

## CONFERENCE ABSTRACT

### Pacific Peoples Perspectives of Integrated Care Services

4<sup>th</sup> World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016

Debbie Ryan

Pacific Perspectives Ltd, New Zealand

---

**Introduction:** For patients with complex health and social needs, improved integration of primary health and community and social services has emerged as a policy solution to improving access to care and health status (1,2). However there is little known about how integrated care can improve health outcomes for disadvantaged populations, including for Pacific people (3-6).

This paper discusses the insights gained from various organisational and service improvement projects undertaken with providers of integrated care services for Pacific people. These projects have incorporated research in to patients and their families' experiences of services, their perspectives and lived reality. This paper outlines how we are proceeding with research aimed at providing in-depth understanding of these complex issues and how this can assist with achieving patient centred integrated care for Pacific people in New Zealand.

**Methods:** A critical realist approach provides the overarching methodological framework for our focus on Pacific peoples' experiences of integrated care. Critical realism enables research in to the structures, culture and generative mechanisms at the macro (planning and funding), meso (organisational or professional) and micro (service and personal) levels that are identified in the framework for effective action to achieve integrated care (3,7). Our qualitative research methods incorporate Pacific methodologies for engaging diverse Pacific communities (8).

**Results:** The problems associated with ethnicity, CALD and poverty and the pathways to poor health or indeed wellness and well-being, need to be better understood in order to determine whether integrated care interventions do in fact make a difference.

**Discussion:** Pacific people like other culturally and linguistically diverse (CALD) populations in developed countries, face complex social problems; have high rates of chronic conditions and multimorbidity, and experience many barriers to obtaining the services they need (9-11). Government policy has supported targeted integrated care programmes for Pacific people (12). These programmes place patients at the centre of services, are mainly delivered by Pacific health clinicians, allied health workers or lay health workers; with the aim of improving access to, and coordination between services.

Key findings include the diversity of groups that are included in the umbrella term Pacific and the requirement for better understanding of intragroup differences and patterns of unmet need. There is also need for a 'family' model of care that responds to the specific social and economic circumstances of families and provides coordinated care to the family unit as a whole. Overall, we found a gap

between the aims and theories underpinning these services and the aspirations, expectations, worldviews and service experiences of diverse Pacific groups.

**Conclusion:** Our research uses the largely untapped resource of the experiences of Pacific patients and their families to understand if integrated care interventions are making a difference.

**Limitations:** This is complex intervention research which requires innovation, iteration and responsiveness to emergent issues. Our multidisciplinary team drew on Pacific cultural protocols and diverse networks to build and maintain relationships with multiple stakeholders including research participants, provider organisations and research funders, while also producing robust evidence to inform policy and practice.

---

**Keywords:** pacific people; patient experience; complex conditions; critical realism

---