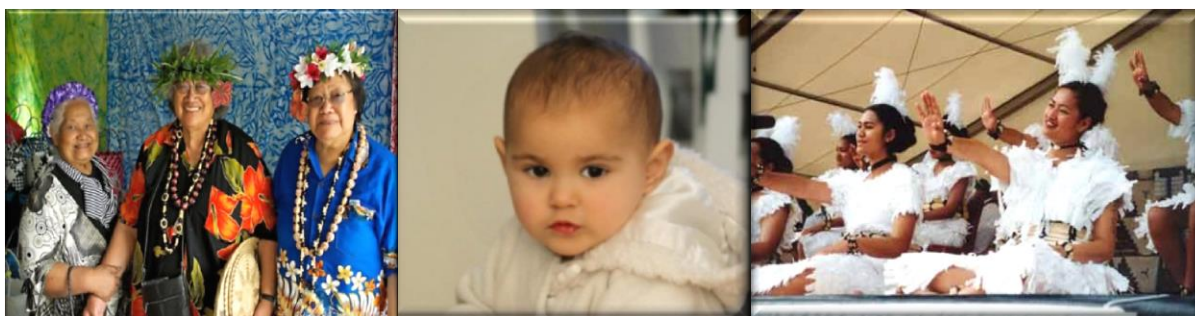
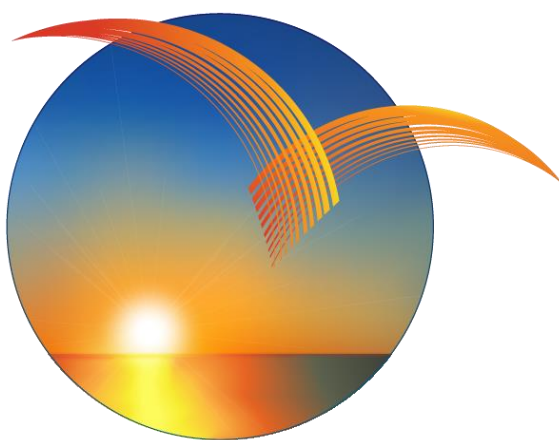


FANAU OLA

Fanau Ola Overview and Evaluations Summary
September 2015



**Implementing Fanau Ola
to realise better health and wellbeing
for Pacific families**

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ACKNOWLEDGEMENTS

We acknowledge the vision and direction of the Honourable Minister Tariana Turia who has reinvigorated the age-old discussion of Whānau Ora / Fanau Ola, providing a space and support for re-centering health and wellbeing within our families.

Tēnā Koe.

We also acknowledge the leadership shown by Leaupepe Peta Karalus and her team at K'aute Pasifika / Midlands Region for being trailblazers and champions of fanau-centred care. *Fa'afetai tele lava.*

Also acknowledged is the leadership of Counties Manukau Health, including the support of Fepuleai Margie Apa, Director of Strategic Development, and Elizabeth Powell, General Manager Pacific Health. The Fanau Ola Team too have been pioneers in the District Health Board, embracing the challenge of supporting our Pacific patients with wrap-around Fanau Ola care. *Malo 'aupito.*

Finally, we thank all of our fanau and communities who have continued to provide the inspiration and support for us to continue to search for the best ways of caring. *Thank you for being there!*

CHALLENGES FOR PACIFIC PEOPLE AND THE RATIONALE FOR FANAU OLA

Pacific people number over 120,000 in Counties Manukau representing 23% of our population. This significantly large, youthful and growing population will rise to about 160,000 over the next decade. Many Pacific fanau of Counties Manukau face challenges and constraints, including poverty, overcrowded housing, a lack of quality education, and unemployment that continue to contribute to poor physical, mental and emotional health of family members. While there have been some attempts to address these issues, past and recent evidence and future trajectories indicates that this situation has not, and will not change under current policy and health system regimes and services.

Hence, a holistic and comprehensive framework, a tailored pathway for our Pacific people and families that encompasses many elements and dimensions of fanau (family) life including their future goals; family and social relationships; cultures and languages; physical, mental, and emotional health and; their unique contexts and circumstances was required. A deeper understanding of their lives and lived environment was needed to assist Pacific workers to engage in a more meaningful way with fanau as they become better informed about our health systems and they are encouraged to be 'partners in care', actively sharing in decision-making processes and fully understanding their care options.

A fanau-centric approach would focus on facilitating Pacific patient and fanau access to “better, sooner, more convenient” health services and programmes across secondary, primary, and community care. This also meant that we would have expectations of improved fanau-centred care to be provided by these services. Furthermore, it would require sustained commitment to ensure that Counties Manukau Health provides culturally appropriate healthcare across our whole system, giving staff the tools and techniques to engage Pacific fanau in a safe and caring manner.

DESIGN AND DEVELOPMENT OF FANAU OLA

The HAKAMANA Integrated System of Transformative Design, Development, and Evaluation¹ was activated to re-envision and re-think the challenges facing Pacific people in Counties Manukau, and in particular those relating to their health and wellbeing. HAKAMANA is an ethical values-based system incorporating design, development and evaluation approaches that integrate ancient indigenous and Pacific wisdom with modern methodologies. The focus for HAKAMANA is the interactions and interrelationships between key elements, environments, and people. Improving the health and wellbeing of Pacific people, their families, and communities has many challenges and layers of complexity. Mapping these relationships through the HAKAMANA framework has allowed for the co-creation of robust and holistic solutions to these complex problems (see Appendix 13 of Fanau Ola Evaluation – Public Health – September 2015 for further information about HAKAMANA).

