



Canterbury

District Health Board

Te Poari Hauora o Waitaha

PACIFIC HEALTH ACTION PLAN

Canterbury District Health Board

March 2002



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INTRODUCTION

Pacific Health is an important area of focus for the Canterbury District Health Board over the next five years. Therefore, progressing its Pacific Health Action Plan has been a priority for the Canterbury DHB.

Canterbury is one of seven District Health Boards with specific responsibility for addressing Pacific Health inequalities. In addition, all the priorities proposed in Canterbury DHB's draft Strategic Plan impact significantly on Pacific people. These proposed priorities are: diabetes, cardiovascular disease, child health, primary care and Maori Health. Because 25% of Pacific children are also Maori, this priority, too, is important for Pacific people.

The high level of correlation between the Canterbury DHB's strategic priorities and its desire to work with the Pacific communities, will encourage all parties to productively work together to generate improvements in Pacific health outcomes.

PACIFIC PEOPLE IN CANTERBURY

The Pacific population in New Zealand, in general, has poor health status, low income, poor housing, low educational achievement and unemployment. Pacific peoples are the fastest growing group in New Zealand, with a population growth rate eleven times faster than the total New Zealand population. The Pacific population is young, with children under 15 years comprising 39.2% of all Pacific peoples, compared with 23% of the total population.

The Pacific population in Canterbury is estimated to be in excess of 8000 people. This figure is based on Statistics NZ's 1999 projections of 3.3% cumulative growth per annum. Statistics NZ also estimated that more than half the Pacific population in Canterbury will be under 25 years of age.

Complete 2001 Census figures will be available within the next few months. Note, however, that at each Census there is an undercount of Pacific people, the full extent of which is not identifiable, related to Census forms not being filled in through lack of understanding; immigration issues or being counted as Maori. Pacific people who are also Maori, are counted as Maori.

The age structure of the Pacific population, compared to that of the total New Zealand population shows the youthfulness of the population. While this is based on the 1996 Census information, it shows the marked difference in population demographic structure between the Pacific and total New Zealand populations.

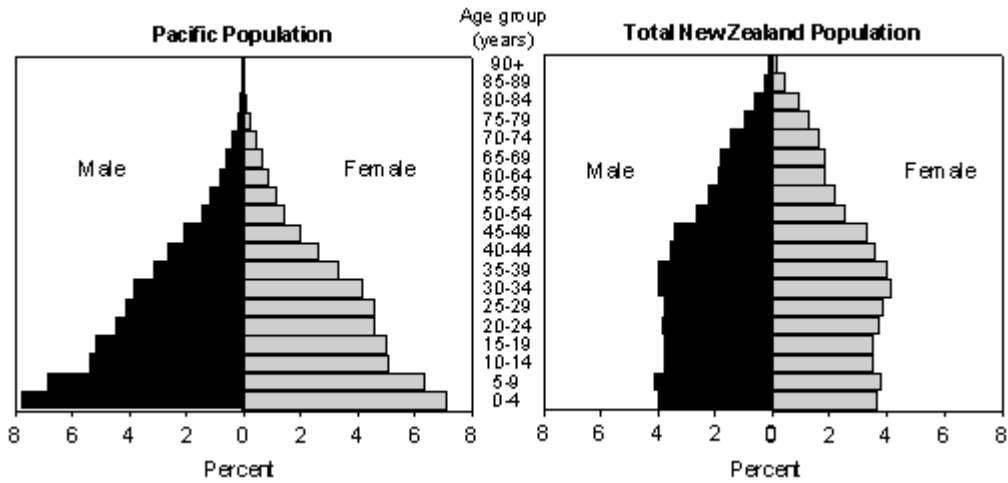


Figure 1 Age distribution of Pacific and total New Zealand population [1996 Census]

New Zealand born Pacific people outnumber those born elsewhere in the younger age groups, but the reverse occurs in the older age groups.

