

# 'Alunga Fo'ou: A New Path

Canterbury District Health Board  
Pacific Plan 2020-2030



**'Alunga Fo'ou'** is a Tongan phrase referring to a "new way" or "new pathway". *'Alunga* is a combination of the Tongan words *'alu* - 'to go' and *anga* - 'way' (in this context) and the word *fo'ou* which means 'new'. It speaks of forging new pathways or changing existing ways in order to reach the desired destination. It also inspires connotations of the courage, fortitude and resilience required before embarking on a new voyage or journey.





## Acknowledgements

The development of this Strategy is the collective result of our strategic partnership with Pasifika Futures the Whānau Ora Commissioning Agency for Pacific families. Together, we led two co-design workshops held with organisations, leaders in the health sector and most importantly, representatives from Pacific communities in Canterbury, where families told us what they need from the health system and how it might be shaped. Canterbury District Health Board and Pasifika Futures would like to take this opportunity to thank all those who were involved in the co-design and contributed to this Strategy. This Strategy would not have been possible without your valued input, honest insights, and ongoing talanoa.

The Canterbury District Health Board would like to thank our strategic partner for Pacific health – Pasifika Futures Limited, for partnering with us on this journey to improve Pacific health outcomes in Canterbury and for always challenging us. We are grateful for your tireless support.

This Strategy acknowledges Te Tiriti o Waitangi as the foundation for the relationship with Tangata Whenua. Pacific peoples place great importance and respect for the Tangata whenua and their status as indigenous people of Aotearoa New Zealand. Pacific people are connected to Maori through genealogy, traditional kinship ties and cultural beliefs that strengthen their relationships in modern day Aotearoa New Zealand.<sup>1</sup>

<sup>1</sup> Ministry for Pacific Peoples, 2018. *Yavu Foundations of Pacific Engagement*. Wellington: Ministry of Health, p1.

# Kia Ora Koutou from the Chief Executive, Canterbury District Health Board



**David Meates**

Chief Executive,  
Canterbury District Health Board

**Talofa lava, Kia orana, Malo e lelei, Ni sa bula vinaka, Fakaalofa lahi atu, Taloha ni, Halo olaketa, la orana, Namaste, Mauri.**

It is our pleasure to present the first Pacific Health Strategy for Canterbury District Health Board. The strategy recognises our commitment as an organisation to work in partnership with Pacific communities and families to improve health outcomes and to ensure that our collective

**Vision of "Prosperous and Healthy Pacific Families in the Canterbury region" is achieved.**

This strategy is a milestone in our health journey with Pacific people in Canterbury. We have long-standing relationships with Pacific communities and see this strategy as building on the gains we have made. It sets a firm stake in the ground and signals our intentions to do better. We want to do better, we MUST do better. The strategy recognises that in order to impact and meet the diverse needs of Pacific communities, we may need to do things differently, structure things differently, fund things differently and think differently. We recognise that not only is this critical, it is the right thing to do if we are committed to achieving equitable health outcomes with and for Pacific communities.

The Canterbury population is changing and becoming more diverse, the Pacific population has increased by 31% in the last five years and Pacific under-15s have grown by 35%. It is appropriate that health services are fit for purpose and can meet the needs of all communities. The challenges in Pacific health are complex. Pacific people continue to face inequities which are complex and longstanding. In Canterbury too many Pacific adults and children are admitted to hospital with preventable conditions and complications that could be best managed in the community and at home. Pacific communities are often overrepresented in negative health statistics, but these challenges are not insurmountable. We can overcome these challenges if we are willing to do it the Pacific way – together, collectively. We are willing and prepared to face the challenge.

We would like to thank and acknowledge all those who contributed to the development of this plan and this new pathway forward. We are extremely grateful to Pasifika Futures the Whānau Ora Commissioning Agency for Pacific families, our strategic partners for Pacific Health, who have been a valuable source of guidance, support and insight on this journey.

We look forward to walking alongside you and invite you to join us in our efforts to ensure equitable outcomes for Pacific families and communities become a reality.

**Haere ora, haere pai**

**Go with wellness, go with care.**



## Kia Orana from the Chair, Pasifika Futures



**Dr Kiki Maoate ONZM, FRACS**

Chair,  
Pasifika Medical Association  
Group, Pasifika Futures Ltd,  
Whānau Ora Commissioning  
Agency for Pacific Families

The launch of this strategy marks an important point in time for both Canterbury District Health Board and the many Pacific communities in our region. This strategy recognises the many dedicated community members who have worked tirelessly for more than 20 years to ensure that the “voices” of the Pacific community are heard and that health services are accessible and available to meet our aspirations.

As we enter these challenging times, we have a new opportunity, a new pathway forward and a new way of working. This strengthens our collective approach to the most serious challenges our communities face. The challenge to ensure that Pacific people live longer, healthier and better lives. We all have an obligation to work together to see our aspirations realised and to co-create a better future.

We recognise this would not have been possible without the commitment from Canterbury District Health Board and the leadership from CEO David Meates. We acknowledge your desire for meaningful and real change and your commitment to innovation. This has enabled us to build on our strengths together, to challenge each other but most of all to make a significant difference and move forward.

As a clinician, a member of the Canterbury Cook Islands community and a resident of Christchurch I understand the complexity of Pacific communities, the inequalities communities experience and the work required to make an impact. I also recognise the diversity, the strength and the immeasurable talent and contribution that Pacific communities make and will continue to make in the future in Canterbury. It is our time to shine, it is our time to step forward. I am excited about the opportunities ahead and the future we are facing.

Thank you for inviting us to join you we treasure our partnership.

**Kia manuia**





# Purpose

The purpose of this document is to provide strategic guidance and direction for Pacific health across the Canterbury District Health Board and the broader Canterbury health system. It is intended to provide a clear direction on the areas we will be focussing on and the actions we intend to take.

All parts of the health and disability system are responsible for improving Pacific health outcomes. The strategy can help guide not only Canterbury District Health Board but also Pacific non-governmental organisations, primary care, community health and social services. This strategy will also be used to monitor and evaluate our progress as we move forward. For the strategy to be successful we require unity, collaboration and partnership. Therefore, this document also serves as an invitation, to all government agencies, community organisations, businesses and individuals who share the same vision for equitable health outcomes for Pacific communities, to partner with us and walk alongside us as we navigate this journey together.

