# Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020 to 2025

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

HUTT VALLEY DHB

Capital & Coast
District Health Board
UPOKO KI TE URU HAUORA

Talofa lava

Samoan

Kia Orana

Cook Island

Ni Sa Bula Vinaka

Fijian

Malo e lelei

Tongan

Malo Ni

Tokelaun

Fakalofa lahi atu

Niuean

Talofa koutou

Tuvalu

Mauri

Kiribati

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# ACKNOWLEDGEMENT

We wish to acknowledge the invaluable contributions of all those who provided input in to the development of the *Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020 to 2025*. In particular, our gratitude is extended to the Pacific communities who supported the development of this plan by contributing their voices, stories, ideas and insights as well as our provider community and DHB staff across the Greater Wellington region. We were delighted at the response we received from communities and the interest there is to improving Pacific health outcomes.

# FOREWORD

It is our privilege to present the *Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020 to 2025* for the Capital & Coast, Hutt Valley and Wairarapa District Health Boards (3DHBs). This plan represents the blueprint for meeting the changing needs of Pacific individuals, families and communities over the next five years.

This plan outlines the 3DHBs strong commitment to improving the health and wellbeing of Pacific people. Pacific peoples do not always enjoy the same access, service experiences and health and wellbeing outcomes as non-Pacific peoples. This plan recognises that we need a specific and targeted approach to redressing inequities that exist within our health system. We believe that a core role of district health boards is to apply the revenue they receive to provide the best health care services that are culturally responsive to the needs of our Pacific populations.

We acknowledge that a range of factors such as education, housing, income, employment and social policies have a significant impact on achieving better health outcomes for Pacific peoples. We also recognise that we are operating in an increasingly complex and challenging health environment, with competing financial pressures and health interests, emerging health technologies and pharmaceuticals, shortages in the health workforce, and changing demographics.

To this end, improving Pacific peoples health is not only a mandate of the three district health boards, but it should be everyone's business.

**Our vision for Pacific peoples is empowered and enabled Pacific peoples living longer quality lives, supported by a culturally responsive health system.**

There are many health challenges facing our Pacific communities. The priorities and strategies identified in this plan represent the key touch points that we believe will enable us to leverage improved outcomes as efficiently and effectively as possible. These priorities are as follows:

1. **Pacific child health and wellbeing**
2. **Pacific young people**
3. **Pacific adults and ageing well**
4. **Pacific health workforce & Pacific providers/ non-governmental organisations**
5. **Social determinants of health**
6. **A culturally responsive and integrated health system**

The above strategies do not cover all possible approaches to reducing health inequalities, but rather the emphasis is on priorities where there is good reason to believe action by the 3DHBs and its partners outside of health will lead to the attainment of better health and wellbeing outcomes for our Pacific peoples.

The 3DHBs are committed to implementing this Pacific health and wellbeing strategic plan and we look forward to continuing to work with the Pacific communities, partners and stakeholders to achieving equity in access and, most importantly, equity in health outcomes for Pacific peoples and communities.

**David Smol**
Board Chair
Capital & Coast District Health Board
Hutt Valley District Health Board

**Sir Paul Collins**
Board Chair
Wairarapa District Health Board

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

# OUR COMMITMENT

Pacific health and improving equity of health outcomes is everyone's responsibility and a key priority for our district health boards. Illustrating our commitment to this is our *Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020 to 2025*, which will be incorporated into our day-to-day work as we take a whole-of-system approach to ensure the priorities in the plan are achieved.

The plan provides the 3DHBs with a guiding framework, enabling us to improve and sustain the development and delivery of health services to Pacific communities. It is our collective responsibility to ensure that this work makes a positive difference in the heath of Pacific peoples in our Greater Wellington Region.

This plan has been developed in partnership with the 3DHB Sub Regional Pacific Health Strategic Group, and reflects our joint commitment to accelerate Pacific health gain and achieve health equity for Pacific peoples.

Our goal requires a collaborative effort and robust leadership across the health system. With demonstrated commitment and shared accountability, the reality of better health outcomes for all Pacific peoples will be realised.

**Fionnagh Dougan**
Chief Executive
Capital & Coast and Hutt Valley
District Health Boards

**Dale Oliff**
Chief Executive
Wairarapa District Health Board

**Malu i pu'ega –**
To lend aid in the undertaking

*Samoan proverb*

# INTRODUCTION

This *Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020 to 2025* represents the beginning of a new way of approaching service design and delivery for Pacific families and communities and builds on the progress of previous plans:

- *Pāolo mo Tagata o le Moana HVDHB & WrDHB Pacific Health Action Plan 2015–2018*
- *Toe timata le Upega CCDHB Pacific Health Action Plan 2017–2021*

This plan adopts a human rights based approach to health. There is a growing body of evidence confirming that health services reflect the dominant economic or cultural group. Consequently, in practice, Pacific communities do not receive equitable care.[1] Varying degrees of social isolation, acculturation, the impact of migration, and different views of illness between Pacific communities all impact on the ability to provide services that appropriately meet needs.[2] Across the Greater Wellington Region we are committed to ensuring policies, programmes and services provide a level playing field and equal opportunities for best health possible for Pacific peoples regardless of age, gender, ability, religious beliefs or social economic backgrounds.

We acknowledge the gains and milestones reached in the last five years, with some improvement in access and interaction of Pacific peoples with the health system, partnerships across the health sector, AND innovations delivered in the community by Pacific providers, for example, Pacific nurse-led services (Vaka Atafaga Nursing service, Pacific Health Service Hutt Valley Primary nurses and Thriving Cores Well Child Service, Pacific Navigation Services, Pacific churches and community leaders to name a few.

Unfortunately, Pacific peoples health, as measured by most major indicators of health, still remains poorer when compared to non-Pacific. Whilst many of the barriers Pacific peoples face such as cost, are shared with other groups in the Greater Wellington Region, there are issues that are unique to Pacific peoples. Differences in health outcomes confirm that there are also issues for specific groups within Pacific communities.[3]

We are determined to build on the achievements particularly focusing on programmes and services that address health inequity and reduce discrimination. This will be done by advancing strategies that support locally developed solutions, cultural and collaborative models of health care that support individuals and families from a holistic perspective and tailored to meet local need across the Greater Wellington Region.

We recognise that many other organisations outside of the health sector hold the levers to progress health outcomes. Inter-professional and inter-disciplinary teamwork, partnering across health service providers and cooperation across sectors, as well as including the voices of Pacific peoples, families and communities opens the way for new and collaborative partnerships for shared solutions and innovative planning.

1. Southwick, M., Kenealy, T. Ryan, D. (2012). *Primary Care for Pacific People: A Pacific and Health System Approach.* Wellington: Pacific Perspectives.
2. ibid
3. Southwick, M., Kenealy, T. Ryan, D. (2012). *Primary Care for Pacific People: A Pacific and Health System Approach*. Wellington: Pacific Perspectives.

# KEY STRATEGIC DIRECTIONS

This plan applies a Pacific approach and lens to the strategic directions outlined in key strategic documents that guide our response to improving the health and wellbeing of the Pacific communities in the Greater Wellington Region. These include:

- CCDHB Health System Plan 2030
- HVDHB Vision For Change 2017–2027
- WrDHB Well Wairarapa – Better Health for All vision 2017
- 3DHB Sub-Regional Disability Strategy 2017–2022 Enabling Partnerships: Collaboration for effective access to health services
- Ministry of Health *Ola Manuia* Pacific Health Plan 2020–2025
- Faiva Ora National Pasifika Disability Plan 2014–2016
- The Child and Youth Wellbeing Strategy 2019, Department of the Prime Minister and Cabinet
- PHARMAC Pacific Responsiveness Strategy 2017–2026
- Minister of Pacific Peoples Priorities
- Whānau Ora commissioning

**The key strategic directions:**

1. **Equity** – advancing decisions, solutions and innovations that eliminate health inequalities for Pacific peoples.

2. **Collaboration** – strengthening partnerships including integrated planning and service delivery with both health and non-health partners across different sectors and Pacific communities.

3. **Strengthening accountability and performance monitoring across the health system** – to hold ourselves liable and answerable to ensuring we are doing more than enough to achieve equitable health outcomes for Pacific peoples through consistent reporting and measuring progress.

4. **Building the Pacific workforce** – strengthening Pacific health providers providing sustainable resources for long-term, rather than short-term funding.

5. **Inclusiveness** – ensuring that Pacific disabled children, youth and adults and their families are also at the centre of service and programme decision-making and are not left behind. Recognising that those with a disability may have extra barriers to overcome in accessing health services than most.

6. **Robust evidence base** – implementing and investing in what is already working and building evidence through research, monitoring and evaluation.

7. **Integrated planning** – strengthening integrated planning and service delivery and accelerating the shift of services closer to home.

8. **Culturally responsive services** – developing and sustaining culturally safe and competent health services and work settings including elimination of racism and developing strategies to mitigate negative attitudes and behaviours.

# OUR VISION FOR PACIFIC PEOPLES IN THE GREATER WELLINGTON REGION

*"Our Pacific peoples are empowered and enabled to live longer quality lives, supported by a culturally responsive health system."*

# PRINCIPLES OF PACIFIC HEALTH CARE DELIVERY ACROSS THE 3DHBS

In the development of this plan, it is important to foreground Pacific peoples as diverse with unique values, cultural intelligence, social capital, differing languages and lived experiences. 'Pacific peoples' is an umbrella term used to describe a population made up of 16 distinct and diverse cultures of peoples from Melanesia, Polynesia and Micronesia. In the Greater Wellington Region the seven largest ethnic groups are Samoan, Tongan, Cook Island Maori, Niuean, Fijian, Tokelauan, Tuvaluan.[4]

By making this the focal point, we commit as district health boards to ensure that Pacific people are actively involved in co-designing services and programmes that help address difficulties based on "one size does not fit all" due to the growing diversity of Pacific peoples and their ability to access quality and responsive services. We are putting a stake in the ground and acknowledging that as navigators of this wide ocean that we call the health system, we owe it to our Pacific communities and other indigenous ethnicities to reconstruct a system that they can voyage through without difficulty.

We have chosen five key principles or values common across Pacific cultures that are weaved through this plan, and will guide our work alongside the input of Pacific communities through community leaders, churches, providers and others.

**The five key principles:**

**FAMILY**
Family underpins identity, genealogy, relationships and a sense of belonging for Pacific peoples. It lies at the heart of who Pacific peoples are as every Pacific person belongs to an aiga or kainga.

**ENVIRONMENT**
Built and natural environments are important to Pacific peoples. Their connectedness and experiences of both plays a huge role in the holistic approach to health and wellbeing.

**SPIRITUAL**
Churches have historically played a crucial role in the lives of Pacific peoples, providing spiritual guidance with values such as faith, integrity, truth and trust. Churches are still an integral part of Pacific communities and their everyday lives.

**RESPECT**
Showing respect when relating to one another is an important aspect for Pacific peoples right from an early age. This includes respect towards older people, people in positions of authority, each other, women and children.

**CULTURE**
Cultural diversity such as the different languages, ethnicities, gender, generational issues (New Zealand-born and Pacific-born), religion, and sexual orientation influences how Pacific peoples view and respond to health services. This diversity is also evident and seen in individuals and family practices, behaviours, understanding and responsiveness to the world around them.

4. Statistics New Zealand, 2018.

# SYSTEM ENABLERS AND PILLARS OF SYSTEMS CHANGE

## PARTNERS AND NETWORKS

Build new and strengthen existing partnerships and networks with multiple organisations, Pacific communities and individuals. Leverage off strengths and skill sets of different organisations. Also look at new partnerships to create a shared sense of ownership and responsibility to deliver the best services for Pacific peoples.

## COMMISSIONING

The way we commission services and invest will be more intentional and targeted. We will explore re-commissioning identified services run by the DHBs into the community. System funding should also be aligned, sustainable and equitable to ensure resources are distributed to scaling up and supporting programmes that are already working and meet the needs of the Pacific community. For instance, initiatives that are run in the community by Pacific providers or faith-based Pacific organisations. In addition, priority activities are explicitly outlined in contracting work to ensure a strong equity focus for Pacific peoples.

## INFLUENCE AND ADVOCACY

Leverage off the influence we have to accelerate and progress change at not only at policy, planning, service and programme levels locally, regionally and nationally.

## ICT AND KNOWLEDGE RESOURCE

We have access to the technology, evidence-based data and resources that can be used and shared across to our primary care and community-based partners to ensure decision making, investments and design processes. We will look at building and strengthening community infrastructure.

