



# Prescribing with Māori

NZNO Respiratory symposium April 2018

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affects **1 in 6**  
Kiwis

That's



**700,000**  
people

Costing



**\$6 billion**  
per annum

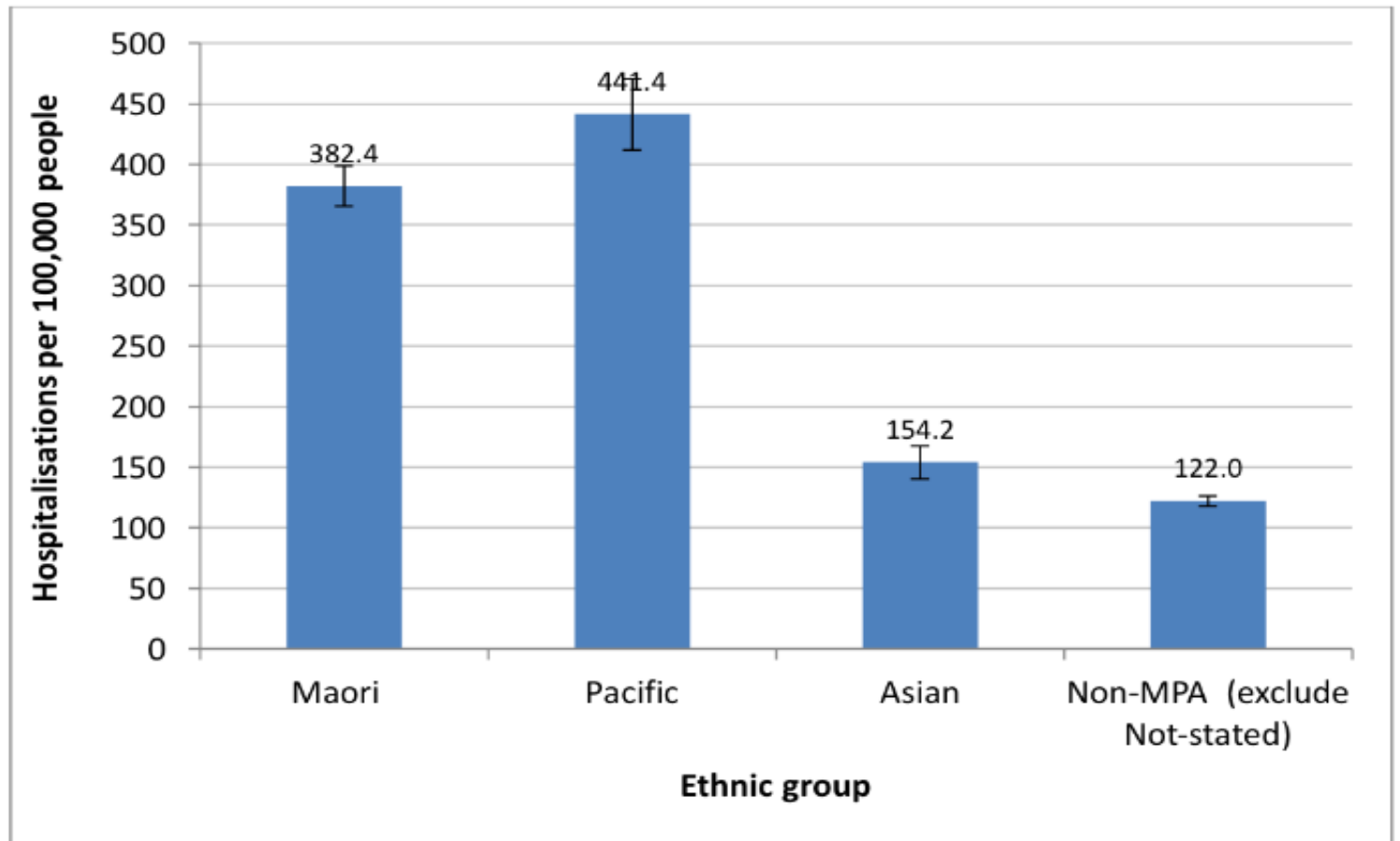
**3rd**



leading cause  
of death