## Achieving equitable health and wellbeing outcomes for Pacific peoples

The core of this strategy is achieving equitable health outcomes for Pacific peoples. The Ministry of Health defines equity as:

"Differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes."<sup>2</sup>

The Health and Disability System Review says:

"Of all ethnic groups in New Zealand, Pacific peoples are amongst those most affected by inequities in the socioeconomic determinants of health, including living in areas of high socioeconomic deprivation, being unemployed and having low weekly earnings..."<sup>3</sup>

Equity in health outcomes is a priority for Canterbury District Health Board and will require us to continue to build our own capacity and capability to ensure equity is achieved for Pacific communities.

<sup>2</sup> Ministry of Health. 2019. *Achieving Equity in Health Outcomes: Summary of a discovery process*. Wellington: Ministry of Health.

<sup>3</sup> Health and Disability System Review. 2019. *Health and Disability System Review – Interim Report – Hauora Manaaki ki Aotearoa Whānui – Pūrongo mō Tēnei Wā*. Wellington: HDSR., p25

## Our Vision

### **Prosperous and healthy Pacific families in Canterbury.**

The vision is based on the aspirations and ideals shared by Pacific communities in Canterbury who spoke of Pacific families being supported to shape better outcomes for the future and achieve health and wellness.

## Our Values



### **► Families:**

Āiga, kāiga, magafaoa, kōpū tangata, vuale, fāmili are the core of our communities and influence all we do. Family provides identity, status, shelter and comfort.



### **► Shared responsibility:**

We are committed to working with partners and families to improve outcomes. This requires us to understand our own responsibility for achieving outcomes and to support others in our shared vision.



### **► Integrity:**

Our actions will be intentionally consistent with our words and agreements. Decisions will be aligned with our shared vision and guiding principles. Our collective words will be for the greater good of the relationship.



### **► Relationships:**

Are important in all aspects of our work and will be based on care, respect and reciprocity. We recognise the diversity in all Pacific communities and understand that relationships are multi layered and complex, anchored in evolving cultural frameworks.



### **► Strengths based:**

We celebrate the resilience and strength in our families and communities. We focus on what is possible and build on our collective strengths.







**18,927**  
Pacific peoples  
in Canterbury, NZ



Increase of  
**49%**

**12,720**

2013  
Census

**18,927**

2018  
Census

**3.2%**

Pacific peoples make  
up **3.2%** of the total  
Canterbury population

Median age  
**22.9**  
years

## Age Group



**Under 15 years**

Increase of  
**50%**

**4434**

2013

**6648**

2018



**30-64 years**

Increase of  
**51%**

**4230**

2013

**6375**

2018



**15-29 years**

Increase of  
**43%**

**3603**

2013

**5154**

2018



**65 years  
& over**

Increase of  
**64%**

**456**

2013

**750**

2018

**Total**

**12,723**

2013

Increase Of  
**49%**

**18,927**

2018



**"There is no generic 'Pacific community' but rather Pacific peoples who align themselves variously, and at different times, along ethnic, geographic, church, family, school, age/gender-based, youth/elders, island-born/ New Zealand-born, occupational lines, or a mix of these."**<sup>4</sup>

## Pacific Diversity Statement

The term "Pacific" is used in this document to describe the ethnically diverse group of people in New Zealand, who are derived from and connected to the indigenous cultures of the Pacific islands.

Canterbury District Health Board acknowledges the commonalities, but also recognises the important differences, between the Pacific ethnic groups. As highlighted in *Yavu: Foundations of Pacific Engagement*: "Each Pacific nation is different and within each nation there is further diversity. It is also important to recognise that status, authority, tradition, obligations and power structures are different for every group."

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It is therefore important in the varied contexts of 'Pacific communities' that Canterbury District Health Board, are clearly defined in the advice that we provide and the intelligence we impart.

This Strategy also refers to families as the unit of change rather than generic communities. It is our Pacific families that are directly impacted by inequity and therefore our Pacific families that should be the drivers of change and innovation.

Canterbury District Health Board is designated as one of 7 District Health Boards with specific Pacific responsibilities and the only District health with specific responsibilities in the South Island.

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<sup>4</sup> Anae, M., Coxon, E., Mara, D., Wendt-Samu, T., Finau, C., 2001. *Pasifika Education Research Guidelines Final Report*, Auckland: Auckland Uniservices Limited., p7.

<sup>5</sup> Ministry for Pacific Peoples, 2018. *Yavu Foundations of Pacific Engagement*. Wellington: Ministry of Health, p1.

## Pacific peoples in Canterbury

The number of Pacific peoples in Canterbury reached 18,927 in the 2018 census<sup>6</sup>, an increase of 49% from 12,720 in the 2013 census<sup>7</sup>. Pacific peoples living in the Canterbury region make up 3.2% of the total Canterbury population (599,694) slightly increasing from 2.4% in 2013. This growth in Canterbury's Pacific population also represents an increasing proportion of the total Pacific population in New Zealand (381,642) increasing from 4.1% in 2013 to 5% in 2018.

There were 9,999 Pacific males in Canterbury, making up 52.8% of its Pacific population. This is slightly higher than the number of Pacific females at 8,928 (47.2%) as recorded in the 2018 census. Pacific population in Canterbury continues to be youthful with a median age of 22.9yrs compared to 38.7yrs for total Canterbury. A breakdown of Canterbury's Pacific population by age group and change is provided. The largest change was in the 65 years and over age group, followed by 30 – 64, under 15 then 15 – 29.

Christchurch City remains home to most Pacific peoples in Canterbury despite declining from 79% in 2013 to 75% in 2018. This is followed by Ashburton (9%) and Timaru (5%) Districts both increasing slightly from 8% and 4% respectively in 2013. The number of Pacific peoples residing in these Districts is provided including the percentage change from 2013. The largest change was recorded in Timaru (84%), followed by Ashburton (69%) then Christchurch city (40%). Eighty-nine percent of the Pacific population in the Canterbury region resides in these three Territorial areas<sup>8</sup>.

