



Equity for our Pacific patients



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GP



Declaration of interests/conflicts

- General Practitioner – Normans Road Surgery (CHCH) and Cavendish Clinic (Manukau)
- Board Member (Elected), RNZCGP
- Chair, Pacific Chapter, RNZCGP
- Member Pegasus Health and Alliance Health Plus, PHOs
- Chair, Pasifika GP Network
- Dr Debbie Ryan, Pacific Perspectives Principal (acknowledgement)



PASIFIKA PEOPLES: NOT AN INSIGNIFICANT MINORITY....

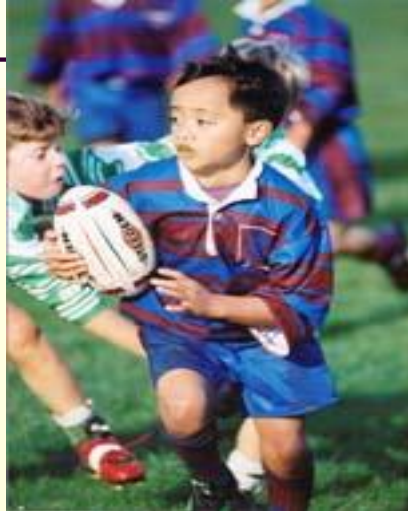


In 2026, one in every eight people of working age population will have Pacific ethnicity .