# Māori Respiratory statistics

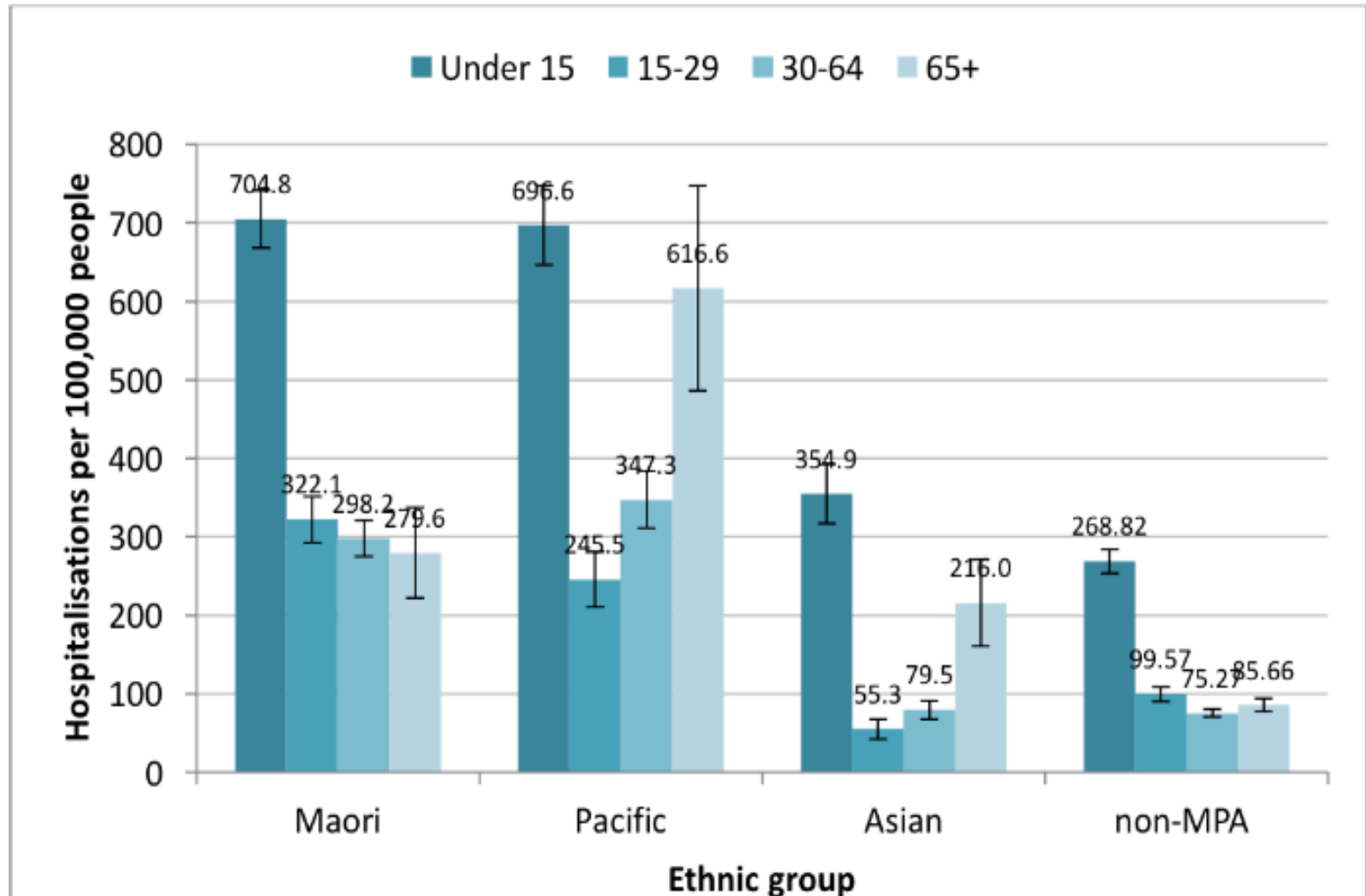
Figure 9. Asthma hospitalisations per 100,000 people by ethnic group, 2015.





# Māori Respiratory statistics

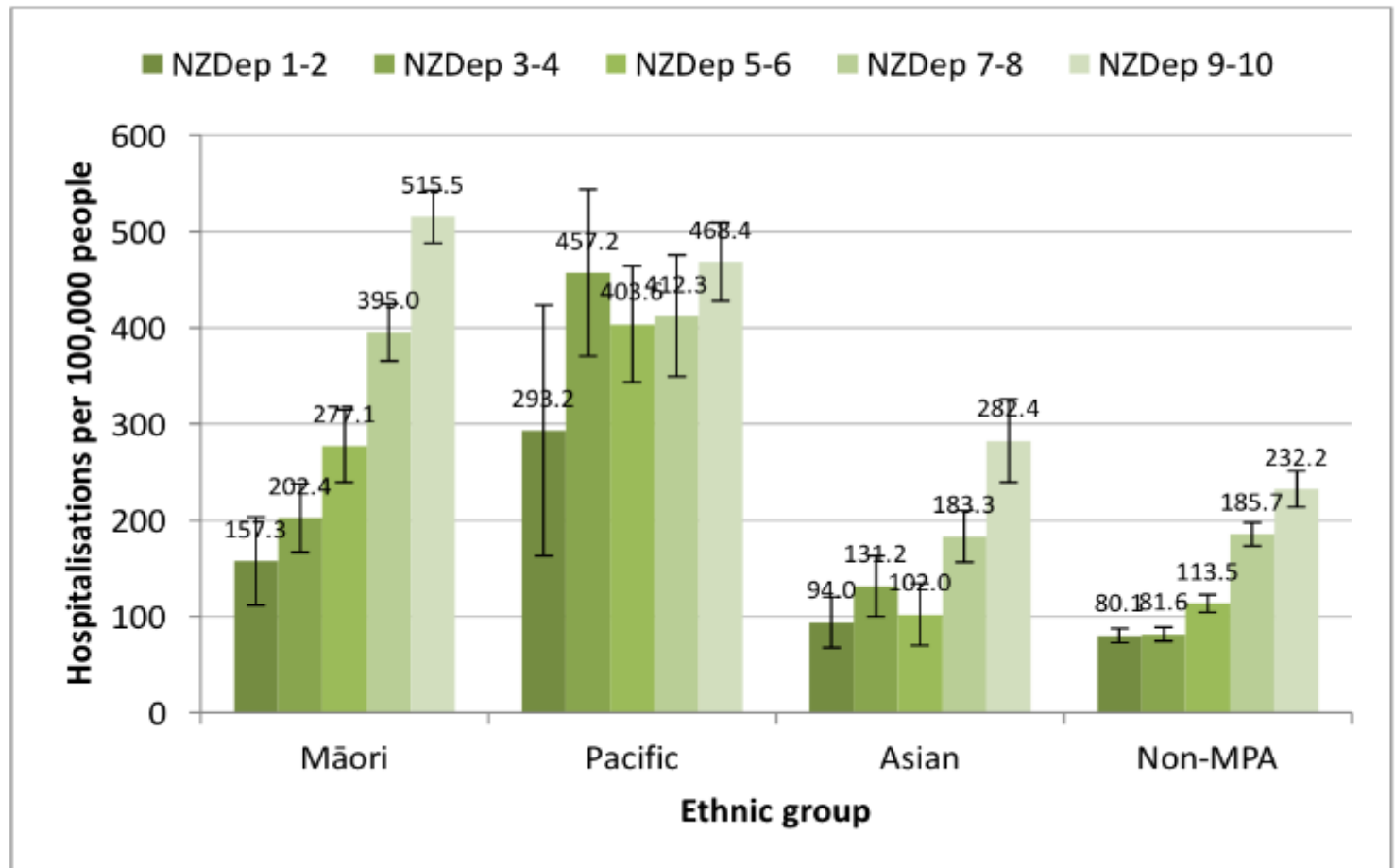
Figure 10. Asthma hospitalisations per 100,000 people by ethnic group and age group, 2015.