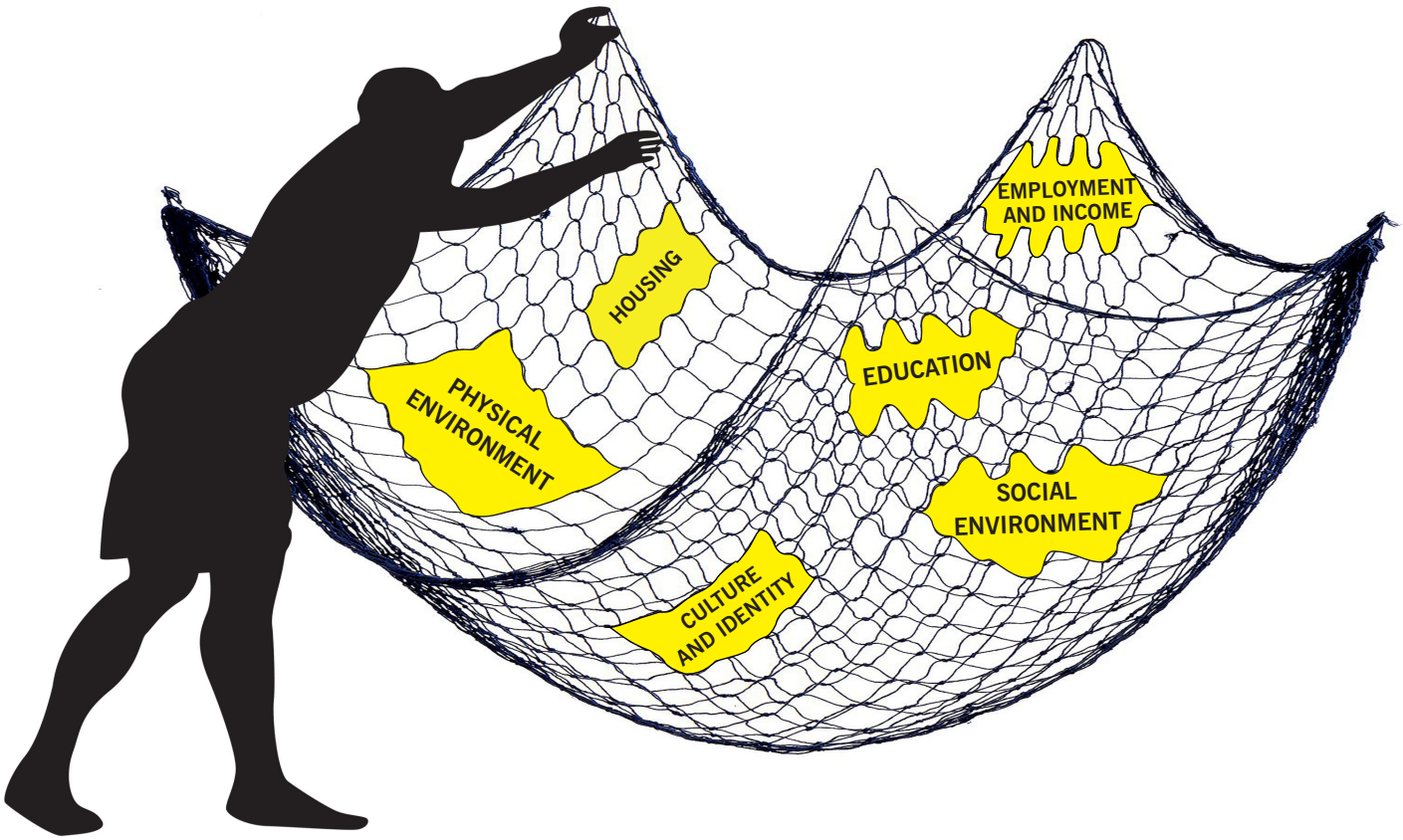
## DHBS AS AN EMPLOYER

We have a mandate to create a culturally sensitive work environment that entices and supports employees to feel and be their best. In addition, we can influence creating a work environment that a Pacific skilled workforce want to be a part of and attracts.

# SO'OSO'O LE UPEGA FRAMEWORK FOR GUIDING THIS PLAN

The plan adopts a well used and known Pacific framework to illustrate how the 3DHBs are going to work with its partners collectively to achieve better health and wellbeing outcomes for Pacific peoples. Upega (fishing net) is a Samoan fishing proverb and so'oso'o means connect. So'oso'o le Upega therefore means to connect (so'oso'o) other agencies to health and vice versa so that the Pacific families we serve are being provided the best services that support them to address issues that have an impact on their health and wellbeing. By being purposeful and intentional in drawing on the knowledge, expertise and understanding of the Pacific communities to partner with the 3DHBs to bring about much needed and sustainable changes across areas of need in the health system.

By using this framework, we acknowledge that the cultural wisdom of Pacific peoples still defines and shapes how information is processed, harnessed and acted out. Therefore, meaningful and respectful relationships with the community are imperative to the design and implementation of this plan. This ensures that the Pacific communities we serve are not just passive beneficiaries of services but are stewards and managers of their own health care and management.



# OUR STRATEGIC PRIORITIES AND MEASURING PROGRESS

**Our six strategic priorities as identified and informed by the Pacific communities are:**

1. **Pacific child health and wellbeing**
2. **Pacific young people**
3. **Pacific adults and aging well**
4. **Pacific health and disability workforce and Pacific providers/non-governmental organisations**
5. **Social determinants of health**
6. **Culturally responsive and integrated system**

These strategic priorities and priority actions, activities and performance indicators with accompanying budgets will be embedded into the Annual Plan and existing performance and accountability mechanisms of each district health board. Indeed, accountability and responsibility towards reporting against this plan and achieving measurable outcomes for Pacific peoples should be the responsibility of all levels of management.

We know we have been successful when we see improvements in the following six priority actions:

**Takanga etau fohe –**
Working together in harmony will ensure success for our community

*Tongan proverb*

PRIORITY ONE

# Pacific child health and wellbeing

**Our goal is to give Pacific children and their families the best possible start in life and ensure they meet key childhood developmental milestones through culturally responsive and safe services and support.**

## RATIONALE

With a fast growing young population, Pacific children, their families and support networks will benefit from early fanau-centred health and wellbeing interventions that are culturally sensitive, community determined, partnerships driven and system enabled. The early years and, in particular, the first 1,000 days of life is a crucial time and a window of opportunity whereby efforts need to be concentrated to enable the best start to life for our Pacific children.

## WHAT THE DATA TELLS US

Latest data tells us that children aged under 15 years make up 33% of the Wairarapa Pacific population, 29% in the Hutt Valley and 27% for Capital & Coast DHB. And that over 60% of the Pacific population in the Greater Wellington Region are now New Zealand born. There have been improvements in health outcomes as evidenced by a decrease in Ambulatory Sensitive Hospitalisation (ASH) rates for Hutt Valley and Capital & Coast Pacific children in the last 5 years. There is increased newborn enrolment with a general practice and community oral health service. There are improvements in immunisation rates, an increased percentage receiving WellChild/ Tamariki Ora core checks in their first year and B4 School checks by the time they are four years old.

However, despite improvements in health we are also seeing higher rates of caesarean for Pacific mothers, lower uptake of antenatal or postnatal maternity services, pregnant Pacific mothers registering and seeing a Lead Maternity Carer in their first trimester, and increasing complexities due to gestational diabetes and having heavier babies. Pacific children aged 0–14 years, also make up 55% of CCDHB children, 33% of the Hutt Valley and 12% of Wairarapa who live in the most deprived areas.

Most ASH presentations of Pacific children to hospital were for asthma, dental conditions, gastroenteritis/ dehydration, upper respiratory tract infections and cellulitis across the three DHBs. There also remains a disparity in the percentage of Pacific children being caries free by the age of five, higher rates of obesity or overweight, and Pacific children turning 1 year old were less likely to have had all their scheduled core checks than children of other ethnicities, excluding Māori. For Wairarapa Pacific children, 70% had received all their core checks, 57% of Hutt Valley Pacific children and 69% of Capital & Coast Pacific children.

Efforts should be focused on the provision of culturally responsive maternal health services that support healthy pregnancies and delivered close to and in people's homes and in the communities. We want to see easy access and better engagement in reproductive, perinatal, antenatal and postnatal services for Pacific mothers.

In addition, we need to progress health services support and care that focus on good nutrition and physical activity, smoking cessation, positive parenting, immunisation, warm homes, mental health and wellbeing of parents are crucial for healthy physical and social development.

Certainly approaches that focus on the strengths of Pacific families with a spotlight on parents, a mother's overall wellbeing, focus on the role of grandparents, strengthening communities and empowering families economically, socially and educationally will provide environments and foundations that bring up strong, healthy Pacific children. Research and literature affirms that if we focus our efforts on fanau-centred approaches that provide support, and work with families and what they care about in their homes, our young children benefit.

We want the Greater Wellington Region to be one of the best places in New Zealand to raise healthy, thriving Pacific children. These actions will focus on supporting timely and quality access to health care and advocating and influencing early childhood development initiatives in other sectors like education and social services. We will also be specifically focused on working collaboratively to improve access and engagement of Pacific families with:

- Primary Health Organisations (PHOs) and Pacific providers
- Well Child tamariki Ora (WCTO) providers
- addressing causes and issues with ASH
- mental health and wellbeing
- cross agency collaborations and integrated partnerships to address social determinants of health
- childhood obesity-focused initiatives
- good oral health
- breastfeeding rates
- smokefree and warm, healthy homes.

**Ia ifo le fuiniu i le lapalapa –**
As to each coconut leaf belongs to a cluster of young nuts, so each individual belongs to his family

*Samoan proverb*

# PRIORITY ONE:
# *Pacific child health and wellbeing*

**KEY FOR SYSTEM ENABLERS**

*Note: Targets will be set using national targets or to improve on current performance. Targets will be incorporated into DHB annual plans.*

- Partners and networks
- Commissioning
- Influence and advocacy
- ICT and knowledge resource
- DHBs as an employer

## Goal 1: To give Pacific children and their families the best possible start in life

| System enablers | Actions to achieve this outcome | How will we know there's been improvement? | Measures of improvement |
|---|---|---|---|
| | 1. Support family-centred initiatives to reach pregnant mothers, parents, babies and families. | • Increased uptake and improved access of Pacific mothers to antenatal and postnatal maternity services.<br>• Responsive child health, oral health and disability support services wrapped around to support the needs of Pacific mothers and children. | • Percent of Pacific pregnant women registered with a Lead Maternity Carer within the first trimester of pregnancy.<br>• Percent of Pacific mothers using antenatal services.<br>• Percent of Pacific mothers rating services as meeting their needs. |
| | 2. Collaborate with appropriate stakeholders to promote safe environments for bringing up Pacific children including warm homes, smokefree homes, good nutrition, safe sleeping, reducing smoking and alcohol consumption. | • A decrease in avoidable hospital admissions for Pacific children.<br>• Increase the number of Pacific children living in healthy homes that are warm and smokefree.<br>• Improved Pacific provider system integration and coordination between the community, across primary, secondary, and tertiary care providers and other sector partners. | • Rate of ASH for children aged 0–4 years (per 100,000 people).<br>• Percent of Pacific babies living in smokefree households at 6 weeks old.<br>• Rate of hospitalisations potentially related to housing conditions per 1,000 population for children under 15 years age. |
| ICT | 3. Work with relevant stakeholders to develop targeted initiatives campaigns that focus on increased rates and duration of breastfeeding and immunisation uptake for Pacific children. | • Strengthened approach through inter-agency partnerships to address timely access to maternity services and birthing options.<br>• Strengthen Pacific breastfeeding services, and child immunisation services. | • Percent of Pacific infants fully or exclusively breastfed at 3 months.<br>• Percent of Pacific children fully vaccinated at eight months old, two years old and five years old. |

## Goal 2: Ensure Pacific children meet key childhood developmental milestones through culturally responsive and quality services and support

| | | | |
|---|---|---|---|
| | 4. Leverage existing Well Child/Tamariki Ora services and Pacific-specific Well Child services and partnerships and build up these providers to reach the most vulnerable families. | • Increase in children receiving all their core checks.<br>• Better collaboration between Well Child/Tamariki Ora services through collective programmes and projects developed across the health system. | • Percent of Pacific children accessing Well Child/Tamariki Ora services and completing core checks.<br>• Percent of eligible Pacific children receiving and completing B4 School Checks. |
| | 5. Work collaboratively with Bee Healthy regional screening services and key stakeholders on projects and initiatives to improve coverage of screening and preventative oral health interventions. | • Increased knowledge and understanding of parents and caregivers of healthy foods to nourish young children.<br>• More Pacific children with healthy teeth.<br>• Increase in number of children receiving their annual dental examinations. | • Percent of Pacific children (0–12) enrolled in Community and DHB oral health services overdue for their scheduled examinations.<br>• Percent of Pacific children caries free at 5 years and 12 years old. |
| | 6. Work collaboratively with key stakeholders to reduce the rates of family violence in Pacific communities. | • Strengthen support for initiatives that address family violence and work with relevant stakeholders on preventative measures.<br>• Increased role of health services through inter-agency collaborations to support Pacific families. | • Number of referrals to relevant services during discharge planning.<br>• Number of inter-agency collaborations with the DHB to support Pacific families and ensure they access the right services. |

## PRIORITY TWO

# Pacific young people

## Pacific young people have timely access to services and programmes that enables them to grow into healthy adults and lead productive lives.