A comprehensive review and assessment of health literature, research papers, evaluation reports, and planning documents including the Counties Manukau Health Annual Plan 2013/14 and Statement of Intent, Pacific health data and statistics and other materials relating to Pacific health informed the design and development of the Fanau Ola Approach. Critical to both honouring and integrating multiple stakeholder views however, was a considered process of engagement and

¹ The HAKAMANA System of Transformative Design, Development, and Evaluation is Copyright © Tania Wolfgramm 2010

consultation with key stakeholders across Counties Manukau Health and the Auckland Region. The Pacific Health Development team engaged, consulted and/or presented the Fanau Ola approach to the following for discussion, and provided them with opportunity for continued feedback:

- Pacific Health Advisory Group / Pacific Health Advisory Committee
- Clinical Governance Group
- Primary and Community Management Committee / Localities Manager
- Workforce Development Team / Nurse and Midwifery Leadership Team
- Disabilities Advisory Group
- Very High Intensive Users of Services (VHIU) Team
- Patient Information Services and Knowledge Management; Telemedicine
- CM Health Projects: First 2000 Days; Pregnancy and Parenting; 20,000 Bed Days
- Pacific Mental Health Services – Faleola; Moana Pasifika; Foa Foa; Penina Health
- CM Health Senior Medical Officers
- CM Health Research Committee
- Alliance Health Plus and Pacific Providers
- Lotu Moui Ministers Advisory Group / Church Leaders / Youth Group
- Pacific Community Organisations / Representatives
- Pacific Managers – Auckland and Waitemata District Health Boards

Many of these key stakeholders span diverse ethnic, cultural, social and economic communities, whose views and interests relating to Pacific health and wellbeing have been incorporated into the Fanau Ola Approach. Church, community and youth leaders from over a hundred churches in Counties Manukau attended a Fono held in Mangere to discuss Pacific health and Fanau Ola and to scope some of the exciting opportunities for future engagement in fanau-centred care. Other opportunities for further dialogue relating to Pacific health and Fanau Ola were presented during Pasifika Week with billboard coverage, Fanau Ola posters, flyers and CM Health internal communications vehicles including the Daily Dose utilised. Pacific health discussions continue within the staff cultural competency training sessions. Fanau Ola presentations have also been made to the Otago Medical Students Pasifika Programme and the Pacifica National Women's Association. The Cook Islands Health Conference also provided an international platform to present Fanau Ola, with growing interest from the Pacific region in our work.

The focus for Pacific Health Development since 1 July 2013 has been to implement a **FANAU OLA SERVICE** in secondary care to help Pacific patients and their fanau who frequently return to hospital for specialised care. Our aim is to help those fanau members to transition back to home and to keep well at home alongside their fanau, working with primary and community healthcare providers to facilitate that journey. Designing and implementing this **FANAU OLA SERVICE** has required us to develop a

Fanau Ola workforce and train our Fanau Ola Advocates to utilise the framework and tools.

Taking a whole-of-systems approach, **FANAU OLA** is designed, developed, and implemented across a range of programmes and services. The **FANAU OLA APPROACH** exemplifies a unique and special character that is founded in and reflective of our knowledge and understanding of Pacific fanau, their values, life principles and protocols of engagement with each other, their local churches, groups and communities, and their organisations within the wider environment. All components of the system are designed, developed and implemented to realise the potential of fanau and support them to achieve and realise **FANAU OLA**.

The **FANAU OLA APPROACH** was also aligned with the following:

- Ministry of Health 'Better, Sooner, More Convenient' Health Services
- Ministry of Health 'Ala Mo'ui, Pathways to Pacific Health and Wellbeing
- Counties Manukau Health Statement of Intent & Annual Plans

It also contributes to realising the following goals as outlined by the government:

- **ALL PACIFIC NEW ZEALANDERS LEAD LONGER, HEALTHIER AND MORE INDEPENDENT LIVES.** This Fanau Ola approach will encourage collaboration between Pacific fanau and Counties Manukau Health as they are supported and resources to develop and implement futures-focused health and wellbeing plans.
- **SERVICE DELIVERY FOR PACIFIC FANAU IS BETTER, SOONER AND MORE CONVENIENT.** Pacific Health Development will work across Counties Manukau Health to have high quality, culturally relevant services, accessible and affordable services developed and implemented.
- **THE HEALTH SYSTEM IS ADAPTIVE, INNOVATIVE AND CONTINUALLY IMPROVING.** Counties Manukau Health will continue to develop as a learning organisation, evaluative, responsive and adaptive to changes whilst remaining focused on achieving good outcomes for Pacific fanau.

'Ala Mo'ui – Ministry of Health national priority outcomes and actions for Pacific Health

- Pacific workforce supply meets service demand
- Systems and services meet the needs of Pacific people
- Every dollar is spent in the best way to improve health outcomes
- More services delivered locally in the community and in primary care
- Pacific people are better supported to be healthy
- Pacific people experience improved broader determinants of health

These priority outcomes are interrelated and provide a holistic view of Pacific health that recognises the complex factors at the individual, family, community, health and disability system and wider societal levels.

FANAU OLA SUPPORT SERVICE – OVERVIEW

Referrals into Fanau Ola Service (for Vulnerable & Complex Patients)

Main Points of Entry

- Daily List (All Pacific Patients admitted in previous 24 hours)
- Very High Intensive Users (VHIU) Team
- Emergency Department
- Internal Referrals (e.g. Hospital Wards / ED)
- Pacific Cardiac Programme

Centralised Referral System

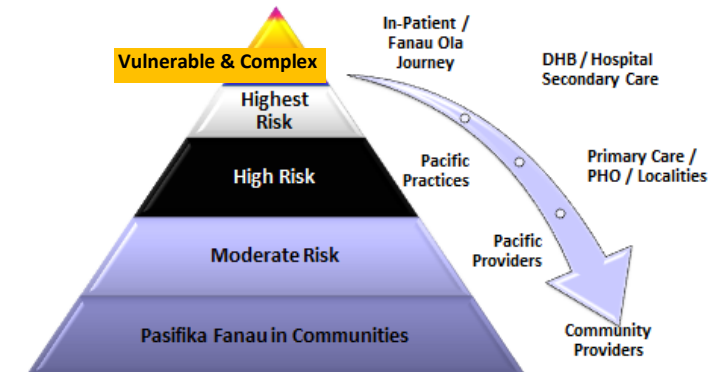
All Referrals Centralised → Triage Process

- Triage process by Fanau Ola Senior Team
- Considerations for triage include:
 - Number of Hospital Admissions
 - Number of Emergency Care Presentations
 - Number of DNA
 - Condition
 - Age (with careful consideration of newborn to 18 yrs)
 - 'Red Flags'
- *Allocate to Fanau Ola Advocates*
- *Commence Fanau Ola Journey*



COMPREHENSIVE NAVIGATION ENGAGEMENT, ASSESSMENT, REFLECTION, PLANNING, SERVICE SUPPORT AND EVALUATION IS UNDERTAKEN WITH Pacific fanau as a whole, taking into account collective relationships *and* Pacific fanau members as individuals.

