



IMPROVING THE HEALTH OF PACIFIC PEOPLE IN HAWKE'S BAY

PASIFIKA HEALTH ACTION PLAN 2014-2018

OUR VISION

“HEALTHY HAWKE’S BAY”

“TE HAUORA O TE MATAU-Ā-MĀUI”

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.

OUR VALUES / BEHAVIOURS

RĀRANGA TE TIRA – working together in partnership across the community

HE KAUANUANU – showing respect for each other, our staff, patients and consumers

ĀKINA – continuously improving everything we do

TAUWHIRO - delivering high quality care to patients and consumers

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Executive Summary

What is the Purpose of the Pasifika Health Action Plan for Hawke's Bay?

The Hawke's Bay District Health Board (HBDHB) and Te Oranga Hawkes Bay (HHB) have developed this plan to build on the work established in the Pasifika Health Action Plan 2012-2014. The plan identified initial actions to address inequities in the health status of Pacific people in the Hawke's Bay district. This plan is the next step and covers the four year period from 1 July 2014 to 30 June 2018.

The overarching goal is to have a healthy and strong Hawke's Bay Pacific community that is informed, empowered and supported to improve the management of their health and the health of their families. This will be reflected in consistent achievement of national health targets for the Pacific population and reduced inequities in health status between Pacific people and others in Hawke's Bay.

Pacific health is everyone's responsibility. There will be times when we do well, and times when we can do better. It is important to recognize that in times we can do better, we keep our eyes focused on the goal and improve the steps to get there.

Aligned to our vision and values/behaviours; this plan guides better health service responses to Pacific health needs through a collaborative approach with Pacific communities that will lead to improvements in health and wellbeing.

Pacific Health a National Priority

"Leading longer, healthier and more independent lives will enable Pacific peoples to enjoy their lives to the fullest, take advantage of educational and employment opportunities and participate fully in society." (Ala Mo'ui Pathways to Pacific Health and Wellbeing 2010-2014)

The Ministry of Health's "Ala Mo'ui Pathways to Pacific Health and Wellbeing 2010-2014" is the Government's key document for improving Pacific health outcomes. It is a tool for developing new and innovative methods of delivering results for money. It sets out the national priority outcomes and actions for Pacific health. The six priority outcomes are as follows:

1. Pacific workforce supply meets service demand.
2. Systems and services meet the needs of Pacific people.
3. Every dollar is spent in the best way to improve health outcomes.
4. More services delivered locally in the community and in primary care.
5. Pacific people are better supported to be healthy.
6. Pacific people experience improved broader determinants of health.

These priority outcomes are reflected in the current Pasifika Health Action Plan and remain priorities in moving forward.

Pasifika Health Action Plan 2011-2014 Highlights

The Pasifika Health Action Plan 2011-2014 has laid a solid foundation from which to develop further actions for improving Pacific health. This has revolved around creating a “Pacific team approach” to improving Pacific health, connecting and building relationships with the Pacific community, identifying what works and exploring innovative ways to support health promotion and Literacy. This is reflected in the highlights of the Pasifika Health Action Plan 2011-2014:

- Establishing the role of the Pacific Health Development Manager and a contracted Pacific Health Navigator to implement the plan
- Establishing a Pacific Health Workers Collective
- The achievement of health targets and reduced disparities for areas such as Breast and Cervical screening, Child Immunisation and Before School Checks.
- Creating innovative connections to the Pacific community through working with key Pacific community groups and leaders to deliver health promotion, health literacy and services in the community.
- Establishing a Pacific community database to support the direction, interaction and ongoing work between the health sector and the Pacific community
- The “Fathers, Sons, Brothers” targeted CVD screening campaign for Pacific and Maori in community settings, eg Churches, Community events such as Waitangi week end.
- 2011 Diabetes research and findings to integrate and support current Diabetes actions
- Pacific cultural training for community based nurses
- 2011 Reo Pasifika health radio programme for the Pacific community

Considerations in Moving Forward

What does good Pacific health look like?

Better collaboration with the Pacific community will enable a better understanding of Pacific perspectives on health and wellbeing. Reducing inequities and improving health outcomes for Pacific people is not possible without these perspectives.