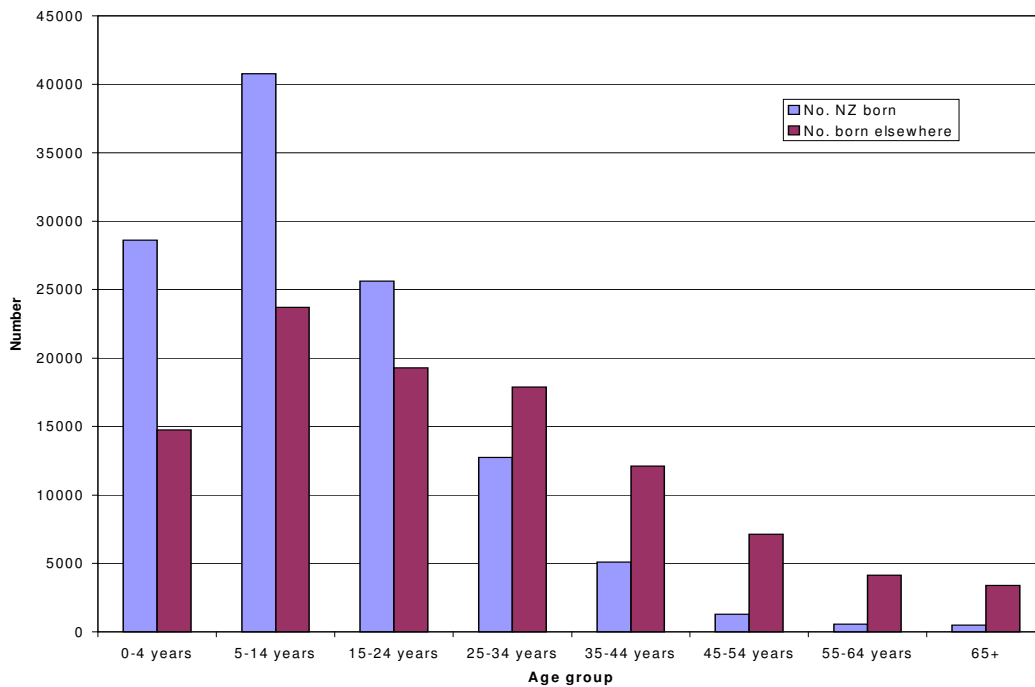


Figure 2 Age distribution of NZ born Pacific peoples and those born elsewhere
 [Based on 1996 Census information, quoted from Kokaua 2001, with permission]

Geographical Distribution within Christchurch

Within Christchurch, just under a quarter of the Pacific population live in the eastern suburbs of Aranui, Bexley, Linwood, Shirley, Avonside and Parklands area [22.5% of the total population].

The Ferrymead, Woolston, Phillipstown, Sydenham, Addington central corridor houses approximately 9.5% of total and south-western Christchurch [Hillmorton, Sockburn, Hornby, Broomfield and Riccarton West] is home to approximately 14% of the total Pacific population.

Therefore, almost half the Pacific population lives in the lower socio-economic areas of Christchurch.

PACIFIC HEALTH & DISABILITY ACTION PLAN 2002

The Pacific Health & Disability Action Plan was released in February 2002. It sets the strategic direction and actions for improving health outcomes for Pacific peoples and reducing inequalities between Pacific and non-Pacific peoples. The Plan is directed at the health and disability service sectors and Pacific communities and aims to provide and promote affordable, effective and responsive health and disability services for all New Zealanders. The vision, principles and priorities of the Action Plan will form the basis of future Pacific health and disability support policy and services.

The Plan states that Pacific peoples in New Zealand, despite their poor health status and high health needs, have unequal access to health and the quality of care received is frequently sub-optimal.

The Plan also reiterates the importance of culture as a determinant of health. This is particularly important because of the cultural diversity of Pacific communities, with a mixture of Island-born and New Zealand born people, and a multiplicity of languages and idiom, protocols and etiquette, beliefs and traditions.

This diversity and complexity also explains the Pacific call for “by Pacific for Pacific” service and workforce development, as well as the enhancement of mainstream services so that they are respectful of different cultures and achieve improved access for Pacific people.

The key features of the Pacific Health & Disability Action Plan are:

Vision

Healthy Pacific people achieving their full potential throughout their lives.

Values

Service, respect and duty of care.

Principles

Principle 1: Dignity and the sacredness of life are integral in the delivery of health and disability services.

Principle 2: Active participation of Pacific people in all levels of health and disability services is encouraged and supported

Principle 3: Successful Pacific services recognise the integral roles of Pacific leadership and Pacific communities.

Principle 4: Pacific peoples are entitled to excellent health and disability services that are co-ordinated, culturally competent and clinically sound.

Priority Action Areas

This section briefly outlines the six priority areas, and some examples of the objectives associated with each priority area.

