



CPAG 2023 Policy Brief on Pacific child health

Optimising health for Pacific children

Collin Tukuitonga, Teuila Percival, Janet McAllister

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VISION

All tamariki will grow up surrounded by loving, thriving whānau within supportive communities where there are resources, opportunities and systems to enable them to live self-determined lives and futures.

CPAG acknowledges that tamariki Māori and whānau have unique rights as tangata whenua, affirmed within He Whakaputanga and Te Tiriti o Waitangi. The significant inequities in well-being outcomes and child poverty for tamariki Māori are the result of ongoing colonisation, systemic racism and neglect. Reducing child poverty in Aotearoa requires our country to address the inequitable distribution of power and resources that prevents Māori from flourishing.

Aotearoa New Zealand's Pacific population is large, growing rapidly and very young – all reasons why it is important New Zealand ensures health is optimised for Pacific children so they can flourish: to ensure the best possible future for the children, their families, their communities and New Zealand as a whole.

ISSUES — THE CURRENT REALITY

Diverse Pacific people account for around 9% of New Zealand's total population – approximately 470,000 people¹ – half of whom have Samoan heritage. The next four largest groups are Cook Island Māori, Tongan, Niuean and Fijian – and one half of Pacific children also identify as (Aotearoa) Māori.² The youthful Pacific population structure requires policy-makers to prioritise the needs of children and young people:

- In 2023, the projected median age of the Pacific population is 25.1 years, with 31% aged under 15 years, compared with 26.8 for Māori (29% under 15) and 41.4 years for Pākehā/Others (18% under 15).³
- The Pacific population is growing rapidly: Pacific women have a higher fertility rate (2.19 births/woman) than Māori women (2.14 births) and Pākehā/Other women (1.75 births).⁴

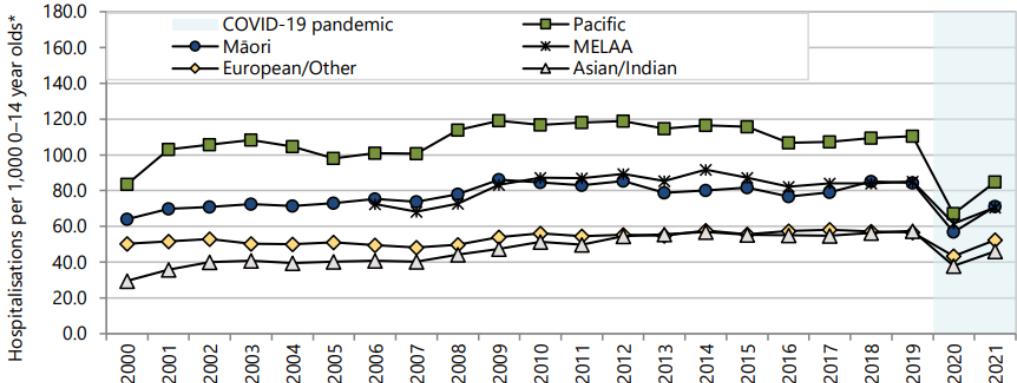
¹ Sir Collin Fonotau Tukuitonga KNZM (Niue); Associate Dean Pacific and Associate Professor, Public Health, University of Auckland. Dame Teuila Percival DNZM QSO (Ofu, Manu'a and Puapua, Savaii, Samoa); Consultant Paediatrician Te Whatu Ora Counties Manukau, Associate Professor Paediatrics, University of Auckland. Janet McAllister, MA (hons), independent researcher.

Pacific children inequitably experience poor health more than children of any other ethnic group, including preventable diseases which risk permanent life effects

Pacific children experience a higher incidence of a range of conditions, including respiratory conditions such as asthma,⁵ dental problems,⁶ ear disease and hearing difficulties,⁷ and skin infections,⁸ than children from other ethnic groups.

