TAEAO O TAUTAI:

PACIFIC PUBLIC HEALTH WORKFORCE DEVELOPMENT IMPLEMENTATION PLAN

2012 - 2017

MINISTRY OF HEALTH
MANATŪ HAUORA

LeVa

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FOREWORD

"TAEAO O TAUTAI" (PRONOUNCED: "TAR-EH-AH-HO O TAR-YOU-TIE")

In 2007 the Ministry of Health published Te Uru Kahikatea: The Public Health Workforce Development Plan 2007 - 2016. Two overarching priorities lay at the heart of this plan: firstly, to improve Maori health and secondly, to reduce inequalities, particularly for Maori and Pacific peoples.

This Pacific Public Health Workforce Development Implementation Plan has been inaugurated with the Samoan name *Taeao o Tautai*: the morning for the fishermen – an appointed time for stewardship and leadership as they navigate the seas for village sustenance and responsible helmsmanship. The "fishermen" has become a metaphor for our relationships with the sea, the winds, and the sky as they demonstrate their armory of ancient maritime skills, a sense of communion with celestial elements and a profound inheritance for service.

It is this search for the *tautai* in today's contemporary landscape that will be the indelible mark on our journey for a Pacific workforce capable of a *taeao*- a new morning, a new day and a renewed optimism for a Pacific health workforce that will fulfill and enrich all our visions for our community's wellbeing. It is about a time for stewardship and skilled leadership, a time of intrinsic connection with our cultural reference points and a time to pursue skills which have meaning and resonance far beyond the 'workplace'.

Taeao o Tautai outlines how the Ministry of Health can support the development and strengthening of the Pacific public health workforce and improve mainstream responsiveness. This plan is a chart to guide the workforce who are the *tautai* or navigators of a new day dawning.

The Pasifika way is holistic in all aspects of life. An integral part of *Taeao o Tautai* is therefore the inclusion of families and communities and also the environment they live in. Positively engaging and nurturing the *va* (relationship) with the individual and their *aiga* (family) and their wider community will be crucial for long term success. This plan sets the compass points for future success in reducing inequalities.

Taeao o Tautai takes into account the many challenges and opportunities the Pacific public health workforce face in terms of growth and strength. One of the many challenges that will be faced in this journey will be to usefully and effectively align the close relationship between public health, primary care, and community development, which may be the way the majority of Pacific peoples receive public health action.

This plan is for all *tautai* who wish to navigate successfully through the new morning.

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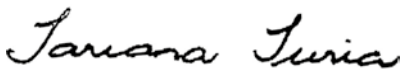

Tariana Turia
Associate Minister of Health

ACKNOWLEDGEMENTS

The *Taeao o Tautai:* Pacific Public Health Workforce Development Implementation Plan brings together research, policy and expert opinion to ensure the work implemented is robustly informed, contributes to government direction, and is relevant to Pacific communities. Many people have supported Le Va to facilitate this process. Le Va wishes to acknowledge the Advisory Group and other leaders for their guidance, knowledge and experience as members who contribute in a significant way to Pacific public health in New Zealand.

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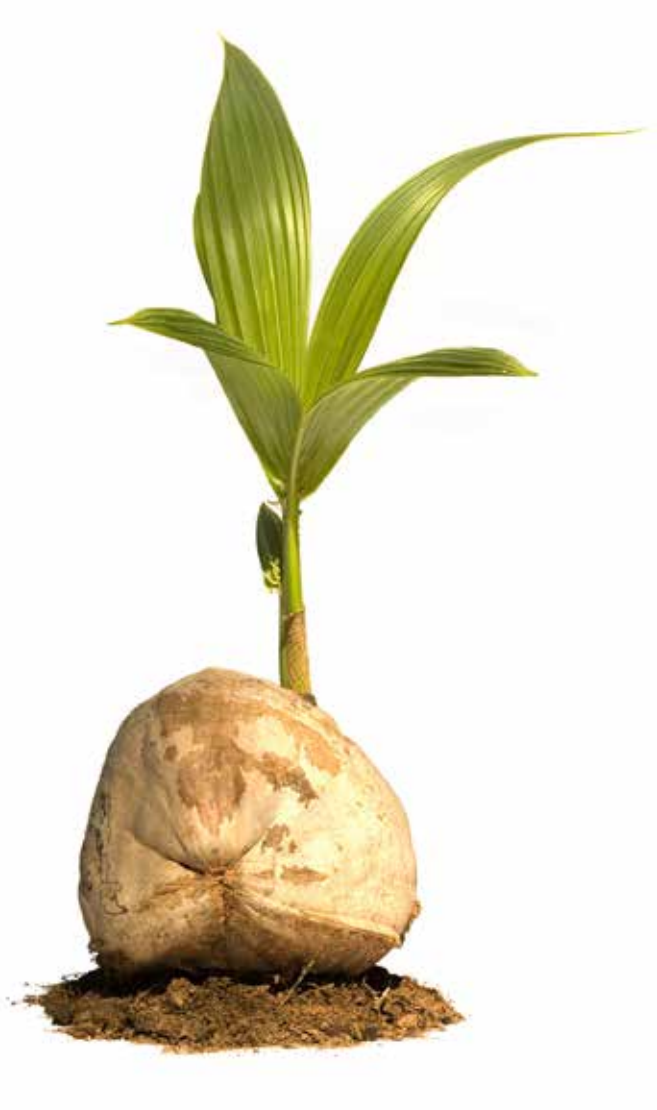

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A COMPASS FOR TAEAO O TAUTAI

VISION

Vibrant leadership and well Pacific families.

PACIFIC VALUES UNDERPINNING TAEAO O TAUTAI

Love, respect, humility, compassion, reciprocity, spirituality, service, humour, prudence, relationships and family.

PRINCIPLES

The vision, priorities, actions and outcomes in this plan are informed by the following principles.

EMBEDDING PACIFIC PERSPECTIVES OF HEALTH AND WELLBEING

Workforce development initiatives must reflect Pacific perspectives of holistic health care, which include physical, mental, environmental, social and spiritual wellbeing. Effective workforce development for Pacific peoples demonstrates an understanding that experience of health care can be influenced by diverse and evolving cultural beliefs and values.

VALUING OF FAMILIES AND COMMUNITIES

For Pacific peoples, families provide the foundation for successful communities in which individuals can develop to their full potential. Initiatives must take into account the best way to build meaningful relationships with Pacific families and communities.

IMPLEMENTING EVIDENCE-BASED, SUSTAINABLE, AND MULTI-LEVEL WORKFORCE INITIATIVES

Applying evidence-based strategies that address a range of factors that impact on the workforce is key to effective workforce development. These factors may be at the level of the individual, the team, the organisation, and the broader context including community, environment, policy, funding and legislation.

WORKING TOGETHER

Working across teams, services and sectors is necessary to achieve our vision. Stakeholder participation and partnerships in the development, implementation and evaluation of this plan will ensure relevance and effectiveness.