How do we help Fanau move from (and through) secondary to primary and community care?



| Phase | | Core elements explored in Fanau Ola | Fanau Ola Journey | | | Process Measures / Outcomes | |
|-------|---|--|---|---|---|--|---|
| | | | Fanau grow through ... | Fanau Ola Phases | Deliverables | Process Indicators | Outcomes / Benefits |
| 1 | I | Vision Fanau Culture Body Mind Heart Spirit Context Resources Leadership | Searching Dreaming Week 1 | Greet / Engage / Consent / Enrol | Fanau Champion identified; Fanau Consent Form; Fanau Enrolment Form | Fanau Champions engaged; Fanau Consents; Fanau Enrolments | Inspired - Fanau are encouraged and inspired to participate in Fanau Ola Journey |
| 2 | O | | Reflecting Planning Week 2-3 | Assess / Reflect / Analyse / Plan | Comprehensive Assessments; Fanau / Fanau Member Plans | Fanau plans provide vision, strategies, implementation steps, activities, measures | Optimistic - Fanau have a clear understanding of their situation and are engaged in planning |
| 3 | E | | Activating Generating Week 3-4 | Implement Plan / Support / Connect | Pacific Patient and Fanau-Centred Support, Services and Care | Access to and support received from fanau-centred services | Energised - Fanau access a range of quality fanau-centred culturally appropriate support /services /care |
| 4 | A | | Learning Succeeding Monthly / Quarterly | Fanau Ola Evaluation | Fanau Ola Indicators measured / Fanau Ola Plan updates | Comprehensive range of Fanau Ola indicators move in right direction | Animated - Fanau experience positive health, social, economic, educational outcomes. |
| 5 | U | | Thriving Sustainably Quarter 4 | Co-create Fanau Ola Sustainability Strategy | Fanau Ola Sustainability Strategy | Fanau Ola Sustainability Strategy developed | Uplifted - Fanau are empowered; have the skills to plan and pursue own futures. |

FANAU OLA

Update and Quantitative & Qualitative Evaluations Summary

THE FANAU OLA SUPPORT SERVICE CHANGES

Counties Manukau established the Fanau Ola Support Service (the 'Service') in the first six months of 2013 in order to better meet the needs of Pacific patients with recognised high secondary care utilisation. Fanau Ola is a holistic framework and tailored pathway for Pacific patients and includes working with their family as important members of their circle of care. Fanau Ola represents a changed model of care from what was previously provided under 'Pacific Cultural Support'.

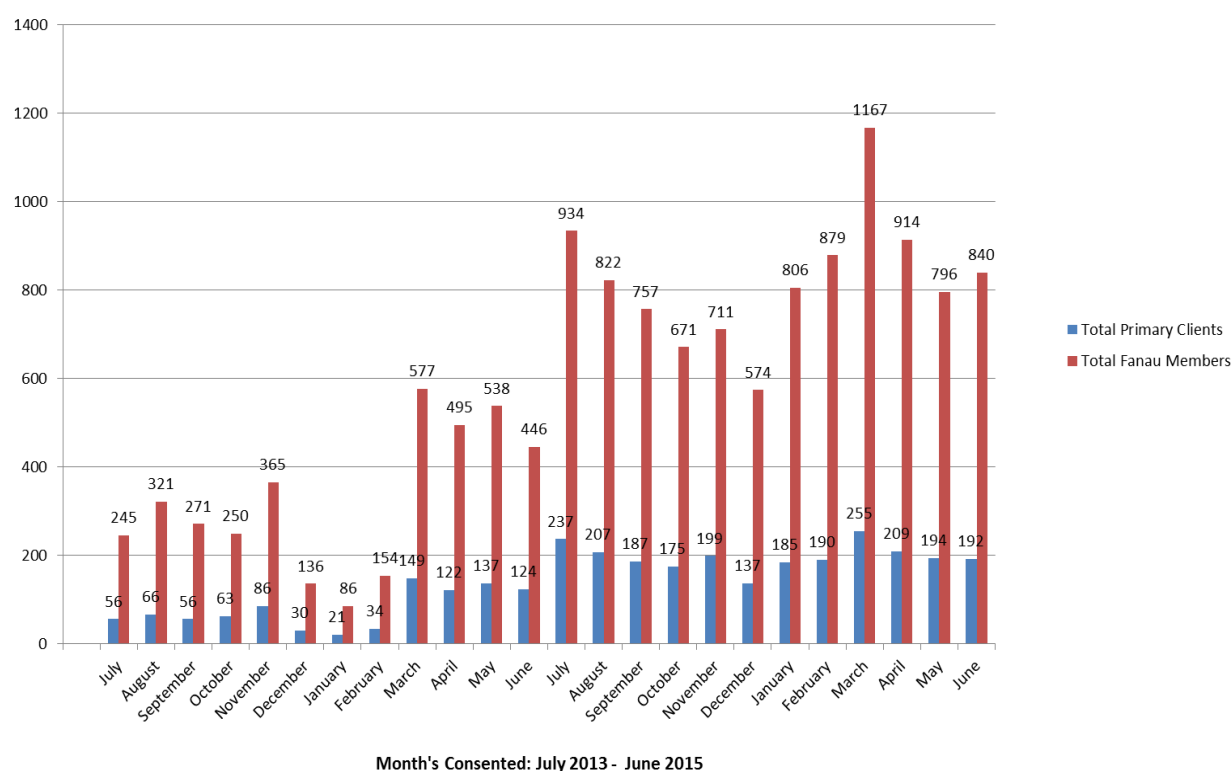
The Fanau Ola Support Service team includes (mainly) staff previously employed by the Pacific Cultural Support Team as well as those previously employed as Lotu Mo'ui community workers – with a range of qualifications including social work, community health, interpreting and management - with the addition of a senior nurse employed 0.5FTE. They represent a number of Pacific ethnicities and between them are fluent in the main Pacific languages spoken in Counties Manukau. The Fanau Ola Support Service, which has been in operation since July 2013, represents a new way of working for these staff. The following table summarises the changes:

| From | To |
|---|---|
| Pacific Cultural Support | Fanau Ola |
| Pacific Cultural Support workers received daily lists of hospital admissions and each worker decides who to visit for the day, meeting with and talking with patients and families and support them while they are in hospital. They also responded to various ward requests for cultural support, including translation. | The Fanau Ola Support Service accepts referrals from daily reports based on at risk indicators of patients admitted (e.g. number of hospital admissions; emergency care presentations; DNA), and internal ward referrals to select a smaller number of Pacific patients with high secondary service use or other concerns. |
| Assessment and working was based on individual support worker's skills/experience in cultural practice. | A standardised assessment process carried out with the patient, his or her Fanau Champion (a family member who may be nominated by the patient to assist with communication / coordination |

| | |
|---|--|
| | of services) and/or other family members is key to identifying the range of issues present and enabling the family to develop a plan which reflects their own priorities. |
| <p>Pacific Cultural Support workers were attached to specific wards and services, provided support to inpatients and only offered community-based follow up for high-risk patients on request from those specific services.</p> <p>There was limited follow up with patients once discharged from the hospital, and the Pacific Cultural Support workers would just re-engage with them at subsequent admissions / re-admissions.</p> | <p>Fanau Ola Advocates work with patients and their families both in hospital and at home, following up over a period of several months to ensure that the range of issues that can affect people's health (including broader social determinants) is addressed with the support of a multi-disciplinary team. They also aim to reengage patients and fanau with their General Physicians and other services located closer to home.</p> |

From the 1st July 2013 through to 30th June 2015, the Fanau Ola Support Service has worked with a total of 3,311 primary clients and 10,444 family members – altogether comprising 13,755 people. Total monthly caseloads have generally increased over this period, ranging between 29 primary clients with 117 family members (January 2014) and 252 primary clients with 1145 family members (March 2015).

Total Primary Clients = 3311; Tot Fanau Members (inc PC) = 13,755
From July 2013 - June 2015



EVALUATION OF THE FANAU OLA SUPPORT SERVICE

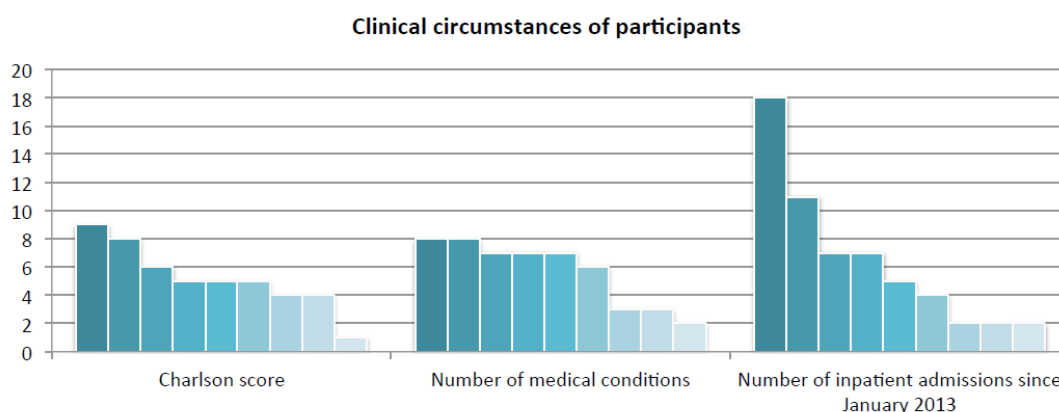
Recognising, however, that the Service and our way of working with families/fanau was still very early in its development, and represented a very small input into the large complex system that affects health outcomes for the patients involved, this was planned from the outset as a formative and exploratory piece of work which could inform future, more detailed evaluations. The following evaluations were conducted:

- Pacific Perspectives, an independent group of researchers conducted case study examination of nine patients, documenting their experiences
- Population Health Team conducted an independent assessment of outcome impact on Fanau Ola patients compared to others.

Both reports are attached and the findings are summarised here.

I: Pacific perspectives qualitative case study findings

The nine primary clients interviewed by the researchers in December 2014 all suffered from multiple health conditions, including many chronic diseases, that were long-standing and/or had resulted in a rapid deterioration of health. The figure below shows that they each had between two and eight medical conditions and had been admitted to hospital between two and eighteen times since January 2013². A Charlson Co-Morbidity Index³ score was calculated for each patient; with scores of three or more considered “very severe” levels of comorbidity, all but one of the patients fell into this category, with scores ranging between 4 and 9.



Some patients were not the only family member to have complex health needs. Most of the patients and families were affected by socio-economic issues and had specific transport, connectivity, communication and health literacy needs that create significant barriers to accessing quality and timely health care.

² Pacific Perspectives (2015). Experiences of Pacific patients who have used Fanau Ola services DRAFT v1.05/05/2015

³ Charlson ME, Pompei P, Ales KI, MacKenzie CR (1987). A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. *Journal of Chronic Diseases* 40: 373-83

The research process highlighted three areas of particular relevance to the Fanau Ola programme:

- ***The role of family as main carers and supporters*** - While the support and care provided by participating families highlights the considerable strengths of these family units, providing this support has time and financial costs and can create stressful, conflicting demands on family members. These issues are compounded when, as was the case in several of the interviews, multiple family members suffer from serious health conditions. Family support commonly extends to providing language and translation assistance in health settings, problematic when family members acting as informal translators may not have a strong knowledge of health issues themselves.
- ***Understanding and navigating complex health and social systems*** - The multiple health and social needs experienced by families necessitate contact with a range of social and health organisations, each with specific systems to understand. Many of the interviews showed a critical lack of knowledge about how to access certain services or assistance. These findings mirror a growing body of literature describing the challenges of navigating a complex and often fragmented bureaucracy, systems and processes, particularly when combined with financial and time constraints.

