

Toe timata le upega

Pacific Action Plan
2017–2020



Toe timata le uepega, is a Samoan fishing proverb reflecting the need for constant reparation of the net to protect the catch. The DHB representing the net needs constant reparation to help uplift the wellbeing of Pacific people.

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Foreword

Foreword from DHB Chair and Chief Executive.

We are pleased to present the three-year Capital & Coast District Health Board Pacific Action Plan (the 'Plan'). The Plan outlines our performance intentions for the next three years to the Minister of Health through the Ministry's Pacific Strategy 'Ala Moui: Pacific pathways to Health and Wellbeing 2014-2018.

Our Plan focuses on local initiatives and services that aim to improve the health of our population, and sits within the New Zealand Triple Aim model of improved quality, safety and experience of care; improved health and equity for all populations and best value for public health system resources.

Working with our neighbours

The 3DHB Sub Regional Pacific Strategic Health Group provide valuable and supportive advice and guidance on Pacific strategic policy. For example, the Group has responded to Pharmac on the development of a Pacific strategy, and regularly attends the Community Public Health and Advisory Committee and Board meetings across the 3DHBs.

We take a cooperative approach to the planning and delivery of health services across the lower North Island sub-region for Pacific people. Examples of this include the development of a 3 DHB Pacific Faster Cancer Treatment Pathway, Breast and Cervical screening programmes, Pacific radio programme, the Bee Healthy Oral health service, and Health4Life.

Care closer to home

Integration can be seen not just with our neighbouring DHBs but also with local health providers. In particular, we partner with our Primary Health Organisations to ensure Pacific people are accessing services early, so that they receive the support they need by the right people, at the right place and at the right time. For example, the Pacific Navigation Service continues to support Pacific people to navigate, their way through the health systems.

Delivering high quality health services

The gains we seek in efficiency, purchasing, productivity, and quality, in our operation and service delivery, rely on an engaged and enthusiastic workforce that understands both their own business and the bigger picture of health service delivery.

The Ministry's commitment to ensuring that workforce reflects the population it serves, has resulted in an increase in Pacific people being employed by the DHB. In particular, there has been a significant increase in the number of Pacific nurses being employed by CCDHB.

Determinants of Health

We continue to work with our intersectoral partners to ensure we consider co-design and implementation of joint approaches to reduce inequalities for Pacific people. Examples of this include joint discussions on current investment in Pacific providers and inclusive strategic discussions.

Our Service Integration and Development Unit (SIDU) works closely with the Pacific Directorate by gathering and analysing data about the changing make-up of our Pacific population, in order to inform planning for sustainable services, so that we can predict and respond to future needs.

This Plan will continue to demonstrate that our DHB is committed to the delivery of high quality services for Pacific people. We remain focused on improving our performance, meeting national targets, living within our means, and, ensuring the on-going delivery of effective and integrated health services for our communities.

We welcome the new way of working with our Pacific families, leaders and communities, where a joint approach will ensure we achieve positive health outcomes for Pacific people.



Virginia Hope
Chair
Capital & Coast District
Health Board



Debbie Chin
Chief Executive
Capital & Coast District
Health Board

Foreword

Foreword from Chair of the 3DHB Sub Regional Pacific Strategic Health Group.

*Fai mai upu a le atunu'u i fuafuaga fa'apenei –
"Ia o gatasi le futia ma le umele"*

**Let us be of one mind in the pursuit of this endeavour –
we should all work hand in glove towards achieving
our outcomes.**

The Capital & Coast DHB Pacific Health Strategy signals the beginning of a more strategic and integrated approach for Pacific communities in the Wellington, Porirua and Kapiti region. The strategy provides an over-arching framework under which local health services and the CCDHB will work to achieve positive health gains for Pacific families.

For this to happen, the health system needs to recognise the importance of appropriate and meaningful engagement with Pacific families and their communities. At the heart of the engagement is understanding the significance of culture. Acknowledging that there are different ethnicities with their corresponding cultures under the broad term 'Pacific' and the importance of developing respectful relationships with communities is a step in the right direction. Appreciating and recognising our individual Pacific genealogies and traditions is important. This includes, reflecting on the need to address and partner with Samoan, Tongan, Cook Island, Fijian, Niuean, Tuvaluan, and Tokelauan families and communities.

I encourage our Pacific communities, professionals and government officials to use this Pacific Action Plan to provide you with a pathway moving forward. 'Living longer and happier lives' is our long term outcome. Our priorities are:

- to give Pacific children and young people the best start in life;
- support Pacific people to better access mental health and addiction services;
- support Pacific people with disabilities to increase utilisation of support services;
- encourage Pacific people to eat healthy and stay active; and
- support Pacific people to actively utilise health services.

Like the 'Ala Mo'ui – Pathways to Pacific Health and Wellbeing 2014-2018 policy from the Ministry of Health, the key to achieving this outcome is - Pacific 'āiga, kāinga, magafaoa, kōpū tangata, vuvale and fāмили lead independent lives. The principles of the 'Ala Mo'ui policy are highly relevant to the CCDHB action plan in that:

- systems and services need to meet the needs of Pacific people;
- more services need to be delivered locally in the community;
- Pacific peoples need to experience improved broader determinants of health; and
- Pacific peoples are better supported to be healthy.

It is also recognised that these cannot be achieved without:

- respecting Pacific cultures;
- quality health care;
- valuing Pacific 'āiga, kāinga, kōpū tangata, vuvale, fāмили, magafaoa; and
- working together.

As Chair of the 3DHB Sub Regional Pacific Strategic Health Group I strongly believe that in order to achieve healthy and independent Pacific families, we need to 'partner up' and work together across sectors. The 3DHB Sub Regional Pacific Strategic Health Group is charged with providing Pacific strategic advice and guidance to the 3 local DHBs (Capital and Coast, Hutt Valley and Wairarapa). This Pacific action plan will be the basis on which the 3DHB Sub Regional Pacific Strategic Health Group will monitor health outcomes for the region.