### RATIONALE

Pacific young people growing up in the Greater Wellington Region are contributing positively to their families and society and are progressing well in many areas. However, with the majority now classified as New Zealand born and identifying with more than one ethnicity, our Pacific young people still face issues that previous generations may not have experienced due to exponential social, technological, economic, cultural and educational changes over the years.

### WHAT THE DATA TELLS US

Various school-based health services are provided in low decile colleges, teen parent units and alternative education centres delivered by Regional Public Health, VIBE, Evolve and some specific DHB health services across the region. Doctors and nurses provide students with advice, treatment and referrals to other services on problems including general health, sexual health, and mental health. They also provide routine health assessments to Year 9 students. Based on the most recent data available for the 2017 calendar year, in Wairarapa 27 Pacific students were seen by school-based health services (79% of eligible students) and had on average two visits. Hutt Valley school-based health nurses saw 133 Pacific students (28% of eligible students) who had on average two visits. One hundred Pacific Year 9 students in Hutt Valley received a routine health assessment. Capital & Coast school-based health nurses saw 589 Pacific students (94% of eligible students) who had on average almost two visits.

Even though we see improvements and the availability of youth-centred health services and programmes targeted to our young people in schools, we are seeing a rise in mental health issues, suicide attempts, sexually transmitted infections, smoking, preventable injuries, obesity and family violence. Our young people identified during the consultations the close link between mental health and the result of identity crises, poverty, lack of culturally sensitive health care models, stigmatisation and discrimination.

Tackling the risk factors associated with these issues, alongside sufficient investment to advancing progress made in some areas and investment in new and innovative ways to support our young people to thrive is our goal. Particularly given that across the Greater Wellington Region in the next 10 years most of the Pacific population growth will be in the age groups 15–29 years, an 8% increase.[5]

We know that youth is a key transitional period in the life of a young person where they make decisions around relationships, career pathways, and responsibilities alongside rapid brain and body transformations. Research and the data tells us that enabling environments that foster healthy behaviours, resilience and confidence of young people puts them in good stead to transition into adulthood. The research and data also tells us that Pacific young people still face obstacles more so than other ethnicities due to socio economic and educational disadvantages, inter-generational suffering and prejudice to name a few. We heard from our young people that they want to contribute to policies and programmes that impact on them given the right support and opportunities to do so. Sport, music and the arts are some of the areas they identified as having a significant impact in promoting a sense of wellbeing for them.

In light of this, the following actions will be taken to ensure we are supporting Pacific young people to strengthen their resilience, address mental health and wellbeing, establish the right support networks, and improve their sense of belonging, problem-solving skills, and strong connection to culture and family.

5. 3DHB Pacific Plan Data sets 2019.

# PRIORITY TWO: *Pacific young people*

**KEY FOR SYSTEM ENABLERS**

*Note: Targets will be set using national targets or to improve on current performance. Targets will be incorporated into DHB annual plans.*

- Partners and networks
- Commissioning
- Influence and advocacy
- ICT and knowledge resource
- DHBs as an employer

**Goal: Pacific young people have timely access to services and programmes that enables them to grow into healthy adults and lead productive lives**

| System enablers | Actions to achieve this outcome | How will we know there's been improvement? | Measures of improvement |
|---|---|---|---|
| | 1. Support and strengthen initiatives that encourage Pacific young people to adopt healthy lifestyles, make informed choices about sexual health, smoking, and risk-taking behaviours. | • More Pacific youth are making healthy lifestyle choices. | • Percent of age-standardised rate of overweight and obesity in Pacific aged 15+ years.<br>• Percent of Pacific young people accessing sexual and reproductive health services either through GPs or youth-specific services. |
| | 2. Accelerate strategies and innovations that focus on Pacific young people's mental health, self-harm and violence. | • Increased number of Pacific young people engaging with programmes and initiatives such as the Piki free youth mental health services, YouthQuake, community driven mental health programmes and others. | • Percent of eligible Pacific young peoples accessing community Youth mental health services (primary services).<br>• Percent of Pacific young people accessing suicide prevention and self-harm education services and support. |
| ICT | 3. Leverage technology to promote health messages and campaigns that reach and resonate with Pacific young people. | • Pacific young people receive and respond to health messages on media that they use often. | • Percent of age-standardised rate of overweight and obesity in Pacific aged 15+ years. |
| ICT | 4. Strengthen and promote partnerships with youth specific health, social and educational service providers. | • Increased access to health and disability services that are youth centred. | • Percent of Pacific students seen by school-based health services.<br>• Percent of Pacific Youth seen at youth health services. |
| | 5. Implement leadership programmes that encourage the participation of Pacific young people in dialogue and decision-making opportunities and activities to enhance their health. | • Number of collaborations with identified colleges and high schools to promote health as a career but also to collaborate on health promotion initiatives driven by Pacific young people. | • Percent of Pacific young people involved in DHB and primary care relevant consumer and health steering groups.<br>• Percent of scholarships offered for relevant Pacific young people to complete health related studies at universities and polytechnics. |

PRIORITY THREE

# Pacific adults and ageing well

## Pacific adults and older people are actively engaged in their health care, and live productive, active, culturally secure and quality long lives.

### RATIONALE

Healthy Pacific adults and older people contribute positively to their families, churches, work places and society overall. Our Pacific elders play a crucial role as the custodians of traditional wisdom to help sustain cultural traditions, languages and practices, through passing on of knowledge, customs and generational blessings across generations. They are cultural champions that need to be engaged to ensure there are appropriate cultural approaches to health and wellbeing.

A social wellbeing survey undertaken by Statistics New Zealand in 2017 highlighted that Pacific adults reported higher levels of wellbeing despite challenging socio economic situations. The life expectancy of Pacific adults has also increased showing that Pacific adults and older people are living an extra 7–8 years when compared to 20 years ago.

### WHAT THE DATA TELLS US

Data across the two Primary Health Organisations and the three DHBs in the Greater Wellington Region show that Pacific peoples have high rates of health care utilisation, accessing their general practices 3.5 times more than others.

Pacific adults and older people continue to be high users of health services, and are still more likely to suffer and die prematurely from chronic diseases such as diabetes, heart disease, respiratory illnesses, stroke, cancer, obesity and high rates of avoidable ambulatory hospital admissions compared to others. Based on the NZ Health Survey standardised rates, 92% of Pacific adults in Capital & Coast are overweight or obese and 89% of Hutt Valley Pacific. This is similar to all Pacific in New Zealand.

Amendable mortality rates for Pacific are also high, particularly for people under the age of 75 due to causes that could have been prevented through treatment or better safety precautions. The causes of death include injuries, suicide, cancer and cardiovascular disease. Over the 5 years from 2011 to 2015, there were 176 preventable deaths in Capital & Coast Pacific peoples and 71 Hutt Valley Pacific peoples. The standardised rate of amenable mortality is higher for Pacific than non-Māori non-Pacific people in Capital & Coast and Hutt Valley.

Based on coroner's information on suspected suicides, over the four years from 2014/15 to 2018/19, 5% of Hutt Valley deaths were Pacific peoples, 7% of Capital & Coast and none of the deaths in Wairarapa were Pacific peoples.

There is also an increasing trend of individuals suffering from multiple chronic conditions and this impacts on the quality of life of the individual and family due to complications from having more than one long-term condition. This is despite improvements in treatments, management and access to clinical care services, wrap around programmes and services that support and encourage the adoption of healthy lifestyles and focus on addressing social determinants of health.

Therefore, we need to provide holistic and appropriate health promotion, prevention efforts and education to improve the health literacy of Pacific adults and older people. We want to make sure that Pacific adults and older people are ageing well and accessing the appropriate services including aged care facilities and palliative care services, to maximise their independence and reducing the burden of health problems and disabilities.

**Fakamalolo ke he tau amaamanakiaga,**
**ke mafola ai e tau matakainaga –**
Strengthen all endeavours
and the community will benefit

*Niuean proverb*

# PRIORITY THREE:
## *Pacific adults and ageing well*

**KEY FOR SYSTEM ENABLERS**

*Note: Targets will be set using national targets or to improve on current performance. Targets will be incorporated into DHB annual plans.*

- Partners and networks
- Commissioning
- Influence and advocacy
- ICT and knowledge resource
- DHBs as an employer

**Goal: Pacific adults and older people are actively engaged in their health care, and live productive, active, culturally secure and quality long lives**

| System enablers | Actions to achieve this outcome | How will we know there's been improvement? | Measures of improvement |
|---|---|---|---|
| | 1. Work in partnership with key stakeholders to increase and encourage participation in screening programmes (cervical, bowel, breast and other cancers) and cessation support (smoking and drugs). | • More Pacific peoples participate in bowel, breast and cervical screening programmes for early diagnosis of cancer.<br>• Pacific peoples receive cancer treatment sooner. | • Percent of eligible Pacific women (25–69 years old) completing cervical screening.<br>• Percent of eligible Pacific women (50–69 years old) completing breast screening.<br>• Percent of eligible Pacific population (60+) completing bowel screening testing.<br>• Percent of Pacific patients who receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. |
| | 2. Continue to improve system-wide health service delivery with targeted activities specifically aimed at chronic disease treatment and prevention. | • Increased support and uptake of risk assessment, and early intervention programmes for<br>  • diabetes checks<br>  • cardiovascular disease<br>  • respiratory disease<br>  • smoking<br>  • high blood pressure.<br>• Increased access to medications and pharmaceuticals by decreasing the number of prescriptions unfilled due to cost. | • Percent of Pacific adults with diabetes who have completed their annual review.<br>• Percent of the eligible Pacific population assessed for cardiovascular disease risk.<br>• ASH rate for Pacific adults aged 45–64 (per 100,000 people).<br>• Percent of unfilled prescriptions at pharmacy. |
| | 3. Implement prevention, health education and promotion programmes that draw on Pacific traditional wisdom, languages and cultural strengths to address risk factors and treatment. | • Reduced ASH rates and Pacific peoples admitted to hospital due to complications from chronic conditions. | • Percent of Pacific peoples registered under the long term conditions programme attending 100% of appointments and getting necessary care.<br>• Percent of Pacific peoples with diabetes aged 15–74 years enrolled with a PHO whose latest HbA1c in the last 12 months was <=64 mmol/mol. |
| | 4. Strengthen healthy ageing initiatives and optimise on opportunities to support Pacific older people live quality lives in their homes. Effectively integrate and socialise the idea of Advanced Care Planning with Pacific families and communities. | • Increased uptake of specific initatives for Pacific adults that focus on healthy living and effective socialisation of Advanced Care Planning with Pacific families and communities. | • Percent of Pacific patients waiting longer than 4 months for their first specialist assessment.<br>• Percent of Pacific patients reporting living good quality lives in surveys. |
| ICT | 5. Continue identifying change levers in programme and service design that will make the greatest impact on health conditions including cultural competency training for the non-Pacific workforce that support Pacific peoples. | • The non-Pacific workforce improve their understanding Pacific peoples worldview and what would influences them.<br>• Pacific peoples better understand their health, their medications and other factors that influence their health condition. | • Percent of Pacific families and patients enrolled in primary care using patient portals.<br>• Percent of Pacific patients answering "Yes, always" to the question: "Were you given information you could understand about things you should do to improve your health?" in primary care patient experience surveys. |

PRIORITY FOUR

# Pacific health and disability workforce and pacific providers and NGOs

**The Pacific health workforce and providers have the capabilities, resourcing, aspirations, organisational structures, professional opportunities and potential to lead, support and contribute to achieving positive health and wellbeing outcomes for Pacific peoples.**

## RATIONALE

The importance of building and maintaining a qualified Pacific health and disability workforce alongside investment in strengthening Pacific providers is crucial to closing the gap in addressing the health inequalities that exist for Pacific peoples. A qualified Pacific health workforce with cultural understanding and who are well versed in the cultural nuances of Pacific people will improve and strengthen our ability to provide a culturally responsive health system that benefits the communities we serve to engage them to become good and better stewards of their own health and wellbeing.

We want to ensure our current and future workforce is diverse and have the right skills and qualifications to deliver and provide continued improvement across all parts of the health sector. In addition, funding investments and commissioning of services are directed and help build up Pacific providers with proven success in providing services that meet the needs of Pacific peoples.

Investing resources and funding into growing the Pacific health and disability workforce and providers will enable the district health boards to close the gap and make a difference in achieving optimum health for vulnerable groups such as Pacific peoples in the Greater Wellington Region.

