

All-of-community by all-of-government: reaching Pacific people in Aotearoa New Zealand during the COVID-19 pandemic

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ABSTRACT

A large portion of Pacific communities throughout Aotearoa New Zealand continue to face socioeconomic hardship and have ongoing health needs that are affected by social and economic influences. The impact of COVID-19 has only exacerbated these needs and will continue to have an adverse effect on the current wellbeing, future health and sustainable development of these communities—if targeted efforts are not undertaken to meet their unique needs. The collective worldview of Pacific communities is fundamental to their existence; therefore, a response needs to be within a collective community. This viewpoint looks at the worldview of Pacific communities and the impact of COVID-19 and then discusses six key priorities for working with these diverse communities. The successful management and elimination of a pandemic should be assessed by how well Pacific and other vulnerable communities survive such a crisis.

Pandemics affect everyone in society; however, their impact differs across individuals and groups and is heavily influenced by the social, economic and political determinants of health. Populations already experiencing health disparities will be the most vulnerable during a pandemic.

In Aotearoa New Zealand, 8.1% of the population (381,642) belong to a Pacific community.² Pacific communities comprise a wide diversity of groups from across Polynesia, Micronesia and Melanesia, with some descendants having been born in Aotearoa New Zealand. Each community has a unique pattern of migration and a different relationship to Aotearoa New Zealand.^{3,4} Compared with all other ethnic groups, young people make up a larger proportion of the Pacific community.²

Most Pacific communities throughout Aotearoa New Zealand live in socioeconomic hardship. They earn the lowest median income, which contributes to their social deprivation, and 40% live in overcrowded

housing. Their poverty-related health problems include respiratory illnesses, diabetes and poor mental health.⁵ Educational inequities impact on their current and future livelihoods, and they have the lowest attainment of University Entrance by ethnicity. There has been a positive increase of Pacific children's participation in early childhood education, which is up from 87% (2011) to 93% (2019)—though this is still the lowest increase compared to other ethnic groups. Pacific people continue to be over-represented in other sequelae of disadvantage and deprivation, including substance abuse and family and sexual violence statistics.⁷

Despite highlighting these adversities, however, caution is advised not to see this all as a 'Pacific' problem, as adverse socioeconomic status is not the sole driver for these disparities. Rather, it is about the need for cultural improvements to the way that the communication, development and delivery of services with Pacific commu-

nities work together to build thriving Pacific communities in Aotearoa New Zealand. We also need a best-practice plan that is informed by independent and objective data and expertise, and which evenly considers political, health and economic risk while maintaining public trust and confidence.¹⁰ This viewpoint adds to the dialogue by prioritising the relevance of cultural worldview(s) and protocols on practice and risk, so that families can be ‘ola manuia’ socially, culturally, mentally and spiritually (‘Ola manuia’ is a Samoan term that can be translated as “live well.” Other Pacific communities use the term with slightly different nuances. Refer to the Ministry of Health’s plan, *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025*. Wellington: Ministry of Health. 2020.).

Indeed, there is increasing evidence to support incorporating a strengths-based approach in responses to the risks present for Pacific people in Aotearoa New Zealand.¹¹ Evidence shows the solutions-focused innovation and vision of Pacific communities, with emerging success in the development of language-learning apps, leadership and community-led programmes.¹² A recent social wellbeing survey showed that Pacific people reported high levels of wellbeing and social contact compared to New Zealand Europeans, and that they were less likely to report feeling lonely.¹³ Similarly, high levels of overall satisfaction with wellbeing and family wellbeing among Pacific people in Aotearoa New Zealand included cultural and social connectedness.¹⁴ It is also well documented that Pacific communities live within a collective worldview in which family and group are prioritised over the individual.¹⁵ Identity is relational and justifies existence and sense of purpose: “If individualism is the essence of the mainstream culture then being part of a family: aiga, anau, magafoa, kaiga, kainga and kawa is the essence of Pacific Island cultures.”¹⁶ ‘Nuclear’ and ‘extended’ families in Pacific communities are generally synonymous, in contrast to a western worldview. Furthermore, Pacific people are characterised as religious and spiritual communities (70% are associated with at least one Christian religion cf. 43% of total New Zealanders⁷), with faith in God and face-to-face interactions as their main

source of communication.¹⁷ The autonomy and power held by Pacific communities in our “sea of islands”—across oceans and time—need to be acknowledged and used as a platform for developing and implementing services for our communities.¹⁸

While we acknowledge the strengths and resilience of Pacific communities in Aotearoa New Zealand, this viewpoint will focus on how to address the vulnerabilities that endure. Our professional and personal experiences in health, education and justice show that inequity and disparity remain among these vulnerable yet resilient population groups. Pacific communities continue to be at social, educational, environmental and economic risk—all factors that were present prior to the arrival of COVID-19.