A breakdown of Pacific ethnicities<sup>9</sup> in Canterbury from the 2018 Census is provided. The largest Pacific ethnicity continues to be Samoan (10,092), followed by Tongan (3,192) surpassing Cook Islands Maori in third place (3,132). Compared to the 2013 Census, Fijian experienced the largest increase (72.9%), followed by Tongan (63.4%) while Samoan had the lowest (44.5%).

The Pacific population in Canterbury is projected to continue its strong growth estimated to reach 30,600 in 2038<sup>10</sup>, which is more than double the 2013 population<sup>11</sup> (base year) as shown in the table below.

<sup>6</sup> 2018 Census, Statistics New Zealand. <https://www.stats.govt.nz/2018-census/>

<sup>7</sup> Statistics New Zealand, 2013 Census. <http://archive.stats.govt.nz/Census/2013-census.aspx#gsc.tab=0>

<sup>8</sup> Statistics New Zealand, *Age and sex by ethnic group (grouped total responses), for the census usually resident population count, 2006, 2013, and 2018 Censuses* (RC, TA, SA2, DHB). <http://nzdotstat.stats.govt.nz/WBOS/Index.aspx?DataSetCode=TABLECODE8277>

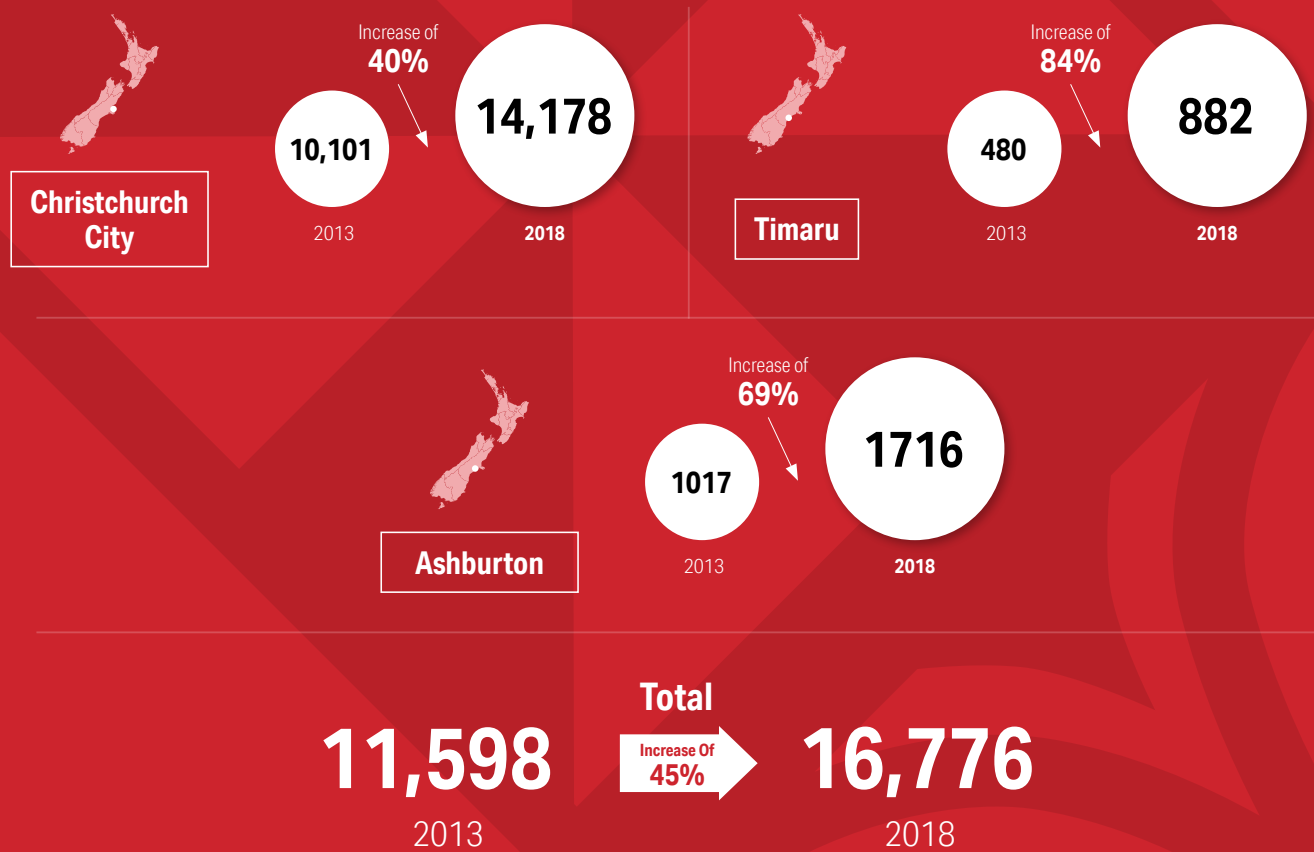
<sup>9</sup> Statistics New Zealand, *Ethnic group (detailed total response - level 3) by age and sex, for the census usually resident population count, 2006, 2013, and 2018 Censuses* (RC, TA, SA2, DHB). <http://nzdotstat.stats.govt.nz/WBOS/Index.aspx?DataSetCode=TABLECODE8277#>

<sup>10</sup> Statistics New Zealand population projections (2013 base on medium growth).