As Figure 1 shows, Pacific children are most likely to be burdened with potentially preventable hospitalisations – including for respiratory diseases linked to poor housing – and this has been the case for at least a generation. Between 2017 and 2021, the rate of hospitalisations of Pacific children for respiratory conditions was 2.5 times higher than for Pākehā/Other children, and 4.6 times higher for bronchiectasis, (lung damage).⁹

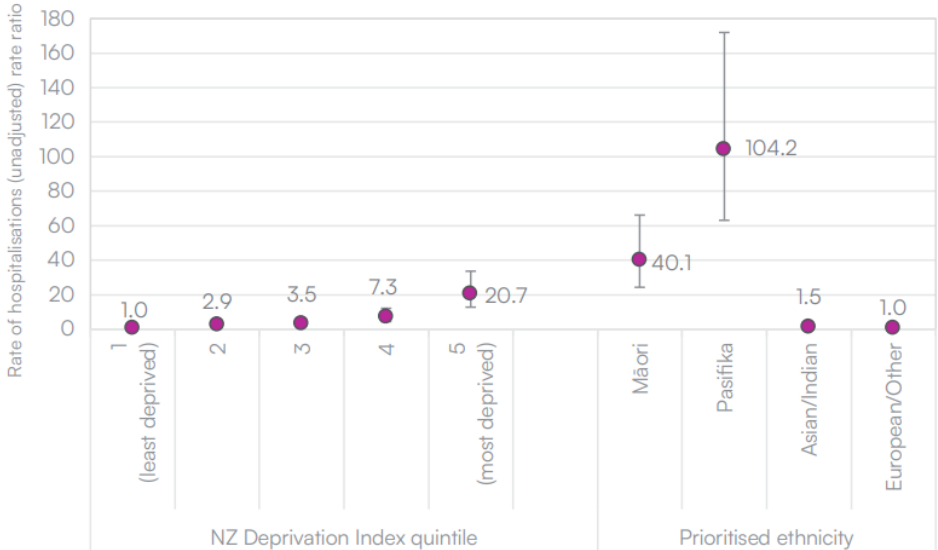
Figure 1: Potentially avoidable hospitalisations, 0- to 14-year-olds, by ethnicity, Aotearoa 2000–2021



reproduced from the [Child Poverty Monitor Report](#)¹⁰

As shown in Figure 2, Pacific children are more than 100 times more likely to be afflicted with acute rheumatic fever than Pākehā/Other children.

Figure 2: Relative gap in hospitalisation rate of children and adolescents with acute rheumatic fever by demographic factors (2017–2021)



reproduced from the [2022 Cure Kids report](#) (published May 2023)¹¹

A disease of overcrowding and deprivation, acute rheumatic fever often creates serious lifelong heart damage.

“Yeah, I think sometimes that I won’t be able to reach my full potential, like in my strength and all. Sometimes it stops me from participating in the sports that I like.”
Rheumatic fever patient, Pacific, aged 14 years.¹²

Pacific children have historically had the highest rates of all ethnicities of injuries¹³ and deaths¹⁴ due to motor vehicles hitting pedestrians in driveways or on roads (for which socio-economic deprivation is a factor).¹⁵ In the past ten years, a number of interventions have been implemented to reduce the number of such accidents,¹⁶ but the child injury prevention workforce still includes inequitably low rates of Pacific people,¹⁷ so that the sector does not benefit from their community knowledge and leadership.

In regard to mental health, survey results suggest Pacific young people are less likely than young people in general to feel serious distress or to feel overwhelmed and like they can’t cope.¹⁸ However, they are also more likely than young people in general to report seriously contemplating and/or attempting suicide.¹⁹

BARRIERS REQUIRING POLICY ACTIONS

That the state has enabled and not prevented the health inequities listed above is an untenable situation for New Zealand. There is a moral imperative to act decisively to eliminate ethnic inequities in health. Despite multiple plans and strategies to improve health of Pacific people over the past two decades, it appears that their health status has deteriorated, reflecting the deterioration in socio-economic circumstances and rising costs of living.²⁰

Systemic racism and inadequacy is locking Pacific people into poverty, food insecurity and poor housing, which are key drivers of the health burden for Pacific children and their families

