

# Ola Manuia

Pacific Health and Wellbeing  
Action Plan 2020-2025

*Thriving Pacific families in Aotearoa New Zealand*

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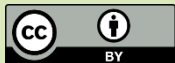
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MANATŪ HAUORA



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New Zealand Government

# Ola Manuia

Pacific Health and Wellbeing

Action Plan 2020-2025

# Associate Minister's foreword

**Malo e lelei; talofa lava; kia orana; fakaalofa lahi atu; talofa; malō ni; ni sa bula vinaka; tēnā koutou katoa and greetings.**



I am pleased to present Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 (Ola Manuia).

‘Ola manuia’ means ‘living well or in wellness’ in a number of Pacific languages. This plan sets out the priority outcomes and accompanying actions for the health and disability system for our Pacific peoples over the next five years.

Improving the health and wellbeing of New Zealand’s vibrant and growing Pacific population sits at the heart of this plan. We will know we are succeeding when Pacific families are thriving in Aotearoa New Zealand – a vision that is based on aspirations and ideals we heard from Pacific peoples across the country through a series of talanoa (discussions) that helped shape the focus and priorities you now see woven throughout the pages that follow.

Achieving this vision requires a shared commitment to supporting Pacific peoples’ aspirations to live and thrive in healthy and safe environments, as well as the Government’s goal of achieving health equity for Pacific peoples. No individual or agency can achieve this alone – making the collective delivery of Ola Manuia as important as the collective process through which it was developed. Here, in particular, I would like to acknowledge the contribution of our Pacific health and disability workforce and service providers, who work passionately and tirelessly for the benefit of the communities they serve.

Achieving Pacific health equity is about addressing the cause. It is about improving how Pacific peoples are treated when they access services, and it is about getting the level of engagement, and quality of care and support, right.

We have made some strong progress over the years under previous national plans, such as Ala Mo’ui: Pathways to Pacific Health and Wellbeing 2014–2018 (Ministry of Health 2018) – particularly in the areas of general practice enrolments of new borns, immunisation coverage and cervical screening. We have also seen improvement in access to services, which is an encouraging reminder of the difference that small innovations can make. However, Pacific peoples continue to experience long-standing and unacceptable health inequities. Too many Pacific children and adults end up in hospital with preventable health conditions and complications from those conditions that could be better managed at home, in their community.

Health inequities are complex, multifaceted and often intersect with poor socioeconomic status. Ola Manuia highlights the range of factors that impact on Pacific peoples’ health – primarily education, housing, income, employment and culture. It focuses on a collective cross-government and intersectoral approach, requiring more effective collaboration within the health and disability system and between the health system and the social, housing, employment and education sectors. It challenges us to do things differently in order to realise the best outcomes for Pacific peoples.

We have developed a suite of actions across government that bring culture and care together to create the necessary environments and conditions needed to improve health equity for Pacific communities. For instance, increasing Pacific peoples' awareness about the link between housing and health, alongside improved services to support greater housing quality and home ownership pathways. This cross-government approach takes shape through a range of local and national health and wellbeing actions and initiatives that are linked through a range of cross-agency plans, such as Aotearoa Vision: Peace Through Compassion, Lalanga Fou (Ministry for Pacific Peoples) and the Pasifika Education Action Plan (Ministry of Education).

Through *Ola Manuia*, we want to ensure our Pacific population is living well and thriving. We want to empower Pacific peoples so that they can make informed choices and get the best health care, support and services when they need them. We need to make sure the environments that Pacific peoples live, work and play in are safe and healthy. We want to ensure the whole government is able to respond appropriately and to develop solutions with Pacific communities.

I would like to thank everyone who has contributed to the development of *Ola Manuia*, especially our vibrant and growing Pacific peoples. Your contribution is invaluable.

It is my hope that the shared commitment and contribution that went into creating this document will also characterise the collective opportunity we now have to turn the aspirations outlined within these pages into a shared reality.

**Hon Jenny Salea**

Associate Minister of Health

# Director-General of Health's foreword

**Malo e lelei; talofa lava; kia orana; fakaalofa lahi atu; talofa; malō ni; ni sa bula vinaka; tēnā koutou katoa and greetings.**



I would like to acknowledge our Pacific communities for sharing their aspirations for better, fairer and more equitable health outcomes. As we well know, Pacific communities are often over represented in negative health statistics. We are working hard alongside Pacific communities and providers to change this.

*Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 (Ola Manuia)*, which was developed alongside these communities, will be a key part of delivering a health system that recognises and reflects the health and wellbeing aspirations of New Zealand's Pacific communities. Achieving equity is at the heart of this document. I am grateful to everyone who has contributed to it.

As steward of the health and disability system, the Ministry of Health's (the Ministry's) role is to bring together people, providers and health institutions to deliver for all New Zealanders. *Ola Manuia* provides a blueprint for this by focusing on:

- recognising and supporting the cultural shifts that need to happen to lift outcomes for Pacific peoples
- working with, for and alongside Pacific health providers and community groups to reflect a Pacific equity lens throughout the health system
- ensuring equity remains at the heart of everything the health system does to care for New Zealanders.

I recognise that we still have some way to go, but we are committed to meeting the aspirations set out in this document. This will require all parts of the health system, from the Ministry and district health boards through to grassroots Pacific community groups, to work together to design and deliver services that reflect Pacific values. *Ola Manuia* is an important step toward achieving this.

I look forward to adding my support alongside yours as we endeavour to deliver a health system that achieves greater equity together.

**Dr Ashley Bloomfield**  
Director-General of Health

# Acknowledgement

The Ministry of Health (the Ministry) acknowledges and appreciates the Pacific communities and wider health sector who contributed to the development of *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*. We thank each one of you for your willingness to share your personal stories. Your passion and desire for a better health system for yourselves and your families was evident. The Ministry also acknowledges the input and efforts of our health partners: the district health boards, Pacific health providers, primary health providers, and non-Pacific providers and the education and social services sectors. The Ministry would also like to acknowledge the steering group of *Ola Manuia* for its invaluable advice and support.

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The background is a vibrant green color with a complex, repeating pattern. The pattern consists of interlocking geometric shapes, primarily squares and rectangles, creating a maze-like or labyrinthine effect. Overlaid on this geometric pattern are stylized floral motifs, specifically four-petaled flowers or leaves, which are also rendered in a slightly lighter shade of green. The overall aesthetic is modern and culturally inspired, likely reflecting Pacific Island art and design.

**Introducing Ola Manuia:**  
Pacific Health and Wellbeing  
Action Plan 2020–2025

## Purpose

*Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 (Ola Manuia)* is a guide for the health and disability system and other government agencies in supporting Pacific peoples to thrive in Aotearoa New Zealand.

All parts of the health and disability sector are responsible and accountable for improving Pacific health outcomes and achieving health equity. *Ola Manuia* is a tool to help inform the Ministry of Health (the Ministry), district health boards (DHBs),<sup>1</sup> Pacific non-governmental organisations (NGOs) and primary health care, community health and social services providers when they are planning and delivering health and disability services for Pacific peoples in Aotearoa New Zealand. The Ministry will also use *Ola Manuia* to monitor and evaluate system performance.

*Ola Manuia* identifies priority areas and where resources can be focused, as well as high-level actions that will contribute effectively to improving health and wellbeing for Pacific peoples.

### Achieving equitable health and wellbeing outcomes for Pacific peoples

Achieving equitable health outcomes for Pacific peoples is at the heart of *Ola Manuia*.

The Ministry defines health equity as:

*differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes. Health equity is an enabler of wellbeing and is a critical component in rebalancing approaches and resources to meet different needs. (Ministry of Health 2019c, page 21).*

<sup>1</sup> DHBs could use *Ola Manuia* to guide the implementation of their operational policy frameworks.

For its part, the Health and Disability System Review: Interim Report says:

*Of all ethnic groups in New Zealand, Pacific peoples are amongst those most affected by inequities in the socioeconomic determinants of health, including living in areas of high socioeconomic deprivation, being unemployed, and having low weekly earnings ... These factors can affect health directly (for example, through damp, cold, and overcrowded conditions, which increase the transmission of infectious diseases) and indirectly (for example, by limiting opportunities to engage in health-promoting behaviours) (HDSR 2019, page 25).*

Equity in health outcomes, particularly for Māori, Pacific peoples and low socioeconomic groups is a Ministry-wide priority. The Ministry is focused on continuing to build its own capability to address health equity for Pacific peoples. *Ola Manuia* guides a proactive and collaborative approach to ensure equity issues are central to all aspects of the Ministry's role.

### A whole-of-government approach

However, *Ola Manuia* also recognises that the health and disability system alone cannot achieve the gains needed to improve Pacific peoples health and wellbeing. The World Health Organization (WHO) confirms that health is heavily influenced by the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life (CSDH 2008).

Services and programmes targeting Pacific peoples must consider the environment in which Pacific peoples live and the structural and system biases that impact equitable outcomes for Pacific peoples. Measures to promote and protect the health and wellbeing of Pacific peoples must extend beyond the health and disability system. Effective collaboration, co-ordination and intersectoral leadership at the central-government level and among health and social agencies is essential.

## How we developed *Ola Manuia*

The Government's overarching goal of achieving equitable outcomes for all and health priorities to improve child wellbeing; mental wellbeing; wellbeing through prevention and population health outcomes supported by a strong and equitable health and disability system and primary health care are the building blocks of *Ola Manuia*. *Ola Manuia* also builds on the successes of the previous Pacific health action plan, *'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018* (Ministry of Health 2014).

The feedback and perspectives of Pacific communities were important in developing *Ola Manuia*. Talanoa (discussions) with Pacific communities identified the following key areas for improvement.

- Health literacy and health information
- The cultural practices of the workforce
- Communities' involvement in service design, planning and delivery
- Understanding the negative and positive impacts of Pacific cultures on the health and wellbeing of Pacific peoples
- Investment in Pacific leadership and workforce
- Addressing mental health and addictions issues
- The way that the health and disability system responds to the health of Pacific peoples
- Addressing environmental and social factors that affect the health and wellbeing of Pacific peoples.

(See Appendix A: Summary of themes from talanoa with Pacific communities and the health sector for more details.)

*Ola Manuia* acknowledges health inequities for Māori as tangata whenua of Aotearoa New Zealand. *He Korowai Oranga: The Māori Health Strategy* is the health and disability system's guide to improving Māori health and realising pae ora – healthy futures for Māori.<sup>2</sup> Through its activities, *Ola Manuia* will also advocate, support and contribute to He Korowai Oranga objectives to improving Māori health outcomes.

