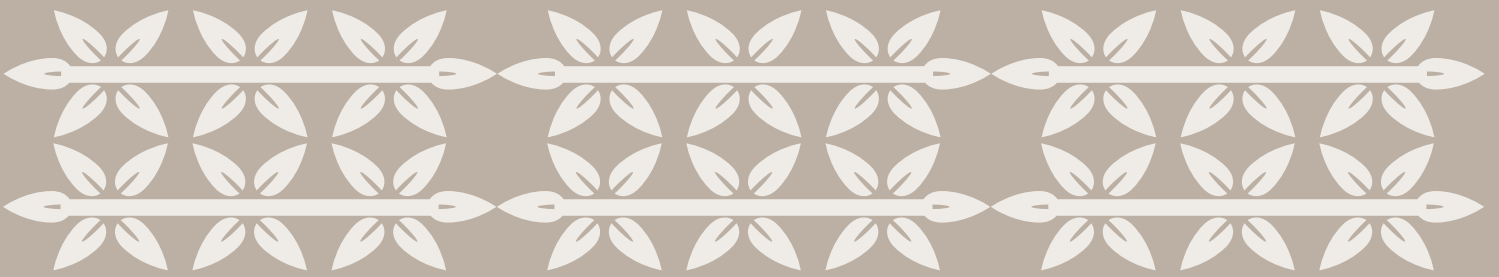
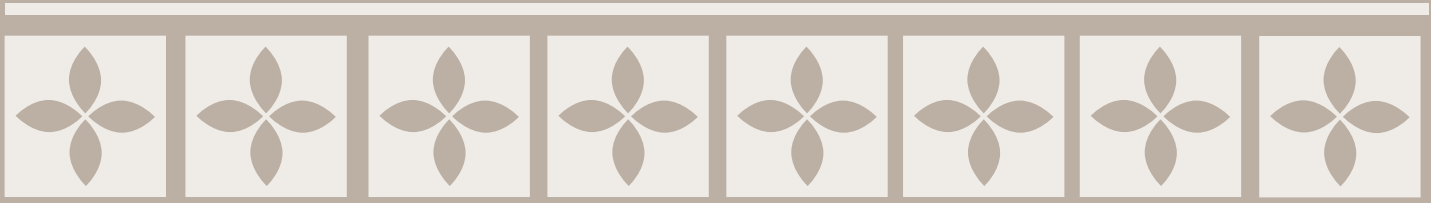




PACIFIC PLAN FOR A LONG, HEALTHY LIFE



A joint health plan for the Pacific population
of Auckland and Waitemata DHBs 2013 - 2016



PACIFIC PLAN FOR A LONG, HEALTHY LIFE

FOREWORD

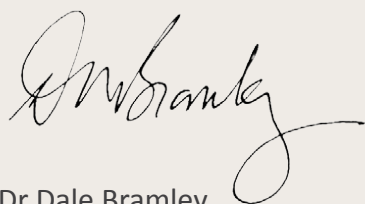
It is a privilege to present the Pacific Health Action Plan 2013 – 2016, the first joint plan for the Pacific populations of the Auckland and Waitemata DHBs.

This plan is a first for us in that the plan has been specifically co-designed with all of our partners; from primary care, to churches and communities. The implementation of this plan is our first responsibility as we aspire to make a meaningful improvement in the health of the Pacific population.

The Plan has six main priorities and these are that:

- our children are safe and that our families are free of violence
- we are smokefree
- we eat well and we are physically active
- we seek medical and other help early
- we use hospital services when needed
- we live in warm houses that are not overcrowded.

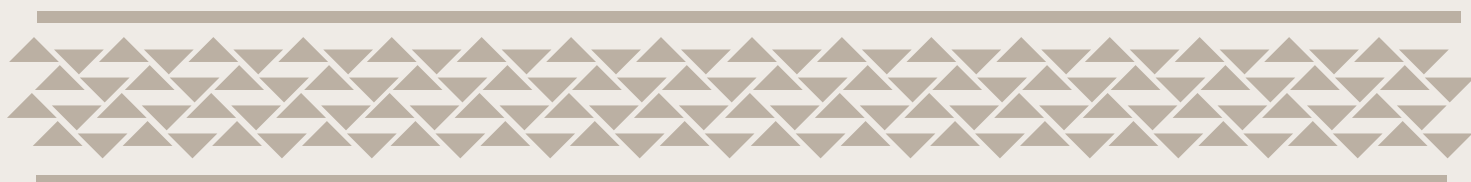
We would like to thank members of the Pacific community who gave freely and generously of their time and energy to participate in this co-design process. The priorities of this Plan are in response to issues identified by the community as well as the health needs analysis undertaken by the DHBs. We would also like to thank the church ministers and community leaders for the enthusiastic support they give to the health programmes in the community. We look forward to deepening the relationship we currently have and along with the PHOs and primary care, we are confident that together we can make real progress in addressing the health needs of Pacific people.



Dr Dale Bramley

Lead CEO Pacific

Waitemata and Auckland DHBs



Our vision for 2016 is for Pacific families to live longer and healthier lives. Is it possible to see real improvements in a short time? Yes! It's possible to increase the trend in life expectancy even within five years.

The DHBs will work with doctors and nurses, Pacific communities, churches, schools and families. We'll do this together – we'll make things better for people who are sick and for those who are struggling or are isolated. Whanau Ora, cooperation: that's the Pacific way.

When it comes to our lives we are the experts. A community development approach works because it builds from the grass roots up. There is the leadership and resources to drive our own solutions. We will work with our families, churches, Pacific ethnic communities, our health leaders, our networks of elders, and our children and youth to get results. We have the answers to our problems.

As a family we have each other. Our strength is in our values and our deep connections. We hold to our values; we work to our strengths. We are strengthened by the support from the DHBs, Primary Health Organisations and some agencies outside of health.

We warm our collective hearts by:



The health of our families is in our hands. Family is the pillar of the house.

Our families keep us well and happy. Our Churches help to keep us together and working as a community. We are proud of our culture and our languages. Our children and youth define our future and we define theirs. Our elders are important in our lives. There is a place for everyone.

Most Pacific families are happy with their health, but too many die early from heart disease, lung cancer, diabetes, obesity and stroke. The DHBs, Primary Health Organisations and Pacific communities know that our health issues and the solutions are interwoven into Pacific families and our community. Some problems are directly linked to poverty and social policy but we can still tackle these.

Getting healthier won't happen overnight but we have a plan

WHAT ARE WE TRYING TO ACHIEVE?

The health of our Pacific communities will improve if we plan ahead. We know the problem areas. We have some solutions and also good ideas that are worth exploring. In the short term we can't fix poverty and all the other factors that affect families, but we can still make a difference, we being Pacific families, communities and the health sector working together and each playing their part to maximum effect.

