



**Canterbury  
Pacific Health Framework**

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2015-2018

*'I am not an individual; I am an integral part of the cosmos.  
I share divinity with my ancestors, the land, the seas and the skies.  
I am not an individual, because I share my tofi (an inheritance)  
with my family, my village and my nation.  
I belong to my family and my family belongs to me.  
I belong to my village and my village belongs to me.  
I belong to my nation and my nation belongs to me.  
This is the essence of my belonging.'*

[ Tui Atua Tupua Tamasese Ta'isi Efi,  
Head of State of the Independent State of Samoa ]



## Background and Rationale

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Pacific Communities in Canterbury are strong collaborators, easily mobilised and experienced in joining forces to achieve shared outcomes to improve life for Pacific peoples in Canterbury. The Pacific Community in Canterbury is well known for its innovation and has led the way for many national projects that have been adopted in other regions due to their proven success in Canterbury.

Canterbury's Pacific population is approximately 11,500 across the three Primary Health Organisations with around 80% of this population accessing non-pacific services for their Primary Health needs.

Pacific peoples in New Zealand are a rapidly growing and changing population. Today's Pacific population is mostly New Zealand-born, predominantly young, and highly urbanised. The Pacific population is not homogenous but diverse and made up of many different ethnic groups. Each ethnic group has its own unique values cultures, traditions and ways of being. Understanding these characteristics provides important context for better meeting the health needs of Pacific peoples.

Pacific peoples face particular social and economic issues affecting their health that need to be addressed. Initiatives to increase Pacific participation and access to primary health, early childhood education and achievement at school and to improve housing insulation and heating will help to improve health outcomes.

Also of importance is the ageing health workforce and the nationwide shortage of health professionals alongside a Pacific working age with a growing population.

Canterbury Health service providers Canterbury District Health Board (CDHB), Primary Health Organisations (PHOs) and Non-Government Organisations (NGOs) aspire to achieving equitable health outcomes for Pacific peoples and support Pacific families and communities to flourish and achieve their maximum health and wellbeing.

Following a series of discussions between the CDHB and PHOs and Pacific providers, a strong commitment has developed between these parties to have an over-arching framework that identifies shared outcomes and priority areas, acts as a basis for organisation work plans and encourages collective efforts that improve the health of Pacific peoples and their communities.

Developing strong Pacific communities are an integral part of the future prosperity of Canterbury and ensuring Pacific peoples in Canterbury are leading longer, healthier and more independent lives will enable them 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.

## Purpose

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*“A galiga o fenua, ko te loto gaatasi ke maopoopo tou malosi  
I mea katoa tau o ta ola ke lagona kau lagona.”*

*“True beauty in a land lies in the unity of hearts to put our efforts  
together for the things we need in life. You feel this, I feel this.”*

[ Toku fou tiale 2012, Tuvalu ]

The purpose of the Canterbury Pacific Health Framework is to establish shared outcomes, shared priority areas, shared language and common understanding so that we can better achieve our goal of health equity for Pacific peoples.

Although each organisation is striving to contribute to these aspirations, there have been barriers to achieving their goals. To date plans have not been coordinated and there has been limited collective effort to achieve shared outcomes. It is the intention of this plan to rectify this so that the health community can work collaboratively towards shared outcomes.

## Governance of the Framework

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*“E āfua mai mauga manuia o nu’u. A lelei le pule, ua ola le nu’u.”*

*“The mountains are the source of blessings and wellbeing.*

*If the leadership is good, the people will live. “*

[ O le tōfā ma mamao 2012, Samoan ]

Governance of the framework and its outcomes will be facilitated by the Pacific Reference group (and the Canterbury Clinical Network???) Invitations will be extended to key stakeholders to present information regarding the outcomes and activities that relate to the framework.

## Values

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While there is much cultural diversity among Pacific communities, there are two commonly held Pacific beliefs that need to be considered in this framework. The first is that health is a holistic paradigm which includes physical, mental, social and spiritual wellbeing. This underlines the need for health services 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 is that families play a significant role in the health and wellbeing of Pacific peoples collectively and as individuals). 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).

## Partners in the Framework

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In the first instance the partners in this framework are Pacific Providers, the CDHB and divisions of the CDHB (Community and Public Health) and Primary Care Organisations (Rural Canterbury, Christchurch PHO and Pegasus Health). The intention is to be fully inclusive and ensure a positive and mutually beneficial working relationship between parties is achieved.

It is an expectation that all partners are committed to developing and delivering on their own Pacific health plans that inform this framework.

## Related Plans

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- Rural Canterbury PHO
- Christchurch PHO
- Pegasus Health Pacific Health Work Plans

## Priority Areas

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There are many areas of focus that our collective actions could contribute to. It was decided that in the first instance that the areas of focus would be those where there were differentials in access or outcomes for Pacific peoples, where indicators existed that were readily measurable in order to determine progress and a particular focus would be in the areas of:

- Child and youth
- Mental Health
- Women's health

## The Framework

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*“Ka aere kapipiti raua, te no’o’anga meitaki e te ora’anga meitaki. Me e no’o’anga meitaki to’ou, ka kie koe it te mataora e te au, kua rauka I reira te ora’anga meitaki.”*

*“Good life and good living circumstances go hand in hand. If your circumstances are good you will know happiness and peace, and wellbeing is achieved.”*

[ Turanga Maori 2012 , Cook Islands ]

The framework is an outcomes framework. That is, the framework identifies the various layers of activities and strategies that contribute to our shared outcomes of equitable health and improved quality of life for Pacific peoples. The framework also identifies indicators that we can use to measure progress towards and achievement of the shared outcomes (see Appendix 2: Pacific Health Framework with indicators (to see details of indicators).

## How this Framework will Work

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Partners in this framework will:

- Develop organisational work plans that are based on the framework and priority areas
- Work together to achieve improvement in shared priority areas
- Be open to new ways of working to achieve the agreed outcomes
- Undertake to have good communication and regularly report on progress
- Review the framework annually late (October/November) in the year so it may be linked to the plans of the partners for the following year.

## Appendix 1: Concepts and Definitions

TERM	
Equity	Equity in health means that people's needs guide the distribution of resources and opportunities that promote wellness and well-being. It is about achieving the same level of outcomes for people. This may mean a different level and type of effort. It is about addressing the bias in our systems.
Whānau Ora	Whānau Ora has come to mean the governmental policy that enables social and health agencies to work cross sectorally supporting the implementation of social and health programmes.  However, in this plan Whānau Ora is a concept that is about whānau being empowered to make their own decisions around how to improve their overall wellbeing.
Flourish	Flourishing is refers to thriving, prospering, blossoming and growing and is about more than equitable outcomes.
Wellbeing	Wellbeing is a state in which an individual/family can realise their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community
Collective Impact	Different organisations taking joint responsibility for efforts to improve outcomes in mutually identified areas
Leadership	Leadership utilises the skills and knowledge of communities through a process of influence, which maximises the efforts of all towards the achievement of a goal.