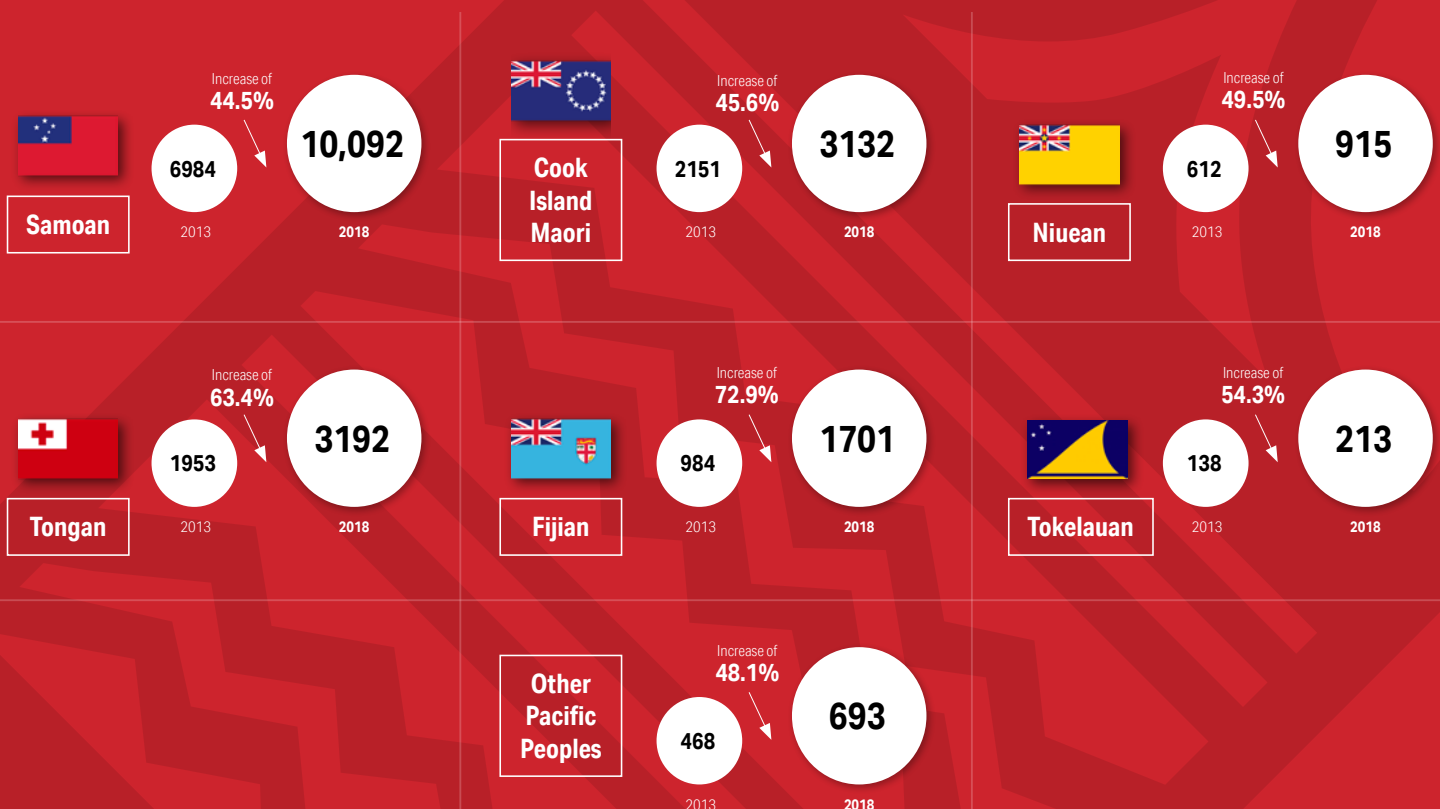
<sup>11</sup> Statistics New Zealand, *Subnational population and dwelling projections: 2013 (base)-2043 update* <http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE746&ga=2.164356927.1807635901.1596595077-1088216397.1534214871#>



## Territorial Authority/District



## Ethnic Groups

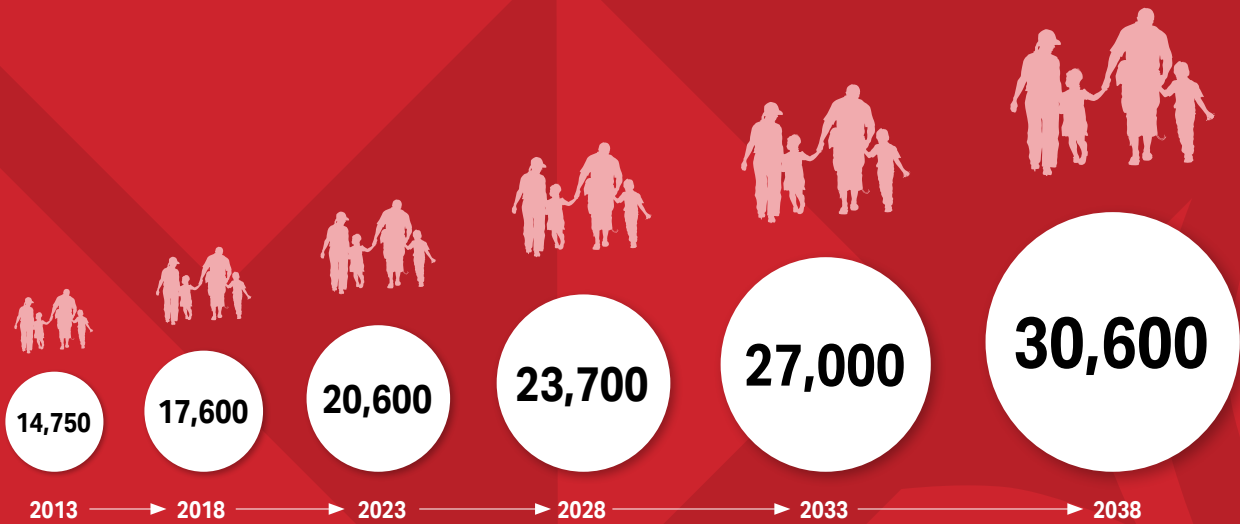








## Projected Pacific Population in Canterbury



## Pacific Health Outcomes

Pacific people continue to experience poor health and social outcomes. In Canterbury progress has been made in children's immunisations, cervical cancer screening, and general practice enrolment. Despite this there remains low rates of breast feeding, poor rates of oral health enrolment and low rates of breast screening. Much more concerning are the high rates of avoidable admissions to hospital for both children and adults and the increasing rates of chronic disease. The health challenges facing Pacific families are complex and multi-layered often going hand in hand with poor socioeconomic status. Pacific families aspire to live long and healthy lives and to contribute to New Zealand society as active members. In order to achieve this aspiration families, need to be supported by a responsive, innovative health system that recognises the diversity of Pacific families and the context within which they live. The challenges facing a rapidly growing population in Canterbury will require a collective effort to make an impact. Canterbury District Health Board and Pasifika Futures have the collective expertise, resources and commitment to make this a reality.







