- Establish mobile dental services for Pacific
- Improve Wellchild checks, immunisation, and breastfeeding
- Promote healthy lifestyles with a focus on HEHA
- Strengthen Pacific provider capacity to deliver specialist services with a focus on Pacific youth suicide prevention
- Developing Youth participation with a focus on Pacific leadership (workforce development, mentoring/coaching and cultural identity)

- Develop Pacific primary care services in Porirua East and Wellington South including workforce development
- Look at developing a Pacific regional strategic plan which enables productivity and efficiencies to be gained while increasing service delivery
- Continue to strengthen families and communities to improve outcomes associated with chronic disease
- Strengthen Pacific Support Services within Hospitals
- Establish community specialist clinics

## Introduction

Pacific people have been a part of the Capital and Coast District Health Board ( C&C DHB ) district for over 50 years. They have contributed towards the well-being of their families and communities and have helped make the regions cities a more vibrant and colourful place through their culture. The visions of their parents to have a better life are continuing to be achieved as they strive to excel in areas such as education, sports, and the arts. Continued Improvement in their socio-economic conditions will also enhance any long term improvement in Pacific people's health and wellbeing.

Despite the achievements of Pacific people within the region and nationally, Pacific people still have a poorer health status than other New Zealanders. They are more likely to:

- Die earlier and be diagnosed with chronic disease such as diabetes and cardiovascular related illnesses
- Live in Decile 8 – 10 areas
- Have children admitted to hospital in their first year of life
- Have children who are not immunized
- Have children with secondary treatment for dental and oral complications

## Purpose

The Pacific Action Plan (PSAP) 2007-2012 outlines C&C DHB future direction and identifies the actions required for the improvement of Pacific Health. It identifies the Boards priority areas towards dealing with inequalities in health and aims to ensure that the developments are directed towards gaining the highest benefits for Pacific communities. The PSAP outlines a 5 year plan with a long term focus to improve and sustain over time the way health services are planned, funded and delivered to Pacific people who reside in the district.

The strategic direction for Pacific as outlined in the C&C DHB 2006-2012 District Strategic Plan is:

1. Whole of Government
2. Whole of Community; and
3. Whole of Family Approach

This PSAP 2007-2012 supports the C&C DHB District Annual Plan (DAP) 2006/09 and the overall aim of the PSAP is to continue C&C DHB 's work in reducing health inequalities in Pacific communities.

## Strategic Intent

In developing this strategic plan for Pacific, the C&C DHB has built on the work of the previous Pacific Health Action Plan 2003-2007. Our strategic intent in developing this new plan is to:

4. Improve Pacific health in our district
5. Reduce disparities and inequalities
6. Utilise a population based approach to health

## Our Principles

The following underlying principles guide C&C DHB, these principles are:

- Pacific communities lead the development of determined models of care
- Services are culturally safe and represent best practice
- Pacific communities are able to access services when needed
- Building and improving relationships within the health sector with social services, education and housing sectors
- Identifying and implementing local solutions, acknowledging similarities and differences within and between communities in the district
- Pacific communities and providers have an influence on C&C DHB funding, planning and delivery of services.

## Our Consultations

In the development of this living document we have consulted with Pacific communities and leaders, Pacific providers and C&C DHB staff. We acknowledge their feedback and comments and value their contribution in making this document a reality. We look forward to their continued participation towards the implementation of this plan.

# PART ONE: A VISION FOR CHANGE

## Strategic Alignment

The development of The Pacific Action Plan 2003-2007 provided the architectural blueprint towards improving health outcomes for Pacific peoples.

C&C DHB have developed strong relationships with Pacific communities, Pacific providers, mainstream providers, government agencies and across the DHB to begin to make incremental differences<sup>1</sup>

C&C DHB is committed to continually developing its partnership with Pacific communities and health professionals. This joint partnership will further develop services that meet the needs of people, at a primary, secondary and tertiary health level.

Increased investment in community and primary care is reflected in the DHB's new focus in supporting people to keep healthy and access services earlier in community settings.

## Capital and Coast District Health Board – District Strategic Plan 2006 - 2012

The C&C DHB is committed to improving the health status of Pacific people within the region. It has identified Pacific peoples as an important priority group in its District Strategic Plan 2006 – 2012.

C&C DHB is committed to achieving health goals for Pacific people by:

- Reducing disparities;
- Reducing illness and disease among populations with high health needs so there is less difference in the health of people across the district (such as Maori, Pacific peoples, refugees and new migrants, and people who live in areas that are considered to be deprived);
- Reducing the incidence and impact of chronic conditions;
- Reducing the number of people who develop an ongoing illness or disease;
- Reducing the impact of illness or disease on people's lives, particularly for populations with high health needs to maximise independence and maintain or improve the quality of life.

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<sup>1</sup>

[http://www.ccdhb.org.nz/Meetings/boardpapers/2007\\_09\\_05/infoonly/PACIFIC\\_for\\_September\\_2007Three\\_year\\_report\\_Final.pdf](http://www.ccdhb.org.nz/Meetings/boardpapers/2007_09_05/infoonly/PACIFIC_for_September_2007Three_year_report_Final.pdf)

C&C DHB has targeted some specific strategies to achieve the goals outlined above including:

1. Developing workforce
2. Supporting and promoting healthy lifestyle
3. Working with communities
4. Focusing on people through integrated care.

Improving health status amongst Pacific people in the region through these strategies is outlined below:

### **Developing Workforce**

The Pacific team has developed a Pacific Workforce Action Plan (2007) that will blend into the wider DHB organizational workforce plan. Analysis of our workforce has identified gap areas internally and externally that will be the focus for the DHB for the next five years

C&C DHB plan to increase the numbers of Pacific people in the workforce to better meet the needs of this community. Primary care workers, home care and community workers and family based/primary care nurse practitioners are critical roles for service provision to Pacific communities

### **Supporting and Promoting Healthy Lifestyles**

Increasing chronic disease, where people die earlier, such as Chronic Heart Disease and Diabetes (Type 2) correlates to high cost and burden on the health system. These conditions are especially pertinent to Pacific people where there is a prevalence of chronic disease related illnesses.

Promoting healthy lifestyles by emphasizing lifestyle factors, poor nutrition, cultural and social influences and encouraging exercise and physical activity, while limiting smoking, alcohol use and mitigating drug use will move a long way towards increasing the health of Pacific peoples' in the district.

Assisting Pacific people within the district to work together to promote healthy living within their own communities will create individual and community ownership and encourage sustained healthy lifestyle choices among Pacific children and youth .

Key focuses for C&C DHB are to work with Pacific communities, health professionals and agencies within the region to implement the Healthy Eating, Healthy Action plan and to reduce the use of tobacco, alcohol and drugs. Affordability is a priority, therefore reducing the cost of visiting the doctor is critical as well as the prevention of injuries amongst Pacific people.

## Working with Communities

Capital and Coast DHB aims to build on a community responsiveness\ownership model that has already been utilized successfully within our local Pacific community.

Better communication across government agencies with communities and more resources to assist Pacific people will continue to reduce the factors that lead to poorer health. Other factors that also need to be considered are:

- Development of family community based services for Pacific people in low income areas,
- Invest in more Pacific support services and community clinics run by nurses.
- Work towards influencing policies targeted at housing, urban environments, children and youth.
- Increase participation and responsiveness in Primary Health Organisations.

## Focusing on Integrated Care

The Capital & Coast DHB District Strategic Plan outlines the development of health service provision as being developed in an indiscriminate and haphazard way<sup>2</sup>. This can result in peoples' care being duplicated as they move between health professionals and models of care. For Pacific there are other challenges such as cultural and language barriers which place a higher emphasis on providers engaging in a culturally appropriate manner. Behaviors enacted by providers that are deemed culturally inappropriate are likely to negatively impact on Pacific people accessing and utilizing health services. Health access and utilization then becomes a means of last resort when health needs are most critical.

## C&C DHB Response

Capital & Coast DHB's response is to develop ethnic specific approaches to achieve Pan Pacific outcomes that incorporate three overarching initiatives, which are:

### **1. Relationship Management**

- a. Build and maintain relationships with each Pacific Community.
- b. Communicate effectively to achieve responsiveness across the organisation
- c. Communicate effectively to achieve responsiveness across mainstream.

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<sup>2</sup> Ibid

## **2. Workforce Development**

- a. Identify regional and local workforce gaps and increase the capacity and capability within Pacific Workforce.
- b. Develop workforce in areas such as child health, mental health and disability.

## **3. Research & Development**

- a. Identify and ensure ethnic specific data is collected;
- b. Develop indicators that are based on evidence and incorporate a 'whole of family' approach for service development and service delivery.

## PART TWO: HEALTH NEEDS OF PACIFIC PEOPLE

### Achievements

The Capital & Coast DHB has made significant progress in improving the health of Pacific people in the region. The Pacific Health Action Plan 2003-2007 identified key areas of focus for the C&C DHB to improve the health of Pacific people. Some of the achievements from this initial plan were:

- High enrolment and improved utilization of primary health care services by Pacific peoples.
- Implementation of the Pacific Support Service at Wellington Hospital.
- Pacific Youth Fono: Conducted a meeting with Pacific youth to better develop relationships with this key group.
- Engagement with Pacific communities: Continued relationship development with key Pacific communities within the region.
- Pacific Workforce Plan: Worked with key agencies and stakeholders to develop a Workforce Plan to meet the demands for Pacific health professionals.
- Pacific Diabetes Integrated Initiative – Increase in uptake of diabetes annual checks.
- Launch of Shake It, Beat It, Learn It Pilot: Programme to increase participation of Pacific communities in living healthy lifestyles.
- Decrease in length of stay in hospital and re-admission rates amongst Pacific.
- Reductions in rates of low birth weight for Pacific babies and in teenage pregnancies and terminations.
- Development of strong Pacific provider base in various areas of the region including; Taeaomanino Trust, Pacific Health Service Porirua, Pacific Health Services Wellington, Maninoa Community Care Trust, Vakaola Pacific Health Services and New Zealand Institute of Sport.
- Partnership successes with other key agencies within the region to promote better health amongst Pacific communities. Some of these partnerships and events include:
  - Strong Pasefika Families with Ministry of Social Development, Porirua City Council, NZ Police, Ministry of Education, Ministry of Women's Affairs, Ministry of Youth Development.
  - Pacifically Wellington (PACWELL) with Accident Compensation Corporation, NZ Police, NZIS, Pacific Island Women's Project, Ministry of Education, Wellington City Council and Niu FM.