Impact of COVID-19

As COVID-19 came to Aotearoa New Zealand, Pacific leaders in the community, agencies and government, such as the Ministry of Pacific Peoples, came together to create a number of culturally specific initiatives that support Pacific people.¹⁹ Yet, in our experience, these initiatives sometimes struggled to reach the heart of communities, as the ‘all-of-government’ response had difficulty reaching the ‘all-of-community’ Pacific frontline. For example, much of the public-health communication (such as explaining physical distancing and the abandonment of mass gatherings)²⁰ was available online, a format that was inadvertently inaccessible to many Pacific communities. Research shows Pacific people are affected by digital exclusion, as they have the lowest level of internet access at home when compared with other New Zealand ethnicities.^{21,22} Our direct experience with our Pacific communities confirms this digital divide, whether it is a lack of access to digital devices, data plans or online services, especially where the only source of free WiFi—the public library—was shut during lockdown. This hampered Pacific communities’ understanding of the risks of COVID-19. Furthermore, under Level 4 lockdown, there was neither in-person nor digital access to usual information hubs at work, school and church. We know many of our Pacific clients and communities consequently minimised concerns for their own health, believing that medical help was only for those with

COVID-19, or they avoided vital treatment of their health conditions, due to ungrounded fears of COVID-19 infection risk at medical facilities.

In addition, Pacific communities were immediately at risk because the restrictions were in direct conflict with cultural practices and protocols that identify and maintain the survival of many Pacific communities. In general, people were required to stay at home. These health-promotion messages were appropriate but lacked an understanding of the world in which Pacific communities live. Firstly, physical distancing is difficult when families live in large and overcrowded homes. Secondly, abandoning mass gathering is not easy when church, including both traditional churches for some families and more 'charismatic' or evangelical churches for others, remains a major influence and support for Pacific families and communities.

Aotearoa New Zealand entered Level 4 lockdown on 26 March 2020 with the primary message to "stay within your bubble" (ie, to stay home).¹⁹ This tacitly assumed the western notion that staying at home means a physical location. However, for many Pacific communities, home can refer to a number of different households. Central to Pacific people is their responsibility to family members in other physical households to provide regular care and interact with them. As educational facilities closed, parents supported children with online learning, which was a challenge for Pacific families without access to computers and the internet or with a limited understanding of the New Zealand curriculum, and these issues were compounded if English was not their first language. Given the over-representation of Pacific communities in low-income occupations (the pay is still low for 'essential' supermarket workers), plus low educational achievement, substance abuse and family violence,⁵ needing to stay at home also increased the risks of a number of poor outcomes. New Zealand government wage subsidies or other Work and Income (WINZ) support required digital access to apply. In addition, social support and welfare services switched to online support during the pandemic, and so effectively disappeared for those Pacific communities already engaged with these

services prior to COVID-19. The cultural implications of the loss of face-to-face communication exacerbates the ongoing issues for these communities, as all authors of this viewpoint are continuing to discover.

As the COVID-19 pandemic persists, a one-size-fits-all approach that tends to be from a digitally connected, western worldview is neither appropriate nor equitable for Pacific communities. This is a message that has been widely understood by the New Zealand government in its all-of-government approach towards Pacific communities. The data on Pacific people having low case numbers²³ with testing rates similar or slightly above for non-Pacific people²⁴ indicate success in the uptake and compliance of Pacific peoples in Aotearoa New Zealand.

The following priorities are suggested as a framework to support Pacific communities during a pandemic and beyond. While we acknowledge the diversity of Pacific communities, these broad priorities highlight our similarities, including a priority that Pacific knowledge and protocols are central, in contrast to dominant western worldviews.

Priority one: utilise Pacific knowledge, practice and protocols

Pacific cultures have their own worldviews and knowledge that have led to the resilience of their cultures across generations and ensured their survival in previous pandemics and disease outbreaks. Working within an overarching framework that incorporates Pacific indigenous knowledge and perspectives will promote and enable community survival. Despite the heterogeneity of Pacific communities, there are similar fundamental principles, including our collective worldview, relational identity and values such as respect, love, humility and reciprocity, that have particular meanings and protocols in Pacific vs non-Pacific cultures.²⁵ For example, one principle is to ensure people are safe and supported during crises. However, most support is offered via the internet or telephone, which, as noted, inadvertently excludes Pacific communities. There are two issues with disseminating information to Pacific communities. Firstly, their lack of access to digital information, and secondly, the loss of their traditional and valued method of face-