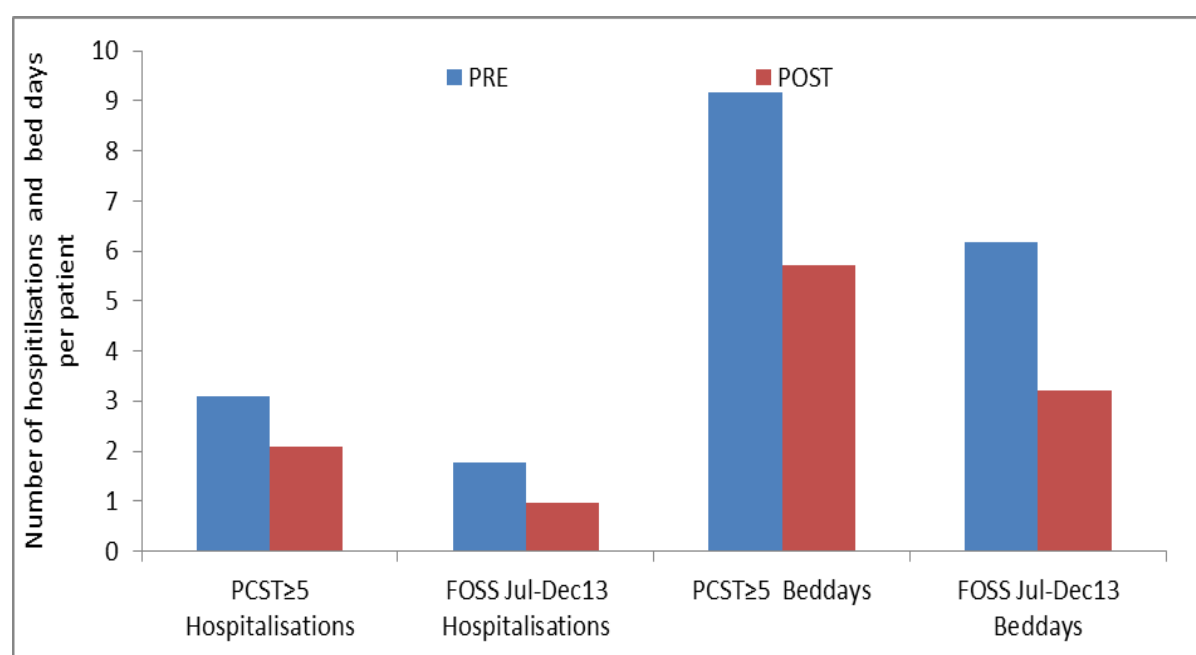
Low health literacy, low English proficiency and cultural barriers have been called the “triple threat” to effective health communication for vulnerable, ethnic minority groups with complex conditions. Better understanding of the differences between these barriers to communication can help with tailoring appropriate responses. Participants frequently felt information was hard to access from health professionals, suggesting that communication breakdowns were occurring at key times of need.

- ***The impact of health beliefs and attitudes and previous experiences of health services*** - Previous experiences, both positive and negative, influence ongoing expectations of services. The vast majority of the positive comments about Fanau Ola made by participants emphasised communication and relational aspects of care. Relational qualities (understanding, caring, personability, cultural respect, and sensitivity) have been found to be fundamental to patient navigator / advocate roles. These qualities facilitate trust and compliance, making the patient-navigator relationship a ‘medium through which navigator tasks are completed, rather than a self-contained function.’

Population Health Team Analysis of Outcomes - Reductions in secondary service utilisation following intervention by both Pacific Cultural Support Team and Fanau Ola Support Service

Routinely collected data showed that both the cohort of selected Pacific Cultural Support Team patients and that of the Fanau Ola Support Service patients one year later experienced reduction in their use of secondary services - as measured by emergency department attendances, hospital admissions and bed days – in the six months following enrolment, compared to the six months immediately preceding enrolment with the respective service. For the Pacific Cultural Support Team cohort the overall reduction was around 40% while for the Fanau Ola Support Service cohort the overall reduction was around 50%.

Number of hospitalisations and bed days per patient for the PCST ≥5 cohort and Fanau Ola Support Service Jul-Dec 13 cohort in the six months before and after the intervention



Emergency care attendances

Both the PCST ≥5 and Fanau Ola Support Service Jul-Dec 13 had less people attending the emergency care in the six months after the intervention compared to the six months before. For the six months post intervention there were 42% less EC attendances per patient for the PCST ≥5 cohort and 52% less for the Fanau Ola Support Service Jul-Dec 13 cohort.

Number of emergency care attendances at Middlemore Hospital for PCST ≥5 and Fanau Ola Support Service Jul-Dec 2013 cohorts six months before and six months after the intervention

| Patient group | Six months before total number | Six months before per person | Six months after total number | Six months after per person | Change |
|--|--------------------------------|------------------------------|-------------------------------|-----------------------------|--------|
| PCST ≥5 EC | 772 | 3.6 | 449 | 2.1 | -42% |
| Fanau Ola Support Service (Started Jul-Dec 2013) | 723 | 2.2 | 344 | 1.1 | -52% |

