

'Ala Mo'ui

Pathways to Pacific Health and Wellbeing
2010–2014



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Photos of nurses on front cover (bottom row, left and centre)
are courtesy of Anthony Phelps.

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Foreword



Hon Tony Ryall
Minister of Health



Hon Georgina te Heuheu QSO
Minister of Pacific Island Affairs

'Ala Mo'ui sets out the priority outcomes and actions for the next five years that will contribute towards achieving better health outcomes for Pacific people, families and communities.

Like other New Zealanders, Pacific people want access to 'Better, Sooner, More Convenient' health services, and they want accountability for results. The Government is determined to turn around poor Pacific health outcomes by providing better services closer to home, supporting effective Pacific providers and models of care, and better enabling Pacific people and communities to be healthy.

Pacific people will be an important focus as the Ministry of Health works towards achieving the Government's Health Targets for immunisation, smoking cessation, diabetes and cardiovascular services.

Pacific people face particular social and economic issues affecting their health that must be addressed. Government initiatives to increase Pacific attendance in early childhood education and achievement at school, and to improve housing insulation and heating will help to improve health outcomes.

At a time when we have an ageing health workforce and the nationwide shortage of health professionals worsens, the Pacific working age population is growing. This is an important resource to meet one of the biggest challenges facing the health sector. We need to improve our methods of recruiting, training and retaining Pacific health and disability workers.

The Government is committed to addressing these challenges. For example, we will support the training of Pacific workers in key areas such as medicine, nursing, oral health and allied health. We will also support initiatives to increase the number of Pacific students taking science subjects at secondary school to ensure there is a larger pool of tertiary health students in the future.

Strong Pacific communities are an integral part of the future prosperity of New Zealand. Leading longer, healthier and more independent lives will enable Pacific people to not only enjoy their lives to the fullest, but also be well-educated, skilled and able to play an even greater part economically, culturally and socially.



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Introduction from the Chief Advisor, Pacific Health

Ni sa bula vinaka, Talofa lava, Kia orana, Taloha ni, Malo e lelei, Fakalofa lahi atu, Talofa, Tena koutou and greetings.

The name *'Ala Mo'ui* is a combination of a number of Pacific languages¹ meaning 'pathways to the essence of life force'. It represents the holistic view of health and wellbeing, encompassing the physical, mental, cultural and spiritual dimensions that are important to Pacific peoples.

'Ala Mo'ui – pathways to the essence of life force – is both directional and positive, signifying the way we in the health and disability sector can work to improve Pacific health over the next five years.

Compared with the total New Zealand population, Pacific peoples have poorer health status across a wide variety of measures, including child and youth health, risk factors leading to poor health and long-term conditions. From 1981–84 to 2001–04, Pacific amenable mortality improved the least of any ethnic group (Tobias and Yeh 2009).

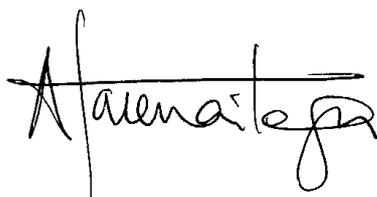
The research of Tobias and Yeh suggests that improvements in access to and quality of health care for Pacific peoples will make a difference. Keeping this in mind, we also know that Pacific peoples' health is shaped by cultural, social and economic factors. Lower incomes, lower educational attainment and poorer housing contribute significantly to the health status of Pacific people. Strong links to cultural homelands in the Pacific region can influence beliefs about health and illness, and access and use of health services in New Zealand.

All of these factors mean that we need to take a collaborative approach. It means that we need to be open to new and different strategies that build on the strengths of Pacific families and communities. It means we have to be innovative in order to better cater for our youthful population. It means we need to work with the Ministry of Pacific Island Affairs and other government agencies to address the social and economic factors that influence health.

I hope *'Ala Mo'ui* assists you in the planning and delivery of 'Better, Sooner, More Convenient' health care for Pacific communities. This document is the product of collective effort. It is based on wisdom and experience, combined with the most up-to-date Pacific health data and research.

Thank you to the many individuals, organisations and clinical and community leaders who provided input into the development of *'Ala Mo'ui*. Many of you serve our Pacific communities at the front-line every day, and we look forward to continuing to work with you to improve the health of Pacific people.

Vinaka vakalevu.

A handwritten signature in black ink, which appears to read 'Afaenatoga'.