# Māori Respiratory statistics

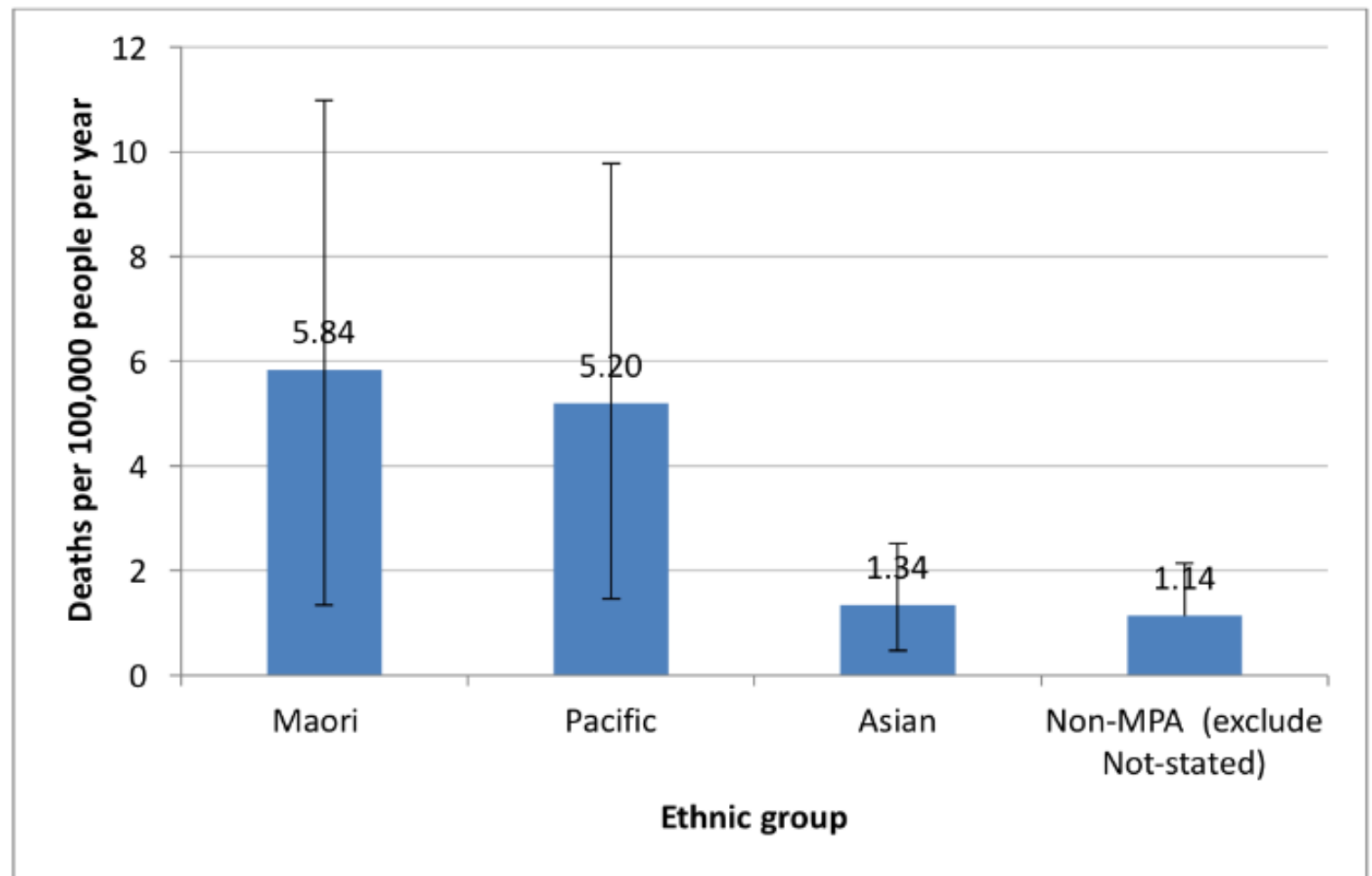
Figure 12. Asthma hospitalisations per 100,000 people by ethnic group and NZDep2006, 2015, age-adjusted.





# Māori Respiratory statistics

Figure 16. Asthma mortality per 100,000 people per year by ethnic group, 2008-2013.