## WHAT THE DATA TELLS US

The *Central Region District Health Boards Pacific Workforce Report*[6] as at 30 June 2019 identified that across the Wellington Sub Region, the Pacific workforce was spread across with the highest reported proportion of Pacific peoples in the care and support occupation group with 20% in Capital & Coast, 2% in Hutt Valley and 0% in Wairarapa. This was followed by those working in corporate, admin and other, nursing, and with the lowest proportions in midwives, resident and senior medical officers.

Across the Central Region, the proportion of Pacific staff with more than two years of accrued annual leave was typically lower than the proportion of all employees with this level of accrued leave, with no Pacific staff in the midwifery, resident medical officer or senior medical officer occupation groups reportedly accruing more than two years of annual leave.
A cause for concern was the reported number of sick leave hours taken between April and June 2019, as a proportion of total paid hours, was typically higher for Pacific employees than the rate across all DHB employees.

The exceptions are the midwifery and resident and senior medical officer groups, but this may be linked to the low numbers of Pacific employees in these occupations.

One of the limitations is that the data sets obtained does not include the Pacific workforce in primary and community health care. The DHBs' workforce also has an ageing Pacific health workforce.

Certainly in the Greater Wellington Region the forecast for the Pacific population is that there will be persistent inequities, increased demand on health services, increased social isolation with volumes of older people with complex health and social needs.

6. TAS Central Region District Health Boards Dashboard Pacific Workforce Report June 2019.

A strong focus should be on investing now and making it a priority to grow the Pacific health workforce, to meet the impact and increase in demand of the changing Pacific demographics. It will support an ageing workforce who are small in numbers and who are feeling the weight of supporting older people with long-term conditions and other health issues affecting our Pacific populations.

Pacific providers and NGOs in the community are small; we aim to support them by building their capacity further at all levels to collaborate (especially with other providers) as a key way to improve the range, access and cultural appropriateness of services to Pacific communities.

**E rima te'arapaki te aro'a, te ko'uko'u te utuutu, 'laku nei –**
**Under the protection of caring hands there's a feeling of love and affection**

*Cook Island proverb*

# PRIORITY FOUR:
## *Pacific Health and disability workforce and pacific providers and NGOs*

**KEY FOR SYSTEM ENABLERS**

*Note: Targets will be set using national targets or to improve on current performance. Targets will be incorporated into DHB annual plans.*

- Partners and networks
- Commissioning
- Influence and advocacy
- ICT and knowledge resource
- DHBs as an employer

**Goal: The Pacific health workforce and providers have the capabilities, resourcing, aspirations, organisational structures, professional opportunities and potential to lead, support and contribute to achieving positive health and wellbeing outcomes for Pacific peoples**

| System enablers | Actions to achieve this outcome | How will we know there's been improvement? | Measures of improvement |
|---|---|---|---|
| | 1. Influence HR recruitment policies and processes across the 3DHBs to improve Pacific employment opportunities including increasing number of Pacific on shortlisting, interview panels, steering groups and governance. | • Number of recruitment policies reviewed and updated accordingly.<br>• Increased number of Pacific skilled workforce being interviewed for positions and employed within the district health boards in different areas.<br>• Strong pathways in place for mentoring and leadership trainings for the current workforce. | • Percent of innovative interventions to improve health workforce retention and recruitment.<br>• Number of Pacific staff employed in DHBs.<br>• Percent of Pacific nurses, vaccinators and nurse prescribers completing training. |
| | 2. The 3DHBs and PHOs demonstrate their commitment to funding and supporting "Pacific by Pacific" Pacific health service providers in the community and recognise the crucial part they play within the health system and the achievement of health outcomes.<br><br>3. Strengthen and support Pacific health providers and align their work with general practices and hospital services, with a focus on health care homes and integrated family health centres in primary care and the community. | • Review commissioning and contracting processes within the DHBs ensure Pacific providers are funded, utilised and resourced to support primary and secondary care to reach and serve Pacific peoples.<br>• Pacific provider forum in the Greater Wellington Region established and supported. | • Percent of Pacific by Pacific health and disability service providers supported.<br>• Number of Pacific provider forum meetings.<br>• Percent of Pacific providers reporting positive and good support from the DHBs. |
| | 4. Increasing and attracting our Pacific workforce by targeting students via formal education settings, such as secondary schools and tertiary institutions. This pipeline needs to be socialised as well with the education sector. | • Number of Pacific students showing interest in undertaking health studies.<br>• Number of cadetships and relevant health scholarship programmes in place. | • Number of scholarships funded and cadets placed.<br>• Number of Pacific graduates employed in the health workforce (allied health, doctors, nurses, health promoters, etc). |
| | 5. Focus on Pacific trained health professionals with overseas training and qualifications and the pathways for qualification in the NZ health system. | • Increase the Pacific health and disability workforce by focusing on supporting Pacific trained health professionals to complete NZ required registrations. | • Percent of Pacific health staff registered with professional associations and councils. |

## PRIORITY FIVE

# Social determinants of health

**A health system in the Wellington sub region that is aligned and better connected to housing, education, employment, social services and other sectors to address environmental, social and economic inequities to achieve better health outcomes for Pacific peoples.**

**Culturally sensitive models of care are used and integrated into health care to educate and promote strategies to enable the best possible mental health and wellbeing for Pacific peoples.**

## RATIONALE

The health and wellbeing of our Pacific communities is heavily influenced by the underlying social determinants of health. These include housing and employment, health behaviours, clinical care and the physical environment.

## WHAT THE DATA TELLS US

A higher proportion of Pacific peoples are living in more deprived areas according to the NZ Deprivation Index. Based on the 2013 Census population, 51% of Capital & Coast Pacific people were living in the most deprived areas, 40% of Hutt Pacific peoples and 36% of Wairarapa Pacific peoples.

Research suggests that only about 20% of a person's health is determined by access to health care. The other 80% is determined by health behaviours and the social and environmental conditions where they live, work and play. The feedback from our Pacific peoples provided valuable insight on how the social determinants of health impact on their health and wellbeing. Most importantly, the feedback highlighted what we need to prioritise to improve the health and wellbeing of our Pacific peoples across Wellington, the Hutt Valley and Wairarapa.

It is well known that income is associated with health and wellbeing. Families on low incomes may struggle to pay all their bills, which can cause stress and tension within a family. The rise in housing costs in recent years, in particular, has put many families under financial strain – with a significant proportion of their income having to be spent on rents or mortgages. This may mean they are unlikely to afford items and activities that can have a positive impact on health and wellbeing.

These may include, for example:

- healthy foods, like fruits, vegetables and milk
- team sports and other outdoor activities
- school outings and events
- joining and participating in local cultural or religious groups, hobby groups, or clubs
- appropriate clothing and bedding
- travel or holidays
- electricity for heating
- household items to help keep homes warm and dry, like heaters, curtains, draft stoppers and insulation.

Of course, low income will also impact on a family's ability to pay for health care, including regular check-ups and care when they are unwell.

Employment helps to raise a family's income, which can help pay for activities and items that improve health and wellbeing. However, employment can take a parent's time away from their family – especially if they are having to work more than one job, or work at nights and weekends, to make ends meet. Time away from their family while working can also have a negative impact on wellbeing.

7. https://www.health.govt.nz/publication/health-and-independence-report-2017

Many Pacific families told us that both employment and income affect their health and wellbeing in different ways. Often, both parents were working and the family still did not have enough money coming in to meet all their ongoing bills and household costs. Sometimes they had more than more job and were working different shifts and at weekends. Pacific young people would also often be working to help support their family. Some said that they would often settle for less when interviewing for jobs.

We were also told that many Pacific peoples are not aware of the Government support available. When they do seek support, many felt the process was administratively burdensome, intrusive, and took away their dignity. The process involved too much paperwork and forms, and having to 'prove' they had low incomes. We were told that many Pacific peoples felt judged and humiliated by the process.

Income support was especially needed for Pacific families after a baby is born, for the first 12 months of the infant's life. During this time finances are particularly stretched because the family will lose the income of one parent. Additional income during this time would also relieve financial stress and help the family support the baby during this critical period in a baby's life.

As expected, we were told that low income affects the ability of Pacific peoples to access health care. They told us that many are not having regular check-ups with their general practice due to the costs.

# PRIORITY FIVE:
# *Social determinants of health*

**KEY FOR SYSTEM ENABLERS**

*Note: Targets will be set using national targets or to improve on current performance. Targets will be incorporated into DHB annual plans.*

- Partners and networks
- Commissioning
- Influence and advocacy
- ICT and knowledge resource
- DHBs as an employer

**Goal: A health system that influences and is aligned to housing, education, employment, social services and other sectors to address inequities and achieve better health outcomes for Pacific peoples**

| System enablers | Actions to achieve this outcome | How will we know there's been improvement? | Measures of improvement |
|---|---|---|---|
| | 1. Strengthening partnerships through inter agency networks to influence and advocate for Pacific communities with housing organisations, Ministry of Social Development, Ministry of Pacific Peoples, Ministry of Education, Pasifika Future, local councils and other stakeholders and leverage off programmes.<br><br>For example:<br>• accessing benefits, housing, income support, disability allowances<br>• access to ECE, improved literacy, retention rates, pass rates New Zealand Certificate of Educational Achievement (NCEA) and increased number of Pacific students<br>• improve response and prevention of family violence, safe guarding children and women | • Connected and influential health system to social, economic, education and other sectors.<br>• Improved access to ECE for Pacific children.<br>• Increased number of Pacific young people achieving NCEA qualifications. | • Number of Pacific children enrolled in an ECE.<br>• Percent of Pacific students achieving NCEA level 1,2,3.<br>• Percent of Pacific families accessing whanau ora services and support.<br>• See measures for<br>  • Reducing avoidable hospitalisations<br>  • Improving outcomes for people with long term conditions |
| | 2. Work closely with local councils, Kāinga Ora and key stakeholders to advocate and influence decision-making that will improve healthy housing for Pacific peoples. | • Increased number of Pacific families accessing warmer, drier homes leads to a reduction in avoidable hospitalisations. | • Rate of ASH for children aged 0–4 years and adults aged 45–64 (per 100,000 people).<br>• Percent of Pacific babies living in smokefree households at 6 weeks old.<br>• Rate of hospitalisations potentially related to housing conditions per 1,000 population for children under 15 years age. |
| | 3. Reductions in reported police investigations of family violence involving Pacific families. | • Decreased number of reported police investigations of family violence. | • Rate of Pacific reporting being victims of violence by family member to police per capita. |

## PRIORITY SIX

# A culturally responsive and integrated health system

## A culturally responsive and intergrated health care system across the Wellington sub region including hospital care, specialist services, and aged care that meet the needs of Pacific peoples and are delivered close to home.

### RATIONALE

Culture for Pacific peoples plays a significant role in their decisions on how, where, when and why they should seek and engage with health services, acceptance of treatment protocols, adherence to treatment and follow up of appointments, as well as the ability to trust and be confident in the health system.

Therefore, a culturally responsive and integrated health system, and culturally competent workforce will lead to more effective health service delivery that achieves equitable and better health outcomes for Pacific peoples. It will improve patient experiences and health outcomes.

We know that effective integration of services that wrap around a person's needs rather than service needs will enhance patient experience, and achieve better and seamless care.

By working collectively across all areas, clinical and non-clinical, within the health system and various settings of care, we are improving the flow of information, continuity of care, and building strong and effective relationships and partnerships that are essential to integrated services and design.

**Soli tu ena yalo loloma kei na dina –**
**Gifted in the spirit of Love and truth**

*Fijian proverb*

# PRIORITY SIX:
## *A culturally responsive and integrated health system*

**KEY FOR SYSTEM ENABLERS**

*Note: Targets will be set using national targets or to improve on current performance. Targets will be incorporated into DHB annual plans.*

- Partners and networks
- Commissioning
- Influence and advocacy
- ICT and knowledge resource
- DHBs as an employer

**Goal: A culturally responsive and intergrated health care system across the Wellington sub region secondary/hospital care, specialist services, and aged care that meet the needs of Pacific peoples and are delivered close to home**

| System enablers | Actions to achieve this outcome | How will we know there's been improvement? | Measures of improvement |
|---|---|---|---|
| | 1. Develop and implement a sub-regional cultural competency framework, checklist and training package that nurtures a culturally responsive work environment and improve capacity of the health workforce to deliver culturally sensitive services. | • Number of mandatory cultural competency training sessions rolled out across secondary and primary care services. Embed Pacific cultural training as a key component of new employees' orientation programme. | • Percent of new employees undertaking Pacific e-learning and face-to-face cultural training as part of mandatory training. |
| | 2. Build accountability and leadership for Pacific health outcomes by embedding accountability at all levels of management within the DHBs and also reporting requirements on Pacific health impacts across services. | • All performance and outcome reports show results for Pacific services actively find ways to reduce inequity of access and outcomes for their Pacific patients. | • Percent of service plans that include actions that improve access for Pacific and improve Pacific health outcomes.<br>• See measures for reducing avoidable hospitalisations and improving outcomes for people with long-term conditions. |
| | 3. Continue to support integrated programmes in primary care and hospital/specialist services focused on early identification, treatment and support for individuals with risk factors such as the community integration initiative. | • Ensure an interpreter is available, and relevant information is available for patients in their own language. | • See measures for:<br>  • reducing avoidable hospitalisations<br>  • improving outcomes for people with long term conditions. |
| ICT | 4. Develop a Pacific communications strategy for the Greater Wellington Region. | • Increased use of culturally appropriate digital tools to improve the number of specialist and health care services closer to home and out in the community.<br>• Continue to fund the important Catalyst Pacific radio programme and develop comprehensive social media campaigns to promote key messages and health information in Pacific languages. This will help raise awareness and support Pacific peoples. | • Well-informed Pacific community in the Greater Wellington Region.<br>• Partnerships with key Pacific communications providers. |
| ICT | 5. Establish a Pacific-specific sub-regional health pathway for the 3D Health Pathways programme. | • Pacific-specific health pathways are available online and in use. | • Number of views of Pacific-specific health pathways online. |

# APPENDIX
# 3DHB PACIFIC PLAN 2019 DATA

## POPULATION

An estimated 35,165 Pacific peoples live in the three DHB areas in 2019/20; 22,320 in Capital & Coast, 11,900 in Hutt Valley and 945 in Wairarapa. Hutt Valley DHB has the highest percentage of Pacific peoples representing 8% of the total DHB population. Pacific peoples are 7% of the Capital & Coast population and 2% of Wairarapa.