ADDRESSING DETERMINANTS OF HEALTH AND INEQUITIES

The determinants of health are the conditions that people are born into, and grow, live, work and age with. Addressing the determinants of health is essential to improving the health status of Pacific peoples who are currently overrepresented in negative health statistics.

OVERVIEW

VISION: VIBRANT LEADERSHIP AND WELL PACIFIC FAMILIES

Te Uru Kahikatea objective:
Strengthen the Pacific public health workforce and the capability of the non-Pacific workforce to improve Pacific health and reduce inequalities.

PRINCIPLES	PRIORITIES	ACTION POINTS FOR 2012-2017	OUTCOMES SOUGHT
Embedding Pacific perspectives of health and wellbeing Valuing families and communities Implementing evidence-based, sustainable & multi-level workforce initiatives Working together Addressing determinants of health and inequities	**1. Upskilling and retention**	⌘ Increase awareness of, and access to, public health qualifications to relevant Pacific communities ⌘ Support the transition of Pacific public health students to the workforce	More Pacific public health workers are upskilled with public health certificates and qualifications
	2. Strengthen Pacific leadership	⌘ Increase participation of the Pacific public health workforce in existing leadership programmes ⌘ Encourage Pacific leaders not working in public health to upskill and lead public health issues ⌘ Ensure *Taeao o Tautai* is supported and led by Pacific public health leaders	Pacific health workers are champions of public health work
	3. Supporting effective practice	⌘ Facilitate a national Pacific unregulated and allied health network to collectively lead Pacific public health workforce development solutions ⌘ Support Pacific public health forums to share innovation and effective solutions	The Pacific public health workforce is sharing best practice solutions for Pacific communities
	4. Cultural competency	⌘ Enhance the Pacific cultural competency of public health education programmes by scoping and supporting 'cultural immersion' training ⌘ Enhance the Pacific cultural competency of the public health workforce by facilitating training tailored to meet the specific needs of the public health sector	The public health workforce has the skills, competencies and knowledge to respond effectively to the needs of Pacific communities, and an environment that supports this.

Pacific values underpinning the strategy:
Love, respect, humility, compassion, reciprocity, spirituality, service, humour, honesty, prudence, relationships, family.

INTRODUCTION

In 2007 the Ministry of Health published *Te Uru Kahikatea: The Public Health Workforce Development Plan* which provided a national strategic approach to public health workforce development from 2007 to 2016[1]. The vision is that inequalities will be reduced and the health of all peoples in New Zealand will be improved through public health and societal strategies that are:

- delivered by a properly configured, responsive, well-trained and competent (including culturally competent) workforce
- strengthened with core public health skills and knowledge
- supported by infrastructure and workplaces that actively encourage and develop the public health workforce.

Two overarching priorities lay at the heart of the plan: the first was to improve Maori health and the second to reduce inequalities, particularly for Maori and Pacific peoples. All actions implemented as part of *Te Uru Kahikatea* were seen as opportunities to further these two priorities.

Te Uru Kahikatea has two overarching goals that encompass nine objectives and corresponding actions.

Goal One: Develop an effective and sustainable public health workforce

- ***Objective 1:*** Establish an integrated, stair-cased framework of training, qualifications and ongoing education in public health.
- ***Objective 2:*** Strengthen the Maori public health workforce and the capability of the non-Maori workforce to improve Maori health and reduce inequalities.
- ***Objective 3:*** Strengthen the Pacific public health workforce and the capability of the non-Pacific workforce to improve Pacific health and reduce inequalities.
- ***Objective 4:*** Build infrastructure for public health professional development.
- ***Objective 5:*** Strengthen the public health capability of the wider health workforce.

Goal Two: Support public health environments to grow and develop the public health workforce

- ***Objective 6:*** Advance workforce planning and capacity building to grow the public health workforce.
- ***Objective 7:*** Strengthen the public health workforce information, policy and research base to inform ongoing public health workforce development.
- ***Objective 8:*** Nurture and develop supportive cultures to achieve optimal workforce capability and capacity.
- ***Objective 9:*** Increase the understanding of, and promote careers in, public health.

The work of *Taeao o Tautai* is driven by *Objective 3* and gives effect to the two key actions identified in *Te Uru Kahikatea* under this objective.

- Support the development and implementation of a strategic approach to:
  - strengthen the Pacific public health workforce
  - increase the capability of the non-Pacific workforce to improve Pacific health gain and reduce inequalities.
- Maximise opportunities in all other *Te Uru Kahikatea* objectives to further Pacific public health workforce priorities.

***Taeao o Tautai* outlines how the Ministry of Health will implement these actions to contribute to better health outcomes for Pacific peoples. In particular, *Taeao o Tautai* lists the specific priorities, workforce outcomes, action points, and milestones that will be necessary to achieve this.** This plan should be considered in the context of other public health workforce development activities, as it aligns with and complements a range of other actions which are being promoted by the Ministry to implement all the objectives of *Te Uru Kahikatea.*

Taeao o Tautai is also informed by, and aligns with, a number of other strategies and initiatives, including:

- ***'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2010-2014***[2]
  This sets out the priority outcomes and actions that contribute towards achieving better health outcomes for Pacific people, families and communities. *'Ala Mo'ui* can also be used by the health and disability sector as a tool for planning and prioritising actions and developing new and innovative methods of delivering results and value for money.
- ***Ministry of Health Statement of Intent 2011-2014***[3]
  Identifies key outcomes for the health system and the Ministry itself: New Zealanders live longer, healthier and more independent lives; the health system is cost-effective and supports a productive economy.
- ***Whānau Ora***
  Whānau Ora is an inclusive interagency approach to providing health and social services to build the capacity of all New Zealand families in need. It empowers whānau as a whole rather than focusing separately on individual family members and their problems. This approach aligns with the holistic approach to health and wellbeing that Pacific people observe.
- ***Achieving Health for All People framework***[4]
  This framework for public health action outlines the role the public health sector can play. The public health sector is small, so its influence is not due to its size, but its ability to work effectively across society in the pursuit of improved health for all people.
- ***Health Workforce New Zealand initiatives***
  Health Workforce New Zealand (HWNZ) has overall responsibility for coordination, planning and development of the health and disability workforce, ensuring that staffing issues are aligned with planning and delivery of services, and that the healthcare workforce is fit for purpose. *Taeao o Tautai* seeks to align with the Pacific Health Workforce Service forecast and planning initiatives.
- ***Te Uru Kahikatea Maori Workplan 2011-2017*** [38]
  While *Taeao o Tautai* is a response to *Objective 3* of Te Uru Kahikatea, the Maori plan relates to *Objective 2*: "*strengthen the Maori public health workforce to improve Maori health and reduce inequalities*".

It is important to note the close relationship between public health and primary health care. While primary health care was traditionally focused on the care of individuals, the *Primary Health Care Strategy*[5] and with it, the development of Primary Health Organisations (PHOs), set a new direction for primary health care services, which are now encouraged to be focused on improving the health of their populations and actively working to reduce inequalities between different groups. As a result, there is a clearer interface between public health and primary health care and a closer alignment in their overarching priorities. *Taeao o Tautai* takes into account this close relationship between primary and public health.