<p>1. We'll work together to keep families safe, well and happy</p>	<p>This means:</p> <ul style="list-style-type: none"> • Families take primary responsibility for their health and well being • Families seek and access services as their require • Family members participate in healthy lifestyle, parenting programmes and programmes to support violence free families • Pacific service users engage in the design of services alongside health providers 	<p><i>Everyday family choices make the biggest difference. Small steps in a healthy direction add up to big changes.</i></p>
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<p>2. We'll make better use of the health services in our local community</p>	<p>This means:</p> <ul style="list-style-type: none"> • Communities and churches get active in health networks • Church and community leaders take a public stand against all forms of violence • Communities and churches become co-designers of lifestyle and violence free programmes as well as participate in the programmes • Churches and communities support people with disabilities to be active members of the community 	<p><i>The best health system is one that keeps the family and all our local supports at the centre.</i></p>
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<p>3. We'll make certain that the health services are the very best for Pacific people</p>	<p>This means:</p> <ul style="list-style-type: none"> • Services are accessible and affordable for families • Health services engaging with their Pacific patients • Health providers work towards a whanau ora approach to support families • Health providers screen for violence against children and family members and provide appropriate referrals • Every health professional and care worker is family focused, culturally appropriate and positive • More Pacific students going on to train for careers in health 	<p><i>Our GPs and hospital services are there to help when we need them. Health services, the hospital in particular, needs to focus on the people with the highest need; those who are sickest and most vulnerable.</i></p>
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WHAT ARE WE TRYING TO ACHIEVE?

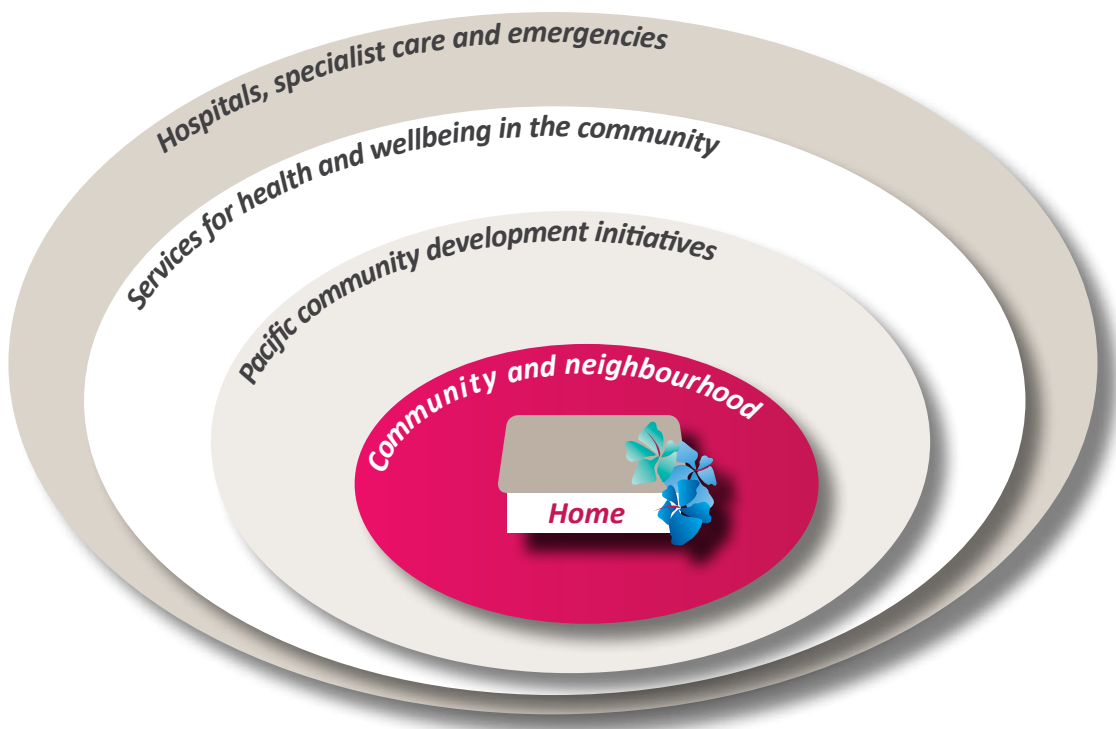
Most health care takes place at home. Most of the hands-on caring work is done by women but many women also work outside the home. Pacific men need to be supported to be more involved in the daily care of their family. Grandparents provide childcare when both parents work but this can become a burden for elderly grandparents. Young people need to have a “voice” in the family but may feel that there is no opportunity for them to be heard. Families on low income may experience chronic stress because of their fundamental needs being constantly greater than their resources. Unresolved and increasing stress may be acted out in differing forms of violence and against the most vulnerable members of the family.

We want to support families to be healthy and well.

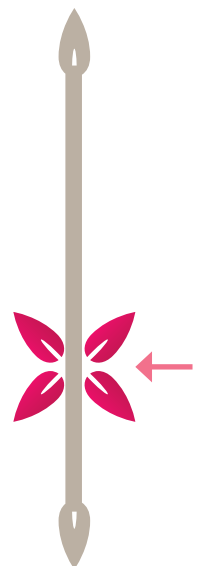
The various Pacific communities in Auckland are tightly connected. Social connection is one of the main protectors against disease and problems.

We want Pacific communities to work as partners with DHBs and other government sectors to respond to the challenges, to create the solutions.

Our health is in our hands.



Where do you get the most help for your health and wellbeing?



OUR HEALTH ACROSS THE PACIFIC LIFE SPAN

As Pacific families, we understand that every member of the family has different priorities for health. Age and gender make a difference when it comes to health problems. The priorities for health shift a bit as we get older. The picture below shows the things that really matter at each age and stage of life.

We can judge a community's health by how well it treats its vulnerable members. Children are vulnerable because they depend on adults to survive and thrive. Vulnerable includes the isolated, lonely, and those who cannot look after themselves.



THE FOUR BIG KILLERS

Obesity

Being overweight is a problem. Carrying too much weight increases the chances of; heart attacks, stroke, high blood pressure, diabetes

Smoking

Give up smoking. 1 person making a healthy choice can influence 27 others. That makes a difference