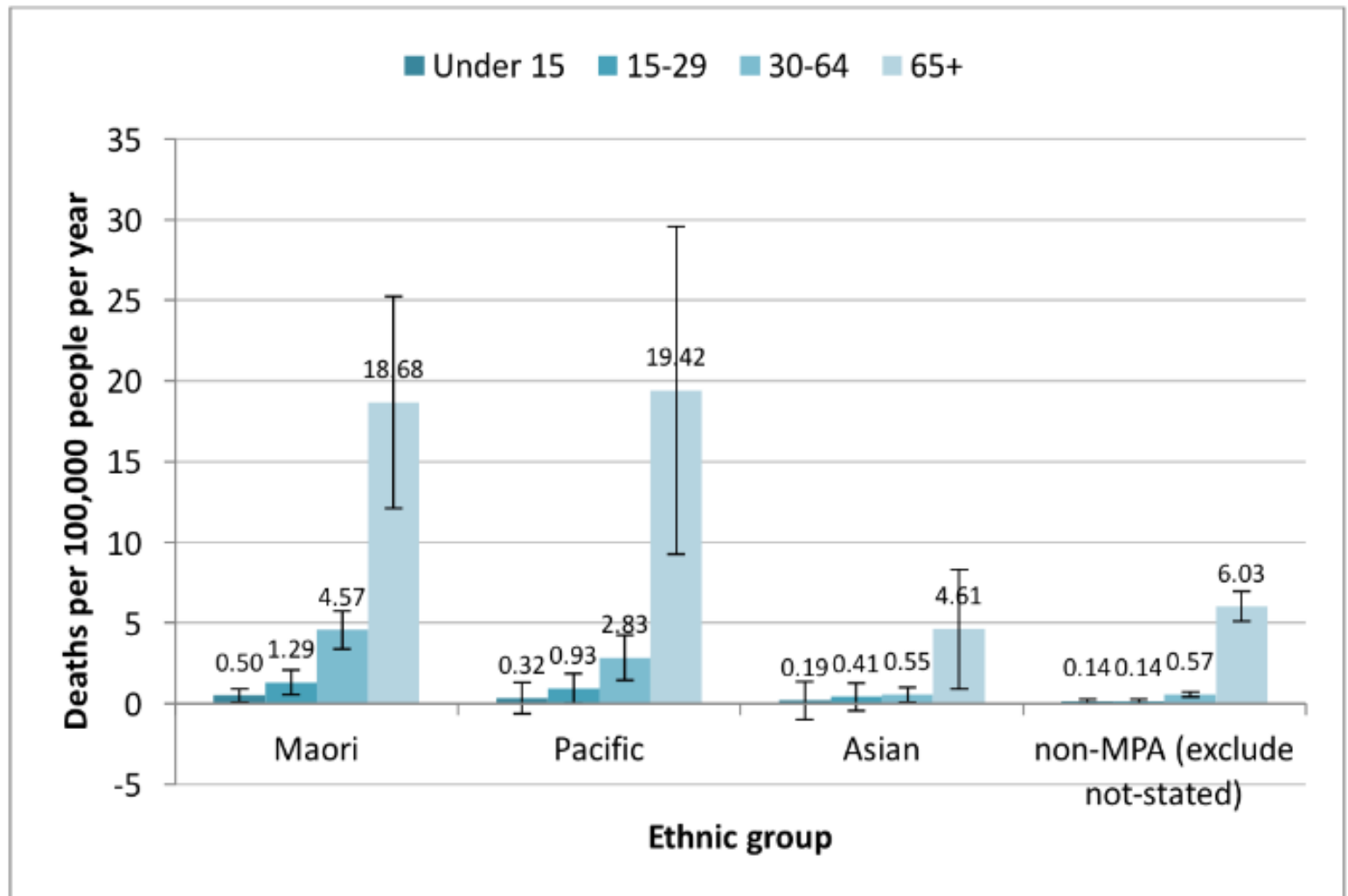






# Māori Respiratory statistics

Figure 17. Asthma deaths per 100,000 people per year, by ethnic group and age group, 2008-2013.

