

PHARMAC Pacific Responsiveness Strategy

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Introduction

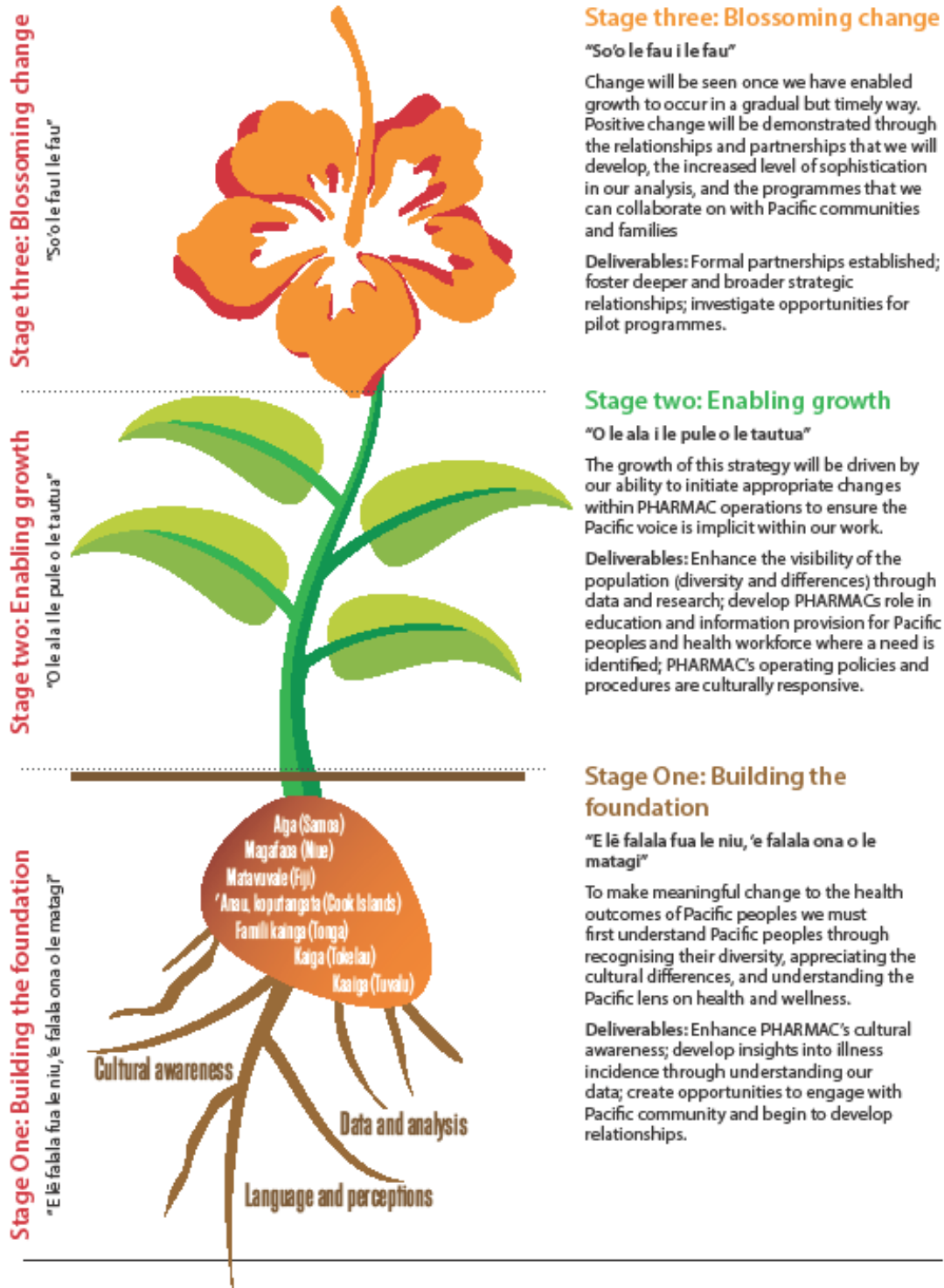
Kia orana, Fakaalofa lahi atu, Talofa ni, Kam na mauri, Malo e lelei, Halo olaketa, Talofa atu, Ni sa bula vinaka, Malo lava le soifua, Namaste

The Pacific population is a diverse and vibrant community well established in New Zealand. Many have made the transition from new settlers to third, fourth and fifth generation New Zealanders with Pacific heritage. Pacific peoples are well-integrated into New Zealand society within business, sport, social services and the public sector; are represented in local government bodies, hold senior leadership roles in government and non-government organisations in both Pacific and non-Pacific roles and are very active at the community level. Relative to the rest of the population, the Pacific population is young (median age of 22), and is increasingly New-Zealand born with almost two-thirds of Pacific peoples being born in New Zealand (New Zealand census 2013).