- Samoan Kilikiti Tournament with ACC, NZ Police, Department of Labour and the Health Sponsorship Council.
- Immunisation rates for Pacific when benchmarked against national rates are consistently higher for age 6 weeks, 3 months, attributed to organizations working together.
- Pacific MeNZB Campaign was very successful with 97% of Pacific children/youth receiving the first dose, 93.3% the 2<sup>nd</sup> dose and 89.4% the third dose compared to the total population.

### Issues<sup>3</sup>

As outlined above there have been some significant achievements since the development and implementation of the Pacific Health Action Plan 2003-2007. However, because of the continued presence and inherent hold of certain lifestyle behaviors, combined with the low but improving socio economic status, there is still a need to focus on improving the health of this community. The current situation of the health of Pacific people in the Capital & Coast DHB is that:

- Pacific people on average have poorer health status compare to people of other ethnic groups.
- Life expectancy of Pacific peoples is less than 65 years
- Incidence of diabetes is twice that of Europeans
- Pacific children (0-14yrs) have 35% more admissions compared to children of 'Other' ethnicity for conditions such as respiratory and cellulitis.
- Pacific children have a higher rate of tooth decay.

### Population<sup>4</sup>

Any future planning and funding allocated to Pacific health will need to consider the following characteristics of this community:

- The Pacific population is relatively young.
- 8% of the population is Pacific.
- 63% of the Pacific population lives in the most deprived areas (NZDep 9 and 10).
- Higher birth rate than other ethnicities within the region.

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<sup>3</sup> Capital and Coast DHB: District Strategic Plan 2006-2012; p28

<sup>4</sup> Refer to Appendix 1

## Population Health

- Smoking prevalence for Pacific people is above “others” and Asian especially Pacific female smokers.
- Both Pacific males and females had a higher percentage of overweight people than the percentage for males and females of all other ethnicities.

## Service Utilization

- Due to the poorer health of Pacific people, greater utilization of health services would be expected when compared to other ethnic groups, Historically, this has not been the case.
- Younger Pacific adults (15 to 24 years old) and over 65 years old received fewer consultations at first contact GP and/or nurse services.

## Diabetes, Cardiovascular, IHD, Cancer Rates

- Pacific people still have high admission rates for Diabetes related conditions.
- Stroke is a particular problem for Pacific people. The discharge rate for Pacific people is significantly higher than for Maori or Other.
- Pacific people have an earlier age onset of myocardial infarction than other ethnic groups.
- Ischemic Heart Disease for Pacific has a slight increase in 2006; it's still lower than Maori and the national Pacific rate.
- Pacific females have higher rates of cancer than males.
- Significant disparities exist in cancer incidence, access to screening, diagnosis, treatment and outcomes for Pacific.
- Pacific has a higher mortality rate than other groups.

## Child and Youth Health

- Pneumonia is a significant problem for Pacific children who have the highest rate of discharge in the district.
- Pacific children have high rates of asthma discharges for children under 5 years of age.
- Pacific people have a significantly lower percentage of 5 year olds caries free than other ethnic groups, and also less than Maori children.
- Pacific 5 year olds also have the highest mean dmft (decayed, missing, filled teeth).

- The majority of discharges for injury in children are due to fractures and lacerations from falls. A large number of injuries are also due to pedestrian, bike and car accidents.
- Pacific children aged 5 to 14 have a preventable hospitalisation rate that is significantly higher than all ethnicities and has slightly decreased in 2006. The Capital and Coast rate for Pacific is also higher than the national rate for Pacific.
- Pacific ASH rates for children under five are higher than Maori and Other ethnic groups but by only a small percentage.
- The teenage pregnancy discharge rate for Pacific girls in C&C DHB has increased and is slightly higher than the national rate for Pacific.
- Pacific peoples are not accessing mental health services and there are a variety of reasons such as cultural beliefs and values (what is the definition of a mental illness for Pacific), not recognizing that they/or the family member may have a mental illness, and the quality and timeliness of access.

### Summary: Priority Conditions

Whilst the building blocks have been put in place, a number of underlying issues have been identified (through data collection) locally which are:

- Pacific people have the highest Ambulatory Sensitive Hospitalisations (ASH) in Child Health
- Pacific people have the highest Potentially Avoidable Hospitalisations (PAH) in Child Health
- Lack of Workforce capability and capacity across the DHB.
- Need to Improve access to primary care
- Integration across the DHB and community
- Need to Improve access to HHS services; and
- Continue supporting Pacific providers to improve their services to the community.

### Areas of Concern

Areas identified in this report as being of particular concern and affecting a reasonable number of people are: (in no particular order of priority):

- The health of Pacific children and youth.
- Cardiovascular disease for Pacific.
- Quality of Access & Intervention to Primary Care services for Pacific

- Pacific people with a disability across the lifespan.
- Respiratory conditions for Pacific
- Diabetes
- Obesity
- Mental Health
- Suicide

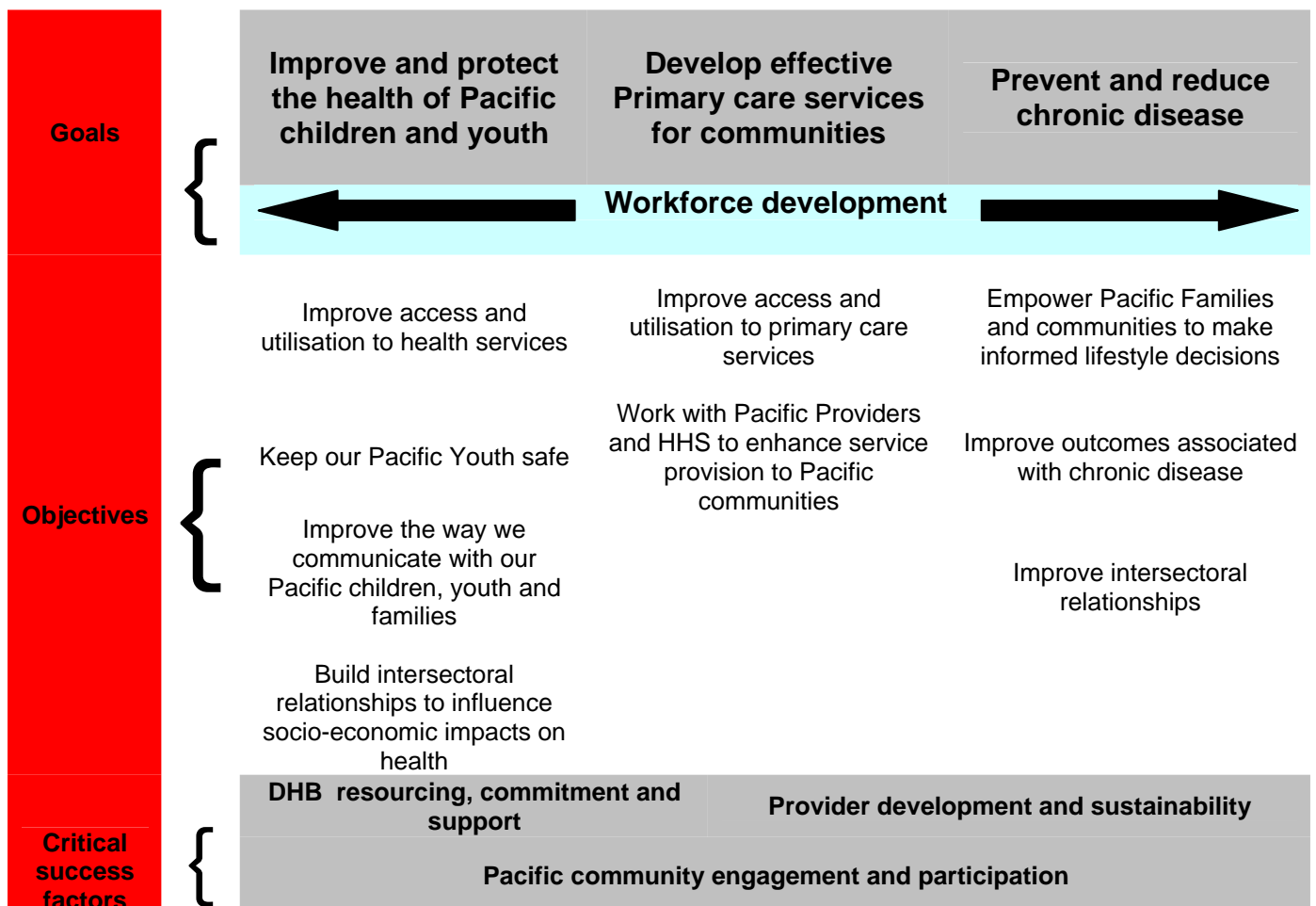
## PART THREE: PRIORITY ACTION AREAS (GOALS)

The Pacific Health and Disability Action Plan 2002 provided the framework for DHB's to respond to the health disparities among Pacific peoples. The PSAP 2007-2012 will continue to utilize the Pacific Health and Disability Action Plan, though initiatives will also reflect the actual demands and issues relevant to improving the health of Pacific people in the C&C DHB district.