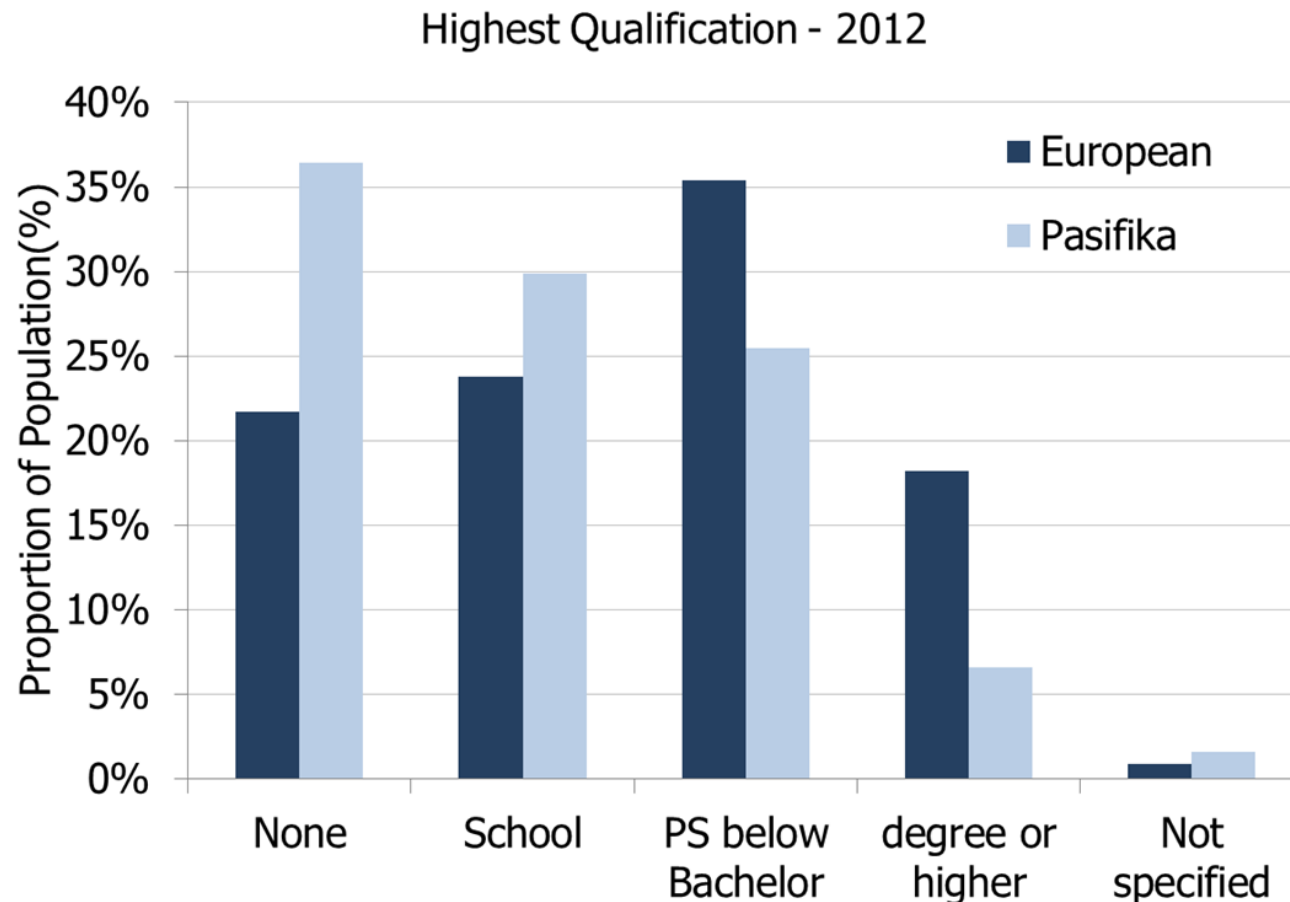
Pacific people in NZ

- Young
- Urban
- High population growth
- Low income
- Low employment and labour force participation
- Low educational attainment





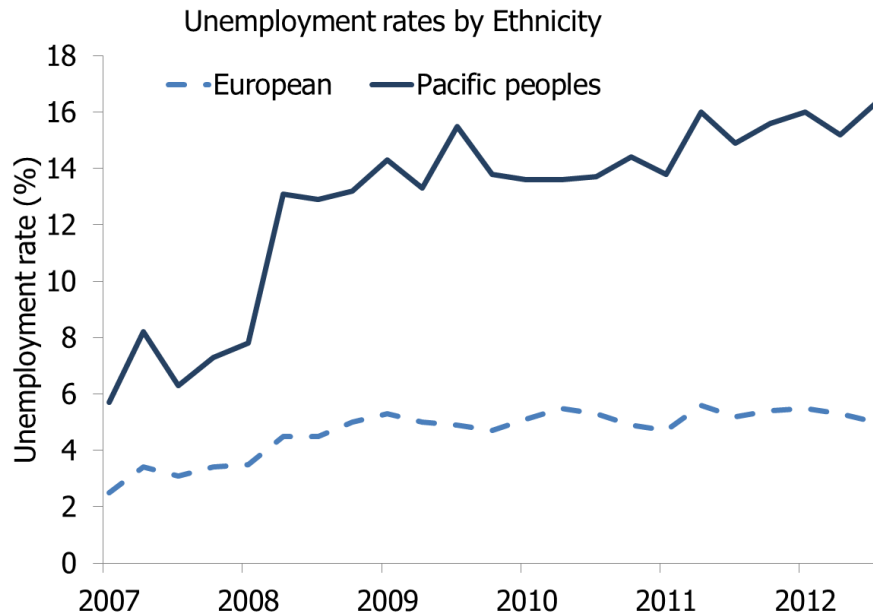
High numbers of people with no formal education



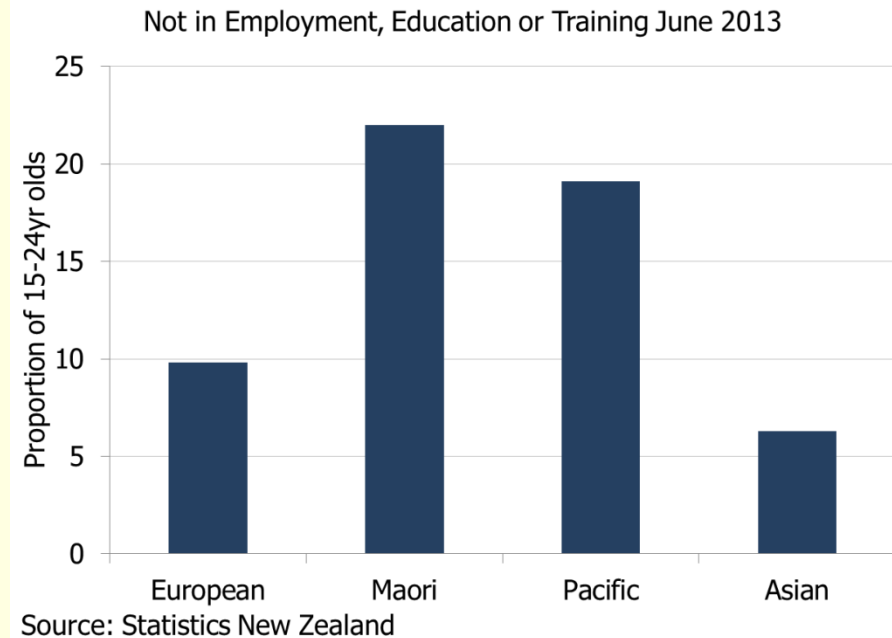
Source: Statistics New Zealand, HLFS



Hard going over the past 6 years...