These problems are all connected and compounded

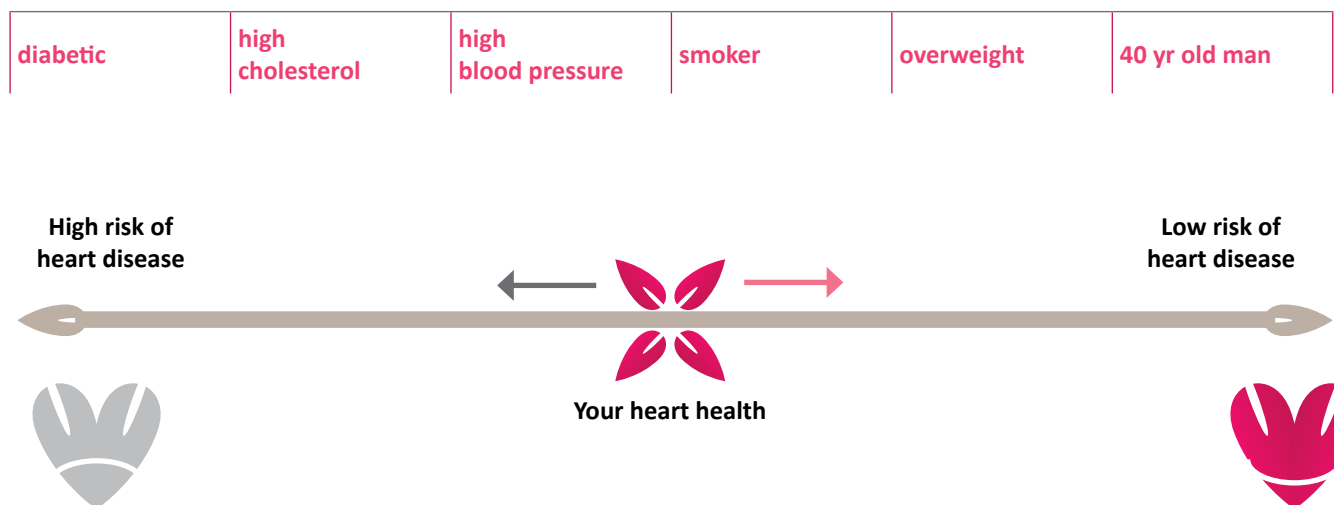
Diabetes

Diabetes shouldn't feel normal for Pacific. There are too many young children with diabetes. Even unborn babies can be affected by gestational diabetes

Cardiovascular disease

Heart problems and stroke. High blood pressure, diabetes, high cholesterol. Smoking, being overweight, binge drinking: these all increase the chances of heart disease and stroke.

For example a 40 year old Pacific man increases his risk of a heart attack by being overweight, by smoking, by having high blood pressure and by consuming more than one standard drink per day.



FOUR WAYS TO IMPROVE QUALITY OF LIFE

Employment

Being employed means being part of society, making a contribution, and being valued

Earning money to cover expenses gives a great sense of autonomy and personal power

Education helps to secure good employment

Raise kids in families

Parenting is easier when there's more adults in the house

Raising children as a single parent is really hard work

Getting parenting help from other adults makes difference to stress levels

Even being able to take a break away from the kids helps

We need to feel Connected
Know who we are and where we Belong
Have skills and knowledge to function well in the world
With a strong attachment to our Culture and Values
To stand Proud

A decent place to live

A decent house provides a feeling of security and safety

And a sense of belonging

Warm dry houses that have spaces for everyone help us to stay healthy

Being safe and warm and well fed helps us to learn

Ways of coping

The more skills you learn the more options are on hand when things go wrong

Skills and coping strategies help to reduce stress

They also help us make good choices

Most of us have to learn how to manage problems

And men and women have different ways of coping



Baravi Koula Indoor Netball Team



Word of Life Touch Team



HVAZ Youth Event

WHAT CAN WE ACHIEVE BY 2016?

The DHBs will track improvements in Pacific health over time. We already collect information about Pacific health as part of measuring our DHB performance against national health targets and other government expectations. The table below includes some areas where the DHB measures activity. It's only by collecting data and studying what it's telling us that we can understand if our actions have been successful.

A big **increase** in these areas

Babies have the full course of immunisation on time

Pacific people engaged and using GPs services

Pacific people get their cardiovascular risk assessed regularly

Pacific people with diabetes will manage their condition well (be self managing)

Pacific participation in screening programme (bowel, cervical, breast)

The number of Pacific youth receiving services from the Youth Hub and youth health services

Pacific people use the health and disability services in their community and the hospital

Pacific families get earlier help for mental health and addiction problems

Pacific people engaged with services and hooked into treatment and medication plans

Mainstream health workers are good at working with, and understanding, Pacific families

The various social services will work together to wrap services around Pacific families in need

We rate our health more positively

We rate the health services we receive more positively (very good or excellent)

More Pacific people engaged in the workforce

We will contribute to Pacific life expectancy



A big **decrease** in these areas

Fewer Pacific children will be hospitalised from preventable problems

Fewer Pacific children hospitalised because of abuse and neglect

Fewer cavities and fillings in Pacific children's teeth

The smoking rate will drop. No women smoking during pregnancy

Fewer Pacific people admitted to hospital for problems that could have been managed by GPs and other community based services

Our Body Mass Index will come down

Our blood pressure will be lower

Fewer Pacific people in hospital as a result of a heart attack

Fewer Pacific people will develop diabetes

Fewer women with diabetes in pregnancy

Reduce the complications from diabetes, like amputations and renal dialysis

The DNA (did not attend) rate will drop for specialist service appointments, follow-ups etc

Turn-over of our Pacific staff will decrease. We want staff to stay working with us

Gap in life expectancy between Pacific and Palagi



WE WANT TO LIVE LONGER

Today's choices will make a difference to life expectancy figures in 5 years' time

A Pacific baby boy today can be expected to live to 75 years, yet in the same DHB area, a Palagi/Pakeha boy can be expected to live to 83. That's an eight year gap in life expectancy. Pacific women live about four to six years longer than Pacific men.

Over time we want to see Pacific people living as long as Palagi. We also want the gap between Pacific men and Pacific women to close.

Poverty can explain some of the difference in life expectancy, but not all of it. Pacific lives are shorter because of a few diseases – heart disease, lung cancer, diabetes, obesity and stroke. These are mostly related to lifestyle.

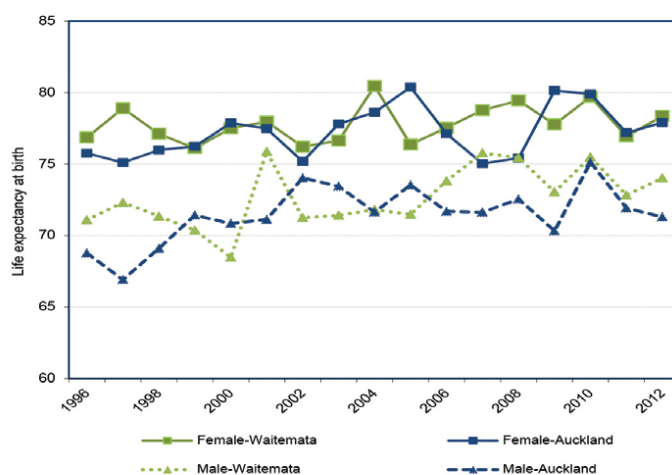
The DHBs are working together across the region to agree the best way to reduce health inequalities. The actions are covered in the Northern Regional Plan for 2013 -2014.

While we can't change genetics, and we can't change socioeconomic status in the short term, lifestyle changes can happen immediately. Choosing healthy options on a daily basis can help improve the quality of life and also how long we live.

