



# Te Mana Ola Engagement Report

WHAT WE HEARD FROM PACIFIC PEOPLES

December 2023



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**Te Kāwanatanga o Aotearoa**  
New Zealand Government






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# Glossary

<b>Fono (Samoa / Tokelau / Tonga / Tuvalu)</b>	Meeting(s)
<b>Haitiaaga moui malolo (Niue)</b>	Building and weaving positive pathways together for high-quality services and best health outcomes
<b>Kau ngāue (Tonga)</b>	Workforce
<b>LGBTQIA+</b>	Lesbian, gay, bisexual, transgender, queer, intersex, asexual and many other terms (such as non-binary and pansexual)
<b>MVPFAFF+</b>	A term coined by Phylesha Brown-Acton. <sup>1</sup> This abbreviation stands for the names of the broad gender spectrum from across the Pacific region: mahu (Tahiti and Hawaii), vakasalewa (Fiji), palopa (Papua New Guinea), fa'afafine (Samoa), akava'ine (Cook Islands) fakaleiti (leiti) (Tonga) and fakafifine (Niue)
<b>Pasifika Rainbow+</b>	An inclusive term for Pacific peoples who identify as part of the LGBTQIA+ and/or MVPFAFF+ communities (Rainbow is an umbrella term covering a diversity of sexual orientations, gender identities and sex characteristics)
<b>Soalaupele (Samoa)</b>	The traditional Samoan inclusive decision-making process that involves general consensus
<b>Tagata sa'ilimalo (Samoa)</b>	Pacific disabled people, their families and carers. This is a term that has been developed and endorsed by Pacific disabled people themselves. Other terms for Pacific disabled people will be considered, should they arise.
<b>Talanoa (Fiji / Samoa / Tonga)</b>	Discussion(s)
<b>Te mana ola (Tokelau)</b>	To live powerfully
<b>Te pāroru'anga, te apii'anga e te akateretere'anga no te ora'anga meitaki (Cook Islands)</b>	Disease prevention, health promotion and management for good health
<b>Vaqaqacotaka na yavutu ni tiko bulabula (Fiji)</b>	Maintaining strong foundations for health

<sup>1</sup> Phylesha Brown-Acton is the founder and director of the Pacific LGBTQIA+/MVPFAFF+ focused charitable trust F'INE Pasifika Aotearoa, the co-chair of the Asia Pacific Transgender Network (APTNet) and a trustee of INA (Māori, Indigenous and South Pacific) HIV and AIDS Foundation.



## Executive summary

This engagement report summarises the key insights shared with Manatū Hauora | the Ministry of Health throughout the development of *Te Mana Ola: The Pacific Health Strategy (Te Mana Ola)*.<sup>2</sup>

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We developed *Te Mana Ola* with the support of a Pacific expert advisory group and the Pacific Health Strategy Advisory Group. These groups played an important role in connecting us with a range of Pacific organisations, community groups, health providers and health care workers across Aotearoa New Zealand.

We collected, themed and analysed feedback and insights from more than 40 engagement fono between February and March 2023 to determine the five interconnected priority areas outlined in *Te Mana Ola*.<sup>3</sup> Through talanoa, the narratives, values and cultural perspectives of diverse Pacific peoples, whānau and communities were elevated and used to inform the development of *Te Mana Ola*.

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**“Our Pacific values are how we connect with health and wellbeing. We are inherently Pacific because of shared values and cultural practices. These values are our strength.”**

***Pacific health care worker***

2. Minister of Health. 2023. *Te Mana Ola: The Pacific Health Strategy*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publication/te-mana-ola-pacific-health-strategy](http://www.health.govt.nz/publication/te-mana-ola-pacific-health-strategy) (accessed 23 November 2023).

3. Minister of Health 2023, page 6.

This report highlights the diversity of Pacific peoples and aims to amplify the voices of under-represented Pacific groups, including tagata sa'ilimalo, youth, women, rural communities, Pasifika Rainbow+ communities and those with lived experience of a mental health condition.

The report also underpins the Pacific health intelligence function described in *Te Mana Ola*.<sup>4</sup> Publishing these findings demonstrates the Pacific value of reciprocity and creates a feedback loop to ensure we report publicly what we heard from Pacific peoples. Additionally, the report will be a useful resource for policy makers across the public sector and researchers to inform their work and minimise consultation fatigue for Pacific community and health sector groups.

We take this opportunity to sincerely thank each person, group and organisation that participated in the talanoa and engagement process. Thank you for sharing your stories. Your contribution is greatly appreciated.

Kam rabwa. Meitaki ma'ata. Vinaka vakalevu. Fakaau lahi. Fakafetai lahi lele. Mālō 'aupito. Fa'afetai lava. Fāiākse'ea. Ngā mihi nui.

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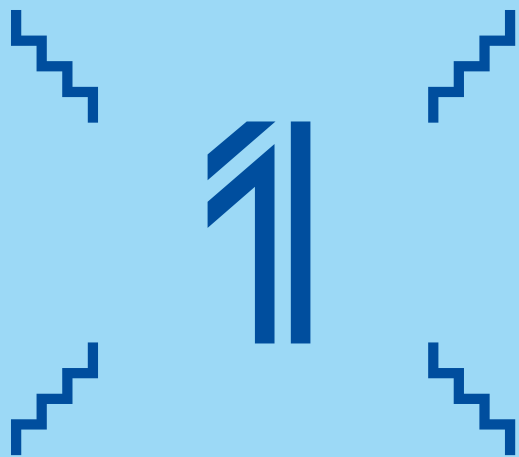
**“Having autonomy and support to make informed decisions is vital for wellbeing. When there are limited options, it can feel restrictive and impact overall wellbeing.”**

***Rural community member.***

4. Minister of Health 2023, pages 41, 50.







## Overview





## Our approach

Our engagement process was extensive and involved gathering a wide range of perspectives and experiences from Pacific community and health sector groups, rural communities, tagata sa'ilimalo, church leaders, educators, Pasifika Rainbow+ communities, youth, women's groups and people with lived experience of a mental health condition.

At each fono, we presented a current state analysis and asked three key questions.

1. What are the main barriers to accessing the health system?
2. What things are going well in the health system and should be strengthened?
3. Over the next five years, what should Pacific health focus on?

Participants' responses were collected through talanoa. We allocated a facilitator for different groups who had some fluency in the group's language and was responsible for guiding the talanoa, supported by a note taker. This helped keep discussions focused and limited the risk of information being lost due to language barriers or miscommunication.

The engagement sessions highlighted five priority areas, as outlined in *Te Mana Ola*. They are:

1. Population health (Vaqaqacotaka na yavutu ni tiko bulabula)
2. Disease prevention, health promotion and management for good health (Te pāroru'anga, te apii'anga e te akateretere'anga no te ora'anga meitaki)
3. Autonomy and determination (Soalaupule)
4. Access (Haitiaaga moui malolo)
5. Workforce (Kau ngāue).

Following the engagement period, we collated all participant responses and undertook a thematic analysis. We used the qualitative data analysis tool NVivo to group each response according to the priority area that response aligned with the most. From there, a team of four analysts comprehensively analysed and evaluated the responses and generated key insights based on recurring patterns and commonalities that emerged.

The next page provides a summary of the key themes and insights from community and health sector engagement, followed by a more in-depth analysis of our findings for each of the five priority areas set out in five sections. Each section summarises the insights gathered and includes quotes, which have been anonymised for confidentiality.