<sup>2</sup> See Ministry of Health, Māori health, He Korowai Oranga at: [www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga](http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga)

# Pacific peoples in New Zealand

**‘Pacific peoples’ is a collective term used in New Zealand to recognise the diversity of nationalities, ethnic groups and languages of people deriving from the Pacific Islands. It relates to a population made up of more than 16 culturally and linguistically distinct ethnic groups.<sup>3</sup>**

The Pacific population in New Zealand is youthful. More than one-third of all Pacific people are under 15 years of age, and of the nearly 380,000 Pacific people currently living in New Zealand, 60 percent were born in New Zealand. The population is also concentrated in urban areas, with around 66 percent of Pacific people living in the Auckland region.<sup>4</sup>

The Pacific population is growing and becoming increasingly diverse. Twenty percent of Pacific people (40 percent of Pacific children aged 0–4 years) identify with more than one ethnic group (compared with 7 percent of non-Pacific people). Many also identify with both ancestral Pacific Island homelands and contemporary New Zealand values and cultural practices.

Despite this diversity, enduring cultural values are shared among Pacific groups. These values include the importance of family, collectivism and communitarianism, spirituality, reciprocity and respect (Pacific Perspectives 2019). Weaving these cultural contexts, world views and understandings of holistic health and wellbeing (tightly linked to family, community and the environment) into the delivery of health services is recognised to be fundamental to quality care for Pacific peoples.

## Socioeconomic inequities

Evidence shows that socioeconomic inequities experienced by Pacific peoples in New Zealand, particularly financial and housing challenges, have significant negative impacts on their health and wellbeing.

Pacific peoples are more likely than other ethnic groups to live in neighbourhoods of ‘high deprivation’ (Ministry of Health 2019a). Twenty-four percent of Pacific people (compared with 8.5 percent of Europeans) report not having enough money to meet their everyday needs (Pacific Perspectives 2019).

Housing issues have been a persistent socioeconomic determinant of poor health outcomes for Pacific peoples. Results from the 2018 Census show that around 4 in 10 people in the Pacific population live in crowded households in New Zealand and 40 percent of Pacific people (compared with 18 percent of Europeans) live in homes that are always cold.<sup>5</sup>

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*‘The environment we live in contributes to whether our Pacific people achieve good quality health.’*

– Onehunga community participant

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<sup>3</sup> Samoan, Tongan, Cook Islands Māori, Fijian, Niuean, Tuvaluan and Tokelauan are the largest Pacific ethnic groups in New Zealand.

<sup>4</sup> This covers the catchment of the three Auckland DHBs – Waitemata, Auckland and Counties Manukau.

<sup>5</sup> See Stats NZ, 2018 Census at: [www.stats.govt.nz/2018-census/](http://www.stats.govt.nz/2018-census/)

## Health outcomes and inequities

Pacific peoples in Aotearoa New Zealand experience significant inequities and have poor health outcomes. Life expectancy for Pacific peoples is 5 years lower for males and 4.5 years lower for females compared with the rest of New Zealand's population. Most of these outcomes should be able to be changed and most can be avoided.

Poor health outcomes and inequities for Pacific peoples can largely be attributed to long-term conditions, such as cardiovascular disease, diabetes and cancer. High rates of long-term conditions are experienced by Pacific peoples at a younger age and the prevalence of multimorbidity<sup>6</sup> is increasing.

Pacific adults have disproportionate rates of risk factors, such as obesity, smoking, alcohol use, physical inactivity and psychological distress. Obesity rates for Pacific adults and children are the highest in New Zealand. Pacific adults are 2.5 times more likely to be obese compared with non-Pacific adults (after adjusting for age and gender). Pacific children are 3.3 times more likely to be obese compared with non-Pacific children.

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*'It's very difficult to navigate the health system.'*

– Onehunga community participant

*'Eating healthy is expensive. Cheap food with the least nutritional value (mostly takeaways) is affordable and convenient. We can't be healthy, living in these conditions.'*

– Auckland community participant

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## Access to health care

Although Pacific peoples have a high level of enrolment in primary health care organisations, more Pacific children and adults end up in hospital with preventable health conditions that reflect unmet need for quality, culturally safe care. A range of factors influence Pacific peoples access to care and use of services. Issues experienced by the Pacific community include:

- difficulties understanding health jargon and communication with health workers
- not being able to get an appointment at an appropriate or desired time
- not being able to afford doctor fees and medication costs
- lack of transport to attend clinics and appointments
- difficulties getting time off work to attend appointments.

The way people are treated and engage in their care and the quality of care and support they receive can impact their quality of life and wellbeing. Racism and discrimination were identified in the Ministry's community talanoa as serious issues that stop many Pacific people from going to see the doctor.

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*'Racism / unconscious bias – assumptions made about Pacific people that impacts on their care, for example, observe they are not competent with medication, do not attend appointments and therefore reduce referrals to appropriate services and surgery.'*

– Auckland Pacific health sector participant

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The Health and Disability System Review found that self-reported experiences of racism, including by health professionals, is higher for Māori, Pacific peoples and Asian peoples compared with European/Other people. The review defined racism as a social system based on historical and political inequalities that results in systematic privileging of some groups over others (HDSR 2019).

<sup>6</sup> Multimorbidity, or multiple morbidity means a person having more than one disease occurring at a time, for example, one person could have the three diseases of diabetes, heart disease and high blood pressure at the same time.



# Our vision and principles

*Pacific families are thriving in Aotearoa New Zealand*

**The vision of Ola Manuia is based on aspirations and ideals shared by Pacific peoples across the country.**

**Pacific families will be thriving in Aotearoa New Zealand when:**

- Pacific children feel safe, loved and supported
- Pacific families can afford and have access to healthy food
- Pacific families are effectively supported to make informed decisions about their health and wellbeing
- Pacific families have effective interactions with the health and disability system
- Pacific families have safe and comfortable social and physical environments
- Pacific families are 'ola manuia' mentally, spiritually, culturally and socially.

# Principles

The guiding principles of *Ola Manuia* reflect the values that Pacific people told us are important during our talanoa.

‘If health services connected culture and care for Pasifika people, we would see better access rates, earlier intervention from services, a reduction in ‘did not attend’ rates, more satisfaction with the quality of services and, ultimately, better health outcomes.’ (Le Va, Engaging Pasifika)

## Understanding the principles

<p><b>Pacific wellbeing</b></p> <p>Mo’ui lelei (Tonga) Ola manuia (Tuvalu)</p>	<ul style="list-style-type: none"> <li>• Pacific world views are central to how Pacific peoples understand wellbeing and prosperity. Pacific cultural norms and values, such as respect and reciprocity, shape the extent to which Pacific peoples have a sense of agency and possibility (Treasury 2018).</li> <li>• Health and wellbeing are often defined by Pacific peoples as financial stability and food security, rather than the absence of disease and illness.</li> </ul>
<p><b>Respectful relationships</b></p> <p>Va fealoa’i (Samoa)</p>	<ul style="list-style-type: none"> <li>• Understanding the diversity among Pacific peoples is a key part of having respectful and effective relationships.</li> <li>• Individuals and organisations in the health and disability sector recognise that Pacific families’ experiences of health care are influenced by their own Pacific holistic world views, cultural beliefs and values. Culture means expressions of knowledge, beliefs, customs, morals, arts and personality.</li> <li>• Given the fact that the Pacific population in New Zealand is always changing, these cultural world views, beliefs and values are likewise diverse and evolving.</li> </ul>
<p><b>Valuing families</b></p> <p>Magafaoa fakahahele (Niue) Lomana na Vuvale (Fiji)</p>	<ul style="list-style-type: none"> <li>• For most Pacific peoples, āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili, family is most valued and central to a resilient community and way of life.</li> <li>• Family provides identity, status, honour, prescribed roles, care and support. The extended Pacific family often provides care informally for children, family members with disabilities and/or older family members.</li> </ul>
<p><b>High-quality health care</b></p> <p>Lelei katoa te tautua mo te ola mālōlō (Tokelau)</p>	<ul style="list-style-type: none"> <li>• The key dimensions of high-quality health care – access, equity, effectiveness, efficiency and being patient-centred – need to be core parts of the delivery of health and disability services to Pacific peoples.</li> <li>• Cultural safety<sup>7</sup> is a critical component of quality of care at all levels – this includes being aware of and understanding the significant impact of racism on health care.</li> </ul>

<sup>7</sup> Cultural safety in health care involves interactions that recognise, respect and nurture the unique cultural identity of each person to safely meet their needs, expectations and rights. It involves showing respect and sensitivity to people and considering their spiritual, emotional, social and physical needs. See also Appendix E: Glossary.



# Our *Ola Manuia* Framework

**The *Ola Manuia* framework sets out three high-level outcomes that reflect the strength of their impact on equity. These are: evidence of Pacific peoples' health needs, and the insights of Pacific communities and the health and disability sector.**



**Outcome 1:**  
*Pacific people lead independent and resilient lives*

Pacific peoples want to understand how they can prevent poor health in a way that respects their world views and the things that are important to them. When we empower Pacific peoples with knowledge and skills relevant to their needs, they gain the independence and power to improve their own health and better navigate<sup>8</sup> the health and disability system.

Pacific people advised the Ministry that creating social cohesion will solve the challenges of diversity. A community with social cohesion has strong relationships and a sense of solidarity and belonging. It supports people to express their identity, supports them through their experience of discrimination and is tolerant of diversity. In its 2019 report *What Makes a Good Life?*, the Office of the Children’s Commissioner and Oranga Tamariki Ministry for Children reported that for children and young people to be well, their whānau, friends and communities must also be well. Wellbeing is about relationships, not just about owning possessions.



**Outcome 2:**  
*Pacific people live longer in good health*

All New Zealanders, including Pacific peoples, have a right to good health and should be able to thrive in an environment without institutional racism or social and environmental barriers and live comfortably into old age.

Access barriers, quality of care and cultural safety issues (including racism), the inequitable distribution of effort and resources, and a limited focus on holistic wellness within a culturally adaptive framework are obstacles to achieving good health and wellbeing for Pacific people.

To live longer in good health, Pacific people stressed the importance of including all aspects of the health and disability system, as well as understanding how current structures exacerbate inequities in health outcomes.