Improving Pacific health will take time

Investing in Pacific health is a long term commitment. The Pasifika Health Action Plan 2 is a four year building block. At the core of improving Pacific health is the need for families, community groups and services to do things differently. Changing the way people, systems and services work to develop specific approaches for Pacific health is not easy, nor is the need to shift Pacific views and behavior about their health.

Targeted Pacific health as a whole of system approach

At the core of Pacific society is the family. Families play a significant role in the health and wellbeing of Pacific peoples collectively and as individuals¹. Healthy and strong families are the basis for successful Pacific communities in which individuals can grow and develop to their full potential². The Pacific family is made up of a number of nuclear families that form the extended family. Many Pacific families belong to traditional and non-traditional churches and the number

¹ Tiatia and Foliaki 2005

² Ministry of Pacific Island Affairs 2008

of families of mixed ethnicities is increasing. Within the family setting are the health issues that the health system needs to address. By working closer with families, the health system will gain a better understanding of how to ensure that services and models of care are appropriate for all Pacific families.

“Improving Pacific health will improve everyone’s health” Pasifika Health Leadership Group

The Hawke’s Bay health sector has a great opportunity to be at the forefront of Pacific health for the health sector as well as other government agencies. We will not only become better at what we do and how we do it, but we will be able to share our journey with others about how we support and empower the Pacific community to stand as healthy, vibrant and strong Pacific people making positive contributions to our society.

The Hawke’s Bay Health System

Transform and Sustain is the strategic direction for 2013-2018. Transform and Sustain recognises that:

“This will mean organisations need to work together with a focus on prevention, recognizing that good health begins in places where we live, learn, work and play long before medical assistance is required”

Hawke’s Bay Health System. Transform and Sustain p.10

The three key challenges for Transform and Sustain are:

1. Responding to our population
2. Delivering consistent high-quality health care
3. Being more efficient at what we do

The Pasifika Health Action Plan identifies what needs to happen specifically for Pacific people over and above the health sector initiatives developed in response to Transform and Sustain.

How Transform and Sustain relates to Pacific health

Responding to our Population

We must develop our capability and capacity to respond to the areas of greatest need among Pacific communities and families. This will not require a system overhaul but a system update to ensure that the framework planners use and implement is inclusive of a Pacific perspective and context.

Transforming our Engagement with Pacific

We must develop and improve our relationships and access to the Pacific community in church, aiga and community settings. It also means utilizing other settings such as early childhood centres and schools and exploring improving engagement opportunities such as Health Promoting Schools and Say Ahh.

Three fundamental elements in the pursuit of improving Pacific health are:

- He Kauanuanu– showing respect for each other, our staff, patients and consumers. This touches on Samoan values such as Le Va Fealoa’i- respecting the sacred place between people, and Fa’aaloalo- to show respect
- An ongoing need to develop an understanding of the Pacific community in Hawke’s Bay
- Recognizing and building on best practice, and developing areas needing further improvement

These elements have been embedded in the approach adopted for the Pacific Community Engagement Project³, the work of the contracted Pacific Health Navigator⁴ and the establishment of the Pasifika Health Leadership Group⁵. They provide the platform to develop strong working relationships between the health services and the Pacific community that will benefit both the planners and the users of the health system to be responsive to Pacific needs.

They build trust and establish dialogue with the health sector to better understand what matters most for the Pacific community and how in partnership we can develop actions to improve Pacific health for health issues that are affecting our community now.

Transforming Health Promotion and Health Literacy

How we shape health promotion and literacy for the Pacific community has the potential to benefit all health areas and primary care services. We must look at how messages can be aligned and based on aiga concepts. A collaborative health sector approach is needed to develop health promotion for the Pacific communities to identify the opportunities to transform What? Where? How? and Why? aspects of health promotion. When we engage in a Pacific setting we must be prepared and have health messages for the whole aiga that are also in respective ethnic languages.