Source: Statistics New Zealand



Source: Statistics New Zealand



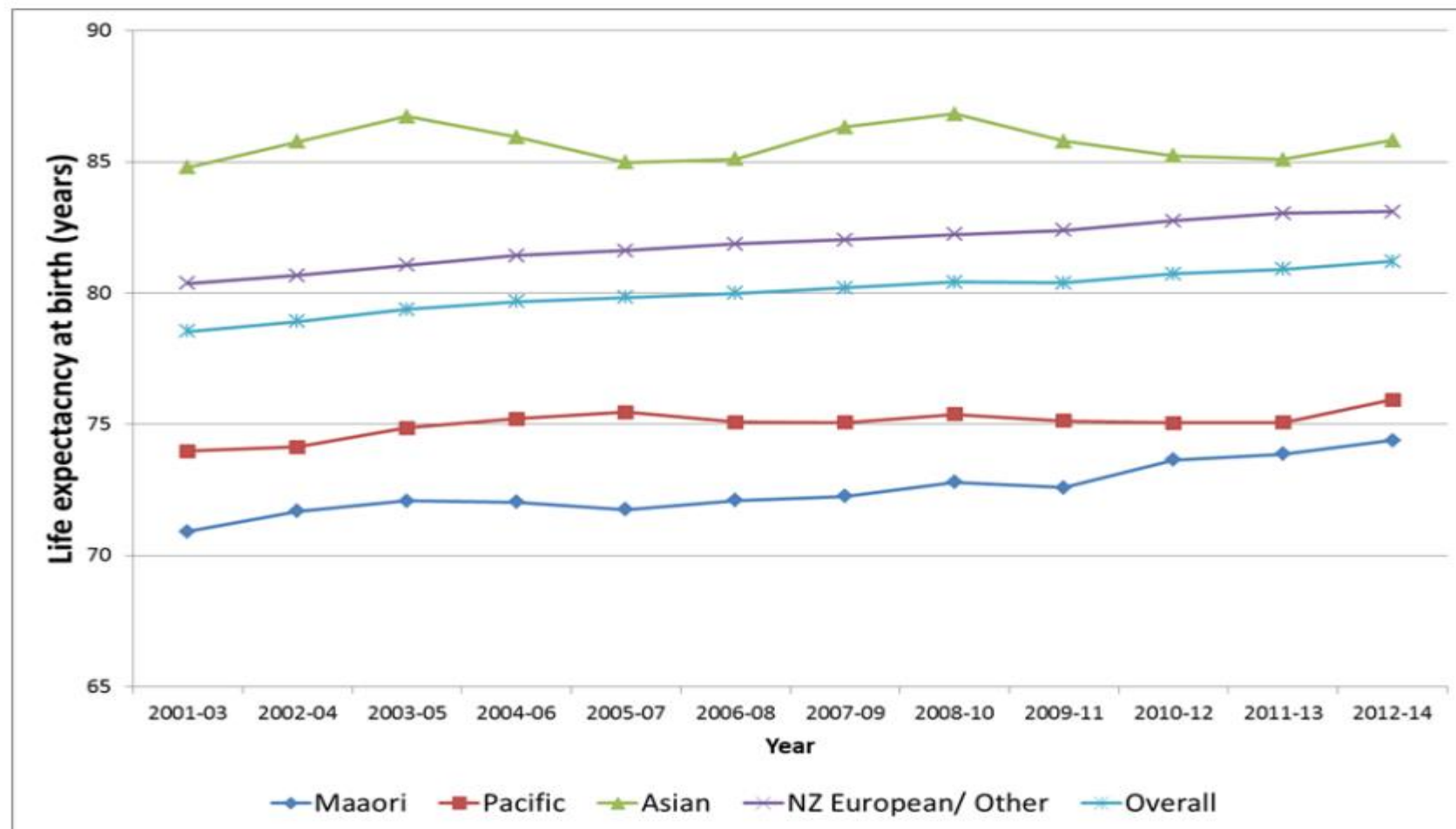
What does it mean to be Pacific in NZ? Why is being Pacific associated with poorer health?