Hospitalisations

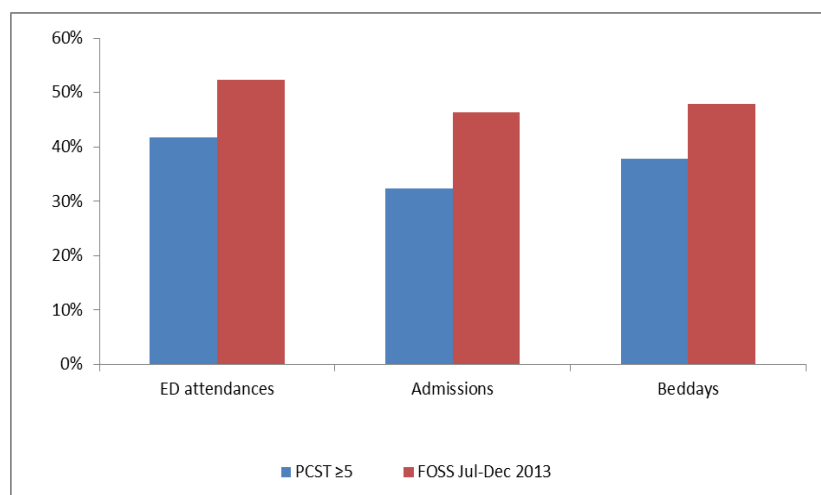
In this report the data for all hospitalisations are shown below. The Fanau Ola Support Service Jul-Dec 13 cohort had an average length of stay, for all hospitalisations, that occurred in the six months before the intervention, of 3.47 days. This was 0.49 days longer than the PCST ≥ 5 cohort's pre intervention ALOS which was 2.98 days.

The percentage decrease in hospitalisations and bed days after the intervention was larger for the Fanau Ola Support Service Jul-Dec 13 cohort. After the interventions this cohort had a 46% decrease for hospitalisations and 48% decrease in bed days; the respective decreases for the PCST ≥ 5 cohort were 32% and 38%.

Number of hospitalisations, bed days and average length of stay to CM Health facilities for the PCST ≥ 5 cohort and the Fanau Ola Support Service Jul-Dec13 cohort six months before and six months after the intervention, all admission types

| Patient Group | Utilisation | Six months before | Six months before per patient | Six months after | Six months after per patient | Change |
|---|------------------|-------------------|-------------------------------|------------------|------------------------------|--------|
| Ward-based PCST (Jul-Dec 2012) AND HAD (≥ 5 EC admits in 12 months) | Hospitalisations | 669 | 3.1 | 453 | 2.1 | -32% |
| | Bed days | 1,992 | 9.2 | 1,238 | 5.7 | -38% |
| | ALOS | 2.98 | 2.98 | 2.73 | 2.73 | -8% |
| Fanau Ola Support Service (Started between Jul-Dec 2013) | Hospitalisations | 582 | 1.8 | 312 | 1.0 | -46% |
| | Bed days | 2,017 | 6.2 | 1,051 | 3.2 | -48% |
| | ALOS | 3.47 | 3.47 | 3.37 | 3.37 | -3% |

Percentage reductions in EC attendances, hospitalisations and bed days for the PCST ≥ 5 and Fanau Ola Support Service Jul-Dec13 cohorts in the six months before and after the intervention⁴



⁴ Macleod G, Sinclair S (2014): Evaluation of Fanau Ola Advocacy and Support Service as implemented for Pacific patients and their families in Counties Manukau Health [Figure 11, page 63]

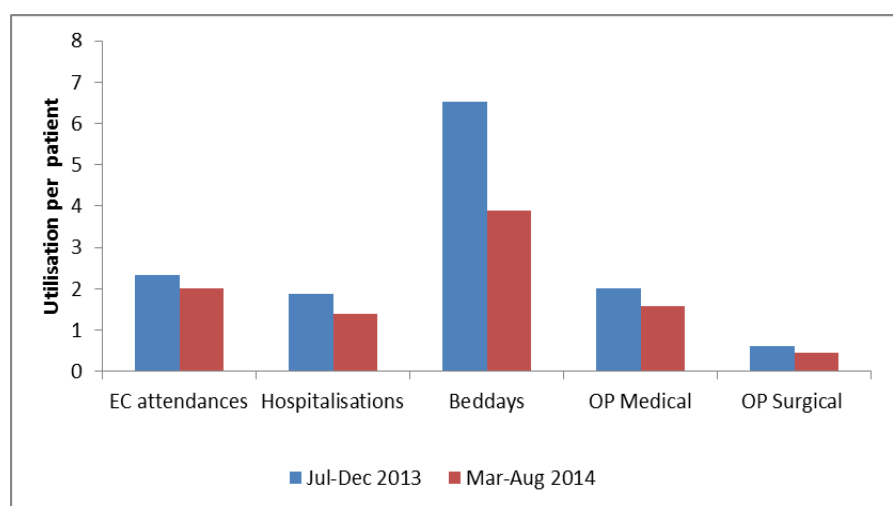
Reductions over time in secondary service utilisation prior to enrolment in Fanau Ola Support Service

Fanau Ola Support Service staff members had observed that as the months progressed the new patients they enrolled into the service had less history of secondary service utilisation. This is demonstrated quantitatively by comparing the cohort of patients enrolled in the Fanau Ola Support Service during its first six months (July–December 2013) with a later cohort (those enrolled during March–August 2014). This has also made it possible for the Service to enrol and support almost double the number of patients and fanau seen in the second year of the programme as shown in the graph on p.2 (Primary Clients and Fanau Members July 2013 - March 2015).

Secondary service utilisation per patient for the Jul-Dec 13 and Mar-Aug 14 Fanau Ola Support Service cohorts in the six months prior to the intervention by utilisation

| Utilisation | Jul-Dec 13 | Mar-Aug 14 | Percentage Difference |
|------------------|------------|------------|-----------------------|
| ED attendances | 2.3 | 2.0 | -14.3% |
| Hospitalisations | 1.9 | 1.4 | -26.3% |
| Bed days | 6.5 | 3.9 | -40.4% |
| OP Medical | 2.0 | 1.6 | -21.4% |
| OP Surgical | 0.6 | 0.5 | -25.1% |
| ALOS (Days) | 3.5 | 2.8 | -19.1% |

Number of EC attendances, hospitalisations, bed days and OP appointments per patient for the Jul-Dec 13 and Mar-Aug 14 Fanau Ola Support Service cohorts before the intervention⁵



⁵ Macleod G, Sinclair S (2014): Evaluation of Fanau Ola Advocacy and Support Service as implemented for Pacific patients and their families in Counties Manukau Health [Figure 12, page 64]