Pacific peoples in New Zealand continue to make a positive contribution to New Zealand society. However, the health outcomes for Pacific peoples remain poorer than for non-Pacific people. PHARMAC has an important role in the New Zealand health system, to enable all New Zealanders to have access to publicly funded medicines. The reasons for poorer health outcomes of Pacific peoples are complex and multi-faceted but we have a role as a government agency to do what we can to improve the health of Pacific peoples.

PHARMAC's Pacific Responsiveness Strategy provides a strategic direction and framework for PHARMAC to actively work to improve the health outcomes of Pacific peoples. We have used the analogy and symbolism of the growth of a hibiscus flower from seed to represent the journey that PHARMAC will need to undertake to achieve this objective. Our strategy presents three stages of growth to enable PHARMAC to impact on the health of Pacific peoples in a meaningful way – building, enabling, and blossoming. This is depicted on the following page.

Supporting Pacific peoples in New Zealand to live healthy lives



Background

The Pacific population in New Zealand

The Pacific population living in New Zealand is recorded at 295,941 in 2013 - 7.4% of the total New Zealand population (Statistics New Zealand, 2013). Of the 20 District Health Boards in New Zealand, 92% of the Pacific population are enrolled within eight DHBs: Counties Manukau (being the biggest) followed by Auckland, Waitemata, Capital & Coast, Canterbury, Hutt Valley, Waikato and Hawke's Bay. Most Pacific peoples live in the North Island, with almost two-thirds (65.9%) living in the Auckland region and 12.2% in the Wellington region (Ministry of Health, 2016).

The Samoan ethnic group is the largest Pacific group (48.7% of the Pacific peoples population), followed by Cook Island Māori (20.9%), Tongan (20.4%) and Niuean (8.1%). Of people who identify with at least one Pacific ethnicity, 62.3% were born in New Zealand. This percentage has continued to grow, and also differs across ethnicity. For example 78.9% of Pacific people identifying as Niuean are New Zealand-born compared to 62.7% of Samoan (Statistics New Zealand, 2013).

The Pacific population in New Zealand is youthful. In 2013 the median age of Pacific peoples was 22 years, compared to 38 years for the total population. The Pacific population has 46% of people aged under 20 years (compared to 27% of the total population), and the majority (55%) were younger than 25 years (Statistics New Zealand, 2013).

PHARMAC's place in the health system

PHARMAC is the New Zealand government agency that decides which medicines and medical devices should be subsidised in New Zealand. Each year the Minister of Health allocates PHARMAC a fixed budget, and we must decide how to get the best health outcomes from medicines within this budget. The funding decisions we make are on behalf of District Health Boards (DHBs), and therefore we direct their spending on medicines that are prescribed in the community. PHARMAC also makes decisions about the medicines funded in DHB hospitals and negotiates national contracts for medical devices used in hospitals.

Most New Zealanders only notice PHARMAC's impact when they pick up a prescription from the pharmacy at a subsidised price, are vaccinated at no charge by their doctor, or when they receive medicines in a public hospital for free. Savings to patients can be considerable – some funded medicines cost thousands of dollars per patient, but can be accessed for \$5 (the co-payment fee) when picked up at the pharmacy.

Why the need for a Pacific Responsiveness Strategy?

Pacific peoples eligible for publicly funded health services in New Zealand are entitled to the same access to medicines as other eligible New Zealanders. Citizens of the Cook Islands, Niue and Tokelau are eligible in the same way as other New Zealand citizens. Non-New Zealand citizens, including citizens of other Pacific countries, who are living in New Zealand, must meet the eligibility criteria as defined by the Health and Disability Services Eligibility Direction 2011.¹

In New Zealand, Pacific men and women die significantly younger, on average, compared to the rest of the New Zealand population (Medical Council of New Zealand, 2010). Furthermore, the most recent New Zealand Health Survey 2014/15 showed that Pacific peoples have poorer health and more unmet need for health care (Ministry of Health, 2015).

The Ministry of Health reports that social and economic factors have the greatest influence on health, including; income, poverty, employment, occupation, education, housing, and ethnicity. 27% of Pacific peoples meet the criteria for living in severe hardship compared to only 8% of the total population (Ministry of Health 2015). This impacts Pacific peoples' ability to access medicines and medical devices, with the New Zealand Health Survey showing:

- Prescription costs have prevented 17% of Pacific adults and the parents of 14% of Pacific children from collecting a prescription in the past 12 months
- Rates of being unable to collect a prescription due to cost are almost triple for Pacific adults and more than triple for Pacific children compared with those for non-Pacific adults and non-Pacific children, after adjusting for age and sex differences

Despite this, the latest *Ala Mo'ui* progress report has shown that Pacific peoples are accessing both GPs and nurses more on average than the total New Zealand population (Ministry of Health, 2016). Appendix 1 provides further breakdown on *'Ala Mo'ui* indicators comparing Pacific peoples to the rest of the New Zealand population.