Consultation with Pacific communities in recent years and accuracy with health data highlight three key priority areas for C&C DHB to focus on:

- Pacific children and youth health
- Development of primary care services in Pacific communities
- Preventing and managing chronic disease among Pacific peoples

### PSAP 2007-2012 Priority Action Areas (GOALS)



## Goals and objectives

### **Improve and protect the health of Pacific children (0-14yrs) and Youth (15-24yrs).**

The young age structure of the Pacific population will require a varied approach in order to improve health access and utilization. Developing and creating specific health promotion and programmes for this group will be fundamental in curbing the current tide of chronic disease illnesses among Pacific people. Our current information tells us we need to focus on

- Decreasing the high Ambulatory Sensitive Hospitalisation rates of Neonatal, 1-4 yr olds
- Focus on chronic disease
- Obesity
- Oral health
- Mental Health
- Suicide (*refer to appendix 2 for information on Pacific children and youth*)

The following objectives will guide initiatives to improve the health and wellbeing of Pacific Children and Youth

#### **Objectives:**

- Improve access and utilization to health Services
- Keep our Pacific Youth Safe
- Improve our communication to our Pacific children, youth and families
- Build intersectoral relationships to influence social-economic impacts on Health<sup>5</sup>

### **Develop effective primary care services for communities**

C&C DHB is committed to reducing disparities by improving access to quality primary healthcare. Any gains in access and utilization to primary care will allow Pacific people to be informed of the consequences of lifestyle choices, manage with understanding current health issues and prevent the onset of more serious conditions due to early intervention The focus for C&C DHB will be to provide:

- Access to quality clinical and community services
- Workforce and provider development
- Development of specialist virtual clinical service
- Intersectoral links with organizations such as MSD, ACC and MOE
- Pacific GP services
- Pacific Health Regional Service –working with HVDHB and providers within the region to collaborate and mitigate areas of risk in service sustainability and delivery (*refer to appendix 3 for information on primary care*)

The following objectives will guide initiatives to improve access and utilization by Pacific People to Primary Health services.

**Objectives:**

- Improve access and utilisation of Primary Care Services
- Work with Pacific Providers and the HHS to enhance service provision to Pacific Communities

**Prevent and reduce chronic disease**

Chronic Disease Management is a high priority for C&C DHB, but particularly for the Pacific community as there is a high tendency for Pacific people to have non communicable diseases, diabetes, cancers, cardiovascular, respiratory, obesity and cerebral vascular disease, disability and gout. These are all primarily preventable illnesses which can be prevented but which once diagnosed can be managed in a way which allows people to continue to live long and healthy lives. The focus for C&C DHB in this priority will be to provide:

- Better education and health promotion
- Develop policies and procedures to minimize the inherent factors
- Work with agencies and government to develop incentives and disincentives for people to increase and decrease push and pull factors
- Develop ethnic specific plans which are implemented and monitored over time( *Refer to appendix 4 for information on chronic disease management*).

**Objectives:**

- Empower Pacific Families and communities to make informed lifestyle decisions
- Improve outcomes associated with chronic disease
- Improve intersectoral relationships with key organizations that have targeted strategies for Chronic Disease Management

## **Workforce development**

The recruitment, retention and development of Pacific staff internally ( provider arm) and externally ( Pacific providers) is critical to the achievement of all three goals. Workforce development across the DHB is a key component of the PSAP 2007-2012, and initiatives have been and will be developed further to improve the capacity and capability within the DHB district.

## **Critical success factors**

Fundamental to the success of the proposed plan are three key factors, these are:

- C&C DHB resourcing, commitment and support
- Pacific provider development and sustainability
- Pacific community engagement and participation

## **C&C DHB Resourcing, commitment and support**

Continued commitment and support from the DHB is critical to any closure in the disparity gap between Pacific peoples and other ethnic groups. This commitment is outlined explicitly within the District Strategic Plan 2006-2012, where key health goals are to:

- Reduce disparities in health status
- Reduce the incidence and impact of chronic conditions

The table below gives an overview of the Pacific funding required for the next 5 years. Each initiative has been priced according to whether it is a service development or a one off project/pilot.

**C&CDHB Pacific Strategic Plan 11 Financial Forecast: 2007-2012: 5 year**

Pacific Health Priority Areas	C&CDHB Pacific Action Plan 11		2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	Total	
Child and Youth Health	Goal 1: Improve and Protect the Health of Pacific Children (0-14) and Youth (15-24)	One-off	0	40,000	10,000	0	0	50,000	
		Sustainable funding	32,500 (17,500 fund from new initiative)	245,000 (120,000 funded from new initiatives)	245,000	245,000	245,000	1,012,500	
		sub-total	32,500	285,000	255,000	245,000	245,000	1,062,500	
Improve Quality of Access to Primary, Secondary and Tertiary Care	Goal 2: To Develop Effective Primary Care Services for Local Pacific Communities	One-off	490,000	0	10,000	0	0	500,000	
		Sustainable funding	0	130,000 (70,000 funded from new initiatives)	640,000 (550,000 funded from new initiatives)	640,000	640,000	2,050,000	
		sub-total	490,000	130,000	650,000	640,000	640,000	2,550,000	
Chronic Disease Prevention, Intervention and Management	Goal 3: Prevent and Reduce Chronic Diseases	One-off	62,500	40,000	0	20,000	0	122,500	
		Sustainable funding	0	211,000 (175,000 funded by new initiatives)	252,000	252,000	252,000	967,000	
		sub-total	62,500	251,000	252,000	272,000	252,000	1,089,500	
	Sub-total One-off funding		552,500	80,000	20,000	20,000	0	672,500	
	Sub-total Sustainable funding		32,500	586,000	1,137,000	1,137,000	1,137,000	4,029,500	
Sub-total			585,000	666,000	1,157,000	1,157,000	1,137,000	4,702,000	
<b>CPI adjustment @4% for Sustainable funding only Evaluation</b>				600	8,864	23,835	46,433	79,732	
<b>Total</b>				40,000	40,000	40,000	40,000	200,000	
				625,000	706,600	1,205,864	1,220,835	1,223,433	<b>4,981,732</b>

**Note:**

The Investment for Pacific over the next 5 years totals \$4,981,732

- Key areas of focus are Children & Youth and Primary Care.
- Chronic Disease which also includes Mental Health and Disability Services is also included in the Primary Care Services Development.
- A key proportion of funding has been targeted towards building Pacific Provider workforce capacity and capability in the Primary care and NGO setting.
  - Excludes PPDF

### **Provider development and sustainability**

Inline with the commitment required from the C&C DHB is continued development and improvement among Pacific providers. Improvement will hinge on minimizing risk in key areas such as governance and management capacity, financial control, contractual management and reporting. Improvements in these areas will allow for greater outcomes for Pacific communities and their health.

Another focus is to improve service provision by Pacific providers at a regional level. The objective is to create synergies that will utilize more effectively the scarce funding that is targeted towards improving the health of Pacific peoples across the region.

### **Pacific community engagement and participation**

Any improvement in the health of Pacific people must require input, participation and ownership by Pacific communities. Participation from the Pacific community is respondent on the genuine engagement from C&C DHB. This action plan outlines initiatives to foster and improve engagement with the Pacific community, with improving health outcomes for Pacific peoples as the underpinning goal.

## PART FOUR: ACTION PLAN

### Goal 1: Improve and Protect the Health of Pacific Children (0-14) and Youth (15-24)

Objective	Actions	Outcomes/Measures	Responsibility	Timeframe
<b>Improve access and utilization to health Services</b>	Establish Pacific community based antenatal service	<ul style="list-style-type: none"> <li>Sustained improvement in low birth weight rate</li> </ul>	P&F Pacific Team PHO's Pacific Support Services Primary Care Team	2008
	Establish a Model of Service delivery that will enable CCDHB and Providers to 'Map & Track' all Pacific babies born	<ul style="list-style-type: none"> <li>70% increase in immunisation rates for Pacific babies after 5 months and up to 95% by 2012</li> </ul>	Primary Care Pacific Providers	2008/2009
	Develop and implement a hearing test initiative and programme for Pacific communities	<ul style="list-style-type: none"> <li>Improved % of children passing school entry hearing tests (target 92%)</li> </ul>	P&F Pacific team Primary care team Pacific Providers RPH	2009
	Develop dedicated dental services for Pacific Communities.	45% of Children caries free at 5yrs, by 2012 ( DHB target 42% 08/09.80 Mean DMFT score at year 8 for Pacific, by 2012 ( DHB target .90 by 08/09)	HVDHB C&C DHB RPH	To be determined