This analysis is followed by a section on key points from priority populations, amplifying their voices and emphasizing their impact on the overall findings.



## Community and Sector Engagement



**40+ Fono**

In person and online

**~1,200**

Pacific peoples reached



### Partnership

We partnered with regional community leaders and organisations to host local fono across the motu from Whangārei in the north to Invercargill in the south.



### Representation

We heard from:  
Rural communities, Pasifika Rainbow + communities, tagata sa'ilimalo, young people and people with lived experience of mental health conditions.

Church leaders, older people, women's groups and ethnic-specific groups.

Service providers, Pacific providers, health care workers and health professional networks.



### Feedback and insights

Feedback and insights from the engagement fono were collected, themed and analysed to inform the five interconnected priority areas outlined in Te Mana Ola.



# Summary of key themes and insights

## 1. Population health

<b>Wai ora – healthy environments</b>	<ul style="list-style-type: none"><li>› Collaboration at all levels is required to create healthy environments</li><li>› Community-based regulations will reduce the availability of unhealthy products</li><li>› Change will only come from addressing the root causes of poor health outcomes</li></ul>
<b>Affordable, secure, warm, dry housing</b>	<ul style="list-style-type: none"><li>› The high cost of living poses challenges to the affordability of quality housing</li></ul>

## 2. Disease prevention, health promotion and management for good health

<b>Holistic services based around whānau</b>	<ul style="list-style-type: none"><li>› There needs to be stronger commitment to achieving equity across the health system</li><li>› Health services should reflect Pacific values and world views</li><li>› Holistic models of care should be scaled up and built on</li><li>› Design interventions with Pacific peoples at the centre</li></ul>
<b>Women's and children's health</b>	<ul style="list-style-type: none"><li>› Effective engagement with Pacific women requires recognition of their priorities</li><li>› Women want the option to be seen by Pacific midwives</li><li>› Approaches centred around whānau will better capture Pacific youth</li></ul>
<b>Early interventions and evidence-based management of chronic conditions</b>	<ul style="list-style-type: none"><li>› Investment is needed to support self-management of chronic conditions</li></ul>

## 3. Autonomy and determination

<b>Meaningful engagement with patients, whānau and diverse communities</b>	<ul style="list-style-type: none"><li>› Meaningful engagement is a health system that not only listens but responds</li><li>› Solutions lie within Pacific communities</li><li>› Engagement with Pacific communities should be reciprocal and ongoing</li><li>› Targeted efforts are required to meet the diverse needs of priority populations</li><li>› Accessible data and information supports informed decision-making</li></ul>
<b>Accurate information for policy, commissioning and service design decisions</b>	<ul style="list-style-type: none"><li>› Pacific providers and communities need access to accurate and reliable data</li><li>› Information sharing between organisations can be improved</li><li>› There needs to be more transparency around how government funding is spent</li></ul>
<b>Ongoing research and evaluation to build a robust evidence base for Pacific health equity</b>	<ul style="list-style-type: none"><li>› We need to keep the health system accountable for health outcomes</li><li>› Initiatives that work well for Pacific peoples should be evaluated</li></ul>

## 4. Access

<b>A seamless, high-quality health system that is accessible in all forms</b>	<ul style="list-style-type: none"> <li>› There are some services that are especially difficult to access</li> <li>› The health system has not responded effectively to address key barriers to access</li> <li>› Health and social services should be streamlined</li> <li>› Churches and schools are key access points for Pacific communities</li> </ul>
<b>A discrimination-free health system</b>	<ul style="list-style-type: none"> <li>› A strong commitment to achieving equity will lead to meaningful change</li> <li>› Experiences of racism, stereotypes, discrimination and unconscious biases discourage Pacific peoples from engaging with the health system</li> <li>› Strong Pacific representation will create a safer health system for Pacific peoples</li> <li>› Improving the cultural capability of the non-Pacific workforce is also important</li> </ul>
<b>By-Pacific, for-Pacific options and choice</b>	<ul style="list-style-type: none"> <li>› Pacific providers play a critical role in addressing health and wellbeing needs</li> <li>› The COVID-19 response highlights an opportunity to strengthen trust and flexible funding for Pacific providers to make significant health gains</li> </ul>