Dr Api Talemaitoga
Chief Advisor, Pacific Health

1 Tongan (*'Ala Mo'ui*), Niuean (*Ala Moui*), Samoan (*Ala*), Cook Island Maori (*Ara*), Tokelauan (*Ala*), Tuvaluan (*Ala*).

Purpose

'Ala Mo'ui sets out the priority outcomes and actions for the next five years that will contribute to achieving the Government's overarching goal that all New Zealanders, including Pacific people, lead longer, healthier and more independent lives.

'Ala Mo'ui replaces the Ministry of Health's *Pacific Health and Disability Action Plan* (2002), the *Pacific Health and Disability Workforce Development Plan* (2004) and the *Joint Action Plan for the Ministries of Health and Pacific Island Affairs* (2008) as the key overarching document for improving Pacific health outcomes.

'Ala Mo'ui is not a comprehensive list of all activity that contributes to improving the health of Pacific people. Instead, it sets out the Government's priority focus areas for Pacific health in the next five years.

Who should use 'Ala Mo'ui

Achieving better health outcomes for Pacific peoples requires action by the entire health and disability sector. The Ministry of Health, District Health Boards (DHBs), primary health organisations (PHOs), Pacific and non-Pacific health and disability providers all have a role to play. It also requires action by the Ministry of Pacific Island Affairs, the Ministry of Education, Housing New Zealand and other government agencies.

'Ala Mo'ui sets out actions that will contribute most to achieving the Government's goals. It is also a tool for planning and prioritising actions and developing new and innovative methods of delivering results and value for money.

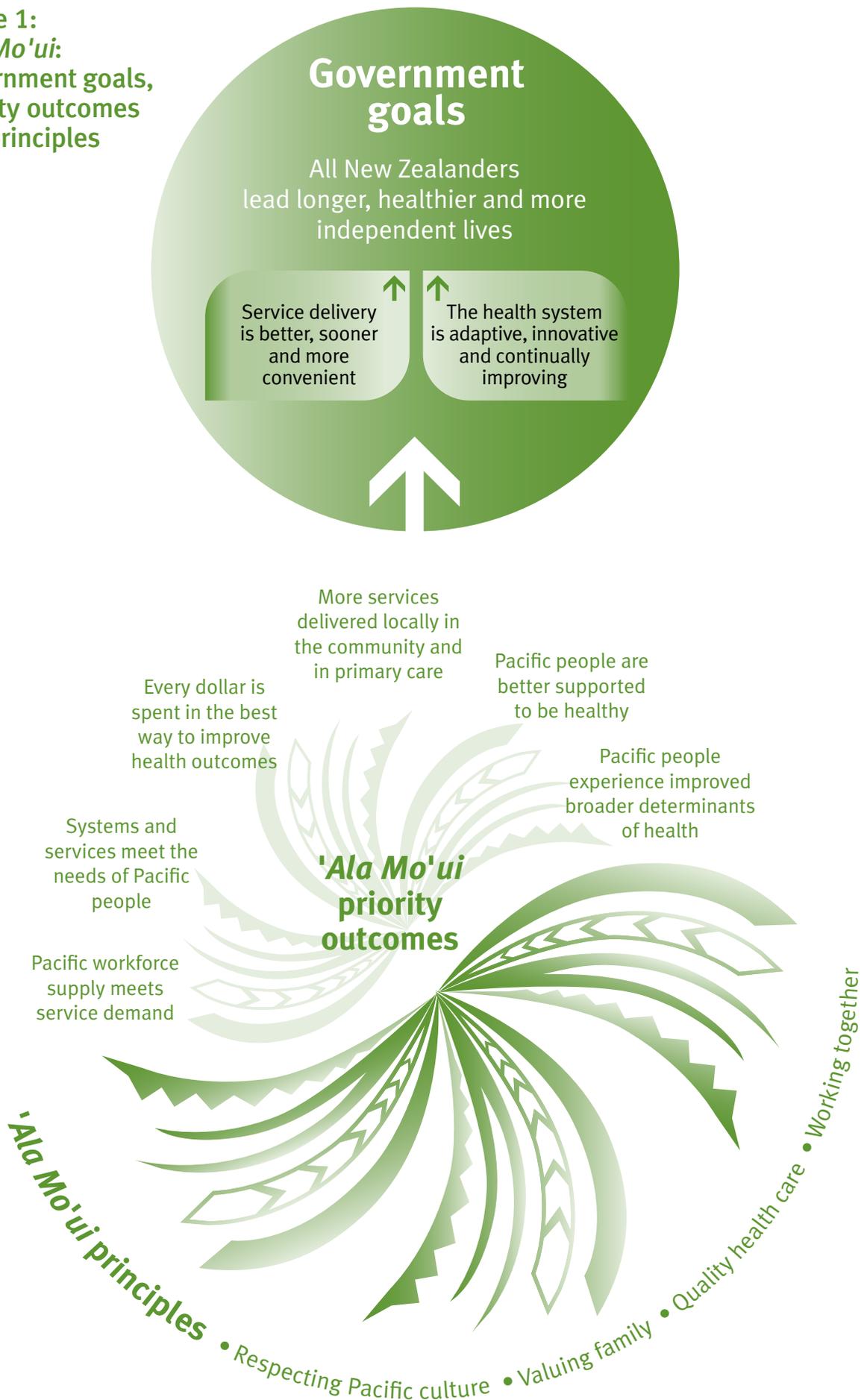
'Ala Mo'ui: Pathways to Pacific Health and Wellbeing