Along with the advice from GPs and nurses, there are excellent local and national organisations running health programmes. These understand that change is hard and that people often need real help to quit smoking, or manage their diabetes better, or reduce alcohol, or cook in a healthier way.

The trend towards healthier lives is already noticeable. Pacific life expectancy at birth has been increasing on average approximately two years each decade for people living in the Auckland and Waitemata DHBs.

Pacific Life Expectancy at Birth by Gender



The graphs above show fluctuations over time because the Pacific population is small in each DHB area, especially when broken down by sex. In spite of these fluctuations, there is a general trend of Pacific people living longer.

SIX PRIORITIES TO MAKE A POSITIVE DIFFERENCE



Everyday actions can make a big difference

1. Our children are safe, well, and loved & our families are free of violence
2. We are smokefree
3. We eat healthy and we stay active
4. We seek help early
5. We use hospital services when needed
6. Our family lives in a warm, healthy house that is not overcrowded

Healthier Pacific People



1. Pacific children are safe, well, and loved and our families are free of violence

As our top priority, we want to promise every child the very best start in life. Most children are enrolled with a doctor and Well Child provider. This doesn't always mean that children are seeing their doctor as often as needed. Although these visits are free for under six years old, you can still be asked to pay a part charge, and afterhours co-payment can be out of reach of most pockets.

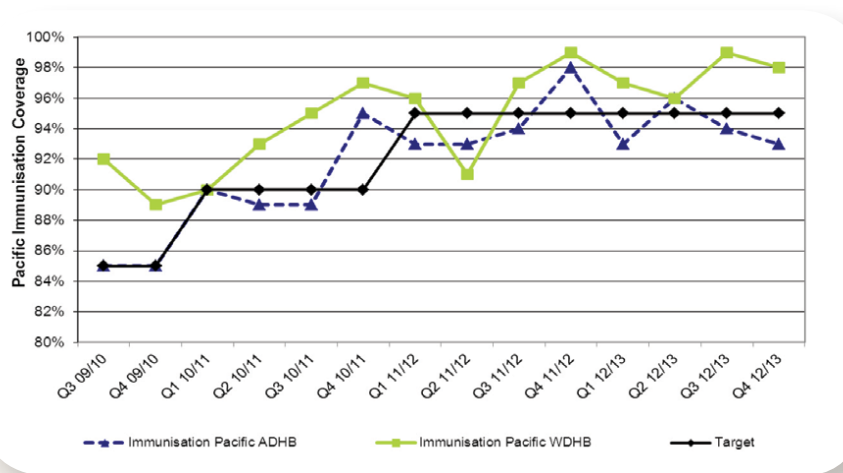
Good rates of Pacific immunisation means children and babies are protected from preventable illness. Still, too many Pacific children admitted to hospital with serious problems that could have been fixed at the doctor's much earlier. The main ones being cellulitis, rheumatic fever, asthma and pneumonia – all of which are linked to poverty and to poor housing.

Too many Pacific children are growing up in cold, damp houses; too many don't get the kind of food they need to be healthy; too many adults are taking stress out on their kids.

The services we need are the kind that will help families who are worried about their children or who are struggling. This might be parenting; providing practical help with big families where there is lots of pressure and too much stress in the system.

While health services can do their bit, it's the other sectors we need to get involved with, especially hooking into the whanau ora (wrap around) programmes underway.

Pacific Two Year Olds fully Immunised



Pacific children across Auckland and Waitemata DHBs have high rates of immunisation coverage at eight months and two years of age.



EFIS Newton – Self management education

Family and partner violence, assaults, bullying and abuse should never occur to members of Pacific families.

Across the Waitemata District, police attendances at family violence related incidents have increased over the period from 1997 to 2006.

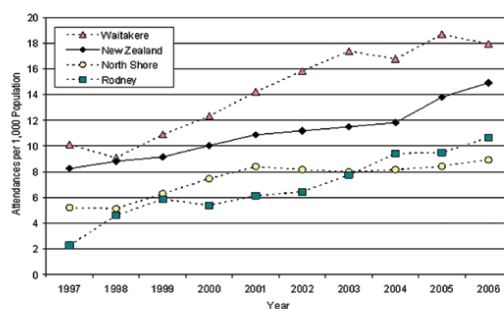
Nationally, assaults on children are rising.

Addressing family violence is important as other health issues cannot be addressed if violence exists in a family and is not addressed.

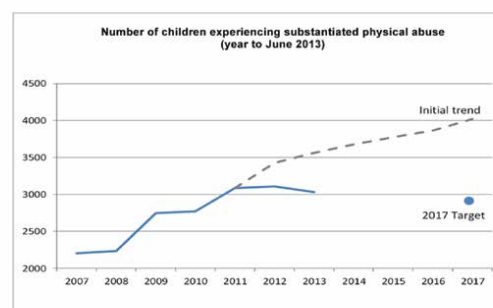
Government has made reducing assaults on children a key goal across the public service. The aim, by 2017, is to halt the 10 year rise in children experiencing physical abuse and reduce current numbers by 5%.

As people become aware of child abuse, there is likely to be more reporting of assaults. Actions to stop assaults are in the national Children's Action Plan and include: screening to find vulnerable children, assessing their needs, make it easy for people to say when they are concerned about children, make services focused on results.

Police attendances at family violence related incidents in the Waitemata District



Number of children experiencing substantiated physical abuse, national figures



From the State Services website www.ssc.govt.nz/bps-supporting-vulnerable-children

WE PLAN TO MAKE A DIFFERENCE

2013 to 2014	2014 to 2015	2015 to 2016
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Auckland and Waitemata DHBs



1. Deliver integrated and seamless maternity services designed with and for Pacific women

- 1.1. Deliver the maternal and infant nutrition and physical activity programme
- 1.2. Trial the Pacific pregnancy and parenting education programme TAPUAKI with the maternity services at Waitemata DHB
- 1.3. Explore expansion of TAPUAKI programme to Waitemata and Auckland DHB maternity services
- 1.4. Review maternity and child health services provided by Alliance Health+ and link to Auckland DHB maternity services
- 1.5. Implement maternity and child health services at AH+ providers and link with Auckland DHB maternity services

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Mo'unga Haeamoni Tongan Methodist North Shore



SDA New Lynn

2. Community education programme for children on dental health and asthma

- 2.1. Waitemata DHB to develop a community education programme for children on dental health and asthma
- 2.2. Explore resources for delivery of programme for children on dental health and asthma in conjunction with other child health related programmes

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Enea Ola Community

3. Parenting Programmes

- 3.1. Explore appropriateness of "Incredible Years" parenting programme for Pacific families
- 3.2. Find resources to implement "Incredible Years" parenting programmes through the HVAZ and Enea Ola churches / communities if appropriate

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Samoan Methodist Church Henderson

2013 to 2014	2014 to 2015	2015 to 2016
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Auckland and Waitemata DHBs *(continued)*