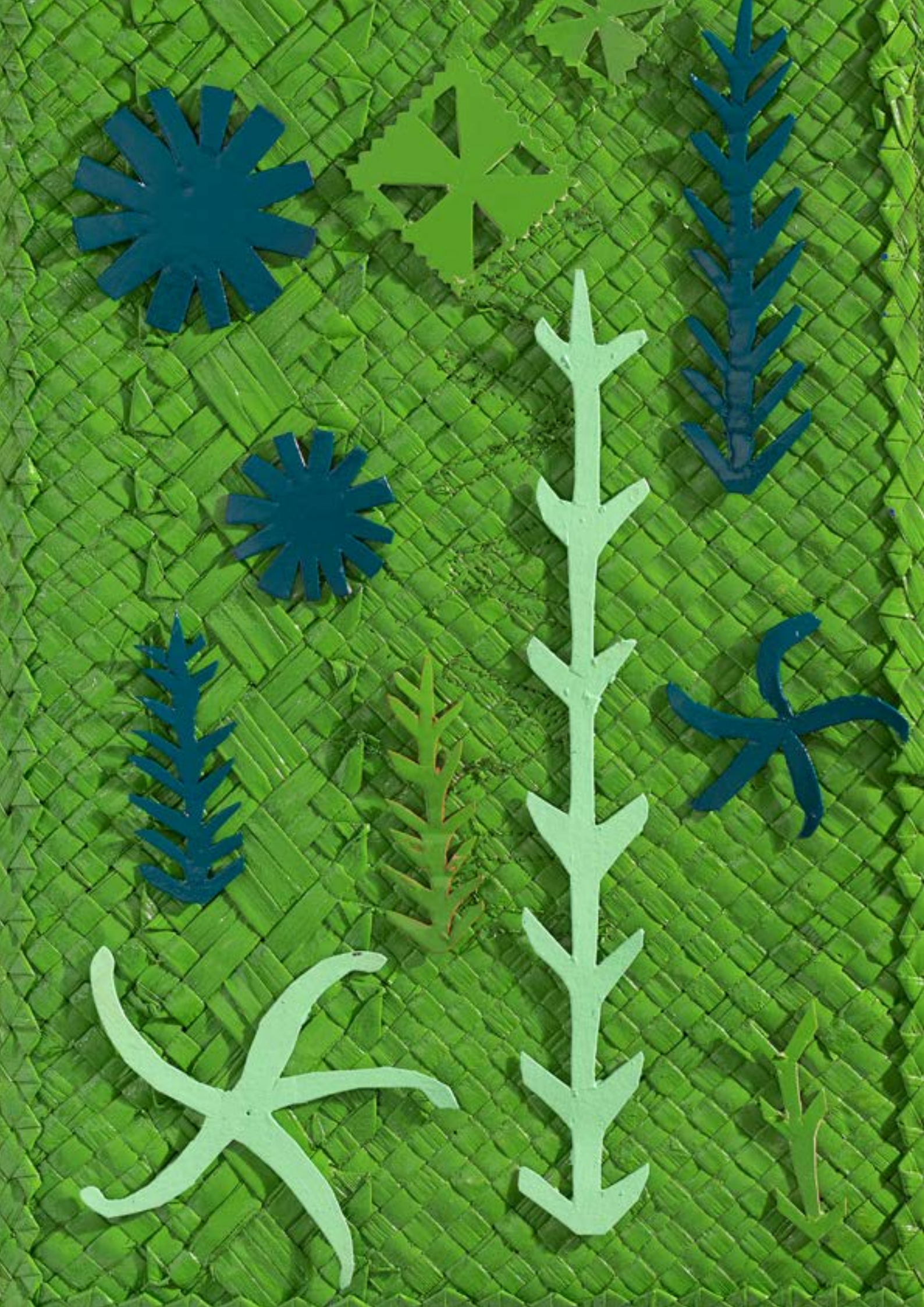
## 5. Workforce

<b>More Pacific health care workers</b>	<ul style="list-style-type: none"> <li>› More Pacific representation in the health workforce is needed</li> <li>› People who feel valued at work are often less likely to look for other employment</li> <li>› It should be easier to enter the workforce</li> <li>› Qualifications gained in the Pacific should be recognised</li> </ul>
<b>Supported and valued Pacific health workers</b>	<ul style="list-style-type: none"> <li>› More development opportunities may support retention of the Pacific workforce</li> <li>› There are implicit expectations for Pacific health care workers</li> <li>› The health system needs to recognise informal carers in Pacific communities</li> <li>› Pharmacists play a pivotal role in health care</li> <li>› The attrition rate for Pacific midwives needs to be addressed</li> </ul>
<b>More Pacific peoples in leadership, governance and decision-making</b>	<ul style="list-style-type: none"> <li>› Pacific leadership promotes the visibility of Pacific peoples in the health system</li> <li>› Training should focus on progression into leadership and decision-making roles</li> </ul>



### Priority populations

This report highlights the diversity of Pacific peoples and amplifies the voices of under-represented groups, including tagata sa'ilimalo (Pacific disabled people, their families and carers), youth, women, rural communities, Pasifika Rainbow+ communities and those with lived experience of a mental health condition.





**What  
people  
told us**



# What people told us about population health

## vaqacotaka na yavutu ni tiko bulabula

### (priority area 1)

Pacific peoples indicated that wai ora (healthy environments), and affordable, secure warm, dry housing are important to them.

### Wai ora – healthy environments

#### Collaboration at all levels is required to create healthy environments

Pacific peoples felt government agencies should work with local government bodies, non-governmental organisations (NGOs) and Pacific community groups to deliver holistic services related to transport, housing, education, health and other social supports. This includes recognising and building on grassroots initiatives that already exist and work for communities.

“Improve collaboration between agencies and with Pacific providers to ensure comprehensive care for Pasifika people.”

RURAL COMMUNITY MEMBER

#### Community-based regulations will reduce the availability of unhealthy products

Pacific peoples said vape, tobacco, liquor and fast-food stores do not support wai ora, and we need stronger regulations on these services.

“How do you expect us to be healthy when there are fast-food and alcohol shops on every corner?”

PACIFIC YOUTH

#### Change will only come from addressing the root causes of poor health outcomes

Pacific peoples felt it is important to address the social determinants of health to improve health outcomes. Many respondents emphasised the significance of education and the link between higher qualifications and the ability to improve income and employment opportunities to afford the things they need to live happy and healthy lives.

“Meeting basic needs such as good jobs, education, housing and affordable foods is necessary for good health.”

PACIFIC PROVIDER





## Affordable, secure, warm, dry housing

### The high cost of living poses challenges in the affordability of quality housing

Pacific families spoke about having to navigate the increased cost of living while trying to find affordable and appropriate housing. Many said they often have to prioritise spending based on the most important need at the time.

“There is an over-reliance on families to provide solutions, which places a strain on their ability to meet their financial and housing needs.”

PACIFIC HEALTH CARE WORKER

“Many of the housing conditions are cold, damp, overcrowded and not suitable for families raising young children.”

SOCIAL SERVICE PROVIDER

# What people told us about disease prevention, health promotion and management for good health

## te pāruru'anga, te apii'anga, e te akateretere'anga no te ora'anga meitaki

(priority area 2)

Pacific peoples indicated that: holistic services based around whānau; women and children; and early intervention and evidence-based management of chronic conditions are important to them.

### Holistic services based around whānau

#### There needs to be stronger commitment to achieving equity across the health system

Pacific peoples supported the development of *Te Mana Ola* and emphasised the importance of having specific goals and actions that work towards improving Pacific health equity.

“Ensure the strategy is aspirational and can achieve tangible and meaningful goals in its given timeframe.”

PACIFIC PROVIDER

#### Health services should reflect Pacific values and world views

Pacific peoples share common values of family, collectivism, consensus, reciprocity, respect, spirituality, love, and culture. Respondents told us that to improve the quality of care for Pacific peoples, these values should be the foundation for health practices.

“We want to see a health system that is holistic in nature and recognises traditional Pacific healing practices, which Pacific people are familiar and comfortable with and therefore respond better to.”

PACIFIC RAINBOW YOUTH

“Cultural values about health should be seen, recognised and embedded in the health system. Services should be strengths based and demonstrate leadership through alofa (love).”

PACIFIC EDUCATOR



### **Holistic models of care should be scaled up and built on**

Many respondents emphasised the importance of family-centred care that addresses health, social and economic needs; is preventive and adequately resources Pacific peoples to be in full control of their health and wellbeing (including their mental health).

“Effective models of care for Pacific people must be collective, address both individual and familial needs, and acknowledge that one size does not fit all.”

PACIFIC PROVIDER

### **Design interventions with Pacific peoples at the centre**

Health promotion activities that are well designed, resourced and tailored for Pacific peoples were seen as an effective way to prevent poor health outcomes and improve life expectancy and quality of life over the long term.

“We need to acknowledge health issues at the start, not once it's too late. Design preventive programmes that fit our people and not make Pacific people fit into the programmes.”

PACIFIC PROVIDER

## Women's and children's health

### Effective engagement with Pacific women requires recognition of their priorities

Pacific women highlighted the need for tailored health promotion activities that account for the time constraints and competing priorities they face as leaders in their families. In particular, they would like targeted maternity services and screening for mental health, family violence and chronic conditions.

"It is difficult for a mother to recognise the services trying to engage with her because she is focused on the immediate needs of her home and family. Once she feels she is being heard, she is willing to listen to health services."

PACIFIC WOMEN'S GROUP

"Increase the availability of health care services, including outreach services for Pacific mothers and their children in rural settings so that they do not have to travel far to access care."

RURAL COMMUNITY MEMBER

### Women want the option to be seen by Pacific midwives

Pacific women spoke about the importance of having the option to be seen by a Pacific midwife as they can connect through shared values, world views and language.

"There is a significant shortage and under-representation of Pacific midwives in the system. This impacts on the ability of Pacific women to choose a Pacific practitioner."

PASIFIKA RAINBOW+ / MVPFAFF+.

### Approaches centred around whānau will better capture Pacific youth

Pacific peoples felt the youthfulness of Pacific peoples is a strength that should be nurtured and built on. Pacific communities emphasised the importance of approaches centred on whānau to better consider young people in the design of health services and work towards improving child and youth outcomes.

"Addressing the unique health needs of youth requires a multifaceted and sustained effort that involves collaboration across sectors and a commitment to ensuring that services are culturally appropriate, accessible and [centred on the whānau]."

PACIFIC YOUTH

## Early intervention and evidence-based management of chronic conditions

### Investment is needed to support self-management of chronic conditions

Pacific peoples wanted to see an increase in resources to address the high prevalence of long-term health conditions (including diabetes, gout, cardiovascular disease, cancer and rheumatic fever and related infections) and to support initiatives that equip Pacific peoples with the tools to navigate their conditions and maintain good health.