WHO IS THIS PLAN FOR?

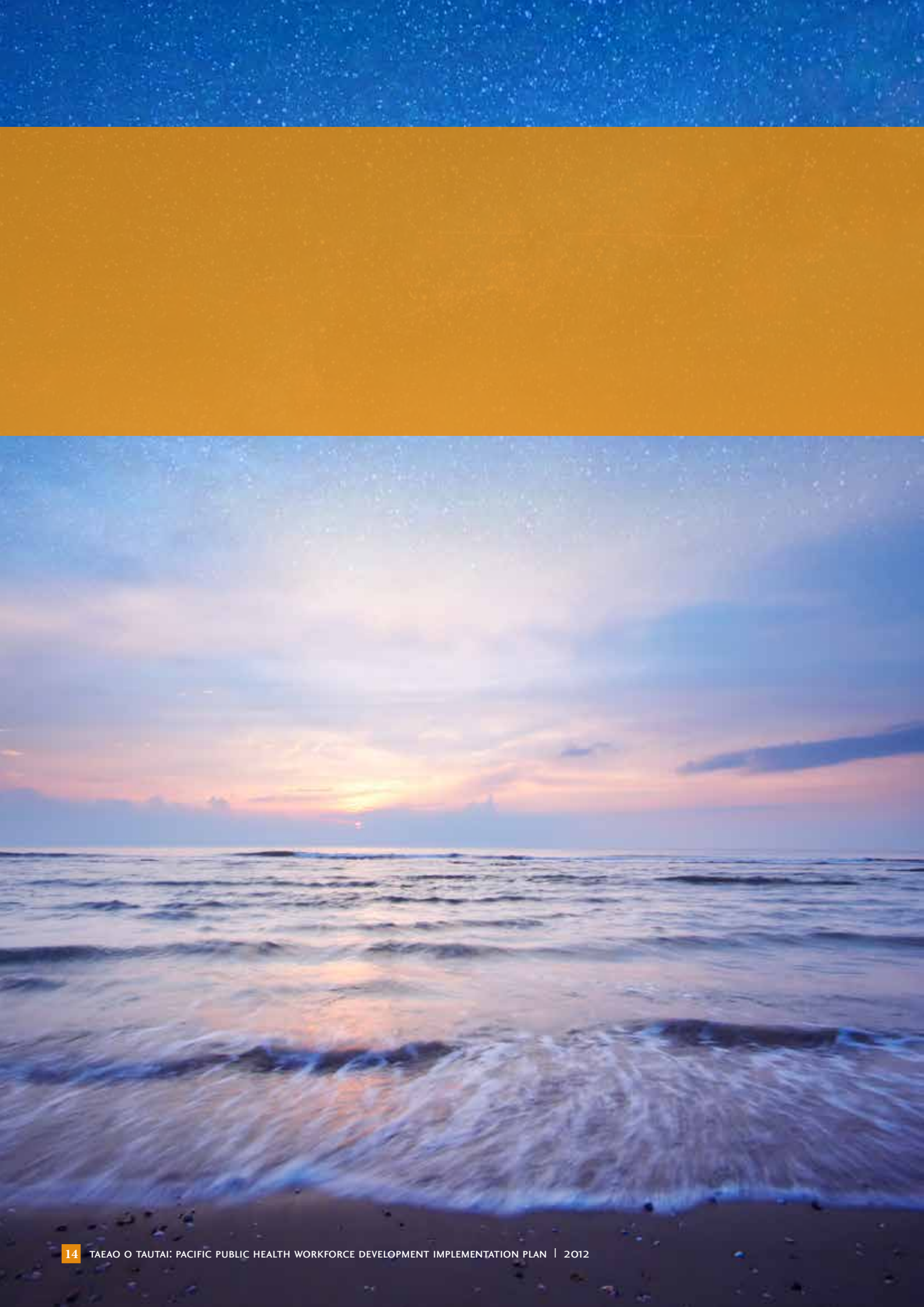
The public health workforce is multi-disciplinary and consists of people from a variety of occupational backgrounds ranging from nurses, physicians and health promoters through to health managers[6].

Taeao o Tautai is intended for people employed to deliver public health services to New Zealanders regardless of the setting. Improving the health outcomes for Pacific people is the responsibility of the entire public health workforce.

Within this group, priority is given to the Pacific public health workforce – those Pacific people delivering public health services. This may include:

- regulated workforce such as public health nurses
- unregulated workforce such as community workers
- allied health roles such as nurses
- volunteer workforce such as volunteer advisors
- Pacific families and communities such as established church-based health committees.

- The inclusion of families and communities is acknowledgement of the significance of these relationships on the long term success of any planning and implementation. This is also aligned with the traditional Pacific perspective of health that takes a more holistic and collective approach where family is an important driver for Pacific people.



PACIFIC PUBLIC HEALTH

THE PACIFIC HEALTH SNAPSHOT

Recent information shows that Pacific people have poorer health status than the general New Zealand population, with lower life expectancy and higher rates of mortality and hospitalisations for conditions that could have been avoided given timely access to effective healthcare[7].

New Zealand has a special relationship with Pacific people that has been influenced by many factors such as: the historical relationships between New Zealand and Pacific nations; the geographic relationships and proximity between New Zealand and the Pacific homelands; the constitutional links that continue to exist between New Zealand and a number of Pacific nations; and New Zealand's identity in the twenty-first century as a Pacific nation. These intersecting factors mean that the place of Pacific people, both individually and collectively, in New Zealand society, is unique, and that New Zealand has particular moral responsibilities vis a vis its Pacific people[8].

As the Pacific population within New Zealand continues to grow, the health system will be under increased pressure to deliver. The 2006 New Zealand Census reports that 6.9% of New Zealand's total population is of Pacific ethnicity (265,974 people) and projected to increase to 481,200 by 2026. Almost half (131,103) of the Pacific population are Samoan, followed by Cook Islands Maori (58,008), Tongan (50,481), Niuean (22,476), Fijian (9864), Tokelauan (6819) and Tuvaluan (2628). About two-thirds of New Zealand's Pacific population reside in the Auckland region. It is a youthful population, with a median age of 21.1 years, with the 0 to 14 year old age group accounting for 37.7% of the entire Pacific population[9].

Tupu Ola Moui - Pacific Health Chart Book 2012[7] presents a snapshot of Pacific people's health status and outcomes and outlines how Pacific people are placed with regards to the wider determinants of health:

- **Life expectancy**
  In 2006, life expectancy for Pacific males was 6.7 years less than non-Pacific and for Pacific females it was 6.1 years less than non-Pacific females.
- **Education**
  Compared to non-Pacific students, Pacific students are more likely to leave school without NCEA level 2 qualifications. From 2005-2008 Pacific students were less likely to fulfil the requirements to enter university compared with non-Pacific students.
- **Income and employment**
  Pacific adults aged 25–64 years had lower average weekly earnings from paid employment compared with the total population. Pacific people (aged 15 years and over) had higher levels of unemployment than non-Pacific people.
- **Housing**
  Pacific people aged 15 years and older were less likely than the total population to own their own residence.