My sincere thanks and gratitude to Virginia Hope, Debbie Chin and Taima Fagaloa for their leadership and support in developing this Pacific Action Plan for Capital & Coast DHB or CCDHB. My thanks and appreciation to the members of the 3DHB Sub Regional Pacific Strategic Health Group for their commitment and support for the plan, and to all of our communities who gave of their time and effort in contributing to this work. Without key leaders in the sector supporting important Pacific initiatives, positive change will not happen.

Ia manuia tele outou faiva
Soifua,



Fa'amatuanu Tino Pereira
Chair
3DHB Sub Regional Pacific
Strategic Health Group



*Let us be of one mind in the pursuit of this
endeavour – we should all work hand in glove
towards achieving our outcomes.*

Introduction

Pacific peoples have been in New Zealand for more than a century and have contributed significantly to the political, social and cultural fabric of the New Zealand society. Pacific peoples will continue to influence the demographic pattern, socio-cultural features and overall health and wellbeing of New Zealand in the future as the population increases and ages (Finau and Tukuitonga 2000).

Pacific people have contributed towards the wellbeing of their families and communities and have helped make the regions cities a more vibrant and colourful place through their culture. Central to understanding the pathways to transformation and restoration of wellbeing to Pacific individuals and families is recognition of their epistemological groundings and philosophical worldviews, genealogies, socio-historical contexts, the contemporary beliefs held and the practices that ethnic specific families participate in.

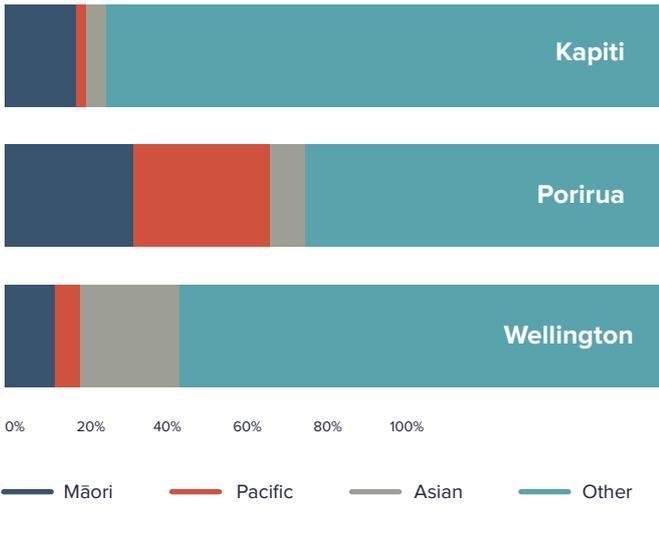
In Capital & Coast District Health Board ((CCDHB) the Pacific population has existed for over 50 years.

Who should use the CCDHB Pacific Action Plan

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



Our Pacific Population 2013 Census



The 2013 Census reported that Pacific people make up 8% (22,600) of the overall population in CCDHB. 27% of Pacific are under 15 years and over half of the DHBs Pacific population live in Porirua City. These statistics have major planning implications for Pacific people given the projected health outcomes for Pacific people.

The Plan will provide the context to support a consistent approach to Pacific Health planning across the health sector and aligns with the goals and strategic intent of the New Zealand Health and Disability Act 2000, 'Ala Mo'ui, Pathways to Pacific Health and Wellbeing 2014-2018, Capital & Coast District Health Board Annual Plan 2015/2016, 3 District Health Board (3DHB) Health Needs Assessment 2015, Faiva Ora Pacific Disability Strategy 2014-2016 and Rising to the Challenge 2012-2017.

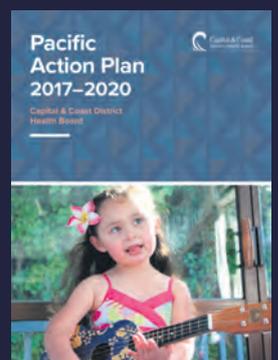
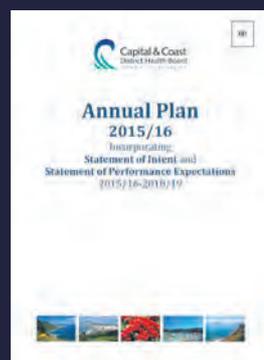
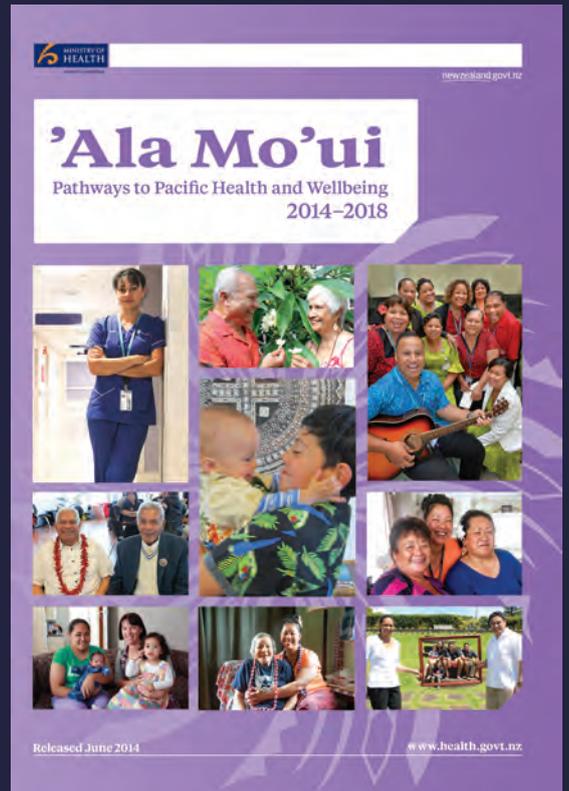
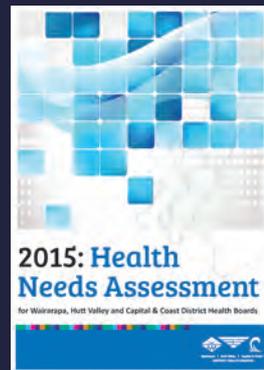
“Our focus is to build on the foundations already laid by using an ethnic specific approach to:

- *give Pacific children and young people the best start in life;*
- *support Pacific people to better access mental health and addiction services;*
- *support Pacific people with disability to increase utilisation of support services;*
- *encourage Pacific people to eat healthy and stay active; and*
- *support Pacific people to actively utilise health services.*

Achieving health equity requires a population health approach to address the social and economic determinants of health. Working collaboratively across sectors and in an integrated manner will facilitate improved health outcomes for local Pacific families and communities.”