For some conditions/illnesses that are disproportionately affecting Pacific peoples, medicine use is higher amongst Pacific peoples than the rest of the population (eg. statins) (Ministry of Health, 2016). However more analysis of this data is required to understand if medicines being prescribed are meeting the high health need of Pacific peoples.

PHARMAC must actively work to ensure Pacific peoples are accessing medicines and medical devices in the most timely and appropriate way in order to contribute to their improved overall health outcomes.

Alignment with other strategies

PHARMAC is part of the broader health system and, as such, we must align, complement and be consistent with other strategic frameworks and strategies that already exist. The Ministry of Health's *'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018* is the overarching document for the health system that sets the direction for improving the health

¹ Refer to the Ministry of Health website for more guidance on eligibility: <http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/guide-eligibility-publicly-funded-health-services/nz-citizens-including-cook-islands-niue-or-tokelau>

outcomes for Pacific Peoples. PHARMAC's Pacific Responsiveness Strategy aligns with and contributes to the overall vision of *'Ala Mo'ui*: that Pacific āiga, kāiga, magafaoa, kopu, tangata, vuvale and fāмили experience equitable health outcomes and lead independent lives.

Other strategies that PHARMAC's Pacific Responsiveness Strategy intends to complement include:

- New Zealand Health Strategy
- Medicines Strategy
- Individual DHB Pacific Health Strategies

PHARMAC's Pacific Responsiveness Strategy has been designed to align with other PHARMAC strategies and our accountability documents. The Pacific Responsiveness Strategy will build on the success of PHARMAC's Māori Responsiveness Strategy, Te Whaioranga. We recognise that Māori and Pacific peoples in New Zealand are separate population groups who are facing different challenges and have different underlying causes for the poorer health outcomes faced by both. We recognise that Māori and Pacific peoples have millennia of kinship connections through tuakana-teina (older sibling-younger sibling) relationships that are acknowledged and respected in Aotearoa and throughout Te-Moana-nui-ō-Kiwa (Cook Islands Māori for Te-Moana-nui-ā-Kiwa).

In recognition of this kinship relationship between Māori and Pacific peoples, PHARMAC's Māori whānau, from our kaumatua, to our Māori Responsiveness Team, Te Tira Whakarata Māori to Māori members on the Consumer Advisory Committee, are fully supportive of the Pacific Responsiveness Strategy succeeding. Te Whaioranga was developed with the voice of Māori at the centre, and has developed mana and buy-in and ownership through this partnership approach. We're aiming for a similar level of buy-in and ownership for our Pacific Responsiveness Strategy from Pacific peoples in New Zealand.

Strategy

Strategic Purpose

We are committed to understanding how to achieve 'best health outcomes' across all of New Zealand society. This strategy demonstrates our commitment to fulfilling this objective for Pacific peoples in New Zealand. Given this, our purpose is to:

Support Pacific people in New Zealand to live healthy lives through improved and timely access to, and use of, medicines and medical devices.

Bold Goal

To really influence and change the health outcomes of Pacific peoples, and to deliver on our purpose, it's important to set an aspirational goal to motivate and inspire PHARMAC staff to create meaningful change. Understanding Pacific peoples, their needs relating to wellbeing and appreciating the influence of culture are central to PHARMAC making meaningful change. The bold goal we are striving to work towards is that:

No Pacific person in New Zealand goes without the PHARMAC funded medicine or medical device that they need

The tangible and measureable actions that come from this strategy demonstrate PHARMAC's commitment to activities that make progress toward achieving our bold goal.

Strategic Intent

Our purpose and bold goal motivate us to find ways to make change happen and improve the lives of Pacific peoples. Our strategic intent sets the scene for what we know, where the issues lie and where we should focus our attention in the future.

What we know about Pacific peoples:

- Magafaoa (Niue)/ famili, kainga (Tonga)/ 'anau, koputangata (Cook Islands)/ aiga (Samoa)/ kaaiga (Tuvalu)/ kaiga (Tokelau)/ matavuvale (Fiji) is central to Pacific peoples
- Pacific peoples in New Zealand are not a homogenous group
- There are also common values shared across Pacific cultures, such as the respect and recognition of elders, humility and the value of traditional medicines
- Pacific peoples generally share a holistic view of health that extends beyond the 'physical' world, with the concept of 'wellness' incorporating physical, mental, social and spiritual wellbeing.