Specific areas in health where the Pacific population feature disproportionately compared to the general New Zealand population include (but may not be limited to) the following.

- **Children 0-14 years**
  Pacific children have high rates of hospitalisation for acute and chronic respiratory and infectious diseases and are 1.5 times more likely to be hospitalised due to asthma than children in the total population. The hospitalisation rate for lower respiratory infection for Pacific children is twice the rate for children in the total population. Rates of meningococcal disease and rheumatic fever are also significantly higher.

- **Youth 15-24 years**
  The Youth '07 survey found Pacific students who were sexually active were less likely to use contraception compared with New Zealand European students[10]. Fifty-eight per cent of Pacific students used a condom to protect against sexually transmitted infections compared to 77% of New Zealand European students[7]. Mental illness, alcohol abuse and suicide are emerging concerns for the Pacific youth population.

- **Adults**
  Cardiovascular disease and diabetes is the major cause of amenable mortality for Pacific people under the age of 75 years[7]. In 2009-2010, Pacific adults aged 45-64 years experienced significantly higher hospitalisation rates from total cardiovascular disease, ischaemic heart disease, stroke and chronic pulmonary disease (COPD) than adults of the same age in the total population[11]. The prevalence of diagnosed diabetes in Pacific peoples is three times the prevalence in the total New Zealand population. There is evidence of variation in health outcomes across the various Pacific ethnic groups. For example, cardiovascular disease mortality is highest amongst Cook Island Maori, approximately 1.66 times the Samoan rate[12].

  Pacific men have higher rates of lung cancer and primary liver cancer, and Pacific women have higher rates of breast and cervical cancer than other New Zealand women.

- **Injury**
  From 2009-2010, Pacific males aged over 15 years and Pacific females aged 45-64 years had higher rates of hospitalisations from assault and attempted homicide compared with the total population Hospital admissions for unintentional non-transport injury are significantly higher for Pacific children than any other ethnic group[7].

There are examples showing that Pacific health providers have been successful in improving Pacific peoples' access to primary health care by delivering health services that are responsive to the needs of Pacific peoples[13]. The challenge for non-Pacific health services is to be able to respond to Pacific peoples' health needs as their services cater for the majority of Pacific peoples.

Achieving timely access to effective healthcare has been directly linked to the importance of workforce development and planning[14]. Growing the Pacific workforce and enhancing the responsiveness and cultural competency of organisations and the workforce, will contribute to timely access for Pacific people and communities.

APPLYING PACIFIC WORLDVIEWS

Research indicates that cultural views, language and history significantly influence the way in which Pacific peoples perceive, access and continue to use health services in New Zealand[14], as well as influencing the outcomes of interventions for Pacific peoples[15]. Thus, understanding Pacific peoples' perceptions and cultural beliefs about their health is crucial to understanding individuals, families and their communities and positive engagement. Moreover, Pacific health and social sector communities are increasingly advocating that effective solutions for Pacific communities lie within Pacific cultures and communities[16].

Pacific worldviews and perspectives may have some common underlying universalities, but each nation of the Pacific has their own cultural beliefs, values, traditions, language, social structure and history. Hence effective solutions must take ethnic, and sub-group, specific worldviews into account. Sub-groups may include those born or raised in New Zealand, those born or raised in the various Pacific islands, and those who identify with multiple ethnicities[17].

Pacific people traditionally have holistic views of health that incorporate beliefs and values relating to family, culture and spirituality[18]. Pacific approaches should emphasise interpersonal relations, and the importance of building trust and rapport between individuals, families and health care workers[19]. Environments in which Pacific communities live, and the relationships that bind them together are part of this holistic worldview[20].

Pacific frameworks such as the Samoan *Fonofale* and *Faafaletui* models[19], the Tongan *Fonua*[21], *Kakala* and *Popao* models, the Cook Islands *Tivaevae* model and the pan-Pacific *Padanus* and *Seitapu*[22] models, metaphorically conceptualise Pacific health and how Pacific approaches should be formed. These models focus on the process of interventions by encapsulating Pacific concepts and values such as the use of Pacific languages, *tapu* (things sacred), spirituality, gender, familial and community responsibilities, intergenerational concepts, love, respect, honesty, commitment and passion.

Taeao o Tautai is an example of the importance of incorporating Pacific perspectives, values and beliefs to effectively meet the needs of Pacific communities. Activity to achieve priorities in the plan will be carried out with the values that underpin the plan – of love, respect, humility, compassion, reciprocity, spirituality, service, humour, relationships and family.

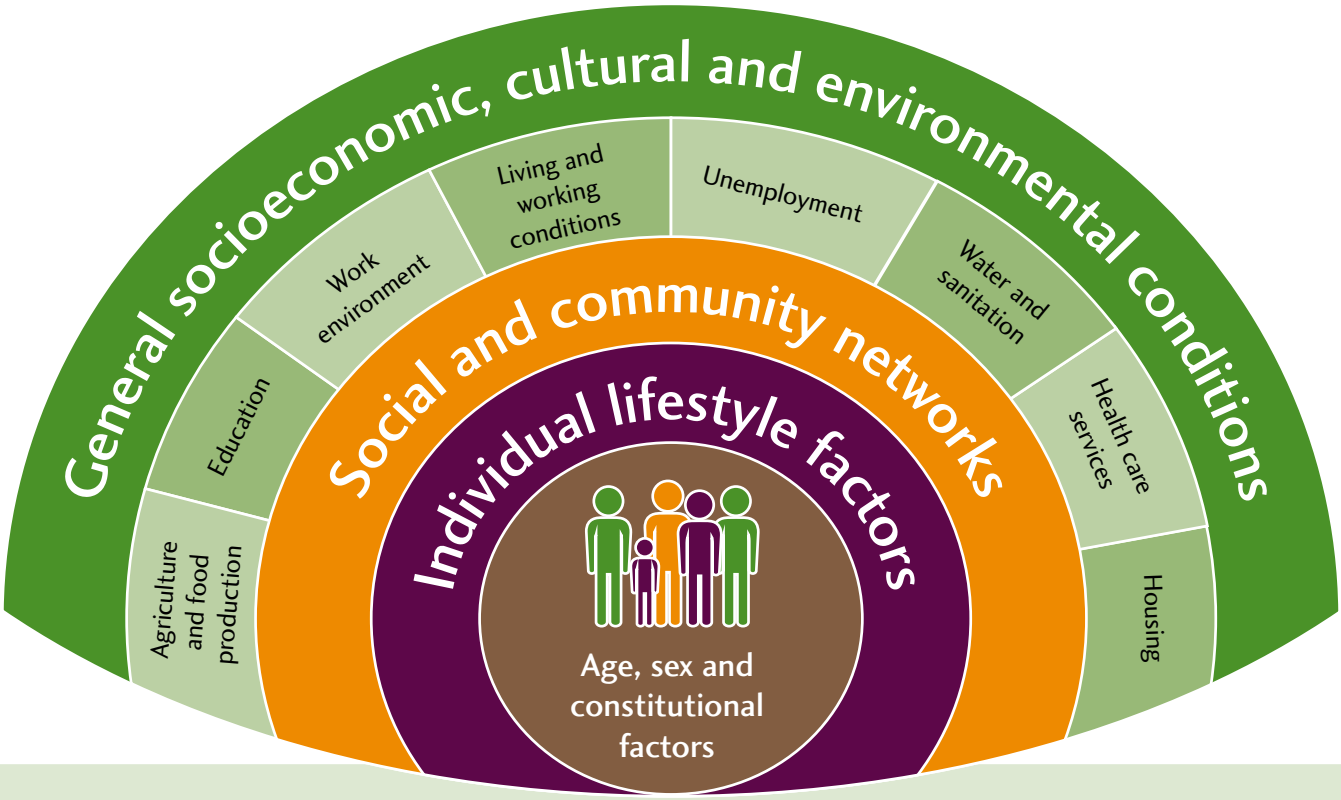
The vision, priorities, actions and outcomes are also informed by the following principles:

- embedding Pacific perspectives of health and wellbeing
- valuing families and communities
- implementing evidence-based, sustainable, and multi-level workforce initiatives
- working together across sectors to achieve outcomes
- addressing the determinants of health and inequities to improve health status.

PUBLIC HEALTH AND PACIFIC COMMUNITIES

Public health is 'the organised local and global efforts to prevent death, disease and injury, and promote the health of populations[24]. The key components of public health practice include: a focus on whole populations, an emphasis on prevention, a concern for addressing the determinants of health, and a multi-disciplinary partnership approach with the populations served [25]. This includes Health Promotion, which is the process of enabling people to increase control over and improve their health status (as described in the Ottawa Charter[38]).

Public health is about population groups rather than medical treatment of individuals, and looks beyond health care services to the aspects of society, environment, culture, economy and community that shape the health status of populations. Good public health is based on creating conditions and environments that enable people to contribute and participate and requires the input of agencies beyond the health sector.



Social Model of Health - Dahlgren and Whitehead[26]

The Dahlgren and Whitehead rainbow[26] (shown above) illustrates the linkages between general socio-economic, cultural and environmental conditions, social and community networks, and individual lifestyle factors, all of which help determine health outcomes.

Effective action to influence the wider determinants of health requires intersectoral engagement and collaboration, across a range of areas including local government, education, justice, transport, finance, housing, and social development[3]. Coordinated action across government, working with communities and vulnerable populations are essential components set out in the Ministry of Health Statement of Intent[3].

For Pacific communities, the public health perspective is highly relevant, given the traditional Pacific worldviews are generally collective, holistic, and relationship-based.

- **Pacific worldviews**
  Public health needs for Pacific communities should be conceptualised in accordance with Pacific worldviews, as outlined above. These conceptualisations should take in to account the diversity of Pacific ethnicities, cultures and values with ethnic-specific approaches to public health programmes involving Pacific peoples.

- **The health of families and communities**
  Families and communities lie at the heart of traditional Pacific perspectives of health and wellbeing. Public health from a Pacific perspective can be defined as *"the health of families and communities"*, because the health of individuals is based on the collective wellness of the family. Moreover, there is agreement that this wording may be better understood by Pacific communities than 'public health'[20].

- **Pacific community leadership and action**
  Pacific community leaders working alongside health providers to empower their communities with respect to health-related behaviours are an important means of achieving public health goals.

- **Pacific public health leadership**
  The establishment of a Pacific public health network that can incubate the Pacific public health workforce, share innovation and guide Pacific public health workforce best practice will contribute to achieving the goals of *Te Uru Kahikatea.*

A workforce with the capability, competency and capacity to effectively engage with Pacific communities is required to implement public health programmes within Pacific communities. For instance, the application of Pacific worldviews requires growing and upskilling Pacific cultural knowledge holders in public health, as well as enhancing the cultural competency of the non-Pacific public health workforce and organisations.

THE PACIFIC PUBLIC HEALTH WORKFORCE

The development of underrepresented ethnic minority health workforces is internationally recognised as a key contributor to the reduction of health inequities[23]. To improve public health outcomes for Pacific people, the development of a skilled, qualified and competent public health workforce will contribute to better health outcomes for Pacific people in New Zealand.

At present, of the 165,615 people working in healthcare in New Zealand, it is estimated that 2,090 (or 2.3%) are Pacific people in regulated* positions (77.8% nurses, 8.6% doctors, and 13.5% other)[28]. Whilst there is no precise data available on the profile of the unregulated workforce, anecdotal evidence suggests that the majority of the Pacific health workforce consists of unregulated health workers.

There has been a small but significant amount of research to date attempting to identify a Pacific public health workforce profile and ascertain relevant workforce issues and priorities. In general, the Pacific public health workforceΔ is small, mostly unregulated, and requires growth. Detailed results are outlined below.

A 2004 public health workforce survey[29] identified an initial snapshot of a Pacific public health workforce profile and issues:

- More than one-half of all Pacific public health providers were located in the Northern region. This group of organisations accounts for 91% of all positions within Pacific providers.
- Pacific organisations employed more than twice as many community workers than other public health organisations.
- Just under half of all dedicated Pacific positions were based in Pacific organisations, and two-thirds of these positions were community workers. Pacific health promotion positions accounted for 83% of dedicated Pacific positions in non-Pacific organisations.
- The vacancy rate in Pacific organisations was more than double the rate in other public health organisations.
- Pacific people were more often found working in nutrition and physical activity compared with other public health employees.
- Recruitment and retention of Pacific staff were of most concern to Pacific organisations, with staff training of slightly lesser concern. Lack of career opportunities was commonly identified as a problem by workers.
- Almost all of the Pacific workers surveyed earned less than $50,000 per year. Two-thirds earned between $30,000 and $50,000.
- Twenty-nine per cent of Pacific workers surveyed had a degree of some kind, one-third had a diploma, and 29% had a certificate, including a Health Promotion Certificate.
- Slightly fewer Pacific employees were undertaking tertiary study than their non-Pacific counterparts.
- Computer training, health promotion workshops and Pacific cultural training were all undertaken by a significantly higher proportion of Pacific people.
- Project management was identified most often as a training need by Pacific employees.
- Cost was seen as the major barrier to non-tertiary study by Pacific people, along with work and personal commitments.
- The following skills were identified by Pacific people as areas where most up skilling was required: policy development, contract management/ negotiation, *te reo*, health management, and advocacy for healthy public policy.
- Pacific organisations were more likely to respond to the needs of their Pacific workers with forums for Pacific to get together, funding and resources, access to Pacific courses, mentoring, peer support and cultural supervision, than non-Pacific organisations.