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*‘Nothing for us, without us.’*

– Porirua community participant

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**Outcome 3:**  
*Pacific people have equitable health outcomes*

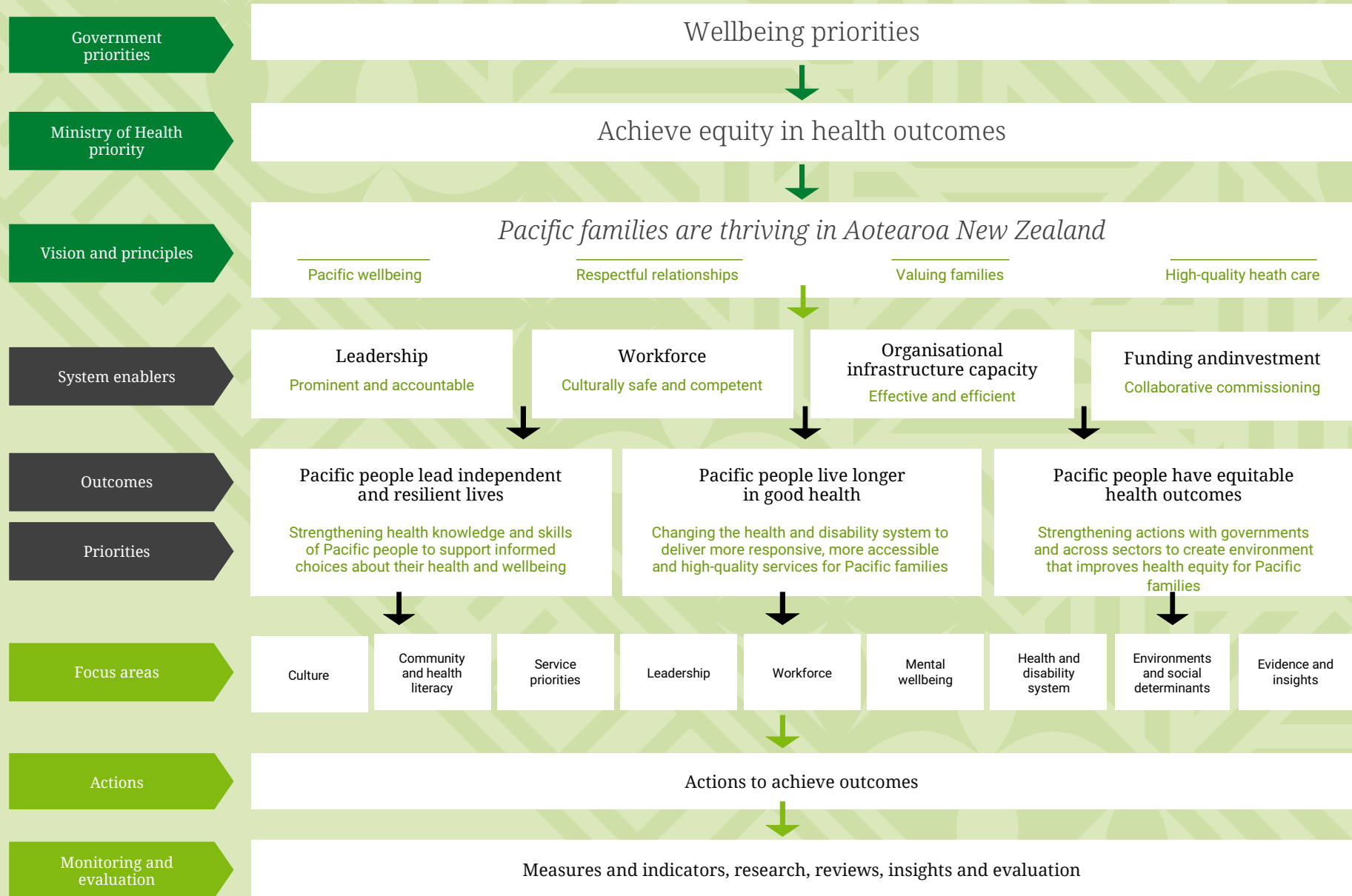
Inequity is perpetuated by a combination of the environment in which we live (social determinants of health) and the structural and system-based biases (HQSC 2019). Pacific peoples experience socioeconomic inequities that make it difficult to prioritise and improve their health. To achieve equitable health outcomes, it is essential to target policies and processes that relate to socioeconomic determinants of health.

*Ola Manuia* supports the Ministry’s leadership and advocacy role in addressing inequities at a central-government level, alongside other central-government agencies. Cross-agency and intersectoral work programmes and The Treasury’s Living Standards Framework (The Treasury 2018) are significant enablers to achieving the vision.

In our talanoa with Pacific people, a challenge was laid down to the whole health system: raise and broaden our sights. Pacific people stated that the fundamental causes of inequities in health outcomes must be addressed; Pacific communities must be included in the design of services and programmes to ensure innovative solutions are appropriate, effective and meaningful; and agencies need to listen to the communities about what will work.

<sup>8</sup> In this instance, navigating means understanding health and disability services and finding your way through them; finding reliable and trustworthy health information and self-care resources.

# Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025



# System enablers

**System enablers represent the key resources for achieving the outcomes of Ola Manuia over the next five years. The enablers are interrelated and recognise that complex factors at all levels – individuals, families, communities, the health and disability system and the wider society – have an impact on health and wellbeing.**

## Pacific Leadership

*Pacific leadership is prominent and accountable at all levels of the health system*

Leadership shapes the health and disability support system. Health care for Pacific people becomes more available and more acceptable when the health care leadership and workforce reflect the Pacific communities they serve.

Improved Pacific health outcomes are reliant on the health and disability system addressing systemic barriers and facilitating and encouraging greater Pacific leadership at all levels of the health system.

A recent Ministry report provided a snapshot of Pacific health leadership in DHBs across Aotearoa New Zealand. It showed that all 20 DHBs lack Pacific representation in senior management positions where decisions impacting on Pacific health are made.

In its interim report, the Health and Disability System Review highlights the need to develop leadership, including Pacific leadership, across the health and disability sector. If the system is to implement the sorts of change that has been identified as being needed for decades, a more coordinated and deliberate approach to leadership development will be needed. This will need to occur at multiple levels and will require investment (HDSR 2019, page 234).

## Health and disability workforce

*The health and disability workforce is culturally safe and competent*

The focus on Pacific health needs is based on an understanding of how Pacific peoples see the world – from a holistic and communal perspective. To increase understanding across the health and disability sector, we need to simultaneously increase Pacific representation in the health and disability workforce and improve the cultural responsiveness of the non-Pacific health workforce.

A culturally safe and competent health workforce has the capacity to address the barriers that Pacific peoples face in accessing high-quality health services. This type of workforce will have a greater ability to meet Pacific peoples' needs and improve health outcomes and wellbeing by integrating cultural practices and concepts and diverse world views into high-quality, evidence-informed health services (Pacific Perspectives 2013, page 15).

A critical element in achieving the desired outcomes for *Ola Manuia* is to resource cultural safety training. This will involve ensuring training is readily available and embedded in existing training and orientation programmes throughout the health and disability support system (eg, across the Ministry and all DHBs, primary health organisations (PHOs), NGOs and community and social services). If we deepen the understanding of Pacific and ethnic-specific cultures, complexities and nuances amongst the health and disability workforce, we will improve the cultural responsiveness and safety of health services (Scott 2016).

### Recruitment and retention

Workforce development programmes have significantly increased the number of Māori and Pacific people in medical schools in Aotearoa New Zealand and have provided support and training to help students succeed (Chin et al 2018).<sup>9</sup> However, to deliver high-quality health services, we need further investment in this area, along with focused workforce development programmes and improved recruitment and retention strategies.

Pacific peoples make up 8 percent of the New Zealand population but are under-represented across the health and disability workforce. For example, as of June 2019, only 4.3 percent of the DHB workforce identified as Pacific (TAS 2019).<sup>10</sup> This trend has remained the same for the last three years. Pacific peoples are concentrated in certain occupations, such as nursing, care and support roles, and are under-represented in the medical workforce. Some do work in non-clinical management, a category that includes senior management, but here the Pacific workforce is generally in administrative support roles. The number of people of Pacific origin in the regulated New Zealand health workforce is well below the level it should be to achieve equitable health outcomes.

<sup>9</sup> Ministry of Health services include the Pacific Health Science Academies, Pacific Health Scholarships and Aniva programme.

<sup>10</sup> Technical Advisory Service (TAS) District Health Employed Workforce Quarterly Report: 1 July – 30 September 2018. Pacific peoples are under-represented in senior clinical and management positions in DHBs. As of 30 September 2018, 2.5

## Organisational and infrastructural capacity

*Organisational and infrastructural capacity<sup>11</sup> is effective and efficient*

### Technology

Technology has the potential to support and change lives. For instance, supporting more Pacific families and communities to access their own personal health information via patient portals could be life changing. Technology can also increase health literacy and support families to access primary health care services earlier and subsequently detect conditions earlier. Identifying and responding effectively to health concerns early in the life course and in the progression of an illness is vital to ensuring the best possible outcomes for people (Ministry of Health 2019g).

Technology can also support enhanced access to the service system and improve the quality of care. Applications on mobile devices have been developed to support individuals to manage their ill health independently, and these applications will continue to grow in sophistication. Access to technology will also reduce access barriers for Pacific families who are isolated or who may live in rural or regional places. Furthermore, technology can facilitate desired shifts in system performance by providing online platforms, databases and new ways of collecting, collating and analysing large data sets.

Planning for a digitally enabled health system is critical (HDSR 2019). Investing in robust and functional technology to deliver outcomes is a priority for the Ministry (Ministry of Health 2019e).

percent ( $n = 50$ ) of nursing managers and clinical directors, 0.9 percent ( $n = 47$ ) of senior medical officers and 2.2 percent ( $n = 34$ ) of chief executive officers, directors and managers identified as Pacific.

<sup>11</sup> Organisational and infrastructural capacity includes organisational leadership, governance and values-based cultures, which are all essential in realising effective service delivery and achieving equitable outcomes.

### Information and knowledge: Data

Data, analysis and insights will continue to provide a strong evidence base within which the health system can build and strengthen an appropriate response to achieving equitable health outcomes for Pacific peoples. Data analytics and evidence are key enablers for delivering the Ministry's strategy. Quality and timely data will support the Ministry and other government agencies to track how the health system is performing and re-evaluate progress regularly in order to inform decision-making. The system needs to be clear on the type, standard, relevance and quality of data it collects, how it collects it and why. Understanding data stewardship (HDSR 2019) and governance mechanisms around data are also important.

In addition, improving data quality, providing easier and quicker access to reliable, comparable and consistent information and deriving value and insight from data are Ministry priorities. Ethnic-specific data that is comparable needs to be used to strengthen accountability measures and levers the Ministry has with DHBs and other health providers. Ethnic-specific data (including ethnicity data on the growing population of people who see themselves as both Māori and Pacific) needs to be collected, analysed and interrogated. Exploring opportunities to capture information by family (unit measure) rather than individual could also enhance our understanding of how to better achieve equity for Pacific families and communities.

Data is imperative in the ongoing monitoring and evaluation of programmes and services. Focusing on continuous quality improvement means regularly reviewing key data for insights into how to improve a service.

## Funding and investment

### Collaborative commissioning that focuses on the needs of Pacific communities




By continuously developing services and committing funding and resources to achieve the best health outcomes for individuals, families and the population, we can achieve equity and improve people's experience of health within the resources available (Ministry of Health 2016).







Collaborative commissioning focuses on what communities need, how to meet these needs and the most appropriate way of delivering the services needed.<sup>12</sup> Investments should be prioritised in areas that will reduce inequity and long-term health conditions to improve overall Pacific peoples' health and wellbeing.