- **Poverty:** About a quarter (25.6%) of Pacific children live in households experiencing material hardship, with no significant change since 2019²¹, compared with 10% of all children. Pacific households have the lowest median wealth in the country of \$15,000 compared with Pākehā household net worth of \$138,000.²² Around 10% of the Pacific population (38,000 people) receives a main benefit²³ – benefit receipt is associated with material hardship.²⁴ (See CPAG 2023 Policy Briefs at www.cpag.org.nz/policybriefs)
- **Food insecurity:** Pacific children more commonly than other ethnic groups live in households where food sometimes or often runs out due to cost.²⁵ Household food insecurity during early development increases the risk of obesity in later life.²⁶
- **Intergenerational disadvantage:** Poverty among many Pacific families is repeated in subsequent generations and unemployment of both parents is not uncommon. Neoliberal economic reforms of the 1980s increased the unemployment rate of Pacific peoples from 6% to 29% within a decade: in 1986, Pacific peoples’ real median

income was 89% of the national real median income, but within five years this plummeted to 69%.²⁷ While unemployment has since lowered, Pacific peoples still experience disproportionately high unemployment rates, underemployment rates and youth NEET rates (that is, 15- to 24-year-olds not in employment, education or training).²⁸

- **Low wages and workplace discrimination:** Pacific people in paid employment are paid less on average than Pākehā, Asian and Māori people, mostly due to unquantifiable factors such as bias and discrimination rather than job-related characteristics and education gaps.²⁹
- **Discrimination against sole parents:** Pacific children are more likely than children of non-Māori, non-Pacific ethnicities to live in sole-parent households.³⁰ A recent study showed that more than two-thirds of low-income single mothers (all ethnicities) said they had been treated unfairly or discriminated against. Around 28% of Pacific respondents said this included at the hands of Work and Income.³¹
- **Unhealthy housing:** Damp, cold and overcrowded housing, mostly rented, is responsible for much of the poor health experienced by Pacific children and their families. Over half of Pacific peoples lived in homes with at least one housing problem compared with 32% of the total population. Around half of Pacific peoples lived in an owner-occupied dwelling in 1986, but by 2018 this had fallen to just over one-third.³²

Quality housing is essential for better health and despite an increase in investment in the housing stock in Aotearoa/New Zealand, Pacific people disproportionately are prevented from securing access to this fundamental human right. Access to larger houses is an urgent priority for Pacific families as approximately 40% of Pacific households are multi-generational. Pathways to improving access to home ownership is an important policy challenge for housing agencies and financial institutions. Improvements in access to and quality of rental accommodation for Pacific families is urgently needed.

Healthcare access – barriers

Recent Pacific-led research found that children and families are keen to have information and tools to self-manage their respiratory conditions, and to gain access to healthcare services and appropriate support.³³ However, despite poor health, Pacific children do not get timely access to quality healthcare. (See CPAG 2023 Policy Briefs at www.cpag.org.nz/policybriefs.)

- **Pregnancy care:** Less than half (47%) of pregnant Pacific women were registered with a Lead Maternity Carer in 2018, compared with 81% of non-Māori, non-Pacific women.³⁴
- **Immunisation:** Traditionally, Pacific children have had good uptake of scheduled vaccines but the COVID-19 pandemic has resulted in a significant decline in routine immunisation rates for all children in New Zealand, especially tamariki Māori and Pacific children. Coverage for the first measles vaccine declined by nine percentage

points for Pacific children in four years, from 97% for children born in 2017 to 88.3% for children born in 2020.³⁵

- **Routine well child contacts:** Less than two-thirds of Pacific families of infants in their first year of life received all their Well Child/Tamariki Ora core contacts, compared with 81% of non-Māori, non-Pacific families.³⁶ The last of these contacts is the B4 School Check for children aged 4 years, the final pre-school health and development check. Coverage for Pacific is suboptimal and the children most in need are not getting the follow-up services they potentially require.
- **Primary care:** There is an urgent need to improve access to primary care for Pacific children and their families. Cost of GP consultations is a barrier, as well as lack of transport, inability to get time off work, closed books and difficulty enrolling, and lack of childcare. The health system is currently under severe strain as healthcare demands increase amidst a severe shortage of healthcare workers: many primary care providers have closed their books and not accepting new patients. (See CPAG 2023 Policy Briefs at www.cpag.org.nz/policybriefs).
- **Pacific providers in demand:** Pacific providers generate better health outcomes for Pacific families, and families report a preference for Pacific doctors. A joined-up approach and better communication – including in Pacific languages – leads to better healthcare for Pacific children:

“I think it’s because it’s my native tongue and you could explain something better to somebody who’s from where you are from. [...] I didn’t feel awkward or uncomfortable[...].” Tuvaluan parent of rheumatic fever patient.³⁷

However, there are insufficient Pacific providers: the Pacific healthcare sector is tiny and over-subscribed, and the vast majority of families have no choice but to use mainstream services.

- **Disability services:** Pacific disability services are severely underfunded so very few Pacific families can access Pacific-tailored services. There is a lack of services tailored to Pacific families.³⁸ Pacific young people with a disability or chronic condition report higher levels of discrimination by healthcare providers than all comparison groups.³⁹
- **Mental health services:** As with primary care and disability services, Pacific-centred and Pacific-led mental health services for youth are scarce. It is important that therapeutic approaches take into account Pacific conceptualisations of mental distress in order to be most effective.⁴⁰

Inadequate community support

Rising cost of living and a health system that is struggling to cope suggests that many children and their families are not adequately supported in the community.

“WINZ did not help when I asked for a benefit for [child with complications from rheumatic fever]. They made me go back to the doctor to get a letter even though I had a letter from the hospital. It is hard as I have no one to look after the other children.” Tongan parent (mother of 6).⁴¹

- Social support services such as those provided by Whānau Ora during the pandemic have proven to be highly effective, but not all families in need are eligible for Whānau Ora support.
- The value of providing free meals at schools is clear but not all schools are eligible for the scheme.⁴²
- Pacific families face inequitably low access to financial support for disabilities. For example, in 2016 CPAG found that the system had not disclosed the existence of the Child Disability Allowance to over 80% of families with disabled children in Ōtara (a low-income Auckland suburb with a high Pacific population).⁴³

RECOMMENDED POLICY ACTIONS

It is time to make courageous decisions and take decisive actions to eliminate health inequities in Aotearoa New Zealand.

Every effort should be made to break the systemic factors contributing to the cycle of disadvantage among Pacific families and support intergenerational wealth creation. Engaging Pacific leadership and communities is also vital: knowledge, approaches, determination (born from alofa/aroha for community), creativity and networks to effectively address issues are all found and best led from within the communities affected – as was shown during COVID-19 pandemic responses.⁴⁴ Pacific healthcare providers knew what was required and made it happen, ensuring flows of information, coordinating vaccination drives and delivery, and removing other barriers to access through flexibility and committing resources to longer opening hours and lockdown initiatives such as phone triage, home visiting teams, and holistic care including social wellbeing.

1. Lift income support, and remove barriers to income and wealth generation

- Implement the Welfare Expert Advisory Group recommendations, such as further lifting benefit incomes, improving all the components of Working for Families and reducing sanctions.⁴⁵
- Reverse Work and Income culture so that sole-parent families are supported, appreciated and prioritised and no longer stigmatised.
- Implement the measures detailed in the Moana Connect report ‘Tamaiti ole Moana’ to improve incomes for Pacific families, in particular strengthening workers’ wage bargaining power and reforming KiwiSaver to help those on lower incomes.⁴⁶
- Implement the recommendations of the Human Rights Commission Pacific Pay Gap Inquiry, in particular mandated pay transparency, raising the minimum wage to the living wage, and improving laws against harassment and violence at work.⁴⁷
- Prioritise improving pathways to home ownership and efforts to generate inter-general wealth, including ensuring Pacific people have access to home-ownership support and lending models which support multigenerational home-ownership.⁴⁸

2. Improve access to healthcare

- Offer free primary and community healthcare for all children up to 18 years of age, and expand free after-hours care.
- Improve accessibility of well-child services: increase efforts to ensure the well-child/tamariki ora checks are equitably reaching Pacific children, including that the B4 school check is working for all children, so that every child is tested, screened and appropriate follow-up occurs.
- Ensure every Pacific child has a stable, trusted enrolled general practice health home from pregnancy.

