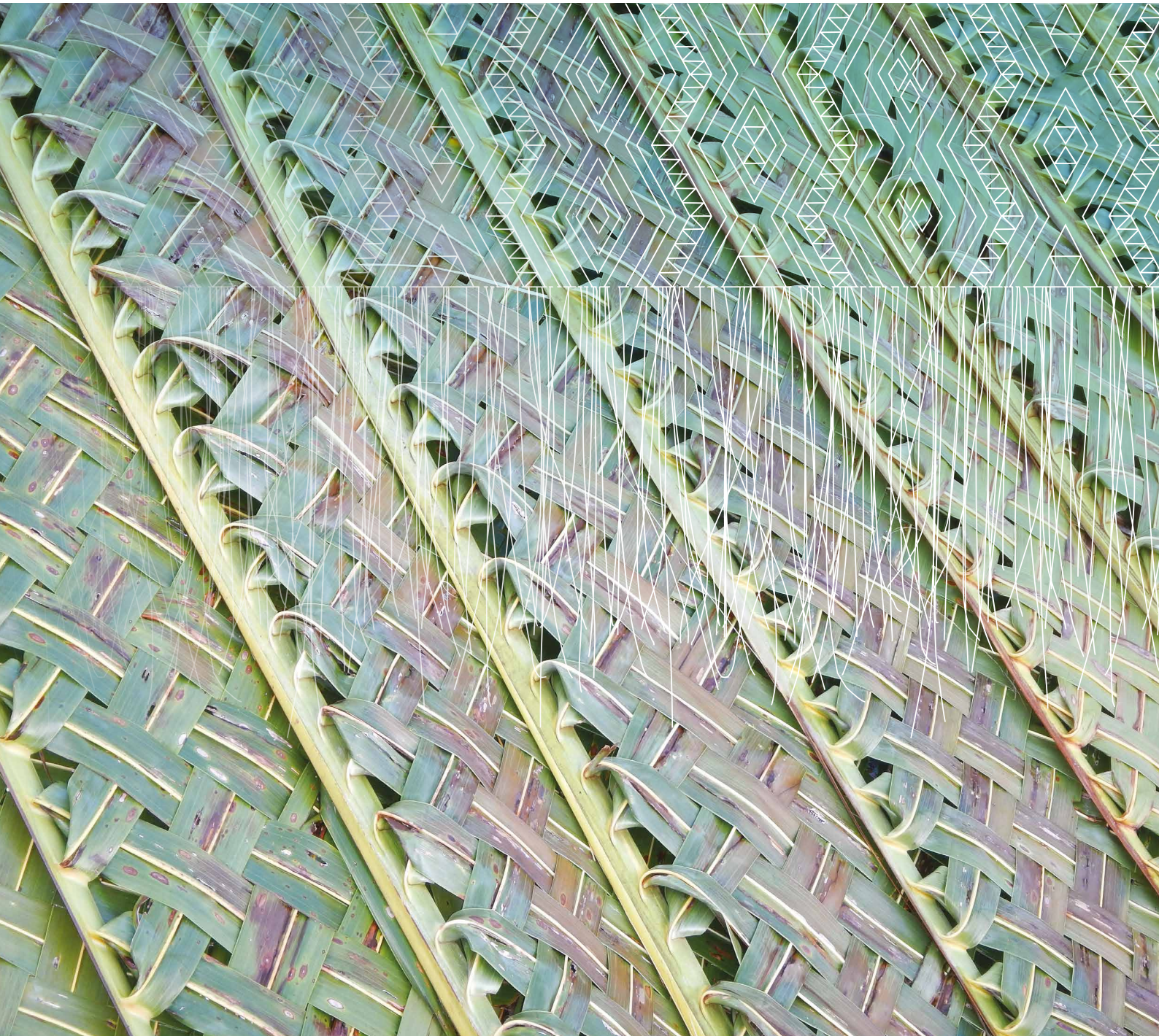


Ola Manuia **Interim Pacific Health Plan**

July 2022-June 2024





Cover image of palm-leaf weaving

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Introduction

The health and disability system reform is an important opportunity to ensure equity in our health system. We know that many areas of the health system are not working well for Pacific people, whānau, aiga, ngutuare tangata, kainga, famili, kāiga, magafaoa, vuvale and kaaiga (families) and communities. We have known about these problems for a long time. The persistent five-to-six-year gap in life expectancy between Pacific and non-Māori and non-Pacific people, has been demonstrated for at least 20 years.

Some parts of our system have responded. Our Pacific health providers have worked closely with communities to design services that reflect Pacific families and their lives. We have invested in more community owned and led health responses and have begun to engage with communities more meaningfully.

Over the next two years, we will embark on an exciting programme of work that will build and strengthen the foundations for Pacific health in the reformed system, while starting on a long-term path to address key Pacific health priorities.

These enablers and priorities were determined using the lessons we have learned from the COVID-19 pandemic, from what Pacific communities and the health sector have told us and following an in-depth health needs assessment.

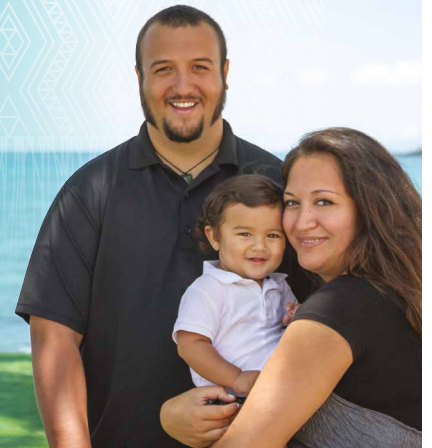
This plan provides more detail on Te Whatu Ora's approach to strengthening Pacific Health enablers and taking action on Pacific Health priorities.

The actions we take over the next two years will support Pacific families and communities to stay well and enable Pacific people to access the care they need more easily, where and when they need it.

To get there, we must continue the path forged by the COVID-19 pandemic: working together, investing together, learning together and achieving wellbeing together.

We have started to make gains for Pacific people through the efforts of communities and health workers across the country, and there are many excellent models across the country. Ola Manuia sets out the details of how we will build on those successes and make an even stronger contribution to a thriving, resilient and prosperous Pacific Aotearoa.