"Good health is being able to live well and long without the restrictions of illness."

PACIFIC PROVIDER

"The health system should support Pacific peoples to better manage chronic conditions in their communities."

CHURCH LEADER



# What people told us about autonomy and determination

## soalaupule

(priority area 3)

Pacific peoples indicated that meaningful engagement with patients, whānau and diverse communities; accurate information for policy, commissioning and service design decisions; and ongoing research and evaluation to build a robust evidence base for Pacific health equity are important to them.

### Meaningful engagement with patients, whānau and diverse communities

#### Meaningful engagement is a health system that not only listens but responds

Pacific peoples wanted their voices to be amplified at all levels of the health system, but especially at the governance level. They viewed this as key to ensuring that Pacific values, world views and perspectives are not only considered during decision-making but followed up with actions that adequately responds to the needs of Pacific communities and users of the health system.

“The Pacific community, including the lived experience, has a voice that needs to be elevated and amplified at all levels.”

PACIFIC PROVIDER

“Increase Pacific peoples in governance and decision-making roles to ensure the system and strategies are designed for Pacific peoples.”

PACIFIC HEALTH CARE WORKER

#### Solutions lie within Pacific communities

Many Pacific communities commented on the lack of cultural understanding across the health sector, and limited knowledge on how to incorporate Pacific value and belief systems within current models of care. Community members felt this is a gap that only Pacific peoples can fill as they have the best understanding of the challenges they face and how to address those challenges. The role of the health system is to support community mobilisation by providing sufficient finances and resources.

“Support community groups and churches to lead outreach initiatives as they have a better reach into Pacific communities and have gathering spaces where our people naturally congregate.”

PACIFIC PROVIDER

“Community mobilisation and community-led solutions are important. The solutions need to be adequately resourced instead of just relying on communities to resource themselves to respond to the needs of Pacific people.”

PACIFIC WOMEN'S GROUP

### **Engagement with Pacific communities should be reciprocal and ongoing**

Pacific peoples said that they want more opportunities to work with government agencies and the health sector to determine their own solutions. They emphasised the importance of running these processes in community settings and fostering authentic and sustainable relationships through feedback loops and continuous communication.

“It is important to maintain ongoing relationships with rural Pacific health providers and communities and not just engage with them when the Government or government agencies need something achieved.”

RURAL COMMUNITY MEMBER

### **Targeted efforts are required to meet the diverse needs of priority populations**

Pacific peoples called for more investment in programmes and initiatives to reach groups that are underserved, including tagata sa'ilimalo and Pasifika Rainbow+ / MVPFAFF+ communities.

“We need to support more Pacific providers that specifically address the needs of Pasifika Rainbow+ communities and can advocate on their behalf. We have some really great organisations, but we need to further develop, support and resource organisations in other areas so Pasifika Rainbow+ communities throughout Aotearoa have options and choice.”

PASIFIKA RAINBOW+ / MVPFAFF+.

### **Accessible data and information supports informed decision-making**

Pacific peoples said that health education resources often do not resonate with them or consider those who use English as a second language. Many respondents highlighted their aspirations for more tailored resources that are presented in various Pacific languages, recognise Pacific values and focus on the topics most important to Pacific peoples.

“Our people need to have the knowledge and tools to become healthy and self-sufficient but also be better informed by the system to recognise when further support is required.”

PACIFIC PROVIDER

“Health education and literacy should be prioritised for all Pacific people. There should be more health information socialised within communities, tailored to particular age groups, to increase peoples' knowledge of health services and supports.”

TAGATA SA'ILIMALO

## Accurate information for policy, commissioning and service design decisions

### Pacific providers and communities need access to accurate and reliable data

Pacific peoples called for more robust data collection, interpretation and analysis that consider regional and ethnic-specific differences. They talked about the importance of applying a Pacific lens to the entire data process to ensure that the narrative behind the numbers is strengths based and reflects Pacific people's lived experiences. Pacific peoples viewed this as essential to developing effective policies and programmes that improve Pacific health outcomes.

"There needs to be more ethnic specific data to allow for communities to mobilise effectively. A greater focus should be on improving data categorisation and acknowledgement of Pacific people with mixed ethnicities. There is an issue with how ethnicity data is self-reported and prioritised in health. This creates issues around the understanding of nationality versus ethnicity, which can impact how health funding and resources are allocated."

RURAL COMMUNITY MEMBER

### Information sharing between organisations can be improved

Pacific providers said they want to see better data sharing practices, especially between national, regional and local organisations. Some people said it would also be useful to be able to access the health records of Pacific families that emigrate from Pacific Island countries and territories. They believed this would help the health sector develop a more complete assessment of Pacific service users' needs and enable a better understanding of how efforts and resources should be allocated.

"Ensure that data on Pacific people, including where Pacific people live and ethnic-specific data is made more accessible to Pacific health providers and Pacific communities. This ensures that health initiatives, programmes and services can be properly resourced and intentional in their development."

TAGATA SA'ILIMALO

### There needs to be more transparency around how government funding is spent

Pacific providers acknowledged previous government investment in mental health and addiction services through the Wellbeing Budget. However, they expressed their frustration with not seeing or feeling the benefits from that investment.

"There is lack of clarity and concern regarding where the Pacific mental health funding lies and why this investment isn't filtering down to Pacific health providers and communities."

LIVED EXPERIENCE REPRESENTATIVE



## Ongoing research and evaluation to build a robust evidence base for Pacific health equity

### We need to keep the health system accountable for health outcomes

Pacific peoples acknowledged there is good intent to improve Pacific health outcomes, but we need specific measures that monitor the health system's progress and performance in achieving equity. These measures should be regularly evaluated to ensure that they are suitable and making a real difference for Pacific peoples.

"[We] need to go beyond the strategies to implementation, measuring progress, determining what success looks like in the system and improving overall monitoring and tracking of the system."

PACIFIC PROVIDER

"The system should be taking responsibility for health problems and not transfer the ownership onto families who have so many other things to take care of. The system should be able to identify these families and provide the support they need in regard to their health."

PACIFIC YOUTH

### Initiatives that work well for Pacific peoples should be evaluated

Pacific peoples said that poor data quality and lack of evaluations of community-led initiatives are a disadvantage because, although these initiatives often work well for Pacific peoples, they are not always visible or considered due to lack of documented evidence. Respondents said that it would be useful to have a stocktake and review of community-led initiatives to understand what works and could be expanded.

"The system needs to do a stocktake of what is working well for Pacific people (for example, healthy food initiatives run in communities)."

PACIFIC HEALTH CARE WORKER

"There is a lack of funding for NGOs / community organisations despite high demand by Pacific clients ... which makes me wonder ... is funding going to the right place to target priority communities?"

URBAN COMMUNITY MEMBER

# What people told us about access haitiaaga moui malolo (priority area 4)

Pacific peoples highlighted the importance of having: a seamless, high-quality health system that is accessible in all forms; a discrimination-free health system and by-Pacific for-Pacific options and choice.

## A seamless, high-quality health system that is accessible in all forms

### There are some services that are especially difficult to access

These include dental, mental health, specialist, screening and maternity services. Key barriers include cost, availability of services in community and rural settings, competing priorities and a lack of clear information relating to the available services.

“[We] need to acknowledge that there are challenges Pacific communities face that make health care inaccessible-transport, timing, money, etc.”