What we know about the issues facing Pacific peoples:

- Pacific communities in New Zealand are more likely to be living in areas of higher deprivation and poverty
- Pacific peoples have poorer health outcomes compared to non-Pacific peoples living in New Zealand. A number of factors contribute to this, including; over-crowded housing, less familiarity with the health system, challenges around varying levels of health literacy, and being clustered geographically in often high deprivation areas.

Where we should focus our attention:

- Understanding Pacific peoples and where and why the health system is not meeting their needs
- Identifying where we can make the most impact on areas of health where Pacific peoples in New Zealand are over-represented
- Utilising our data on medicine and medical device usage
- Providing education about optimal use of pharmaceuticals for Pacific communities and the health workforce
- Developing relationships and collaborating with key Pacific stakeholders within New Zealand and internationally
- Growing awareness amongst Pacific communities of PHARMAC processes.

Identifying the key drivers

Given PHARMAC's role in the health system, we have identified the four key drivers which, from our perspective, will improve the health outcomes for Pacific peoples. Below we explain each of the drivers, the current effect on the health system and where PHARMAC can influence.

Driver	Effect
<p>1. Knowledge and understanding of Pacific peoples</p>	<p>Lack of understanding of Pacific peoples means the health system is not set up to cater to the needs, and effectively address the challenges, facing Pacific peoples.</p> <p>Within PHARMAC we acknowledge an improved level of understanding is required. This includes the understanding of Pacific cultures, beliefs and how this impacts on access and use of pharmaceuticals. Improving the health of Pacific peoples first requires an improved understanding of the people</p>
<p>2. Health system accessibility for Pacific peoples</p>	<p>Less familiarity with the health system by Pacific peoples means poorer access to pharmaceuticals and primary healthcare, later diagnosis and treatment and fewer interactions with specialist healthcare professionals</p> <p>As a key part of the health system, PHARMAC can have influence on Pacific peoples' interaction with the health system.</p>
<p>3. Incidence of certain illnesses and conditions amongst Pacific peoples</p>	<p>Over-representation of Pacific peoples with certain chronic conditions and acute illnesses means more reliance on specific pharmaceuticals and treatment plans and more need for preventative measures.</p> <p>Understanding these statistics in respect of medicine access and usage will enable PHARMAC to have positive influence.</p>
<p>4. Relationships with Pacific stakeholders</p>	<p>Lack of relationships with stakeholders across the health system and within Pacific communities means less ability to influence change and work collaboratively with other key players in the system.</p> <p>We recognise that there is already brilliant work being undertaken in the community and PHARMAC needs to work collaboratively across the health system to best contribute to where positive change is already happening, and identify the gaps where we can initiate change.</p>

What's causing these effects?

The effects as described above have causes. These cause and effect relationships are summarised below.

Knowledge and understanding of Pacific peoples – developing a better understanding of Pacific peoples, their culture, needs and perceptions of health and wellness is key to influence changes in the health system. Ultimately a greater knowledge and understanding will help to more effectively address the challenges facing Pacific peoples. A number of factors that ultimately influence the current lack of knowledge and understanding include:

- Cultural awareness – understanding, appreciation and acceptance of Pacific culture and heritage in New Zealand.
- Visibility of the population – Pacific make up a small proportion of the total New Zealand population so may not always be visible when considering the New Zealand population as a whole.
- Institutional blindness – the health system is inherently Eurocentric and does not always allow for recognition of Pacific understanding of wellness.
- Data and research – the diversity of Pacific populations in New Zealand is often not recognised in data and research.
- Language and perceptions – language can be a barrier to navigating the health system.

Health system more accessible for Pacific peoples – influencing change to the health system to enable the system to be more accessible to Pacific people will enhance empowerment. Some of the factors that influence health system accessibility include:

- Complexity of the health system – the health system is fragmented and different access paradigms (eg costs, location) create challenges and barriers for Pacific peoples to access the system
- Immigration and eligibility – confusion and rules around immigration and eligibility to pharmaceuticals and other health services.
- Institutional/system disparity – the health system is inherently Eurocentric and doesn't always allow for Pacific models of healthcare.
- Visibility of whānau ora Pacific models – less utilisation and representation of by-whānau/for-whānau models for Pacific.
- Pharmacy – perception of pharmacists by Pacific and lack of workforce representation means under-utilisation of this important sector.