'Ala Mo'ui is made up of three main parts:

- What we want: Government goals
- What guides us: Principles
- Our focus: Priority outcomes and actions

A diagram of 'Ala Mo'ui is provided in Figure 1 over the page, and the different components of 'Ala Mo'ui are also described in more detail.

Figure 1:
'Ala Mo'ui:
Government goals,
priority outcomes
and principles



Government goals

'Ala Mo'ui contributes to the Government's strategic direction for 'Better, Sooner, More Convenient' health care by identifying areas in which the health and disability sector needs to improve performance for Pacific peoples. The Government has three goals for health that apply to all New Zealanders, and these have a particular meaning in the Pacific context.

All New Zealanders lead longer, healthier and more independent lives

'Ala Mo'ui contributes to the Government's overarching goal that all New Zealanders, including Pacific peoples, lead longer, healthier and more independent lives.

Leading longer, healthier and more independent lives will enable Pacific peoples to enjoy their lives to the fullest, take advantage of educational and employment opportunities and participate fully in society. Independence is particularly important for Pacific people with disabilities, who, while valuing their important relationships with family caregivers, also want to be able to participate independently in society (Huakau and Bray 2000).

While there is much cultural diversity among Pacific communities, there are two commonly held Pacific beliefs that need to be accommodated in addressing this goal for Pacific peoples. The first is that health is a holistic paradigm which includes physical, mental, social and spiritual wellbeing (Pulotu-Endemann et al 2007). This underlines the need for Government agencies to work collaboratively in a way that recognises the interconnectedness of health, education, housing, justice, welfare and employment as contributors to Pacific wellbeing.

The second commonly held belief is that families play a significant role in the health and wellbeing of Pacific peoples collectively and as individuals (Tiatia and Foliaki 2005). Healthy and strong families are the basis for successful Pacific communities in which individuals can grow and develop to their full potential (Ministry of Pacific Island Affairs 2008). Government support for Pacific families to be healthy and strong is therefore essential.

Service delivery is better, sooner and more convenient

Better service delivery is not only of a high quality, it is also affordable, conveniently located, physically accessible and available when it is needed.

What works differs between individuals, families and communities. For Pacific people, better service delivery has to be culturally competent. The health and disability system has not been meeting the needs of Pacific communities as well as it should. We need to ensure that services are designed to be better, sooner and more convenient for Pacific people, in particular by building on what is already working well.

The health system is adaptive, innovative and continually improving

To continue providing quality services in the face of projected constraints on funding, increasing innovation and adaptation will be required across the whole health and disability system. Innovative and adaptive approaches are particularly important in meeting the needs of Pacific peoples because of the diversity of Pacific communities and the relatively rapid changes in their demographic structure. Clinicians, service planners, managers and policy makers must not only tailor what they do in a cultural sense; they will also have to be flexible in their response to demographic changes in Pacific communities over time.

Principles

Respecting Pacific culture

Individuals and organisations in the health and disability system recognise that Pacific peoples' experience of health care can be influenced by cultural beliefs and values. Given the dynamic nature of the Pacific population in New Zealand, these cultural beliefs and values are diverse and evolving. In general, Pacific peoples in New Zealand maintain strong links with the Pacific Islands, through family, culture, history and language.