Tagaloa Taima Fagaloa

Director – Pacific Health Directorate
Capital & Coast District Health Board



The New Zealand Health Strategy

The New Zealand Health Strategy has been refreshed. Good health, starting in childhood and continuing throughout the life course, requires investment in prevention and interventions that make the environment in which children grow, learn and play a healthy one.

Government priorities

- Delivering better public services
- Responsibly managing the Government's finances
- Rebuilding Christchurch
- Building a more competitive and productive economy

Building on our guiding principles, this strategy has five themes to guide us. These provide a focus for change.

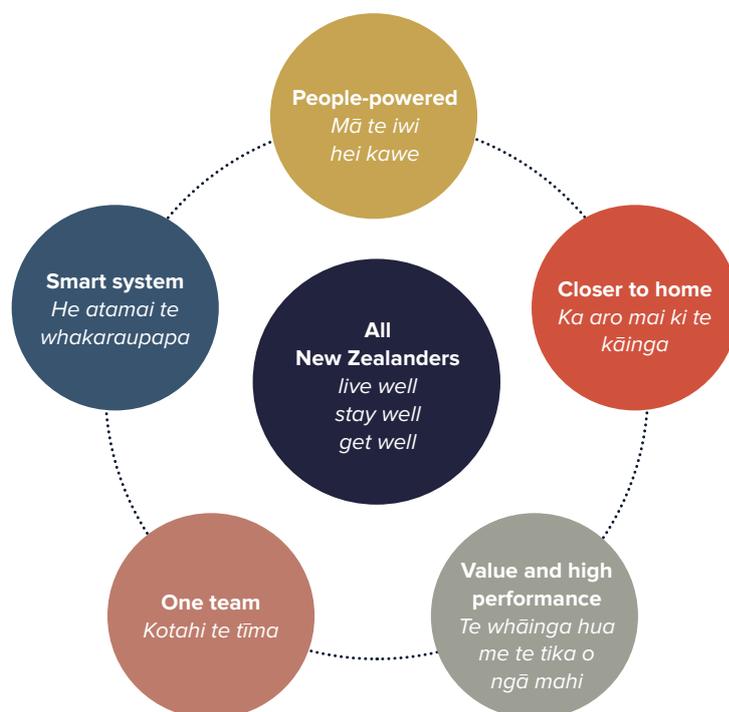
All New Zealanders live well, stay well, get well, in a system that is people-powered, provides services closer to home, is designed for value and high performance, and works as one team in a smart system.



Figure 1. New Zealand Health Strategy – Five Strategic Themes

Five strategic themes

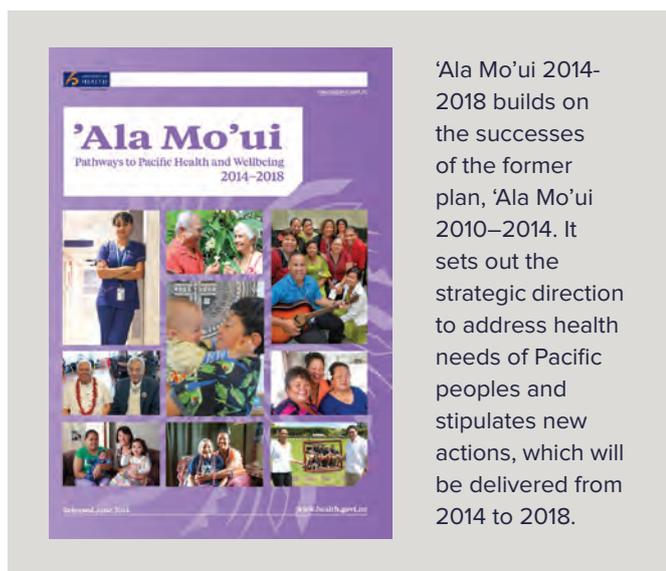
The themes are shown in the diagram below.



Ministry of Health Pacific Strategy

'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018 is a four-year plan that provides an outcomes framework for delivering high-quality health services to Pacific peoples. The outcomes and actions in 'Ala Mo'ui contribute to the Government's long-term outcomes for health: 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.

The 'Ala Mo'ui key performance indicators will be the priority focus for the CCDHB Pacific plan with accompanying indicators that are significant contributors to the wellbeing of Pacific people in CCDHB.



'Ala Mo'ui 2014-2018 builds on the successes of the former plan, 'Ala Mo'ui 2010-2014. It sets out the strategic direction to address health needs of Pacific peoples and stipulates new actions, which will be delivered from 2014 to 2018.

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 (Taumoeofolau 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 Kāiāga 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.

Determinants of Health

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.

'Ala Moui is driven by the vision that we will achieve equity for all Pacific peoples in NZ, and so it has been great to work with DHBs to ensure they are achieving the indicators for better Pacific health outcomes. For some indicators we are doing better than the total NZ population!