1. Child and Youth Health
 - ✧ Improving access to primary care services, including immunisation and Well Child services
 - ✧ Reducing the rate of injuries to children
 - ✧ Establishing linkages to the Youth Health Strategy e.g. alcohol, drugs, sexual & reproductive health; mental health

2. Promoting Healthy Lifestyles and Wellbeing
 - ✧ Encouraging and promoting healthy nutrition practices and increasing the level of physical activity
 - ✧ Minimising harm caused by alcohol, tobacco, drugs and gambling
 - ✧ Creating healthy environments through facilitating intersectoral partnerships and effective health promotion models
 - ✧ Requiring services to Pacific peoples to encompass holistic, integrated, culturally competent approaches

3. Primary Health Care and Preventive Services
 - ✧ Improving access to effective, culturally and clinically competent primary health services by Pacific and mainstream providers
 - ✧ Improving access to specialist services
 - ✧ Improve outcomes for Pacific women, Pacific people with high incidence cancers and chronic disease, and mental health service outcomes

4. Provider and Workforce Development
 - ✧ Identifying and actioning workforce development requirements through a Pacific Workforce Plan
 - ✧ Developing and implementing Pacific health best practice guidelines
 - ✧ Ensuring mainstream workforce organisations support the development of the Pacific health workforce in all sector areas, e.g. mental health, disability, primary care and so on
 - ✧ Support the establishment and growth of Pacific organisations, including Pacific Primary Health Organisations.

5. Promoting participation of disabled Pacific peoples
 - Increasing the access to and quality of disability support services
 - Encouraging Pacific communities to develop their understanding of disability issues

6. Health and Disability Information & Research.
 - Developing a Pacific health and disability research strategy
 - Collecting, collating and analysing ethnic-specific information for policy and service development.

ACCOUNTABILITY REQUIREMENTS

Canterbury DHB is one of seven District Health Boards with Pacific accountabilities. This requires Canterbury to ensure that processes are in place for participation, engagement and input by Pacific people, with respect to:

- Health Needs Assessment
- Prioritisation
- Planning service delivery
- Monitoring
- Evaluation of services.

Canterbury DHB is also required to make progress in the development of its own Pacific workforce, promote workforce development among its contracted mainstream providers and in the development of Pacific providers.

These requirements are measured by the Ministry of Health through:

- a) Assurances that participation, engagement and input has been gained from the Pacific community into the Annual and Strategic Planning processes, as well as the Health Needs Assessment process.

Canterbury DHB can demonstrate that it meets this requirement

- b) Reporting on progress made towards implementation of priority areas identified in the Pacific Health & Disability Action Plan and Ministry of Pacific Island Affairs Programme of Action.

Canterbury DHB, through the commitment to this Plan and its implementation, as well as its ongoing engagement with the MPIA, will demonstrate that it meets this requirement

- c) Development of a Human Resources policy that provides for the recruitment, development and retention of Pacific staff within Canterbury DHB.

Canterbury DHB can demonstrate that it meets this requirement through:

- *The draft Human Resources strategy that recognises Pacific workforce development as an important area.*
- *The two ethnicity surveys, and personal networks, that have begun identification of Pacific staff within the provider arm.*
- *Mentoring, career pathways and a Pacific fanau group can be implemented within the provider arm.*
- *The Pacific Provider Development Fund will support workforce development within the Pacific provider sector.*
- *The Pacific Scholarship Scheme will be publicised through CDHB communication mechanisms.*

- d) The Strategic and Annual Plans demonstrate planning to develop the Pacific workforce and the capacity of Pacific providers, and progress is reported.

Canterbury DHB can demonstrate that it meets these requirements.

PACIFIC PROVIDER DEVELOPMENT INITIATIVES

The Ministry of Health's Public Health Directorate, Pacific Branch, is managing the Pacific Provider Development initiative. The initiative has four key aims and comprises four separate strategies.

Key Aims

- (a) To support Pacific provider development consistent with the local DHB's strategy for Pacific health
- (b) To consolidate existing Pacific provider structures
- (c) To support Pacific providers to effectively deliver health services; and
- (d) To build a highly skilled Pacific health and disability workforce.

Key Strategies

- (a) District Health Board initiatives
- (b) Pacific Provider Development Fund applications from Pacific providers
- (c) Pacific Scholarship Scheme
- (d) Pacific Research Initiatives.

Both the aims and the key strategies are of interest to the Canterbury DHB, as outlined below.