4. Violence Free Families

- 4.1. Establish working relationship with Ministry of Social Development (MSD) to identify current work being undertaken to support violence free families
- 4.2. Establish links with MSD's Proud Pasifika Campaign
- 4.3. Participate in inter-sectoral forums that focus on violent free families
- 4.4. Link HVAZ and Enea Ola churches / communities to violence free family programmes
- 4.5. Participate in the implementation of the recommendations of Auckland DHB's review of its Family Violence Prevention Services
- 4.6. Review effectiveness of DHB provider response to Pacific patients experiencing violence



PIC Newton – Itupa Samoa

5. Inter-sectoral Collaborations

- 5.1. Establish relationship with Early Childhood Education to explore areas of collaboration
- 5.2. Participate in the network of senior Pacific managers to help with inter-sectoral collaboration



Community



- 6. Participate in workshops on maternal and infant nutrition
- 7. Participate in reviewing "Incredible Years" parenting programmes
- 8. Community leaders will take a stand against all form of violence, including the use of physical discipline against children
- 9. Community and church leaders will participate in the development and delivery of parenting programmes



HVAZ Health of Older People's Day



Health screening at EFKS Grey Lynn

2. We're Smokefree

About one in four Pacific adults smoke; almost the same rate as five years ago.














Pacific people identify smoking and also being overweight as reasons for our poor health.

Stop smoking programmes (like [Quitline](#))

and the Pacific Quit Smoke Service work well for Pacific people but more people could use them.

Competitions like [WERO challenge](#) are popular and get people working in teams.

WE PLAN TO MAKE A DIFFERENCE

	2013 to 2014	2014 to 2015	2015 to 2016
Auckland and Waitemata DHBs			
10. Continue to fund the Pacific Quit Smoke Service			
11. Support quit smoking competitions each year for Pacific smokers. We will do this with the WERO project, DHBs, the Healthy Village Action Zone and Enea Ola programmes			
12. DHBs will work with other agencies to see what more can be done to refer more Pacific people to smoking programmes e.g. WINZ, Auckland Council			
Primary Healthcare (PHOs, GPs, Nurses, NGOs and others)			
13. Offer quit smoking advice to every Pacific patient, along with a referral to support services for those who wish to quit (all GP practices) and share Pacific quit smoking success stories with other providers			
Community			
14. Make all HVAZ and Enea Ola church halls and grounds smokefree.			
15. Identify potential smokefree champions in the community and support their participation in training			
16. Participate in the WERO smokefree competition			



Gardening -
Owairaka Catholic



Hot Hula Fitness
St Josephs Grey Lynn



Maria Assumpta
Catholic



Samoan Methodist Panmure



PIC Newton –
Healthy Eating
Awards

3. We Eat Healthy and We Stay Active

Just over half (56%) of Pacific adults eat at least two servings of fruit per day (an adequate serving). 46% of Pacific adults eat at least three servings of vegetable per day (considered adequate).

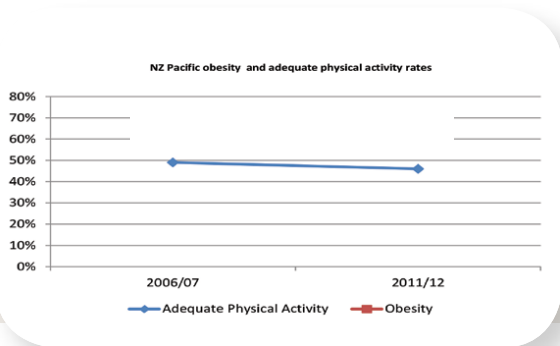
Nationally, Pacific adults have low levels of physical activity. At the moment half of Pacific adults meet the physical activity guideline, which is having at least 30 minutes of moderate physical activity, five times a week. Low levels of activity are linked to obesity.

Around two in three Pacific adults are classed as obese.

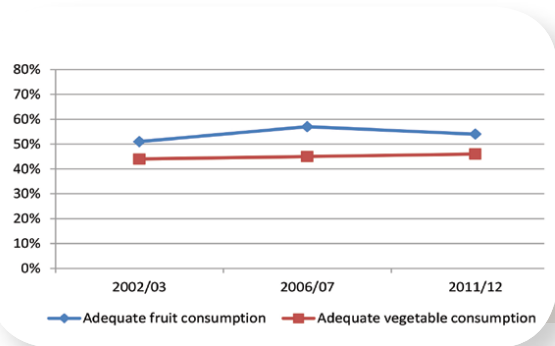
In the 2012 Health Survey, Auckland DHB found that Pacific people didn't always identify exercise or diet as positive influences on their health. We are more likely to identify family as a motivating influence on our health.

The best way to make change is as a family. Success in achieving small goals can encourage us to try for more ambitious goals.

Proportion of NZ Pacific people who are active and obese



Adequate Fruit and Vegetable Consumption for Pacific (NZ)



WE PLAN TO MAKE A DIFFERENCE

	2013 to 2014	2014 to 2015	2015 to 2016
Auckland and Waitemata DHBs			
17. Keep growing our community action programmes (Healthy Village Action Zones and Enea Ola)			
17.1. Continue to fund the Enea Ola and Health Village Action Zone healthy eating and physical activity programmes	✿	✿	✿
18. Work with other organisations to promote healthy lifestyle, such as Pacific Heartbeat – National Heart Foundation, regional sports organisations, School of Population Health, Auckland Council	✿	✿	✿
19. Collaborate with PHOs to implement annual weight loss competitions through the Enea Ola and HVAZ churches and communities	✿	✿	✿
20. Develop and implement a Pacific Wellness at Work Programme for Pacific employees of Waitemata and Auckland DHBs	✿	✿	✿



Swimming session – Cameron Pools



PIC Newton - Cook Island

4. We Get Help Early

Regular screening can detect problems at an early stage. Breast, cervical screening saves lives, as do checks to assess a person's risk of heart disease. Pacific women aged 45-69 years living in Auckland and Waitemata DHB areas have high rates of breast screening – higher than the 70% target.

While Pacific women aged 25-69 years in Auckland DHB have higher rates of cervical screening than the national target of 80%, those living in Waitemata DHB have much lower rates.

The two most significant long term conditions for Pacific people are cardiovascular disease (heart attacks and strokes) and diabetes. Heart disease can be prevented by assessing people's risk and treating those who need it.

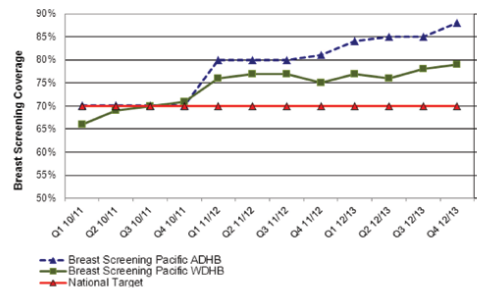
In 2012-13 Auckland exceeded the DHB's Pacific population's national target of 75% for CVD risk assessment (heart check). Waitemata DHB reached 72%. From July 2013 the new national target is 90%.