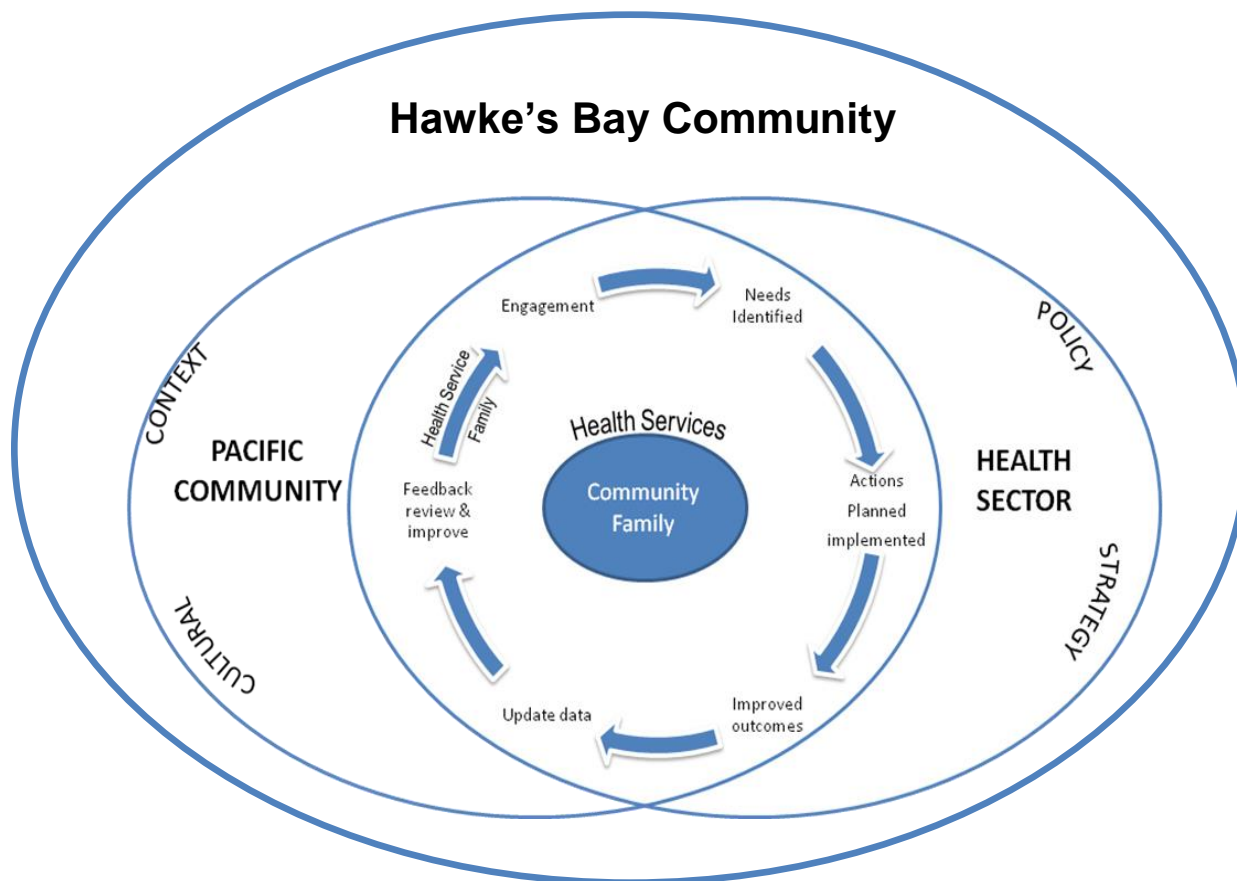
In a general practice setting, this may be as simple as welcoming people with a smile in an open and friendly manner.

³ Pacific Community Engagement Project (PCEP) - Building strong and effective relationships with Pacific community by providing health literacy and screening in Pacific churches and surveying church leaders to identify needs.

⁴ Pacific Health Navigator- A contracted role to implement PCEP and assist health services with health Pacific issues as they arise.

⁵ Pacific Health Leadership Group- Established in December 2013. The purpose of the PHLG is to provide appropriate advice to Hawke’s Bay DHB through the Community & Public Health Advisory Committee (CPHAC) to improve the health status of the Pacific people within the HBDHB area and reduce health disparities.

Diagram 1: Collaboration to Reduce Inequities and Improve Pacific Health



The diagram “Collaboration to Reduce Inequities and Improve Health Outcomes” provides an overview of how developing collaborative relationships to improve systems is the backbone of reducing inequities and improving health outcomes.