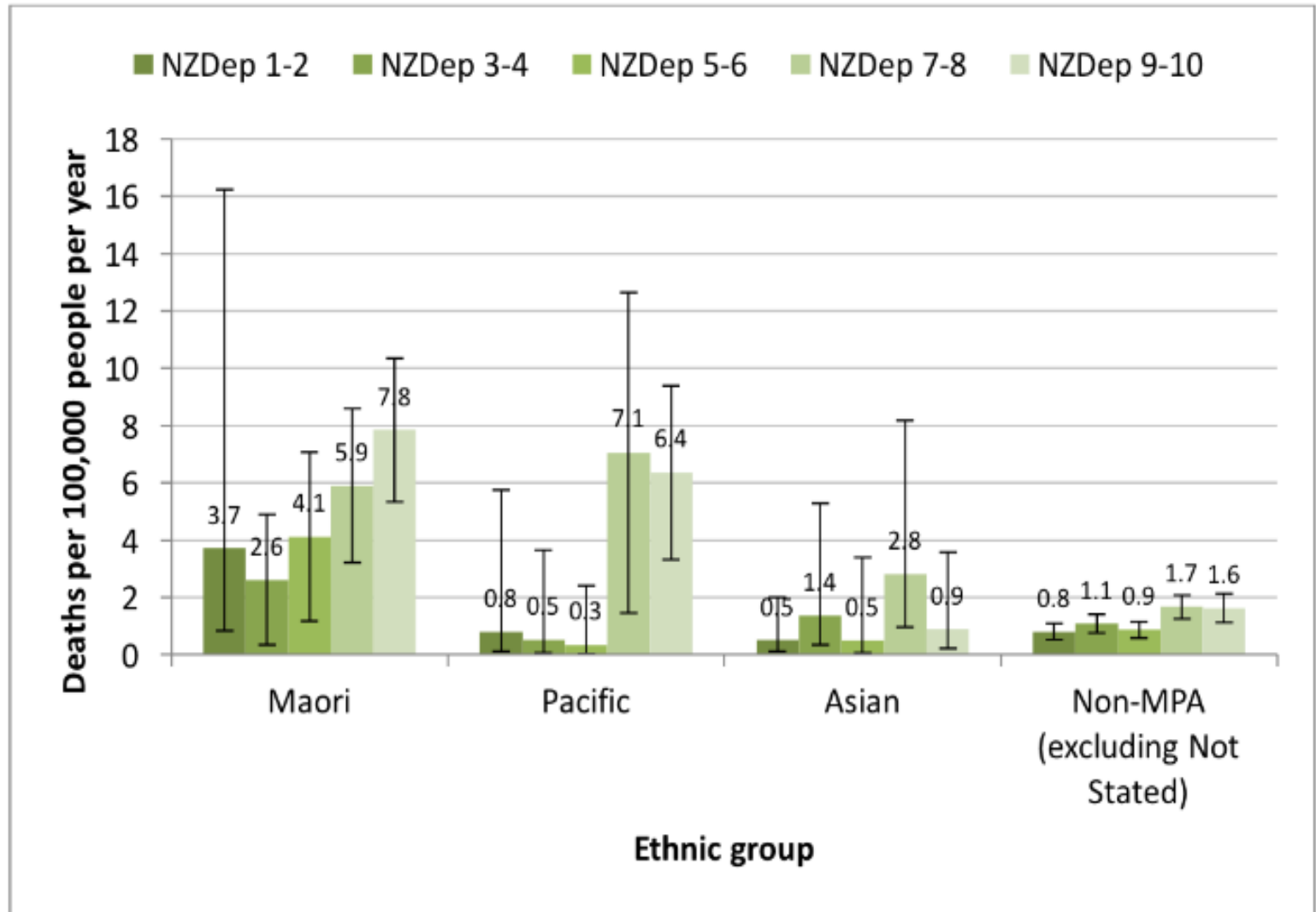






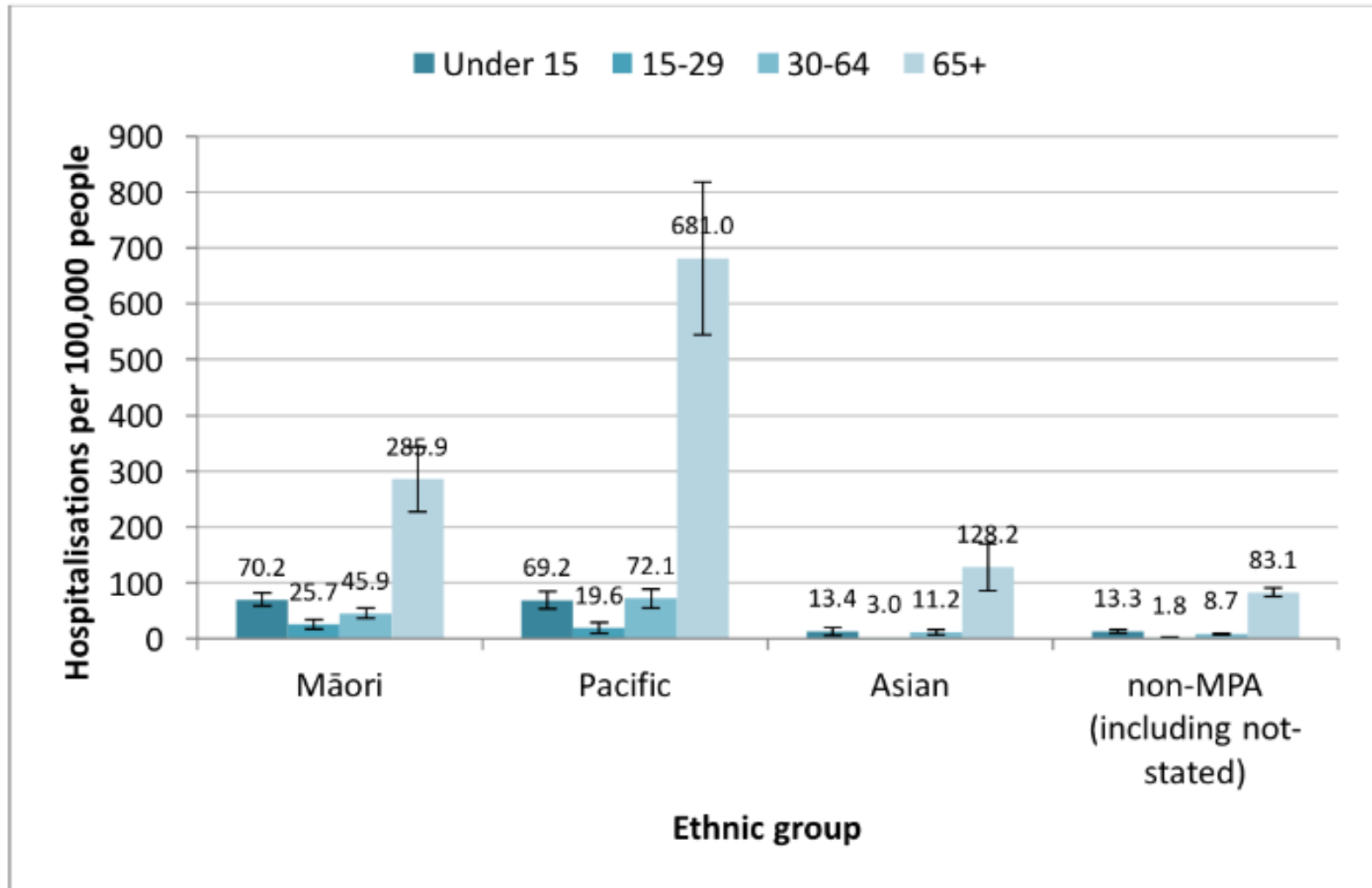
# Māori Respiratory statistics

Figure 19. Asthma deaths per 100,000 people by ethnic group and NZDep2006, 2008-2013, age-adjusted.