Matafanua Hilda Fa'asalele

Chief Advisor Pacific Health, Ministry of Health



Health Needs Assessment

The 3DHBs Health Needs Assessment Report 2015 demonstrates that there are major areas of concern for Pacific within the district such as high ambulatory sensitive/avoidable hospitalisation rates, poor child health particularly in oral health, high child and adult admission rates for respiratory disorders, cellulitis and long term conditions. There is strong evidence that biological factors, health-related behaviours, access to health care and environmental and socioeconomic factors all have an influence on health. Environmental and socioeconomic factors – particularly income, education and employment – have the most significant impact on the health of populations.

“Au o matua ko fanau, te au o fanau ko matua”

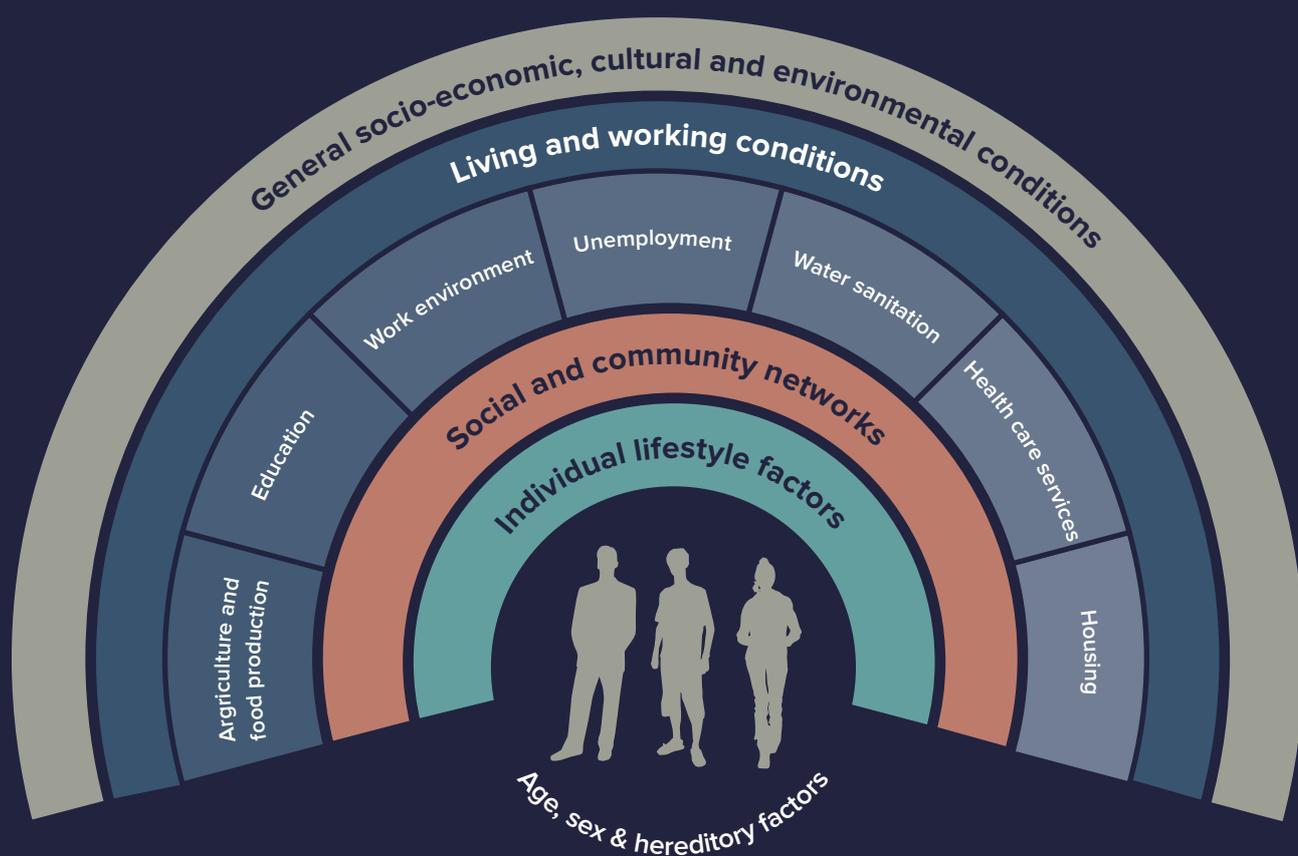
Ioana Viliamu Amusia

At the heart of parents are their children, at the heart of children are their parents. Tokelau Language Week Theme (2013)



Social Determinants of Health

Socio-economic status is an important determinant of health. Positive health outcomes typically demonstrate a declining gradient from more affluent to less affluent groups. Pacific peoples are disproportionately represented in lower socio-economic areas, have lower incomes, and have higher levels of unemployment. A greater proportion of Pacific children and young people live in over-crowded households.



Pacific peoples have a holistic view of health, where healthy and strong families are the basis of individual and community well-being. Socially cohesive societies tend to produce healthier members, and Pacific peoples demonstrate higher levels of social connectedness, with strong participation in

church life and volunteering. This cohesion is likely to protect against some of the adverse effects on health outcomes, and does appear to contribute to lower levels of (completed) suicide in Pacific communities. The main Determinants of Health are in the diagram above.

Workforce Capacity and Capability

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).

Our partnerships with our tertiary providers and secondary schools are critical in ensuring we continue to build the Pacific workforce in Capital and Coast DHB. In building the Pacific workforce in primary, secondary and tertiary health

sectors, we will utilise current Pacific trends within the health sector to ensure we build the Pacific workforce in the right place, right time, with the right people.



3DHB Sub Regional Pacific Strategic Health Group

It is clear from the latest data that on a variety of measures, the Pacific population has the greatest burden of disease compared to non-Pacific populations, in the Capital & Coast District Health Board area.

Data also shows that the Pacific population has gained the least from changes to primary care delivery in the last ten years. While there have been some improvements in child oral health, DNA and ASH rates, the fact that Pacific peoples have the highest emergency department attendance rates than non-Pacific populations, as well as having the highest rate of acute inpatient admissions, reflects the need for a Pacific-specific focus within the CCDHB's annual planning process.

