



JULY 2021

Improving
health outcomes:
Pacific consumer
group's talanoa
on *Bula Sautu*



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa



Foreword

This thematic analysis is to enable Pacific consumer voices to shine through these pages, to articulate individual and collective insights into the health system. The need to be inclusive, understanding and deliberate in how we engage with and care for the many ethnicities within Pacific peoples is fundamental to mobilising change.

The term ‘talanoa’ was used by the group to mean sharing ideas and experiences through story-telling.

*‘La seu le manu, ae silasila i le galu’ –
Catch the bird but watch the breakers.
In any undertaking (Bula Sautu report)
be very careful and be aware
of the obstacles.*

*‘Moui hololoa mae tau atu motu’ –
Total wellbeing for all nations.*

Mailigi Hetutu, chairperson of
Vagahau Niue Tumau Wellington

Executive summary

The Health Quality & Safety Commission (the Commission) is committed to improving health equity as a priority for Pacific peoples. As such, it commissioned *Bula Sautu – A window on quality 2021: Pacific health in the year of COVID-19 (Bula Sautu)*.¹ *Bula Sautu* was informed by Pacific health experts and analyses the inequities in Pacific people’s health.

This document is a thematic analysis of feedback on *Bula Sautu* provided by a Pacific consumer group and gathered through a workshop convened by the Commission. It provides a strong Pacific consumer voice to accompany *Bula Sautu*.

Four key themes (listed below) were identified from the workshop feedback, all of which focus on progressing *Bula Sautu* into action. The themes captured members’ aspirations for change and system thinking, while strongly challenging the status quo using a Pacific consumer ‘lens’.

Moving forward

Bula Sautu is a step towards new beginnings and improving Pacific health outcomes.

Feedback from the workshop focused on next steps and how to progress action, using *Bula Sautu* as a foundation.

We are not all the same

The diversity among Pacific peoples – their cultures, generations and identity factors – highlights flaws in both the system and in the treatment of Pacific health needs. Feedback

from the workshop highlighted the differences in outcomes for Pacific peoples compared with those of other ethnicities and identified health responses most likely to address the associated challenges.

A Pacific system

The health system needs to include Pacific indigenous values, ways of thinking and practice to support change. Feedback from the workshop highlighted the possibilities and identified pathways that could be opened across the health sector and entire government system to make change a reality.

Leadership

Visible and strong Pacific leadership needs to be enabled across the health system in order to influence and drive the system change required to improve health outcomes for Pacific peoples. Feedback from the workshop outlined a range of strategies to support the change.

Bula Sautu highlights the stark inequities in Pacific health and draws attention to the ‘what next?’.

The Commission is committed to supporting the sector to progress the next steps of *Bula Sautu*’s journey, with the Pacific consumer voice front and centre.

It is the finding of this document that a Pacific advisory group, established by the Commission, be established to steward *Bula Sautu* onwards.

¹ *Bula Sautu* is available on the Commission website at: www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/4299.



Introduction

About *Bula Sautu*

Every year the Commission undertakes a snapshot of the quality of care in Aotearoa New Zealand. In 2021 *Bula Sautu – A window on quality 2021: Pacific health in the year of COVID-19* was commissioned.

Bula Sautu uses national data to show the complex contributing factors that impact on health for Pacific peoples over their life-course, from maternity to end of life. It brings together a diverse range of Pacific health and equity experts to share their views of how effectively (or ineffectively) the health system is performing for Pacific peoples.

Bula Sautu comprises five chapters:

- Chapter 1 provides a demographic analysis of Pacific peoples in Aotearoa New Zealand, while acknowledging that ‘data for Pacific peoples is a challenge’.
- Chapter 2 analyses the data gathered to paint a picture about Pacific health.
- Chapter 3 discusses the Pacific workforce and its under-representation across the sector, as a barrier to effective engagement.
- Chapter 4 reflects on the learnings of COVID-19 and the innovative service responses that shone through in Pacific communities.
- Chapter 5 recommends a three-pronged approach to transforming the health system for Pacific peoples, at system, service delivery and consumer levels.