<sup>12</sup> See New South Wales Government, The Human Services Outcomes Framework, Commissioning for Outcomes, URL: [www.finance.nsw.gov.au/human\\_services/commission](http://www.finance.nsw.gov.au/human_services/commission)

# Priorities and focus areas

To work towards the three outcomes of *Ola Manuia*, our actions will centre on the following three priorities:

OUTCOMES	PRIORITIES
 <p><b>Outcome 1:</b> Pacific people lead independent and resilient lives</p>	Strengthening the health knowledge and skills of Pacific people to make informed choices about their health and wellbeing.
 <p><b>Outcome 2:</b> Pacific people live longer in good health</p>	Changing the health and disability system to deliver more responsive, more accessible and high-quality services for Pacific families.
 <p><b>Outcome 3:</b> Pacific people have equitable health outcomes</p>	Strengthening actions with government and across sectors to create environments that improve health equity for Pacific communities.

FOCUS AREAS	OUTCOME ACTIONS
<p><b>1 Culture</b></p> <p>To develop and support a culturally safe health system that fosters understanding of the connection between Pacific cultures, world views and wellbeing and contributes to better outcomes</p>	<p> <b>Outcome 1:</b> Strengthen Pacific people’s understanding of the influence and impact of culture on health and wellbeing.</p> <p> <b>Outcome 2:</b> Increase the health workforce’s understanding of Pacific people’s world views, cultures and knowledge systems to ensure culturally safe and responsive health service delivery.</p> <p> <b>Outcome 3:</b> Develop and implement culturally responsive policies, plans and approaches across the public sector that improve Pacific health and wellbeing.</p>
<p><b>2 Community and health literacy</b></p> <p>To empower Pacific peoples with the knowledge and skills to manage their own and their families’ health and wellbeing</p>	<p> <b>Outcome 1:</b> Increase Pacific people’s knowledge and understanding of the health sector so they can better navigate the health system and services, including for example, timely access to services, treatments and medication.</p> <p> <b>Outcome 2:</b> Empower Pacific communities with actionable knowledge and skills that enable meaningful participation and partnership with the health sector.</p> <p> <b>Outcome 3:</b> Reinforce system-level actions that improve health and financial literacy and facilitate community collaborative partnerships in health service and system design.</p>

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### 3 Service priorities

To change the way health services work, to improve access, equity and quality of health care for Pacific peoples and decrease the burden of priority Pacific health issues

- Focus: Maternity, child and youth and chronic health conditions



**Outcome 1:** Empower Pacific people with more knowledge about the key health conditions affecting Pacific people.



**Outcome 2:** Strengthen local health services to reduce the burden of poor health for Pacific people across key health service priorities.



**Outcome 3:** Collaborate across government sectors to build healthier environments where Pacific people live, learn, work and play.

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### 4 Leadership

To grow Pacific leadership capability and capacity within Pacific communities and across the health sector



**Outcome 1:** Support and strengthen Pacific community leadership capability and capacity.



**Outcome 2:** Increase and support Pacific workforce participation in governance, leadership and management at all levels of the health and disability sector.



**Outcome 3:** Strengthen the Ministry of Health's leadership around and accountability for improving Pacific peoples' health outcomes.

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### 5 Workforce

To develop and grow a health and disability workforce that is culturally safe and responsive to the diverse health needs of Pacific communities and increase the capacity and capability of the Pacific health and disability workforce



**Outcome 1:** Increase Pacific people's awareness and knowledge about health and disability training/education opportunities (including scholarships) and career pathways to increase Pacific people's participation in the health sector workforce.



**Outcome 2:**

- Strengthen the capability of the non-Pacific health and disability workforce to be culturally safe and responsive to the diverse needs of Pacific peoples.
- Increase the capacity and capability of the Pacific health and disability workforce.



**Outcome 3:** Develop and implement cultural safety training across government agencies that address ethnic biases, institutional racism, prejudices and attitudes that impact on the provision of high-quality health care.

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### 6 Mental wellbeing

To improve mental health and wellbeing outcomes for Pacific communities



**Outcome 1:** Increase Pacific people's knowledge and understanding of mental health issues and available mental health services.



**Outcome 2:** Improve Pacific peoples' access to and choices of primary mental health services.



**Outcome 3:** Decrease the burden of psychological distress and mental illness among Pacific people by encouraging culturally responsive approaches in mental health services.



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## 7 Health and disability system

To build a health and disability system that is fair, sustainable and responsive to the health needs of Pacific people and provides timely access to effective and quality health care



**Outcome 1:** Tailor health and disability system information to promote easy access and navigation of health services.



**Outcome 2:**

- Adapt the way technology is used to improve communication between different health services and providers.
- Develop innovative and sustainable ways to improve health service access and high-quality of care for Pacific peoples.
- Increase the capacity and capability of Pacific health providers to deliver high-quality services.



**Outcome 3:** Eliminate institutional racism and discrimination in all forms across the health sector.

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## 8 Environments and the social determinants of health

To decrease health inequities and provide healthier living and working environments for Pacific communities



**Outcome 1:** Increase Pacific people's knowledge about the role and impact of social determinants of health on their health and environment.



**Outcome 2:** Increase collaboration within the health and disability system to work collaboratively with other government agencies to address and improve the socioeconomic circumstances of Pacific communities (eg, education, housing, culture and employment).



**Outcome 3:** Support cross-government agencies to implement their Pacific peoples' strategic actions to achieve and report on outcomes related to common measures.

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## 9 Evidence and insights

To strengthen Pacific research, data collection and the use of Pacific data to drive evidence-based actions that improve Pacific health outcomes



**Outcome 1:** Increase the knowledge and participation of Pacific peoples in health research pathways and programmes.



**Outcome 2:** Develop a Pacific health-focused evidence and insight data framework to support analytics and inform decision-making and planning around improving Pacific health outcomes.



**Outcome 3:** Improve data governance, sovereignty, collection and reporting to strengthen accountability for improving Pacific health outcomes.

# Actions to achieve outcomes

## **The health sector is a complex system, and we need to take a whole-of-system approach if we are to improve Pacific health.**

We realise that different regions across Aotearoa New Zealand are at different stages in terms of addressing Pacific people's health and wellbeing, based on their local community needs and current capabilities and capacity. This means we need to follow an approach that reflects the different needs across the country.

**Appendix B** presents an 'actions ato'. 'Ato' is a Pacific word, meaning 'basket' or 'kete'. The actions ato holds a collection of activities for each outcome and focus area of *Ola Manuia*. Some of these activities may form part of service negotiations, providing an indication of the expected range and scale of activities to be delivered.

In each case, consideration should be given to:

- the assessed needs of the Pacific population (including an understanding of service gaps)
- the capacity and size of the provider
- relevant government, Ministry and DHB priorities and policies
- how an activity can contribute to a comprehensive approach<sup>13</sup>
- the extent to which an activity could influence the determinants of health
- the extent to which an activity clearly links to desired outcomes
- any additional and/or innovative activities not included in the tables that are informed by scientific and other evidence or will be evaluated to help build the evidence.

Many of the activities are linked to, contribute to, build on or strengthen current Ministry programmes and initiatives.

<sup>13</sup> A comprehensive approach will be delivered across a range of providers – we do not expect each provider to deliver all these activities.

# Monitoring and evaluation

## **An essential part of designing and delivering effective services is continuous quality improvement.**

Decisions about investment, policy and strategic planning across the health and disability system are stronger when they have reliable information on progress through monitoring and reporting. The whole system needs to share information and be encouraged to be more transparent about what it does (HDSR 2019).

In this section, we outline how we will monitor the progress and achievements of *Ola Manuia*. In addition, Appendix C: Indicators includes system-level measures and indicators that can also be used to monitor results.

All health providers delivering services to Pacific peoples will clearly demonstrate, in planning and reporting documents, how activities will contribute to the outcomes of improving Pacific health and wellbeing and achieving health equity. DHBs are encouraged to include evidence-based equity actions in their annual plans that focus on their population. Auckland, Canterbury, Capital & Coast, Counties Manukau, Hutt Valley, Hawke’s Bay, Waikato and Waitemata DHBs all have substantial Pacific populations.

The Ministry will use this information and data to monitor progress around *Ola Manuia* and inform progress reports on *Ola Manuia* every 12 months.

Focus areas	Monitoring indicators and measures
<p><b>1 Culture</b></p> <p>To develop and support a culturally safe health system that fosters understanding of the connection between Pacific cultures, world views and wellbeing and contributes to better outcomes</p>	<p>Pacific peoples report culturally safe and appropriate and positive experiences in the health system. Their experience of health services is measured by the primary health care and adult inpatient patient experience surveys.</p>
<p><b>2 Community and health literacy</b></p> <p>To empower Pacific peoples with the knowledge and skills to manage their own and their families’ health and wellbeing</p>	<p>Pacific peoples report skills and knowledge:</p> <ul style="list-style-type: none"><li>• of how to access and navigate relevant health services</li><li>• of how to keep their families healthy.</li></ul>

Focus areas	Monitoring indicators and measures
<p><b>3 Service priorities</b></p> <p>To change the way health services work, to improve access, equity and quality of health care for Pacific peoples and decrease the burden of priority Pacific health issues</p> <p>Focus: Maternity, child and youth and chronic health conditions</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>the rates of key health priorities for Pacific populations compared with other New Zealanders</li> <li>Pacific peoples' access to and using health and disability services and treatments</li> <li>the number of Pacific people presenting at emergency departments</li> <li>Pacific hospital admissions with chronic health conditions.</li> </ul> <p>Pacific people's experience of the health and disability services is measured through a patient experience survey.</p>
<p><b>4 Leadership</b></p> <p>To grow Pacific leadership capability and capacity within Pacific communities and across the health sector</p>	<p>Monitor the number of Pacific people in senior leadership roles across the health sector, specifically:</p> <ul style="list-style-type: none"> <li>Pacific health and disability workforce representation in the Ministry of Health and at the DHB and PHO governance and management level, where decision-making and planning occurs.</li> </ul> <p>Pacific communities participate in the design of health services.</p> <p>(Common measure with the Ministry for Pacific Peoples)</p>
<p><b>5 Workforce</b></p> <p>To develop and grow a health and disability workforce that is culturally safe and responsive to the diverse health needs of Pacific communities and increase the capacity and capability of the Pacific health and disability workforce</p>	<p>Monitor:</p> <ul style="list-style-type: none"> <li>the percentage of the health and disability workforce who have completed cultural safety training (including addressing racism)</li> <li>the number of Pacific students completing STEM-related subjects.<sup>14</sup></li> </ul> <p>(Common measure with the Ministry of Education)</p>
<p><b>6 Mental wellbeing</b></p> <p>To improve mental health and wellbeing outcomes for Pacific communities</p>	<p>Monitor access to and use of primary mental health and wellbeing services.</p> <ul style="list-style-type: none"> <li>access to services and secondary services (Common measure with the Ministries of Business, Innovation and Employment and Social Development)</li> <li>service outcomes (e.g. PRIMHD – mental health data Ministry of Health)</li> </ul> <p>psychological distress (e.g. epidemiological surveys (Te Rau Hinengaro, Health Promotion Agency mental health and addiction surveys, Ministry of Health surveys, youth mental health surveys), suicide attempts and rates by age.</p>
<p><b>7 Health and disability system</b></p> <p>To build a health and disability system that is fair, sustainable and responsive to the health needs of</p>	<p>Monitor Pacific people's experience with:</p> <ul style="list-style-type: none"> <li>access to health care services</li> </ul>

<sup>14</sup>STEM stands for science, technology, engineering and maths.

