

Responsiveness and the Pacific health workforce
by
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Greetings

The major theme for this conference is **Towards a Responsive Health Sector: Growing Pacific people**. The topic for this session **Growing People: recruitment and retention**. The title for my part of this session is **Being a Responsive Health Service –a governance perspective**.

But I would like to say that **if the child is the heart of the matter, then the pre-condition for growing a Pacific workforce is a responsive education sector**.

As an old Congolese saying puts it

education doesn't guarantee the future, but it is the key to life.

Thus I have two themes for this session:

first, *the child is the heart of the matter*

second: *education matters*: the better your educational base, the more power you can exercise in the labour market on both the demand and the supply side.

And because these are my themes, I am going to focus on the responsiveness of our education system as a pre-condition for ensuring a health sector that is responsive to the demand for Pacific health workers.

It's hard to imagine a more volatile context for our discussions.

The post-colonial experience of people in the Pacific parallels that of other indigenous peoples all around the world: in both Polynesia and Melanesia there is turmoil, struggle, and challenge.

There is a growing demand by the diverse island people of the Pacific for recognition, acknowledgement and respect.

Right now, today, we can observe this on our tv screens, on the radio, in newspapers and in our contacts with families on the homeland islands.

Countries like New Zealand are seen both as part of the problem and the solution.

Along with heavy duty participants like China, we stand at the Pacific doorway of

- new and emerging social economies, and

- island peoples who are expressing very different ambitions and expectations from those that palagi New Zealanders have been accustomed to over past decades.

Within the framework of agreements like the Pacific Plan, New Zealanders at many levels, from central government through to church and community-based organisations, are looking to build more sustainable, appropriate and responsive Pacific networks.

We all want those relationships to reflect both the aspirations of the widely diverse Pacific nations and the changing global context of economic and political power.

Proposals for recruiting and retaining Pacific people from their homeland islands into New Zealand-based health districts are fraught with sensitivity and risk.

- *About 7000 Tokelauan people live in New Zealand: 1152 live on the homeland islands.*
- *Niue and the Cook Islands have lost large numbers from their island populations*
- *Niue's population is believed to be less than 1000 while there are now about 21,000 in the Cooks.*
- *In Pacific countries with a strong indigenous base, the legacy of colonialism and the threats and promises of future global involvement are both destabilising and vitalising.*

Clearly, options such as the recently announced seasonal migration policies have many attractions, but they are challenged by other views on migration, including arguments that

- permanent migration centred around the nuclear family is a more satisfactory all round; and that
- the global labour market should be viewed more like the international capital market and that
- labour mobility offers far greater economic gains to developing countries in the Pacific and elsewhere than either aid or trade liberalisation.

These debates are a major part of the context for this conference. They are already the subject of extensive and intensive consideration at the public policy level and in the private commercial sector. But for the now, I would like to set them aside.

Given the topic for my session, I was clearly supposed to focus on the **demand side** of the domestic labour market: that is, the responsiveness of the health sector and the nature of its demand for Pacific health workers.

But my experience on the board of a fairly large DHB with a distinctive Pacific population has led me to focus instead on the **supply side** of the domestic health services market.

I would suggest that it is not the responsiveness of the health sector we should be considering but **the responsiveness of the education sector.**

At the simplest level, throughout much of modern history, especially modern western economies like New Zealand, it has been pretty much true to argue that if you can read you can do anything.

Right now, that is overwhelmingly acknowledged in New Zealand Government policies, in Ministry of Education strategies and in the new draft national School Curriculum.

It is promoted in practice in the early childhood and school sectors. Teachers, parents and whanau are exhorted and trained to encourage more than mere functional literacy in their children and pupils.

Any lack of competent literacy is much lamented in the tertiary education field, in many occupational sector and by many employers.

Literacy and numeracy are critical to confident access to and use of electronic communication systems like the internet. Even the exponential growth in modes like texting do not contradict the importance of literacy.

- ***The fact that** over 25% of all NZ adult males are functionally illiterate goes a long way to explaining the chronic unemployment, and high prison and recidivist rates of too many Maori and Pacific adults.*
- ***The fact that** they have been failed by the formal education system goes an even longer way to explaining the disaffection and alienation of so many young people, especially those in large urban centres like Auckland.*
- ***The fact that** so many young people can
 - *easily recognise the brands, pictures and labels on drug packages, alcohol bottles and cigarette packets and can*
 - *immediately spot the difference between McDonald's Golden Arches and the coloured circles that advertise the Lotto shop but*
 - *but find it so hard to get or keep a job where basic literacy and numeracy are essential**makes it impossible to be complacent about how well we have succeeded in educating our young.**

Literacy, along with numeracy, is currently the key goal of the New Zealand school system.

- There are many enduring patterns of educational disadvantage for Pacific children and students.