High incidence of certain illnesses and conditions – better understanding of the reasons for the higher rate of illness amongst Pacific peoples will mean programmes and treatment plans can be more tailored. Some of the factors relating to higher incidence include:

- Chronic and acute illness – understanding issues relating to access to the health system and adherence; perception of wellness and the challenge of 'prevention' in a Pacific lens of health; role and acceptance of traditional medicines and healing practices.
- Genetics – awareness and appreciation of predispositions; challenge of 'prevention'.

- Lifestyle and environment – the health of Pacific peoples is strongly influenced by broader determinants of health, such as housing/diet/education/income, which must be recognised and understood.
- Messaging and communication – need for culturally appropriate and consistent messaging which includes language, medium of communication and health literacy.

Structure and scope of relationships – developing and enhancing relationships enables community empowerment and the ability to influence. Factors impacting on the structure and scope of relationships include:

- Stakeholder knowledge – identification of partners who share a common goal who could assist us in our actions.
- Internal capability – importance of building on organisational capability and representation of Pacific peoples on staff and within committees.
- Ongoing relationships – development of enduring and committed relationships.

Examination of these factors has enabled us to group together commonalities, rank on a scale of importance and identify the level of influence PHARMAC may have. The diagram in Appendix 2 shows how the factors have been grouped and identifies whether factors can be explicitly changed by PHARMAC, further understanding can be developed by PHARMAC, or PHARMAC can have influence change as part of the broader health system.

In going through this process we have further identified that any change must occur in a progressive way with some components of change required before moving on to the next. We have loosely categorised these components more broadly as three key stages that are: building –enabling – blossoming. How we obtain leverage across these key stages, and ultimately make change happen is developed further in the next section.

How do we make change happen?

Examination of the causal factors has allowed us to identify some key levers that PHARMAC can use and work on at a broader level, which will have a range of impacts and will ultimately support our purpose and bold goal. These levers are associated with the three stages that were identified: building - enabling - blossoming.

We have used the analogy and symbolism of growth of the hibiscus flower from seed to represent the journey required for PHARMAC as we work toward our bold goal that ‘*No Pacific person in New Zealand goes without the funded medicines or medical devices they need.*’ In this analogy the seed represents Magafaoa (Niue)/ famili, kainga (Tonga)/ 'anau, koputangata (Cook Islands)/ aiga (Samoa)/ kaaiga (Tuvalu)/ kaiga (Tokelau)/ matavuvale (Fiji). Family and community is the heart of Pacific communities and will be central to understanding the needs and ultimately achieving ‘best health outcomes’ for Pacific peoples.