	Pacific Children and Youth will have to access to Primary Care	<ul style="list-style-type: none"> <li>75% Of Pacific Children and Youth will be enrolled with a PHO</li> </ul>	Primary Care PHO's Providers	2008/2012
	Increase health promotion with a focus on dental access and utilization among Pacific people	<ul style="list-style-type: none"> <li>45% of Children caries free at 5yrs,by 2012 ( DHB target 42% 08/09</li> <li>.80 Mean DMFT score at year 8 for Pacific, by 2012 ( DHB target .90 by 08/09)</li> </ul>	HV DHB C&C DHB RPH	2008/2012
<b>Keep our Pacific Youth Safe</b>	Develop initiatives to Increase Pacific youth participation and “voice” in DHB decisions <sup>6</sup>	<ul style="list-style-type: none"> <li>Pacific Youth voice is part of C&amp;C DHB Decision making process</li> </ul>	P&F Team	2008
	Develop and implement a Pacific Youth Smoking Cessation programme.	<ul style="list-style-type: none"> <li>Increased awareness among Pacific youth of the Health risks related to smoking</li> <li>Number of Pacific Youth who quit smoking</li> </ul>	Regional Public Health Pacific Providers	2008/2009
	Develop and implement initiatives to	<ul style="list-style-type: none"> <li>Improved access and utilisation</li> </ul>	MH Team	2008/2009

<sup>6</sup> 'Youth Health: A guide to Action, MOH, 2002 proposes a youth advisory committee as a means to increase youth participation and voice

	target youth access and utilisation to mental health and advisory services	by Pacific Youth, especially Pacific youth at risk	Pacific Providers P&F Team	
<b><i>Improve the way we communicate with our Pacific children, youth and families</i></b>	<p><b>Phase 1</b> Update targeted communication strategy and plan</p> <p><b>Phase 2</b> Implement initiatives as outlined in Communication strategy and plan</p>	<ul style="list-style-type: none"> <li>• Implementation of programmes</li> <li>• Sustained improvement in Wellchild Checks</li> <li>• Sustained improvement in immunisation checks</li> <li>• Increase in breastfeeding rates for Pacific</li> <li>• Sustained improvement in Population Preventable Hospitalisations (PH)</li> <li>• 25% increase in breast and cervical screening</li> </ul>	P&F Team  Primary Care	2008/2009
<b><i>Build intersectoral relationships to influence socio economic impacts on Health</i></b>	<p><b>Phase 1:</b> Stock-take current and planned intersectoral initiatives that are directly or indirectly linked to child/youth health and wellbeing</p> <p><b>Phase2:</b> Identify and leverage from current Inter-sectoral programmes that target Pacific children and youth</p> <p><b>Phase 3:</b> Develop “new” initiatives that are not currently being implemented across the sector</p>	<ul style="list-style-type: none"> <li>• Completion of stock-take and gap analysis</li> <li>• New Initiatives are implemented as identified in gap analysis</li> </ul>	P&F Pacific Team  P&F Teams  Pacific Providers	2008/2012

## Goal 2: To Develop Effective Primary Care Services for Local Pacific Communities

Objective	Actions	Outcomes\Measures	Responsibility	Time Frame
<b>Improve access and utilization of Primary Care services</b>	Establish a Pacific GP Service in Porirua East	<ul style="list-style-type: none"> <li>6% target for ASH for &lt;5yrs ( directed by DHB target)</li> <li>10% decrease in ASH trend for 5-14yrs &amp; 15-24yrs</li> <li>Sustained decrease in ASH trend for 65-74yrs</li> <li>Sustained improvement in 1<sup>st</sup> contact utilization across age groups</li> </ul>	P&F Pacific team Primary Health team Pacific Providers PHO	2007/2008
	Strengthen and develop Pacific Primary care service in Wellington South by establishing a 2 <sup>nd</sup> GP position	<ul style="list-style-type: none"> <li>6% target for ASH for &lt;5yrs ( directed by DHB target)</li> <li>10% decrease in ASH trend for 5-14yrs</li> <li>10% decrease in ASH trend for 15-24yrs</li> <li>Sustained decrease in ASH trend for 65-74yrs</li> <li>Sustained improvement in 1<sup>st</sup> contact utilization across age groups</li> </ul>	P&F Pacific team Primary Health team Pacific Providers HHS	2008/2009
	Carry out a diversity audit of mainstream providers delivering to Pacific in the district	<ul style="list-style-type: none"> <li>Establishment of access and utilization trends among mainstream providers</li> </ul>	P&F Pacific Team Planning and Funding teams	2009/2012
	Completion of Regional Disability Audit (current initiative with Age Care Team)	<ul style="list-style-type: none"> <li>Completion of audit</li> <li>Development and implementation of action plan</li> </ul>	P&F Pacific team Age care team HV DHB	2008/2009

		Improved access and utilisation to Pacific and mainstream mental health providers by Pacific people (alignment to Journey Forward )	<ul style="list-style-type: none"> <li>Improved access and utilisation to Mental health services</li> <li>Increase awareness of mental health services among Pacific people</li> </ul>	Mental Health Team Pacific Providers	2008/2012	
<b>Work with Pacific Providers and HHS to enhance service provision to Pacific Communities</b>	<b>Pacific Provider Development</b>	Work with providers to develop a reporting and monitoring framework.	<ul style="list-style-type: none"> <li>Improvement in timeliness of reports</li> <li>Improvement in quality of reports by Providers</li> </ul>	P&F Pacific Team Pacific Providers Relevant P&F Portfolio's	2008/2009	
		Continue to assist and identify opportunities for provider development	Continued improvement in: <ul style="list-style-type: none"> <li>Governance</li> <li>Service Provision</li> <li>Forward planning</li> <li>Financial sustainability</li> </ul>	P&F Pacific Team Providers Relevant P&F Portfolio's	2007/2012	
		Identify pathways for existing staff to transition into specified health roles	<ul style="list-style-type: none"> <li>The number of staff who move into specified health roles across Primary, Secondary and Tertiary sectors</li> </ul>	P&F Pacific Team Primary Care Primary Care Nursing Personal Development	2007/2012	
		Develop a Pacific Regional Strategic ( PRS) Plan, around service provision management	<ul style="list-style-type: none"> <li>Improved sustainability of community provider arm</li> <li>Improved service delivery to Pacific communities</li> </ul>	P&F Pacific Team Providers	2009-2010	

Develop and implement new initiatives with	<ul style="list-style-type: none"> <li>Improved workforce capability</li> <li>Decrease in staff attrition</li> </ul>	P&F Pacific Team Providers	2008-2012
--------------------------------------------	----------------------------------------------------------------------------------------------------------------------	-------------------------------	-----------

		providers that will strengthen workforce capacity and capability (will also be informed by update in workforce development strategy)		P&F Mental Health Portfolio (to link with National Pacific Development work with Te Pou)	
	<b>HHS Development</b>	Strengthen Pacific Health Unit in HHS	<ul style="list-style-type: none"> <li>There will be a reported increase in the number of Pacific patients and families accessing the PHU</li> </ul>	HHS	2009/2012
		Strengthen Pacific clinical workforce	<ul style="list-style-type: none"> <li>All Pacific nursing staff in the HHS will be actively engaged in the PDP process. There will be a 50% increase across the PDP</li> </ul>	HHS Director of Nursing Human Resources	2007/2012
		Identify opportunities for Pacific research with Wellington School of Medicine	<ul style="list-style-type: none"> <li>1 Pacific summer student per annum will undertake research with PHU and P&amp;F Pacific Team</li> </ul>	P&F Pacific Team Wellington School of Medicine	2008/2012
		Promote C&C DHB as an employer of choice among Pacific students and graduands	<ul style="list-style-type: none"> <li>Improved workforce capability across the clinical and non clinical roles</li> </ul>	HHS Human Resources Communications	20088/2012

### Goal 3: Prevent and Reduce Chronic Diseases

Objective	Actions	Outcomes/Measures	Responsibility	Timeframe
<b><i>Empower Pacific Families and communities to make informed lifestyle decisions</i></b>	Establish a Pacific Advisory committee which will provide direct links with the Pacific community	<ul style="list-style-type: none"> <li>Interim committee established by the end of the 3<sup>rd</sup> quarter</li> </ul>	P& Pacific Team C&C DHB Board Pacific Communities	2008/2009
	Develop and implement a Communication Strategy that targets the life cycle ( Health Promotion)	<ul style="list-style-type: none"> <li>Development and implementation of communication action plan</li> </ul>	P&F Pacific team	2008-2012
	Develop and implement training initiatives for Pacific early childhood centre staff	<ul style="list-style-type: none"> <li>Implementation of sustainable training models within Pacific early childhood centres ( focus on HEHA )</li> <li>Narrow the gap in childhood obesity between Pacific and other demographic groups</li> </ul>	P&F Pacific team Primary care team Human Resources Pacific Providers	2008-2012
	Continued development and implementation of health promotion initiatives in cultural and non cultural structures (build on initiatives such as "eat rite, eat lite, left and, rite") with a focus on cancer, obesity, diabetes, cardiovascular and stroke	<ul style="list-style-type: none"> <li>Collaborative programmes are developed and implemented with Pacific communities. Outcomes of the programmes will be demonstrated through NMDS data. Cancer database, PHO database and other relevant data warehouses.</li> </ul>	Regional Public Health P&F Pacific Team Pacific Providers Pacific communities Primary Care Team	2008-2012

<b><i>Improve outcomes associated with chronic disease</i></b>	Identify with Pacific communities new initiatives in alignment with “HEHA”	<ul style="list-style-type: none"> <li>• By 2012 all 7 Pacific communities will have developed and implemented HEHA programmes,</li> <li>• Increased Pacific community ownership of HEHA programmes</li> </ul>	Primary Care RPH P&F Pacific team	2008-2012
	Utilise research and data collected to inform a practice based evidential approach to CDM	<ul style="list-style-type: none"> <li>• Development of targeted initiatives which are informed by current research</li> </ul>	Primary Care Pacific Providers	2008/2012
<b><i>Improve intersectoral relationships with key organizations that have targeted strategies for Chronic Disease Management</i></b>	Hold intersectoral fono to identify programmes to improve CDM	<ul style="list-style-type: none"> <li>• <b>Phase 1:</b> Fono planned and held</li> <li>• <b>Phase 2:</b> develop and implement initiatives and programmes</li> </ul>	P&F Pacific team	Alternate years