Valuing family

Workers in the health and disability system are aware that, for most Pacific peoples, family is the centre of the community and way of life. Family provides identity, status, honour, prescribed roles, care and support (Tiatia and Foliaki 2005). Care for family members with disabilities or for older family members is often informally provided from within the family (Huakau and Bray 2000).

Quality health care

The key dimensions of quality – access, equity, cultural competence, safety, effectiveness, efficiency and patient-centeredness – are implicit in the delivery of health and disability services to Pacific peoples (Minister of Health 2003). Quality health care is apparent at the individual, team, organisation and overall system level.

Working together

The health and disability system works together to provide seamless quality care. The health and disability sector works together with other sectors (such as education, housing and social development) to ensure that social, environmental, economic and cultural factors are managed to reduce their negative impacts and increase their positive impacts on Pacific peoples' health outcomes.

Priority outcomes and actions

'Ala Mo'ui seeks to achieve the following six priority outcomes.

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

The six priority outcomes of *'Ala Mo'ui* are not ranked in order of preference. Instead, they are interrelated, and together provide a holistic view of Pacific health that recognises the impact of complex factors at the individual, family, community, health and disability system and wider societal level.

Accompanying each priority outcome are specific actions to be undertaken by the Ministry of Health, DHBs, PHOs, Pacific and non-Pacific health and disability providers, the Ministry of Pacific Island Affairs and other relevant agencies.



1. Pacific workforce supply meets service demand

Why is this outcome a priority?

Developing the Pacific health and disability workforce is a priority because ethnic and linguistic diversity among health professionals is associated with better access to and quality of care for disadvantaged populations (Barwick 2000, United States Department of Health and Human Services 2006). Pacific health and disability workers bring connections with Pacific communities, personal understanding of Pacific issues, and Pacific cultural and language skills.

Currently, there is a significant shortage of New Zealand health and disability workers with an understanding of Pacific health perspectives and Pacific culture in general (Health Workforce Advisory Committee 2006). Pacific peoples make up nearly 7 percent of the total New Zealand population, yet in 2007 comprised only 1.6 percent of the medical workforce (Medical Council of New Zealand 2008), and in 2006 2.8 percent of registered nurses and 2.7 percent of enrolled nurses.² Furthermore, in 2006 Pacific students were less likely to do well in science subjects at secondary school, a key requirement for entry into many health workforce training courses (Health Workforce Advisory Committee 2006).

Over the course of their careers, most Pacific health workers care for both Pacific and non-Pacific patients. Pacific health workers have made an important contribution to the care of New Zealanders, particularly as nurses (Zurn and Dumont 2008) and non-regulated workers, such as community health workers, health care assistants and caregivers (Samu et al 2009). Developing the Pacific health and disability workforce therefore also contributes to the health and wellbeing of the wider New Zealand public.

Increasing the Pacific health and disability workforce will ultimately improve community health literacy.³ Workforce development (including job creation and skill development) also has economic benefits for Pacific individuals, families and communities.

What are we seeking to achieve?

We want to improve our ability to attract, train and retain Pacific health and disability workers in priority areas where there are shortages, such as primary health care, child health, mental health and oral health. We also want to do better at recruiting and retaining qualified Pacific workers for Pacific providers and Pacific-focused services in mainstream organisations.

The youthful, growing Pacific working age population is and will continue to be an important resource for the New Zealand health workforce. We want to make best use of this resource by providing opportunities and support for Pacific people to become health and disability workers.

² 2006 data from the New Zealand Health Information Service.

³ Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and knowledge of services needed to make appropriate health decisions (Ratzan and Parker 2000).

What will we do to achieve this?

Strengthening the Pacific health and disability workforce will require collaboration across the health and disability sector and other sectors, particularly education.

To contribute, the Ministry of Health will:

- identify options for upskilling the Pacific non-regulated workforce
- work with DHBs, training institutions, service providers and national (professional) Pacific organisations to improve the recruitment, training and ongoing professional development of Pacific health workers
- use Pacific Provider and Workforce Development funding to:
 - fund existing initiatives to increase the number of Pacific students taking science subjects
 - support training of Pacific workers in priority health and disability areas, including medicine, nursing, oral health and allied health
 - support advancing the professional and clinical development of Pacific health and disability workers.