* Practitioners registered with a regulatory authority holding an annual practicing certificate. In NZ, this encompasses dietetics, psychologists, nurses, midwives, physicians, podiatrists, dentists, midwives, physiotherapists, occupational therapists, pharmacists, osteopaths, chiropractors, medical laboratory science, medical radiation technology, optometry and optical dispensing.

Δ Pacific people whose positions are funded through contracts with Public Health through the Ministry of Health

In the same year, an analysis of workforce development funding within all public health contracts funded by the Public Health Directorate was carried out[30]. Results showed that workforce development opportunities were funded for Pacific people as part of public health service contracts in the following areas:

- Pacific fono as part of the Healthy Eating Healthy Action strategy
- HIV/AID prevention training for Pacific
- smoking cessation training for Pacific
- training for Pacific early childhood educators (Peaceful Waves)
- training for Pacific community health workers on food and nutrition and smokefree activities
- training and education on sexuality issues
- training on SIDS prevention for Pacific health workers.

It is expected that every public health service provider provides a budget for workforce development as part of service delivery costs.

The most recent needs assessment, undertaken by NZIER in 2007, indicated that the Pacific public health workforce was small, consisting of 114 positions of the overall 2,601 public health positions. The survey illustrated how Pacific people are mostly employed in the unregulated workforce, were more likely to be employed in the areas of nutrition and physical activity, and that Pacific health promotion roles accounted for 83% of dedicated Pacific positions[31].

Comparison of positions and FTE in the national and Pacific workforce

Workforce by role in organisations	Total positions		Positions in Pacific organisations		Total FTE		FTE in Pacific organisations	
	%	n	%	n	%	n	%	n
Health Promotion/ Education	23	591	15	17	24	433.1	18	14.5
Community Worker	11	290	29	33	14	253.0	31	25
Health Protection	5	133	0	0	6	117.8	0	0
Medicine	3	87	0	0	3	53.5	0	0
Analysis/Policy Analysis	2	57	4	4	2	36.0	3	2
Manager/Advisor	10	254	13	15	11	191.7	14	11.3
Allied Health Professional	6	145	2	2	7	124.1	1	0.6
Public Health Nurse	8	211	2	2	7	133.8	1	1
Other Support Worker	32	833	36	41	26	481.2	32	25.1
TOTAL	100	2601	100	114	100	1823.2	100	79.5

Table from NZIER, (2007)[31].

A more recent Public Health Workforce Development Survey published in June 2012 surveyed a sample of 823 public health staff nationally[32]. Nine per cent were Pacific with 5% overall in Pacific roles. The survey found:

- Pacific public health staff are significantly less likely than other staff to have a public health degree
- Pacific persons were more likely than others to work full-time
- there are difficulties for providers in finding the appropriate people with the right skills for most dedicated Pacific public health roles
- there is good support, particularly in geographical areas with a high proportion of Pacific people, for the proposed New Zealand Certificate in Public Health to have some Pacific focus in the course material.

A FOCUS ON THE UNREGULATED PACIFIC WORKFORCE

The Pacific public health workforce is comprised mostly of unregulated workers. The unregulated workforce in New Zealand has been defined as those that *work almost exclusively in community settings and who serve as connectors between healthcare consumers and providers to promote health among groups that have traditionally lacked access to adequate health*[33,27].

The unregulated workforce can include positions such as health promoters, community workers, nutritionalists, policy analysts, epidemiologists, researchers, healthcare assistants, cultural support workers, community homecare workers, support workers, whanau ora workers, mental health workers, community support workers, youth workers, compulsory care coordinators, cultural assessors, mental health support workers, nurse assistants, caregivers, nurse aides, rehabilitation assistants, matua, kaumatua, interpreters, consumer advisors, traditional healers, family advisors, and service administration staff [28].

Research indicates that the ethnic minority unregulated workforce makes a significant contribution to improving health outcomes for ethnic minorities[33,27]. The benefits have included increased behaviour change, improved health outcomes, and cost effectiveness. Pacific unregulated health workers who are culturally competent (either through their cultural heritage and/or training and support) are a substantial resource and a pool of talent that represent one of the most significant opportunities for enhancing the capacity and capability of the public health workforce.

New Zealand research has highlighted some of the issues regarding the support required for an effective unregulated workforce. Key issues that the unregulated workforce face include a lack of appropriate supervision, education and training, exploitation and misuse, a lack of formal processes, and the effect all of these have on quality of care[33,27]. In order to benefit from the opportunities that the Pacific public health unregulated workforce pose, additional support may be necessary for effective outcomes.

DEVELOPING A RESPONSIVE WORKFORCE

While Pacific workers within the public health arena have an important part to play in improving the health outcomes of Pacific communities, the non-Pacific public health workforce have a responsibility to be responsive to the needs of Pacific families in the communities they serve. The development of a skilled, qualified and competent public health workforce that can understand and meaningfully engage with Pacific families and communities will create opportunities to improve health outcomes for Pacific people.

PACIFIC CULTURAL COMPETENCY

Internationally, the field of cultural competence has emerged as part of a strategy to reduce disparities in access to, and quality of, health care. Clear links have been made between cultural competency programmes and reducing ethnic disparities[7]. New Zealand's Health Practitioner Competency and Assurance Act 2004 requires that professional registration bodies set standards of cultural competency for professionals to adhere to. The New Zealand Public Health Association's public health practitioner competencies acknowledge that there is a need for the public health workforce to be better equipped to work across and understand different cultures.