Life expectancy at birth by ethnicity CMH DHB

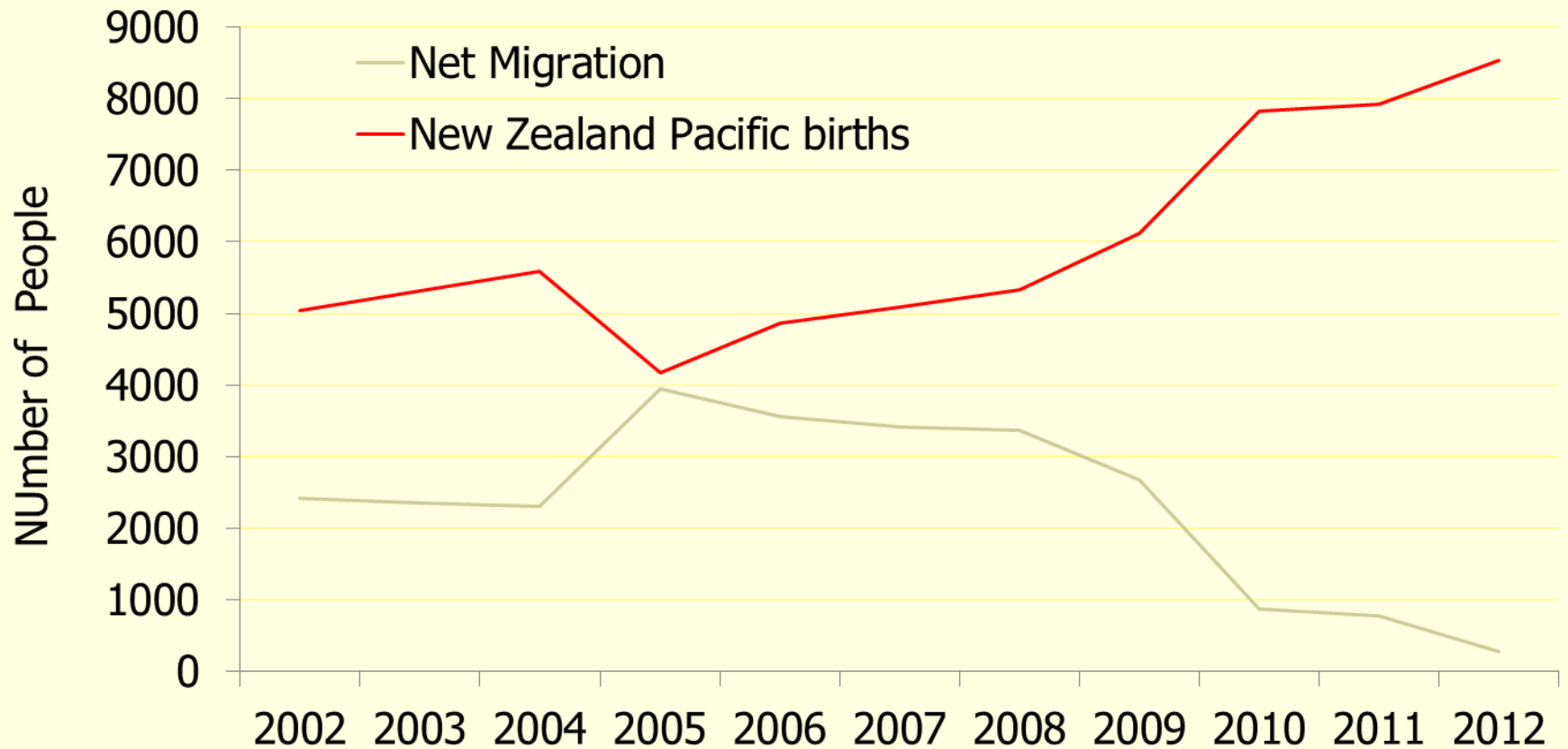
Figure 2: Life expectancy at birth in CM Health from 2001-03 to 2012-14 by ethnicity (3 year average)