PACIFIC PROVIDER

### The health system has not responded effectively to address key barriers to access

Pacific peoples identified a wide range of barriers to engaging with the health system. These barriers are often interconnected and are underlying contributors to poorer health outcomes. The seven main barriers identified are described as follows.

#### 1. *The cost of health care is too high*

Pacific peoples felt that primary health care services are too expensive, which often leads to people not seeking help when they need it. Those in the health workforce also commented that due to primary health care being unaffordable, they have seen an increase in Pacific peoples presenting to emergency departments, despite the long wait times, as it is free and available at all hours.

“Wellness is having easy, affordable and accessible health care.”

PACIFIC PROVIDER

“The cost of services is a barrier to accessing timely care, particularly for large families ....”

RURAL COMMUNITY MEMBER

2. *There are also indirect health care costs that limit people's ability to use the health system*

This includes transportation to appointments, time off work, and childcare arrangements. Many Pacific peoples talked about the value of family and how they often take on the financial responsibility for their family members.

"The cost of health care services creates massive access barriers. You need to take into account travel costs, childcare and time off work including for other family members who need to attend also."

PACIFIC PROVIDER

3. *Wait times are too long and appointments feel rushed*

Long wait times for services can be disruptive as they often require the patient to take time off work and can put a strain on families, particularly those with young children. As a result, some Pacific peoples said that they leave their appointment without being seen or their needs met.

"This experience can be frustrating and can impact on work arrangements especially if the person has had to take time off work to visit the doctor."

URBAN COMMUNITY MEMBER

"Waiting times are too long and may result in worsening conditions for people who need urgent medical attention."

PACIFIC PROVIDER

Additionally, Pacific peoples shared that consultations with health professionals are too short and do not allow enough time to relay health issues or have in-depth conversations to make sure diagnoses are understood. Some respondents said this makes them feel rushed and unheard during appointments.

"Doctors are disengaged during appointments as a considerable amount of time is spent working on their computers instead of having meaningful discussions with us."

RURAL COMMUNITY MEMBER

4. *Current opening hours make it difficult to access services when needed*

Many Pacific peoples commented on the limited availability of health services, specifically how the limited time impacts on working families, shift workers and recognised seasonal employer (RSE) workers.

"Clinical appointment times should be more suitable for patients not health professionals-the health system needs to centre on the needs of the patient."

TAGATA SA'ILIMALO

"The 9am-5pm operating model for GP and health services means that people who work during those hours find it challenging to access services."

PACIFIC PROVIDER

5. *Health information and resources should be tailored to Pacific cultures and languages to effectively reach Pacific peoples*

Pacific peoples told us that the health system is too complex and difficult to navigate. Many respondents stated that the overuse of medical terms makes it difficult to understand important information, such as what health services are available and where and how to access them, as well as details around their health condition and how to manage it. This is particularly difficult if English is not their first language.

“It can be hard to find one place where all information can be found regarding eligibility for and availability of services. Information needs to be available in a variety of Pacific languages.”

TAGATA SA'ILIMALO

“We need to move away from clinical terminology and jargon that is confusing and stigmatising. We need to reframe the terminology and knowledge into language that is used and understood by the community.”

PACIFIC YOUTH

6. *People should be able to access health services no matter where they live*

Many Pacific peoples reported travelling long distances to access health services. This was particularly true for families that had only one car. Pacific peoples called for more outreach services, as well as increased support for community workers to help people navigate the health system complexities.

“Mobile clinic stations are an effective avenue for taking health care to the community, particularly in low socioeconomic areas ... without this option, families are required to take time off work, find carers and travel-particularly when petrol is expensive for households on a tight budget, these create barriers to accessing health care.”

CHURCH LEADER

7. *There is a digital divide among Pacific peoples*

While Pacific peoples recognised that technology offers quick access to information and bridges geographical gaps, many highlighted some common barriers, including poor internet connectivity or little to no access to digital devices. This is particularly an issue for rural communities. Additionally, older Pacific peoples found it difficult to navigate technologies and noted that they preferred face-to-face appointments to better communicate, build trust and feel comfortable when accessing care.

“There is still a substantial digital divide amongst Pacific communities, particularly those within rural areas compared with other groups, to accessing digital health information and support.”

PACIFIC PROVIDER

### **Health and social services should be streamlined**

The way the health system is currently set out means that individuals and their whānau need to schedule multiple health care appointments to address different health needs. Pacific peoples told us this is an extremely complex process and recommended implementing more collaborative ways of working, including strengthening information sharing across agencies and delivering multifaceted services, including follow-up care. This supports a shift away from the traditional biomedical approach to health towards one that is holistic and based around whānau needs.

“There is a need to strengthen information sharing between health care providers to ensure Pacific communities are not having to repeat their issues and stories to different providers and services.”

PACIFIC PROVIDER

### **Churches and schools are key access points for Pacific communities**

Schools were seen as a great setting to reach Pacific young people and their whānau, including for providing direct medical services and delivering health promotion activities.

“Schools are a great setting for delivering free care packs, including hygiene products for families that experience financial challenges.”

PACIFIC YOUTH

Similarly, Pacific peoples said that churches are a stronghold for many Pacific communities and play a significant role in mobilising people, improving health literacy and acting as connectors between the community and many government, health and social services. Church leaders said they want to be recognised and adequately funded for the health promotion activities they provide and facilitate for Pacific communities.

“There needs to be more recognition of Pacific churches for the work they do in the community.”

CHURCH LEADER

## A discrimination-free health system

### A strong commitment to achieving equity will lead to meaningful change

Pacific peoples said that, in the ideal state, they would be able to access a health system that is equitable, holistic and addresses racism and discrimination. They emphasised the importance of having a strong commitment to creating culturally safe environments and embedding equity through all parts of the health system.

“To achieve health equity, we need to ensure the whole system is responsive and accountable for Pacific health equity, not just Pacific health workers, Pacific providers or Pacific health teams.”

PACIFIC HEALTH CARE WORKER

### Experiences of racism, stereotypes, discrimination and unconscious biases discourage Pacific peoples from engaging with the health system

Many Pacific peoples reported being treated poorly due to assumptions and stereotypes based on their culture. These experiences negatively impacted their trust in the health system and, consequently, their willingness to access further care.

“There needs to be an acknowledgement of the explicit and implicit biases and racism experienced in the system, which contribute to mistrust in the system.”

PACIFIC YOUTH

### Strong Pacific representation will create a safer health system for Pacific peoples

Pacific peoples recognised the unique value that Pacific health workers provide, including, being able to converse in Pacific languages and understanding Pacific world views.

“We feel more comfortable opening up to a Pacific health worker as they understand our culture and respect our needs without any judgement.”

PACIFIC YOUTH

“We feel safer with doctors who can speak the same language.”

TAGATA SA'ILIMALO

### Improving the cultural capability of the non-Pacific workforce is also important

Extra effort is required to both grow the Pacific workforce and increase the mainstream workforce's ability to respond to the diverse needs of Pacific peoples. Many Pacific peoples shared experiences of racism in the health system and feeling disconnected from some of the non-Pacific workforce.

“We need a culturally competent non-Pacific workforce that can understand and work with Pacific communities. In the South Island, Pacific communities rely on mainstream services due to a shortage of Pacific-specific support for the workforce and community.”

RURAL COMMUNITY MEMBER

## By Pacific, for Pacific options and choice

### Pacific providers play a critical role in addressing health and wellbeing needs

Many Pacific providers deliver integrated services that enable individuals and their whānau to access health and social supports from a single location. Such integrated services can include health care, transportation, community and housing support, counselling, health education and other social services. This model of care also recognises the importance of embedding Pacific values in service delivery.

