

Pacific peoples' health

Position statements

- It is important general practice services better meet the needs of Pacific peoples and communities.
- Enhancing mainstream competency in delivering services to Pacific peoples is as important as continuing to develop Pacific primary care and general practice services in areas with significant Pacific populations.
- In order to ensure improved health outcomes for Pacific peoples, the following areas are critical:
 - Culturally competent health professionals and practices¹
 - Access to interpreters and resources for people with limited English proficiency
 - The approach to assessment and treatment reflects the risk of developing specific conditions
 - Flexible provision of health care services to meet Pacific needs and expectations
 - Recruitment, retention and additional support for Pacific general practitioners and medical students
 - Training, support and mentoring programmes for mainstream general practitioners serving significant Pacific populations
 - Relationships with local Pacific communities that support the delivery of general practice services
 - Improved collection of ethnicity data to enable measurement of programme effectiveness, uptake by population groups and to provide planning information
 - Development of resource materials for Pacific peoples and support for self-management of long-term conditions in the family setting
 - Relationship development with Pacific providers to extend the range of and options for services for Pacific peoples
- A comprehensive, structured approach to developing Pacific peoples' health is required to ensure general practitioners working with Pacific peoples are supported.

In considering the above it is important to understand some key features of Pacific communities:

- The term Pacific peoples does not refer to a single ethnicity, nationality or culture. There are more than 22 different Pacific communities in New Zealand, each with its own distinctive culture, language, history and health statistics.²
- The majority of Pacific peoples reside in the following seven DHB regions: the three Auckland DHBs; Capital and Coast; Hutt Valley; Waikato; and Canterbury.
- In 2006, 60 percent of Pacific peoples residing in New Zealand were born here, with a median age of 21 years compared with 35 years for the total population.³
- Most Pacific cultures regard the extended family structure as central to their way of life.

¹ See the College's cultural competence resource and *Aiming for Excellence* for further guidance.

² Ministry of Health website.

³ Ministry of Health. 2008. Improving Quality of Care for Pacific peoples.

- Spirituality is a fundamental component to most Pacific cultures and is expressed in a Christian sense, as well as in preservation of tradition and remembrance of ancestral ties and origins. The Church remains an integral part of most New Zealand Pacific communities.
- Health is a holistic concept for Pacific peoples and is not limited to physical illness (or the lack thereof).⁴

The health of Pacific peoples is poorer than that of non-Pacific peoples in New Zealand. Pacific peoples have a higher death rate and a lower life expectancy than other ethnic groups, excluding Māori.⁵ A large proportion of Pacific peoples' health disparity is due to high chronic disease burden, particularly for cardiovascular disease and type 2 diabetes. The prevalence of diagnosed diabetes in Pacific peoples, for example, is three times the prevalence reported in the total New Zealand population.

Pacific peoples have the highest rates of rheumatic fever in New Zealand and one of the highest in the world. The high rates of acute rheumatic fever in Pacific peoples have been widely attributed to socioeconomic factors, such as overcrowding, poverty and poor nutrition, but also to delayed diagnosis and treatment of streptococcal throat infection.⁶

Progress towards achieving improved health outcomes for Pacific peoples continues to be strongly influenced by social and economic factors. While there have been some improvements, Pacific people are still worse off than other New Zealanders across a range of socioeconomic indicators. Improving Pacific peoples' incomes, education, employment and housing is critical to improving their health outcomes.⁷

While there is some growth in Pacific peoples' use of primary care services, high rates of ambulatory sensitive hospitalisations and emergency department attendances reflect ongoing issues for Pacific peoples in accessing high-quality, convenient and timely primary health care.⁸ Pacific peoples turn up for GP appointments at higher rates, but experience worse outcomes and receive fewer referrals, despite having a higher burden of disease.⁹

The barriers for Pacific people in accessing primary health care services can also include:

- beliefs, values and preferences that influence how Pacific people view health care¹⁰
- lack of awareness of service availability
- low health literacy and English as a second language

⁴ Medical Council of New Zealand. 2010. Best health outcomes for Pacific peoples: Practice implications.

⁵ Medical Council of New Zealand. 2010. Best health outcomes for Pacific peoples: Practice implications.

⁶ Dr Api Talemaitoga. 2010. The health of Pacific peoples in Aotearoa is everybody's business. BPAC. Best Practice Journal.

⁷ Minister of Health and Minister of Pacific Island Affairs. 2010. *Ala Moqī: Pathways to Pacific Health and Wellbeing 2010*. 2014.

⁸ Dr Api Talemaitoga. 2010. The health of Pacific peoples in Aotearoa is everybody's business. BPAC. Best Practice Journal.

⁹ Medical Council of New Zealand. 2010. Best health outcomes for Pacific peoples: Practice implications.

¹⁰ Ministry of Health. 2008. Pacific cultural competencies a literature review.

- availability of health information that is appropriate
- use of traditional Pacific medicine and healing
- different financial priorities or obligations.