to-face engagement. However, we believe that this traditional method can still be carried out by essential services who have an opportunity to safely engage face to face with communities during a pandemic. This is what our vulnerable communities need. With appropriate protective equipment to minimise risk, services can actively seek to support the welfare of Pacific families and draw on the principles of *respect* and *reciprocity*: respect by understanding who to engage with in the family, and reciprocity by bringing something to assist in building rapport. Appropriate cultural training is essential to ensure that the interaction is perceived as genuine; there can be an understandable mistrust of “the system” because they’ve been judged or failed before, and because they’ve experienced the racism entrenched within healthcare.²⁶ Pacific families are more likely to engage with services if there is a connection that is based on more than a narrow western definition of relationship;¹⁵ the messenger delivering the health message is key. Pacific providers who have established relationships and accountability to Pacific communities, including church/faith-based groups, are crucial to ensure Pacific families are informed and continue to feel connected.

Priority two: prioritise the provision of food, shelter, warmth, care and planning for natural disasters

The prioritisation of basic needs throughout a pandemic and post-recovery is critical in reducing the mobility among vulnerable communities that increases the spread of COVID-19. Socioeconomically disadvantaged Pacific families need food, financial help and employment or education assistance. The ubiquity of online resources in the learning needs of children, which keep families informed about COVID-19 and offer external support, means that digital exclusion must be addressed. We know Pacific parents who have lost jobs, or their hours have been reduced, resulting in their children leaving high school or tertiary education for full-time employment to help meet the family’s basic needs. It is crucial that a planned and targeted approach to provision of practical help remains and that, more importantly, considerable efforts are made to provide employment, housing

and financial support to empower families towards independent and sustainable outcomes in the future.⁵ This must be within a culturally appropriate framework of engagement with a vision for sustainable future outcomes and community self-determination across the entire community. Pacific communities can and should be partners in this sustained response.

Priority three: educate to prevent and eliminate virus spread immediately, using all forms of communication

Messages to Pacific communities during COVID-19 and post-recovery should draw on indigenous knowledge and languages. COVID-19 messages are online, via the Ministry of Health website and social media platforms, or via radio/TV (with a TV broadcast in Pacific languages during lockdown only twice-weekly vs daily English-language briefings). Pacific communities also have the lowest level of internet access at home in Aotearoa New Zealand and therefore a multifaceted approach is needed.²¹ As a result, the Ministry of Health worked with church communities to disseminate information on COVID-19. Following a second outbreak in Auckland that placed Pacific communities at risk, church leaders united online to talanoa (discuss) and seek ways to support one another in the community.²⁷ A social media campaign was also launched: “We got your back Aotearoa,” led by key members and leaders of the Pacific community encouraging and educating our Pacific communities.²⁸

As the pandemic continued, many resources were distributed by an all-of-government approach to provide targeted support and services to Pacific communities. Health messages were translated appropriately into Pacific languages, and videos and daily radio broadcasts on Pacific radio stations drew on the expertise of Pacific language experts and clinicians. In addition to this, we also suggest the use of spirituality and/or religious beliefs to contextualise the messages (eg, “Stay safe with Jesus in our bubbles”). This style of message portrays staying safe in one’s own household bubble at the same time as acknowledging the “bubbles” that the whole community lives within and drawing on a religious

context to reinforce the message. Disseminating messages via print should also be considered, to reach all our communities given the digital disparity that exists.²¹

Priority four: test for COVID-19

It may seem that testing should be the priority, but it is harder to achieve without being grounded in a Pacific worldview (priority one), without the basic needs of Pacific communities being addressed (priority two) and without the appropriate information about the communal need for testing being understood (priority three). The history of disease and pandemic among Pacific communities and western countries has for decades been marred with mistrust and betrayal, death and destruction—from the influenza pandemic (1918–1919) that infected Samoa, Tonga, Fiji and Nauru,²⁹ to the lethal measles outbreak in Samoa in 2019 that was attributed to someone travelling from Aotearoa New Zealand.³⁰ Resistance to COVID-19 tests, based on historical fears and biases, can only be mediated through the appropriate Pacific protocols of engagement and ease of accessibility to services.