- (a) District Health Board initiatives
In 2002 the fund will assist the developmental work underpinning the establishment of a Pacific Primary Health Clinic in Christchurch. The Pacific community has called for a "by Pacific, for Pacific" clinic for many years and in 2001, the Canterbury DHB and Ministry of Health received a proposal from Pacific Trust Canterbury to establish such a clinic.

The funding received will provide for a Project Manager to use the feasibility study and develop the Clinic concept in an appropriately Pacific manner within the available funding parameters.

- (b) Pacific Provider Development Fund applications from Pacific providers
The Pacific Provider Development Fund is managed by the Ministry of Health and open to "by Pacific for Pacific providers" who meet the advertised criteria. Applications were sought during December 2001-January 2002 from Pacific providers around New Zealand.

Providers could submit applications in one or more of the four main categories:

- Provider Assistance
- Service Development
- Best Practice Development
- Workforce Development.

An assessment process involving Ministry of Health, District Health Board and Ministry of Pacific Island Affairs representatives was undertaken.

Three applications were received from providers in the Canterbury DHB area. All three applications have been assessed as meeting the eligibility criteria and able to access the Fund. Canterbury DHB will be responsible for implementing the Fund via contracts negotiated with the successful applicants and monitoring their progress.

It is expected that the PPDF will continue for at least two more years, and local providers will be encouraged to apply to the Fund to support their development aspirations.

- (c) Pacific Scholarship Scheme
 The Scholarship scheme will be managed by a provider selected by the Ministry of Health following a tender process. The scheme will support Pacific students studying towards a health or related qualification such as certificates or degrees in allied health disciplines, nursing, medicine, health administration or management and post-graduate clinical and research programmes. The Scholarships will be awarded to individuals of Pacific origin seeking appropriate Pacific training or training aligned with Pacific health priorities or training institutions that provide culturally appropriate Pacific training, or whose training programme is aligned to Pacific health priorities.

The Canterbury DHB will be encouraging Pacific students to apply to the scheme, and for Pacific providers in Canterbury to support and mentor them in this process. The Canterbury DHB will also consider how it can support Pacific students working within its provider arm, or in community providers.

- (d) Pacific Research Initiatives
 The Canterbury DHB, with its close affiliation to the Otago Medical School and the Christchurch Polytechnic School of Nursing, recognises its obligations to support and encourage Pacific research initiatives. The research scheme will be administered either by the Health Research Council or through the Ministry of Health.

The Canterbury DHB will be encouraging Pacific providers and workers to submit research proposals for funding.

PACIFIC HEALTH & DISABILITY PROVIDERS IN CANTERBURY

The Canterbury DHB holds the following contracts with Pacific providers and providers who operate Pacific services.

Note that these providers may also provide services under contract to funders other than Health funders e.g. Accident Compensation Corporation, Land Transport Safety Authority, Child, Youth & Family Agency, Department of Internal Affairs, Department of Work & Income.

<i>Provider</i>	<i>Service[s]</i>
Pacific Community Health Project Inc	Primary Nursing Services
Pacific Island Evaluation	Drug & Alcohol Counselling Services
Pacific Trust Canterbury	Well Child Mental Health Asthma Education
CDHB	Diabetes Life Educators

The Ministry of Health [either Public Health or Disability Issues Directorate] is responsible for the following contracts:

Provider	Service[s]
Crown Public Health	Sexual Health [note that a number of other Crown Public Health activities involve a Pacific focus e.g. healthy lifestyles, physical activity]
Matua Pasefika	Day Care services for the elderly

CANTERBURY DHB INITIATIVES

Canterbury DHB has received consistent messages from Pacific communities and providers since it came into being in July 2001. Pacific people have health needs that cannot be ignored and specific initiatives need to be developed that will support an incremental developmental approach in Canterbury. Pacific people are keen to continue to be involved, but also want to see action.

The Pacific population in Canterbury may not be large as a percentage of the total [about 2% of the total Canterbury DHB population]. However, it is a population with health needs that will be costly [socially and economically] if they are not specifically addressed.

In its draft Strategic Plan document, Canterbury DHB has proposed the following activities to address Pacific health issues:

- a) Support Pacific people as health providers, including increasing the number of Pacific people in the health workforce
- b) Involve Pacific peoples in health service development
- c) Accurately collect ethnicity data
- d) Establish a Pacific peoples' primary health service
- e) Help to increase collaboration between Pacific providers.