## REFERENCES

- Capital & Coast District Health Board Annual Plan 2006-09
- Capital & Coast District Health Board Statement of Intent
- Capital & Coast District health Board Pacific Health Action Plan 2003 – 2007
- Capital & Coast District Health Board Pacific Health Dashboard 2007
- Ministry of Health Tupu Ola Moui: The Pacific Health Chart Book 2004
- Ministry of Health 2005 The Health of Pacific peoples (summary booklet of Tupu Ola Moui 2005)
- Ministry of Health – Pacific Health and Disability Workforce Development Plan 2004
- National Health Committee – Meeting the needs of people with the chronic conditions February 2007

# APPENDICES

## Appendix 1: Population demographics

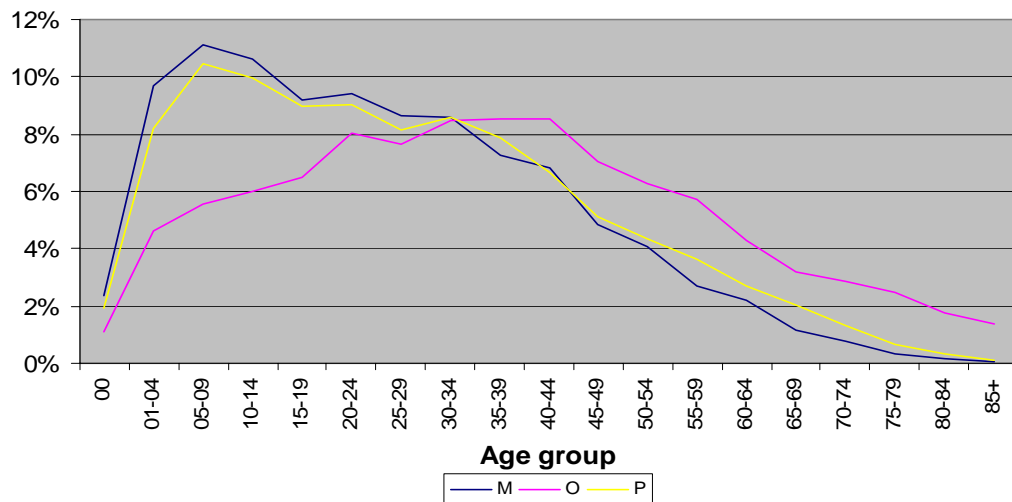
### 1.1 Total Population

The total population of Pacific peoples residing in the DHB district represents 8% of the districts population.

We have a relatively young population who become sicker by middle age and few survive beyond age 65years.

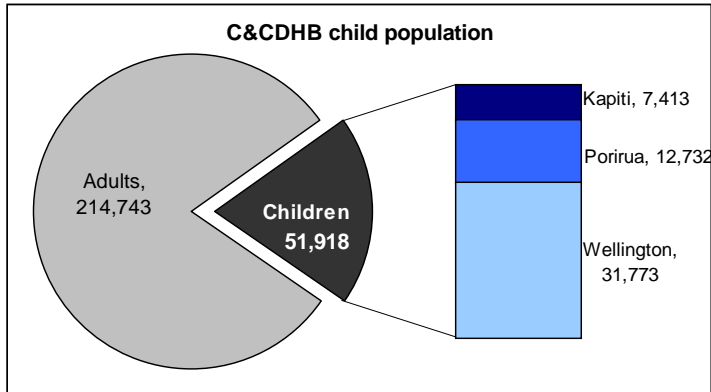
Among the people of our district, the Maori and Pacific population is much younger than other groups, as it is made up of more children and fewer elderly people. Porirua has a high percentage of children under 15 and lower than national average of people over 60 years. Approximately 20% of the population are Pacific people and are young in comparison to other ethnicities.

Figure 1: Pacific Population



## Appendix 2: Child & Youth Health

Figure 1:



- 51,918 children (0-14 yrs) at Census 2006 – 20% of district pop
- 51% boys and 49% girls
- 17% Maori, 15% Pacific, 9% Asian (Census 2001)

Figure 2:

	Avg. deprivation score	% in NZDep 6-10	% in NZDep 9 and 10
Maori	6.1	55	36
Other	3.5	19	8
Pacific	7.8	74	64
<b>District</b>	<b>4.4</b>	<b>32</b>	<b>19</b>

- High % of Pacific live in low deprivation areas.

Figure 3:

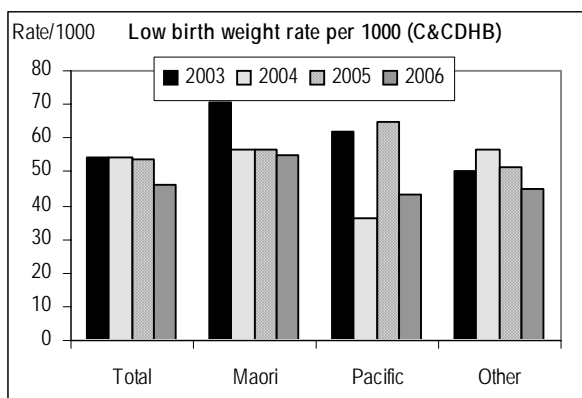


Figure 4: Children Oral Health

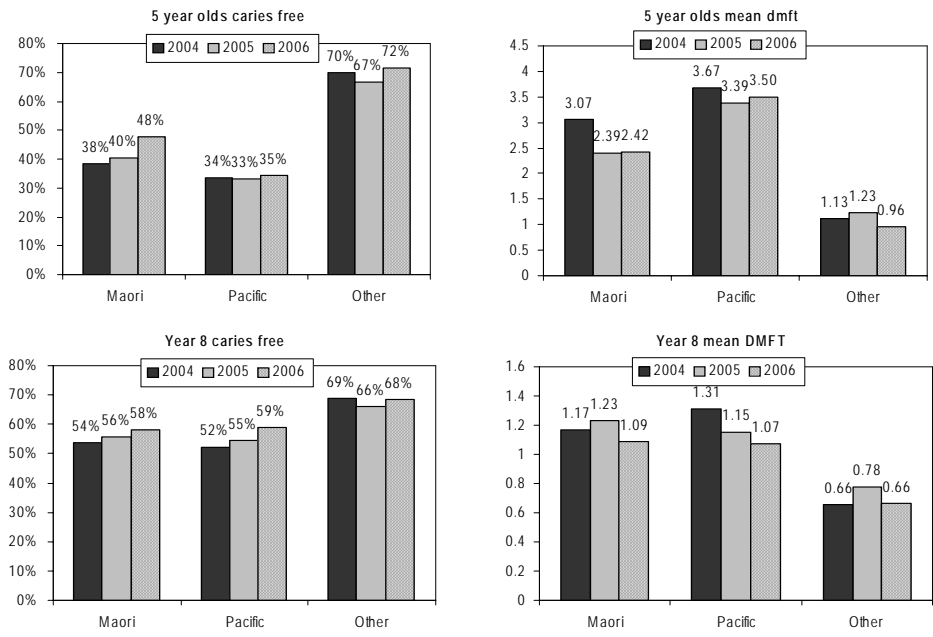


Figure 5: Immunisation

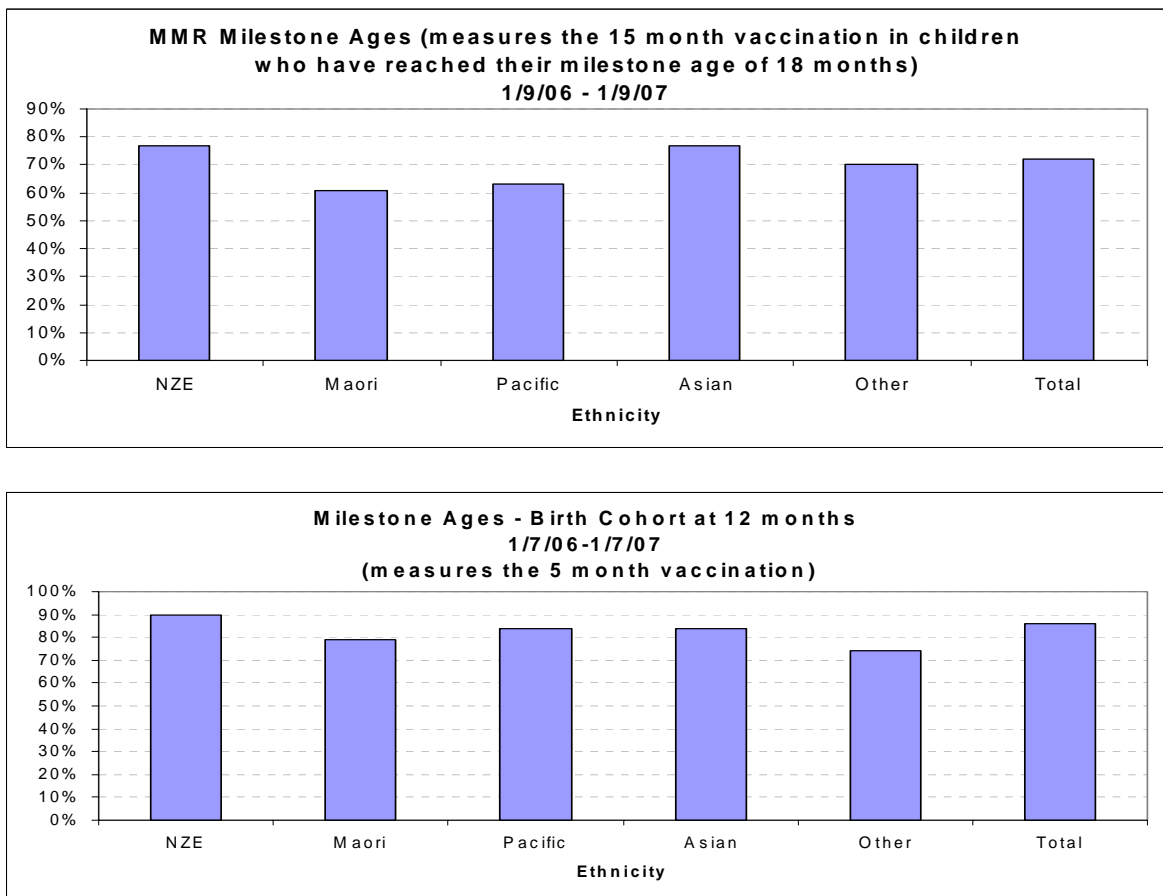


Figure 6: Breastfeeding

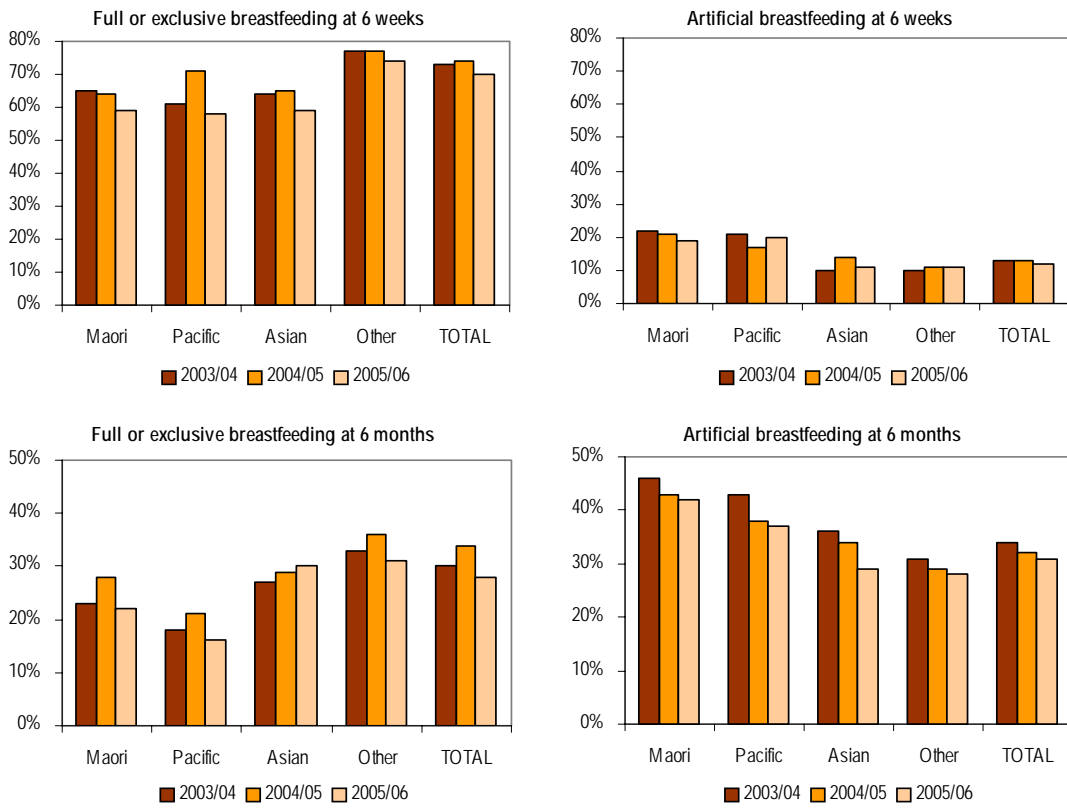
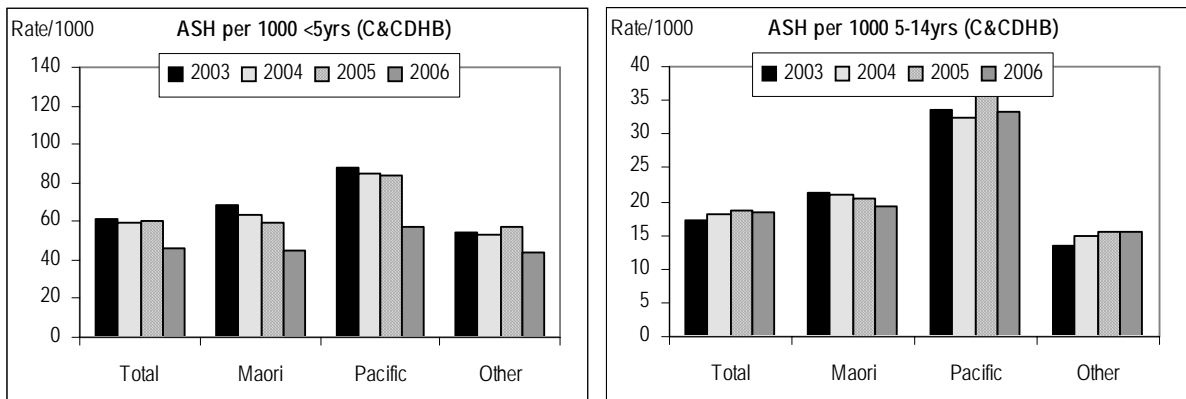
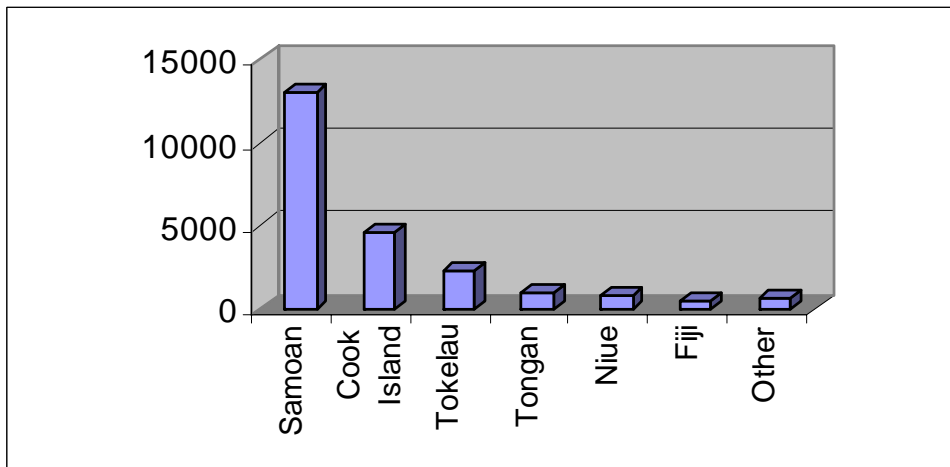


Figure 7: Children Admission



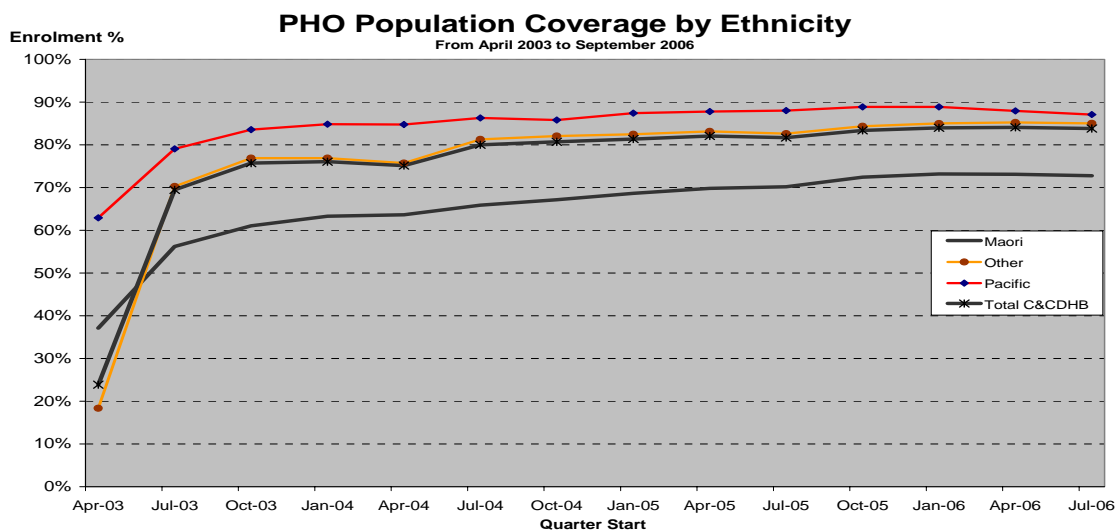
### Appendix 3: Primary Care

*Figure 1: Pacific Population*



The total population of Pacific people residing in the Capital and Coast District is approximately 22,000, with Samoans and Cook Islands as the largest ethnic groups.

*Figure 2: PHO Enrolment*



Pacific people have the highest enrolment rate in the Capital and Coast District as a whole. However one of the issues that the Pacific team is trying to tackle is quality of Access and Utilisation as discussed below especially for our young people.