The Pacific aiga⁶ is at the core of the Pacific community and it is in this space that health services need to be connected. Once a process of engagement and developing relationships is established, health services together with aiga plan actions and responsibilities to address specific health issues that exist within each extended aiga. Actions are agreed upon, implemented, monitored and reviewed. The health service and aiga navigate the process together from start to finish.

For Pacific “cultural and context” we refer to the Fonofale model as developed by Fuimaono Karl Pulotu Endemann. The model emphasises the value of family, spirituality and culture that Pacific people embrace. The use of the HEAT tool is a key element in our work. Measuring its effectiveness for Pacific health and the capability required to use this tool will provide some key learnings for how we plan our Pacific interventions and ensure services are tailored for Pacific.

⁶ Aiga - Pronounced “Ah-ing-ah”. A Samoan word for family. Aiga consists of more than a mother, father, son and daughter. Aiga extends to a wider family group based on blood, marriage or adopted relationships.

The test of this model lies with the health system being prepared to manage increased demands that result from improved health promotion, health literacy and services tailored to Pacific needs. This requires leadership and vision at a strategic and management role to understand what needs to be done to prepare the system accordingly. Areas that need changing may include the way we communicate with the Pacific community, opening hours of services, cost, access, improving integrated models of care or having access to resources in a Pacific language.

Throughout the Pacific community we will establish our connections to Pacific aiga. The Pacific community will determine for us what approach is best for them and how, when and where to do it. Health services need to have a good understanding of Pacific to listen and respond where possible. This involves the continuation of structures to develop engagement and input of Pacific communities into service planning and delivery.

Transforming Patient Involvement

We must work hard to have a link into all ethnic groups across all aiga to ensure that the Pacific voice we have in health represents all ethnic groups and ages. Therefore we can connect with the Pacific community on important matters as and when ever needed, and they can voice their concerns in the same manner. Communication is ongoing, relationships are built on actions, are transparent and our relationships become sustainable.

Delivering Consistent High Quality Care

The common vision for the health sector is:

“Excellent Health Services working in partnership to improve the health and well-being of our people and to reduce inequities within our community.”

Transforming Patient Experience through better clinical pathways

We must improve the capability of services to work effectively with the Pacific people when and wherever they first access health care. We must also learn to capture positive patient experiences and share these with the Pacific community.

The achievement of health targets and reducing inequities in health areas such as breast and cervical screening, child immunisation and, rheumatic fever is a reflection that services in these areas are getting it right. We can learn from these areas and apply them in other areas of need.

For Pacific communities high quality care will also mean ensuring existing models of best practice are:

- Inclusive of aiga involvement
- Clear and concise and removes any communication barriers by having language support
- Embraces an understanding of the cultural and economical situation of each patient

We need to have a good understanding of the system and communicate this well to the Pacific community, especially the high users so that they can improve their ability to navigate the health system. Part of this will also involve empowering people to improve the management of their health and the health of the aiga. This will reduce the demand on services such as urgent care and out of hours hospital inpatient care.

Being More Efficient At What We Do

Delivering the right care to the right people in the right place, the first time for Pacific communities means in a place that Pacific people are comfortable with. This may be a church setting, a family house or at a lead health provider. The timing may also dictate that interventions are best held in the evenings or on the weekends. It also means developing an approach that develops and builds trust and relationships with the specific Pacific communities that live in Hawke's Bay.

The health sector must work closely with the Pacific Health Development Manager, the Pacific Health Navigator and the Pasifika Health Leadership Group. We have the potential to coordinate and develop new and exciting multi-agency initiatives as well as empowering our health sector with a better understanding of Pacific to become efficient in their work with the Pacific community.

We need to have a good understanding of the system from a user's perspective, and communicate this well to the Pacific community. We want high users to improve their ability to navigate the health system.

Part of this will also involve empowering them to improve the management of their health and the health of the aiga. This will reduce the demand on services such as urgent care and out of hours hospital inpatient care.

Transforming Urgent Care

Our feedback from the community and the findings in the report "Primary Care for Pacific People: A Pacific and Health Systems approach" indicate that the use of health services is determined by cost, being culturally competent; having language resources, flexible opening hours, Pacific lifestyles and the way how we structure and deliver our services.

For some Pacific ethnic groups going straight to ED for minor health issues is a way of life that is consistent with behaviour back home in the islands.