Data source: Mortality Collection, Ministry of Health; Estimated populations by DHB (2014 version), Statistics New Zealand



Migration is no longer the key driver for Pacific population growth



Source: Statistics New Zealand, NZIER



Pattern of poor health different for Maori and Pacific

Table 3: Age standardised mortality rates of selected diseases (using WHO standard) in Counties Manukau Health in 2012 by ethnicity (highest ethnic group being highlighted in yellow).

| Causes of death | Maaori | Pacific | Asian | NZ European and others | Overall |
|--|--------|---------|-------|------------------------|---------|
| Ischaemic heart disease (I20-I25) | 1,985 | 1,519 | 635 | 998 | 1,073 |
| Cerebrovascular disease (I60-I69) | 598 | 854 | 438 | 438 | 463 |
| Lung cancer (C33-C34) | 921 | 465 | 196 | 288 | 332 |
| COPD (J40-J44) | 692 | 372 | 96 | 280 | 300 |
| Other forms of heart disease (I30-I52) | 467 | 358 | 101 | 201 | 222 |
| Diabetes mellitus (E10-E14) | 696 | 769 | 216 | 110 | 168 |
| Suicide (X60-X84) | 206 | 112 | 71 | 155 | 155 |
| Transport accidents (V00-V99) | 272 | 108 | 70 | 134 | 144 |
| Breast cancer (C50) | 226 | 203 | 63 | 139 | 144 |
| Dementia and organic mental health disorders (F00-F09) | 100 | 157 | 66 | 121 | 120 |
| Prostate cancer (C61) | 161 | 150 | 38 | 109 | 110 |
| Pneumonia and influenza (J09-J18) | 95 | 107 | 49 | 73 | 77 |
| Malignant melanoma of the skin (C43) | 18 | 11 | 3 | 74 | 64 |
| Hypertensive disease (I10-I15) | 158 | 131 | 33 | 43 | 51 |
| Chronic rheumatic heart disease (I05-I09) | 127 | 108 | 14 | 19 | 32 |



The paradox of Pacific health

| Gains | Challenges |
|--|---|
| Immunisations rates >98% | Children with asthma not on corticosteroids even after hospitalisation |
| Cervical screening 77% | 5 and 10 year cancer survival rates are not improving |
| Diabetes/Chronic care attendance – similar to total population | Highest rates of mortality for diabetes Renal failure in young Pacific adults, LE < 50 years |
| Small gain in LE over the past decade | Life expectancy gap 6-7 years, gap is widening |



The problem is more than access to care

| Guidelines | Pacific | Total |
|---|---------|-------|
| On diabetic medications (all ages) | 60% | 58% |
| On lipid lowering medications (age 30-79) | 55% | 55% |
| On BP lowering medications (age 30-79) | 61% | 61% |
| Timely monitoring with HbA1c | 78% | 79% |
| Tested for microalbuminuria & on ACE/ARB | 66% | 62% |

Note: Includes Northland DHB in addition to the metro-Auckland DHBs

Medications and testing according to guidelines, Pacific diabetes patients
in the Northern Region DHBs, Apr 2011-Mar 2012

Fever pitch: The road ahead for rheumatic fever

Fiona Thomas

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NEWS+ Feature

Five years of effort and money have been put into cutting the high rates of rheumatic fever in New Zealand, but the sector has fallen well short of reaching the targets set. *Fiona Thomas* takes a look at how we arrived at this point and what's ahead



SHAME is the common denominator in conversations about rheumatic fever in New Zealand.

The disease, which hospitalises about 137 people a year, is something no one in New Zealand is proud to own.