- There is evidence that these students and school leavers cannot participate fully as they have a right to do in society or many parts of the labour market because they are not educationally equipped.
- There is repeated evidence that many Pacific students have been failed by their schooling and leave without being fully competent in basic skills such as literacy and numeracy, let alone other areas like science and technology.

Therefore it cannot possibly be a surprise to anyone that our health services are not extensively populated by Pacific workers at every level and across all specialities.

Any substantial gaps in the supply of

- well educated
- well trained,
- skilled
- competent and
- qualified health workers

can - and clearly does – adversely impact on District Health Boards’ ability to respond to changes in demand.

High quality skills in literacy and numeracy, as well as science and social studies and problem solving, are important everywhere.

But they are especially important in the delivery of effective health services.

The health sector is a caring sector - and it is also a clever sector.

Health workers all need to have a strong sense of compassion, and fairness, emotional maturity and balance.

Medicine, surgery, radiology, pathology, gynaecology, ophthalmology, orthopaedics, paediatrics, oncology, primary health nursing, community home and residential centre care - they all demand personal attributes of compassion, sensitivity, insight, cultural responsiveness, stamina, even physical strength.

But they also demand informed, educated intelligence.

The health sector is an educated sector.

Health services are most successful in preventing ill health and remedying disease if health workers are

- well educated,
- well qualified
- highly skilled

- have an up to date appreciation of reliable evidence about what causes sickness and what heals physical, mental and emotional damage and disease and
- can apply their knowledge and skills in an appropriate, informed and ethical way.

The health sector relies on kindness and patience.

It also relies on literacy, numeracy and science.

High quality health services rely on

- the intelligent use of evidence
- evidence that needs to be interpreted both scientifically and intuitively
- data that need to be analysed accurately and often very quickly
- the efficient use of information that is itself informed by science and other knowledge disciplines.

To a considerable extent, successful participation in the health services labour market is dependent on the quality of the new entrant's education.

Whatever we say about providing Pacific people to work in the health sector will be pretty much the same as everything we say about Maori, Asian and palagi, about women and men, older and younger health workers. They all need to be appropriately and well educated.

Much more than their ethnic origin or cultural status, the quality of their education, the range of their skills, the depth and vitality of their personal attributes all influence

- how the labour market values them, and
- the price it is prepared to pay for them to participate in the delivery of health services.

Just to give one small personal example of this.

I am an Irish pakeha, the daughter of a carpenter and a Post Office clerk.

When I was a child at primary school in the Waikato in the 1940's, small Maori boys and girls were taken out of the classroom almost every day, their mouths were washed out with soap and water, and they were given the strap, if they spoke Maori at school.

Unlike Huia and Rua and Sonny and Nathan, I didn't have two languages, but this was not regarded as a problem. My mouth was never washed out and I only got the strap for writing with my left hand.

Now their grandsons and daughters are paid a good financial premium for a job if they are fluent in te reo, have strong iwi networks and are confident in tikanga Maori.

Labour markets that were closed to Sonny and Bubs and Kingi fifty years ago have opened.

Their culturally identifiable skills are now actively sought after and seen as vitally important in a responsive health sector.

But on their own they are not enough to guarantee a sustainable place in the health services market for a Maori speaker who is also good at kapa haka.

The same is true for Tokelauans, Fijians, Tongans, Samoans and palagi.

They must also be skilled and competent in the generic requirements for modern health work.

Whether their aspirations are to be a neurologist or a primary care nurse, an orderly or lab technician, Maori, Pacific or palagi wanna-be health workers also have to demonstrate that they can meet the intellectual, educational and credentialling tests of modern health systems.

If it is really important that those health workers be Pacific people, then why are they not entering the health labour market in greater numbers, with greater confidence, more skills, better education and more appropriate qualifications?

When there is such a demonstrable demand for better Pacific peoples' health, why are there so few Pacific doctors, nurses, hospital clinicians and specialists - but fairly large numbers of orderlies, cleaners and lower skilled workers?

Why is supply not matching demand?

A very large part of the answer lies in our early childhood and public school education systems.

They are not working nearly well enough for Pacific peoples.

If we want to increase the number, quality and sustainable supply of Pacific health workers, we have to start with early childhood and school based education.

About three quarters of all Pacific children attending New Zealand state schools live in Auckland or Northland.

All those children are compelled by law to attend school - no matter how poor the quality of schooling available to them

Many Pacific children in Auckland and Northland are attending State schools that have the most critical Education Review Office reports.

Since 2002, ERO has published three reports explicitly addressing the education of Pacific children. They all mirror other official reports.