We need to have a good understanding of the system and communicate this well to our Pacific high users in order for them to navigate the system effectively. Health literacy is also important here. We need to empower people to manage their health and the health of the aiga better to reduce the demand on urgent care.

Addressing Our Challenges

Samoan saying

"Se'i lua i lou le 'ulu taumamao"

Pick the breadfruits on the far-off branches first. Do the most difficult first.

For Pacific health to improve, it requires everyone to be responsible and everyone to take action. The Pacific Health Development Manager, Pacific Health Navigator, Pasifika Health Leadership Group and Pacific Health Workers Collective are all key assets developed through the first Pasifika Health Action Plan that will help us to achieve this. They will help us plan and coordinate opportunities at all levels of the health system that will improve our capacity and capability to service the Pacific community. In doing so, we will become in tune and more responsive to our Pacific community.

Organisational Development

Workforce

Increasing the number of Pacific staff and capability and capacity of the existing workforce is a key area to develop over time. For any workforce area, be it clinical leadership, manager of services or existing nursing workforce, we need to develop a deeper understanding and appreciation of what motivates our Pacific community, and how through improving our knowledge we can be empowered to develop a workforce capable of working effectively with all ethnic groups in Hawke's Bay.

Health Information

Having the right information for the Pacific community also relates to knowing what community groups such as church, ethnic and aiga they belong to. It also involves knowing what forms of physical activity they are involved with, their economic situation, living conditions, language skills as well as financial obligations to the aiga and church groups.

This will assist to develop our messages at a face to face level understanding that we need to build our knowledge of our local Pacific community as part of the information strategy to underpin and complement Transform and Sustain.

Health information also means regular monitoring and reporting on health target areas in the Pacific dashboard to highlight what is working and should be shared, and also to highlight areas for improving the collating, sharing and use of information. Ala Mo'ui Pathways to Pacific Health and Wellbeing 2010-2014 suggest a focus is also placed to "monitor progress towards the Health Targets relating to immunisation rates, smoking cessation and services focused on diabetes and cardiovascular disease."

Implementation

A proposed Implementation Plan is contained in Appendix A.

Appendix A: Implementation Plan

The Implementation Plan has an annual focus to allow for flexibility for annual review and adapt where need be. It recognises that key intentions may change or be moved and allows for this. It creates a responsive framework to the implementation of the Pasifika Health Action Plan.

| Responding to our Population | | | |
|---|--|--|--|
| Actions and Activities | Key Tasks | Date of completion | Who |
| October 2014 Pacific Health Day with the Pacific inclusive of health areas: Child Health-Oral Health, Rheumatic Fever and Immunisation CVD Screening Diabetes Breast and Cervical Screening Healthy Lifestyles Mens health Womens health | Establish a team to plan the Health Day: include community input/resourcing. Invite other agencies to attend Team meets: Clarify roles and responsibilities and actions Communication Plan Develop information packages/ language resources for individual churches/community groups Actions and outcomes from the summit Develop an action plan post event | July 2014 August 2014 August 2014 September 2014 November 2014 Oct/Nov 2015 | Director of Population Health Pacific Health Development Manager to coordinate Publications and Website Manager Media & Communications Pacific Health Development Manager Director of Population Health |
| Develop Communication Plan for Pacific communities | <ul style="list-style-type: none"> • Ensure communication reaches all Pacific ethnic groups and languages • Communicate Pacific health stories to Pacific community groups • Communicate information about accessing primary care • Provide a platform for community feedback • Pacific Health Newsletter | August 2014 | Publications and Website Manager/Pacific Health Navigator |
| Transforming our engagement with Pacific | | | |
| Actions and Activities | Key Tasks | Date of completion | Who |
| Continue to provide health promotion and screening information to church groups, womens groups in community settings; eg schools, a'oga amata ⁷ | 6 weekly fono with established with womens groups for health promotion/activities | June 2015 | Population Health Advisory Team/HBDHB-HHB/Pacific Health Navigator |

⁷ A'oga amata- Promounced "Ah-or-Nga" Samoan word for Early Childhood Centre/ School, also known as Language Nests.