To strengthen the Pacific health and disability workforce, the Ministry of Pacific Island Affairs will:

- focus on raising educational achievement for Pacific youth as a potential pool of future health workers by working with the Ministry of Education on the *Pasifika Education Plan*.

2. Systems and services meet the needs of Pacific people

Why is this outcome a priority?

Like all users of the health care system, Pacific people want services that meet their needs and expectations (Pacific Health Research Centre 2003). Pacific people also want seamless service delivery, with effective information flow and patient management between primary care and other parts of the health system, including hospitals, specialist care, mental health and disability support services.

Research shows that Pacific peoples can experience barriers in access and use of services across the health and disability system (CBG Health Research 2006, Pacific Health Research Centre 2003, Ministry of Health et al 2004). These barriers can be financial, cultural, logistical, physical or linguistic (ibid), and are key reasons that Pacific peoples are not benefiting from health services to the same extent as other groups (Tobias and Yeh 2009).

What are we seeking to achieve?

Health and disability systems and services need to focus on what works for Pacific people and communities. They need to be configured to respond to Pacific people's needs and expectations. This is particularly important for health areas of greatest concern, which are:

- child and youth health
- reducing the prevalence of risk factors affecting health (for example, obesity, alcohol and drug misuse, and smoking)
- preventing and managing long-term conditions.

Health workers need to be aware that Pacific people have a higher risk of developing certain conditions, such as rheumatic fever and cardiovascular disease, and to modify their approach to assessment and treatment accordingly. For example, Pacific people should generally undergo cardiovascular risk assessments at a younger age (35 years for males and 45 years for females) than the general population.

Diversity among the Pacific population means that all services (Pacific and non-Pacific) need to be adaptable and innovative. While a community-based or home-based service might be most effective for an older Pacific person with co-morbidities, a young Pacific person might prefer a one-stop-shop service.

While strengthening the Pacific health and disability workforce and providers is important, we also want to ensure that non-Pacific services effectively meet the needs of Pacific people, because most Pacific people receive their health care from non-Pacific providers. Improving cultural competence in service delivery is a key component of this. Cultural competence improves health care by making services more acceptable to a wider spectrum of individuals and families, thereby increasing access and use of services by those who experience barriers (Tiatia 2008).

What will we do to achieve this?

To support the development of services that meet the needs of Pacific people, the Ministry of Health will:

- encourage DHBs, PHOs and other providers to monitor the health status and patterns of service use of Pacific people and respond accordingly
- fund innovative approaches and share learnings nationally
- work with DHBs to implement actions in *Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015* that will build responsive services for Pacific people who are severely affected by mental illness or addiction
- support Pacific cultural competence initiatives.

To assist health and disability workers to effectively meet the needs of Pacific people, regulatory authorities such as the Medical Council of New Zealand will encourage practitioners to use cultural competence tools in their practice.

3. Every dollar is spent in the best way to improve health outcomes

Why is this outcome a priority?

Getting the best health value for every dollar spent is more and more critical. Population ageing will place increasing demands on the health and disability system in the future. There will also be increasing expectations of the system to deliver a wider range of services and treatments. In parallel, funding increases for health and disability services are likely to be more constrained than they have been over most of the past decade.

What are we seeking to achieve?

The Ministry's *Statement of Intent 2009–2012* outlines how the Ministry intends to achieve maximum patient benefit from its resources across the board. We also want health resources to be used in the best possible way to improve Pacific health outcomes, including improving front-line patient services.

We know that for many of the health issues of greatest concern, downstream treatment costs can be reduced through effective prevention and protection. For example, breastfeeding and immunisation both have a protective effect on Pacific child health outcomes. Reducing modifiable risk factors such as smoking, obesity and high cholesterol can prevent cardiovascular conditions, diabetes, stroke, respiratory diseases and some cancers.

We also know that effective support and management of long-term conditions within primary health care settings can reduce hospital admissions and the use of hospital emergency departments.

We need good monitoring processes to measure the effectiveness of policies and programmes, and we need to be able to respond quickly in redirecting resources when interventions are not working. We also need better information on the most effective methods by which to meet Pacific health needs.

What will we do to achieve this?

To increase protective factors and reduce risk factors the Ministry of Health will:

- continue the national and regional breastfeeding public information and education programme with DHBs
- improve the quality of delivery of the Well Child Tamariki Ora programme to Pacific families
- undertake research about what influences immunisation choices and behaviours
- monitor the effectiveness of Quitline, Pacific-specific smoking cessation services and the National Pacific Tobacco Control Service
- support Pacific self-management of long-term conditions in the context of their family setting.