**Measure of Access:**

Access of Pacific people to first level primary care services is measured by:

- Having 20,138 people currently enrolled with 6 PHOs in C&C DHB. This represents about 90% of Pacific population in the area
- The oldest age group (65 plus years old) made up the highest percentage of enrolment for Pacific people. This is followed by pre-school children (under 6 years old) at 91% and school aged children (under 6 years old) at 90% respectively.
- Adults from 18 to 44 years have lower rates (less than 85%) of enrolment with PHO Practices

PHO Coverage for Pacific people: Quarterly trends by age groups

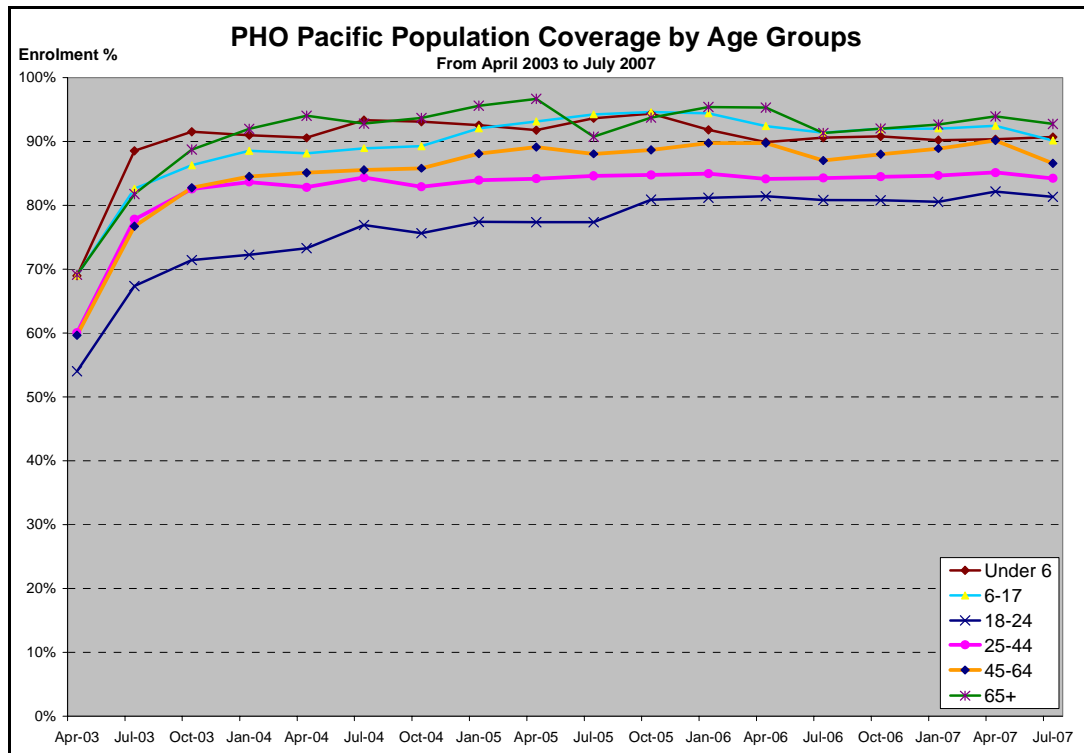


Table of PHO quarterly coverage trends for Pacific people by age groups:

Quarter_Start_Date	Under 6	6-17	18-24	25-44	45-64	65+
1/04/2003	69%	69%	54%	60%	60%	69%
1/07/2003	89%	83%	67%	78%	77%	82%
1/10/2003	92%	86%	71%	83%	83%	89%
1/01/2004	91%	89%	72%	84%	84%	92%
1/04/2004	91%	88%	73%	83%	85%	94%
1/07/2004	93%	89%	77%	84%	86%	93%
1/10/2004	93%	89%	76%	83%	86%	94%
1/01/2005	93%	92%	77%	84%	88%	96%
1/04/2005	92%	93%	77%	84%	89%	97%
1/07/2005	94%	94%	77%	85%	88%	91%
1/10/2005	94%	95%	81%	85%	89%	94%
1/01/2006	92%	94%	81%	85%	90%	95%
1/04/2006	90%	92%	81%	84%	90%	95%
1/07/2006	91%	91%	81%	84%	87%	91%
1/10/2006	91%	92%	81%	84%	88%	92%
1/01/2007	90%	92%	81%	85%	89%	93%
1/04/2007	90%	92%	82%	85%	90%	94%
1/07/2007	91%	90%	81%	84%	87%	93%

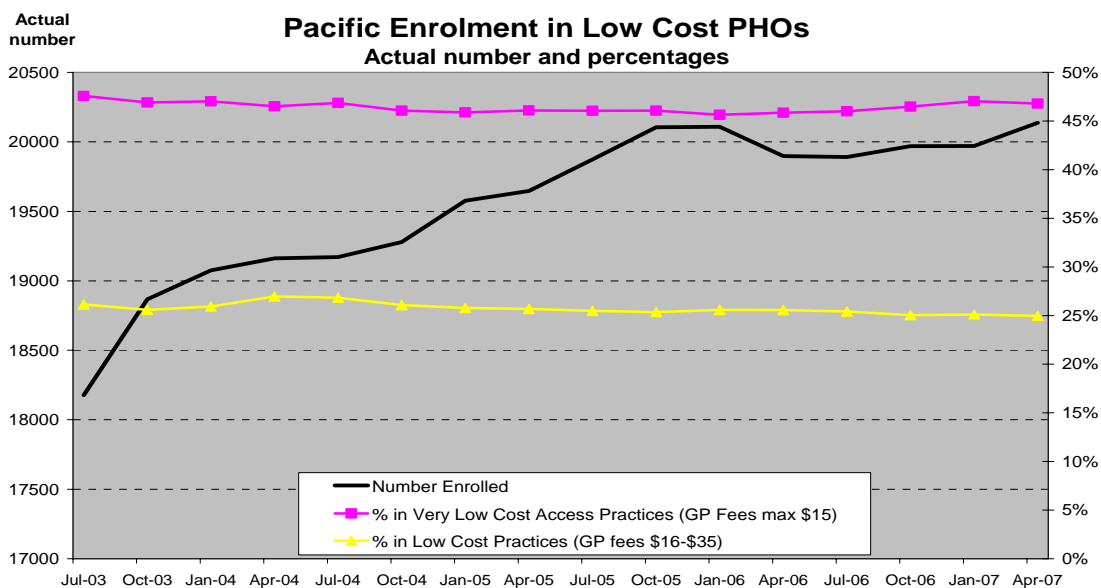
A more accurate approach in analysing the population coverage is by using the geocoding information together with the demographic profile of the PHO registers (New Zealand wide) and the recently released census of population 2006. The PHO registers used in this analysis were extracted from the PHO practices toward the end of February while Census 2006 was taken at the beginning of March, thus this will be best possible estimate of PHO coverage. This resulted in the ethnicity coverage as follows:

- 89% of Maori population is currently enrolled with PHOs;
- 90% of Pacific population is currently enrolled with PHOs;

The denominator in this calculation used a total response approach that gave the same prioritisation to Pacific as for Maori. Due to the limited releases of Census 2006 data at this stage, it is not possible to calculate the non-Maori and non-Pacific PHO coverage because the denominator for this figure is not currently available.

### **Pacific people enrolled in “Low Cost Access Primary Care**

This section looks at the trends of Pacific people accessing low cost primary care. Enrolment with low cost PHO practices is one way of measuring Pacific people access to low cost first level primary care services. The graph below summarises this trends:



Low cost access for Pacific people to first level primary care services is measured by:

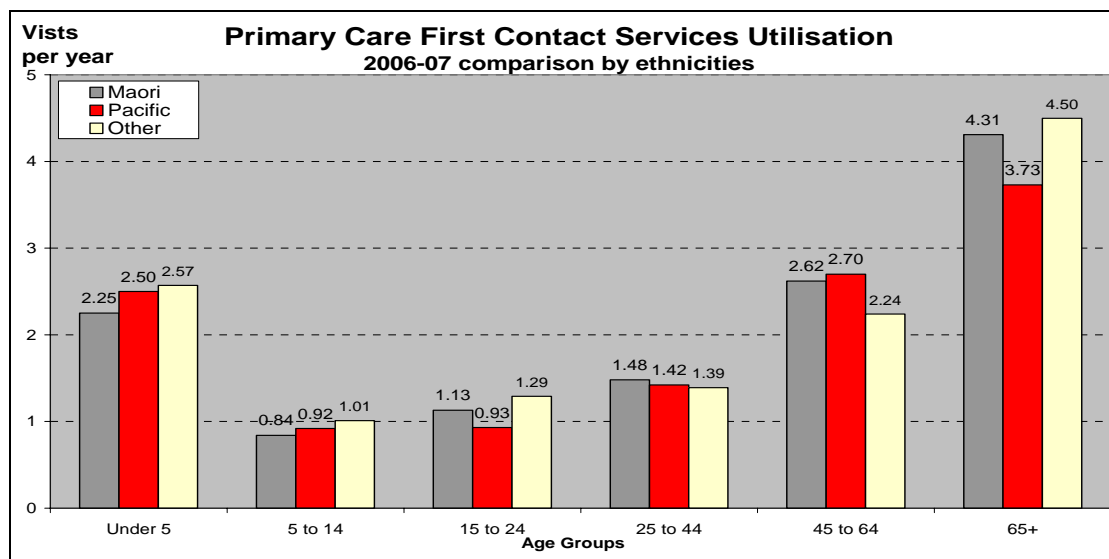
- About 14,500 (72%) of Pacific people are enrolled with low cost PHO practices
- Around 47% are enrolled in Very Low Cost Practices (GP fees at \$15 or less)
- 25% in Low Cost PHO practices (GP fees more than \$15 but less than \$35)
- The proportion of Pacific people accessing low cost PHO practices remains almost constant even though the actual numbers enrolled with PHO has increased over time.