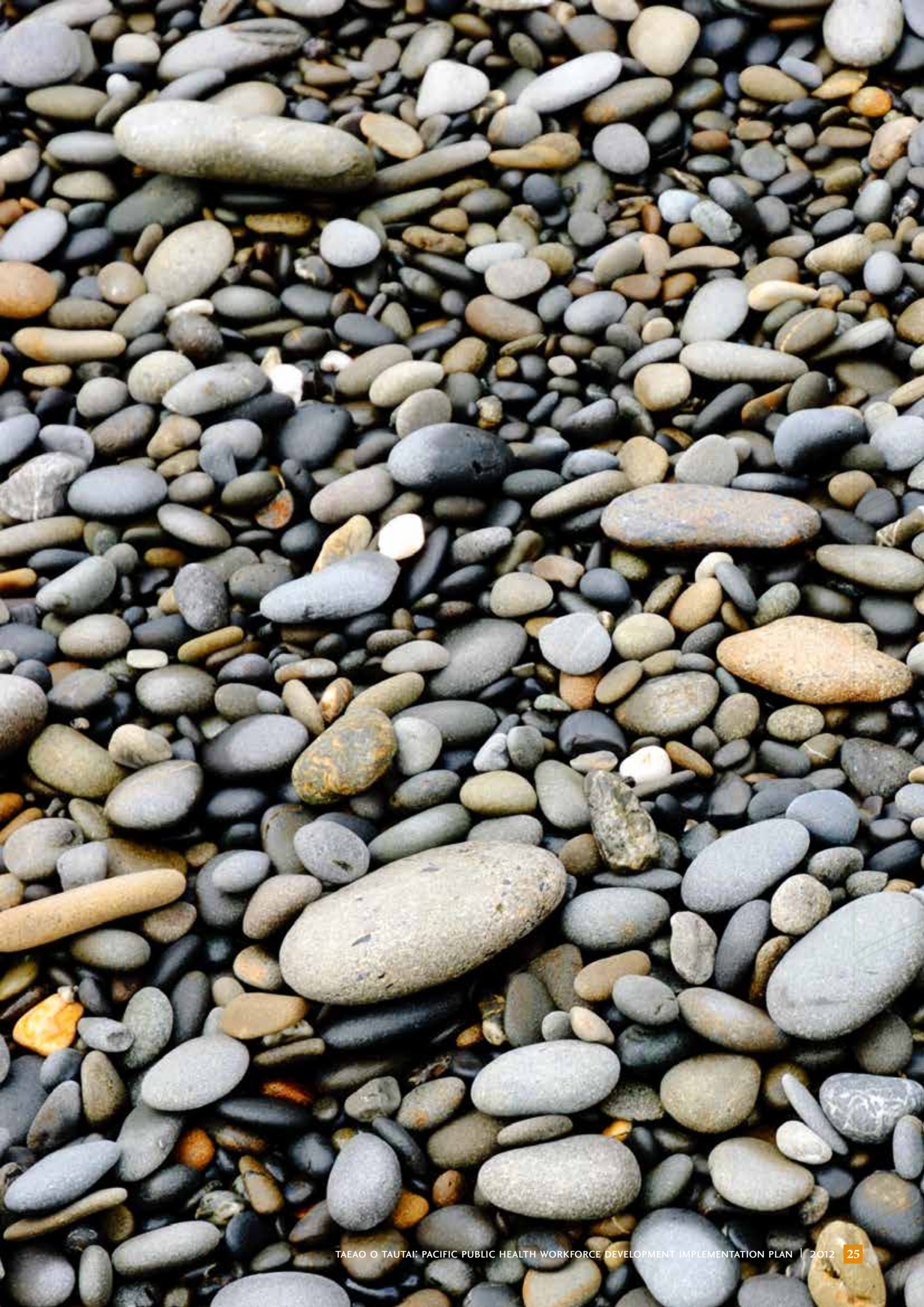
Pacific cultural competence may be defined as *the ability to understand and appropriately apply cultural values and practices that underpin Pacific peoples' world views and perspectives on health*[15]. Promoting cultural competence among health care workers has been shown to help to address barriers such as little or no access to quality health care, mistrust of the medical community and/or cultural stereotyping of consumers[34]. For Maori and Pacific populations in New Zealand, some disparities still persist even after controlling for associated factors such as poverty and education – which some argue indicates that culture can be an independent determinant of health status.

Cultural competency in public health takes in to account the culture, health status and the wider determinants of health of ethnic minorities. Betancourt and colleagues differentiate individual and wider cultural competency:

- **clinical cultural competence** referring to training and upskilling in the knowledge, skills and attitudes required to work cross culturally
- **organisational cultural competence** in the workforce, such as ethnic minority leadership and career advancement programmes
- **systemic cultural competence** in the structures of the health care system, such as ensuring ethnicity data is recorded and collected accurately (particularly for quality improvement and to monitor ethnic disparities), cultural and linguistically appropriate health education material, health promotion and disease prevention initiatives, and procurement leveraging[35].

Cultural competency training programmes are in their infancy in New Zealand. Le Va has implemented *Engaging Pasifika,* the national Pacific cultural competency training programme (including Real Skills Plus Seitapu). The programme focuses on foundation knowledge and skills required to work effectively with Pacific service users and their families. Based on international evidence, supported by Betancourt from Harvard University, and acknowledged by the New Zealand Health and Disability Commission, the programme consists of an online module, face to face workshops, and post-training support via an online forum for continued support. Results for 2010-2012 have indicated that more than 1,000 workers have participated in the *Engaging Pasifika* programme, with more than 95% rating it as excellent overall. Key success factors have included practical and interactive action learning sets, and a facilitation team with cultural, clinical, community, organisational, systems, and consumer expertise and experience.

Cultural immersion initiatives focusing on students enrolled in health courses have also been shown to be effective in enhancing cultural competency. The University of Otago's Pacific Immersion Programme as part of the Public Health attachment in the Department of Preventive and Social Medicine has shown great potential for New Zealand. The Pacific Immersion Programme has been incorporated into the Medical School's fourth year medical curriculum, where medical students spend time living with local Pacific families. Results have shown that most students felt the programme helped their understanding of Pacific cultures, and gave them confidence to work across cultures. A key to the success of the programme has been developing the programme in close consultation with Pacific communities and ensuring Pacific local community participation as 'expert teacher'[36].



A PLAN OF ACTION

VISION: Vibrant leadership and well Pacific families

To improve public health outcomes for Pacific people, a two-pronged approach is required: to upskill and support the Pacific public health workforce, and to enhance the responsiveness of the non-Pacific workforce. There are four priorities to action in this plan.

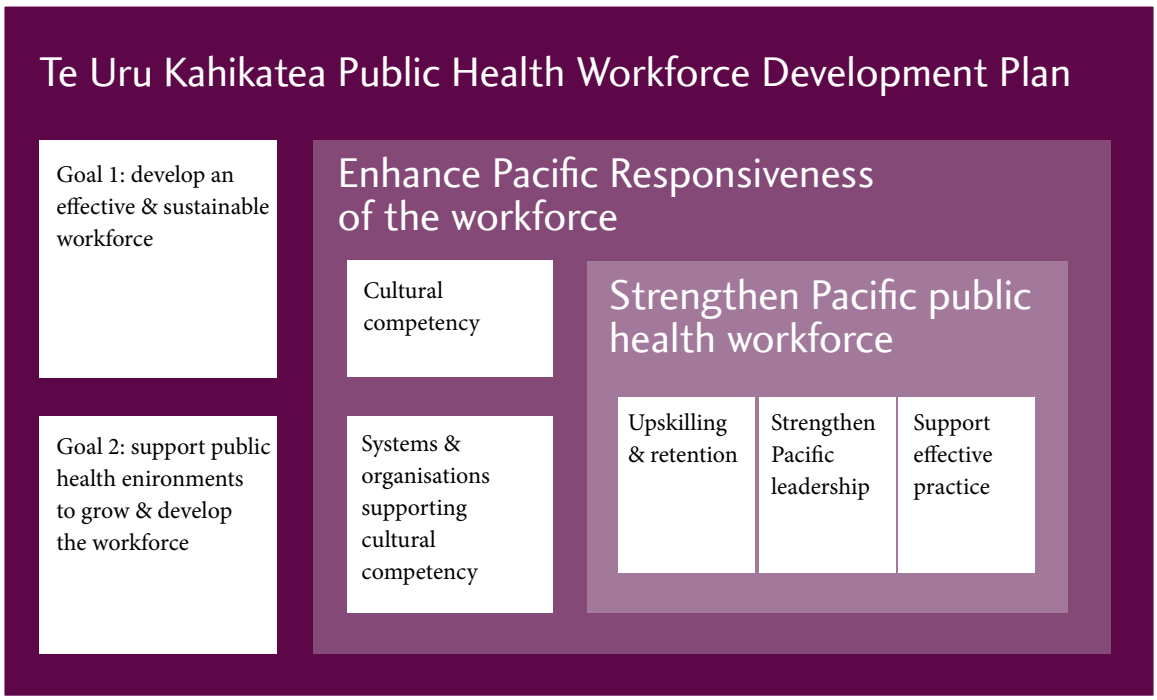
1. **Upskilling and retention**
   Pacific public health workers are upskilled with public health certificates and qualifications. (Recruitment strategies for *Te Uru Kahikatea* have previously been implemented).