Focus areas	Monitoring indicators and measures
Pacific peoples and provides timely access to effective and quality health care	<ul style="list-style-type: none"> <li>access to medicines and treatments quality of health care service delivery.</li> </ul>
<p><b>8 Environments and the social determinants of health</b></p> <p>To decrease health inequities and provide healthier living and working environments for Pacific communities</p>	<p>Measure Pacific people's life expectancy compared with that of other New Zealanders.</p> <p>Monitor the number of Pacific people being admitted to hospital due to unhealthy/unsafe housing. <i>(Common measure with the Ministry of Housing and Urban Development)</i></p>
<p><b>9 Evidence and insights</b></p> <p>To strengthen Pacific research, data collection and the use of Pacific data to drive evidence-based actions that improve Pacific health outcomes</p>	<p>A mechanism is established for the appropriate collection and use of Pacific health data and reporting of data covering service/programme design, delivery, polices, plans and strategies.</p>

# Cross-government commitments to Pacific wellbeing

	Ministry's goals/vision	Goals / action areas / outputs	Common measures (with Ministry of Health)
Income and employment	<b>Ministry of Business, Innovation and Employment</b> Improve Pacific people's involvement and contribution to the New Zealand economy	<ul style="list-style-type: none"> <li>• More sustainable job opportunities for Pacific peoples</li> <li>• More affordable and suitable housing for Pacific peoples</li> <li>• More sustainable Pacific owned businesses</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in re-reported domestic violence rates in Pacific household</li> </ul>
	<b>Ministry of Social Development</b> Pacific leadership is prominent and accountable at all levels of the health system	<table border="0"> <tr> <td> <b>Families</b> <ul style="list-style-type: none"> <li>• Expand communication means</li> <li>• Develop Pacific capability</li> <li>• Improve accessibility to services</li> <li>• Enhance profile</li> </ul> </td> <td> <b>Providers</b> <ul style="list-style-type: none"> <li>• Organisational capability</li> <li>• Wellbeing</li> <li>• Partnerships</li> <li>• Digital technology</li> </ul> </td> </tr> </table>	
<b>Families</b> <ul style="list-style-type: none"> <li>• Expand communication means</li> <li>• Develop Pacific capability</li> <li>• Improve accessibility to services</li> <li>• Enhance profile</li> </ul>	<b>Providers</b> <ul style="list-style-type: none"> <li>• Organisational capability</li> <li>• Wellbeing</li> <li>• Partnerships</li> <li>• Digital technology</li> </ul>		
Housing	<b>Ministry of Housing and Urban Development</b> Building a thriving community	<ul style="list-style-type: none"> <li>• By 2023, all Housing New Zealand houses and registered Housing Provider houses must comply with the Healthy Homes Standards</li> </ul>	<ul style="list-style-type: none"> <li>• Number of Pacific people being admitted to hospital due to substandard housing conditions</li> </ul>
Education	<b>Ministry of Education</b> Pacific learners and their families are valued, safe and equipped to achieve their education aspirations	<ul style="list-style-type: none"> <li>• Increase the proportion of Pasifika children starting school who have participated in ECE.</li> <li>• Pasifika learners participate and achieve at all levels at least on a par with other learners in tertiary education.</li> <li>• Increase the number of Pasifika school leavers with University Entrance to achieve at least parity with non-Pasifika school leavers</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of Pacific students choosing STEM related subjects (Science, Technology, Engineering, and Maths)</li> </ul>
Culture	<b>Ministry for Pacific Peoples</b> Successful Pacific peoples – Improved economic, education, social and cultural outcomes for Pacific peoples in New Zealand	<ul style="list-style-type: none"> <li>• Thriving Pacific languages, cultures and identities</li> <li>• Prosperous Pacific communities</li> <li>• Resilient and healthy Pacific peoples</li> <li>• Confident, thriving and resilient Pacific young people</li> </ul>	<ul style="list-style-type: none"> <li>• Pacific leadership</li> <li>• Resilient Pacific Youth</li> </ul>
Health	<b>Ministry of Health</b> Pacific families are thriving in Aotearoa New Zealand	<ul style="list-style-type: none"> <li>• Strengthening Pacific peoples knowledge and skills to make informed choices about their health and wellbeing</li> <li>• Changing the health and disability system to deliver more responsive, accessible and quality services for Pacific families</li> <li>• Strengthening actions with government and across sectors to create environments that improve health equity for Pacific communities</li> </ul>	<ul style="list-style-type: none"> <li>• Pacific peoples life expectancy</li> <li>• Pacific peoples experience of the health and disability system</li> </ul>

# COVID-19 Pacific health response

**The COVID-19 pandemic of 2020 saw rapid mobilisation across the health and disability sector. As the lead agency for the national COVID-19 response, the Ministry was responsible for informing and coordinating the all-of-government response<sup>15</sup> and leading a coordinated and consistent health and disability sector response.**

The *COVID-19 Health and Disability System Response Plan* (Ministry of Health 2020) established the framework for managing the COVID-19 response. Equity was at the centre of the response, and Pacific peoples were identified as a priority population facing specific risks as a result of COVID-19 that required targeted support.<sup>16</sup> To enable the delivery of this support, the government allocated \$17 million to a COVID-19 Pacific response package.

## Pacific peoples' increased risk from health inequities and socioeconomic factors

Experience from previous pandemics (such as the H1N1 virus in 2009) showed that Pacific communities in New Zealand were at high risk of being disproportionately affected, both in numbers and severity, by COVID-19. Household composition and crowding in Pacific communities, associated with the incidence of infectious diseases, particularly for those in the most deprived areas, posed complex challenges for physical distancing. A high prevalence of long-term conditions and comorbidities (at a younger age) and respiratory conditions, often related to poor-quality housing, increased the risk to Pacific peoples of serious COVID-19 complications. Existing barriers to quality health care related to cost, communication, health literacy and discrimination and racism had implications for Pacific peoples' access to key messages, testing and health care.

In addition to the greater risk of COVID-19 transmission and complications, it was recognised that existing socioeconomic and health inequities experienced by Pacific communities would be exacerbated during the pandemic. As the health sector focused on COVID-19, service capacity tightened and remote alternatives to

face-to-face care increased, and ensuring access to the health and social care needed by Pacific peoples for existing health conditions and day to day living circumstances was also critical.

## Developing a COVID-19 Pacific health response framework and strategy

The COVID-19 Pacific health and disability system response was underpinned by multidisciplinary expertise and technical, clinical, cultural and community leadership and networks to ensure that every level of the national response was able to address both known and emerging needs of Pacific communities through tailored and evidence-informed strategies and operations.

The Pacific Health COVID-19 Response Plan (the Pacific response plan) was aligned with the *COVID-19 Health and Disability System Response Plan*. It set out the strategies and high-level actions needed to guide and support the Ministry's national COVID-19 response and to achieve equitable health outcomes for Pacific peoples in New Zealand. Recognising New Zealand's close relationships with and responsibilities within the Pacific, the Pacific response plan also aimed to anticipate implications for Pacific countries.

In an environment that was subject to daily change, the Pacific response plan was designed to evolve and adapt as the COVID-19 pandemic response progressed. An integrated approach ensured that critical knowledge, information and key messages could travel in both directions – 'top down' to facilitate the national response and via a 'bottom-up' feedback loop that signalled the diverse perspectives of Pacific communities and their specific needs for staying safe and well.

<sup>15</sup> Agencies in the all-of-government response team included: Police; Ministry of Foreign Affairs and Trade; Ministry for Pacific Peoples; Statistics New Zealand; Te Puni Kōkiri; New Zealand Defence Force; Ministry for Primary Industries and Ministry of Transport.

<sup>16</sup> Māori, older people, people with disabilities, people with mental health conditions, people in residential care settings, people with pre-existing conditions (including immunosuppressive disorders) and refugees and migrant communities were also identified as priority population groups of focus.

## Five high-level strategies guiding the pandemic response work

1. An equity analysis was applied to all planning and operational activities.
2. The capacity of the Pacific health and disability sector was secured to meet increased demand.
3. Information guidance and support was targeted to Pacific communities.
4. Strong links were made to the all-of-government response to ensure key Pacific outcomes were embedded in the work of other relevant agencies (eg, the Ministry of Social Development, the Ministry for Pacific Peoples, The Treasury).
5. High-quality research and analysis guided planning and funding decisions.

Objective	Key components
1. Provide guidance to the Ministry of Health's COVID-19 response to ensure that all actions meet the needs of Pacific communities.	<ul style="list-style-type: none"> <li>• Establishing integrated structures and processes that enable Pacific leadership to guide and support response strategies and operations across the Ministry of Health and other relevant government agencies (eg, Ministry for Pacific Peoples)</li> </ul>
2. Engage Pacific health sector leaders to consolidate knowledge and disseminate information to diverse networks in a fast-changing environment.	<ul style="list-style-type: none"> <li>• Establishing Pacific leadership networks (eg, Pacific Advisory Group; Pacific Nurse Leaders Group and Pacific DHB Managers Group) to share information, inform operational activity and ensure a consistent and coordinated response</li> <li>• Linking Pacific leadership networks to Ministry of Health and other government agency responses</li> </ul>
3. Support consistency in national messaging and communications for Pacific people in relation to health advice for COVID-19 to ensure the right messages reach and engage Pacific communities in a timely way.	<ul style="list-style-type: none"> <li>• Ensuring that government messages and information (eg, about COVID-19 symptoms, physical distancing, hygiene practices, testing, seeking health and social support) are tailored to Pacific peoples using accessible and trusted communication channels</li> <li>• Ensuring that translations to different Pacific languages are of a high quality and clinically accurate</li> </ul>
4. Mobilise providers of health, disability and social services to Pacific communities.	<ul style="list-style-type: none"> <li>• Supporting coordinated and integrated approaches for service delivery by health, disability and social providers serving Pacific communities</li> <li>• Providing advice about the allocation of resources to support Pacific health provider capacity during the COVID-19 pandemic</li> </ul>
5. Using high-quality research and analysis to support planning and intervention design.	<ul style="list-style-type: none"> <li>• Understanding the range of potential COVID-19 progressions, using models of transmission that are tailored to Pacific communities</li> <li>• Using qualitative and quantitative data to understand Pacific peoples' health, social and economic contexts</li> </ul>

The Ministry maintained a Pacific equity lens throughout the COVID-19 pandemic response, ensuring guidance and support for Pacific peoples during the pandemic aligned with the national response, linked with Pacific communities and their needs and adhered to the principles that underpin Ola Manuia.



The background is a vibrant green color with a complex, repeating pattern. The pattern consists of interlocking geometric shapes, including squares and rectangles, which form a maze-like structure. Overlaid on this geometric pattern are stylized floral motifs, specifically four-petaled flowers. The overall effect is a dense, textured, and visually busy design.