# Māori Respiratory statistics

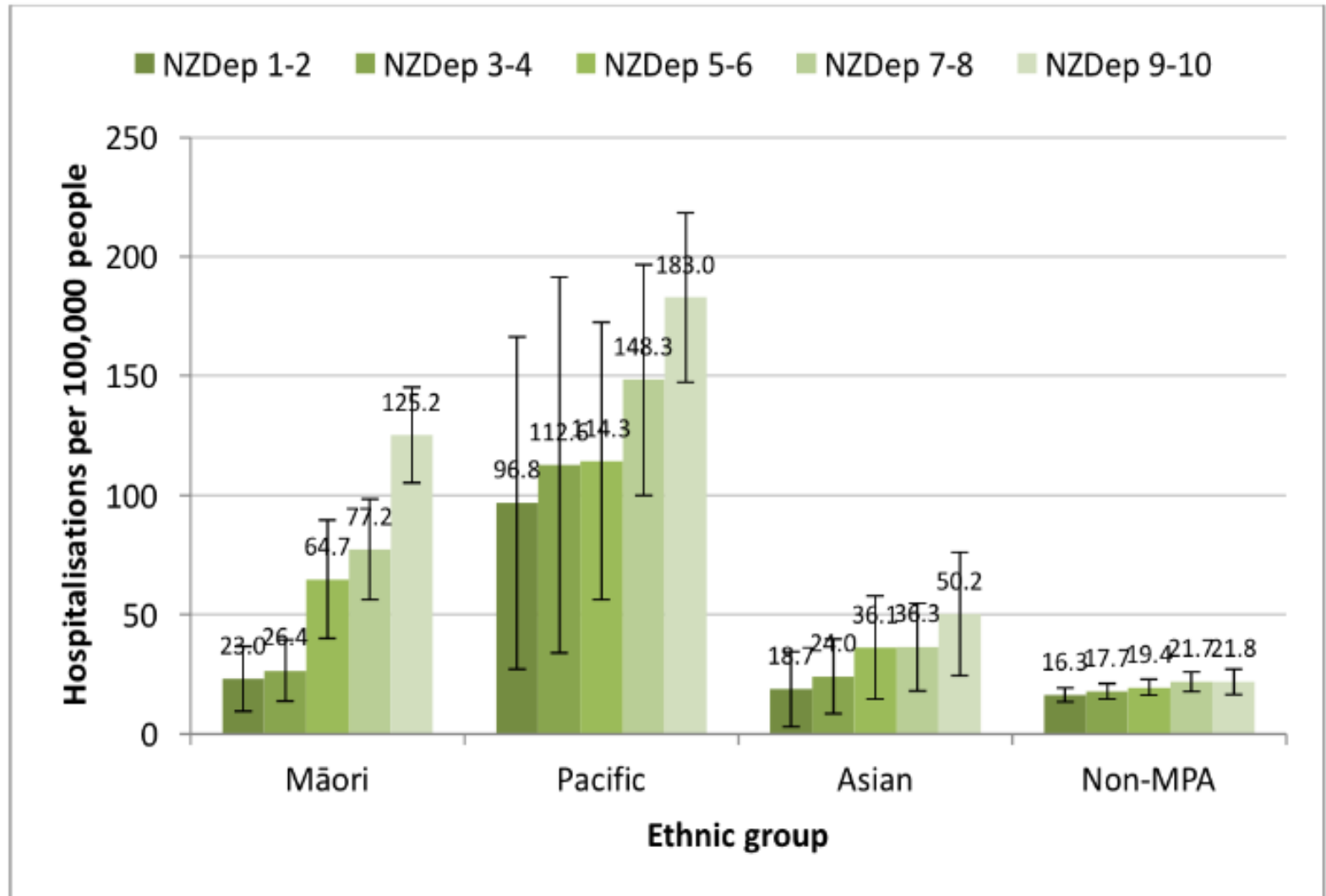
Figure 24. Bronchiectasis hospitalisations per 100,000 people by ethnic group and age group, 2015.





# Māori Respiratory statistics

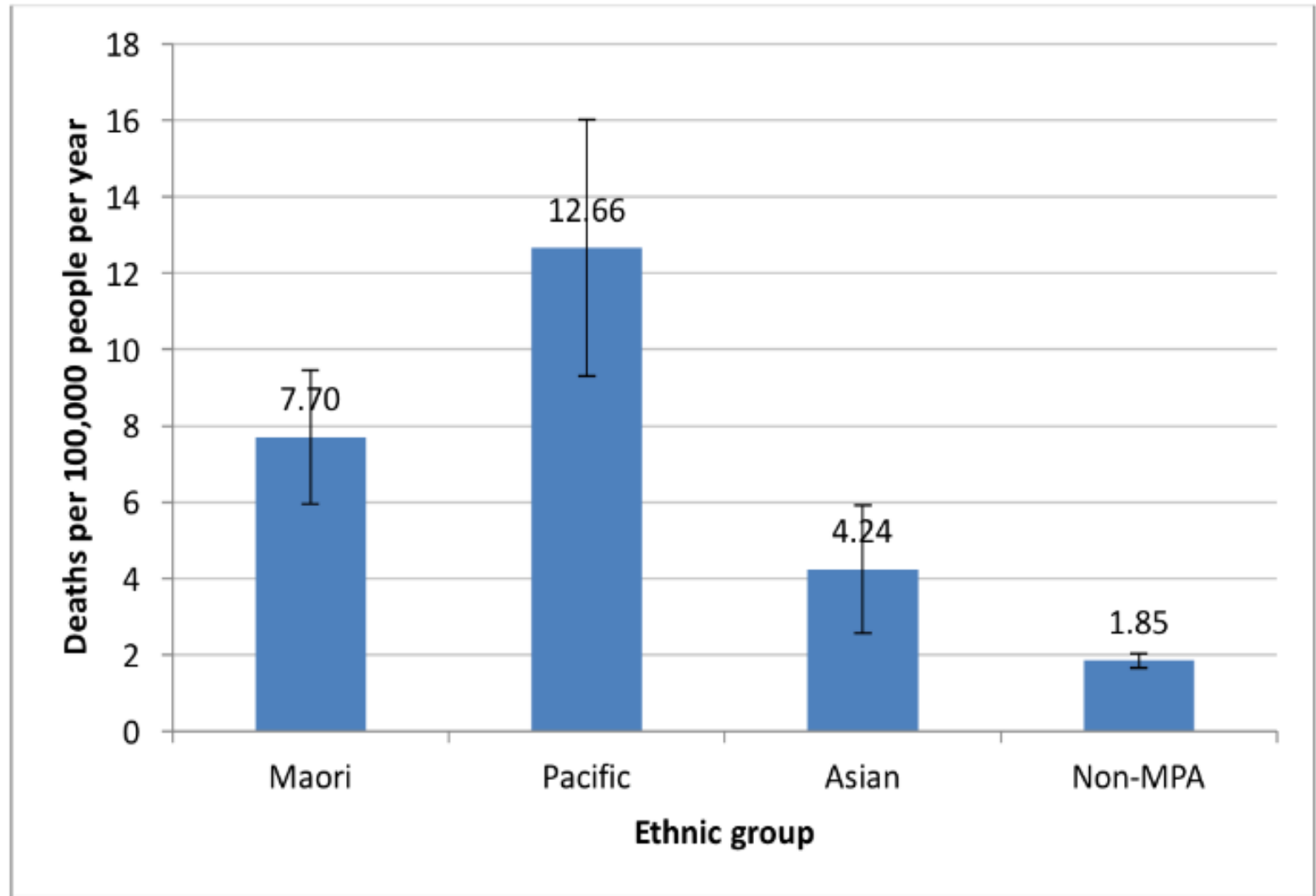
Figure 26. Bronchiectasis hospitalisations per 100,000 people by ethnic group and NZDep2006, 2015, age-adjusted.