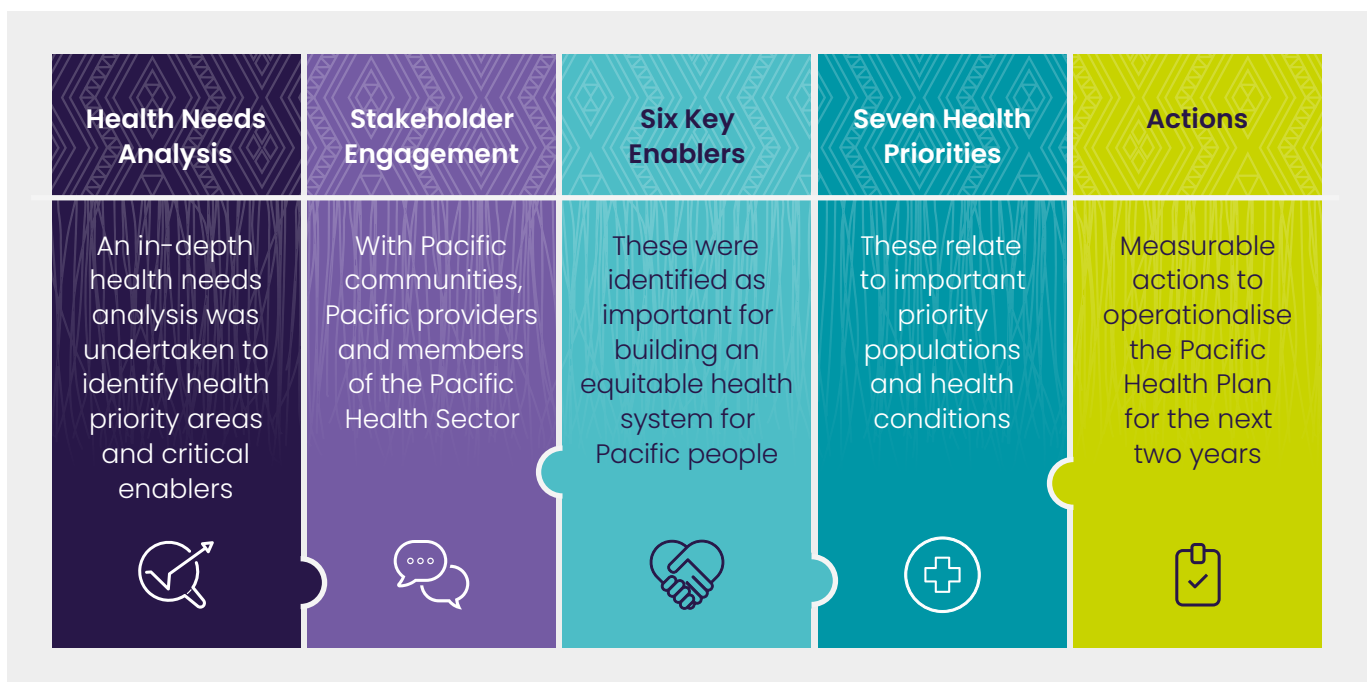
Development process



The development of Ola Manuia included an in-depth Pacific health needs analysis using health data, research and evidence, as well as insights from the Pacific health sector and communities, which have accumulated over many years and particularly so over the last two years as we have responded to the COVID-19 pandemic. A stakeholder engagement process was held in May and June 2022 across Aotearoa, which included 28 online and face-to-face

fono with Pacific health professionals, providers, community leaders and members of the Pacific rainbow, rural, mental health and disability communities.

Through this process, we identified six key Pacific health enablers to build critical Pacific health foundations and infrastructure, to accelerate gains in seven priority areas of Pacific health. Actions will be measured and monitored to ensure we continue to make progress for Pacific health equity.

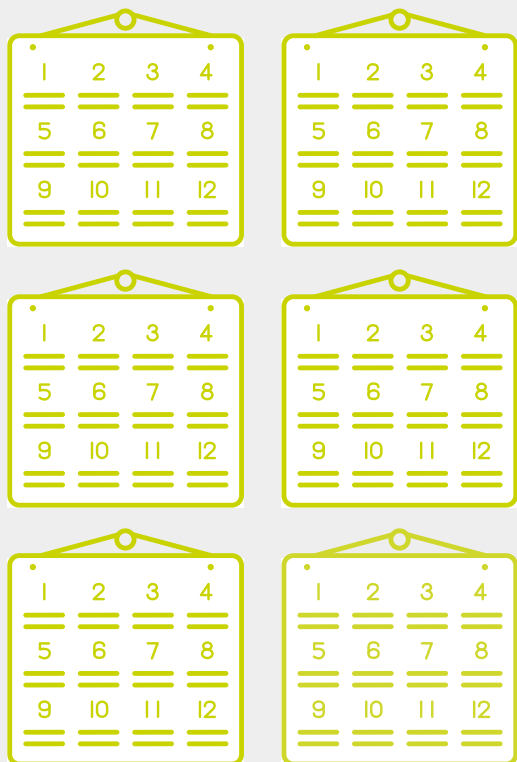




What the data is telling us

Pacific health inequities are observed throughout the lifecourse, from pregnancy and early childhood through to older age.

Non-Māori non-Pacific people **live 5-6 years longer than Pacific people**. This gap in life expectancy has not narrowed over the last 20 years.



Almost **half of deaths** for Pacific people are considered **amenable or preventable**. This demonstrates the important role of the health system in addressing health inequities.



- Preventable **10%**
- Amenable **12%**
- Amenable & Preventable **26%**

- More detailed data on Pacific health outcomes, which helped inform the development of Ola Manuia, is available in the Appendix.



What we have been told

What we have been told by Pacific communities and the health sector.

Pacific communities have told us they want:

A strong emphasis on prevention and the wider determinants of health

To be active leaders of their wellbeing, equipped with what they need to stay well

A strong voice in the health system and involvement in design and development of services

Access to their data and to know that we are using their health information well

Services that are high-quality, seamless, consistent and accessible

To feel confident, safe and respected when accessing services

To see themselves in the workforce and know those workers are valued and supported.

Pacific providers and members of the Pacific health sector have told us they want:

To build on the successes and lessons learnt during COVID-19

Strong emphasis on supporting, growing and increasing the capacity and capability of the Pacific health workforce

Support for integrated services and models of care that seamlessly address social and health needs

Adequate funding and resourcing for Pacific providers

Commissioning that is high-trust, flexible and outcomes-focused

Timely access to up-to-date data on Pacific people and communities and support to build their own data infrastructure.