| Being more efficient at what we do | | | |
|---|---|---------------------------|--|
| Actions and Activities | Key Tasks | Date of completion | Who |
| Coordinate a Health Promotion/ Health Literacy plan for the Pacific community inclusive of: Child Health-Oral Health, Rheumatic Fever Immunisation Before School Checks CVD Screening Diabetes Breast and Cervical Screening Healthy Lifestyles Mens health Womens health-Breast Feeding Coordinate the implementation of the Integrated Community & Primary Health Care Plan to deliver for Pacific community | <ul style="list-style-type: none"> • Coordinate with HHB and the Population Health team to develop a health calendar/promotion plan for Pacific health based on the key target health areas • Include the support of HPA and the Health Promotion Forum • Seek Pacific patient involvement to shape the health calendar and actions within the calendar • Communicate the work to respective health areas, workforce and community <ul style="list-style-type: none"> ○ Establish a calendar for regular monthly or 6 weekly face to face opportunities with Pacific women's groups and family groups ○ Health services and health areas are supported to ensure presentations are tailored for face to face opportunities with Pacific women's groups and family groups, eg include cultural context, language resources, open conversation and seek audience participation ○ Include the Brothers Champions and their aiga where opportunities arise for Pacific health messaging. Plan with HHB Pacific interventions and development of services and models. Implement actions. | September 2014 | Team Leader, Health Advisory Team/HHB Health Promotion Manager |
| | | September 2014 | Pacific Health Navigator |
| | | As per meeting schedule | Pacific Health Navigator |
| | | June 2015 | Service Redesign Manager, Primary ⁸ Pacific Health Development Manager |

⁸ Management teams of HBDHB and HHB

Delivering Consistent and High Quality Care

| Actions and Activities | Key Tasks | Date of completion | Who |
|---|---|-------------------------|---|
| Establish annual targets and actions to reduce inequities and measure improvement/ performance | <p>Health areas are collecting, monitoring and reporting on data and their actions to reduce inequities for Pacific health for:</p> <ul style="list-style-type: none"> • Access to Care • Before School Checks • Oral Hygiene • Immunisation • Rheumatic Fever • Mental health and addiction • CVD • Diabetes • Cancer-Breast and Cervical screening • Breast feeding • Smoking cessation • Workforce Development | Quarterly/Annual Report | <p>Managers of respective health areas working with Pacific Health Development Manager</p> <p>Operational Performance Analyst</p> |
| <p>Create a workforce plan for nursing and midwifery</p> <p>Health, nursing and midwifery opportunities are promoted to the Pacific community</p> <p>Gather data to show existing workforce</p> <p>Support the health sector to work better for Pacific health to improve capability and capacity</p> | <ul style="list-style-type: none"> • Gather data • Cultural competency training is delivered to nursing and midwifery staff • Collaboration with EIT/Incubator/and WINTEC to establish support networks for Pacific students and communication with the Pacific community • Cultural competency opportunities are created and delivered for management staff and doctors of health services with high Pacific numbers enrolled • Pacific nurses and midwives are supported to have regular input and involvement in the Pacific Health Workers Collective <p>Develop professional cultural competency learning opportunities for the health sector eg.</p> <ul style="list-style-type: none"> • For Board members, Committee members • For Managers and Planners at a strategic, planning and funding level <p>For the health sector workforce who work directly with the Pacific community and families</p> | July 2015 | <p>Workforce Analyst</p> <p>Chief Nursing Officer</p> <p>Midwifery Director</p> <p>Pacific Health Development Manager</p> <p>Pacific Health Development Manager</p> |

Glossary of Terms

| | |
|-------------------------------|--|
| Aiga- | Pronounced “Ah-ing-ah”. A Samoan word for family. Aiga consist's of more than a mother, father son and daughter. Aiga extends to a wider family group based on blood, marriage or adopted relationships. |
| A'oga amata- | Pronounced “Ah-or-Nga”. Samoan word for Early Childhood Centre/ School, also known as Language Nests. |
| Inequities | Improving the health status of one population group compared to another. Assuring that all groups have equal opportunity for optimal health, especially those in society who are most disadvantaged through historical, contemporary injustices and socio economic disadvantage. |
| Health inequity | The absence of systemic disparities in the health (or its social determinants) between more and disadvantaged groups. |
| Social determinants of health | The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. |