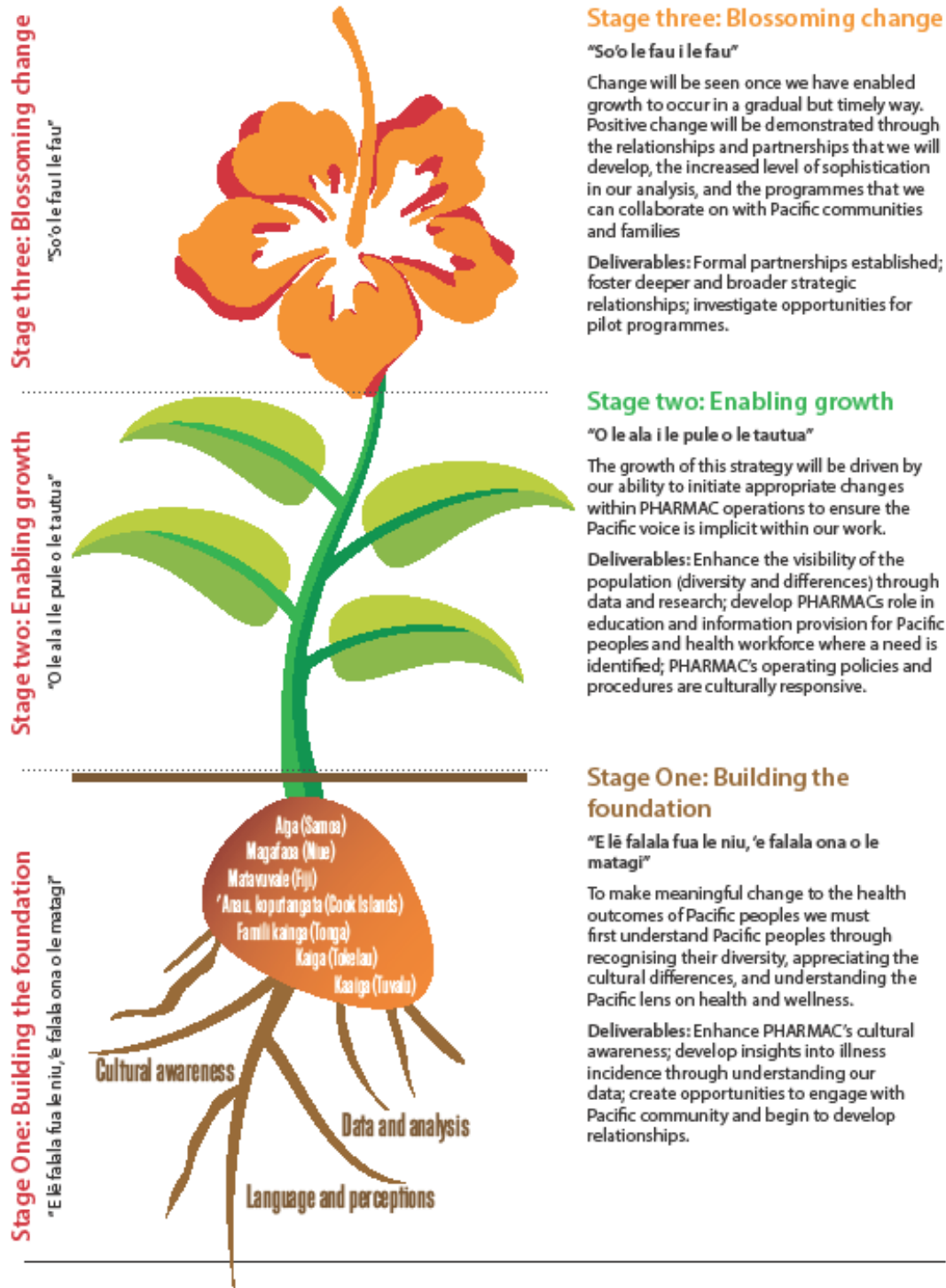
For the hibiscus flower to grow the soil needs to be fertile to allow the roots to develop. The same strong foundations are required within PHARMAC for real change to happen. The three stages identified represent the growth of the hibiscus, which symbolises the need to grow this strategy in a gradual and meaningful way. The table below outlines what these

three stages may mean for PHARMAC and for Pacific peoples. The graphic over the page provides more detail about each of the stages and the deliverables for PHARMAC.

	<i>For PHARMAC</i>	<i>For Pacific peoples</i>
<i>Building...</i>	the foundation for PHARMAC's understanding of Pacific peoples' language, culture and perceptions of the health system	this will build and develop trust with Pacific peoples
<i>Enabling...</i>	growth of this enhanced knowledge and understanding of Pacific peoples to improve our internal processes and policies as well as our external communication capabilities	this will help Pacific peoples understand and feel better informed about their health
<i>Blossoming...</i>	the sophistication and messaging to Pacific communities regarding pharmaceutical access and use, including developing stronger partner relationships with community groups and primary health providers	this will help Pacific peoples become independent and to take ownership of their health

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Supporting Pacific peoples in New Zealand to live healthy lives



Stage three: Blossoming change

"So'o le fau i le fau"

Change will be seen once we have enabled growth to occur in a gradual but timely way. Positive change will be demonstrated through the relationships and partnerships that we will develop, the increased level of sophistication in our analysis, and the programmes that we can collaborate on with Pacific communities and families

Deliverables: Formal partnerships established; foster deeper and broader strategic relationships; investigate opportunities for pilot programmes.

Stage two: Enabling growth

"O le ala i le pule o le tautua"

The growth of this strategy will be driven by our ability to initiate appropriate changes within PHARMAC operations to ensure the Pacific voice is implicit within our work.

Deliverables: Enhance the visibility of the population (diversity and differences) through data and research; develop PHARMAC's role in education and information provision for Pacific peoples and health workforce where a need is identified; PHARMAC's operating policies and procedures are culturally responsive.

Stage One: Building the foundation

"E le falala fua le niu, 'e falala ona o le matagi"

To make meaningful change to the health outcomes of Pacific peoples we must first understand Pacific peoples through recognising their diversity, appreciating the cultural differences, and understanding the Pacific lens on health and wellness.

Deliverables: Enhance PHARMAC's cultural awareness; develop insights into illness incidence through understanding our data; create opportunities to engage with Pacific community and begin to develop relationships.

Turning strategy into action

Ensuring the voice of Pacific communities is at the centre of PHARMAC's Pacific Responsiveness Strategy is critical. We have been fortunate in the early stages of this work to hold two focus group sessions with some key Pacific stakeholders within health (see appendix for list of attendees), as well as engaging with other government agencies and DHB representatives.