A dual approach

Strengthening enablers and taking action on health priorities

Changes we will see over the next two years:

- Population health approaches and intersectoral collaboration will be an integral part of planning and decision-making, including consideration of the socioeconomic and wider determinants of health.
- Strong mechanisms will be embedded for Pacific families, communities and lived experience voice.
- A robust Pacific health data and intelligence function will be established to allow us to use the data we collect about Pacific people more effectively.
- Support and development of the Pacific health workforce, employing Pacific people in greater numbers and at more senior levels across the health system.
- Pacific provider support and development delivering more options for Pacific people across the country, who want to access a Pacific health provider.
- Gaps and missed care caused by the pandemic, including screening and immunisation, will be addressed for Pacific people.
- Improved access to new models of integrated primary health and social care for Pacific people, as part of localities development.

Pacific Health Enablers

BUILDING CRITICAL FOUNDATIONS

1

Population health
& intersectoral
collaboration

2

Community & lived
experience voice

3

Data & insights

4

Commissioning

5

Provider Development

6

Workforce Development



Pacific Health Priorities

ACCELERATING HEALTH GAINS

Mothers
& babies

Children
& youth

Older
people

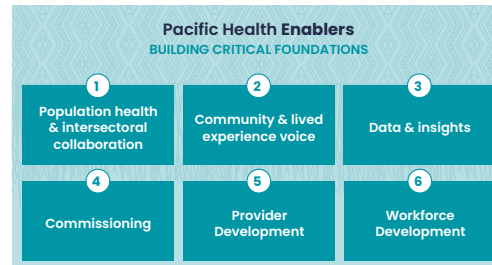
People with
disabilities

Mental health &
wellbeing

Long-term conditions
(cancer, gout, diabetes)

Pandemic
response

Pacific Health Enablers: Strengthening and building



1. Population health approaches and intersectoral collaboration

We will ensure population health approaches are embedded in the system and collaborate with other sector agencies to take action on the socioeconomic and wider determinants of health. Health is a key partner in the All-of-Government Pacific Wellbeing Strategy, led by the Ministry for Pacific Peoples.

2. Community voice

We will ensure the diverse voices of Pacific consumers, aiga and communities are heard and will implement robust mechanisms for these insights to be embedded throughout the health system.

3. Health data, intelligence and insights

We will establish a robust Pacific health data and intelligence function to ensure that Pacific health data is collected and used appropriately.

4. Commissioning

We will strengthen the dedicated Pacific commissioning function and build on the successes from COVID-19 to ensure commissioning with Pacific providers is high-trust, flexible and outcomes-focused and the needs and priorities of Pacific communities are reflected in commissioning across the health system.

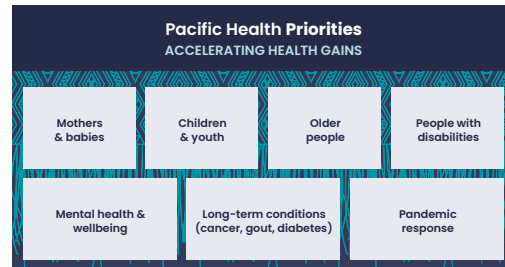
5. Pacific provider development

We will provide sustainable and equitable funding to enable Pacific health and disability service providers to grow and respond to current and future Pacific health needs.

6. Pacific workforce development

We will support and develop the Pacific health workforce to ensure Pacific people are represented equitably in all areas of the health system, including clinical, support and leadership roles throughout the health system.

Pacific Health Priorities: Accelerating health gains in priority areas



Priorities

- Mothers and babies.
- Children and youth.
- Older people.
- Tagata sa'ilimalo | Disabled people.
- Mental health and wellbeing.
- Long-term conditions, including cancer, diabetes and gout.
- Pandemic response, including addressing gaps and missed care over the last two years.

While strengthening Pacific health enablers, we will take action on known priority areas for Pacific health, ensuring we retain a focus on protecting Pacific communities from the impacts of COVID-19. These impacts include gaps that have appeared and widened over the pandemic, including: planned care, immunisation, cancer screening and the assessment and treatment of children's oral health.

We will also invest in a South-Auckland based pilot focused on prevention, early intervention and optimal treatment of diabetes and work with Te Aho o Te Kahu - Cancer Control Agency to support Pacific people diagnosed with cancer.

We will support research, insights and whānau-based models of care that are focused on Pacific mental health and wellbeing, mothers and babies, children and youth, older people and Tagata sa'ilimalo; the collective of families, carers and people with disabilities.



Specific actions

Specific actions we will take over the next two years (July 2022–June 2024)



Build a robust Pacific health infrastructure: leadership, community and lived experience voice, data and intelligence

1. Build on a national Pacific community and lived experience engagement framework to include and embed diverse Pacific voices into the health system

- a. Build on the Pacific community engagement framework in partnership with Pacific communities and relevant stakeholders to embed Pacific aiga and community voice into the reformed system.
- b. Strengthen and build on existing Pacific networks, and develop new networks where there are current gaps, that include churches and other community groups, to develop, support and implement the engagement framework.
- c. Support Pacific communities and providers to be active partners in the establishment of localities.

2. Establish a robust national Pacific health data and intelligence function

- a. Establish a highly-connected national Pacific Clinical Network to help support and mobilise the clinical workforce and create a forum where insights from frontline staff are systematically captured and used to inform quality improvement and service development.
- b. Establish a robust interdisciplinary health intelligence function within the Pacific Health team.
- c. Implement mechanisms to ensure that information is readily accessible for communities and providers to inform action and hold the system accountable.
- d. Commission research to support development of evidence-based care pathways and responsive models in priority clinical areas, including maternity and early years care, long-term conditions and mental health services.



Support strong Pacific commissioning and Pacific provider development

3. Resource regional Pacific Community Hubs so that Pacific providers can work together in an integrated way at local and regional levels

4. Co-create partnerships with new Pacific providers in growth localities that do not currently have a Pacific health provider

- a. Conduct feasibility studies for Hawke's Bay and South Island providers to expand into primary care.

5. Support the continuation of innovative models of care developed through the COVID-19 response

- a. Strengthen Pacific providers by investing in the infrastructure required to sustain innovative models of care.
- b. Assess how innovative models of care can be scaled up at different regional levels.
- c. Fund Pacific providers who implement models of Pacific aiga-centred care that integrate maternity, early years care, primary care, hospital and social service providers.