Activities associated with each will be ongoing from 2002-06. Associated tasks will occur in an evolutionary manner in order to build Pacific capacity, and the responsiveness of mainstream services to Pacific peoples. The Canterbury DHB's role will be to plan, support and monitor the implementation of activities to, over time, ensure the improvement in Pacific health outcomes.

- a) Support Pacific people as health providers, including increasing the number of Pacific people in the health workforce
Links with Pacific Health & Disability Action Plan Priority Action Area 4: Provider & Workforce Development

At present, the Canterbury DHB has responsibility for three contracts with Pacific providers. Crown Public Health, part of the CDHB, has responsibility for some Pacific services.

A number of national strategies that the CDHB will be charged with implementing have Pacific health as a priority. This will require re-prioritising of existing funding, or the direction of new funding towards Pacific services. These strategies include:

- Pacific Health and Disability – New Zealand Disability Strategy

Planned Activities

- ✧ Pacific Provider Development Fund – participate in the Fund’s evaluation process and contract with Pacific providers in Canterbury for 2001-02 and subsequent financial years to undertake agreed development activities that will strengthen Pacific provider infrastructures and services, and meet Ministry of Health criteria for the scheme

Timeframe	Responsibility
2001-2 and next 2 years at least	MOH – criteria MOH/CDHB/MPIA – joint evaluation CDHB – contract management

- ✧ Pacific Scholarships – ensure wide circulation of Pacific scholarship opportunities amongst Pacific health workers and providers

Timeframe	Responsibility
2001-2 and next 2 years at least	MOH – criteria MOH contracted provider – contract management CDHB – Communications Team circulate information re Pacific Scholarships through Staff message; Healthline; Staff newsletter; website

- ✧ Community Support Worker Certificate – encourage Pacific mental health workers to study for the Certificate, and advise of the support package purchased by the Ministry of Health

Timeframe	Responsibility
2001-2 and next 2 years at least	MOH – NETCOR contract CDHB – Pacific provider relationship management team South Island Mental Health Network – Strategic Plan CDHB – Communications team circulate information

- ✧ Clinical Training Agency – encourage CTA to develop criteria and allocate funding to support the development of the Pacific workforce, and establish a Pacific Reference Group

Timeframe	Responsibility
2001-2 on	MOH CTA – CDHB discussions to support criteria & funding development CDHB – proposals to CTA [P&F, COO, HR]

- ✧ CDHB to undertake promotion and recruitment activities that encourage Pacific people to consider health career options

Timeframe	Responsibility
2001-2 and out years	CDHB P&F, Kaumatua, HR, Provider arm Pacific staff – school and community visits, in conjunction with Actionworks, Skill NZ, Tertiary institutions, Pacific providers

- ✧ CDHB to look at service development opportunities for Pacific providers

Timeframe	Responsibility
2001-2 and out years	MOH/DHB – input into Nationwide Service Framework processes e.g. service specification and other relevant workstreams [particularly Mental Health], and strategy development processes CDHB – prioritisation process outcomes

- ✧ CDHB to encourage mainstream providers, including its provider arm, to develop and mentor Pacific workers, including career development pathways

Timeframe	Responsibility
2001-2 and out years	P&F – input into Nationwide Service Framework processes; policy development, contract requirements and monitoring HR Strategy implementation

- ✧ CDHB to encourage its provider arm to implement a Pacific fanau group to meet regularly and identify specific Pacific issues

Timeframe	Responsibility
2001-2	CDHB – COO/HR Strategy

- ✧ CDHB to consider a Pacific development position?

Timeframe	Responsibility
2002-3	CDHB

- b) Involve Pacific peoples in health service development
Links with Pacific Health & Disability Action Plan Principle 2 and Priority Action Area 4: Provider & Workforce Development

Planned Activities

- ✧ Pacific Provider Development Fund – support governance training to increase skills within Pacific community

Timeframe	Responsibility
2001-2 and next 2 years at least	MOH/CDHB – Pacific Provider Development Fund

- ✧ Consult Pacific peoples in CDHB planning processes and gauge Pacific service priorities

Timeframe	Responsibility
2001-2 and out years	P&F – Planning, Community Engagement; Provider relationship management

- ✧ Continue regular contact with contracted Pacific providers to support ongoing service development and quality improvement

Timeframe	Responsibility
2001-2 and out years	CDHB/SISSAL/MOH – Provider relationship management

- c) Accurately collect ethnicity data
Links with Pacific Health & Disability Action Plan Principle 4 and underpins all Priority Action Areas