## Our Outcomes

In our talanoa with Pacific communities about their aspirations and the outcomes they want for themselves and their families, Pacific families told us they wanted to have greater autonomy and control over their health, they wanted to feel empowered when engaging with the health system. They also told us they wanted to see their children and grandchildren prosper with more opportunities, not just regarding physical health, but also mentally, spiritually and financially. And finally, they told us they wanted to be treated fairly and with respect and to have good access to services when they need it.

We are grateful for the gift of the many stories that have been shared with us and that have provided the direction for this strategy:

### Priorities

- Pacific people described a desire to live active, healthy lives enabling them to contribute to their families, communities and country. They envisioned a world where they were the leaders in their own health and well being and services were arranged to respond to and support their needs.
- Pacific communities described driving the design and development of services and programmes that reflect family driven, family centred, culturally anchored principles. This will necessarily require a prioritisation of policies, resources and processes that explicitly intend to improve outcomes for Pacific peoples and reduce inequalities.





# Our Strategic Priorities

In order to achieve these two outcomes, we have identified several strategic priorities and focus areas, highlighted from the co-design talanoa workshops, to help focus and direct efforts in a consolidated and coordinated manner.

Outcomes	Strategic Priorities
<b>► Outcome 1:</b> <b>Pacific peoples live longer, healthier and better lives, able to manage their own health and wellbeing</b>	<ul style="list-style-type: none"><li>— Strengthening health knowledge to support Pacific families to be leaders in their own health and well being</li><li>— Co-designing and reimagining services that deliver services in a community-based setting that are family centred, family driven and support families setting their own pathway.</li></ul>
<b>► Outcome 2:</b> <b>Pacific people have equitable health outcomes</b>	<ul style="list-style-type: none"><li>— Partnering with Pacific communities to ensure that health and social sector creates environments that improve health equity for Pacific communities</li></ul>

## Actions to achieve outcomes

The health system in Canterbury is complex and multi-layered. In order to achieve our aspiration of better health outcomes for Pacific peoples we will need to take a measured and systematic approach. Appendix A presents some actions that build on the work already underway.

# Focus Areas

Focus Areas	Outcomes
<p><b>1.</b></p> <p><b>Service Priorities</b></p> <p>At the heart of supporting Pacific families in Canterbury to be healthy and prosperous is the way in which that support is designed and delivered by the Canterbury District Health Board and how it is accessed by Pacific communities. This requires services to be co-created and codesigned by Pacific families to improve access, quality and equity. Priority areas for focus will be mental health, child and youth health integrated primary/ community-based care</p>	<p>► <b>Outcome 1:</b></p> <ul style="list-style-type: none"> <li>– Ensure Pacific families have access to more knowledge and skills to manage their own health and well-being</li> </ul> <p>► <b>Outcome 2:</b></p> <ul style="list-style-type: none"> <li>– Creating a space where Pacific people can access quality primary integrated healthcare, can receive and access timely health information and feel culturally supported and safe.</li> <li>– Improve mental health, addictions and wellbeing outcomes for Pacific families through improving Pacific people's access to and choices of accessing mental health and addiction services.</li> </ul>
<p><b>2.</b></p> <p><b>Workforce Development</b></p> <p>We recognise that as a health system we need to value, understand and reflect the communities we serve. Developing a more diverse workforce is not just about representation, it is about equity and doing what is needed so our communities feel valued, supported, respected and welcomed. The workforce needs to be culturally safe and responsive to the health needs of all Pacific communities and the capacity and capability of the Pacific health and disability workforce will be strengthened. Partnerships with the University of Otago, University of Canterbury and other training institutions will be key to progress this priority.</p>	<p>► <b>Outcome 1:</b></p> <ul style="list-style-type: none"> <li>– Ensure that Pacific communities are aware of pathways into health careers, including access to scholarships and training opportunities. Increase the recruitment of Pacific peoples into the health workforce. Increase the Pacific health and disability workforce.</li> </ul> <p>► <b>Outcome 2:</b></p> <ul style="list-style-type: none"> <li>– Support Canterbury Health System staff to become culturally safe and responsive to Pacific families through strengthening the skills of the non-Pacific workforce. Deliver Pacific cultural safety training that addresses the issues of bias and ensures that the workforce understand the context in which Pacific families live their lives, culture and how they can make a positive impact on Pacific health outcomes.</li> </ul>
<p><b>3.</b></p> <p><b>Pacific Leadership</b></p> <p>Pacific leadership needs to be grown and actively supported within Canterbury District Health Board Health system and community-based services</p>	<p>► <b>Outcome 1:</b></p> <ul style="list-style-type: none"> <li>– Actively support Pacific community leadership capability and capacity</li> </ul> <p>► <b>Outcome 2:</b></p> <ul style="list-style-type: none"> <li>– Increase Pacific participation in clinical governance, leadership and management at all levels of Canterbury District Health Board. Develop a Pacific centre of focus within Canterbury Health system to support staff, organisational development and Pacific intelligence and monitoring and become the lead Pacific District Health Board for the South Island.</li> </ul>