### Number of Pacific peoples in 2019/20

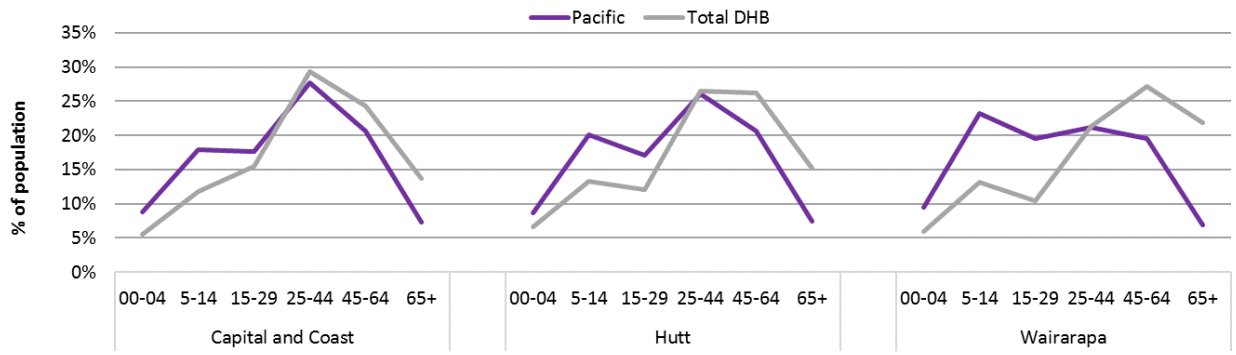
| DHB | Number of Pacific peoples | % of total DHB population |
|---|---|---|
| Capital & Coast | 22,320 | 7% |
| Hutt Valley | 11,900 | 8% |
| Wairarapa | 945 | 2% |
| Total sub-regional population | 35,165 | 7% |

StatsNZ Population estimate 2018

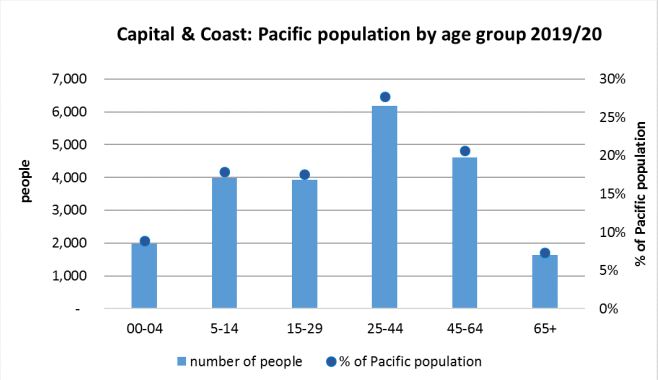
## AGE PROFILE

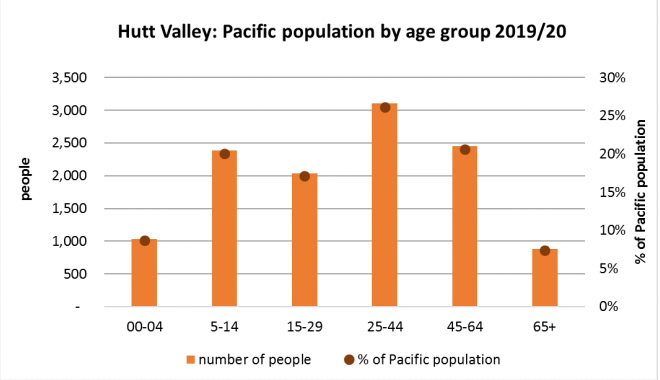
Pacific peoples are a much younger population than the Total DHB population. In 2019/20 Children aged under 15 years make up 33% of the Wairarapa Pacific population compared to 19% of the total DHB population. For Hutt Valley, children under 15 years make up 29% of the Pacific population, whereas they make up 20% of the total population. For Capital & Coast, children under 15 years make up 27% of the Pacific population, whereas they make up 20% of the total population. People aged 65 and over made up only 7% of the Pacific population in each DHB which was much lower than proportion of the total population.

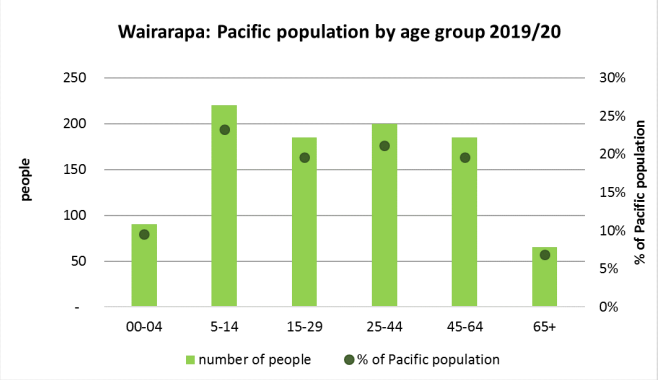
### Age profile of Pacific population in 2019/20 compared to total DHB



## Pacific population by age group 2019/20 and the percentage in each age group

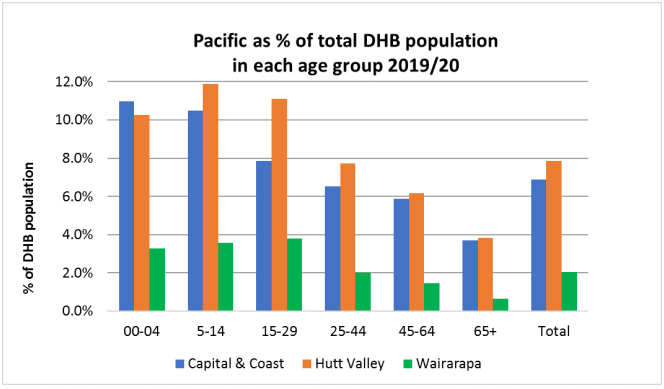



Although Pacific peoples make up 7–8% of the total population of Hutt Valley and Capital & Coast DHBs, Pacific peoples make up a higher proportion of the DHBs' children and young people because they are a younger population. Of the children aged under 15, Pacific children make up more than 10% of the Hutt Valley and Capital & Coast population. For Wairarapa, Pacific children under 15 make up 3.5% of the population.

## Pacific population as percentage of total DHB population in each age group 2019/20



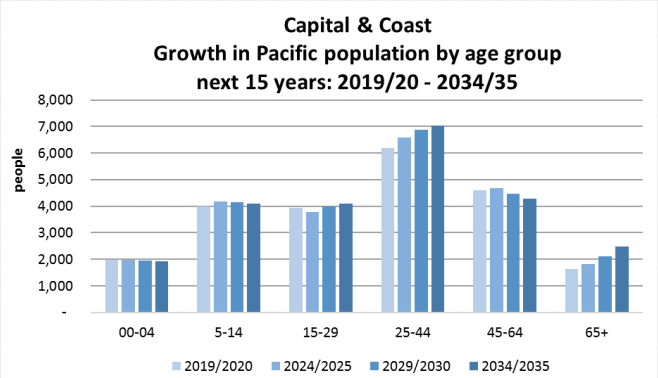

## FUTURE POPULATION GROWTH

In the next five years, the Pacific population is expected to grow in all 3DHBs. The Capital & Coast Pacific population is expected to grow by 680 people (3%) by 2024/25, Hutt Valley by 450 people (3.8%) and Wairarapa by 50 people (5%).

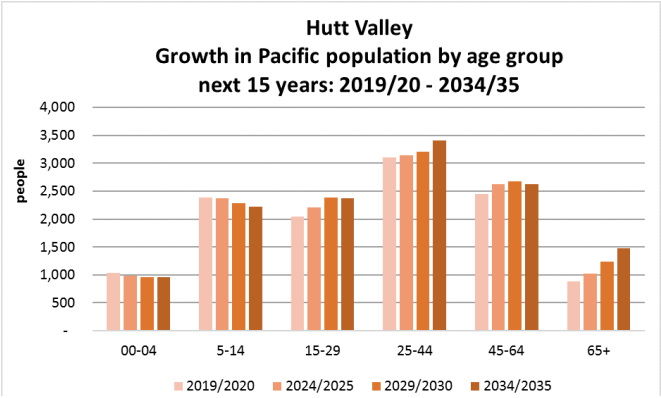
## Pacific population growth in next 5 years 2024/2025

| DHB | 2019/2020 | 2024/2025 | Growth in people in next 5 years | Percent growth in next 5 years |
|---|---|---|---|---|
| Capital & Coast | 22,320 | 23,000 | 680 | 3.0% |
| Hutt Valley | 11,900 | 12,350 | 450 | 3.8% |
| Wairarapa | 945 | 995 | 50 | 5.3% |

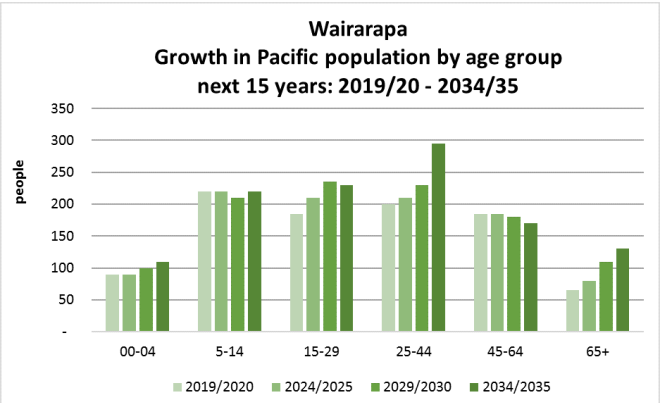
Most of the Capital & Coast growth in the next 15 years will be in the age groups 25–44 and 65+. In the next five years, Pacific aged 25–44 are expected to grow by 400 people (6.5%) and Pacific peoples aged 65+ will grow by 180 people (11%).




Most of the Hutt Valley growth in the next 15 years will be in the age groups 15–29, 25–44 and 65+. In the next five years, Pacific aged 15–29 are expected to grow by 170 people (8%) and Pacific aged 65+ will grow by 140 people (16%).




Most of the Wairarapa growth in the next 15 years will be in the age groups 15–29, 25–44 and 65+. In the next five years, Pacific aged 15–29 are expected to grow by 25 people (14%) and Pacific aged 65+ will grow by 15 people (13%).