“Having a Pacific provider is appreciated, and there is a need for better support and funding for them.”

URBAN COMMUNITY MEMBER

“Pacific providers end up supporting people who are not supported by the health system, especially RSE workers and rugby players from the Pacific.”

RURAL COMMUNITY MEMBER

### The COVID-19 response highlights an opportunity to strengthen trust and flexible funding for Pacific providers to make significant health gains

Pacific providers shared that current funding models tend to be rigid and focus more on service inputs and outputs rather than shared outcomes for Pacific families. Many providers commented on the effectiveness of the COVID-19 response for Pacific communities and attributed a large part of its success to enabling and resourcing Pacific-led initiatives.

#### What Pacific peoples and communities told us



**More investment is needed to sustain the growth and breadth of holistic and wraparound services delivered by providers, especially given how well connected they were to their communities.”**

*Pacific provider*



**Successful approaches from COVID-19 should be extended to addressing other areas of health.”**

*urban community member*

# What people told us about workforce kau ngāue (priority area 5)

Pacific peoples indicated the importance of having: more Pacific health care workers; supported and valued Pacific health care workers; and more Pacific peoples in leadership, governance and decision-making roles.

## More Pacific health care workers

### More Pacific representation in the health workforce is needed

This includes having specific equity targets to measure representation and building in stronger incentives and investments to attract Pacific communities to careers in health. Pacific peoples said that taking such steps would better position the health system to foster culturally safe environments and amplify Pacific perspectives and values.

“Commonalities in culture and tradition means that some patients feel safer when receiving care from Pacific doctors who can also communicate with patients in a language they understand.”

TAGATA SA'ILIMALO

### People who feel valued at work are often less likely to look for other employment

Many Pacific health care workers felt there needs to be more focused efforts on retention, alongside actions to increase the Pacific health workforce more broadly. Competitive international markets are attracting more of the workforce (including the Pacific workforce) overseas, taking their skills and expertise with them.

“Australia has more attractive packages for our young nurse graduates, as well as non-clinical positions, such as data collection and research (which we should be supporting our own Pacific people in).”

PACIFIC HEALTH CARE WORKER





### **It should be easier to enter the workforce**

Many Pacific peoples reinforced the importance of strengthening the relationship between the health and education sectors to establish more targeted health scholarships and earn-while-you-learn programmes, as well as promoting the wide range of health careers available.

“Workforce development should start in early education ... there needs to be greater support and mentoring for Pacific peoples throughout their education and increased pathways and scholarships into the health workforce.”

PACIFIC EDUCATOR

### **Qualifications gained in the Pacific should be recognised**

Pacific peoples who are trained in health-related degrees at a Pacific institution have skills, expertise and cultural knowledge that can help address areas in the Aotearoa New Zealand health system, which is currently failing Pacific peoples. Pacific peoples suggested this would also help address the shortage of health workers and ease the burden on a workforce that is stretched and fatigued.

“A greater focus needs to be on removing the current barriers health care workers from the Pacific ... face in getting their qualifications recognised in New Zealand to allow them to practise here.”

RURAL COMMUNITY MEMBER.

## Supported and valued Pacific health care workers

### More development opportunities may support retention of the Pacific workforce

Pacific peoples said they want more opportunities to upskill so they can work at the highest scope of their discipline, as well as broaden their options to move across the health sector. This was emphasised by the unregulated workforce, general practitioners, pharmacists, nurses and midwives. Some Pacific peoples highlighted these opportunities as a key factor in their decision to remain in the health workforce.

“Focus on retention in the workforce, including greater opportunities for working at the top of your scope and moving into leadership positions.”

PACIFIC HEALTH CARE WORKER

### There are implicit expectations for Pacific health care workers

Pacific health workers explained that they are often seen as the ‘Pacific voice’ and are expected to support colleagues to provide language skills, cultural knowledge and community connections. These skills improve care and should be appropriately remunerated.

“Those with Pacific language fluency should be compensated for the value that this adds to health services on top of the other responsibilities they carry out.”

LIVED EXPERIENCE REPRESENTATIVE

“Pacific peoples have their own unique set of skills and experiences, which need greater recognition, especially in the health workforce.”

RURAL COMMUNITY MEMBER

### The health system needs to recognise informal carers in Pacific communities

Many Pacific peoples said that they act as informal carers, particularly for people who are older and require assistance to navigate complex health and social services. As carers, they often provide support where the health system cannot.

“Many Pacific peoples care for their elderly at home rather than at an aged residential care service. There needs to be more financial support for family carers at their homes so that older Pacific peoples can receive the appropriate care needed in a setting that they are comfortable in.”

RURAL COMMUNITY MEMBER

### Pharmacists play a pivotal role in health care

Pacific pharmacists said that their contributions to improving health outcomes are often overlooked. They highlighted the need to strengthen their role in the community through development opportunities and increasing their visibility in decision-making and commissioning.

“Pharmacists do more than dispense medicine; they also provide services such as smoking cessation support, emergency contraception pills and blood pressure and glucose checks.”

PACIFIC HEALTH CARE WORKER

### **The attrition rate for Pacific midwives needs to be addressed**

Pacific midwives said midwifery training and retention efforts need to be increased, including financial support and mentoring programmes for students, appropriate remuneration for practitioners and cultural safety in workplaces.

“There is a high attrition rate during study. Current initiatives providing mentoring for Pacific midwifery students make all the difference, however, more funding and support for students (not just fees, but also ancillary costs) during training [are] required.”

PACIFIC HEALTH CARE WORKER

## **More Pacific peoples in leadership, governance and decision-making**

### **Pacific leadership promotes the visibility of Pacific peoples in the health system**

Pacific peoples said that Pacific leadership is needed to ensure that Pacific world views, aspirations and perspectives are considered across the health system, including policy, programmes, initiatives and services. This will enable the health system to better engage with Pacific peoples.

“Pacific leadership is highly needed at governance levels to ensure the Pacific voice is heard and reflected in plans and strategies.”

PACIFIC HEALTH CARE WORKER

### **Training should focus on progression into leadership and decision-making roles**

Pacific peoples wanted to see more leadership roles across the health workforce, as well as in the community. They saw this as a way to develop skill sets and capabilities, while also working towards growing Pacific representation in leadership.

**What Pacific peoples and communities told us**



**There needs to be strong Pacific leadership across the health system. Leaders should not only have clinical and health expertise but also be connected to Pacific communities and have strong cultural competence.”**

***Lived experience representative***





# What we heard from priority populations





## Tagata sa'ilimalo: Key points and aspirations across the priority areas

### Population health Vaqaqacotaka na yavutu ni tiko bulabula

Tagata sa'ilimalo said they want support to live independently and in good health. Many acknowledged they receive care and support from their families. However, the financial pressures associated with the cost of living and disability supports often puts a strain on tagata sa'ilimalo and their carers and whānau. Tagata sa'ilimalo highlighted the following four areas as needing to be addressed to help them achieve their aspirations.

- › More employment opportunities specifically for tagata sa'ilimalo
- › Funding for free programmes and resources that support healthy food environments
- › Suitable housing with appropriate modifications to help with daily living and mobility
- › Public places and spaces designed for all people, including tagata sa'ilimalo.

"As tagata sa'ilimalo, we would like to have access to gyms and other places where we can exercise safely-options for us are very limited."