Focus Areas	Outcomes
<p><b>4.</b> <b>Partnerships</b></p> <p>Partnerships and relationships are integral to the Pacific way of life. Canterbury District Health Board is committed to genuine relationships of mutual trust and respect. Long standing partnerships have been developed with the Pacific community including support to the region through humanitarian responses and training.</p>	<p>► <b>Outcome 1:</b></p> <ul style="list-style-type: none"> <li>– Continue to strengthen and develop partnerships with Pacific communities and families and give 'voice' to the diversity within the region.</li> </ul> <p>► <b>Outcome 2:</b></p> <ul style="list-style-type: none"> <li>– Continue to partner with Pasifika Futures as Canterbury Health Systems Strategic Partner to advance Pacific health outcomes.</li> <li>– Continue to support humanitarian responses to the Pacific region &amp; opportunities.</li> </ul>
<p><b>5.</b> <b>Innovation</b></p> <p>Canterbury District Health Board is recognised for its innovative approach to service delivery, design and integration. Services for Pacific people need to be culturally anchored and utilise technology to support better outcomes. Canterbury Health System is a center for Pacific Health innovation.</p>	<p>► <b>Outcome 1:</b></p> <ul style="list-style-type: none"> <li>– Partner with Pacific communities to develop innovative approaches and solutions to Pacific health challenges.</li> </ul> <p>► <b>Outcome 2:</b></p> <ul style="list-style-type: none"> <li>– Support the strengthening of a family centred integrated Primary care, family, community and mental health service. Utilise technology to improve access for Pacific families to health services</li> </ul>
<p><b>6.</b> <b>Research, data and evidence</b></p> <p>Story telling is a way of life in the Pacific with histories being told and re-told through our talanoa and skilled orators. In order to tell the Pacific health story correctly, Pacific research, data collections and the use of Pacific data to drive evidence-based actions that improve Pacific health outcomes must be strengthened.</p>	<p>► <b>Outcome 1:</b></p> <ul style="list-style-type: none"> <li>– Increase Pacific family's participation in research pathways and programmes.</li> </ul> <p>► <b>Outcome 2:</b></p> <ul style="list-style-type: none"> <li>– Improve the way that ethnicity data is collected and the quality of Pacific ethnicity data.</li> <li>– Strengthen accountability for Pacific health outcomes through establishing a Pacific evidence and data insight framework. Establish innovative research partnerships to enable research that will strengthen Pacific health outcomes.</li> </ul>

# Outcomes Framework

Focus Areas	Short term (1-2 years)	Mid-term (3-5 years)	Long-term (6-10 years)
<b>1. Service Priorities</b>	<p><b>Pacific families are:</b></p> <ul style="list-style-type: none"> <li>— Increasing their knowledge and skills to manage their own health and wellbeing.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— A Pacific centre of excellence and innovation where Pacific people can access integrated primary care, family, mental health and addiction services is developed.</li> </ul>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Manage their own healthcare and wellbeing.</li> <li>— Reduce presentations at the Emergency Department and avoidable admissions to hospital.</li> </ul> <p><b>Health system is:</b></p> <ul style="list-style-type: none"> <li>— Actively engaging with Pacific families through culturally safe and equitable models of care.</li> <li>— Access to priority services is achieved.</li> </ul>	<p><b>Pacific families have:</b></p> <ul style="list-style-type: none"> <li>— Improved health outcomes in mental health and addiction, child and youth health and long-term conditions.</li> <li>— Reached equity in health outcomes with non-Pacific Cantabrians.</li> </ul> <p><b>Health system has:</b></p> <ul style="list-style-type: none"> <li>— Demonstrated equitable Pacific health outcomes in Canterbury region.</li> </ul>
<b>2. Workforce Development</b>	<p><b>Pacific families are:</b></p> <ul style="list-style-type: none"> <li>— Aware of pathways into health careers and are undertaking training in health professions.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Pathways are strengthened in schools to increase the uptake of STEM and improve access into health career training.</li> <li>— The current health system is prepared for the reality of a diverse workforce through delivery of a cultural safety program.</li> </ul>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Are reflected in the Canterbury Health system workforce.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Staff demonstrate cultural capability and capacity to provide culturally safe and responsive services for Pacific families.</li> <li>— The number of Pacific graduates employed, increases and supports the Pacific health and disability services workforce in Canterbury.</li> </ul>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Are visible at all levels of the Canterbury Health system workforce.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Reflects the diversity of the Pacific population of Canterbury and is a culturally safe and responsive employer.</li> <li>— Non-Pacific workforce understands Pacific culture, context and inequities.</li> </ul>
<b>3. Pacific Leadership</b>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Pacific leaders are engaged in the design of services.</li> <li>— A “Pacific space” is co-designed within Canterbury District Health Board.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Training and professional development of Pacific Leaders is supported through a targeted approach.</li> </ul>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Pacific Leaders are present in the Canterbury Health system.</li> <li>— Actively utilise the “Pacific space” in Canterbury District Health Board as a community resource and feel welcomed and safe.</li> </ul> <p><b>Health system is:</b></p> <ul style="list-style-type: none"> <li>— A place where Pacific Leadership both clinical and non-clinical is visible and supported to excel and advance in their careers.</li> </ul>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Canterbury District Health Board has strong and established relationships with Pacific community leaders.</li> </ul> <p><b>Health system has:</b></p> <ul style="list-style-type: none"> <li>— Pacific leadership is an integrated part of governance, planning, funding, management and clinical leadership in the Canterbury Health system.</li> </ul>



Focus Areas	Short term (1-2 years)	Mid-term (3-5 years)	Long-term (6-10 years)
<b>4. Innovation</b>	<p><b>Pacific families;</b></p> <ul style="list-style-type: none"> <li>— Co-designing innovative solutions to challenges they face.</li> </ul> <p><b>Health system</b></p> <ul style="list-style-type: none"> <li>— Develops technology to improve access for Pacific families to services.</li> </ul>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Partner to implement innovative solutions.</li> </ul> <p><b>Health system</b></p> <ul style="list-style-type: none"> <li>— Integrated primary care, child and youth health and mental health and addiction services are well established.</li> </ul>	<p><b>Pacific families</b></p> <ul style="list-style-type: none"> <li>— Use technology to support their health journey and partnerships.</li> </ul> <p><b>Health system</b></p> <ul style="list-style-type: none"> <li>— Canterbury District Health Board leads Pacific health innovation in New Zealand.</li> </ul>
<b>5. Partnerships</b>	<p><b>Pacific families are:</b></p> <ul style="list-style-type: none"> <li>— In partnership with health professionals to support their management of their family health plan.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Pasifika Futures, the Whānau Ora Commissioning Agency, is the Pacific strategic partner, strengthening existing partnerships and exploring new ones.</li> </ul>	<p><b>Pacific families are:</b></p> <ul style="list-style-type: none"> <li>— Partner in the development of policy and services in the health sector.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Provides a platform for Pacific voices</li> <li>— Partners and influences government agencies to address Pacific health issues.</li> </ul>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Have a strong partnership of mutual trust and respect with the health system.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Recognises Pacific families as partners in healthcare.</li> </ul>
<b>6. Research, Data &amp; Evidence</b>	<p><b>Pacific families are:</b></p> <ul style="list-style-type: none"> <li>— Aware of research partnerships and projects for Pacific health.</li> <li>— Access their own health data.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Accountability framework based on Pacific health data and evidence covering services, policies, plans and outcomes is implemented.</li> </ul>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Access new and innovative research on Pacific health.</li> <li>— Access good quality data on ethnic specific Pacific health statistics.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Produces quality Pacific health research, data and evidence to inform interventions.</li> </ul>	<p><b>Pacific families:</b></p> <ul style="list-style-type: none"> <li>— Benefit from Pacific specific health research.</li> </ul> <p><b>Health system:</b></p> <ul style="list-style-type: none"> <li>— Delivers analysis of Pacific ethnicity data.</li> <li>— New, innovative and equitable Pacific health actions are based on collected data and evidence.</li> </ul>