To improve its evidence base, the Ministry of Health will:

- undertake analysis of the 2006/07 New Zealand Health Survey on health care utilisation by Pacific people compared with other New Zealanders and by immigration status
- develop options to increase Pacific response rates to health surveys
- improve the ability to capture within-Pacific diversity in health surveys.

The Ministry of Youth Development will identify health and wellbeing issues for Pacific youth through analysis of data from *Youth '07: the National Survey of the Health and Wellbeing of New Zealand Secondary School Students*.

4. More services delivered locally in the community and in primary care

Why is this outcome a priority?

Primary health care is one of the most effective ways to promote healthy behaviour, protect against diseases through immunisation, and prevent serious illness through screening, early detection and treatment. Primary health care is vital in managing care for Pacific people with complex health needs, and is the main channel into secondary care and other types of care.

Primary health care is often a patient's first point of contact with health services, and can provide an access point for other social services, such as financial assistance or housing/ accommodation entitlements. This is particularly important for Pacific people with disabilities or with long-term debilitating conditions. Primary health care is better able to reach and engage Pacific families through community nurses and other community health workers. The more Pacific communities are actively involved in the design and delivery of services, the more accessible and effective such services will be.

Pacific people use both Pacific and non-Pacific primary health care services. Pacific primary care or community-based providers include general practitioner (GP) services, disability support services and mental health providers. They play a key role in the delivery of culturally competent services to Pacific people and families, particularly where there would otherwise be cultural or language barriers to care. Pacific providers often facilitate access to social services for Pacific patients, acknowledging the Pacific notion of holistic health encompassing spiritual, mental, social and physical wellbeing. Pacific health and disability providers are often very effective at developing innovative and adaptive services to meet Pacific health needs.

As the majority of Pacific people engage with non-Pacific providers for most of their health and disability needs, the importance of culturally competent primary health care providers cannot be overstated (Ministry of Health 2008a).

What are we seeking to achieve?

Pacific people want high quality and culturally competent primary health care services closer to home, that are available whatever time of the day they are required (Finau and Tukuitonga 2000). Pacific people also want to have effective and long-term relationships with their GPs (Pacific Health Research Centre 2003).

The Government wants to build on the existing strengths of primary care and community-based services for Pacific peoples by:

- encouraging co-located, multidisciplinary family health teams
- delivering primary care in a closer relationship with social care
- developing a more comprehensive programme for chronic conditions
- continuing to deliver affordable services in accessible and convenient settings for Pacific people
- using appropriate resources and strategies to improve Pacific people's use of primary care services
- increasing the cultural competence of primary care providers
- supporting innovative primary and community-based services for Pacific young people.

What will we do to achieve this?

The Ministry of Health will work with DHBs, PHOs and other providers to:

- establish and develop youth friendly services such as youth one-stop-shops and school-based health services in low decile secondary schools, teen parent units and alternative education settings
- maximise coverage and participation of Pacific women in BreastScreen Aotearoa and the National Cervical Screening Programme
- encourage and support effective Pacific models of service delivery and methods to share learning
- ensure that, as the model of primary care evolves, funding for effective Pacific health providers will enable them to benefit from the changes
- support Pacific cultural competence of primary care providers.

The Ministry of Health will support regional Pacific disability initiatives that provide easier access to housing, education, health and welfare support for Pacific people with disability and their families.

To strengthen the role of Pacific providers, the Ministry of Health will work with Pacific providers and others in the sector to:

- develop intersectoral and interagency networks to support the work of Pacific providers
- develop supportive and collaborative partnerships between Pacific and other health and disability providers
- align Pacific provider development with Government service priorities.

To strengthen services delivered locally in the community, the Ministry of Pacific Island Affairs will help to build non-government organisation (NGO) and Pacific provider capacity.

5. Pacific people are better supported to be healthy

Why is this outcome a priority?

Like all New Zealanders, Pacific people desire good health and wellbeing. At the same time, many Pacific people have beliefs about individual health, and family and community needs and realities that are different from those of other New Zealanders (Ministry of Health 2008a). These beliefs can influence health choices and behaviours. For instance, the financial priorities of many Pacific people centre around maintaining relationships, meeting their immediate family needs, donating to church, and making contributions to family, both in New Zealand and in Pacific countries of origin (Tait 2009). Such financial obligations can impact on families' ability to pay for health services. Pacific peoples' use of traditional Pacific medicine and healing can also influence their use of health care services in New Zealand (Ministry of Health 2008a).