"There is a lack of financial support to assist tagata sa'ilimalo with cost of living, disability friendly vehicles and more suitable social housing if needed. There is an assumption that support and care by families is sufficient when instead it creates more financial challenges."

### Disease prevention, health promotion and management for good health

Te pāroru'anga,  
te apii'anga e te  
akateretere'anga no te  
ora'anga meitaki

Tagata sa'ilimalo would like to see government policies and service delivery move away from viewing disabled people as isolated individuals and instead recognise them in the context of relationships and their environment. For example, many said their wellbeing was greatly linked to how well their whānau and carers were supported and looked after. Being able to meet all their health and social needs in one place was also important for reducing barriers to care related to administrative burdens and time constraints.

"Increase funding of basic needs for tagata sa'ilimalo and their families, ensuring wellbeing of the family is taken care of in times of need and crisis. When the family is happy, the individuals within that family are also happy ..."

"Develop new funding models where families, particularly those caring for tagata sa'ilimalo, can also be supported for the roles they play."

## Autonomy and determination

### Soalaupule

Tagata sa'ilimalo highlighted the need for access to culturally appropriate, clear and concise information on their condition and the types of supports available. This includes having access to information that reflects their realities and lived experiences. Tagata sa'ilimalo talked about the importance of having this information so that they could make informed decisions about their health alongside their whānau and carers.

"More regular and up-to-date evidence-based information needed to reflect realities of Pacific people and empower community-drive solutions."

## Access

### Haitiaaga moui malolo

Despite their resilience, tagata sa'ilimalo experience specific barriers to access to health care due to the health system's inability to respond to their needs. Tagata sa'ilimalo said that access to health care could be improved by:

- › creating joint-up and efficient processes across health, disability, housing and social services
- › providing high-quality care, regardless of their condition, culture or gender
- › developing affordable services, particularly primary health care services
- › providing transport options that meet the diverse requirements of tagata sa'ilimalo
- › basing mobile clinics in the community
- › setting up health appointments that allow enough time for tagata sa'ilimalo to share their experiences and be fully understood by the health professionals.

"The system is filled with unnecessary, complex and time-consuming processes that create barriers to accessing care."

"Our priorities include better access to joined-up services, including through: better access to easily accessible information, navigation supports, reduced wait times and more ... navigable access criteria."

## Workforce

### Kau ngāue

Tagata sa'ilimalo wanted to see more people like them represented across the health workforce and in leadership positions. Many suggested ways to achieve this might include: targeted scholarships into the workforce and mentoring programmes and roles created specifically for people with disability lived experience. Tagata sa'ilimalo also wanted to see existing disability support roles strengthened and training for health professionals on how to work with tagata sa'ilimalo.

"There is a lack of representation of tagata sa'ilimalo in the workforce and in leadership roles across health."

"More accountability and training for health care workers to understand ableism in the context of tagata sa'ilimalo."



## Pacific youth:

### Key points and aspirations mapped across the priority areas

#### Population health

Vaqaqacotaka na yavutu ni tiko bulabula

Pacific youth talked about the resilience of their whānau in managing the rising cost of living. They described the pressures faced by their whānau who are often forced to choose between paying bills and buying groceries over addressing health issues. Some Pacific youth explained how this negatively affects their wellbeing as they feel they do not have the financial means to help their families, including being able to afford health care.

“We can see and feel the stress that financial challenges place on our families.”

#### Disease prevention, health promotion and management for good health

Te pāroru'anga, te apii'anga e te akateretere'anga no te ora'anga meitaki

Many Pacific youth commented on the importance of having dedicated youth health services. Pacific youth wanted to see:

- › more culturally grounded sex education programmes
- › health promotion resources that reflect Pacific cultures, communities and stories
- › well-resourced community-led initiatives focused on increasing physical activity
- › talanoa programmes that support youth to work through mental health challenges and intergenerational trauma.

Pacific youth talked about the specific roles and challenges they experienced while helping their family members navigate the health system, including being translators for their parents and grandparents. They emphasised the need for models of health care tailored to Pacific families, including recognising the intergenerational dynamics that exist in Pacific families.

“Provide support for navigating both modern and cultural worlds, especially for young Pacific population due to the dual world views they are brought up in. Recognise and acknowledge the centrality of faith and family.”

“Incorporate youth input into health services to make sure services meet the needs of younger generations.”

#### Autonomy and determination

Soalaupule

Pacific youth wanted to see more community-led initiatives that would help uplift their communities and amplify the Pacific voice within the health system. Some examples of initiatives included cultural festivals (specifically in rural areas) and youth hubs and programmes (including financial, literacy and health education).

“There is a need for more community partnerships and community-led initiatives that amplify Pacific youth and Rainbow voices. The Rainbow Youth Fale / Youth Hub in South Auckland is seen as a safe and important space for youth to gather, access nurse-led services and learn leadership skills.”



## Access

### Haitiaaga moui malolo

Pacific youth identified three main barriers to accessing health services.

- › High costs – some found it challenging to pay for health care services. This was especially true for youth who had turned 18 years old, were still studying or played a significant financial role in their families.
- › Generational differences – some explained that they did not feel comfortable seeking help for mental health issues due to the stigma and misconceptions in their families around mental health conditions. Pasifika Rainbow+ youth said that it is difficult to talk about their experiences because those experiences don't always align with traditional thinking and certain religious beliefs held by Pacific communities.
- › Discrimination – youth felt that the health system is not designed for them, with many recounting negative experiences related to their ethnicity, gender and sexual orientation. They described fear of judgement and being misunderstood. Many Pacific youth said that they tend to feel more comfortable talking to Pacific health professionals as they can connect more on a personal, spiritual and cultural level.

“Make the health system a safe space for youth to be able to trust health professionals and share how they are feeling and ask questions without judgment.”

## Workforce

### Kau ngāue

Pacific youth wanted to see themselves in the health workforce. They discussed the importance of creating culturally safe pathways into these roles by understanding and recognising the lived experience of being young and Pacific. Many highlighted the need to strengthen the relationships between the education and health sectors to ensure that Pacific students are supported along the whole spectrum of their educational journey into the workforce.

Pasifika Rainbow+ youth also talked about the need for representation of Pasifika Rainbow+ across the education and health workforce to raise awareness around Pasifika Rainbow+ experiences and issues.

“We want to have the option to see people across the health workforce that look like us or can resonate with our world views and experiences.”

“My GP wasn't educated [about] Rainbow people.”



## Rural communities:

### Key points and aspirations mapped across the priority areas

#### Disease prevention, health promotion and management for good health

Te pāroru'anga,  
te apii'anga e te  
akateretere'anga no te  
ora'anga meitaki

Rural communities wanted to see Pacific wellbeing hubs set up in their communities so they can access all the care they need in one place and foster ongoing relationships with all practitioners. This is especially important for those who are part of the Recognised Seasonal Employer (RSE) Scheme as they often face challenges when trying to access health or social services.

“Lack of integrated, holistic wrap-around supports and services available, particularly in rural areas of Tokoroa.”

“Many people are unaware of available supports and services, particularly new families and those who have moved from the islands or come to work in Timaru as RSE workers or rugby players.”

#### Autonomy and determination

Soalaupule

Rural communities highlighted the need for more community-led solutions, supported by ongoing and meaningful relationships with government and other organisations. Many also called for ethnic-specific and region-specific data to recognise the diversity among Pacific peoples in Aotearoa New Zealand and to support more effective allocation of funding and resources.

“Seek input from the community to determine priorities and ensure ongoing communication with them.”