CCDHB has recognised the importance of improving the health of all communities within its region. CCDHB has worked in partnership with the 3DHB Sub Regional Pacific Strategic Health Group (SRPSHG) since 2010. The SRPSHG consists of representatives and provides strategic advice to CCDHB, Hutt Valley DHB and the Wairarapa DHB (the sub region).

The SRPSHG has been proactive in its advice and contribution to the work of CCDHB in identifying solutions necessary to achieving positive and sustainable Pacific health outcomes.

This Pacific Plan (2015-2020) is informed by the 3DHB Pacific work that has been carried out in the sub-region for the past 4 years. It also forms part of the over-arching Pacific Strategic Action Plan across the CCDHB, Hutt Valley DHB and Wairarapa DHB. The plan will continue the work already led by the Sub Regional Pacific Strategic Health Group (SRPSHG) since the previous 2007-2012 Pacific Health Action Plan.



Our Pacific Action Plan

Our vision for Pacific people is to live longer and healthier lives. We want to make things better for people who are sick and for those who are struggling and isolated.

The health of our Pacific communities will improve, if we plan ahead. We know the problem areas. We have some solutions and also good ideas that are worth exploring. In the short term we can not fix poverty and all the other factors that affect families, but we can still make a difference, by working together with Pacific families, communities, government agencies and the health sector to maximum effect.

The principles underpinning this plan are:

- Lift quality and performance;
 - Learn, share and improve together;
 - Support appropriate workforce development across all parts of the health sector;
 - Partner with Pacific people who use health services, to improve quality and safety;
 - Ensure performance measurement, performance management and benchmarking is focussed on the right things.
- Improve our focus on prevention and wellness. A focus on prevention and wellness, ensures that health policies and service provision:
 - Targets major health problems and risk factors
 - Slows the increase in preventable conditions by addressing the causes which go beyond the health sector;
 - Addresses the areas of priority and needs
 - Reduces disparities and improves health and disability outcomes
 - Reduces the growing health impact of long-term conditions such as cardiovascular disease, cancer, diabetes and chronic respiratory diseases; this requires a longer-term investment approach;
- Acknowledge Pacific cultural perspectives and values as part of the solution. A focus on Pacific cultures and values ensures that:
 - Health workforce is informed and highly skilled in their engagement and interaction with Pacific populations.
 - 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
- We need to improve our equity of access for Pacific people and their families. A focus on equity access of service ensures that:
 - Care is provided in the right place, right way, right time by the right people;
 - Services for Pacific people are supported by appropriate funding models, workforce, health information and capital.

Priorities 2017-2020



We aim to give Pacific children and young people the best start in life.

Pacific children and young people represent the future hope and aspirations of the Pacific community. 27% of the Pacific population in CCDHB are under the age of 15 years. This represents an important opportunity to focus on preventative health gain interventions. The earlier we intervene in shaping attitudes to healthier lifestyle choices the more likely we are to influence the future health of Pacific populations.



We will support Pacific people to better access mental health and addiction services.

The findings from Te Rau Hinengaro show that Pacific peoples carry a higher burden of mental illness than the general population. The profile in relation to Pacific peoples' mental health and addiction is complex, with compounding risk and protective factors that are different from other ethnic groups.



We will support Pacific people with disabilities to increase utilisation of support services.

Pacific peoples continue to be low users of disability support services compared to the general New Zealand population. The lack of culturally responsive and appropriate disability services and accessible information on available supports, and also Pacific cultural views of disabilities, are barriers which continue to prevent Pacific peoples from using disability support services.



We will encourage Pacific people to eat healthy and stay active.

The management of some chronic conditions and/or health issues can be limited by Pacific families not being able to sustain lifestyle changes that may support patients. CCDHB, through its role in providing services and in funding community based and primary health care services, will take on a leadership role in reducing the incidence and impact of chronic conditions among Pacific populations.



We will support Pacific people to actively utilize health services.

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

Pacific Priorities 2017–2020





“Primary care is the where opportunities for the expertise of the patient and the health professional can jointly contribute to the agreed health goals. Improving the health outcomes for our kōpu tangata can be achieved through taking the time to listen and responding to needs of Pacific families to ensure they understand the health messages that will assist them to improve management of their health”

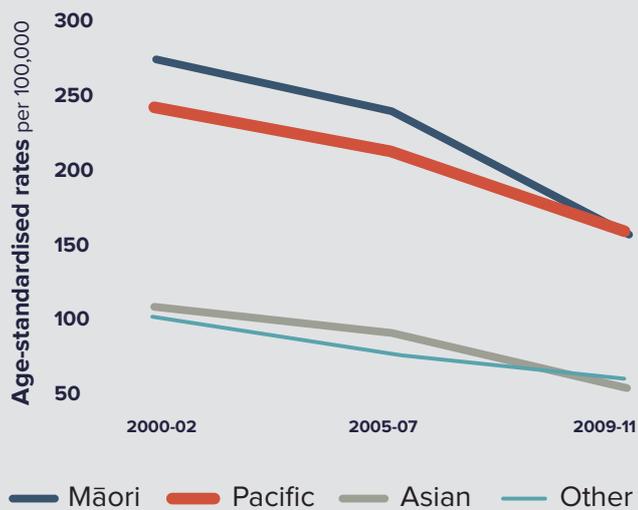
Barbara Vardey, Clinical Services Manager, Pacific Navigation Services, COMPASS PHO

Our Performance as a DHB

Navigating our future for Pacific people requires a collective and integrated approach from Pacific and mainstream services. Health outcomes for Pacific people have improved slightly over the years however the gap between Pacific and others continues. Pacific people have utilised many tools to support them to achieve their goals. Knowing how far we have come and where we are right now, supports our ability to understand what we need to get to our destination.