# Appendices

# Appendix A:

## Summary of themes from talanoa with Pacific communities and the health sector

### Culture

*World views, values, traditions, protocols*

*Includes:*

Addresses all aspects of Pacific culture that impact health positively or negatively, e.g. beliefs, customs, protocols, practices, evolution of culture, intergenerational differences, Pacific way of life, our values, tradition vs modern

### Community

*Traditional approaches*

*Includes:*

- Community ownership, development, partnership, engagement, voice, involvement, investment, leadership and action
- Community diversity by gender, age, peer groups, population groups etc. and aspirations

### Health Literacy

*Understanding the terminology and navigating the health system*

*Includes:*

Building knowledge and skills of the Pacific community

### Workforce

*Capacity, visibility, leadership and development*

*Includes:*

Increasing Pacific workforce (capacity), upskilling and knowledge of the workforce (capability), succession planning and Pacific leadership.

### Mental Health and Addictions

*Family violence, suicide, depression and stigma*

*Includes:*

- Mental health services, conditions and key population groups for Pacific mental health and addictions (gambling, drug, alcohol)
- Pacific services, Pacific models of care, including ethnic Pacific cultural values.

### Responsive Health and Disability System

*Includes:*

- Addresses factors impacting access to services, treatments, medicine and health products
- Ensure health professionals, programmes and services respond to Pacific peoples and their health needs (culturally responsive and safe)
- Improve use of technology, data and research to improve Pacific health:
  - enable and increase use of technology for Pacific communities,
  - prioritise Pacific and ethnic-specific research, and
  - increase visibility of Pacific in reports, strategies and plans
- Working together better within and across the health sector and with non-health sectors
- Provide links for health literacy (responsiveness is about how the health and disability system should respond, literacy is about community knowledge and skills to maximise their own health).

### Environment

Improve societal-level factors that influence the environments Pacific families live in, work in and learn in (eg, housing, education, income, employment, racism, health outcomes).

## Appendix B: 'Actions ato' – Collection of activities and measures

Outcomes	<b>Outcome 1</b> Pacific people lead independent and resilient lives  Strengthening the health knowledge and skills of Pacific peoples to make informed choices about their health and wellbeing	<b>Outcome 2</b> Pacific people live longer in good health  Changing the health and disability system to deliver more responsive, more accessible and high-quality services for Pacific families	<b>Outcome 3</b> Pacific people have equitable health outcomes  Strengthening actions with government and across sectors to create environments that improve health equity for Pacific communities	<b>Success measures for Pacific people</b>  How will we know we have made a difference?
Audience and setting	<b>Our community</b> focusing on: prevention, health education and health promotion	<b>Our health system</b> (primary, secondary, tertiary health care), focusing on: timely access to better quality services	<b>Government and cross-agency</b> (policies, strategies, plans and funding), focusing on: better system responsiveness and better living and working environments	
FOCUS AREAS	OUTCOME 1	OUTCOME 2	OUTCOME 3	SUCCESS MEASURES
<b>1 Culture</b> To develop and support a culturally safe health system that fosters understanding of the connection between Pacific cultures, world views and wellbeing and contributes to better outcomes	Establish a programme/campaign to raise awareness on the connection and impact of culture on Pacific wellbeing (strengths-based Pacific concepts of health and wellbeing). Examples: <ul style="list-style-type: none"> <li>Cultural influence on the modern Pacific diet and using Pacific strengths-based approaches to improve nutrition quality in Pacific community settings (church, family and community events, etc)</li> </ul>	Identify gaps and implement activities for Pacific communities that improve culturally responsive service delivery. Examples: <ul style="list-style-type: none"> <li>Cultural support available when needed</li> <li>Cultural competency and safety training for current and new staff (embed in orientation, include in ongoing professional development)</li> <li>Culturally appropriate consultation training</li> <li>Use of Pacific models of care in service design and delivery</li> <li>Use of Pacific language interpreters where needed during consultations</li> </ul>	All plans, policies, strategies that impact Pacific peoples and/or Pacific health explicitly consider cultural responsiveness in their approach. Example: <ul style="list-style-type: none"> <li>Develop an equity strategy that mandates activities to improve organisational cultural responsiveness to the needs of Pacific communities (Ministry of Health)</li> <li>Develop a plan for appropriate health sector engagement with Pacific communities (Ministry of Health)</li> </ul>	Pacific people report: <ul style="list-style-type: none"> <li>awareness of the culture and link with wellbeing</li> <li>positive service experience (culturally safe and supported)</li> </ul>
<b>2 Community and health literacy</b> To empower Pacific peoples with the knowledge and skills to manage their own and their families' health and wellbeing	Develop tailored programmes to improve Pacific peoples' health literacy around key priority areas for health in the local community. Example: <ul style="list-style-type: none"> <li>Supporting healthy Pacific families through immunisations and prevention of vaccine preventable conditions in Pacific communities</li> </ul>	Develop opportunities for Pacific people to actively and consistently participate in health programme / service delivery design and implementation. Example: <ul style="list-style-type: none"> <li>Any health service design, delivery or implementation appropriately involves Pacific community members (throughout the whole process)</li> </ul>	<ul style="list-style-type: none"> <li>Support the establishment of Pacific community-owned and driven health initiatives through the Pacific Community Health Fund (Ministry of Health / Ministry for Pacific Peoples)</li> <li>Establish quality criteria for Pacific health information resources provided through the National Health Content Hub (<a href="http://www.healthnavigator.org.nz">www.healthnavigator.org.nz</a>)</li> <li>Improve literacy that impacts social determinants of health for Pacific peoples. Example:                             <ul style="list-style-type: none"> <li>Collaboration between health and social sectors to provide a programme to improve Pacific families' financial literacy</li> </ul> </li> </ul>	Pacific people report: <ul style="list-style-type: none"> <li>awareness of key priority health conditions for the local community</li> <li>skills in preventing disease and promoting family health</li> <li>skills around financial literacy to better support positive health outcomes</li> <li>positive service engagement and experience (where relevant)</li> </ul>

### 3 Service priorities

To change the way health services work, to improve access, equity and quality of health care for Pacific peoples and decrease the burden of priority Pacific health issues

Focusing on maternity, child and youth and chronic health conditions:

- Obesity and diabetes
- Respiratory health
- Rheumatic fever
- Smoking
- Oral health
- Screening
- Sexual health
- Immunisations
- Cancer
- Family violence

Develop and deliver programmes/services to increase Pacific peoples' understanding and knowledge (health literacy) about causes of health and illness related to the following key health priorities.

- Healthy nutrition choices and improving physical activity (obesity, diabetes) in a Pacific setting
- Sore throats, skin conditions, rheumatic fever and rheumatic heart disease
- Housing-related illnesses and conditions (rheumatic fever, respiratory disease, communicable/infectious diseases)
- Smokefree environments (home, car, public places) and strengthening culturally appropriate quit-smoking support
- Screening programme participation
- Immunisation and vaccine safety for preventing diseases
- Good oral health practices and the link with healthy nutrition
- Safe sexual health practices, prevention of early teenage pregnancies and sexually transmitted disease (STDs)
- Promote and disseminate information to increase Pacific people's knowledge and awareness of health and disability support services and systems that can help them manage and maintain good health

Strengthen and increase access to culturally safe and appropriate local/regional initiatives to:

- improve health outcomes for Pacific young mothers through a culturally safe health-before-birth approach
  - improve Pacific youth wellbeing, with a focus on building self-esteem and resilience
  - reduce the burden of obesity for Pacific children and adults
  - reduce the burden of type 2 diabetes in Pacific peoples
  - reduce the burden of respiratory disease in Pacific children and older Pacific people
  - reduce the incidence and burden of rheumatic fever
  - reduce daily smoking prevalence for Pacific peoples
  - reduce inequities in access to screening programmes across the screening pathway (bowel, breast, cervical)
  - improve access to timely immunisations for Pacific children
  - reduce child abuse and family violence
  - prevent sexually transmitted disease (STDs) and early teenage pregnancies
  - improve primary health service access
- Support the first 1000-days initiatives and 'Children are thriving (2–6 years)' programmes targeting Pacific infants and children
- Increase timely access to antenatal care and increase registration rates with lead maternity care providers (LMCs) for Pacific mothers
  - Increase access to levels and type of support for people with disability

Develop and support policies and services that allow timely access to carer support and relief for people living with disabilities

- Support the implementation of programmes, such as Healthy Active Learning, to improve nutrition and physical activity levels (Ministry of Health / Ministry of Education)
- Support the development and implementation of the Pacific whole-of-government strategy to improve Pacific wellbeing (Ministry for Pacific Peoples)
- Support the implementation of *Pacific Aotearoa. Lalanga Fou* (Ministry for Pacific Peoples 2018) with a focus on Goal 3: Resilient and healthy Pacific peoples (Ministry for Pacific Peoples)
- Investigate and develop initiatives to improve Pacific communities' access to healthy nutrition (Ministry of Health)
- Implement local and national family violence prevention strategies and plans

Pacific communities have:

- lower ambulatory sensitive hospitalisation (ASH) rates for 0–4-year olds (keeping children out of hospital)
- fewer acute hospital bed days per capita (using health resources effectively)
- better patient experience of care (person-centred care) – made up of adult inpatient and primary health care patient experience surveys
- lower amenable mortality rates (prevention and early detection)
- more babies living in smokefree homes (a healthy start)
- better youth access to and utilisation of youth appropriate health services (youth are healthy, safe and supported)
- lower first hospitalisation rates for rheumatic fever
- greater inclusion and participation of disabled people in service development and use
- fewer obese Pacific children at B4SC visits