FINDINGS FROM THE STAFF INTERVIEWS HIGHLIGHTED THE FOLLOWING:

FANAU OLA STAFF

Key findings from discussions with Fanau Ola Staff included the following:

- Necessary resourcing including pool cars for home visits, computers and enhanced technologies to gather and share data is important;
- The Fanau Ola Assessment tool received both positive (for its comprehensive approach) and negative (for its length) feedback;
- The Fanau Ola approach enhanced staff strengths, especially cultural intelligence;
- The Service allowed staff to develop good relationships with patients and families, include being able to 'talanoa' with them at home;
- Patients were supported to link with key services (e.g. pharmacist for medication issues – such being a very common problem for patients);
- Having increased cultural knowledge had positive effects on the way patients related to staff and vice versa;
- Non-consent into the Fanau Ola Support Service was noted to be higher if the Fanau Ola Advocate was of a different ethnicity to the patient;
- Staff training for the Fanau Ola Support Service was important and it built upon staff members' existing skills;
- Advocates helped patients and families understand what was happening to them when they were in the hospital;
- Fanau Ola Advocates also understood that helping patients and families to take care of their ongoing needs at discharge was a key outcome; and
- Increasing elements of health literacy, including greater utilisation of GP services, and accessing quality care in the community was also an important outcome.

NON-FANAU OLA STAFF

Key findings from discussions with non-Fanau Ola staff included the following:

- Staff wanted more communication on Fanau Ola Support Service findings and actions undertaken with patients and their families;
- Staff expressed that they had less involvement with Fanau Ola Support Service staff than with the staff in their role as Pacific Cultural Support Workers;
- Staff stated that the Fanau Ola Support Service complements their work; and
- Staff believed that the rapport Fanau Ola Support Service staff developed with patients and their families also helps other staff members to do their jobs.

ANSWERS TO KEY EVALUATION QUESTIONS

Does the more focused work with families improve outcomes?

The impression of Fanau Ola Support Service staff members is that they were able to help patients. In particular this meant increasing patients' understanding of the medical care they were receiving and supporting patients in reducing barriers to

obtaining full health once they returned home. The evaluation identified actions occurring with patients, such as improving patient health literacy, which may lead to improved health outcomes. The Fanau Ola Support Service Team identifies people with high health needs. Therefore targeting actions of Fanau Ola Support Service to these patients is likely to improve health equity.

What can routinely collected data tell us about healthcare utilisation by patients in the periods before and after their interaction with the Fanau Ola Support Service and/or the previous Pacific Cultural Support Team?

Routinely collected data indicate secondary service use declined by half in the six months after Fanau Ola Support Service involvement

There was an approximately 50% decrease in secondary service utilisation by the 321 patients who started receiving Fanau Ola Support Services in July-December 2013 in the six months after Fanau Ola Support Service staff members became involved with patients, compared to the six months before. This is a greater decrease than the corresponding 40% decline in secondary service utilisation observed among a subset of patients seen by the former Pacific Cultural Support Team one year earlier. The acuity of patients entering Fanau Ola Support Service between Mar-Aug 2014 appears lower than Jul-Dec 2013. While contributing to outcomes, it is not possible to make linear attributions to these declines as there are numerous factors would also affect them.

How have the patients' experiences of care changed? (from the previous Pacific Cultural Support Team)

More focused work with families is considered to make a positive difference

Both Fanau Ola and other CM Health staff considered that the Fanau Ola Support Service provided a valuable contribution to the health of Pacific patients and their families. By understanding their culture and social contexts, and talking to patients in their own language (e.g. explaining medications) the Fanau Ola Support Service may result in patients benefitting by having less harm (e.g. from medication misunderstandings)

What are the key ingredients for success?

The rapport with patients was the key ingredient for success

The key ingredient for success of the Fanau Ola Support Service was felt to be the rapport the Fanau Ola Advocates developed with patients and their families. This rapport was developed by the Fanau Ola Advocates knowledge of the patient's culture, the patient's language and the continuity of care due to the same Fanau Ola staff member seeing the patient in hospital and at home and again in hospital if they were readmitted.

FOR CONSIDERATION

The Fanau Ola Team could use their cultural expertise and grass roots knowledge to assist integration initiatives

Fanau Ola Support Service staff could combine their collective knowledge of problems encountered by the Fanau Ola Support Service patients and their families to promote system changes to reduce the social and economic burdens for them.

This is consistent with a recommendation to the incoming Minister of Health to consider to:

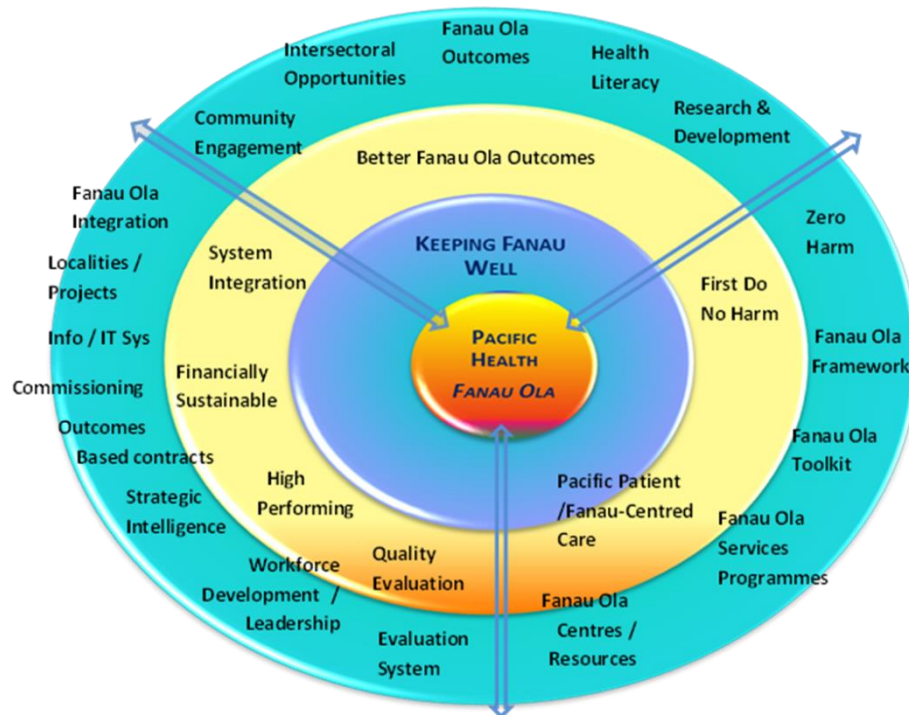
“Streamline health and cross government programmes across the social sector to make it easy for vulnerable populations and people with complex needs to find the help they need from government and community services, for instance through joint commissioning and integrated contracts.” (Ministry of Health, 2014)