About the Pacific consumer group

The Pacific consumer group included Zechariah Reuelu, Imeleta Avei, Edna Tuitupou, Ema Tabukovu, Fale Andrew Lesa, LJ Apaipo, Bernadette Pereira, Lorna Kanavatoa and Prathna Kumar. Members have connections to Samoa, Tokelau, Papua New Guinea, Fiji, Cook Islands, Niue and Tonga. They have varied backgrounds and experiences in health, from advocacy and health governance, and roles such as health workers, clinicians, care givers and students, as well as being service end-users. Articulate and forthright ‘consumers’, they shared their very personal experiences and views through this, their own acknowledged talanoa.

About the feedback workshop

The all-day workshop was held on 27 May 2021 at the Commission’s offices in Wellington. The meeting was convened by the Partners in Care team (director Chris Walsh and assistant director Deon York). Holona Lui was the facilitator and led an appreciative enquiry, strengths-based approach to draw out feedback from participants. The agenda focused on gathering consumer insights on what works well in the health system and where improvements could be made, so the system is working at its best for Pacific peoples.

About the methodology

This document is a thematic analysis of the Pacific consumer group’s feedback on *Bula Sautu* and the facilitated approach undertaken during the workshop. At the time of the workshop, *Bula Sautu* was under embargo but advance copies were provided by the Commission in confidence to the consumer group so they could familiarise themselves with the content.

Marsha Wyllie took notes at the workshop and used those observations to undertake a thematic analysis and develop this document. It is not intended to be a critique of *Bula Sautu*, rather a response from the Pacific consumer group to its findings and recommendations.



Thematic analysis of feedback on *Bula Sautu*

Moving forward

The general feedback from the Pacific consumer group on *Bula Sautu* included: surprise at the extent of disparities; frustration with the lack of progress; suggestions on missing data; and critique on content and action.

Bula Sautu was considered a positive step toward new beginnings and improving Pacific health outcomes.

'When I read the report, I was not aware of how bad it was for our people.'

The worst health inequities for Pacific peoples appear at the clinical end of the health system or the 'ambulance at the bottom of the hill'. *Bula Sautu* provides a glimpse into the depth of those inequities. Preventative health measures provide the opportunity to influence change, something inferred throughout *Bula Sautu* and by the Pacific consumer group.

'It's like we are an afterthought. We are there to validate something done by a subject matter expert.'

Disappointment was expressed by the group about the lack of Pacific consumer voices in the report. Lived experience is critical to understanding how systems can be changed and address the inequalities inherent in *Bula Sautu*. System changes need to be developed using a co-design approach at the outset.

'If you look at the people involved in this discourse, they are Pacific and have been in those spaces – why didn't the information come out?'

A point was made that a critically informed mass of consumers, professionals and people who have influence in the health system must digest and mobilise the findings and key messages outlined in *Bula Sautu*. The need to understand and use collective Pacific models of health is fundamental.

'What is this going to mean going forward – the action?'

Acknowledging the collective lived experiences of Pacific families and communities, and that those experiences continue to accumulate over time, meant that members were keen to understand

what action looked like. *Bula Sautu* did not convey anything that most of these members were not already aware of; rather members were looking for how to improve the poor health outcomes of Pacific peoples as outlined in the report.

'... we do not understand separatist thinking as the system promotes.'

COVID-19 enabled the mobilisation of Pacific peoples and showcased the depth of community resilience in Pacific communities to support innovative health service delivery. It will be important to learn from these responses, accelerate service delivery approaches and unpack resourcing models in order to replicate and build on what works for Pacific communities.

We are not all the same

The ability of the Pacific consumer group to come together with their varying perspectives and experiences, and then share insights under a 'Pacific umbrella', celebrates their diversity. This diversity cuts across generations, ethnicities and identity to defy labels of homogeneity.

'Let's not lump us all together. Our diversities as Pacific people are quite glaring.'