In 2002 ERO found that “ *Pacific students are not achieving at the same level as their non-Pacific counterparts. Pacific students are more likely to require educational support in primary school and to have transient schooling. They are more likely to leave school without a recognised qualification and those who do obtain qualifications are more likely to leave with a lower level qualification than non-Pacific students.*”

In 2004 ERO reported that 73% of all Pacific students in New Zealand attend schools in Auckland or Northland. “*Most schools were able to report that achievement levels were lower for Pacific students than for non-Pacific students.....many schools need a broader range of approaches for involving Pacific communities...Compared to the general population of students, Pacific students are over-represented in the statistics for those leaving school either without assessment results or with lower assessment results and over-represented in suspension and stand-down figures....*”

Two years earlier ERO had reported that schools *did not have a clear focus on reducing disparities in achievement between Pacific and non-Pacific students and there was very limited analysis of educational achievement.*

In 2004 ERO found that of over 100 schools studied, over one third provided **no** separate information on Pacific student achievement, 49 analysed achievement separately but only in limited areas of the curriculum (most commonly literacy and mathematics)...and even where achievement data were reported, they lacked breadth.

In any case, ERO reported that even where there was limited achievement information, *Pacific students were achieving noticeably less than other students.*

What is more, they found that students often absent from school did not thrive. Now there's a surprise!

“Opportunity to learn strongly influences student achievement. Students who are not at school and miss out on learning may have difficulty catching up later.”

ERO quoted Ministry of Education and Ministry of Pacific Island Affairs research which showed that Pacific communities place a high priority on involvement with the education sector - so what's going on here ?

This year, ERO has again reported on the achievement of Pacific students. Their report states that “*student engagement is a pre-requisite to student achievement, as students need to be present and engaged in learning to achieve. While many schools [are] engaging their Pacific students, it is imperative that schools build on high levels of student engagement by using assessment information on the progress of their Pacific students to improve their programmes.*”

The private school sector is quick to exploit this situation. On Saturday I received the following email from the Executive Director of the highly competitive private school association: [quote]

Why would our hope for better health services for Pacific peoples be given any priority if the demand for better education services for Pacific peoples is still so weak?

How realistic is it to spend time worrying about getting the health sector to be more responsive to the demand for more Pacific health workers?

It seems to me that two major strategies have to be developed and pushed through:

1. If it is true that Pacific communities want to be engaged in their children's education, then they will have to do more about it.

Pacific parents, grandparents, uncles and aunts, ministers, lay people and community based organisations from every single island grouping will have to raise their expectations dramatically and demand more and better classroom teaching for their children.

This is too important to leave to the politicians, academics, bureaucrats and community or church leaders.

All children are obliged by law to go to school... but they are not required by law to receive sub-standard education.

So making sure they go to school is only a small part of our Pacific duty.

All of us in the health sector, including Pacific parents and families, must act **collectively** to take an active and informed interest in

- how well qualified school teachers are to provide evidence-based learning for Pacific children;
- how schools attended by Pacific children value and actively promote their intellectual as well as their cultural interests; and
- how broadly the curriculum, including the intellectual skills of literacy, numeracy and science, is delivered by the teachers in schools attended by Pacific children.

2. Individually and collectively as part of DHBNZ, all District Health Boards have to engage more effectively with the school sector.

I wonder how many DHB's have actually studied and made submissions to the Ministry of Education on the draft national school curriculum to ensure that it is going to be good enough to educate and supply Pacific school leavers who might be attracted to the health sector?

I wonder how many DHB's use and actively analyse ERO reports to track the performance of Pacific children – their future workforce?

I wonder how many DHB's have entered into individual partnerships with early childhood centres and schools so that the demand of the health sector for more Pacific workers is responsively acknowledged?

The collaboration that we see between leaders like

- Dr David Shaaf and Mike Williams of Aorere College here in South Auckland, on obesity,
- Olo Elise Puni and local communities on MENZ B, and
- Siloma Masina and her Hutt Valley pioneers, recruiting local cadets to that DHB,

provide successful practical models that can be widely extended to ensure that the pre-tertiary education sector is actively responsive to health service demands.

We all want to grow Pacific capability in the health sector.

Therefore, we all have to grow our demand for Pacific health workers who are educated, skilled and confident, with the intellectual, emotional, cultural and affective attributes needed for good quality health services for Pacific citizens.

If the child is the heart of the matter, then let's shift that slogan out of the field of sentimental rhetoric and translate it into clearly articulated demand from all health agencies, especially individual DHB's and the DHBNZ, on the education sector.

Unless we are going to strip the islands of their current, and in many cases shrinking populations, and even if we have migration policies that support permanent migration as well as seasonal provisions, we have to grow our Pacific health workers here from the existing Pacific communities.

Without the educated base on which to build, simply being Samoan or Fijian or Tongan or part of any other Pacific heritage will not be enough.

I finish with a wonderful quote from Siloma Masina: ***We cant wait around to develop a Pacific Islands workforce. We must create opportunities for young people. Let's do it ourselves.***

That statement makes it clear: **the child is the heart of the matter.**