**Pacific population in 2019/20 aged under 25 (5-year age groups)**

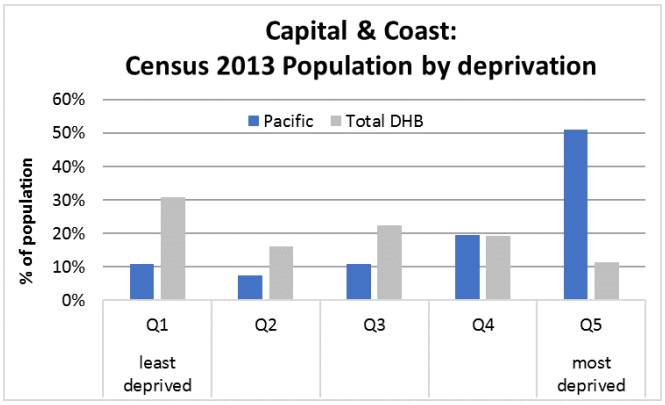
| Age | Capital & Coast | Hutt Valley | Wairarapa |
|---|---|---|---|
| 0–04 | 1,980 | 1,030 | 90 |
| 5–9 | 2,060 | 1,160 | 110 |
| 10–14 | 1,930 | 1,230 | 110 |
| 15–19 | 1,910 | 1,070 | 110 |
| 20–24 | 2,020 | 970 | 75 |
| **Total** | **9,900** | **5,460** | **495** |

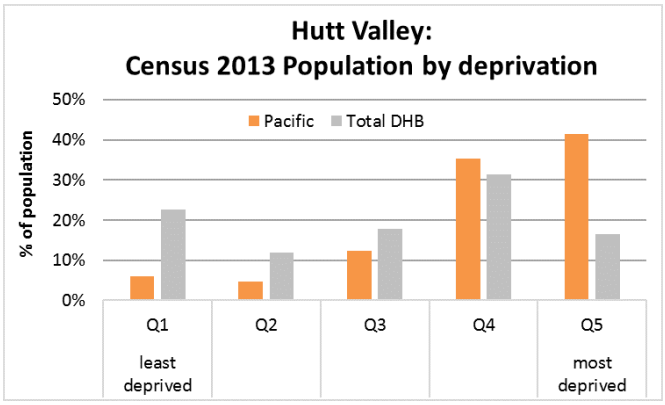
## POPULATION BY DEPRIVATION INDEX 2013

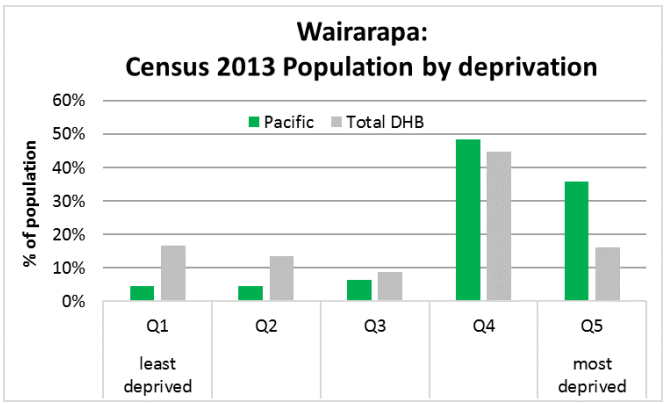
A higher proportion of Pacific peoples are living in more deprived areas according to the NZ Deprivation Index 2013. The NZ Deprivation Index is based on variables that reflect socioeconomic factors that have significant influence on health such as income, employment, home ownership, and overcrowding.[1] Based on the 2013 Census population, 51% of Capital & Coast Pacific peoples were living in the most deprived areas, 40% of Hutt Pacific peoples and 36% of Wairarapa Pacific peoples.

Fifty-seven percent of Capital & Coast Pacific adults aged 65 and over were living in the most deprived areas, 47% of Hutt Valley Pacific adults aged 65 and over and 50% of Wairarapa Pacific aged 65 and over.

Pacific children made up 55% of Capital & Coast children aged 0–14 living in the most deprived areas. Pacific children made up 33% of Hutt Valley children aged 0–14 living in the most deprived areas. Pacific children made up 12% of Wairarapa children aged 0–14 living in the most deprived areas.

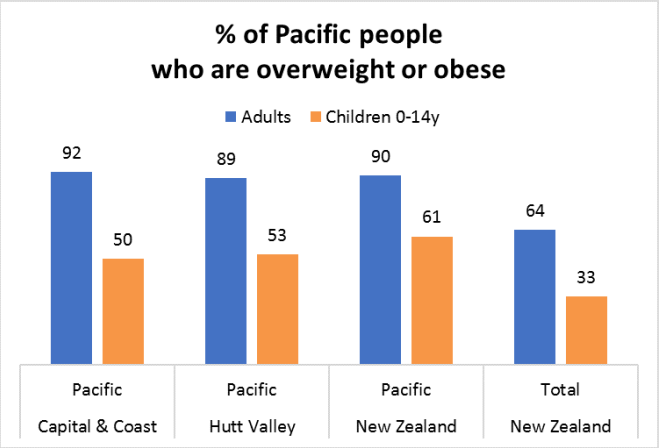


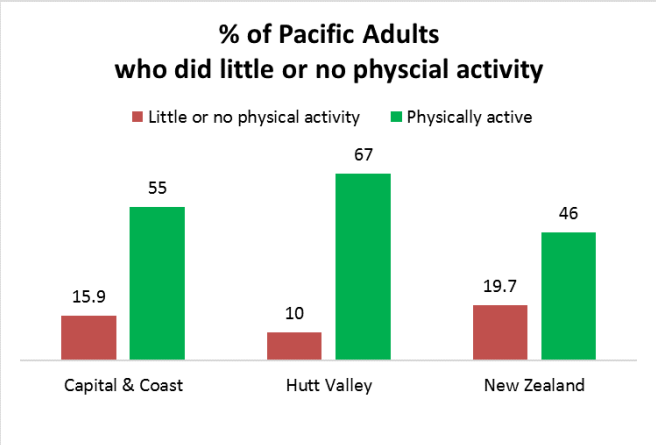




1. https://www.otago.ac.nz/wellington/departments/publichealth/research/hirp/otago020194.html
https://www.otago.ac.nz/wellington/otago069936.pdf - page 8 - list of variables

## RISK FACTORS
### Obesity and physical activity

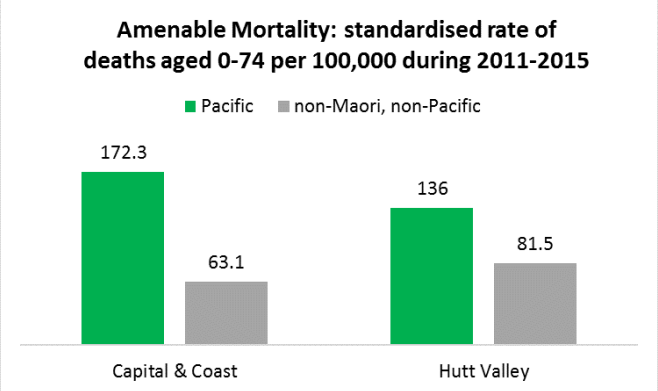



Based on the NZ Health Survey standardised rates, 92% of Pacific adults in Capital & Coast are overweight or obese and 89% of Hutt Valley Pacific. This is similar to all Pacific in New Zealand. Around half of Pacific children aged 0–14 years are overweight or obese in Hutt Valley and Capital & Coast, which is less than all Pacific in New Zealand.




Based on the NZ Health Survey standardised rates, 67% Hutt Valley Pacific adults are physically active while 10% did little or no physical activity. In Capital & Coast, 55% of Pacific adults were physically active while 16% did little or no physical activity.

## HEALTH OUTCOMES
### Amenable mortality



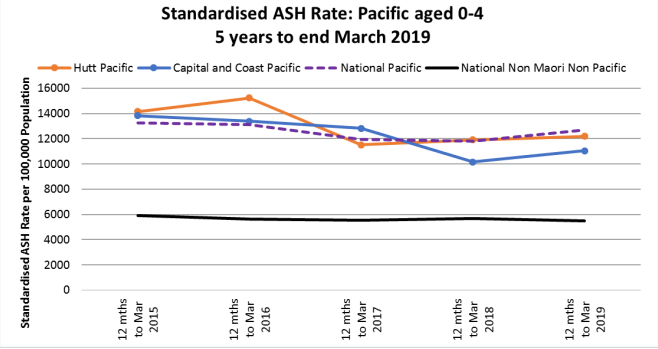

Amenable mortality refers to deaths in people under the age of 75 due to causes that could have been prevented through treatment or better safety precautions. The causes of death include injuries, suicide, cancer and cardiovascular disease. Over the five years from 2011 to 2015, there were 176 deaths in Capital & Coast Pacific people and 71 Hutt Valley Pacific peoples that could have been prevented. The standardised rate of amenable mortality is higher for Pacific peoples than non-Māori non-Pacific peoples in Capital & Coast and Hutt Valley.

Based on coroner's information on suspected suicides, over the four years from 2014/15 to 2018/19, 5% of Hutt Valley deaths were Pacific people, 7% of Capital & Coast Pacific peoples and none of the deaths in Wairarapa were Pacific peoples.

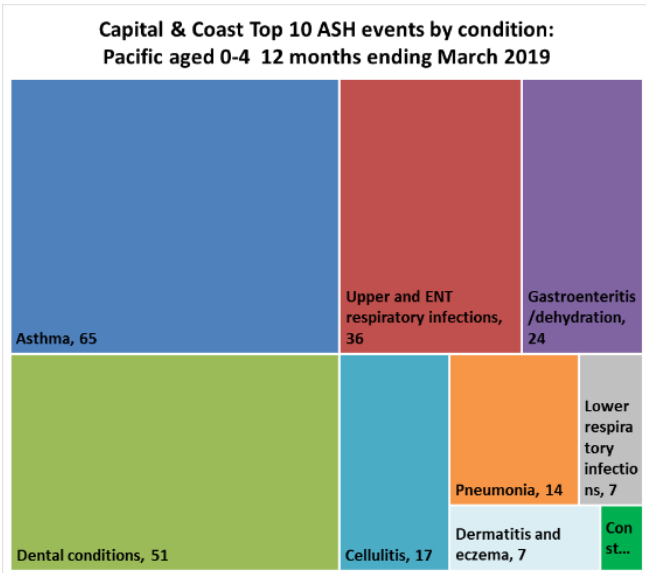
## HEALTH OUTCOMES: HOSPITALISATIONS
### Ambulatory Sensitive Hospitalisations (ASH)

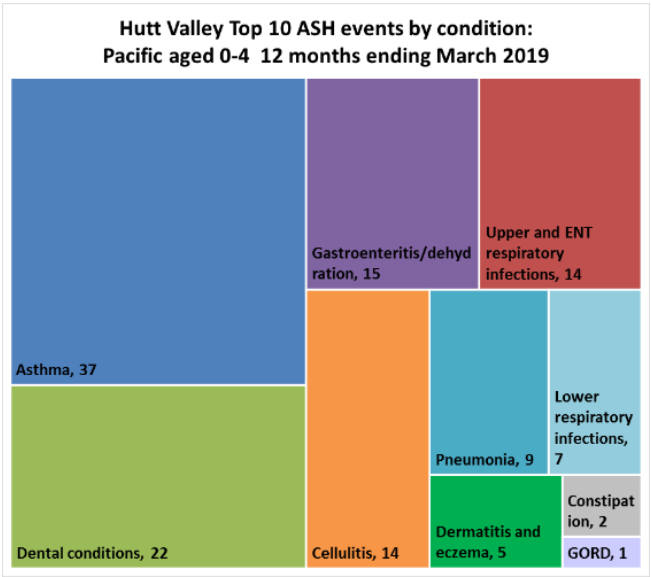
Ambulatory sensitive hospitalisations (ASH) are conditions where the hospital admission could have been prevented if the person had received appropriate care earlier in community services. The Ministry uses ASH rates as a measure of how the DHB system as a whole is working for the population in preventive and proactive care. The Ministry reports on the rate of children aged 0–4 and adults aged 45–64 who have an ASH event at any hospital including those outside the DHB the person lives in. The Ministry does not report rates for Wairarapa as the Pacific population is too small and with a smaller number of events the data could be identifiable.

Hutt Valley and Capital & Coast ASH rates for Pacific children have decreased in the last 5 years but are still much higher than the national rate for children of other ethnicities (non-Māori non-Pacific). Rates for Hutt Valley Pacific children were 2.2 times higher than the rates for National non-Maori non-Pacific children in the year ending March 2019. Rates for Capital & Coast Pacific children were two times higher than the rates for national non-Maori non-Pacific children.

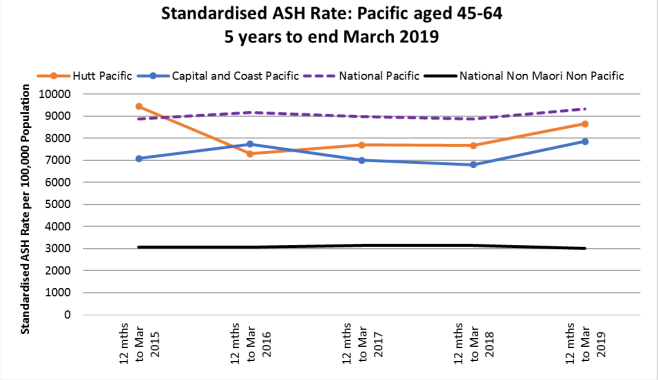



Most of the ASH events in the 12 months ending March 2109 for Hutt Valley and Capital & Coast Pacific children were for asthma, dental conditions, gastroenteritis/dehydration, upper respiratory tract infections and cellulitis.