People with diabetes do well if they learn to manage their diabetes and see their doctor regularly. Self-management of chronic diseases like diabetes and heart problems is very successful. People learn to get good control of blood sugar levels and other risks such as blood pressure.

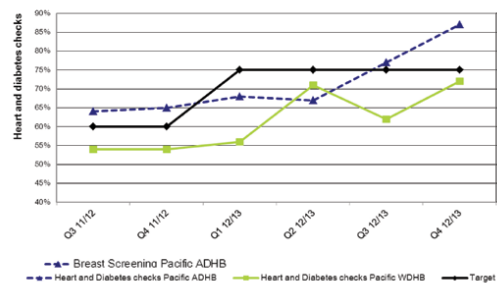
Auckland and Waitemata DHBs Pacific diabetics need to get better management of their diabetes. 60% of diabetics who had an annual review had satisfactory diabetes management. This means the proportion of diabetics who have an HbA1c equal to or less than 64mmols. The target across both DHBs is around 77%.

There is poor uptake of podiatry services and retinal screening. These services are available in the community and really help with the management of any complications associated with diabetes.

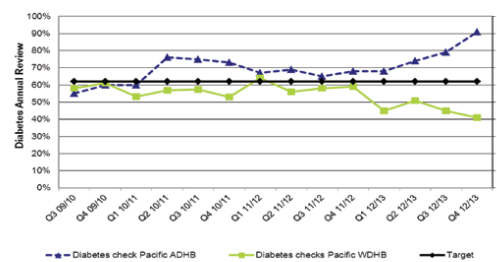
Pacific women aged 45-69 years: Two year breast screening coverage



More Heart and Diabetes Checks (the proportion of the eligible population who have had a CVD risk assessment in the last 5 years)



The proportion of people with diabetes who had an annual review recorded



Pacific people with diabetes living in the Auckland DHB areas have consistently achieved above the target for diabetes reviews. Pacific people with diabetes living in the Waitemata DHB area are below the target and the rate is getting worse. The average target across both DHBs for the proportion of estimated diabetics who have had an annual review is around 62%.

WE PLAN TO MAKE A DIFFERENCE

	2013 to 2014	2014 to 2015	2015 to 2016
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Auckland and Waitemata DHBs



21. Increase health literacy through community based education programmes

- 21.1. Auckland DHB to continue to fund parish nurses to provide church-based health education
- 21.2. WDHB to explore option of funding parish nurses alongside the Enuu Ola programme
- 21.3. WDHB child health specialist services work with The Fono to identify and respond to the needs of families whose children DNA appointments
- 21.4. Explore the development of community based education to address child health issues especially the need to seek medical help early
- 21.5. WDHB child health services will reconfigure service delivery mechanisms if required

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✿	✿	✿
✿	✿	
	✿	



PIC Newton Niuean Group



SME Course Leader Training

Primary Healthcare (PHOs, GPs, Nurses, NGOs and others)



22. Develop Pacific Diabetes Strategy in conjunction with DHBs, Alliance Health+ and Pacific GP practices will

- 22.1. Actively participate in the work of the Northern Regional Diabetes Network and in the development of service delivery models
- 22.2. Explore mechanisms to improve compliance with diabetes and CVD medication specifically the CDM programme implemented at The Fono for WDHB
- 22.3. Adopt a model that responds to the issues experienced by Pacific people with diabetes and CVD

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Nutrition session – EFKS Sandringham

23. Increase the number of diabetes self-management education (DSME) workshops delivered to Pacific patients and their families

- 23.1. Train 20 Pacific facilitators (clinical and lay people) to deliver the diabetes self-management education (DSME) workshops
- 23.2. Train 4 Master Trainers of Self Management Education
- 23.3. Run 10 Self Management Education/Diabetes Self Management Education Groups
- 23.4. Translate Stanford University SME Manual into Tongan and Samoan
- 23.5. Implement SME education in Tongan and Samoan languages

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Tongan AOG on importance of having breakfast.

Community



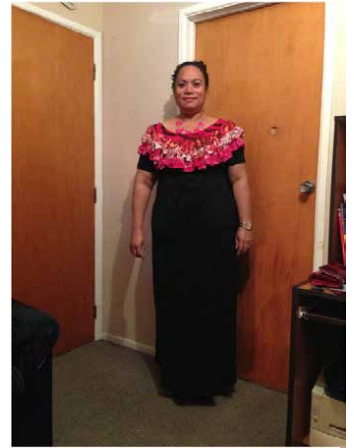
24. Encourage Pacific people to participate in the programmes that screen for breast cancer, cervical cancer, and the bowel screening pilot (at Waitemata DHB only).



25. Encourage people to participate in heart disease and diabetes risk assessment



26. Encourage people to adopt healthy lifestyle and prevent onset and improve management of chronic diseases



*Emi Suaniu-Sofai.
Co-ordinator North Shore
PIPC exercise group.
In 2009, Emi weighed
124kg. After the Aiga
Challenge 2013, she
weighed 95.7kg and
maintaining it.*



HVAZ in the Park Event



Rev. Dr Featunai Liuaana



PIPC North Shore



Baravi Koula



EFKS Sandringham



EFKS Panmure

5. We Use Hospital Services when needed

Key issues for our hospitals are:

Getting the best practice guidelines widely accepted across all services.

Understanding why Pacific people miss appointments and ways to get our DNA rate lower. They are about 18% for Auckland DHB and higher at Waitemata DHB.

We need more Pacific staff on the workforce. More support is needed at every step of the training and recruitment process to make sure that Pacific people are successful in applying for jobs and for succeeding in positions. In particular, there is not enough support at the pre-interview stage.




















Getting more information from patients and family about their experience as an inpatient.

Patient experience surveys tell us a lot about how people find our services. Two factors in particular contribute to poorer quality ratings from Pacific (and also from Maori) respondents:

- **Waiting times to be seen**
- **Negative experiences with staff**

WE PLAN TO MAKE A DIFFERENCE

	2013 to 2014	2014 to 2015	2015 to 2016
Auckland and Waitemata DHBs			
27. Engage Pacific service users and families in the review and design of current services			
a. Patients have more say in how they are treated and will participate in decisions about their care		✿	✿
b. Greater collection of patient experience data with results to drive improvements	✿	✿	✿
c. Align Pacific-focused activities across Auckland and Waitemata DHB hospital services	✿	✿	✿
28. Mainstream staff will be highly competent working with Pacific patients and family members.			
a. Further develop Pacific clinical leadership at Auckland DHB and establish clinical leadership forum at WDHB	✿	✿	✿
b. Engage more staff in Pacific Best Practice training in Auckland DHB	✿	✿	✿
c. Introduce Pacific Best Practice training in WDHB	✿	✿	✿
d. Interpreters and cultural advisers are used more regularly and add value to the communication		✿	