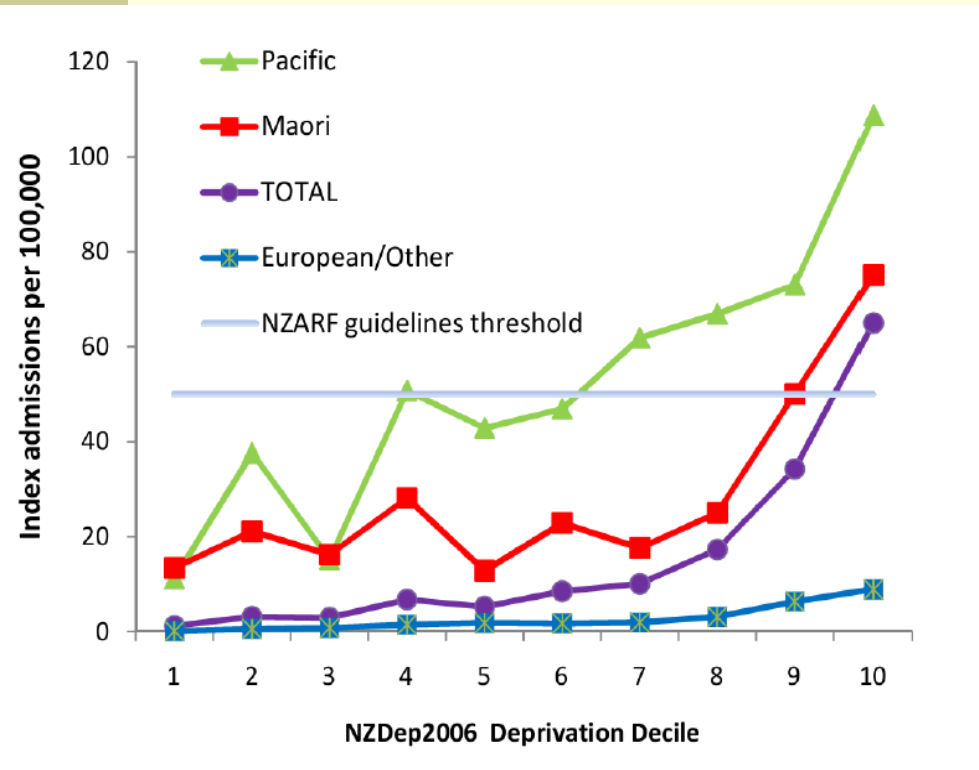


Spoiler alert!

- RF – preventable disease, causes marked ethnic disparity and attributed to ‘triple jeopardy’ – poverty, unhealthy housing, inadequate basic health care
- BPS target cancelled
- Pacific rates of RF remain unchanged
- Lack of evidence about effective RF interventions for Pacific
- RFPP – limited use of Pacific Providers at strategic and service delivery levels



RF epidemiology and the RF Prevention Programme



Average annual rheumatic fever rate, children 5-14 years, by ethnicity and NZDep, 2000-2009. Milne, 2009.

3 Strategies

1. Community awareness raising (work with priority communities).
2. Reduce household crowding and therefore reduce household transmission of strep throat bacteria within households.
3. Improve access to testing and treatment for strep throat infections in priority communities (primary care).



Primary care

- Almost all families enrolled with provider
- Directly prior to RF, multiple visits to provider with same complaint. Report dismissal of concerns and delayed diagnosis
- Some report improved primary care after changing providers
- Most common presenting sx – painful, swollen joints
- Families respected clinician; want more input
- Communication and language barriers