“Breakdown of regional data is essential.”

#### Access

Haitiaaga moui malolo

For rural communities, the main access barriers related to transport and technology. Many Pacific peoples called for mobile health care services that would give them access to all their health needs. Some found telehealth services and online consultations useful. However, they stressed the need for more thought around connectivity issues and lack of devices.

“The lack of technology support and digital resources creates barriers to accessing care remotely.”

#### Workforce

Kau ngāue

Many rural communities felt there needs to be sustained investment in growing the rural health workforce. They suggested this could include scholarships for rural communities to incentivise health care workers to upskill and return to work in their local communities.

“Offer scholarships for rural communities to enable people to upskill and train in health and use local people in the community.”



## Pacific women:

### Key points and aspirations mapped across the priority areas

#### Disease prevention, health promotion and management for good health

Te pāroru'anga,  
te apii'anga e te  
akateretere'anga no te  
ora'anga meitaki

Pacific women raised the need for a greater focus on prevention and health promotion activities for women and children. Many spoke about the leadership roles they play in their families. They want to be able to access health services that caters to their competing demands, including more integrated models of care that are centred around whānau.

“ Many women sacrifice their health for the health of their children.”

“ Health care should be available to women anywhere she is and [should connect] her back to land and nature, places, people and services. It needs to be responsive to the needs of both woman and family.”

#### Autonomy and determination

Soalaupule

Pacific women recognised the important uses for data and the need to have data on Pacific peoples (particularly women) that is strengths-based, value-centred and reflective of Pacific realities.

“ Good data is important, and encouraging Pacific families to do their Census will help reflect Pacific in real numbers.”

#### Access

Haitiaaga moui malolo

Pacific women shared that they do not always feel comfortable engaging with the health system as they often do not feel understood or heard. They want the option to be seen by other Pacific women in the health workforce, who can understand their underlying cultural values and experiences as women.

“Pacific bodies are misunderstood, stereotyped, stigmatised and not valued in the same way as Palagi bodies.”

“Too mā (shy) to ask – don't want to be seen as valea (stupid), especially by non-Pacific people.”



## Pasifika Rainbow+ / MVPFAFF+:

### Key points and aspirations mapped across the priority areas

#### Disease prevention, health promotion and management for good health

Te pāroru'anga, te apii'anga e te akateretere'anga no te ora'anga meitaki

Pasifika Rainbow+ / MVPFAFF+ wanted the health system to acknowledge the diversity of their communities and the specific needs related to each group. Some highlighted the significance of mental health in the Rainbow community, particularly for individuals who transition or undergo gender reaffirmation. They recommended increased support and resourcing for services that help individuals and their whānau on their journey.

“Wellbeing and safety of Rainbow individuals and their family are important.”

“It is important to have a specific focus on the mental wellbeing of the Pacific Rainbow+ community and their families, ensuring they feel supported on their journey.”

#### Autonomy and determination

Soalaupule

Pasifika Rainbow+ / MVPFAFF+ wanted to see more readily available information around their aspirations and needs, particularly on access to health care. Some Pasifika Rainbow+ people said their voices are often excluded in decision-making, even in wider LGBTQI+ forums as they tend to be dominated by Pākehā gay men. Pasifika Rainbow+ communities wanted more visibility in data to ensure that their voices and experiences are reflected and considered in service design and decision-making at all levels.

“We need to uplift, amplify and embed Pacific Rainbow+ voices to ensure the health system is responsive to the needs of Pacific Rainbow+ communities.”

#### Access

Haitiaaga moui malolo

Pasifika Rainbow+ / MVPFAFF+ expressed support for Pacific providers that specifically focus on advocating for Pasifika Rainbow+ individuals and their families. Pasifika Rainbow+ wanted the option and choice to be seen by these types of services as such services create safe and supportive environments. Many spoke about negative experiences in mainstream health care settings and the need to eliminate discrimination in all forms, including racism, gender-bias, homophobia and transphobia.

“Pacific Rainbow+ providers must be supported and resourced more so that people have options and choice.”

#### Workforce

Kau ngāue

Pasifika Rainbow+/MVPFAFF+ talked about the importance of both improving the capability of the health workforce to provide quality care for Rainbow+ people and increasing the number of Pasifika Rainbow+ health care workers.

“Make sure our workforce is not only culturally competent but also competent around issues related to gender, sexuality and other Pacific Rainbow+ needs. Our Pacific Rainbow+ communities should be able to feel safe to receive health care.”



## Lived experience of a mental health condition:

### Key points and aspirations mapped across the priority areas

#### Disease prevention, health promotion and management for good health

Te pāroru'anga, te apii'anga e te akateretere'anga no te ora'anga meitaki

Representatives of lived experience emphasised the importance of preventing and intervening early in mental health issues. Many spoke about addressing wider social and economic factors that contribute to poor mental health, promoting preventative tools and approaches that are grounded in Pacific world views and values and having more initiatives focused on strengthening family relationships and cultural identities.

“Need to acknowledge the intergenerational trauma experienced by Pacific people and how this informs the attitudes, behaviours and relationships across Pacific communities and their experiences with health.”

#### Autonomy and determination

Soalauupule

Representatives of lived experience highlighted the importance of having access to resources and information about the services available to them. This was viewed as vital to obtaining the right tools and having the autonomy to improve one's mental health and wellbeing.

“There is a lack of information and resources dedicated to young people and their families on the financial and health supports available to them. This was reported to be more prevalent among youth under 25 years of age within AOD (Alcohol and Other Drug) treatment services.”

#### Workforce

Kau ngāue

Representatives of lived experience wanted to see dedicated funding for programmes focused on training support workers, particularly workers who have lived experience. Representatives felt they are the ones who know best how to engage with and support others who experience mental health or addiction issues. There needs to be clearer pathways into the workforce for those with lived experience through earn-while-you-learn models and upskilling opportunities.

“Pacific lived experiences need to be an integral part of solutions regarding mental health and addictions across the sector.”

“Community, culture and clinical expertise are major components needed by the health system, particularly Pacific leadership roles, to improve Pacific mental health and wellbeing outcomes.”



## Conclusion

Throughout the *Te Mana Ola* engagement process, Pacific peoples shared their diverse realities and honest experiences of the health system and longstanding inequities they continually face. Overall, there were 43 key insights across the five priority areas that represent the aspirations of Pacific peoples, as well as their perspectives on what needs to change to achieve Pacific health equity.

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The *Te Mana Ola* engagement report values and incorporates the voices of Pacific peoples to drive meaningful change. The findings in this report will inform the overall work programme of Manatū Hauora and is a key component in strengthening the Pacific health intelligence function. The report is publicly accessible and can be used as a core resource across health entities and other social sector agencies to amplify Pacific voices and experiences in all areas of the health system and other social supports. This will help policy makers and researchers ensure future engagements with Pacific peoples are meaningful and reduce any risk of engagement fatigue for Pacific peoples and communities.

Manatū Hauora would like to extend our utmost thanks and gratitude to each person, whānau, group, organisation and community that took part in the engagement process and shared their invaluable insights, knowledge and experiences in support of improving Pacific peoples' health and wellbeing. This report is a product of your significant contribution, and we hope it adequately reflects your world views, experiences and aspirations for the health system of Aotearoa New Zealand.

Kam rabwa. Meitaki ma'ata. Vinaka vakalevu. Fakaauve lahi. Fakafetai lahi lele. Mālō 'aupito. Fa'afetai lava. Fāiākse'ea. Ngā mihi nui.