<p>29. Increase the number of Pacific people in the DHB workforce and ensure that these Pacific staff are retained</p> <p>a. Develop Pacific staff networks that can do more to support our Pacific health workforce and to implement their initiatives in Auckland DHB</p> <p>b. Develop Pacific staff networks that can do more to support our Pacific health workforce and to implement their initiatives in WDHB</p>			
<p>30. Do more to advertise the type of specialist services available to Pacific people, and the best way to access these</p>			
<p>31. Educate Pacific patients as to how to change hospital appointments when not suitable</p>			
<p>32. Drive the DNA rate down by working with patients, and with those clinics where Pacific people are most likely to miss scheduled clinics and follow up appointments</p> <p>c. Support WDHB's Outpatients Improvement Project</p> <p>d. Support Auckland DHB's Eye Clinic to survey Pacific patients that DNA appointments</p>	 		
<p>33. Project management capacity to lead and develop health gain strategies in the hospitals such as reducing DNA and ASH rates, developing suitable model of care. Improving patient/client experience and better connections. Values: Better, best, brilliant</p>			
<p>34. Provide Pacific leadership in improving Diabetes rates for Pacific peoples</p>			
<p>Community</p>			
<p>35. Communicate to hospitals when appointments are not suitable</p>			



Health screening – PIC Tamaki



EFKS Otahuhu



New Lynn EFKS



Seventh Day Adventist Ponsonby

6. Our family lives in warm, healthy houses that are not overcrowded

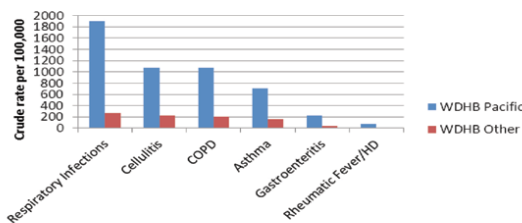
The strong relationship between poor housing (such as cold indoor temperatures, poor choices of heating (non-ventilated gas heaters), mould and dampness, and overcrowding) and poor health outcomes are well known.

We see too many Pacific people coming into hospital with problems that come about because of poor housing. Conditions like asthma and other respiratory problems get worse in cold and damp conditions.

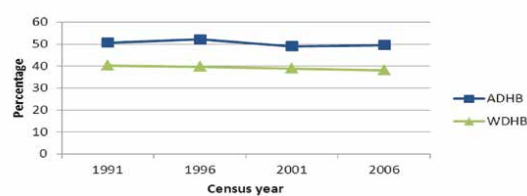
Census data shows high proportions of Pacific households are overcrowded with around half of all Pacific households in Auckland DHB requiring at least one extra bedroom, and four out of ten of all Pacific households in Waitemata DHB requiring at least one extra bedroom.

Financial problems can lead to overcrowding, cold and damp housing situations and to eating poorer quality food.

Pacific Housing-Related Hospital Admissions



Pacific Household Crowding (1+ bedroom deficit)



WE PLAN TO MAKE A DIFFERENCE

	2013 to 2014	2014 to 2015	2015 to 2016
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Auckland and Waitemata DHBs

36. Work with other sectors to drive initiatives that are focused on health and wellbeing

- The DHB representatives on the Auckland Intersectoral Health Group will continue to advocate for housing improvements across the three DHB areas
- The Child Health Stakeholder Group will continue its advocacy work which focuses on making Auckland DHB homes dry and well insulated





HVAZ Youth Event

Primary Healthcare (PHOs, GPs, Nurses, NGOs and others)

37. Support patients' application for housing support



MEASURES THAT HELP TRACK PACIFIC HEALTH IMPROVEMENTS

This Plan is focused on further development of a partnership approach between Auckland and Waitemata DHBs and Pacific communities, improved engagement of Pacific populations with services that address lifestyle issues, early engagement with treatment services and inter-sectoral collaboration. Immediate measures are process measures, intermediate measures are output measures. Outcome measures will not result from the activities identified in this Plan, but activities in this Plan can and will contribute to longer term outcomes. Output measures identified in other DHB plans including national health targets are not repeated in this Plan. The measures for longer term outcomes are not identified in this Plan.

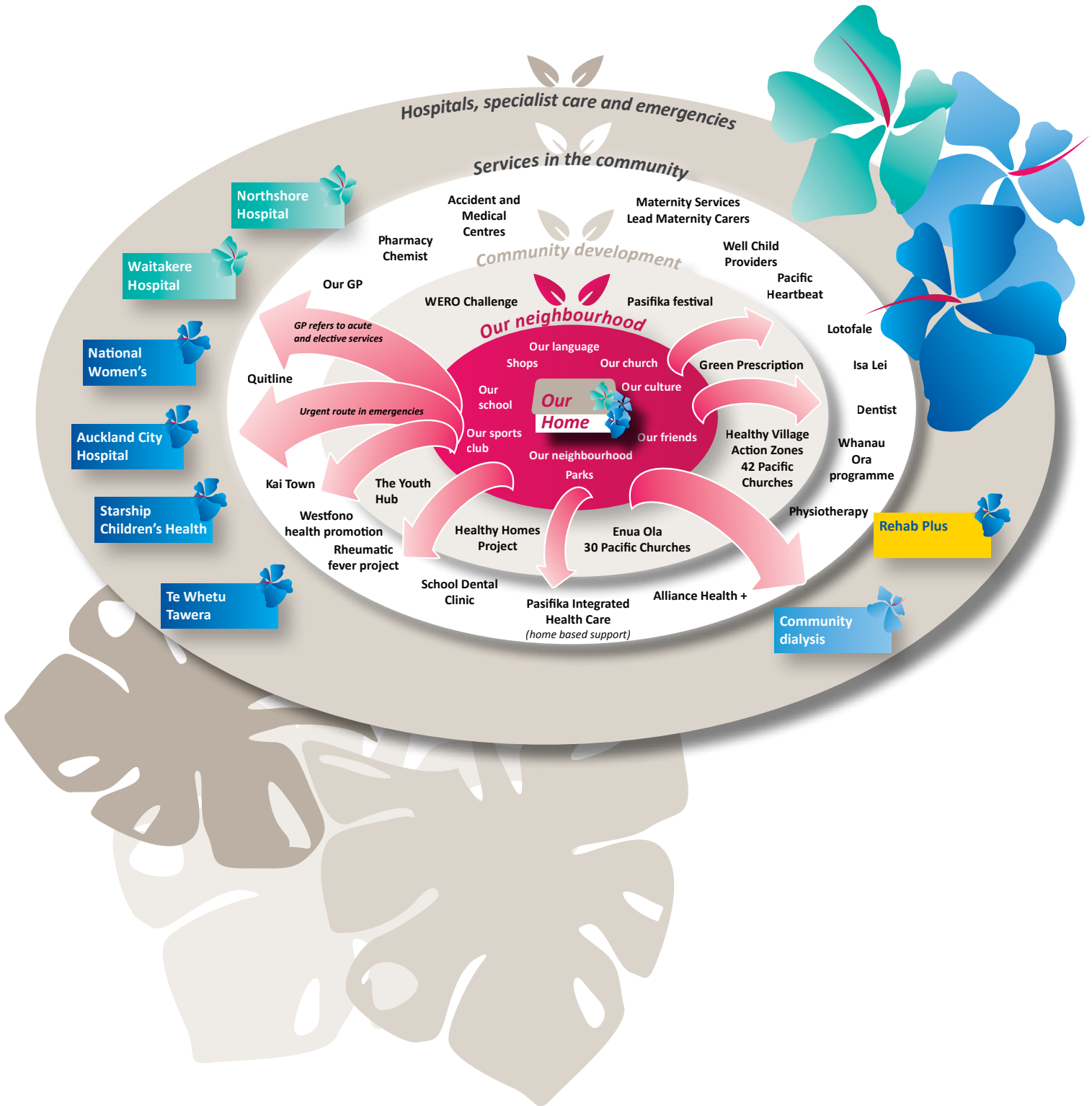
Our key actions	Process measures	Output measures
1. Our children are safe, well, and loved and our families are free of violence	Maternal and infant and nutrition/ physical activity service is implemented	Number of community workshops delivered Number of pregnant women and other family members who participated in programme Number of radio programmes delivered
	Agreement reached between HVAZ/ Enea Ola churches/ communities as to violence free and parenting programmes to be implemented	Number of HVAZ and Enea Ola churches / communities that participated in violence-free programmes Number of HVAZ and Enea Ola churches / communities and number of individuals that participated in parenting programmes Number of violence-free champions trained and working in churches and communities
	Collaboration between DHBs and other sectors in specific projects are established	Future programmes to be jointly funded and implemented by MSD, Early Childhood Education, DHBs and other sectors
	Referral protocols between Auckland DHB maternity services and AH+ child/family support families are established	Number of pregnant women / families that Auckland DHB maternity services and AH+ jointly work with and main issues addressed
	Protocols of WDHB Child Health Services and West Fono working together to address DNA issues are established Issues that led to DNA are clearly understood Services are reconfigured to better meet the needs of parents / caregivers	DNA rates of children enrolled with The Fono are reduced