6. Enter into high-trust, flexible and outcomes-based contracts with Pacific providers based on a shared understanding of their needs and innovative approaches



Support and grow a strong Pacific health workforce

7. Develop a comprehensive Pacific Health Workforce Development Strategy to attract, train, strengthen, upskill and retain a growing Pacific workforce

- a. Work with the education sector to identify secondary and tertiary education barriers to Pacific health education and training, and the solutions to help.
- b. Invest in initiatives and activities supporting Pacific health providers' workforce capability and capacity development.
- c. Establish a programme to support the training and employment of Pacific nurse specialists in priority clinical areas of maternity and early years care and diabetes.
- d. Investigate options to increase General Practice Education Programmes 1 and 2 teaching practices within Pacific providers.



Advance Pacific health priority areas

8. Develop a Pacific whānau-focused diabetes integrated care model

- a. Evaluate current Pacific whānau-focused diabetes integrated care models, with a continuum of care from primary to high-quality specialist care, including screening, prevention, early treatment and management of eye, foot and kidney complications; and assess how these can be scaled up at different localities and regional levels.
- b. Invest in a South Auckland-based pilot over a four-year period that brings together Pacific communities and providers to deliver health promotion and community-based primary and secondary care focused on prevention, early intervention and optimal treatment of diabetes.

9. Support ongoing work across the sector to reduce current cancer health inequities of Pacific people and families

- a. Urgently address the decline in Pacific people's breast, bowel and cervical cancer screening rates and ensure Pacific people with a diagnosis get the care needed.
- b. Work with relevant Northern region health providers and health leaders to provide sufficient resource and ongoing support for a consistent approach to the early diagnosis and treatment of endometrial cancer.
- c. Work with Te Aho o Te Kahu to develop closer to home care principles for cancer patients and their aiga.

10. Support maternal mental health models of care for Pacific women

- a. Work with Northern region health providers, health leaders and researchers to develop maternal mental health models of care for Pacific women; to be implemented as part of Kahu Taurima.



Address the health needs of priority populations and urgently address care gaps that have appeared during the pandemic

11. Support Pacific providers to identify the health needs of priority communities

- a. Invest in resource providers to understand and address the needs of Pacific youth, LGBTQI, people with disabilities (tagata sa'ilimalo).
- b. Provide resources to improve primary care access for Pacific people with disabilities (tagata sa'ilimalo) and older Pacific people.

12. Ensure Pacific people and aiga are prioritised in the restart of planned care following the pandemic

- a. Work with Pacific and clinical leaders in regions and hospitals to ensure Pacific people waiting for general, orthopaedic, urological, ophthalmological and dental surgery are prioritised in the restart of planned care.

13. Work with health providers and sector leaders to address the health gaps and needs of Pacific children following the pandemic, with a focus on strengthening immunisation services and oral health with improved coverage

- a. Support the work of the Immunisation Taskforce to urgently strengthen a regional approach to immunisation services for all Pacific children and aiga, including COVID-19, MMR and influenza vaccinations.
- b. Support work, starting in the Northern region, for community oral health services to urgently address the gaps in care for Pacific children that have widened during the pandemic.



Appendix

Supplementary data from the health needs assessment

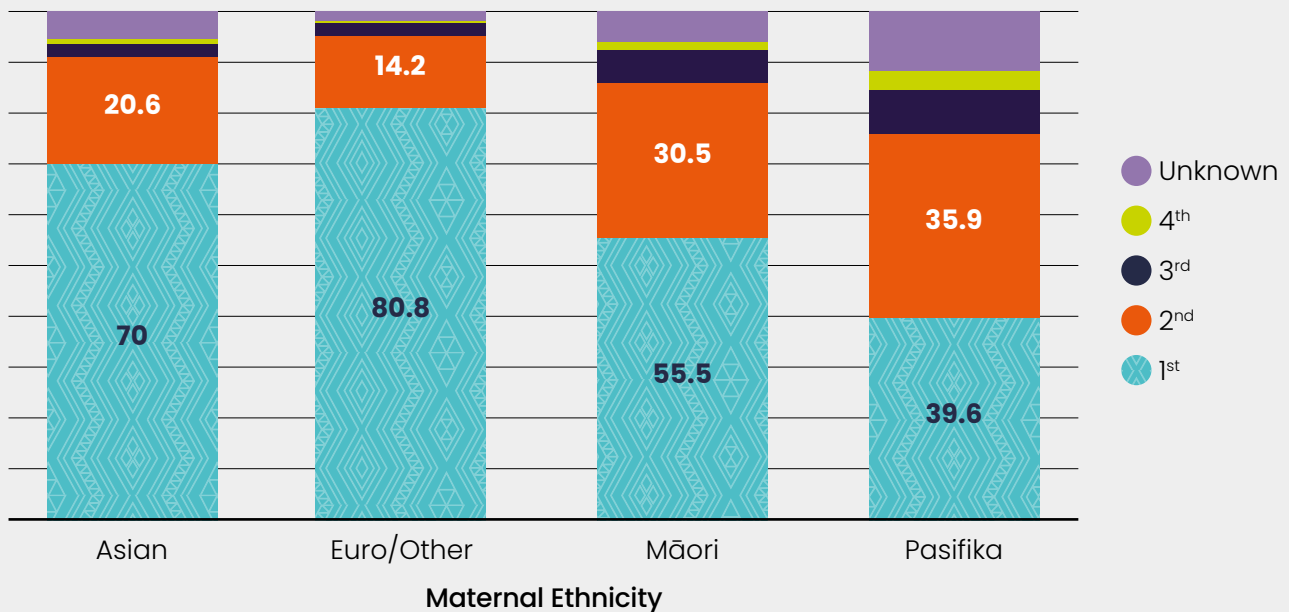
Mothers and babies

There are long-standing inequities in access to timely, high-quality antenatal care for Pacific women.

Registration with a lead maternity carer remains low for Pacific women, around 40% in the first trimester (compared to >80% for NZ European women) (Figure 1).

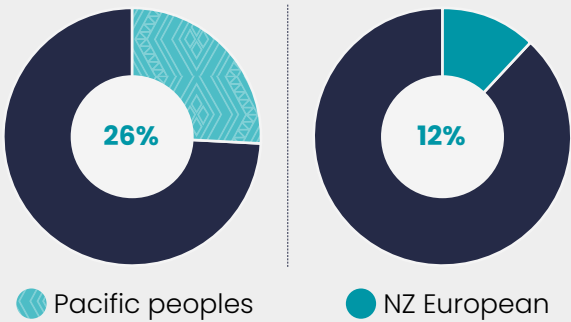
Missed opportunities for Pacific women in screening, early intervention and treatment during pregnancy lead to higher rates of stillbirths and neonatal deaths.