Categorising and compartmentalising Pacific peoples living in Aotearoa as a homogenous ethnic group was discussed by the group. The 'one-size-fits-all' approach has not worked in addressing Pacific health outcomes, rather it has contributed to further inequities.

'My mother's generation was about relationships.'

There is a need throughout the health system to better understand who the consumer or target group is to improve Pacific health outcomes at the highest level and in targeted ways. *Bula Sautu* notes the importance of families, the collective and communication. COVID-19 enabled service delivery approaches to be undertaken with Pacific churches and communities, to engage with consumers. Health professionals need to understand and appreciate the importance of building relationships when engaging with Pacific consumers.



'NZ-born Cook Islanders [are] not going to church as much as others.'

The Pacific demographic outlined in *Bula Sautu* highlights the challenges Pacific peoples face in engaging with the health system. There are generational nuances between the New Zealand-born and migrant populations of the Pacific. Socioeconomic, language and cultural barriers affect people's ability to access and engage with services. Services need to account for the significant youth population that is likely to be more comfortable with social media. The church has been a stable linker to Pacific peoples and with some ethnic groups and youth not attending church this important link is lost.

'We don't need someone from Auckland to tell us what to do. We have always been the poor cousins.'

The response to COVID-19 highlighted the differing needs of Pacific communities. Pacific peoples living outside Auckland and central urban areas were systematically affected by the lack of capacity and capability to engage with health services. This issue also links to workforce development and capacity building in the provider network.

'We might be similar to Māori, but we have differences.'

The Pacific consumer group often referenced what was happening for Māori in the health sector and were keen to leverage off those learnings. Systemic failure to meet the needs of Māori and Pacific peoples is highlighted in the socioeconomic statistics. For the government, COVID-19 served to shine a light on inequities. System responses suggested by consumer group members included: co-governance and co-management; intellectual property and knowledge management; and the need to refine Whānau Ora commissioning to better meet Pacific needs.

A Pacific system

The need to celebrate the diversity and value of Pacific peoples across Aotearoa New Zealand is now. Incorporating Indigenous values, ways of thinking and practice into the system will help to mobilise action that counteracts racist stereotypes and monocultural frameworks. It is also critical to embed Indigenous systems through outcomes planning, monitoring and evaluation.

'Let's develop a new system. Let's bring our mindset here. Let's not be limited.'

Embedding Pacific values and indigeneity in the health system would enable fundamental system improvement. Pacific values that articulate behaviours and principles of care need to be understood and adopted by the health workforce. These values and Pacific ways of knowing and working, developed and supported in partnership with mainstream services, would be transformational. South Seas Healthcare, which won General Practice of the Year at the New Zealand Primary Healthcare Awards 2021, showcases a version of this.

'There should be an obligation for them to learn about us... We have learnt to adapt and change in this Western world, what about them?'

Engagement with consumers, in their places and on their terms, is a foundational premise of care and fundamental for the health system to understand who is being treated and how they should be treated. Members discussed how better engagement practice could be embedded in the system through cultural competency training and decolonisation programmes, delivered by Pacific providers and suppliers.

'We have our own professional people who are struggling in the system now... real Pacific people giving real Pacific ethos.'

Various members of the consumer group suggested that growing the Pacific voice across the system was needed, for example: a workforce strategy to grow capability across the sector, in both clinical and non-clinical spaces; social procurement that supports Pacific business and enterprise; celebrating and modelling Pacific professionals who have achieved at the highest



levels; enabling the Pacific culture of care to be formally recognised through training (micro-credentialing) and employment; and recruiting and supporting work placements for clinical expertise directly from the Pacific.

'The Palagi medicine does not always work.'

Pacific traditional and cultural practices of wellbeing and health need to be recognised and acknowledged. Fofu² is a core practice that enables families to live healthy lives. Pacific cultures and indigenous models need to be valued if we are to open the system to Pacific peoples and reposition narratives and place.

'It is important in the overall identity of this nation. Why are we trying to honour the Treaty and find our own space in Aotearoa?'