PHARMAC has had the strong support and advice of PHARMAC's Consumer Advisory Committee throughout the process to date, and particularly our three Pacific members; David Lui, Tuiloma Lina Samu and Key Frost.

Public consultation on this draft strategy will take place in late June through to late July, and will include community engagement in the following DHB areas:

- Whangarei
- Auckland
- Hamilton
- Hawkes Bay
- Wellington
- Christchurch
- Dunedin

Feedback will also be sought through an online consultation document, available on PHARMAC's website: <https://www.pharmac.govt.nz/about/strategy/pacific/>

Feedback from this engagement period will be incorporated into the final version of the strategy, and an action plan will be developed to signal PHARMAC's work programme for the next three years.

Appendix 1: Ministry of Health 'Ala Mo'Ui progress report (31 December 2015)

National level progress to 31 December 2015

At a national level, progress has been made in achieving equity for Pacific peoples in five of the 21 indicators (Table 1).

The definition of equity for the purpose of this report is equal to or greater than the total New Zealand population if no national target has been set or has achieved the national target set for that particular indicator.

Table 1: 'Ala Mo'ui indicators where performance for Pacific peoples has achieved equity, as at 31 December 2015

Indicator	Pacific peoples	Total New Zealand	National target
Access to DHB alcohol and drug services	1.24%	1.03%	No target
Percentage of four-year-olds who received a Before School Check (B4SC), Pacific peoples	93%	94%	90%
General practitioner (GP) utilisation rate (average number of visits per person per year)	3.01	2.95	No target
Nurse utilisation rate (average number of visits per person per year)	0.76	0.68	No target
Total GP and nurse utilisation rate (average visits per person)	3.77	3.62	No target

The last three indicators on Table 1 show Pacific peoples' access to GP services is high and has maintained the achieved status over the six months since June 2015.

Table 2: 'Ala Mo'ui indicators where there is a disparity in equity between Pacific peoples and the set target, as at 31 December 2015

Indicator	Pacific peoples	National target
Percentage of newborn infants enrolled with a general practice by three months of age	73.0%	98.0%
Infants who received all WCTO core contacts in their first year of life	53.0%	95.0%
Percentage of infants exclusively or fully breastfed at three months of age	47.0%	60.0%
Percentage of children with body mass index (BMI) >99.4th percentile referred to a GP or specialist services	92.0%	95.0%
Percentage of children under five years old enrolled in DHB-funded dental services	74.7%	95.0%
Children who were caries-free at age five	35.3%	65.0%
Percentage of smokers offered brief advice and support to quit in primary health care	82.4%	90.0%
Percentage of eligible adults who had cardiovascular risk assessed	89.2%	90.0%
Percentage of enrolled women aged 25–69 years who received a cervical smear in the past three years	73.9%	80.0%
Immunisation coverage (percentage) at six months of age (three-month reporting)	78.7%	95.0%
Rheumatic fever hospitalisation rate per 100,000	22.1	8.0*