Figure 1: Trimester of Pregnancy women are first registered with a Lead Maternity Carer



Source: Maternal health dataset, 2021

26% of perinatal-related deaths for Pacific women are considered preventable, compared to 12% for NZ European women (Figure 2).



The main factors for perinatal-related deaths for Pacific women are:

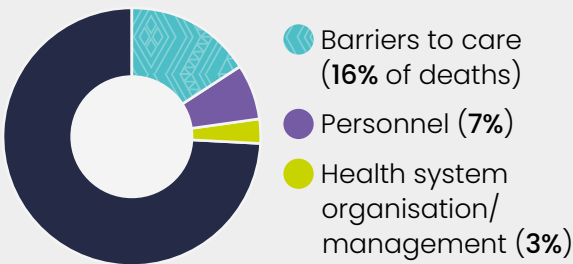
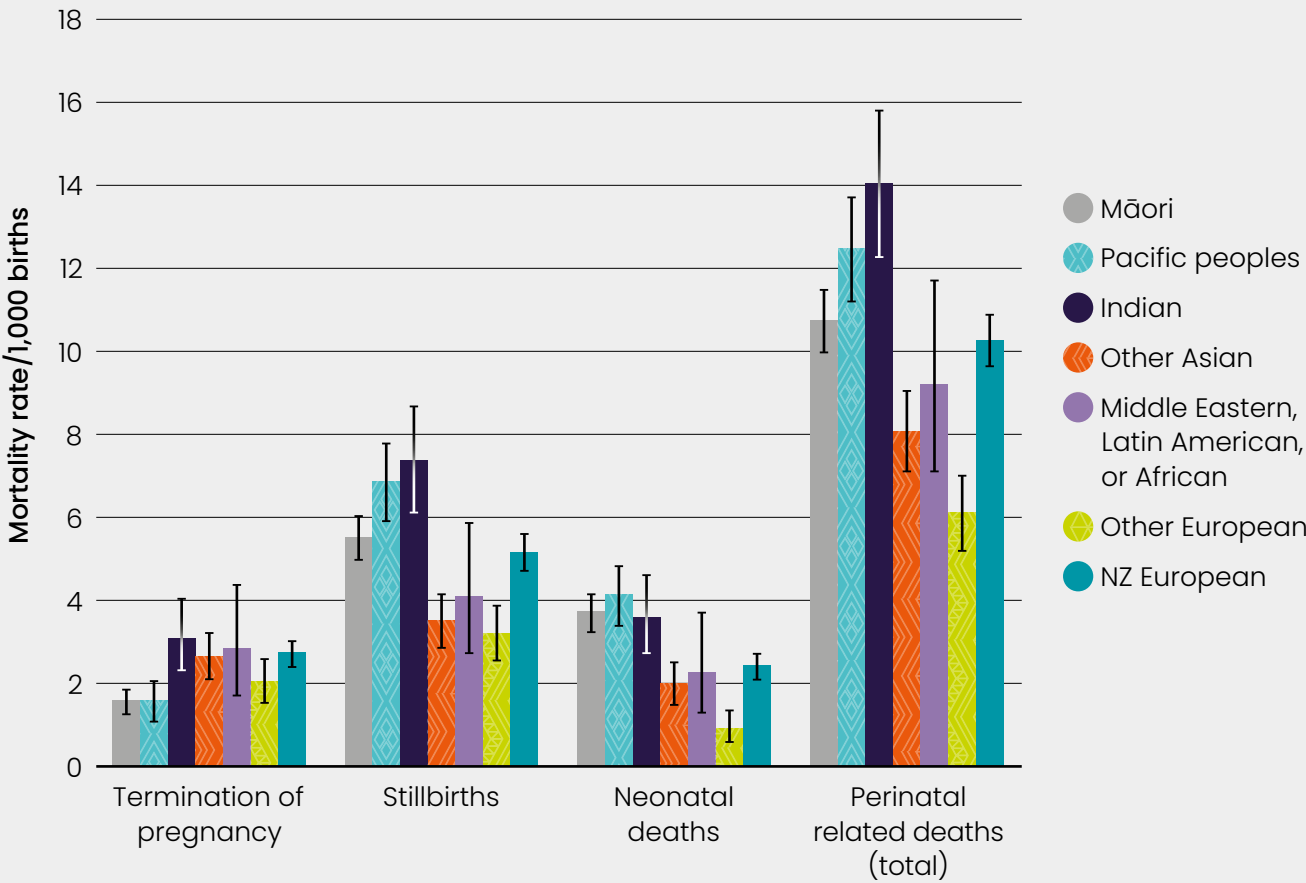


Figure 2: Perinatal related mortality rates, 2014–2018



Sources: Numerator: PMMRC’s perinatal data extract 2014–2018; Denominator: MAT births 2014–2018

Children and youth

There are important health inequities for Pacific children, which have worsened since the pandemic started

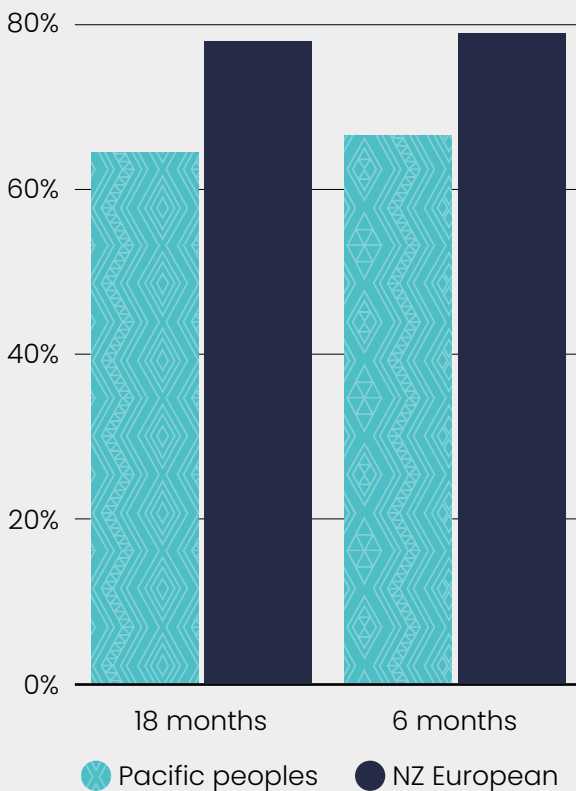
Immunisations

Childhood immunisation rates have decreased dramatically in the last 2 years. This is of particular concern, given that Pacific children were most affected by the 2019 measles epidemic (making up 40% of all children hospitalised). There remains a large immunisation gap for measles, mumps and rubella for Pacific children that has not yet been adequately addressed.