<p><b>4 Leadership</b></p> <p>To grow Pacific leadership capability and capacity within Pacific communities and across the health sector</p>	<p>Strengthen Pacific community leadership. Examples:</p> <ol style="list-style-type: none"> <li>1. Initiatives for Pacific community leadership development</li> <li>2. Establish a Pacific community leadership network to improve opportunities for collaboration across communities and with the health sector</li> </ol>	<ul style="list-style-type: none"> <li>• Identify and develop emerging Pacific leaders in the health sector through local leadership initiatives</li> <li>• Improve succession planning and provide training opportunities (senior management level internships or apprenticeships)</li> <li>• Support strategies to increase leadership opportunities for Pacific people working in health and disability services</li> <li>• Support initiatives such as those developed by the Institute of Directors New Zealand, with programmes like the Future Directors governance programme, Developing Pacific Senior Leaders for the Future programme (Leadership Development Centre), Le Tautua Pasifika leadership programme (Le Va) to encourage more Pacific people onto New Zealand organisational boards and increase competency in their field</li> <li>• Improve Pacific responsiveness of non-Pacific leadership across the health sector</li> </ul>	<ul style="list-style-type: none"> <li>• Develop Pacific leaders and leadership throughout the health, education, social development sectors (State Services Commission leadership strategy)</li> <li>• Support development implementation of the Health Workforce Directorate leadership programme (Pacific priority)</li> <li>• The New Zealand Public Health and Disability Act 2000 requires DHBs to provide mechanisms that enable Māori to contribute to decision-making and participate in the delivery of health and disability services</li> </ul>	<p>Pacific people have:</p> <ul style="list-style-type: none"> <li>• increased representation (%) across senior leadership in the health sector</li> <li>• increased representation (%) across senior leadership in the public sector</li> </ul> <p>Non-Pacific leaders have:</p> <ul style="list-style-type: none"> <li>• improved understanding of Pacific culture and inequities</li> </ul>
<p><b>5 Workforce</b></p> <p>To develop and grow a health and disability workforce that is culturally safe and responsive to the diverse health needs of Pacific communities and increase the capacity and capability of the Pacific health and disability workforce</p>	<p>Promote and use multimedia tools to raise Pacific communities' awareness of health careers and pathways (schools, universities, community/youth centres, churches). Examples:</p> <ol style="list-style-type: none"> <li>1. National Pacific health careers roadshow with online/social media attendance</li> <li>2. Support workforce development awareness initiatives at local Pacific events (Pasefika, Polyfest, regional Pacific festivals)</li> <li>3. Improve accessibility and quality of health career information for Pacific people</li> </ol>	<ul style="list-style-type: none"> <li>• Strengthen local/regional Pacific workforce development for: <ul style="list-style-type: none"> <li>&gt; health and social system navigators (integrated knowledge)</li> <li>&gt; mental health and wellbeing counsellors</li> <li>&gt; nurses and midwives</li> </ul> </li> <li>• Maximise opportunities and supporting strategies to proactively recruit and retain Pacific health professionals throughout the health system</li> <li>• Identify and invest in opportunities to upskill the Pacific health workforce</li> <li>• Invest in implicit bias/anti-racism training for frontline health staff dealing with Pacific communities</li> <li>• Strengthen the mental health and wellbeing capability of the primary health care workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Implement initiatives to achieve the Ministry of Health's Health Workforce Directorate strategic priorities for the Pacific workforce</li> <li>• The Pacific health workforce training pipeline: collaborate across the public sector to improve access and participation in: <ul style="list-style-type: none"> <li>&gt; Pacific health science academies (Ministry of Health / the education sector)</li> <li>&gt; Pacific mentoring and internships for Pacific tertiary students, eg, nursing and midwifery wrap-around support (Ministry of Health / health providers)</li> <li>&gt; internships for Pacific graduates (Ministry of Health / health providers)</li> <li>&gt; robust professional development for Pacific health professionals (Ministry of Health / health providers)</li> <li>&gt; Pacific leadership development (Ministry of Health / public sector)</li> </ul> </li> </ul>	<p>Pacific people have:</p> <ol style="list-style-type: none"> <li>1. increased representation (%) across the local health sectors (DHBs / primary health care) and nationally</li> <li>2. increased awareness of health career pathways</li> <li>3. increased representation (%) in the nursing and midwifery sector</li> <li>4. increased representation (%) amongst tertiary graduates with a health qualification</li> </ol>

<p><b>6 Mental wellbeing</b></p> <p>To improve mental health and wellbeing outcomes for Pacific communities</p> <p>Focusing on:</p> <ul style="list-style-type: none"> <li>• Suicide</li> <li>• Stigma and discrimination</li> <li>• Depression</li> <li>• Sexual health</li> <li>• Disability</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and strengthen initiatives to raise awareness of suicide and mental health issues for Pacific peoples</li> <li>• Promote and increase Pacific people's knowledge and awareness about mental health services and supports available</li> <li>• Develop programmes to improve skills that improve self-resilience and wellbeing for Pacific youth and young adults</li> <li>• Establish support system for increased responses to Pacific peoples experiencing suicidal distress</li> <li>• Promote Pacific peoples understanding of services to support the prevention of family violence.</li> <li>• Promote and support local and national anti-stigma and anti-racism campaigns and initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and implement initiatives to reduce psychological distress in Pacific peoples</li> <li>• Implement programmes to increase access and choice for primary mental health care for Pacific peoples, particularly Pacific young people.</li> <li>• Use Pacific models of mental health and wellbeing in service delivery</li> <li>• Implement Pacific suicide prevention initiatives identified in the Ministry of Health's <i>Every Life Matters</i> suicide prevention strategy 2019–2029 and action plan 2019–2024 (Ministry of Health 2019f)</li> <li>• Strengthen initiatives to prevent and minimise harmful gambling in Pacific communities</li> </ul>	<ul style="list-style-type: none"> <li>• Support policies to prioritise funding for primary health care access and choice of mental health services for Pacific peoples</li> <li>• Implement and deliver wellbeing initiatives in schools with high Pacific enrolments</li> <li>• Ensure a well-coordinated and integrated approach between relevant social services</li> <li>• Implement relevant Family Violence Act 2018 strategies</li> </ul>	<p>Pacific people report:</p> <ol style="list-style-type: none"> <li>1. awareness of key mental health issues for Pacific communities</li> <li>2. knowledge of skills to improve mental wellbeing and resilience in Pacific youth and young adults</li> <li>3. knowledge of mental health and wellbeing support services</li> <li>4. reduced levels of psychological distress</li> <li>5. increased access to and use of primary and secondary mental health services</li> <li>6. decreased rates of attempted and or suicides in young people.</li> </ol>
<p><b>7 Health and disability system</b></p> <p>To build a health and disability system that is fair, sustainable and responsive to the health needs of Pacific peoples and provides timely access to effective and quality health care</p> <p>Focusing on:</p> <ul style="list-style-type: none"> <li>• Technology</li> <li>• Responsive services</li> <li>• Delivery and design</li> </ul>	<p>Identify opportunities and establish programmes to improve health system access and navigation for Pacific peoples. Examples:</p> <ol style="list-style-type: none"> <li>1. Use of technology (such as apps) to facilitate access to, navigation of and communication with key health and social services for Pacific youth and young adults</li> <li>2. Develop programmes to upskill Pacific community members (Pacific youth and older people) to facilitate health and social system navigation and language interpretation for Pacific peoples</li> </ol>	<ul style="list-style-type: none"> <li>• Invest in, advocate for and support improved access (transport, flexible hours) and affordability of primary health care services</li> <li>• Prioritise investment in redesigning service delivery to better meet the need of Pacific peoples (eg, Pacific hubs that contain health, disability and social services)</li> <li>• Invest in and support existing and new technologies to enhance access to service systems to improve quality and timeliness of care</li> <li>• Develop appropriate information and communication technology strategies that focus on: <ul style="list-style-type: none"> <li>› enabling effective communication within and between health care providers and across-sectors</li> <li>› monitoring and reporting on Pacific-specific health-related activities</li> </ul> </li> <li>• Collaborate with relevant agencies to guarantee Pacific-specific information (eg, ethnicity) is collected and reported for existing and new health programmes and ensure these are routinely monitored, refined and reported on <ul style="list-style-type: none"> <li>› Use evidence-based research and evaluation to develop, plan and implement health programmes and services targeting Pacific peoples</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Prioritise and invest in a work programme to identify and address institutional/structural racism and implicit bias across the health and disability sector</li> <li>• Embed in service standards, policies and planning requirements about responsiveness to Pacific health equity</li> <li>• Develop system stewardship agreements across primary health care, prevention and community services (HDSR 2019)</li> <li>• Establish a new Pacific service commissioning model (eg, a new agency, lead commissioning DHB, co-commissioning)</li> <li>• Invest in funding, commissioning and delivery of health services through: <ul style="list-style-type: none"> <li>› prioritising Pacific health equity in funding and commissioning decisions</li> <li>› strengthening and increasing the adaptability of the PPDF funding model (supports small and larger provider needs and to scale)</li> </ul> </li> <li>• Implement recommendations from the health system review that improve Pacific health</li> </ul>	<p>Pacific people report:</p> <ol style="list-style-type: none"> <li>1. improved service user experience across health and social services</li> <li>2. increased participation in service design</li> <li>3. knowledge of relevant service navigation</li> </ol>

		<ul style="list-style-type: none"> <li>› Conduct research and evaluation (using Pacific methods) of health programmes and interventions that focus on improving Pacific health and achieving health equity</li> </ul>		
<p><b>8 Environments and the social determinants of health</b></p> <p>To decrease health inequities and provide healthier living and working environments for Pacific communities</p>	<p>Establish awareness campaign to increase Pacific people's awareness about the link between housing and health and services to support improved housing quality and home ownership pathways</p>	<ul style="list-style-type: none"> <li>• Invest in local/regional initiatives to support better outcomes in the determinants of health for Pacific peoples</li> <li>• Support and implement Healthy Homes programme initiatives</li> <li>• Advocate for and support the development of cross-agency policies and services that improve housing, education, income and culture</li> </ul>	<ul style="list-style-type: none"> <li>• Support the national and local implementation of relevant health and wellbeing related actions in the following cross-government agency plans: <ul style="list-style-type: none"> <li>› Ministry of Business, Innovation and Employment Pacific employment plan</li> <li>› Ministry for Pacific Peoples whole-of-government strategy</li> <li>› Ministry for Pacific Peoples Pacific Aotearoa. Lalanga Fou (Ministry for Pacific Peoples 2018)</li> <li>› Ministry of Education Pasifika Education Plan 2013–2017</li> <li>› Ministry of Housing and Urban Development Healthy Homes and housing affordability initiatives</li> </ul> </li> <li>• Advocate for and support the development of cross-agency policies and services that improve housing, education, income and culture</li> </ul>	<p>Pacific people have:</p> <ol style="list-style-type: none"> <li>1. increased use of Healthy Homes Initiatives services</li> <li>2. decreased household overcrowding</li> <li>3. increased median income</li> <li>4. decreased unemployment</li> <li>5. improved NCEA attainment</li> </ol>
<p><b>9 Evidence and insights</b></p> <p>To strengthen Pacific research, data collection and the use of Pacific data to drive evidence-based actions that improve Pacific health outcomes</p> <p>Focusing on:</p> <ul style="list-style-type: none"> <li>• Pacific data use</li> <li>• Pacific research</li> </ul>	<p>Develop programmes to improve awareness and access to health research career pathways</p>	<ul style="list-style-type: none"> <li>• Increase use of ethnic-specific data for Pacific peoples</li> <li>• Improve use of Pacific data in service policies and planning</li> <li>• Improve Pacific peoples data sovereignty</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritise and improve governance and collection of Pacific population and health data (ethnicity protocols)</li> <li>• Prioritise, identify and use Pacific population and health data and research to inform policies, strategies and plans.</li> <li>• Support research on achieving equity and reducing inequalities</li> <li>• Support implementation of the New Zealand Health Research Strategy 2017–2027 (Ministry of Business, Innovation and Employment and Ministry of Health 2017) with a focus on Pacific priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Pacific people report: <ul style="list-style-type: none"> <li>› better access to their own health data</li> <li>› knowledge of health research careers</li> </ul> </li> <li>• Services / Ministry of Health: <ul style="list-style-type: none"> <li>› improve use of ethnic-specific data for Pacific peoples where feasible</li> <li>› improve reporting of Pacific health data across all key health priorities (outlined in the service priority section)</li> </ul> </li> </ul>

## Appendix C: Indicators

### Health status indicators

These are core indicators, including mortality by age, sex and cause.