2. **Strengthening Pacific leadership**
   Pacific health workers are supported to champion public health work.

3. **Supporting effective practice**
   The Pacific public health workforce is supported to develop and share best practice solutions for Pacific communities.

3. **Cultural competency**
   A public health workforce with the skills, competencies and knowledge to respond effectively to the needs of Pacific communities and the organisations and systems that support them.

Priorites one, two and three focus on growing a sustainable and effective Pacific public health workforce. As outlined in the diagram below, the outcomes sought for these first three priorities all contribute to the cultural responsiveness of New Zealand's public health workforce. More Pacific people that are skilled, who are leaders, that bring Pacific solutions to Pacific public health issues, will in turn enhance the Pacific responsiveness of services, initiatives or environments that they work in. Priority four, cultural competency, is a direct action to enhance the responsiveness of public health workforce. For more details about activities carried out, please visit the Le Va website www.leva.co.nz.



PRIORITY 1: UPSKILLING AND RETENTION

OUTCOME SOUGHT

More Pacific public health workers are upskilled with public health certificates and qualifications.

ACTION POINTS

i. Increase awareness of, and access to, public health certificates and qualifications to relevant Pacific communities.

ii. Support the transition of Pacific public health students to the workforce.

Action points	Milestones
i) Increase awareness of and access to public health certificates and qualifications to relevant Pacific communities	Identify and track relevant Pacific public health workforce and Pacific students
	Work with relevant health and education initiatives already in existence to increase awareness
	Develop and implement a promotion plan focussing on the New Zealand Certificate in Public Health
	Disseminate appropriate information to Pacific communities (including churches with public health initiatives)
ii) Support the transition of Pacific public health students to the workforce	Developing a plan integrating public health participants into Le Va's *Future's that Work* programme focussing on student placements, transition and links to employers
	Implement plan
	Evaluate implementation and outcomes for students

There has been less focus on recruitment in this plan as there are already resources currently available at secondary schools functioning to attract and encourage Pacific students to consider public health career paths. Also, the challenges of the current fiscal environment characterised by competing demands for limited resources has contributed to a decreasing size of the public health workforce.

PRIORITY 2: STRENGTHEN PACIFIC LEADERSHIP

OUTCOME SOUGHT

Pacific health workers are champions of public health work.

ACTION POINTS

i. Increase participation of the Pacific public health workforce in existing leadership programmes.

ii. Encourage Pacific health leaders not working in public health to upskill and lead public health issues.

iii. Ensure *Taeao o Tautai* is supported and lead by Pacific public health leaders.

Action points	Milestones
i) Increase participation of the Pacific public health workforce in existing leadership programmes	Develop Pacific management and leadership capacity by recruiting and supporting Pacific public health workers to participate in existing leadership programmes such as the Le Va *Le Tautua Emerging Leaders Programme and Alumni*
	Identify and link with other leadership programmes and strategies to build Pacific public health leadership
	Evaluate by tracking and monitoring outcomes for Pacific public health workers in leadership programmes
ii) Encourage Pacific health leaders not working in public health to upskill and lead public health issues	Identify Pacific health leaders with an interest in public health
	Support Pacific health leaders to upskill through the New Zealand Certificate of Public Health or other public health courses
	Support Pacific health leaders to champion public health issues
	Evaluate the extent to which Pacific health leaders not working in public health were upskilled and went on to lead public health issues
iii) Ensure *Taeao o Tautai* is supported and led by Pacific public health leaders	Establish a Pacific public health workforce development advisory group with the skills, expertise, national reach, and Pacific knowledge and experience to guide delivery of the plan
	Provide secretariat and role model best practice services to the group

PRIORITY 3: SUPPORTING EFFECTIVE PRACTICE

OUTCOME SOUGHT

The Pacific public health workforce is sharing best practice solutions for Pacific communities.

ACTION POINTS

i. Facilitate a national Pacific unregulated and allied health network to collectively lead Pacific public health workforce development solutions.

ii. Support Pacific public health forums to share innovation and effective solutions.

Action points	Milestones
i) Facilitate a national Pacific unregulated and allied health network to collectively lead Pacific public health workforce development solutions	Identify potential participants and recruit as members of the national network
	Facilitate the network structure, function and form
	Facilitate identifying workforce development activity and needs; as well as sharing of resources, tools and innovative solutions
	Evaluate the usefulness of the network to participants
ii) Support Pacific public health forums to share innovation and effective solutions	Work with public health organisations and key stakeholders to identify and promote best and promising practice for Pacific populations
	Support Pacific-led forums that include a multi-disciplinary and integrated approach to address Pacific health issues
	Evaluate the impact of information shared through the forum

Initiatives that promote best practice focus on what people are doing right, raise morale and make achieving excellence possible. Sharing best practice is an effective way to improve performance by replicating successes. The benefits include:

- raising the overall quality of services;
- avoiding duplication of effort or "reinventing the wheel";
- minimizing the time to redo work because of poor quality; and
- cost savings and value for money through increased productivity and efficiency.

PRIORITY 4: CULTURAL COMPETENCY

OUTCOME SOUGHT

The public health workforce has the skills, competencies and knowledge to respond effectively to the needs of Pacific communities and an environment that supports this.

ACTION POINTS

i. Enhance the Pacific cultural competency of public health education programmes by scoping and supporting 'cultural immersion' training.

ii. Enhance the Pacific cultural competency of the public health workforce by facilitating training tailored to meet the specific needs of the public health sector*.

Action points	Milestones
i) Enhance the Pacific cultural competency of public health education programmes by scoping and supporting 'cultural immersion' training	Scope current cultural immersion programmes in education with a view to up-scale for public health
	Adapt, upscale and implement a public health cultural immersion programme as recommended through scoping
	Evaluate programme
ii) Enhance the Pacific cultural competency of the public health workforce by facilitating training tailored to meet the specific needs of the public health sector	Review and modify content of current Le Va *Engaging Pasifika* training progamme to support public health workforce – including online training and live training workshops
	Implement programme for public health workforce
	Evaluate programme

* While *Engaging Pasifika* has been endorsed by the Ministry of Health, the *Foundation Course in Cultural Competency* offered by Mauri Ora provides a generic introduction to cultural competency and health literacy.

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