Pacific peoples, in all their diversity, need to be able to have honest and engaging conversations about Te Tiriti o Waitangi and their sense of nationhood. Talanoa around what it means to be Pacific helps with finding identity in Aotearoa New Zealand.

Leadership

Enabling visible and strong Pacific leadership across the health system is important. Leadership qualities, models, priorities and strategies are essential for change to occur. Leaders must possess strong cultural capability and understand collective accountability and responsibility. Leadership models (decision-making) must reflect Pacific diversity and ethnicity, and focus on understanding and influence.

'If you don't have your own people, you don't have much credibility.'

Being accountable and responsible to someone other than yourself is an important leadership quality. This quality manifests itself in various cultural settings, including the church. Pacific leadership and voice must be enabled within the system and strongly linked to notions of collective accountability and responsibility.

'O le ala i le pule o le tautua – the pathway to leadership is through service.'

Succession planning that enables Pacific leaders to be grown and supported across Aotearoa New Zealand is vital. Pacific leaders must be supported to develop from middle management into senior management roles. There needs to be pay parity to value and incentivise the workforce and grow health career pathways. Growing Pacific representatives in critical governance roles will generate important Pacific influence across the health sector.

'You have these different strategies across target groups, that different agencies have. It is complex for our people to navigate.'

Within the public sector landscape, the required change of government portfolio focus from health to wellbeing would require 'the system' to respond more meaningfully to Pacific inequities in health. Ministerial portfolios and influence inside Cabinet would make resourcing and decision-making more equitable.

'Community enablers who know their communities, they have more high-value trust than a pan-Pacific approach.'

The Whānau Ora commissioning model was criticised as underserving Pacific people's health needs during COVID-19, with resources not getting to Pacific communities and capacity gaps showing through provider stretch and reach. Members of the consumer group suggested the Pacific commissioning model be reviewed to increase representation of the Pacific voice and monitoring of outcomes.

2 Traditional Samoan healing massage.



Conclusions

*'We are not all the same, but we want similar things from our health systems.'*³

The diversity and indigeneity that sits within Aotearoa New Zealand is nowhere more prevalent than in Pacific peoples. To truly understand and embrace our sense of nationhood we must understand and celebrate our differences. Government must take a strengths-based approach to socioeconomic modelling or we will forever be writing about poor health statistics for Pacific peoples.

Bula Sautu is robust in its findings and considerations, presenting extensive data, insights and analysis to provide a platform for action.

Feedback from the consumer group mirrored most of *Bula Sautu's* content and the group keenly

sought solutions with ideas for improvement. If the purpose of *Bula Sautu* was to mobilise the Pacific voice and draw attention to the deficits of the existing health system, it achieved that.

The consumer group believes the Commission needs to consider: the development of a coherent Pacific consumer voice that reflects the multiplicity of groups and needs; and how it can influence the health modelling and profile the importance of having Pacific consumer voices across services.

At the highest level, the current health reforms signal shifts for both the consumer voice and for embedding Te Tiriti o Waitangi within the system. Therefore, it is fundamentally important for Pacific leaders to understand how best to work in this ever-changing, complex and dynamic health landscape.

The feedback workshop enabled the Pacific consumer group to come together to consider and discuss *Bula Sautu*. The group endorsed its findings and went on to suggest some pathways for implementation. They agreed there is a critical need for a national Pacific voice to lead and accompany *Bula Sautu* on the next phase of its journey and further explore issues. This voice must include Pacific consumers.

The Commission provides a quality and improvement focus that can bring together ethnic-specific Pacific voices to contribute to the planning of the reformed health system structure and steer *Bula Sautu* on the next stages of its journey.

Published in July 2021 by the Health Quality & Safety Commission, PO Box 25496, Wellington 6146, New Zealand.
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ISBN (online) 978-1-98-859955-7
ISBN (print) 978-1-98-859956-4

Document available online at www.hqsc.govt.nz

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3 See: www.hqsc.govt.nz/blog/consumer-engagement-an-untapped-resource-in-health.



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