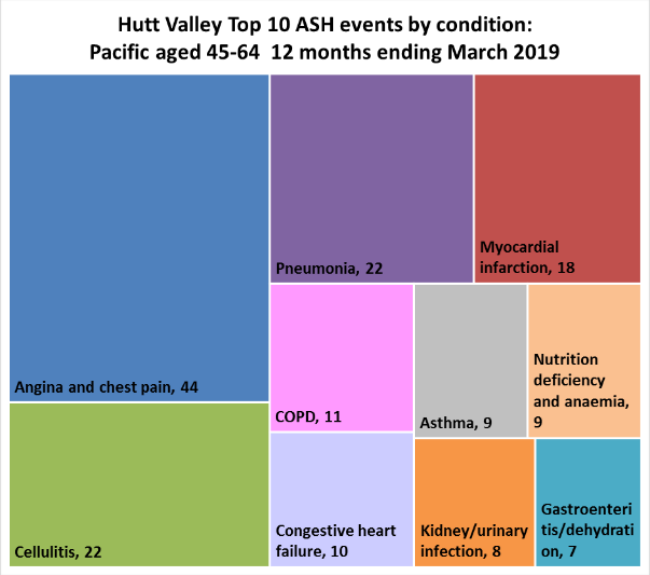


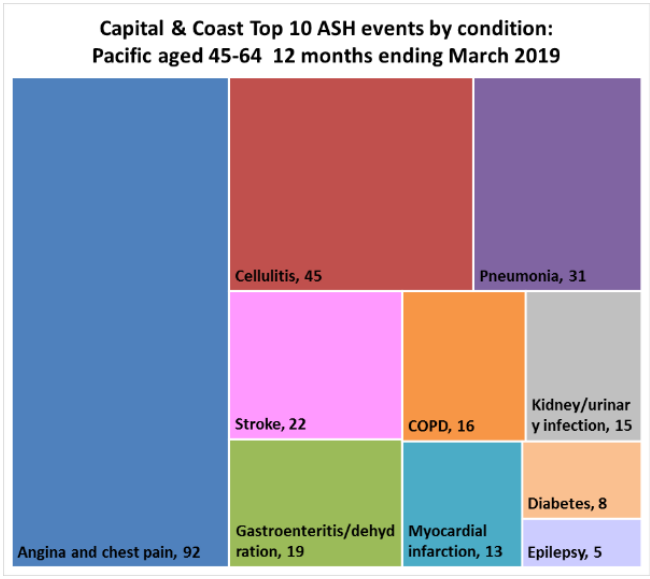



Hutt Valley Pacific and Capital & Coast ASH rates for Pacific adults aged 45–64 years have been fairly stable in the last 5 years but are much higher than the national rate for adults of other ethnicities (non-Maori non-Pacific). Rates for Hutt Valley Pacific adults were almost three times higher (2.9) than the rates for national non-Māori non-Pacific adults in the year ending March 2019. Rates for Capital & Coast Pacific adults were 2.6 times higher than the rates for national non-Māori non-Pacific adults.




Most of the ASH events in the 12 months ending March 2109 for Hutt Valley Pacific adults were for angina & chest pain, cellulitis, pneumonia, myocardial infarction and chronic obstructive pulmonary disease (COPD). Most ASH events for Capital & Coast Pacific adults were for angina and chest pain, cellulitis, pneumonia, stroke and gastroenteritis/dehydration.



## ALL AGES, AND CHILD AND YOUTH PHO enrolment

Wairarapa had 938 Pacific peoples enrolled with a PHO, 99% of the estimated population, Hutt Valley had 11,573 (98%) and Capital & Coast had 21,536 (97%) enroled.

### Pacific peoples enrolled with a PHO in July 2019

| DHB | Pacific peoples enrolled with any PHO | Percent of estimated population |
|---|---|---|
| Capital & Coast | 21,536 | 97% |
| Hutt Valley | 11,573 | 98% |
| Wairarapa | 938 | 99% |

Most Wairarapa Pacific peoples are enrolled with the Compass Wairarapa PHO. Eighty-seven percent of Hutt Valley Pacific peoples are enrolled with Te Awakairangi Health Network while 1,398 (12%) Hutt Pacific people are enrolled with one of the PHOs with a contract with Capital & Coast. Note that Cosine PHO includes the practice Ropata Medical which is in the Hutt Valley. Ninety-eight percent of Capital & Coast Pacific peoples are enrolled with Compass Capital & Coast, Ora Toa and Cosine.Two hundred and sixty-three (1.2%) Capital & Coast Pacific peoples are enrolled with Te Awakairangi Health Network.

### Number of Pacific peoples enroled with any PHO July 2019, by DHB holding DHB contract

| | | DHB of domicile | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **DHB holding PHO contract** | **PHO name** | **Wairarapa** | **Hutt** | **Capital & Coast** | **Total** | **Wairarapa** | **Hutt** | **Capital & Coast** |
| Capital & Coast | Compass Health Capital & Coast | 6 | 730 | 14,430 | 15,166 | 0.6% | 6% | 67% |
| | Ora Toa PHO | | 91 | 6,177 | 6,268 | 0% | 0.8% | 29% |
| | Cosine PHO | | 577 | 452 | 1,029 | 0% | 5% | 2% |
| **Capital & Coast total** | | **6** | **1,398** | **21,059** | **22,463** | **1%** | **12%** | **98%** |
| Hutt Valley | Te Awakairangi | 11 | 10,075 | 263 | 10,349 | 1% | 87% | 1.2% |
| Capital & Coast | Compass Health Wellington | 915 | 5 | 6 | 926 | 98% | 0.04% | 0.03% |
| PHOs in other DHBs | | 6 | 95 | 208 | 309 | 0.6% | 0.8% | 1.0% |
| **Total enrolled with a PHO** | | **938** | **11,573** | **21,536** | **34,047** | **100%** | **100%** | **100%** |

## ALL AGES, AND CHILD AND YOUTH

### Practice visits

Pacific peoples who were enrolled with Compass Wairarapa PHO saw a GP or Nurse on average five times in 2018/19. This excludes visits for immunisation only. For Pacific peoples enrolled with Te Awakairangi Health Network, they saw a GP or nurse 3.5 times on average over the year. For Pacific peoples enrolled with Ora Toa or Compass Wellington, they saw a GP or nurse 4.5 times on average over the year ending March 2019. Pacific peoples enrolled with Cosine, which include Karori Medical and Ropata Medical practices saw a GP or nurse on average 3.5 times over the year ending March 2019.

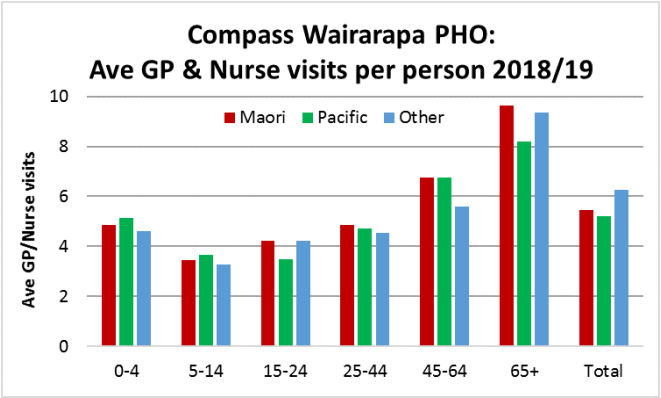
For all PHOs, Pacific peoples aged 65 and over had the most visits on average, followed by people aged 45–64 and children aged under 5 years. Pacific adults aged 45–64 in Compass Wairarapa and Te Awakairangi PHOs had slightly more visits on average than other ethnicities, including Māori adults.

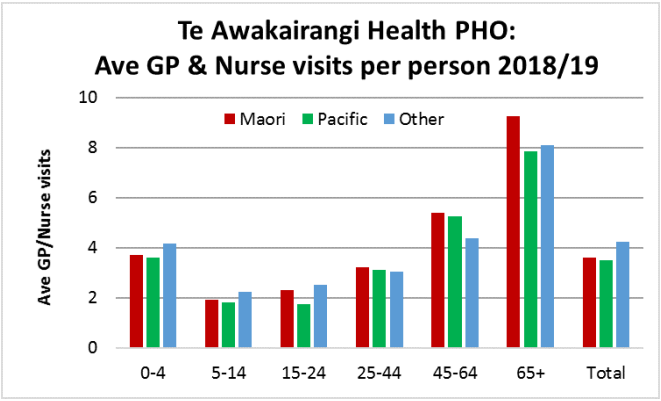
Pacific children aged under 5 years had slightly more visits to Compass Wairarapa compared to other ethnicities, including Māori. But Pacific children aged under 5 years had a similar number of visits to Te Awakairangi compared to children of other ethnicities, excluding Māori.

### Average GP and nurse visits per person enroled

| Compass Wairarapa 2018/19 | | | |
|---|---|---|---|
| **Age group** | **Māori** | **Pacific** | **Other** |
| 0–4 | 4.84 | 5.14 | 4.62 |
| 5–14 | 3.44 | 3.66 | 3.26 |
| 15–24 | 4.21 | 3.5 | 4.22 |
| 25–44 | 4.86 | 4.7 | 4.53 |
| 45–64 | 6.75 | 6.74 | 5.61 |
| 65+ | 9.64 | 8.2 | 9.34 |
| **Total** | **5.44** | **5.2** | **6.26** |

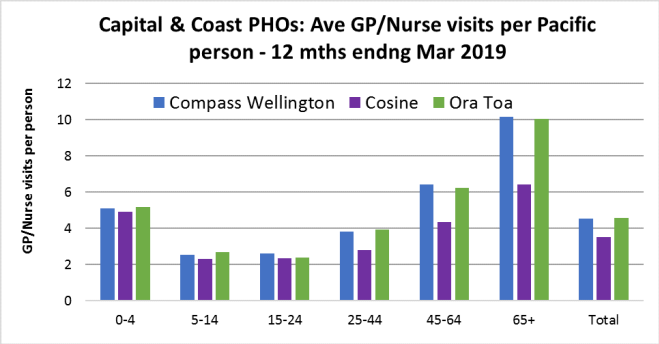
| Te Awakairangi Health 2018/19 | | | |
|---|---|---|---|
| **Age group** | **Maori** | **Pacific** | **Other** |
| 0–4 | 3.72 | 3.61 | 4.16 |
| 5–14 | 1.93 | 1.83 | 2.24 |
| 15–24 | 2.30 | 1.73 | 2.52 |
| 25–44 | 3.21 | 3.11 | 3.06 |
| 45–64 | 5.39 | 5.25 | 4.36 |
| 65+ | 9.27 | 7.85 | 8.10 |
| **Total** | **3.62** | **3.52** | **4.23** |



**Average visits per Pacific person enrolled 12 months ending March 2019; Capital & Coast PHOs**

| Age group | Compass Wellington | Cosine | Ora Toa |
|---|---|---|---|
| 0–4 | 5.1 | 4.9 | 5.2 |
| 5–14 | 2.5 | 2.3 | 2.7 |
| 15–24 | 2.6 | 2.3 | 2.4 |
| 25–44 | 3.8 | 2.8 | 4.0 |
| 45–64 | 6.4 | 4.4 | 6.2 |
| 65+ | 10.1 | 6.4 | 10.1 |
| **Total** | **4.5** | **3.5** | **4.6** |

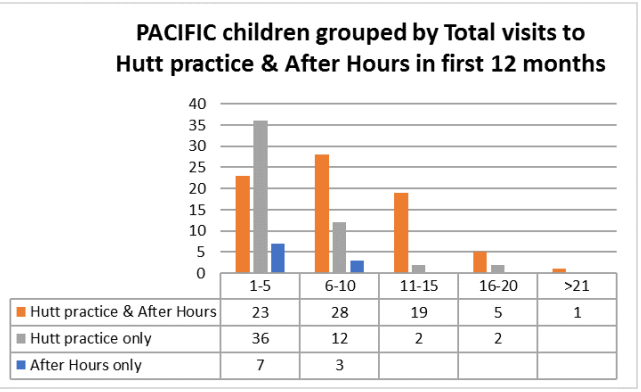



## CHILD AND YOUTH

### After Hours – Hutt Valley birth cohort study

Analysis was done on Hutt Valley children born in 2013 and their use of DHB health services in their first four years of life, including 148 Pacific children. It found that Pacific children were using the Lower Hutt After Hours as much as their Hutt GP practice. In their first 12 months of life, 51% of the Pacific cohort had been to both their Hutt GP practice and to Lower Hutt After Hours. Thirty-five percent of the cohort only went to their Hutt GP practice. Twenty five children (17%) had more visits to After Hours than to their GP practice during their first 12 months. While this means that they are receiving good access to primary care, they were missing out on continuity of care from their own practice as well as proactive care and preventive care. This also means that children with a high number of visits to After Hours may not be identified by their practice as at risk. There were four Pacific children who had 11 or more visits to their GP practice but another 26 Pacific children had 11 or more visits if we include their After Hours visits. Ten children only went to After Hours but may have been enrolled in a practice in another DHB.