3. Expand and enable holistic Pacific-led healthcare

- Expand Pacific providers: fund more Pacific health providers, especially in areas of high concentration of Pacific people such as Auckland and Porirua; and shift funding structures to better support holistic continuity of care at one location, rather than requiring people to move between providers of healthcare and other support services.
 - In general, Pacific providers will generate better health outcomes for Pacific families, partially thanks to better interactions, and also thanks to a joined-up approach emphasising continuum of care (where funding structures allow) rather than a transactional approach. Enabling real choice of provider and approach empowers families.⁴⁹
- Invest further to lift the proportion of Pacific (and Māori) doctors and other health professionals in training. We support the Tamaiti Ole Moana recommendation to “introduce more cost-of-living support for Pacific people in training” for the social worker workforce as well as the physical health and mental health workforce”.⁵⁰
- Fully cost and fund Pacific strategies and implementation, communicate related strategic prioritisation to the health sector, and publicly report measures and indicators which hold those in leadership roles responsible for the results.
 - The Pae Ora – Healthy futures system 2022 is an excellent framework enabling actions to eliminate inequities, but it is important that accountabilities and responsibilities are made clear.

4. Community support options

- Make highly effective social support services – such as those provided by Whānau Ora during the pandemic – more readily available to all families in need. Co-locate these support options with Pacific health and social service providers, to engage Pacific communities.
- Make permanent and expand the Ka Ora Ka Ako free school meals programme (see CPAG 2023 Policy Briefs at www.cpag.org.nz/policybriefs) for learning, social and behavioural benefits.
- Resource and support community development and mobilisation “by community for community” groups – to engender empowerment and pride to enhance wellbeing.

One example is the [Pasifika Autism Support Group](http://www.asdpasifika.org.nz/) which is run by parents of autistic Pacific children, providing Pacific-appropriate support, information, and health navigation (<http://www.asdpasifika.org.nz/>).

5. Improve housing quality and urban design for health and safety

- Ensure improvements to the quality of rental housing (which have already benefited many Pacific families) reach all rentals.⁵¹
- Build large houses suitable for Pacific families, in all parts of the housing sector, and especially social housing, enabling homes for families with 7+ householders and enabling multi- generational living (see CPAG 2023 Policy Briefs at www.cpag.org.nz/policybriefs). This supports and aligns with the Taitamariki Youth demands for quality housing as a human right vital to health and wellbeing.⁵²
- Continue to improve pedestrian safety where children live (residential driveways), and on streets including cul-de-sacs and local roads especially routes to school.⁵³

IMPACTS AND INDICATORS

If implemented, these actions would be steps towards moving Aotearoa to be a nation where all children and families flourish free from poverty.

Implementing the recommendations above will improve the health of Pacific children and their families; and reduce their rates of material hardship, food insecurity and housing stress, both in the immediate future and for the longer term.

They will also increase much needed equity – in both health and wealth – for Pacific children.

Significantly more Pacific children and their families will live free from the many harmful effects of poverty. They will have better life outcomes, better health and be better able to contribute to society.

The Government would be much more likely to meet its child poverty reduction targets and meet them on schedule, including reducing material hardship; and child poverty would also measurably reduce on a range of other indicators.

Optimising Pacific children’s health:

- Is relevant to New Zealand meeting its targets for UN Sustainable Development Goal 1: “End poverty in all its forms everywhere”⁵⁴ and Goal 3: “Ensure healthy lives and promote well-being for all at all ages”.
- Is essential for New Zealand to meet its obligations under the UN Convention on the Rights of the Child.⁵⁵
- is an essential step towards the national vision “that New Zealand be the best place in the world for children and young people”.⁵⁶

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