INDICATOR	DEFINITION
Life expectancy at birth	The average number of years that a new born could expect to live if they were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of their birth, for a specific year
Under-five mortality rate	The probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age-specific mortality rates of that period, expressed per 1,000 live births (The under-five mortality rate as defined here is, strictly speaking, not a rate (ie, the number of deaths divided by the number of population at risk during a certain period of time) but a probability of death derived from a life table and expressed as a rate per 1,000 live births.)
Maternal mortality ratio per 100,000 population	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of a pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100,000 live births, for a specified time period
Mortality between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	Unconditional probability of dying between the exact ages of 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
Suicide rate per 100,000 population	Suicide rate per population in a specified period (age-standardised)

### Risk factors indicators

Indicators include those relating to nutrition, environmental, behavioural, injuries and violence.

INDICATOR	DEFINITION
Exclusive breastfeeding rate in infants 0–5 months of age	Percentage of infants 0–5 months of age (<6 months) who are fed exclusively with breast milk
Total alcohol per capita (age 15+ years) consumption	Total alcohol of alcohol consumed per adult (15+ years) in a calendar year, in litres of alcohol. Recorded alcohol consumption (refers to official statistics)
Age-standardised prevalence of current tobacco use among people aged 18+ years	Age-standardised prevalence of current tobacco use among persons aged 18+ years
Pacific children aged under 5 years who are overweight	Prevalence of weight-for-height in Pacific children aged 0–59 months
Age-standardised prevalence of overweight and obesity in people aged 18+ years	Percentage of adults (18+ years) who are overweight (defined as having a body mass index, BMI, $\geq 25$ kg/m <sup>2</sup> ) and obese (defined as having a BMI $\geq 30$ kg/m <sup>2</sup> )
Age-standardised prevalence of insufficiently physically active people aged 18+ years	Age-standardised prevalence of insufficiently physically active people aged 18+ years (percentage of adults aged 18+ years not meeting any of the following criteria: <ul style="list-style-type: none"> <li>• 2 ½ hours of moderate or 1 ¼ hours of vigorous physical activity spread throughout the week.</li> </ul> For Older peoples (65+) <ul style="list-style-type: none"> <li>• 30 minutes of moderate physical activity on 5 days or more per week.</li> </ul>



Intimate partner violence prevalence	Percentage of currently partnered girls and women aged 15–49 years who have experienced physical and/or sexual violence by their current intimate partner in the last 12 months
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### Service coverage indicators

Indicators reflect priorities across the spectrum of health and disability services, including reproductive, maternal, new born, child and adolescent, immunisation, communicable diseases, mental health and substance abuse.

INDICATOR	DEFINITION
Antenatal care coverage – at least four visits (%)	Percentage of women aged 15–49 years with a live birth in a given time period who received antenatal care four times or more
Mental health	Percentage of people with a mental disorder who are using services
Screening and preventive care	Cancer screening
Substance abuse	Alcohol, drug use and smoking

### Health and disability system indicators

Indicators include indicators of health system workforce, health information and quality of care, cultural safety and responsiveness capacity.

INDICATOR	DEFINITION
Service usage	Number of general practice (GP) and emergency department (ED) visits per person per year
Health service access	Percentage of population living within 5 kilometres of a health service
Number of Pacific health workforce and distribution	Number of Pacific health workers per population
Service cultural responsiveness	Pacific peoples' experience surveys

## Appendix D: Ministry of Health strategies and plans

STRATEGY	OUTCOMES SOUGHT	LINK
Every Life Matters – He Tapu te Organa o ia Tanagata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand	Every life matters, and by working together, we can achieve a future where there is no suicide in Aotearoa New Zealand.	<a href="http://www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2019-2029-and-plan-2019-2024-v2.pdf">www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2019-2029-and-plan-2019-2024-v2.pdf</a>
Strategy to Prevent and Minimise Gambling Harm Overall Goal 2019/20 to 2021/22	Government, the gambling sector, communities and families/whānau work together to prevent and minimise gambling harm and reduce related health inequities. Pacific peoples disproportionately experience gambling harm.	<a href="http://www.health.govt.nz/system/files/documents/publications/strategy-prevent-minimise-gambling-harm-2019-20-to-2021-22-dec18.pdf">www.health.govt.nz/system/files/documents/publications/strategy-prevent-minimise-gambling-harm-2019-20-to-2021-22-dec18.pdf</a>
Faiva Ora 2016–2021 National Pasifika Disability Plan	Pacific disabled people and their families are supported to live the lives they choose.	<a href="http://www.health.govt.nz/system/files/documents/publications/faiva-ora-2016-2021-national-pasifika-disability-plan-aug17_0.pdf">www.health.govt.nz/system/files/documents/publications/faiva-ora-2016-2021-national-pasifika-disability-plan-aug17_0.pdf</a>
Framework for developing New Zealand's health workforce (In developmental phase)	Improve the workforce for: rural, disability, child wellbeing, primary health care, mental health and addiction. Grow the Pacific health and disability workforce. The workforce should have: <ul style="list-style-type: none"> <li>• capacity</li> <li>• capability</li> <li>• culture</li> <li>• criticality.</li> </ul>	<a href="http://www.health.govt.nz/our-work/health-workforce/health-and-disability-workforce-strategic-priorities-and-action-plan#summary">www.health.govt.nz/our-work/health-workforce/health-and-disability-workforce-strategic-priorities-and-action-plan#summary</a>
New Zealand Cancer Action Plan 2019–2029	Prevent and improve outcomes / achieve equitable and consistent outcomes. Key outcomes are: <ol style="list-style-type: none"> <li>1. New Zealanders have a system that delivers consistent and modern cancer care.</li> <li>2. New Zealanders experience equitable cancer outcomes.</li> <li>3. New Zealanders have fewer cancers.</li> <li>4. New Zealanders have better cancer survival.</li> </ol>	<a href="http://www.beehive.govt.nz/sites/default/files/2019-09/Cancer%20Action%20Plan%20%2830%20Aug%2019%29_0.pdf">www.beehive.govt.nz/sites/default/files/2019-09/Cancer%20Action%20Plan%20%2830%20Aug%2019%29_0.pdf</a>
Well Child Tamariki Ora review (currently under review)	Making New Zealand the best place in the world to be a child is a top Government priority. Develop equitable health and development outcomes for children.	(In progress) <a href="http://www.health.govt.nz/our-work/life-stages/child-health/well-child-tamariki-ora-services/well-child-tamariki-ora-review/well-child-tamariki-ora-review-update-june-2019">www.health.govt.nz/our-work/life-stages/child-health/well-child-tamariki-ora-services/well-child-tamariki-ora-review/well-child-tamariki-ora-review-update-june-2019</a>
Healthy Ageing Strategy (2016)	Older people live well, age well and have a respectful end of life in age-friendly communities.	<a href="http://www.health.govt.nz/system/files/documents/publications/healthy-ageing-strategy_june_2017.pdf">www.health.govt.nz/system/files/documents/publications/healthy-ageing-strategy_june_2017.pdf</a>
Delivering Better Public Services: A good start to life	Every child in New Zealand gets a good start to life.	<a href="http://www.health.govt.nz/system/files/documents/publications/delivering-better-public-services-result-actions-2-3-jun17.pdf">www.health.govt.nz/system/files/documents/publications/delivering-better-public-services-result-actions-2-3-jun17.pdf</a>

## Appendix E: Glossary

<b>Access</b>	People's ability to reach and use health services. Barriers to access can include: income and cost, geographic location, health literacy, gender, experience of stigma and discrimination, acceptability and/or availability of existing services.
<b>Cultural competencies</b>	The set of competencies that are necessary to develop culturally appropriate knowledge, values, processes and protocols for working with people from another culture. Pacific cultural competence is the ability to integrate Pacific values, principles, structures, attitudes and practices into the care and delivery of services to Pacific clients, their families and their communities.
<b>Cultural safety</b>	A reflective practice, showing respect for the values inherent in a culture and the social differences of others in providing services. Pacific cultural safety involves interactions that recognise, respect and nurture the unique cultural identity of each person to safely meet their needs, expectations and rights. It includes showing respect and sensitivity to people and considering their spiritual, emotional, social and physical needs.
<b>Determinants of health</b>	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.
<b>Environment</b>	The physical surroundings and conditions.
<b>Equity (in health)</b>	The absence of avoidable or remediable differences among groups of people. Health equity acknowledges that not only are differences in health status unfair and unjust, they are also the result of differential access to the resources necessary for people to lead healthy lives.
<b>Evaluation</b>	Professional evaluation is defined as the systematic determination of the quality or value of something (Scriven 1991). Evaluation is a systematic process and is a planned and purposeful activity, not an afterthought. Evaluation involves collecting data about questions or issues about society in general and organisations and programmes in particular. It is also a process used to enhance knowledge and decision-making relating to programme improvements and determining whether a programme should be continued or expanded (Preskill and Russ-Eft 2005).
<b>Pacific Peoples</b>	A diverse range of peoples from the South Pacific region (eg, Samoa, Tonga, Cook Islands, Niue, Tuvalu, Fiji, Tokelau) living in New Zealand, who have migrated from those island nations or identify with them because of ancestry or heritage.
<b>Primary health care</b>	Essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. Primary health care is universally accessible to people in their communities, involves community participation, is integral to and a central function of the country's health system and is the first level of contact with the health system.
<b>Primary health organisation (PHO)</b>	A group of health providers whose job it is to provide primary health care to all the people enrolled with them. The group will always include a general practitioner (GP) and may include some or all of the following (often working in teams): nurses, Māori health providers, Pacific health providers, health promotion and public health workers, pharmacists, dietitians, mental health workers, community health workers and dentists.
<b>Provider</b>	An organisation or individual providing health and disability services.
<b>Public health</b>	The science and art of promoting health, preventing disease and prolonging life through the organised efforts of society.
<b>Pacific youth</b>	Pacific young people in the 15–24 years age group.
<b>Resilience</b>	The ability to cope with shocks and bounce back.
<b>Responsiveness</b>	Responsiveness to Māori reflects the Government's view that health should contribute to improving Māori health and eliminating health inequities. Organisations must therefore consider how their processes can better reflect Māori health needs and priorities. Responsiveness to Māori recognises the Government's accountabilities under the Treaty of Waitangi, which flow on to organisations receiving government funding.  Responsiveness to Pacific is ensuring solutions from all key stakeholders, including the Ministry of Health, district health boards (DHBs), the Pacific health and disability sector, and Pacific communities, to be effective and meet Pacific realities.

The background is a vibrant green color with a complex, repeating pattern. The pattern consists of interlocking geometric shapes, primarily squares and rectangles, some of which are filled with a smaller, stylized floral or leaf-like motif. The overall effect is a dense, textured surface.

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