Pacific people appear to be more connected socially than many other population groups in New Zealand (Tait 2009). For example, many Pacific families are strong participants in church and community activities, which create and reinforce strong social connections and therefore resilience (ibid). There have been a number of recent health initiatives which have successfully built on the strengths of Pacific communities, such as the MeNZB™ campaign for Pacific children, and Pacific church initiatives to increase physical activity and healthy eating.

Because of these unique Pacific factors and strengths, it is important that Pacific people have greater engagement identifying and developing effective approaches that will work for them. Pacific participation helps to increase wider knowledge and understanding of Pacific health issues and encourages collective ownership and action on health issues.

While there are complex barriers which impact on the health status of Pacific peoples, health professionals are in a position to better support Pacific peoples to be healthy. For instance, Pacific people are often unaware of the services available to them through government agencies (Koloto 2007), or from health professionals and providers (Pacific Health Research Centre 2003; Paterson et al 2004). Some groups of Pacific people, often those most in need, face particularly complex barriers in accessing information and support. These include Pacific people with disabilities and Pacific informal caregivers (Goodhead and McDonald 2007, Ministry of Health 2008b).

International literature shows a link between poor health literacy and poor health outcomes (Lee et al 2004). Ethnic minorities, particularly people who speak English as a second language, tend to have lower health literacy (Zanchetta and Poureslami 2006).

What are we seeking to achieve?

We want to enable Pacific people to get the most benefit from the health system, through:

- better participation by and representation of Pacific community and clinical leaders at all levels of the health and disability system
- support for Pacific community action initiatives which are developed and led by Pacific communities
- better engagement of Pacific youth (recognising the youthfulness of the Pacific population and the different needs of Pacific youth)
- improving the health literacy of Pacific people, to enable them to make healthy choices and gain better access to the health and disability system.

What will we do to achieve this?

To increase health literacy, the Ministry of Health will:

- develop options to improve Pacific peoples' access to information on promoting and maintaining good health
- work with the disability support sector to improve access to information on disability support services.

To increase Pacific clinical participation in leadership and planning, the Ministry of Health will involve Pacific clinicians in policy and service development.

Work that supports Pacific communities to take action to prevent poor health outcomes will continue.

- The Alcohol Advisory Council of New Zealand (ALAC) will provide funding and training for community initiatives in Pacific communities aimed at preventing alcohol-related harm.
- The Ministry of Health will continue to work with DHBs to roll-out community action projects to increase physical activity and improve nutrition in Pacific communities, providing tangible support for Pacific communities.

To ensure that Pacific peoples are better supported to be healthy, the Ministry of Pacific Island Affairs will:

- work with the Ministries of Social Development, Health and Education to implement initiatives to equip Pacific communities with the knowledge and information to reduce family violence
- undertake research on cultural strengths in Pacific communities as a mechanism for supporting healthy relationships and sexual behaviour.

6. Pacific people experience improved broader determinants of health

Why is this outcome a priority?

There is strong evidence that biological factors, health-related behaviours, access to health care and environmental and socioeconomic factors all have an influence on health (Commission on Social Determinants of Health 2008). Environmental and socioeconomic factors – particularly income, education and employment – have the most significant impact on the health of populations.

The determinants of health do not operate independently: there are often complex interactions between individual risk factors and wider environmental influences in maintaining health or causing illness. However, many of the determinants of health are alterable to improve health and wellbeing (Ministry of Health 2004).

While there have been some improvements, Pacific people are still worse off than other New Zealanders across a range of socioeconomic indicators. Improving Pacific peoples' incomes, education, employment and housing is critical to improving their health outcomes.

Significant current and emerging health, social and economic issues in the Pacific region (such as non-communicable diseases, and emerging and re-emerging communicable diseases) also have an impact on Pacific peoples in New Zealand.

What are we seeking to achieve?

Successful interventions for addressing the negative influences of health determinants tend to be those that involve multiple actions across different sectors and at different levels (Commission on Social Determinants of Health 2008). We therefore want to see more effective interconnected action to improve health, social and economic outcomes at central government, regional and local levels.