Some examples are as follows:

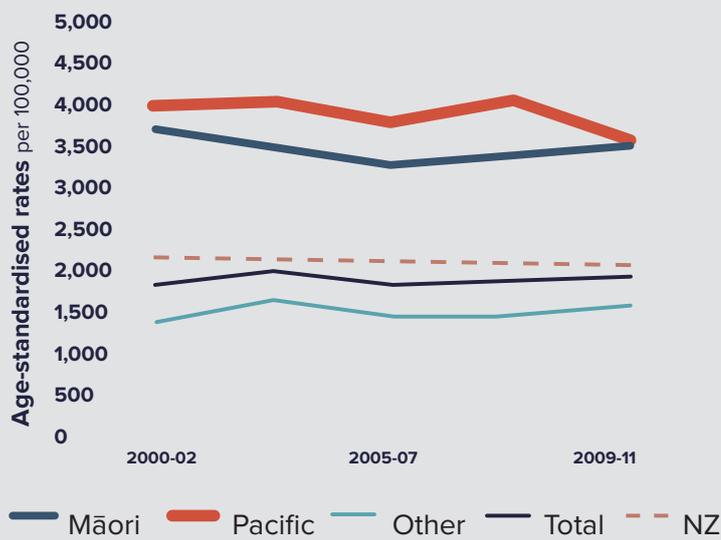


Amenable¹ Mortality 0-74 yrs

Amenable mortality is a useful screen of health system performance, and can serve to identify potential areas of concern for more detailed investigation.² In this example, amenable mortality for CCDHB demonstrates a steady improvement with the Pacific overall rate and the disparity between Pacific decreasing in CCDHB between 2000 and 2011.

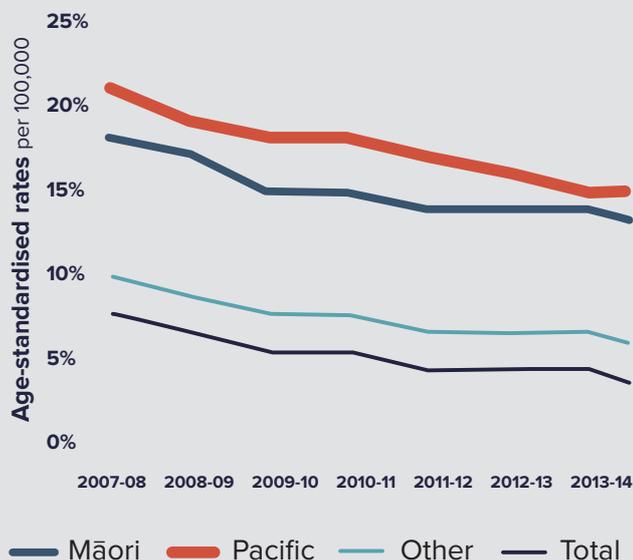
1 Amenable refers to health care

2 Ministry of Health. 2010, Saving Lives: Amenable Mortality in New Zealand, 1996-2006. Wellington: Ministry of Health



Ambulatory Sensitive Hospitalisations (ASH)

Reducing ASH rates requires well integrated, preventive, diagnostic management systems and a well-skilled and resourced workforce. Early detection and proactive management is vital to improving Pacific child, youth and adult health. The Ministry of Health has introduced system level measures for 2016/2017 which will focus on the 0-4 years ASH rate.

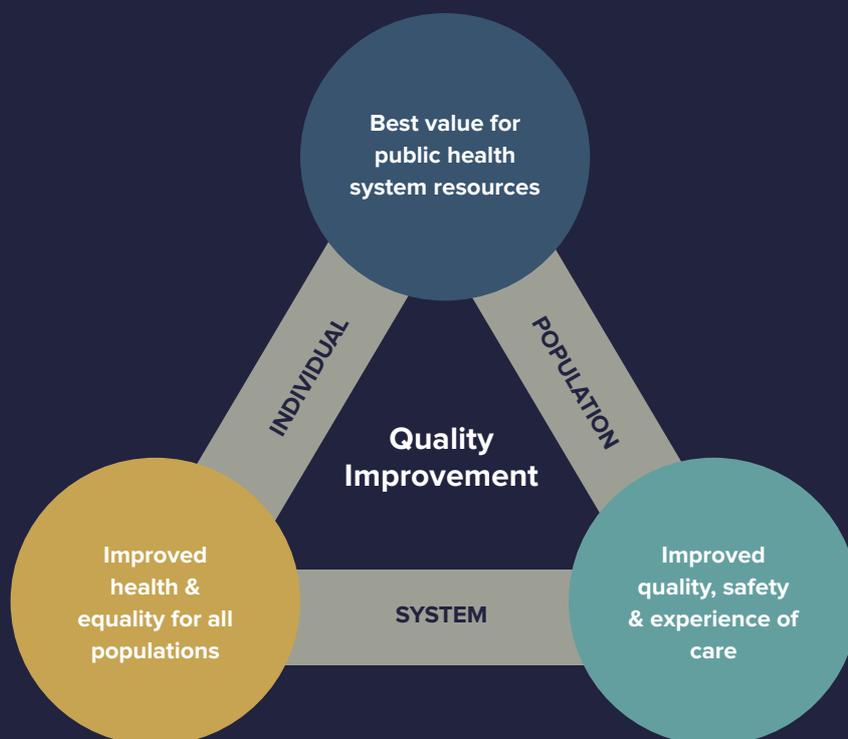


Do Not Attend (DNA)

Another way of measuring access to health care services is monitoring Do Not Attend (DNA) rates. This rate reflects the number of times people miss First Specialist or Follow up appointments in the hospital. In this example, there has been a steady decrease of Pacific DNA rates since 2007. This may indicate that more Pacific people are accessing health services and receiving care.

Quality Improvement

This section will highlight the priorities for the CCDHB Pacific Plan. The 'Ala Mo'ui key performance indicators have been incorporated to ensure good linkages through the policy cycle. A scan of current activity that contribute towards achieving these priorities, have been included in this plan, to ensure we are reducing duplication and identifying opportunities where there is best value for money.