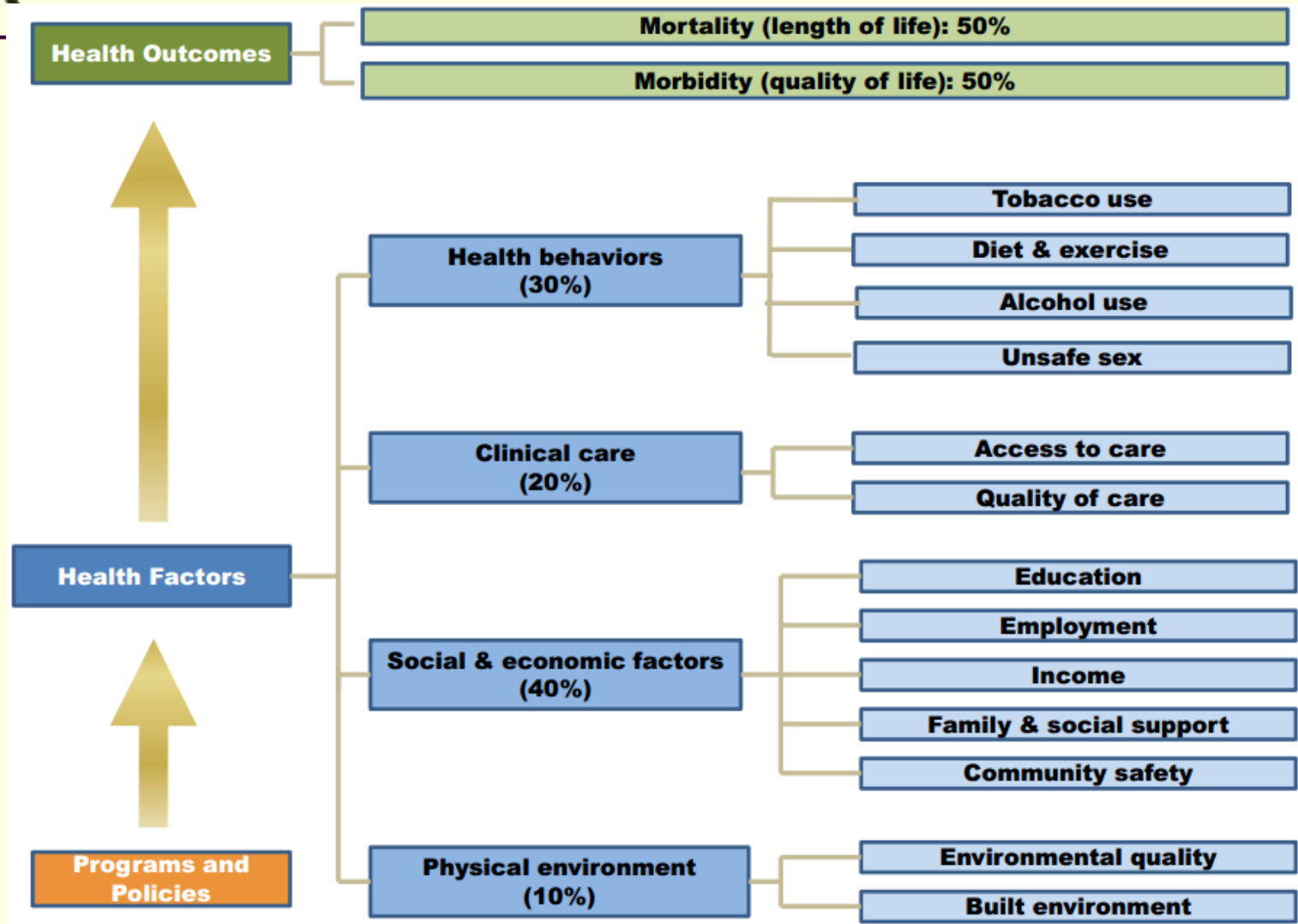


Key findings

- Families doing their best for their children in challenging SE circumstances
- Health literacy has a central role in RF prevention
- The beliefs, attitudes and previous experiences of Pacific families are key to developing a model of care for Pacific families



Multiple determinants of health





Effective solutions - *How do we improve the effectiveness of the message and the messenger?*

- Everyone has a role to play
- *Need effective policy settings*
- We know what works e.g Immunisation
- *Community engagement is part of the solution*
- Cross sectoral cooperation is NOT optional!
- *Collecting ethnic-specific data and ongoing research*
– *we can be sophisticated with solutions*
- Train an effective workforce (Fit for purpose for a diverse Aotearoa)



Reduce Inequalities

- ‘...that almost every social problem common in developed societies – reduced life expectancy, child mortality, drugs, crime, homicide rates, mental illness and obesity – has a single root cause: **inequality**.’

Pickett and Wilkinson, 2009 – ‘The spirit level’



The degree of comfort individuals feel with seeking health services impacts on their use of services and, in turn, health outcomes... The delivery of care in a culturally appropriate manner is an important element in determining both the willingness of people to access services and the success of any treatment or care then delivered.

Professor Sir Mason Durie

Our Health system : Through a consumer's eyes....





Summary

- Pacific people are a significant population in New Zealand.
- Pacific people experience persisting disparities in health outcomes, higher rates of chronic disease and risk factors for health.
- Growing understanding that the problems are similar for Pacific populations in the region, and in migrant populations in high income countries.
- Consumer voice and community engagement are an important part of the required solutions.
- Current health system responses are inadequate and there is limited research focused on Pacific specific solutions.
- Increasing the Pacific health workforce and developing Pacific models of must be an important response to health inequalities in NZ.



Vinaka vakalevu

Malo 'aupito

Fa'afetai lava

Meitaki maata

Faka'aue lahi

Fakafetai

Thank you