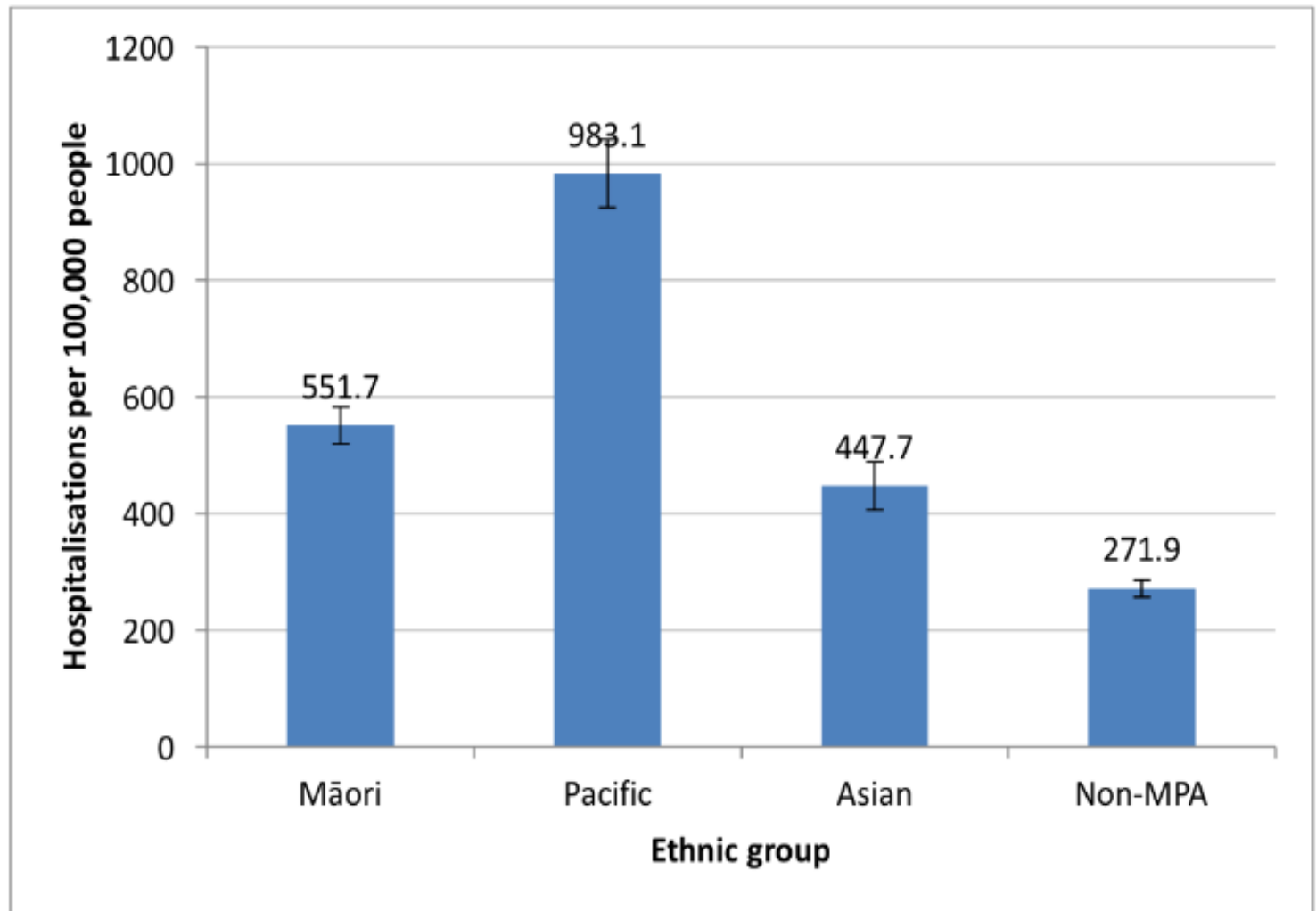
# Māori Respiratory statistics

Figure 30. Bronchiectasis mortality per 100,000 people per year by ethnic group, 2008-2013.



# Māori Respiratory statistics

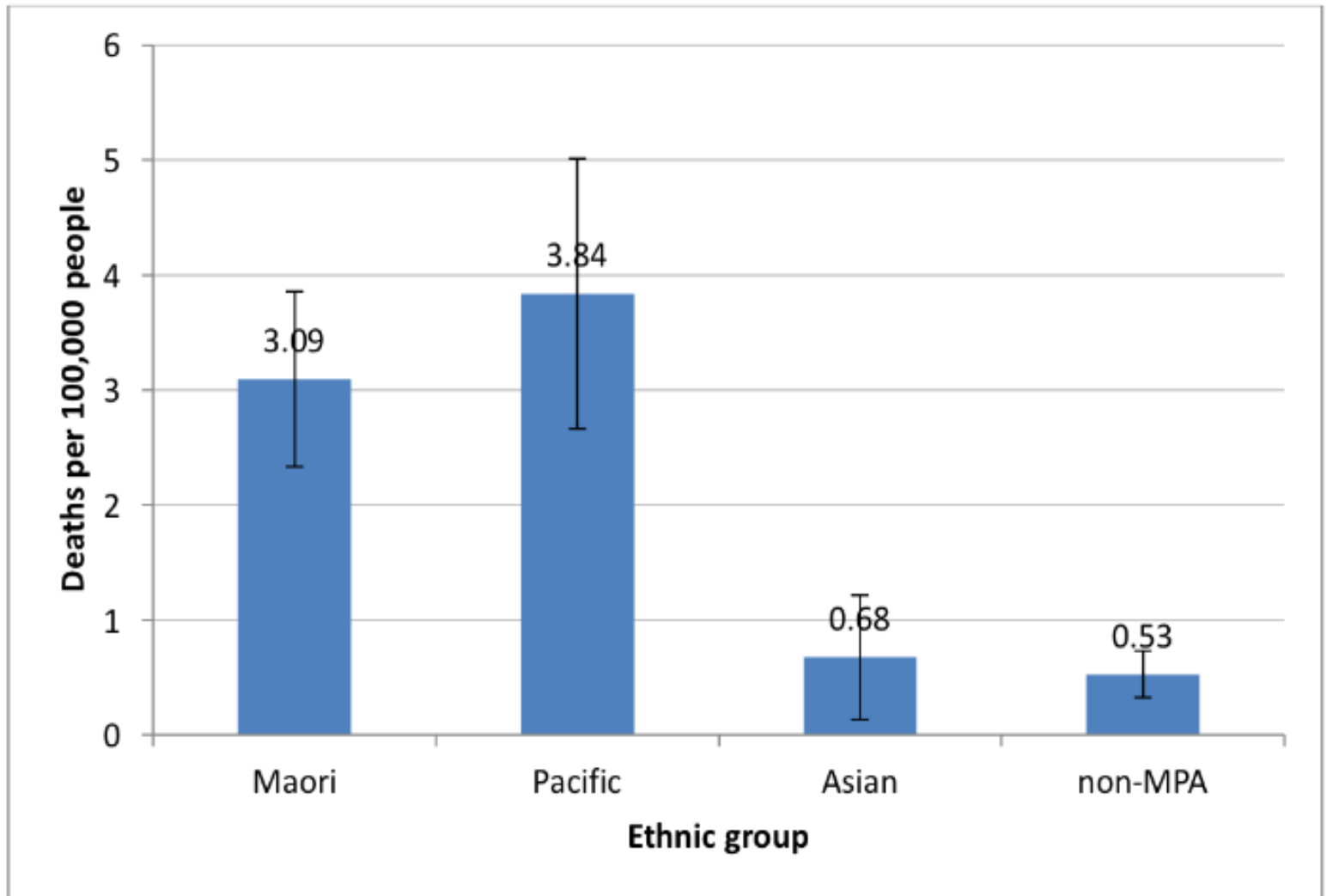
Figure 44. Childhood pneumonia hospitalisations per 100,000 people by ethnic group, 2015.