### ***Measure of actual utilisation by Pacific People:***

Enrolment trends in PHOs by itself are insufficient to explain how well Pacific people have access to first level primary care. We need to look at the actual utilisation measured by the number of consultations or visits in first contact services (GP and/ or nurse attendances) to get a more complete picture of overall access to primary care.

Given the overall poorer health status, it is expected Pacific population would receive more consultations than average. Historically, this has not been the case. The graph below compares the number of consultations for Pacific enrollees with those for other enrollees.

Graph of primary care utilization by ethnicities

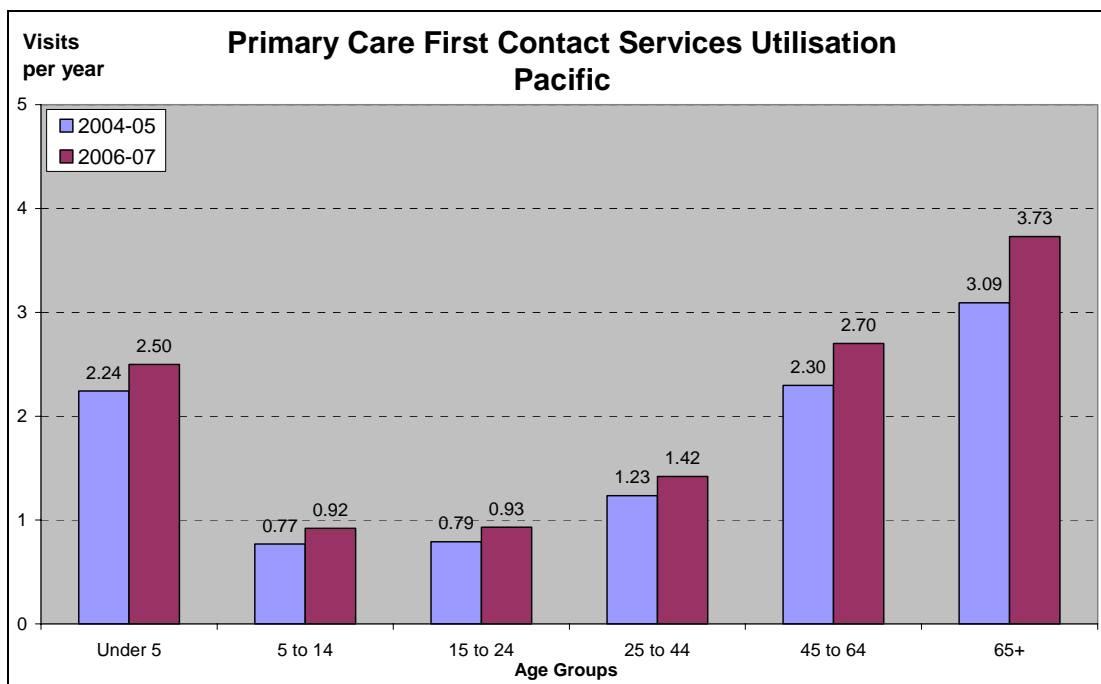


The graph shows that although Pacific people have comparable utilisation with Maori and other population for most of the age groups, the younger Pacific adults (15 to 24 years old) and over 65 years old received fewer consultations at first contact GP and/or nurse services.

The following graph shows the trends of annual consultations between the period 2004-05 and 2006-07. In summary, the actual utilisation for Pacific people shows that:

- Annual consultations have increased overall in the later year (2006-07 in darker shade bars)
- All PHO practices have provided more consultations to the very young and the older age groups especially for the population over 45 years old

Graph of PHO Age-specific rate of GP and nurse consultation per year



### **Comparison by Low Cost Access**

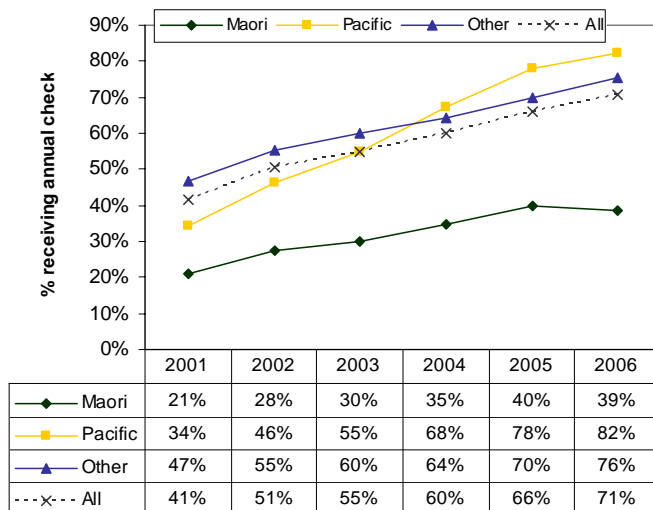
A key objective in establishing PHOs is the reduction of the cost barrier. In reality, there is a broad range of fees evident across the PHO practices. In light of this spread, it is useful to examine any likely association of GP fees to access to primary care services.

The graph below compares the number of consultations for Pacific enrollees between those accessing low cost and other PHO practices:

- the low cost PHO practices have provided more consultations for the very young (under 5 years old) and older age groups 25 years old or above
- The difference is wider with older age groups from 45 years or above where more consultations were delivered by low cost PHO practices
- Trends analysis also indicated that all PHO practices have provided more consultations in later year (2006-07). The low-cost PHO practices also provided higher level of increases in consultation to Pacific enrollee compared with other PHO practices. This is positive evidence of improving utilisation through low-cost access.

## Appendix 4: Chronic Disease Management

Figure 1: Diabetes – Get Checked results



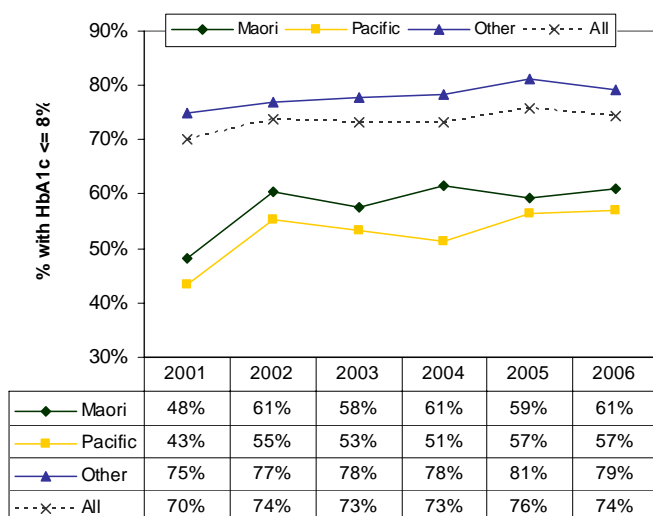
Case detection is an indicator that attempts to track what proportion of the expected number of people with diabetes, have had their diabetes identified and have received an annual check. The predicted number for the district is based on a model that utilises national disease prevalence data, developed by the Ministry of Health.

### Get Checked: case detection

Maori case detection is still relatively low (39%) compared with the total case detection rate for this DHB.

The increase in case detection in the population generally is increasing steadily, representing continued focus on diabetes by primary care.

### Get Checked: case management



The case management indicator measures the proportion of people receiving annual checks that are maintaining satisfactory or better blood glucose control (defined as HbA1c less than or equal to 8%).

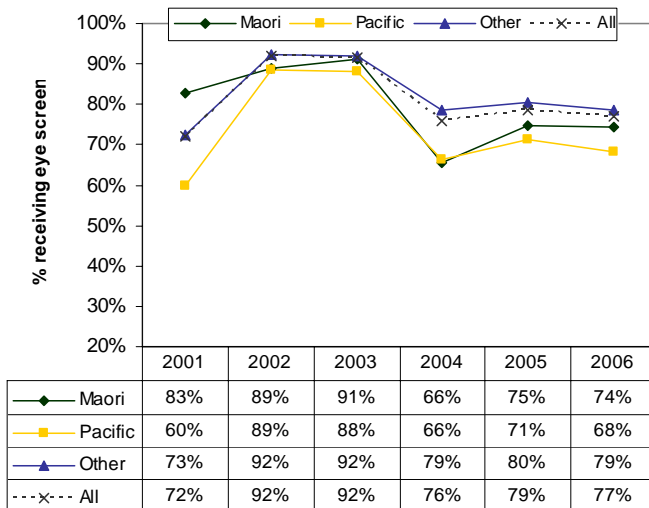
The case management trend from 2001 shows an increasing trend in all population groups, indicating good blood glucose control to those engaged with health services.

In terms of reducing inequalities, C&C DHB is making progress, but focus needs to continue. The 'gap' between Maori, Pacific

and other ethnicities remains. Despite the gains, in actual numbers Maori are still under-represented in Annual Reviews and other services.

While the overall gains are encouraging and reflect efforts across primary care, secondary care, allied health and through consumer groups and families in C&C DHB, efforts to reduce inequalities need more effective focus.

### Get Checked: retinal screening



WIPA manage the regional, community-based retinal screening programme. The total number of people screened for the 2006 calendar year exceeds the volume for the previous calendar year.

The patients that were screened during 2006 have increased across most ethnicities. The service is working closely with the Diabetes Nurses at Porirua Union and Community Health Service (PUCHS), Ora Toa Medical Centres and other local Access nurses to provide mobile screening services.

There are many outreach clinics in the C&C DHB region. Patients are cross matched on the Diabetes database to those on the Retinal Screening database to ensure that patients who have received an annual review have also had retinal screening.