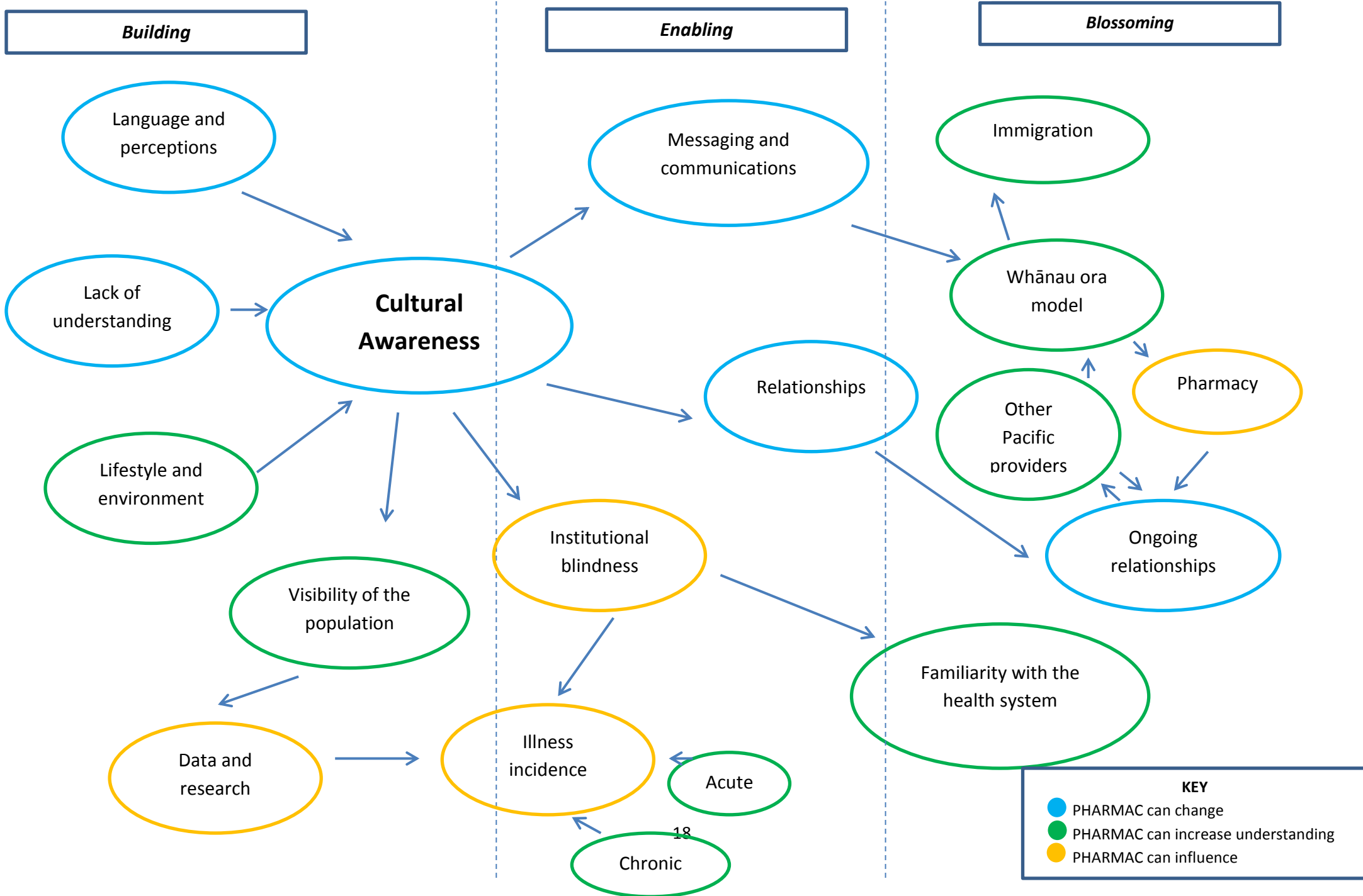
* The 8 per 100,000 rate target for Pacific peoples is based on a two-thirds reduction from baseline rate (2009/2010–2011/2012) as per the target for the total population.

Table 3: 'Ala Mo'ui indicators where there is a disparity in equity between Pacific peoples and the total New Zealand population, as at 31 December 2015

Indicator	Pacific peoples	Total New Zealand
Ambulatory sensitive hospitalisation (ASH) rate per 100,000	3,900	1,936
Access rate to DHB mental health services	3.14%	3.48%
Mean rate of DMFT for children at school year eight	1.5	1.0
Children aged 2–14 years who are obese	25.0%	11.0%
Estimated percentage of people with diabetes	9.6%	6.0%

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Appendix 2: Grouping of causal factors



Appendix 3: Glossary

Each of the three stages described on page 15 has been associated with a Samoan proverb. A description of the meaning for each of the proverbs is explained below.

Stage One: Building the foundation

“E lē falala fua le niu, ‘e falala ona o le matagi” - The coconut tree doesn’t sway on its own, but is swayed by the wind. The ancestors had a spiritual, instinctive connection to their natural environment and a complex understanding of environment, conversations, life cycles, sustainability. It was their belief that all things are connected; the vā (space) fealo’ai is extended beyond human interactions. Everything that happens for a reason and a purpose, and every action has both a cause and an effect.

Stage Two: Enabling growth

“O le ala I le pule o le tautua” – The way to authority is through service the concept of tautua includes the notion that in order to lead, one must serve.

Stage Three: Blossoming change

“So’o le fau I le fau” – Join the hibiscus fibre to hibiscus fibre – unity is strength

Appendix 4: Attendees at PHARMAC's Pacific Responsiveness Strategy focus group sessions

Wednesday 15th December 2015

Norman Vaele
Olive Tanielu
Phillip Siataga
May Seager
David Lui (CAC member)
Lina Samu (CAC member)

Wednesday 13th January 2016

Lisi Petaia
Maria Pasene
Teulia Pecival
Viliami Kulikefu
Timothy Hopgood
Johnny Siaso
Matagi Sioni
Karl Pulotu Endemann
Ioana Viliamu-Amusia
Jean Mitaera
Sai Lealea
Dianne Sika-Paotonu
Telea Andrews
Leitu Sa
David Lui (CAC member)
Lina Samu (CAC member)
Key Frost (CAC member)

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