Planned Activities

- ✧ Ensure all contracts contain requirements to accurately collect Pacific data, with a focus initially on the Pacific category, and over time, by Island grouping according to Statistics NZ criteria

Timeframe	Responsibility
2001-2 and out years	CDHB P&F – contract management Link with Nationwide Service Framework activities

- ✧ Ensure accurate collection of ethnicity data is monitored

Timeframe	Responsibility
2001-2 and out years	CDHB Monitoring Link with WAVE project and national processes, including Accountability and Nationwide Service Framework processes CDHB Staff training

- ✧ Ensure CDHB provider arm has systems in place to collect accurate Pacific data, and its performance is monitored for quality improvement opportunities

Timeframe	Responsibility
2001-2 and out years	P&F Monitoring and contract management COO/CFO Provider Arm activities

- d) Service development opportunities in Pacific health priority areas
Links with Pacific Health & Disability Action Plan Principle 4 and relates to all Priority Action Areas

Planned Activities

- Identify and implement service development and quality improvement opportunities in Pacific health priority areas such as Diabetes, Child Health, Mental Health, Alcohol & Drug, Disability. Activities will include a focus on population and community health/primary care, as well as secondary care. The intention is to continuously find opportunities to achieve improved health outcomes for Pacific people in Canterbury and to engage all services to actively reflect on their practice and their relationship with Pacific peoples.

Timeframe	Responsibility
2001-2 and out years	MOH - Public Health [Pacific] and DID/CDHB Relationship CDHB Planning & Funding Crown Public Health COO Provider Arm activities

- e) Establish a Pacific peoples' primary health service
Links with Pacific Health & Disability Action Plan Priority Action Area 3: Primary Health Care and Preventive Services in particular, as well as all other Priority Action Areas

Planned Activities

- ✧ Use PPDF to support the development of a Pacific peoples' primary health service by Pacific Trust Canterbury

Timeframe	Responsibility
2001-2 and out years	MOH/CDHB - PPDF CDHB P&F – provider relations management and monitoring

- ✧ Use PPDF to support the Canterbury Pacific Community Project Inc. to undertake its planned service development activities

Timeframe	Responsibility
2001-2 and out years	MOH/CDHB CDHB P&F – provider relations management and monitoring

- ✧ Using relationship and contractual mechanisms encourage mainstream primary health providers to collaborate with Pacific providers to improve Pacific health outcomes

Timeframe	Responsibility
2001-2 and out years	CDHB P&F – provider relations management and community engagement

- f) Help to increase collaboration between Pacific providers
Links with Pacific Health & Disability Action Plan Principle 4 and, in particular, Priority Action Areas 3: Primary Health Care & Preventive Services and 4: Provider & Workforce Development

Planned Activities

- ✧ Encourage linkages and collaboration between Pacific providers through formal and informal consultation, relationship management, and contractual means.

Timeframe	Responsibility
2001-2 and out years	CDHB P&F – provider relations management and community engagement

- (g) Pacific Information & Research Initiatives
Links with Pacific Health & Disability Action Plan Principles 2 & 4 and, in particular, Priority Action Area 6: Health & Disability Information & Research

With its close affiliation to the institutions with strong research capability, such as the School of Medicine and the Christchurch Polytechnic, and its relationship with individual Pacific practitioners who have research experience, the CDHB can support and encourage Pacific research initiatives.

Planned Activities

- Encourage Pacific practitioners and organisations to undertake research and support applications to research funders e.g. Health Research Council, Ministry of Health.
- Encourage Pacific providers and workers to develop Pacific best practice guidelines and research capacity and submit research proposals for funding.
- Ensure that all providers have readily accessible information available for Pacific peoples that is culturally appropriate. Population health information and services, particularly those with a focus healthy lifestyles will be a priority.

IMPLICATIONS FOR CANTERBURY DHB

This plan will require an investment of time from the Canterbury DHB, particularly in Year 1 [2001-02], and Year 2 [2002-03]. This investment will support activities such as implementation of the Human Resources Strategy initiatives, and Planning & Funding activities. The Pacific Provider Development Fund will also support a number of the activities planned to develop Pacific providers and services.

In out years, it is anticipated that the re-prioritisation processes may enable funding shifts to better meet Pacific health outcomes. In the meantime, there is a considerable amount of effort that can occur to improve the quality of services and responsiveness to Pacific peoples.