The increased need to deliver best practice, value for money and be 'fit for purpose' are sound reasons for greater collaboration between health and social services. Importantly the integration of health and social services is an opportunity to provide new ways of supporting Pacific people with complex needs to live independently within their community.

A multi-faceted approach needs to be taken by Government and service providers in order to address the health and social services issues faced by Pacific peoples in New Zealand. This approach needs to be clear, simple, user-friendly and easily adopted by all service providers.

Perenise Ropeti
Chief Executive
Central Pacific Collective

The Pacific Action Plan

The five priority outcomes of the Pacific Action Plan 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, vuvale, fāмили; community; health and disability sector; and wider society.

Priorities	Key Actions
<p>1 </p> <p>We aim to give every Pacific child and young person the best start in life</p>	90% of Pacific children are enrolled with a general practice (GP) by three months of age
	90% of Pacific infants receive all Well Child Tamariki Ora core contacts due in their first year
	90% of all Pacific four year olds receive a B4 School Check (B4SC).
	All follow up appointments for B4 school core checks are undertaken for Pacific children by follow up specialist appointments.
	Support and encourage all Pacific mothers to fully breastfeed their babies at 3months of age.
	Every Pacific child is enrolled with a child oral health service (WCTO).
	Pacific children are caries free at 5 years of age;
Decrease the number of Pacific children who are obese through intersectoral initiatives (e.g. Project Energise, schools and exercise programmes) and ensure children with a BMI, 98th percentile are referred to a registered health professional	
<p>2 </p> <p>We will support Pacific people to access mental health and addiction services.</p>	Continue to supported Pacific people with severe mental health issues and improve access to services. This includes addressing issues for patients, who do not attend their appointments.
	Improve access for Pacific people to alcohol and drug addiction services.

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

Approach	Lead
Working in collaboration to identify non-enrolled Pacific children and refer them to an appropriate GP clinic in the vicinity of the child's home.	General Practices and PHO, Pacific providers, Pacific Navigation Service.
Collaboration between Well child health providers, and Pacific providers	Well child, New Born Enrolment programme, Plunket, Pacific Breastfeeding Service. Pacific Navigation Service.
Monthly oversight group with partners to ensure monthly monitoring of B4SCs.	Plunket, Pacific Directorate, SIDU, Regional Public Health, and PHOs. Pacific Navigation Service.
<ul style="list-style-type: none"> • Follow up specialists services • Activity in reduction of DNAs • Improvement in health literacy 	Regional Public Health
<ul style="list-style-type: none"> • Referrals between agencies • Utilisation of the Pacific Breastfeeding team to encourage Pacific women to breastfeed. 	Pacific Breastfeeding team, Plunket and primary care sector.
All Pacific new born babies will be enrolled at birth in Immunisation, Oral health, BCG, and Well child through the New Born enrolment programme.	Bee Healthy Service, Plunket, PHOs, Pacific services, Family start.
Reduce the number of Pacific children with decayed missing, filled teeth by year 8.	Bee Healthy Oral Health service for children and primary health services and NGOs collaborating on initiatives to encourage nutritional food intake for Pacific children
All health, social service and City Council's will be approached to contribute towards this goal.	Project Energize. Schools. Exercise programmes.
3DHB Mental Health, Addictions & Intellectual Disability service (MHAID) will consider how current Pacific funded services could better reflect a focus on alcohol and drug services.	3DHB MHAID, Health Pacifica, Vaka Pacific, Vaka Tautua, Taeaoanino Trust.

Priorities

Key Actions



We will support Pacific people with disabilities to have better access to services they need.

Improve our focus on determinants of health for Pacific people with disabilities.



Pacific people are encouraged to eat healthy and stay active.

The co-morbidities and long term conditions for Pacific people is worsening. Despite the increase in life expectancy, Pacific people will live longer with long term conditions that challenge the quality of their lives.



We will support Pacific people to actively utilize health services.

Pacific people's health outcomes will improve if barriers to accessing and utilising health services is addressed. 'Ala Moui monitors GP and nurse utilisation.

Support the development of a strong multidisciplinary Pacific health workforce and a responsive health workforce for Pacific people. The Pacific health workforce is essential to improving the health of Pacific people.

Approach	Lead
<p>We will develop a work programme with the 3DHB Disability Unit.</p> <p>We aim to consider the care coordination review of Pacific peoples with disability access to care coordination services</p>	<p>Pacific Health Directorate,, SIDU (Disability Responsiveness), Vaka Tatutua, Le Va, Ministry of Health Faiva Ora</p>
<p>The 'Catalyst' Pacific radio programme will develop a comprehensive key messages campaign on information that will support Pacific people to make lifestyle changes</p>	<p>Catalyst Pacific Radio programme</p> <p>Pacific providers, churches, pre school, aoga amata, National heart foundation, Sport Wellington, CCDHB funded dieticians, successful exercise programmes that engage Pacific people, PHOs.</p>
<p>A review is underway by SIDU of available and well evidenced self management programmes for Pacific people with long term conditions.</p>	<p>SIDU, PHOs, GP clinics, Diabetes Care Improvement Plan, ICC Long term conditions SLA.</p>
<p>We will work towards ensuring Pacific people who are eligible to have their CVD risk assessment completed.</p>	<p>SIDU, PHOs, GP clinics, Diabetes Care Improvement Plan, ICC Long term conditions SLA.</p>
<p>We will continue to increase breast screening rates and develop a comprehensive plan to increase the cervical screening and hpv performance</p>	<p>Regional Screening Services; Pacific providers, churches, communities. Catalyst Pacific radio programme.</p>
<p>We will continue to increase Gp and Nurse utilization rates in parallel to population growth.</p>	<p>GP clinics and PHOs</p>
<p>We will work with our primary care partners to increase the brief advice and support for Pacific people to quit smoking.</p>	<p>GP clinics and PHOs</p>
<p>Our aim is to investigate and consider the future needs of Pacific people with muscoskeletal disease (CCDHB HNA 2015)</p>	<p>SIDU, Pacific Directorate, Arthritis Foundation.</p>
<p>The Pacific Directorate will continue to support the Catalyst Pacific Radio programme to ensure key messages are reaching the appropriate audiences.</p>	<p>Pacific Directorate, Pacific providers, churches and NGOs. SIDU. Sub Regional Pacific Strategic Health Group.</p>
<p>The Pacific Directorate will continue to liaise with the Pacific community through community fono and engagement.</p>	<p>Pacific Directorate, Pacific providers, churches and NGOs. SIDU. Sub Regional Pacific Strategic Health Group.</p>
<p>Identify/develop recruitment and retention strategies to increase Pacific workforce in all areas (nursing, allied health, Medical, management) including annual fono for all Pacific nurses across CCDHB and Health Science Academy activities.</p>	<p>Director, Nursing, Allied Health, Scientific Workforce, Human Resource, Director Pacific Health, Tu Pounamu.</p>
<p>Support the implementation of the Central Region Workforce Plan including the hosting of Māori / Pacific Central Region Leadership development forum and opportunities.</p>	<p>TAS Central Region. Pacific Directors Hutt Valley, Wairarapa, Hawkes Bay, Capital and Coast, Midcentral and Whanganui DHBs</p>