Ambulatory sensitive and avoidable hospitalisation rates

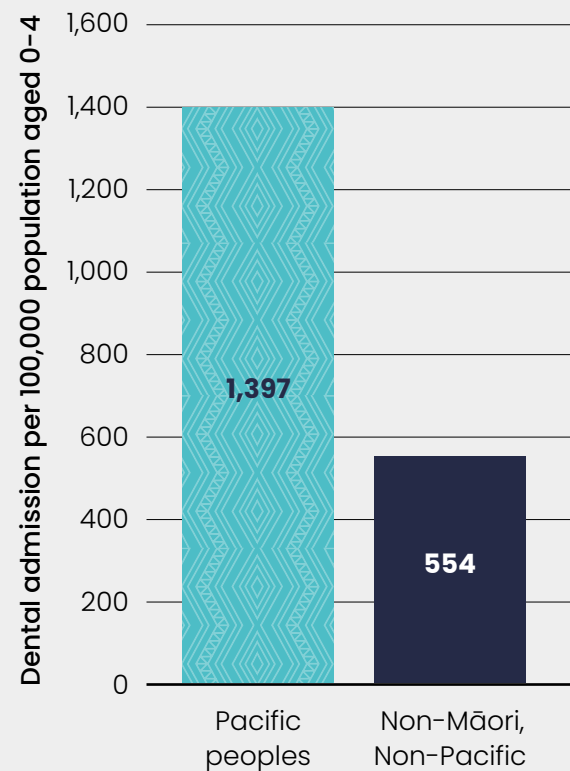
There are long-standing inequities in ambulatory sensitive and potentially avoidable hospitalisation rates for Pacific compared to non-Māori non-Pacific children, demonstrating significant gaps in access to and quality of community and primary care for Pacific whānau.

Figure 3: Immunisation coverage for six and 18 month-old children, by ethnicity, 2021



Source: Ministry of Health, 2021

Figure 4: Potentially avoidable dental hospitalisations, ages 0-4y, 2019-2020



Source: HQSC, 2021

Older people and people with disabilities – Tagata sa'ilimalo

There are significant data and knowledge gaps for Pacific older people and people with disabilities – Tagata sa'ilimalo

Pacific older people

Approximately 5% of the Pacific population is aged ≥ 65 , and another 10% are aged 55–64 years. There is evidence that Pacific people experience the onset of age-related and long-term conditions 10–15 years earlier than non-Māori non-Pacific people. There are still significant data gaps that will help us address lifecourse health inequities and ensure Pacific people age well and receive the care they need.

What we do know

There are low rates of aged residential care for Pacific older people. There has been little attention paid to the provision of culturally safe and affordable access to residential care for Pacific elders. However, in-home support and access to comprehensive care is limited.

NZ health data from 2021 showed newly diagnosed Pacific dementia patients:

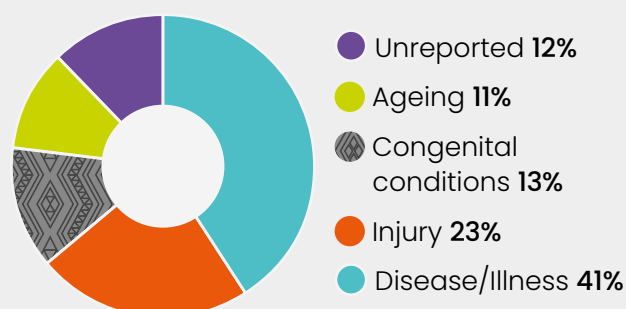
- were on average 5.3 years younger than NZ European patients
- had more comorbidities
- were more likely to be diagnosed with more severe dementia.

People with disabilities – Tagata sa'ilimalo

There is a lack of up-to-date data on patterns of disability, service use and quality, and levels of support for Pacific people with disability. What we do know:

- The most recent disability prevalence data comes from the 2013 New Zealand Disability Survey, which reported that 26% of Pacific people had a disability.
- The most recent data on the patterns of disability are from 2001 (see Figure 5). Many people reported experiencing disability from disease or illness (e.g. amputations from diabetes, joint damage from gout, hearing loss from infections). These forms of disability are preventable through access to good-quality preventive care and treatment.
- In the 2001 survey, 43% of Pacific people with disability reported mobility impairment as their main disability, and a further 11% reported hearing as their main disability.

Figure 5: Causes of disability, 2001



Mental health and wellbeing

There are many strengths and resiliency factors that promote and protect mental wellbeing among Pacific communities in Aotearoa including:

- high levels of social and cultural connectedness,
- spirituality and multilingualism, and
- lower levels of loneliness.

Current models of mental health care have not tapped into this potential that lives within Pacific communities.

Research with Pacific youth highlights challenges and opportunities for mental wellbeing. These opportunities can build on the diverse and innovative ways Pacific youth express their identity and activate their mental and physical wellbeing.

Key findings from the 2019 Youth Health Survey highlight the challenges with

Pacific young people of high school age indicating:

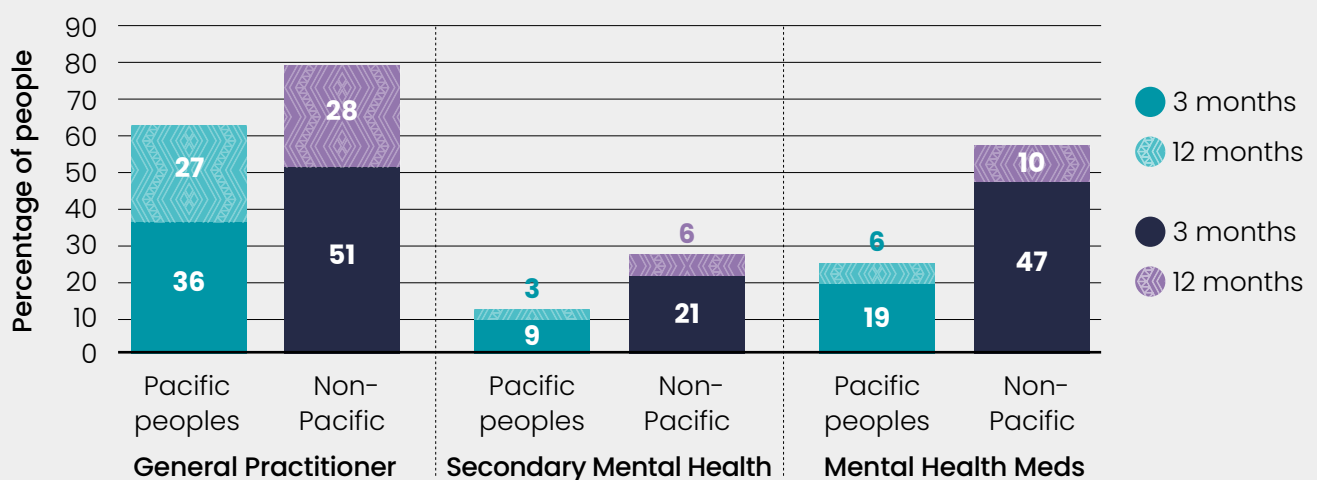
- Increasing prevalence of depressive symptoms and suicide attempts
- Higher prevalence of depressive symptoms at 25% compared with NZ European youth (20%)
- More likely to report suicide attempts (12%) compared with NZ European youth (3%).