Initially, in Aotearoa New Zealand, the testing criteria of having travelled overseas excluded many Pacific people, as it was about travel to COVID-19 countries rather than the Pacific.³¹ With Pacific community and provider lobbying, a Pacific-led and run COVID-19 Community Based Assessment Centre (CBAC) was established in Ōtara on 4 April 2020. It became the second busiest COVID-19 CBAC in Auckland before closing on 31 July along with other testing centres, as we moved to lower alert levels. This CBAC was also unique in responding to Pacific needs by providing food parcels from its own dedicated Ōtara Food Hub.³² The COVID-19 community outbreak in Auckland (August 2020) highlighted the need for accessible, equitable COVID-19 testing for Pacific communities. Stories from the frontline include tremendous community-led efforts, but also Pacific people being turned away from mobile testing clinics, due to them arriving on foot rather than in a vehicle, or local general practice (GP) clinics being inaccessible to Pacific communities. Calling a GP to establish the need for a test can be a very long and expensive phone-call. (Healthline

is an 0800 number and therefore it is free, but contacting a known GP with whom we have a relationship and who is aware of comorbidities and family circumstances is far preferable. Commonly, due to having no credit on a phone (just the ability to receive calls and texts but not to send them), it is impossible to make contact. We heard of people unaware of Healthline, or concerned that others needed it more (so they should not use it), uncertain after a call as to what they should do, or still being told to contact their GP (and not admitting to a stranger on the telephone that they could not afford to do that.) Widespread testing is strongly recommended with mobile testing clinics able to visit families and provide testing and information.

Priority five: partner with the community to provide robust interventions and gather data to deal with unintended outcomes of family violence, poor mental health and harm and substance abuse

Given the collective worldview of Pacific communities, it is to be expected that the impact of COVID-19 will undoubtedly affect our overall health, which includes physical, mental and spiritual wellbeing, alongside family foundation and cultural stability.³³ Although Pacific communities are known for resilience and connectedness, the risks of family violence and harm, poor mental health and substance abuse are heightened by the economic and social impacts of COVID-19. The best and safest way to respond to these risks is with the development of prevention and education strategies and interventions. A large portion of at-risk Pacific families will have had their support services revert to online services during lockdown, making independent monitoring and face-to-face support unavailable. This is particularly alarming where there are family violence and mental health issues. We believe that face-to-face contact, with safety measures, is even more important as COVID-19 consequences build. For example, police, as an essential service, can engage in a community partnership with non-government organisations (NGOs) and churches to conduct home visits within a culturally appropriate framework, and to

provide prevention and early intervention. Furthermore, risk may appear for families who have never needed social and welfare support. This needs to be managed with Pacific-led sensitivity and respect, as well as safety.

Following the development of interventions with the community, it is equally important to formally and independently evaluate such programmes to inform social policy and enhance current practice.³⁴ The evaluation of Pacific programmes and their outcomes is crucial for the sustainability and wellbeing of Pacific communities.³⁵ However, we also believe that data-gathering techniques must also be prioritised in an evaluation. The way in which data are gathered and the ethnic identification of Pacific communities have remained problematic and prevent clearly tracking health status and the development of subsequent interventions.¹³ For example, a robust data-gathering strategy that uses appropriate cultural protocols (respect, relationship) and articulates the authentic nuances of diverse communities (island-born/New Zealand-born; Samoan/Tongan, etc; church-focused/less so, etc) is needed for thoughtfully targeted approaches.¹³ Furthermore, enhanced technology (and access to it) that includes quality, well-translated education for Pacific people is likely to improve the quality of care and increase opportunities for empowerment and self-determination.

Priority six: implement solutions that are culturally appropriate and long-lasting to ensure Pacific communities are empowered to thrive and flourish in Aotearoa New Zealand

While there is an 'all-of-government' approach to managing COVID-19, Pacific people need an 'all-of-community' approach to work alongside families for short-term solutions (eg, food and accommodation security) and equally important long-term solutions (eg, employment, physical and

psychological health security and spiritual wellbeing). Planning with community leaders, with our most vulnerable Pacific communities in mind, is needed. This includes working within the mindset of families with limited or no access to digital resources and capability, low or no employment income, diverse Pacific family make-up (eg, elders and young in one household and/or new migrants), disconnection from cultural and spiritual support or limited community support. Working with these significant risk factors and inequities will allow for more realistic plans of support. This will require representatives within the ministries for health, education, justice, social development and Pacific peoples to work with community and faith-based organisations to visit and contact families directly to determine needs and expected outcomes for current and future wellbeing.

Conclusion

A response to COVID-19 for Pacific and vulnerable communities requires the provision of health-promotion messages that incorporate health inequities and social justice principles by undertaking a holistic approach that is not confined to a western definition of health needs and includes (though is not limited to) faith-based and spiritual context.³⁶ An all-of-community approach responds to the recommendation that a best-practice plan for COVID-19 and beyond requires transparency in the decision making process.¹⁰ Community involvement is more likely to provide this transparency to build and sustain Pacific confidence and trust in government. Support for families that is consonant with the Pacific collective worldview can help families to transition to self-sufficiency, and this will result in more sustainable outcomes for communities. The successful management and elimination of a pandemic should be assessed by how well Pacific and vulnerable communities survive during such crises and beyond.

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