Our key actions	Process measures	Output measures
2. We're all Smokefree	Working protocols between HVAZ / Enea Ola churches / communities and the School of Population Health WERO project established	Number of churches / communities and individuals that participated in the WERO project Number of people who become smokefree as a result of the project
	Working protocols between HVAZ / Enea Ola churches with National Heart Foundation established	Number of churches that are totally smokefree (both halls and grounds) Number of smokefree champions that have been trained
	PHO process for sharing Pacific quit smoke success stories established	Number of events organised. Improvements in offer and referral to quit smoke services by GPs
3. We eat healthy and we stay active	Review current Enea Ola and HVAZ programmes	Increased participation Increased overall sustained weight loss by participants Increased % weight loss by participants
	Protocols for annual weight loss competitions are established (criteria for competition, data collection and PHO involvement)	Number of churches / groups and individuals who participated in the competition Number of people who achieved sustained weight loss
4. We get help early	Working protocols between WDHB child health services and West Fono established	Reduced DNA of children enrolled with The Fono
5. We use hospital services when needed	Barriers to attending out-patient clinics identified	Decreased DNA rates
6. Our family lives in a warm, healthy house that is not overcrowded	Consistent referrals of Pacific families by health providers to housing support services	Decreased acute respiratory admissions (pneumonia and bronchiolitis) for Pacific children



FAMILY CENTRED CARE: WHERE HOME IS THE HEART OF HEALTH

We have a vision of a health system that puts the home and family at the centre. Health services are there to support the family and to offer specialist care and interventions when this is needed. This picture shows some of the services available to Pacific communities and how these get more and more specialised as we move to the outer circle.



SERVICES FOR PACIFIC MENTIONED IN THIS PLAN

Most of the **publicly funded health services** for Pacific people living in Auckland DHB or Waitemata DHB are provided by mainstream health and disability services. There are a few services funded to provide for Pacific communities or communities where there is high need. We don't list all the health and disability services but simply explain those that have been mentioned in this Plan.

Health Village Action Zones - a partnership between the Auckland District Health, Primary Health Organisations (PHOs) and Pacific church communities in the Auckland DHB area

This plan was developed by a Working Group consisting of community, PHO and Pacific provider representatives and Auckland DHB & WDHB personnel from both planning and funding and provider arm.

All enquiries to Lita Foliaki
Lita.Foliaki@waitematadhb.govt.nz

There are **five primary health organisations** across Auckland and Waitemata DHB:

Alliance Health Plus (AH+), ProCare, HealthWEST, National Haurora Coalition, Auckland PHO

Services mentioned in this Plan
 (or the graphic on page 27):

The Fono - affordable, accessible and culturally appropriate and meet the needs of Pacific families

Pasifika Integrated Health Care Limited (PIHC) - a provider of home based support services

Lotofale at Auckland DHB - mental health and general wellbeing services for Pacific adults who have serious mental health problems

Isa Lei at Waitemata DHB - Pacific Island Community Mental Health service that provides cultural-clinical care coordination to Pacific mental health consumers and their families

The WERO project - a quit smoking competition, developed by researchers at the University of Auckland, which runs for 3 months and offers a prize to the winning team

Pacific Heartbeat / National Heart Foundation programme - part of the national Heart Foundation. Focuses on Pacific health through nutrition and exercise

Incredible Years parenting programme - run by the Auckland DHB Kari Centre for parents who need help with parenting their challenging children

TAPUAKI programme - Pacific pregnancy and parenting education

The DHBs also support two **Church-based programmes** for health promotion and early intervention.

Enua Ola - helps to reduce obesity in the Pacific communities of Waitemata through increased physical activity and better nutrition

Thank you to those in the working group who assisted with this plan:

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 (Community representative)

Edwin Talakai
 (Community representative)

Loto Tukutama
 (Community representative)

Viviene Pole (Alliance Health+)

Alan Moffit (Alliance Health +)

Rachel Enosa-Saseve (Alliance Health+)

Wilmason Jensen (ProCare Network)

Tevita Funaki (The Fono)

Dahlia Naepi (Pasifika Integrated Healthcare)

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Tuliana Guthrie (Auckland DHB-WDHB Pacific Hospital Services Team Leader)

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Sione Feki (ADHB-WDHB Pacific Portfolio Manager)

There is **one Pacific health team** across Auckland and Waitemata DHB

The Pacific Health Gains Team

Lita Foliaki

Leani Sandford

Faimafili Tupu

Sione Feki

The Pacific team working in the hospitals:

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Siai Sausau

Mahe Ha'unga

Sene Fuimaono

Falaviena Filimoehala

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Tauafu Moala

Sera Tagaloa

Matangaro Jones (Mata)

Naomi Tuilagi

Galuafi Lui (Galu)

Sulu Samu

Published, January 2014