Appendix 1

Participants in consultation sessions

Porirua Pacific Community Forum

- Kitiona Tauria
- Lorna Kavagatoa
- Holona Lui
- Pastor Teremoana Tauria Maka
- Barbara Vardey
- Tovila Fomai
- Esther Pereira Saena
- Vaai Vaa Potoi
- Manoo Lutena Mulitalo
- Junior Kiki Maepu
- Rev Leslie Solomon
- Kathy Stone
- Eleni Mason
- Rev Tavita Filemoni
- Fati Tapu
- Mulipola Sinoti
- Rev Perema Leasi
- Perema Jr Leasi
- Lio Fanaea o Paese
- Fa'aolataga Leasi
- Frances Pedro
- Nina Baker
- Ioana Viliamu-Amusia
- Moses Viliamu
- Fa'amatuaianu Tino Pereira
- Bella Bartley
- Taima Fagaloa
- Margaret Bartley

Wellington Pacific Community Forum

- Pule Moana Dunn
- Malaeoaitu W Dunn
- Tauilili Nari Auelua
- Odette Frost-Kruse
- Merio Marsters
- Leaupepe Anthony Leaupepe
- Afamasaga Tealu Moresi
- Dr Alvin Mitikulena
- Violet Ekenasio
- Taima Fagaloa
- Fa'amatuaianu Tino Pereira
- Bella Bartley
- Margaret Bartley

3DHB Sub Regional Pacific Strategic Health Group

- Chair – Fa'amatuaianu Tino Pereira
- Dr Margaret Southwick
- Apinelu Poutasi
- Rev Tavita Filemoni
- Tua Loto-Sua
- Mena Antonio
- Dr Sunia Foliaki
- Dr Alvin Mitikulena
- Dr Zoe Irvine

C&CDHB wishes to acknowledge the support of Integrity Professionals (IPRO) for their help in finalising the plan.



Interagency and Government sector forum

- Faamatuainu Tino Pereira, 3DHB SRPSHG;
- Matalena Leaupepe, MBIE
- Perenise Ropeti, Central Pacific Collective
- Caroline Mareko, Wellington Kindergarten Association
- Theresa Nimarota, Taeaomanino Trust
- Liz Tanielu, MSD
- Jo Vilipaama, ACC
- Ranei Wineera, Porirua Social Sector Trial
- Dr Ramona Tiatia, Otago University
- Dr Aliitasi Sua Tovila, Whitireia Polytechnic
- Tina McNicholas, Regional Public Health
- Moka Tamapeau, Health Promotion Agency
- Tui Tararo, Arthritis New Zealand
- Dorothy Kennach, Well Health PHO
- Rob Veale, CCDHB
- Leitu Sa, Ministry of Health
- Rosie McLeod, 3DHB Disability Advisory Group
- Salevao Manase, Pacific Navigation Service
- Terangi Witana, HVDHB
- Vanessa Cameron, Regional Public Health
- Agnes Taanoa, Regional Public Health

CCDHB Staff Forum

- Le Mamea Tevaga Afele Seuala
- Kim Myhill, CCDHB Professional Leader, Social Work General Health
- Francenne Smith, Ora Team – Kenepuru Hospital
- Jenny Quinn, Kenepuru Maternity Unit
- Henry Field, TKW Vaka O le Pasefika
- Mathew Cullich, CHS
- Ruth Moxen, Community Health Kenepuru
- Pauline Boyles, SIDU
- Emma Skudder, SIDU
- Sandra Williams, SIDU
- Maurice Priestly, SIDU
- Susan Flavin, SIDU
- Ioana Viliamu-Amusia, Porirua Union Health
- Jane Presto, Child Development Service
- Kathy Trezise, ADON Workforce Development
- Rob Veal, CCDHB Family Violence Intervention
- Christine King, Associate Director Allied Health
- Amanda McNaughton, Respiratory Physician
- David Robinoy-Rogers, Respiratory Medicine
- Jo Anne Gibbs, Outpatient Physio Therapy
- Rachel Prebble, 3DHB AHS&T Project Leader
- Barbara Saipe, Professional Leader, Physiotherapy
- Anne Allan Moetaua, Pacific Central Collective
- Paul Moles, Capital Support
- Carol George, CHS Respiratory CNS
- Debbie Chin, CEO CCDHB
- Taima Fagaloo, Pacific Health

The 3DHB Community Public Health Advisory Committee and Disability Advisory Committees provided feedback and comments on the plan.



Capital & Coast
District Health Board
ŪPOKO KI TE URU HAUORA