FANAU OLA – NEXT STEPS (excerpt from Pacific Health Plan 2020)

- 1. Implement Fanau Ola Service Delivery across whole of system:** Spread and improve Fanau Ola approaches for those Pacific patients for whom family based support is critical to recovery and living well with disease
 - Refine Fanau Ola system and processes based on learnings and recommendations of evaluations, including taking a lifespan / lifeline approach
 - Refine patient referral, eligibility, and allocation to support ‘fanau of focus’
 - Increase Fanau Ola / fanau-centred approaches and targeted training across Counties Manukau Health
 - Integrate the Fanau Ola approach in Counties Manukau Health, taking a whole-of systems view
 - Improve health literacy and fanau management education with patients, fanau, and communities
 - Implement Fanau Ola technologies to improve processes including patient and fanau engagement, service integration and efficiency of data capture, analysis and reporting
 - Capture case studies and Fanau Ola stories for learning and broader dissemination across and between sectors

Appendix 1: Pacific Healthy Plan “Healthy Pacific People 2020”

Implementing Fanau Ola across the healthcare system
to accelerate health gain and wellbeing for Pacific families



During the 13/14 year, we started the implementation of a Fanau Ola model of care into our inpatient Pacific cultural support service in the hospital and into primary/community care through the integration of Pacific provider contracts through the PHO Alliance Health+. Our intention is to ensure that care is joined up and co-ordinated across both primary/community and secondary care for Pacific people in Counties Manukau.

HEALTHY PACIFIC PEOPLE 2020

The following priority action areas specific to the **Pacific Health Plan** complements the CM Health District Annual Plan, and aligns with the Māori Health Plan and the Counties Manukau Health Locality Plans:

1. **Increase Pacific health gain in DHB priority areas:** Same or better performance in National Health Targets, DHB Performance Indicators and other accountability indicators for Pacific people and populations. Effective implementation of strategic initiatives for Pacific populations focusing on First 2000 Days (maternity and child health), primary healthcare self-management support programmes, youth health and community mobilising initiatives;

2. **Implement Fanau Ola Service Delivery across whole of system:** Spread and improve Fanau Ola approaches for those Pacific patients for whom family based support is critical to recovery and living well with disease;
3. **Mobilise Pacific community action for health and wellbeing:** Many of the population health issues facing Pacific people are not able to be influenced or impacted by the DHB alone. Pacific communities must rally to actively engage in civic activity to shape and change their local environments, family and household settings to better health;
4. **Grow our own Pacific workforce:** Increase the recruitment, retention and merit based career progression for Pacific health professionals in CM Health across the whole workforce supply pipeline from secondary and tertiary education to employment, career and leadership development; and
5. **Grow and strengthen institutional linkages across the Pacific Region.** Expand the reach of CM Health's work and provision of aid and international development support for healthcare services in the Pacific region.

Fanau Ola – an invitation to work together

Pacific people number over 120,000 in Counties Manukau representing 23% of our population.⁶ This significantly large, youthful and growing population will rise to about 160,000 over the next decade. It is our belief that Pacific people's ability to get the best out of their healthcare requires us to consider their fanau as part of the healthcare team. Fanau Ola is not a 'nice to have', or a programme or a project. Fanau Ola is a way of working. Pacific people living with complex conditions need care that can be sustained and supported by their family in the community setting – this is a fundamental part of self-management for Pacific populations. We recognise that, for many, their fanau and close relationships have greater influence over their wellbeing than we do as a healthcare team.

***We want to capitalise on this contribution and invite
all our healthcare professional colleagues to follow suit.***



Photo: Pacific Voyagers at Taputapuatea, Raiatea, Tahiti

FANAU OLA EVALUATIONS PACKAGE / REFERENCES

This document is part of the FANAU OLA Evaluation Package 2015, comprising

Part 1 of 3: Wolfgramm, T. (2015) Fanau Ola Overview and Evaluations Summary. Auckland: Counties Manukau Health.

Part 2 of 3: MacLeod G., Sinclair S. (2015) Evaluation of Fanau Ola Advocacy and Support Service as implemented for Pacific patients and their families in Counties Manukau Health. Auckland: Counties Manukau Health.

Part 3 of 3: Pacific Perspectives (2015) Experiences of Pacific patients who have used Fanau Ola services. Auckland: Counties Manukau Health.

FURTHER READING

Controller & Auditor-General (2015) Whānau Ora: The first four years. Report presented to the House of Representatives under section 20 of the Public Audit Act 2001.

Te Puni Kokiri, Ministry for Whānau Ora (2014) Whānau Ora Achievements Report. Presented to the Minister Responsible for Whānau Ora.

Te Puni Kokiri, Ministry for Whānau Ora (2013) Whānau Ora: Action Research Report

Ministry of Social Development (2010) Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives. Report delivered by Chair Professor Sir Mason Durie to Hon Minister Tariana Turia.

For further information contact:

Tania Wolfgramm
Fanau Ola Systems Architect
HAKAMANA Founding Director
tania.wolfgramm@middlemore.co.nz

Elizabeth Powell
General Manager
Pacific Health Development
Counties Manukau Health

Siniva Sinclair
Public Health Medicine Specialist
Public Health
Counties Manukau Health