Pathways to health and wellbeing for Pacific children—how are we tracking?
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Abstract
The government’s 5-year strategy for improving Pacific people’s health and wellbeing, ‘Ala Mo’ui Pathways to Pacific Health and Wellbeing 2010–2014, emphasised disease prevention and improvements in health systems as priority outcomes. Actions that would contribute to disease prevention included reducing barriers to health in structural mechanisms (such as better access to healthy housing) and improving health service systems. However, after 4 years since its release, not only have important structural barriers remained but so have the poor health outcomes of Pacific peoples in New Zealand.

Government commitment to Pacific health
The document ‘Ala Mo’ui Pathways to Pacific Health and Wellbeing 2010–2014 set out the government’s priority outcomes and actions that would contribute towards achieving better health outcomes for Pacific people.

Recognition of the importance of prevention was mentioned, “[w]e know that for many of the health issues of greatest concern, downstream treatment costs can be reduced through effective prevention and protection” (p11); and it was promising to see children and families as being critical components of the equation.

Urgent themes for achieving better health outcomes for Pacific peoples were both explicit (e.g. improving nutrition and increasing physical activity) and implied (e.g. reducing risk factors such as obesity). However the salient issue of maternal health was completely missing, despite the authors citing relevant literature.

An omission of the importance of the health of mothers reveals a potentially crucial disconnect between the Pacific health strategy and its aims of supporting healthier children resulting in a healthier population overall.

The document states that elimination of poverty is desired for the Pacific region by way of international aid and this is admirable. For New Zealand, however, the message is less clear as the intentions are focussed on improving broader structural issues such as education, employment, income and housing. This is an ambitious approach, as it requires significant collaboration between government ministries. But is this level of collaboration achievable and realistic?

Structural mechanisms and health for Pacific peoples
Given the commitments of ‘Ala Mo’ui and that we are drawing close to the end of the strategy’s timeline, what are the structural circumstances and how has the Pacific community fared over this time?

Perhaps the most critical issue is the level of poverty experienced among the nation’s children which is unacceptably high at around 21%, or over a-quarter of a million (approximately 270,000). About half (47%) of these children were either Māori or Pacific, equivalent to 34% of all Māori and Pacific children living in poverty by 2011.
The Salvation Army report on the state of Pasifika people in New Zealand also provides some insight into how conditions have tracked over time.\(^5\) (The terms Pasifika and Pacific are used interchangeably in the report).

Evidence of escalating inequity is in the more than five-fold increase in Pasifika families approaching the Salvation Army for food parcels in 2012 compared to 2007 (p27). Participation in social food programmes is an indication of the high rate (70%) of food insecurity in Pacific homes,\(^6\) and both of these are indicators of relative poverty and financial hardship.\(^7\)

Citing Household Labour Force Survey data, the Salvation Army report highlights that, in spite of the country’s relatively stable unemployment rate from December 2009 to December 2012 (from 6.5% to 6.9%), Pasifika unemployment remained consistently high, going from 14% to 16% in the same period. In terms of age, the highest rates of unemployment were seen in the youngest working age group 15-24 years with Pacific (29%) and Māori (28%) double that of European (14%).\(^8\)

Increasing income inequality for those in employment was evident in the growth of the income gap between Pacific and non-Pacific. For the average weekly income between the two groups in 2007, Pacific were already receiving $190 less than non-Pacific ($477 cf. $667 respectively). This income difference increased to $240 by 2012 ($479 cf. $721 respectively). The non-Pacific average weekly income increased by $54 whereas Pacific incomes increased by only $2.

Lower incomes and poverty have been attributed to increased stress, poorer food (nutrition) availability,\(^9\) and obesity in women and children.\(^10\) This is in the context of nutrient-rich foods being more expensive than the nutrient-poor, energy-dense and more filling food options.\(^10\)

Lower incomes also have a negative effect on housing affordability, quality and home ownership, exacerbated by an ongoing decline in social housing.\(^12\) Current real estate data show that in South Auckland, where most Pacific people live, house prices have increased rapidly by around 30% since 2011.\(^13\)

Hargreaves cites a recent OECD report which found that of the 34 countries in the OECD, New Zealand was the second most expensive country to buy a home and the least affordable place to live in terms of price to income.\(^14,15\) Evidence of this is borne out in the 2013 Census where individual home ownership in the total population had fallen to just below half (49.9%), from 54.5% in 2006.\(^16,17\)

Pacific individuals were less likely to own a home with less than one-fifth (18.5%) reporting ownership, compared with over one-quarter for Māori (28.2%), over one-third for Asian (34.8%) and more than half of all Europeans (56.8%).\(^18\)

The outcome

The culmination is that after four of the 5 years of ‘Ala Mo’ui’\’s strategy period, the structural mechanisms that would help contribute to better health outcomes for Pacific people remain, in general, worse than that of non-Pacific.\(^19,20\)

Positive signs could be the recently reported achievements in the National Standards’ assessments for mathematics, reading and writing among young Pasifika children.\(^21\) However, there are some apparent setbacks to the positive data. First, as children age, educational performance is declining.\(^21,22\) This means that the curriculum or the National Standards assessments are not preparing Pasifika children for secondary school and that modifications need to be made to meet the educational needs of children and families. Second, education leaders say the data are unreliable because of the potential for measures to be assessed subjectively by individual schools,\(^23,24\) calling into question the overall integrity of the data. Thirdly, and more pertinently, the education achievement disparities between Māori/Pacific and non-Māori/Pacific students remain high.

For Pacific an approximately 20 percentage-point lower achievement difference existed for all three National Standards’ subjects, reading (64.1% vs. 84.1%), mathematics (60.8% vs. 79.8%) and writing (57.6% vs. 76.3%) when compared with Pakeha/European school children (years 1 to 8).\(^21\)
Finally, there is a lack of evidence of better health and wellbeing outcomes as envisioned by ‘Ala Mo’ui. Current prevalence of type-2 diabetes mellitus among Pacific people is high compared to other ethnic groups and incidence in younger Pacific will continue to increase largely due to high rates of obesity. Our recent publication reported a 70% prevalence of overweight (including 50% obesity) at age 11 years in a birth cohort (n>1000) of Pacific children from South Auckland in 2009/2010, demonstrating rapid physical growth in this population.

Compared to European, Pacific babies have higher birth-weights which are directly related to maternal body weight. Given that the propensity for rapid weight gain is intergenerational, where a genetic predisposition is amplified in the prenatal period, early intervention is critical.

We urge the government to act with haste to provide more supportive environments for Pacific mothers and children, improve housing and food security, and address widespread poverty. Preventing the upstream causes is the pathway to health and wellbeing for Pacific children in New Zealand.

Competing interests: Nil.

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Acknowledgements: We express our gratitude to the participant families and the research team on the Pacific Islands Families study.

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References


14. Hargreaves D. Prime Minister hits back at OECD findings of NZ having most expensive housing in world relative to rents. interest.co.nz, 19 May 2014. http://www.interest.co.nz/node/69985/property