Findings from the most recent Suicide Mortality Review Committee Report show that Pacific people of all ages who died by suicide from 2007–2017 were:

- Less likely to access health services.
- Less likely to be dispensed medication for mental health concerns.

These trends were more pronounced for Pacific youth.

Figure 6: Percentage of people who had contact with primary health or secondary mental health services in the 12 months before their suicide, by ethnicity, 2007–17



Source: Suicide Mortality Review Committee

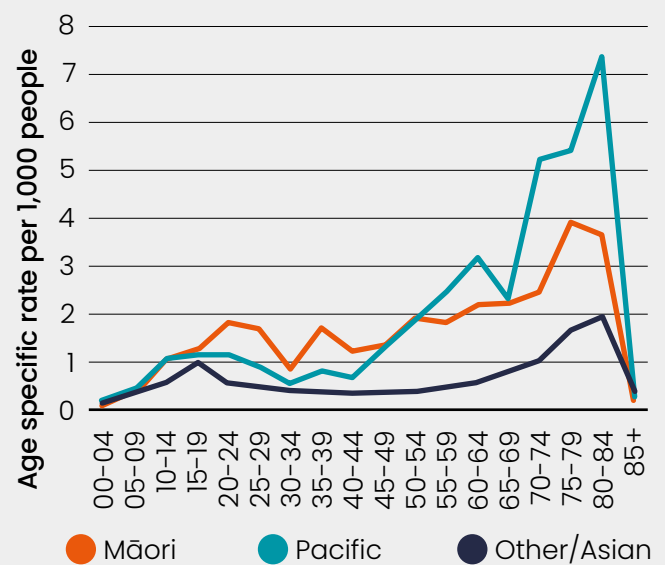
Long-term conditions

Diabetes

Compared to other ethnic groups, Pacific people have:

- The highest rate of diabetes
- Earlier onset of diabetes
- Inadequate management of glycaemic control
- Earlier and worse complications
- Higher hospitalisation rates.

Figure 7: Diabetes hospitalisation rates by ethnicity



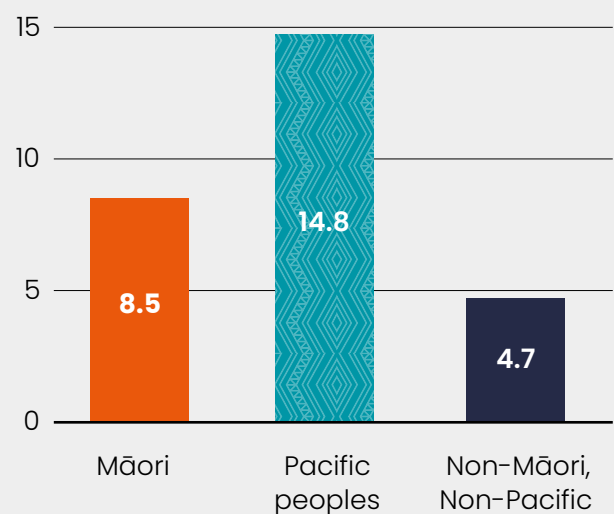
Source: National Minimum Dataset, 2021

Gout

Gout is a debilitating form of arthritis that can lead to permanent disability. 2021 Health Quality & Safety Commission (HQSC) data shows:

- Pacific people have the highest rates of gout.
- Prevalence for 20 - 44 years old is three to seven times higher for Pacific than non-Māori, Non-Pacific people.
- 50% of Pacific men over 65 years old suffer from gout compared to about 2 out of 10 non-Māori, non-Pacific men.
- Pacific people receive lower rates of preventative treatment.

Figure 8: Percentage of people aged 20+ with a diagnosis of gout



Source: HQSC, 2021. <https://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/gout/>

Cancer

Pacific people face inequities along the entire cancer pathway: from exposure to risk factors, through to screening, diagnosis, treatment and palliative care.

Pacific people are disproportionately impacted by cancer and are more likely to develop preventable cancers.

Cancers and cancer deaths are preventable through:

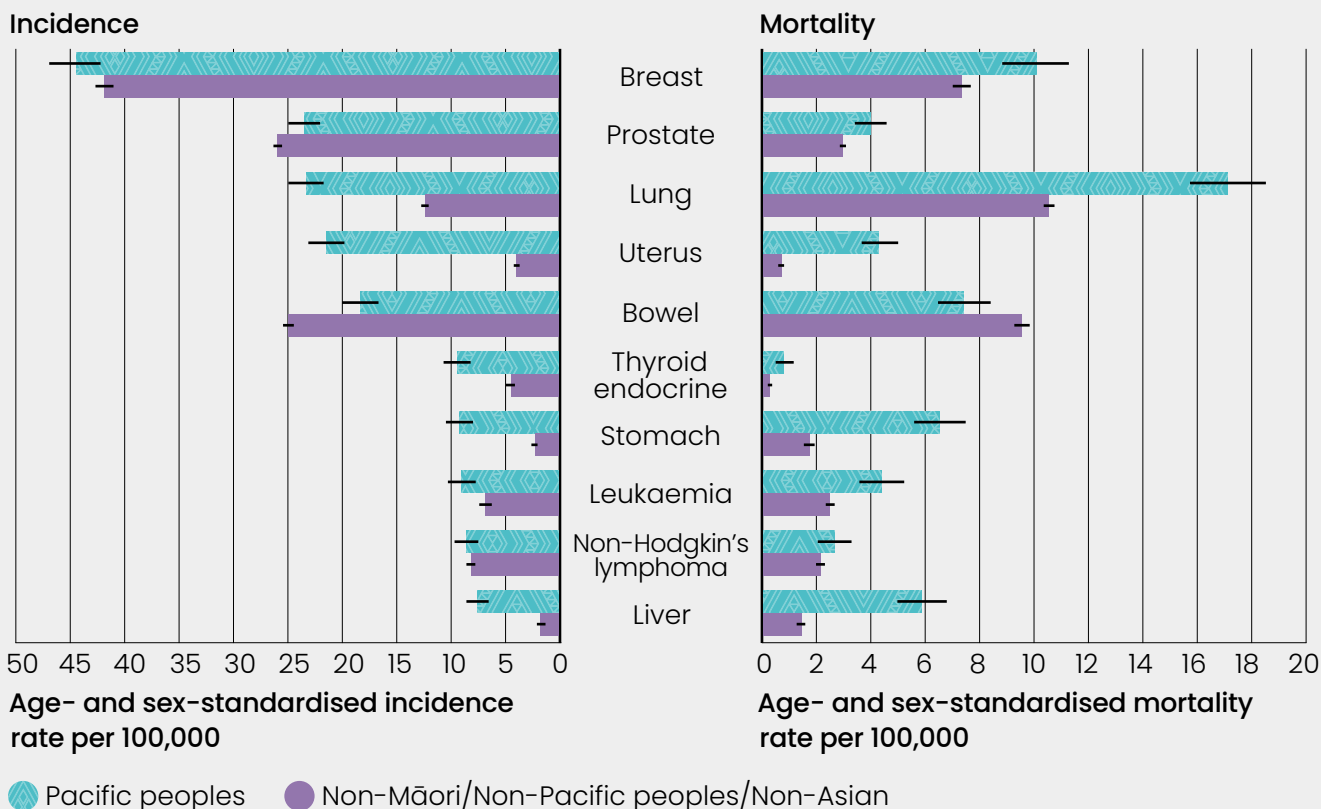
- reducing exposure to toxic agents (e.g. lung cancer)
- Preventing infections (e.g. liver, stomach, cervical cancers)

- improving access to early diagnosis and care (e.g. breast, bowel, uterine cancer).

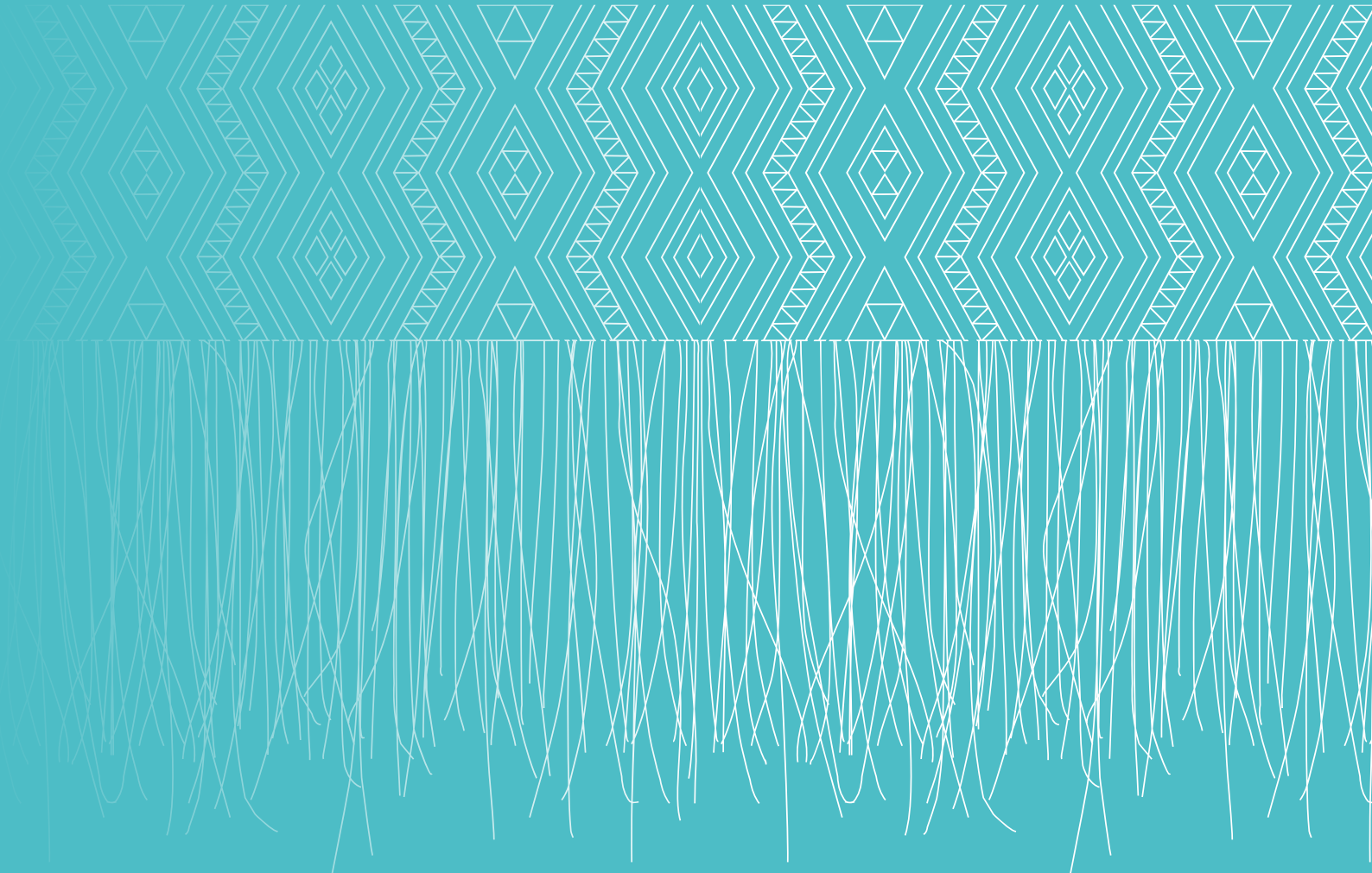
Screening programmes for cancers continue to deliver inequitably for Pacific peoples.

The Breast Cancer Foundation, for example, recently reported a significant relationship between a sudden decline in breast screening for Pacific women over the pandemic and an increase in breast cancer mortality.

Figure 9: Incidence and mortality rates by cancer type, 2007-2017



Source: Te Aho o Te Kahu, Cancer Control Agency, 2022



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