



Adult Asthma Quick Reference Guide

Submission to the Asthma Foundation New Zealand

Date: 11 April 2016

Contact

LEANNE MANSON, RCPN, BN, BA (1ST HONS), PGDIP PH, POLICY ANALYST MAORI

DDI 04 4946389 OR 0800 283 848 | E-MAIL LEANNEM@NZNO.ORG.NZ | www.nzno.org.nz

NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140

About Te Rūnanga o Aotearoa, New Zealand Nurses Organisation

Te Rūnanga o Aotearoa, New Zealand Nurses Organisation (Te Rūnanga) is the bicultural arm through which the Moemoeā, aspirations of Māori health professionals are achieved.

Our aim is to enhance the health and wellbeing of all people of Aotearoa. We are united in our professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all people.

Te Rūnanga represents the needs, concerns and interests of Māori members at regional, national and international forums. Te Rūnanga leads the development of Māori processes within NZNO.

EXECUTIVE SUMMARY

1. As indigenous health care professionals, Te Rūnanga o Aotearoa, New Zealand Nurses Organisation (Te Rūnanga) welcomes the opportunity to comment on the Asthma and Respiratory Foundation New Zealand Adult Asthma Quick Reference Guide.
2. Te Rūnanga has consulted widely with staff and members, in particular expert members and nursing, research and policy advisers.
3. Te Rūnanga acknowledges that Māori have an equal right to the highest standards of health, and the State is responsible for ensuring this is achieved under article 24.2 of the United Nations Declaration on the Rights of Indigenous peoplesⁱ.
4. We also acknowledge the rights of Māori under te Tiriti o Waitangi to good health that encompasses wellness in its fullest sense and including the physical, spiritual and cultural wellbeing of Māori as individuals and collectively.ⁱⁱ
5. While it is widely acknowledged that there are long standing and significant disparities in health outcomes for Māori - shorter lives, less

access to primary health care, less access to treatment, poorer treatment - we do not agree that such inequalities are acceptable, just, necessary or fairⁱⁱⁱ in a developed country like Aotearoa New Zealand in 2016.

6. We support the overall intent of the Te Hā Ora the breath of life National respiratory strategy^{iv}, especially its Moemoeā, goals and strong equity focus to achieve really improvements in health outcomes and improve health literacy.
7. We are aware that the health system requires support and services to provide clear and relevant health messages that empower people to make informed choices^v. We are therefore disappointed that the strategy's strong equity focus is not reflected in the Adult Asthma Quick Reference Guide and does not address barriers to access for Māori.
8. Addressing barriers to care would see an equitable system that would support those that do not have enough income given medication and free doctors' visits. Currently in New Zealand there are 460,000 people taking medication for asthma with a large number of people not having enough income to visit a general practitioner or to pick up a prescription.
9. We believe that the reference guide should use a holistic approach to addressing basic health issues that would aid asthma sufferers by:
 - providing a wrap around funding and service model;
 - accessing medications;
 - education on how to stay well with asthma and assess inhaler and spacer techniques; and
 - follow up appointments and referrals to other agencies to assist with any housing/ social issues.
10. To improve the reference guide we recommend small changes to the following issues:

- health literacy;
- holistic referral systems to access other services;
- communication;
- education; and
- cultural competency training for staff.

DISCUSSION

Health literacy

11. The usage of simple language and basic instructions is essential for better health outcomes. The smart asthma action plan and the self management plans wording needs to be simplified, and written in a larger font for older patients. The plans need to be tested and written for those who are the most vulnerable, including easily understandable instructions.

Holistic referral system to access other services

12. A holistic referral system that encompasses access to other services that address environmental factors - housing, (accessing affordable, warm, dry and uncrowded homes) assistance with medications, access to nurse educators to provide training whānau members on signs and symptoms, medication management, and ongoing follow up support. The system needs to include automatic follow up appointments for those most at risk at no charge.

Communications

13. We recommend including a section on cultural appropriateness that would see health staff greet health consumers in their own language. This would build long term trust relationships and improve health

outcomes. Involving whānau in the consultation and care planning, technique and education processes would ensure better health outcomes.

14. Build in time at appointment for patients to access and receive education and free asthma medication on site, rather than prescribing scripts that don't get filled due to income poverty.

Cultural competency training

15. We agree that training in cultural safety should be mandatory as is clinical competency training for all frontline staff across all clinical settings.
16. Regulatory bodies such as the Nursing Council of New Zealand have included cultural safety into nursing scopes of practice which require the nurse to practise nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate the ability to apply the principles of te Tiriti o Waitangi to nursing practice.
17. While most nursing students are educated on inclusive models of health and wellbeing like Mason Durie's Te Whare Tapa Whā (Ministry of Health, 2009) it is essential that overseas registered health professionals are required to complete any bicultural training before working with Māori.
18. We recommend including a link to the New Zealand Nurses Organisation respiratory nurses section.

CONCLUSION

In conclusion NZNO recommends that you:

- **Note** our submission;

- **Note** our recommendation for a holistic approach to addressing basic health issues that would aid asthma sufferers by:
 - providing a wrap around funding and service model;
 - accessing medications;
 - education on how to stay well with asthma and assess inhaler and spacer techniques; and
 - follow up appointments and referrals to other agencies to assist with any housing/ social issues.

- **Note** our recommended small changes to the following issues:
 - health literacy;
 - holistic referral systems to access other services;
 - communication;
 - education; and
 - cultural competency training for staff.

- **Note** our recommend including a link to the New Zealand Nurses Organisation respiratory nurses section.

Nāku noa, nā



Leanne Manson
Policy Analyst Māori

REFERENCES:

- ⁱ United Nations General Assembly. United Nations Declaration on the Rights of Indigenous People: Retrieved on 8/3/12 from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
- ⁱⁱ Aparangi Tautoko Auahi Kore (ATAK). 2003. *National Māori Tobacco Control Strategy*. Wellington: Aparangi Tautoko Auahi Kore.
- ⁱⁱⁱ Human Rights Commission. (2012) *A fair go for all? Rite tahi tātou katoa? Addressing Structural Discrimination in Public Services*. Human Rights Commission: Wellington.
- ^{iv} Asthma and Respiratory Foundation of New Zealand. (2015). *Te Hā Ora (The breath of Life): National Respiratory Strategy*. Wellington: The Asthma Foundation.
- ^v Ministry of Health. (2015a). *A framework for health literacy*. Retrieved 1/4/16 from: <http://www.health.govt.nz>