# Appendix A: Priority Actions

Priority	Actions
<b>1. Service Provision</b>	<p>1.1 Develop a Pacific public health communication campaign to enable families to improve their knowledge to support management of their own health and wellbeing.</p> <p>1.2 Support the development of a Pacific Innovation Hub that includes an integrated Pacific primary, family support, mental health and addictions services.</p> <p>1.3 Establish Pacific specific services in Ashburton.</p> <p>1.4 Reorganise all Pacific contracts through a "One family – Outcome agreement" that reflects a new commissioning framework for Pacific health service in Canterbury.</p>
<b>2. Workforce Development</b>	<p>2.1 Scope a business case for a Pacific STEM academy in Canterbury to improve Pacific entry into health sciences.</p> <p>2.2 Complete a Pacific Health Workforce Plan for the Canterbury Health system, including a workforce census.</p> <p>2.3 Implement a Cultural Capability program for Canterbury Health staff.</p> <p>2.4 Develop a Pacific pathway for recruitment at all levels into the Canterbury health system.</p>
<b>3. Pacific leadership</b>	<p>3.1 Identify a cohort of Pacific health professionals across the Canterbury Health system to commence a Pacific health leadership program.</p> <p>3.2 Implement a Pacific health leaders' pathway within the Canterbury Health system to support improve Pacific health capacity.</p> <p>3.3 Establish a Pacific community leadership forum to develop a strong sustainable partnership with Pacific community leaders in Canterbury.</p>
<b>4. Partnerships</b>	<p>4.1 Continue to strengthen the Co-commissioning partnership with Pasifika Futures to improve Pacific health and social outcomes.</p> <p>4.2 Formalise partnerships to extend our impact with organisations with similar vision including University of Otago, University of Canterbury.</p> <p>4.3 Strengthen our support and partnerships with regional partners including Pacific Ministries of Health.</p>
<b>5. Innovation</b>	<p>5.1 Develop technology innovations to improve access for Pacific families to services and information.</p> <p>5.2 Implement innovative solutions to Pacific family needs.</p>
<b>6. Research, data and evidence</b>	<p>6.1 Develop research proposals that extend our understanding of effective interventions for Pacific families.</p> <p>6.2 Ensure all Canterbury health system partners collect ethnicity and family data.</p> <p>6.3 Partner with research agencies to implement specific Pacific research.</p>



## Appendix B: Targets & Indicators

Priority	Target	Indicator
<b>1. Service Priorities</b>		<ul style="list-style-type: none"> <li>– % Pacific people enrolled in primary care</li> <li>– % ASH Rates</li> <li>– % Pacific people with a mental health disorder who are utilising services</li> <li>– % Alcohol, drug use and smoking</li> <li>– % Pacific people up to date with cancer screening</li> <li>– % Pacific babies exclusively breastfed 0-6 months</li> <li>– Total alcohol consumption 15 years and over</li> <li>– Tobacco use and prevalence</li> <li>– Weight for height in Pacific children under 5 years</li> <li>– % Obese Pacific adults</li> <li>– % Intimate partner violence</li> </ul>
<b>2. Workforce Development</b>		<ul style="list-style-type: none"> <li>– # Pacific health workers per population</li> <li>– Pacific health workforce and distribution</li> <li>– % Pacific health professionals per ethnicity of population</li> <li>– % Pacific people customer survey experience improved</li> </ul>
<b>3. Pacific leadership</b>		<ul style="list-style-type: none"> <li>– # Pacific health professionals in governance, management and clinical leadership roles</li> <li>– % Pacific Community survey satisfaction with services</li> <li>– # Pacific leaders supported with professional development</li> </ul>
<b>4. Partnerships</b>		<ul style="list-style-type: none"> <li>– % Satisfaction survey between Canterbury DHB and Pasifika Futures</li> <li>– # Outcomes achieved through Partnership Agreements</li> <li>– # Partnership Agreements completed</li> </ul>
<b>5. Innovation</b>		<ul style="list-style-type: none"> <li>– # Innovations implemented</li> <li>– % Innovations evaluated</li> </ul>
<b>6. Data, evidence &amp; research</b>		<ul style="list-style-type: none"> <li>– % Ethnicity reporting</li> <li>– Investment in Pacific research</li> <li>– Published articles</li> </ul>

# Appendix C: Agreement

## Introduction

- A.** Canterbury District Health Board (CDHB) was established under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of communities residing in the Canterbury region.
- B.** The Pasifika Medical Association (PMA) was established in 1996 as an incorporated society of Pacific health professionals working together to meet the health needs of Pacific people in the Pacific region. After 20 years of exponential growth, the Pasifika Medical Association Trust (PMA Trust) incorporated on 28 August 2017 as a limited liability charitable company (company number: 6407414) and a registered charitable organisation under the Charities Act 2005. The PMA Trust controls various entities, including: Pasifika Medical Association Membership Trust; Pasifika Futures Trust; Etu Pasifika Trust; and Fale Futures, which are collectively referred to as Pasifika Medical Association Group (PMA Group). The PMA Group commissions and invests in programmes that improve outcomes for Pacific families living in New Zealand and the Pacific Region, and also deliver Pacific, and health and social services.
- C.** Pasifika Futures Ltd is the Whānau Ora Commissioning Agency (PFL) for Pacific families in Aotearoa.