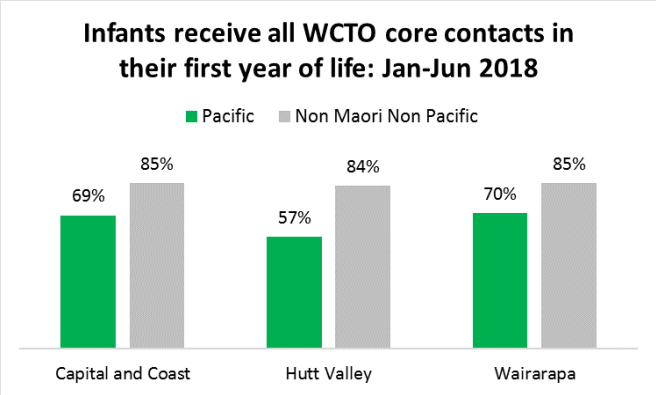
**Hutt Valley 2013 birth cohort – Pacific children using Lower Hutt After Hours and Hutt practices in first 12 months of life**




| | 1-5 | 6-10 | 11-15 | 16-20 | >21 |
|---|---|---|---|---|---|
| Hutt practice & After Hours | 23 | 28 | 19 | 5 | 1 |
| Hutt practice only | 36 | 12 | 2 | 2 | |
| After Hours only | 7 | 3 | | | |

### WellChild/Tamarki Ora checks

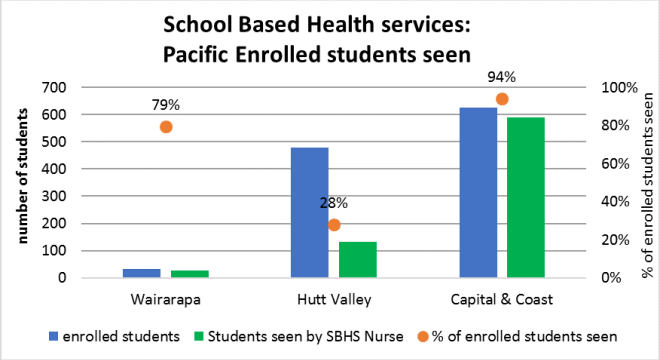
By receiving all WellChild/Tamariki Ora checks core contacts in their first year, infants are more likely to have health and developmental issues identified in a timely way. Each child is scheduled to have five core checks by the time they turned one, including their first check at 6 weeks old. During January to June 2018, Pacific children turning one year old were less likely to have had all their scheduled core checks than children of other ethnicities, excluding Maori. For Wairarapa Pacific children, 70% had received all their core checks, 57% of Hutt Valley Pacific children and 69% of Capital & Coast Pacific children.




## School-based health services

DHBs provide school-based health services (SBHS) in low decile colleges, teen parent units and alternative education centres. Nurses provide students with advice, treatment and referrals to other services on problems including general health, sexual health, and mental health. They also provide routine health assessments to Year 9 students.

Based on the most recent data available for the 2017 calendar year, in Wairarapa, 27 Pacific students were seen by a SBHS nurse (79% of eligible students) and had on average two visits. Twelve Pacific Year 9 students in Wairarapa received a routine health assessment. Hutt Valley SBHS nurses saw 133 Pacific students (28% of eligible students) who had on average two visits. One hundred Pacific Year 9 students in Hutt Valley received a routine health assessment. Capital & Coast SBHS nurses saw 589 Pacific students (94% of eligible students) who had on average almost two visits. One hundred and twenty-one Pacific Year 9 students in Hutt Valley received a routine health assessment.




**Number of Pacific peoples enrolled with any PHO July 2019 – by DHB holding DHB contract**

| DHB Pacific | Eligible students | Percentage of school role | Students seen by SBHS nurse | Percentage of enrolled students seen by SBHS nurse | Visits to SBHS nurse | Average visits per student seen | Percentage of total visits | Year 9 students who received a health assessment |
|---|---|---|---|---|---|---|---|---|
| Wairarapa | 34 | 4% | 27 | 79% | 59 | 2.2 | 4% | 12 |
| Hutt Valley | 478 | 20% | 133 | 28% | 301 | 2.3 | 18% | 100 |
| Capital & Coast | 626 | 41% | 589 | 94% | 1111 | 1.9 | 37% | 121 |

## PREVALENCE OF MENTAL HEALTH DISORDER

The Te Rau Hinengaro survey (2006), found that 47% of Pacific peoples had experienced a mental disorder at some stage during their lifetime compared with 39.5% of the overall New Zealand population. Pacific peoples also had a higher prevalence of any mental disorder in a 12 month period at 24%, and 6% of Pacific peoples experienced a serious disorder.[2] But they are less likely to make a mental health visit to a health service, 7.8% of Pacific peoples had a mental health visit compared to 13% of Other ethnicities excluding Māori. Within the 12 months prior to the survey, 5.9% of the Pacific people surveyed had a serious disorder, 11.6% had a moderate disorder and 7.6% had a mild disorder.[3] Suicide is also a risk, with 21% of Pacific people aged 16–24 and 20% of Pacific peoples aged 25–44 reported suicidal ideation over their lifetime. A suicide attempt within their lifetime was reported by 4.8% (almost 1 in 20) of Pacific peoples.

## PRIMARY MENTAL HEALTH

Primary mental health is provided by PHOs and other community services for people with mild to moderate mental health issues. Capital & Coast services saw 363 Pacific peoples in the 2018/19, Hutt Valley services saw 304 Pacific peoples and Wairarapa services saw fewer than five people.

| Pacific people seen by primary mental health services in 2018/19 | | | |
|---|---|---|---|
| | **Wairarapa** | **Hutt Valley** | **Capital & Coast** |
| Youth: 12–19 years | <5 | 131 | 70 |
| Adults: 20+ years | 0 | 173 | 293 |
| **Total** | **<5** | **304** | **363** |
| Percent of total people seen by service | 0.1% | 6.6% | 7.4% |
| Percent of DHB Pacific population | 0.2% | 2.6% | 1.6% |

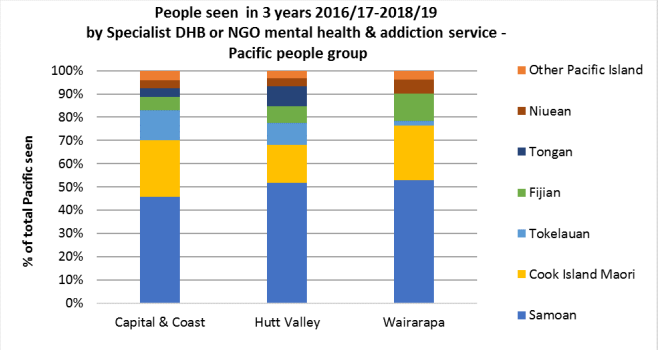
## SPECIALIST MENTAL HEALTH SERVICES

Specialist Mental Health services are targeted at people with serious mental health issues. They are provided by DHB and NGO services. Services include acute inpatient services, community services and rehabilitation services for addiction. In Capital & Coast, 811 Pacific peoples (3.6% of the population) were seen by any specialist mental health and addiction service in the three DHBs in 2018/19. For the Hutt Valley population, 419 Pacific people (3.5%) were seen and 45 Pacific peoples (4.8%) from the Wairarapa.

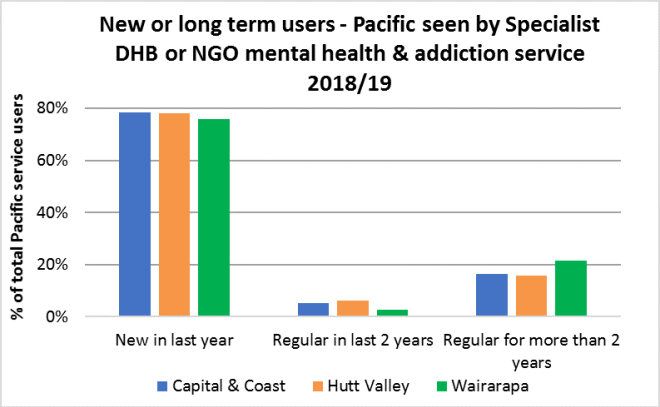
| Pacific people seen by specialist DHB and NGO mental health services in 3DHBs 2018/19 | | | |
|---|---|---|---|
| | **Capital & Coast** | **Hutt Valley** | **Wairarapa** |
| 0–19 years | 266 | 101 | 9 |
| 20–64 years | 526 | 307 | 33 |
| 65+ years | 19 | 11 | 3 |
| **Total** | **811** | **419** | **45** |
| Percent of DHB Pacific population | 3.6% | 3.5% | 4.8% |

2. https://www.health.govt.nz/system/files/documents/publications/mental-health-survey-2006-aggregated-prevalence.pdf
3. https://www.health.govt.nz/system/files/documents/publications/mental-health-survey-2006-pacific-people.pdf

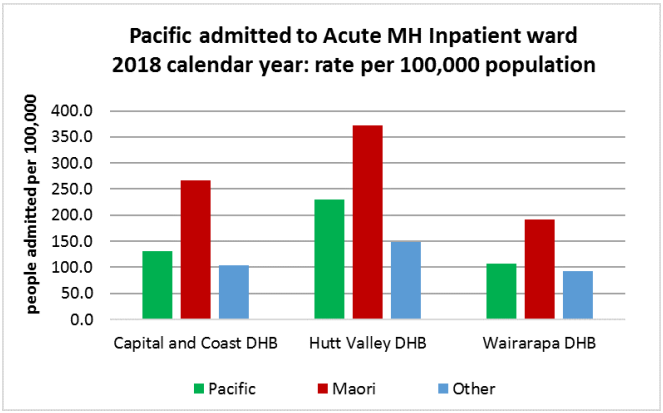
Most of the Pacific peoples seen in the three years 2016/17 to 2018/19 by specialist mental health and addiction services were Samoan or Cook Island Māori.




In 2018/19, most Pacific peoples were new users, having only been seen in the last 12 months by specialist mental health and addiction services. Pacific peoples who were long-term users seen regularly for more than two years made up 16% of Pacific service users in Hutt Valley and Capital & Coast, and 22% of Wairarapa Pacific service users.




Only a small number of service users were admitted to an acute mental health inpatient ward, four percent of Capital & Coast Pacific service users were admitted in 2018, 6% of Hutt Valley service users and 2% of Wairarapa. Pacific peoples had a higher rate of admission to an inpatient ward than people of other ethnicities, excluding Māori.




## LONG-TERM CONDITIONS

### Cardiovascular disease

For those enrolled with Compass Wairarapa PHO, 24 Pacific peoples or 3% of enrolled Pacific peoples, had a diagnosed cardiovascular condition which is lower than the proportion of the total PHO population with a diagnosed cardiovascular condition. Another 42 Pacific peoples have been assessed as having a high risk of cardiovascular disease.

For those enrolled with Te Awakairangi Health Network, 420 Pacific peoples or 4% of enrolled Pacific peoples had a diagnosed cardiovascular condition. Another 732 Pacific peoples have been assessed as having a high risk of cardiovascular disease, or 7% of the enrolled Pacific population.

| People diagnosed with cardiovascular disease or assessed as high risk as at September 2019 | | | |
|---|---|---|---|
| | **Wairarapa** | **Hutt Valley** | **Capital & Coast** |
| 0–19 years | 266 | 101 | 9 |
| 20–64 years | 526 | 307 | 33 |
| 65+ years | 19 | 11 | 3 |
| **Total** | **811** | **419** | **45** |
| Percent of DHB Pacific population | 3.6% | 3.5% | 4.8% |

**Diabetes**

As at June 2018/19, there were 2,254 Capital & Coast Pacific peoples (10%) diagnosed with diabetes, 1,118 Hutt Pacific peoples (9%) and 59 Wairarapa Pacific peoples (6%). For more than half of Wairarapa Pacific people with diabetes (58%) their condition was well managed with their HbA1c levels less than 65 mmol. For Capital & Coast Pacific peoples, 49% had results indicating their condition was well managed, and 44% of Hutt Pacific peoples.

**People with diabetes as at June 2018/19**

| | **Pacific peoples with diabetes (PHO data)** | **Percent of total enrolled population** | | **Well managed condition: % HbA1c < 64mmol** | |
|---|---|---|---|---|---|
| | | **Pacific** | **Total** | **Pacific** | **Other (non Māori, non-Pacific)** |
| Capital & Coast | 2,254 | 10% | 4% | 49% | 67% |
| Hutt Valley | 1,118 | 9% | 5% | 44% | 63% |
| Wairarapa | 59 | 6% | 5% | 58% | 68% |

Produced in September 2020
by Hutt Valley District Health Board
Designed by Siobhan Murphy

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

HUTT VALLEY DHB

Capital & Coast
District Health Board
ŪPOKO KI TE URU HAUORA