We want greater recognition of the impact of intersectoral activity on Pacific health outcomes, and to promote wider use of health impact assessments to assess and develop actions to manage health effects of policies and projects.

In the wider Pacific region, we want to continue to contribute to initiatives which seek to foster economic development, eliminate poverty and improve educational outcomes for Pacific peoples.

What will we do to achieve this?

Work to improve the broader determinants of health focuses on increasing participation in early years education, increasing access to healthy housing and raising living standards.

- Housing New Zealand and DHBs will continue implementation of the Healthy Housing project.

- Housing New Zealand will be a lead agency for the implementation of the Tamaki Transformation Project – a multi-agency programme that is supported by initiatives to improve housing, health and service delivery, create jobs, increase safety and improve the local environment.

Work with Pacific Island countries to improve health outcomes for populations in the wider Pacific region will continue.

- New Zealand's International Aid and Development Agency and the Ministries of Health and Foreign Affairs and Trade will support implementation of the Pacific Framework for the Prevention and Control of Non-Communicable Diseases through the *Pacific NCD Implementation Plan (2008–2011)*.
- The Ministry of Health will implement the Arrangement on Health Cooperation and biennial work programme with the Cook Islands Ministry of Health.

To improve Pacific peoples' broader determinants of health, the Ministry of Pacific Island Affairs will:

- work with the Ministry of Education and across Pacific communities' networks and personnel to promote the importance of early years education
- undertake research and explore actions to mobilise collective Pacific wealth to improve Pacific peoples' incomes
- explore ways to increase Pacific home ownership and healthy housing through multi-borrower facilities, partnerships with Pacific churches, the sale of state housing, and the take-up of government entitlements.

How will we demonstrate success?

The Ministries of Health and Pacific Island Affairs will report to the Ministers of Health and Pacific Island Affairs on the implementation of *'Ala Mo'ui* every two years, the first report being due by the end of September 2011.

Monitoring Pacific health outcomes is essential for identifying patterns and trends, developing appropriate programmes and policies, and driving improvements across the health and disability sector.

The Ministry of Health will:

- monitor progress towards the Health Targets relating to immunisation rates, smoking cessation and services focused on diabetes and cardiovascular disease⁴
- monitor progress towards the following measures:
 - increase the proportion of 'never smokers' among Pacific Year 10 boys from 56 percent in 2008 up to 68 percent in 2012 and Pacific Year 10 girls from 48 percent in 2008 up to 60 percent in 2012
 - increase the proportion of eligible Pacific women who have a breast cancer screen every two years from 52 percent in 2008 up to 70 percent in 2011.
- continue to identify and monitor trends in the health of Pacific peoples
- measure whether Pacific peoples have equal access to relevant, quality health services
- produce five-yearly key indicator reports that are easily accessible and understood by Pacific communities and others in the health sector
- ensure full and responsive monitoring of DHB performance.

To measure success, the Ministry of Pacific Island Affairs will:

- produce the *Pacific Report* on health and broader results for Pacific peoples
- consider selective evaluations on particular issues or organisations periodically
- monitor Pacific peoples' health and broader outcomes and provide policy advice to improve outcomes.

⁴ DHBs with the largest Pacific populations (Waitemata, Auckland, Counties Manukau, Waikato, Capital and Coast, Hutt Valley, and Canterbury) have agreed Pacific indicators for the Health Targets on immunisation and diabetes /CVD services in their District Annual Plans 2009/10. These are available at www.moh.govt.nz/healthtargets.

Appendix 1: Development of 'Ala Mo'ui

'Ala Mo'ui has been developed from focused consultation with clinical and community health leaders, drawing on relevant national and international literature and using the latest available Pacific health evidence.

'Ala Mo'ui has been informed by the review of the *Pacific Health and Disability Action Plan 2002* (PHDAP). The PHDAP review consisted of a stocktake of Ministry and DHB activity in areas covered by the PHDAP. It concluded that there is a large amount of activity taking place to improve Pacific health, but this could be better focused. The PHDAP review also resulted in six stand-alone papers:

- *Improving Quality of Care for Pacific Peoples*
- *Pacific Child Health*
- *Pacific Youth Health*
- *Pacific Peoples and Mental Health*
- *Pacific Peoples' Experience of Disability*
- *Pacific Cultural Competencies: A literature review.*

The papers provide detailed analysis of the health status of Pacific people, and collectively highlight priority areas for action. The papers are available at www.moh.govt.nz/pacific.

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