Collectively, referred to herein as the Parties to this Memorandum of Understanding

## Background

- A.** Canterbury is home to approximately 19,000 Pacific peoples, who represent 5% of Aotearoa New Zealand's Pacific population. The Pacific population in Canterbury makes up 3.2% of the total population in Canterbury. Although relatively small the Pacific population is responsible for an increasing number of ambulatory sensitive admissions to hospital and is over represented in poor health and social outcomes.
- B.** Pacific peoples are one of the fastest growing, diverse and youthful populations in Aotearoa New Zealand. They represent 16 distinct ethnic groups, languages and cultures, many identify with more than one ethnic group, more than one-third are younger than 15 years old and only 5% are older than 65 years. In Canterbury the growth rate over the 5 years between 2013-2018 is 49% indicating this population is one of the fastest growing populations in New Zealand.
- C.** Our diverse, youthful Pacific population continues to contribute significantly to cultural, social and economic life in Aotearoa New Zealand. Despite this, Pacific peoples continue to experience poor socio-economic well-being, which is related to their poor health outcomes. The impact of these disparities on the health of Pacific families is reflected across all ages and important summary measures of health. There is a 7-8-year gap in life expectancy between Pacific and non-Māori/non-Pacific ethnicities. At CDHB, Pacific people have the lowest life expectancy of all groups.



- D.** The diversity, youthfulness, and unique characteristics of Pacific peoples, coupled with the inequities they experience, poses both challenges and opportunities for those working to improve Pacific outcomes. We recognise that we can achieve more working together. We will partner and align our efforts to better support and empower Pacific patients, āiga, kāiga, magafaoa, kōpū tangata, vuvale and fāмили to experience equitable healthcare and health outcomes, shape a better future and achieve their aspirations.
- E.** We recognise the strengths we bring to our partnership and joint work. CDHB works in the community and with other agencies to support the more than 600,000 people living in their region; commissions a range of health and disability services; owns and operates hospital and outpatient services.
- F.** As the only Whānau Ora Commissioning Agency for Pacific families in the country, Pasifika Futures and partners continue to engage and connect with Pacific families and communities in ways that are meaningful and relevant for them. Since 2014, more than 18,155 Pacific families comprising of 104,001 individuals have engaged with Pasifika Futures' Whānau Ora programme (35% of the Pacific population in New Zealand) and achieved 39,000 well-being outcomes. Pasifika Futures also provided substantial support to Pacific families during COVID-19 Alert Level 4 and supported the Canterbury Public Health Welfare Response by rapidly standing up a pathway for Pacific cases and contacts to receive the welfare supports required to enable them to safely complete their isolation and quarantine periods. In Canterbury the Pacific partner ETU Pasifika delivered 1140 packages of support to families, benefiting over 5,400 individuals and over 1,000 families. In addition, they supported 19 positive COVID-19 referrals and provided supported accommodation for 5 families.
- G.** Pasifika Medical Association Membership Trust is a network of over 3000 Pacific health professionals in New Zealand and across the Pacific region, who work collaboratively to strengthen Pacific health workforce capacity and capability. They are in a unique position to support Pasifika health workforce initiatives.
- H.** Etu Pasifika Trust is an integrated Primary Care, Whānau Ora and Behavioural Support service based in Christchurch delivering innovative, family-based services to over 5,000 Pacific people in the Canterbury catchment area. The integrated model design is led by the PMA/PFL Trust and provides unique opportunities to support health service re-design.
- I.** We recognise the value of having a strategic partnership, and collaborative approach to strengthen the capacity and capability of the Pacific health workforce, to develop a joint work programme to improve health care and outcomes for our Pacific āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāмили and communities, and to share and develop insights and data about the needs of Pacific populations, their experiences of health care and health outcomes, and effective models of care.

## **We Agree:**

### **1. Purpose**

This Memorandum of Understanding (Memorandum) supports us to have a strategic, collaborative, respectful relationship. It sets out the vision, values and principles that will underpin the relationship between us, and clarifies the scope and effect of this Memorandum.

### **2. Vision**

Prosperous and healthy Pacific families (āiga, kāiga, magafaoa, kōpū tangata, vuvala and fāмили) in Canterbury.

### **3. Values**

The values that guide our joint work to achieve our vision:

#### **► Families:**

Āiga, kāiga, magafaoa, kōpū tangata, vuvala, fāмили are the core of our communities and influence all we do. Family provides identity, status, shelter and comfort.

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#### **► Shared responsibility:**

We are committed to working with partners and families working to improve outcomes. This requires us to understand our own responsibility for achieving outcomes and to support others in our shared vision.

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#### **► Integrity:**

Our actions will be intentionally consistent with our words and agreements. Decisions will be aligned with our shared vision and guiding principles. Our collective words will be for the greater good of the relationship.

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#### **► Relationships:**

Are important in all aspects of our work and will be based on care, respect and reciprocity. We recognise the diversity in all Pacific communities and understand that relationships are multi layered and complex, anchored in evolving cultural frameworks.

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#### **► Strengths based:**

We celebrate the resilience and strength in our families and communities. We focus on what is possible and build on our collective strengths.



### **3.1 Relationship principles**

The principles that will guide our relationship and how we work together:

**3.1.1 Reciprocity** - we conduct ourselves recognising the need for mutual benefit and understanding. We each bring unique strengths and resources that enable us to overcome our challenges together.

**3.1.2 Autonomy** – we each have the freedom to manage and make decisions. We commit to make decisions and take actions that respect and strengthen the collective interest to achieve our shared vision.

**3.1.3 Honesty** – we will be truthful and authentic even when that makes us uncomfortable. This includes honesty about facts, feelings and intentions;

**3.1.4 Loyalty** – we are each committed to our relationship. We will value each other's interests. Standing together through adversity will be key.

**3.1.5 Equity** – we are committed to fairness which does not always mean equality. We will make decisions based on a balanced assessment of needs, risks and resources.

**3.1.6 Integrity** – our actions will be intentionally consistent with our words and agreements. Decisions will be aligned with our shared vision and guiding principles. Our collective words and actions will be for the greater good of the relationship.

### **4. Scope**

The Parties agree to collaborate on work that will contribute to achieving equity for Pacific peoples living in Canterbury, as described in the Canterbury Pacific Health Strategy: “Alunga Fo'ou – A New Path”