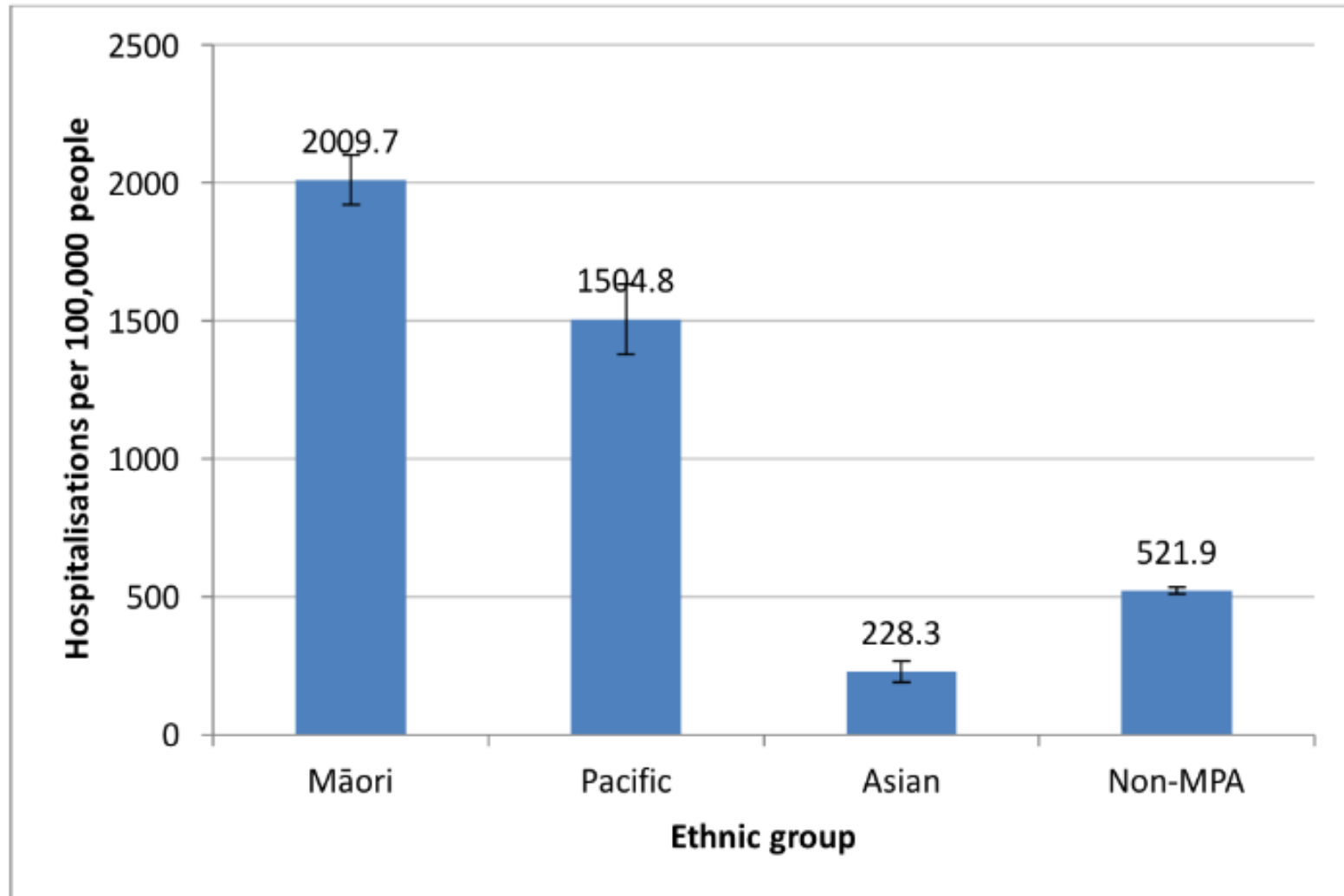
# Māori Respiratory statistics

Figure 51. Childhood pneumonia mortality per 100,000 people per year by ethnic group, 2004-2013.



# Māori Respiratory statistics

Figure 56. COPD hospitalisations in adults aged 40+, per 100,000 people, by ethnic group, 2015.

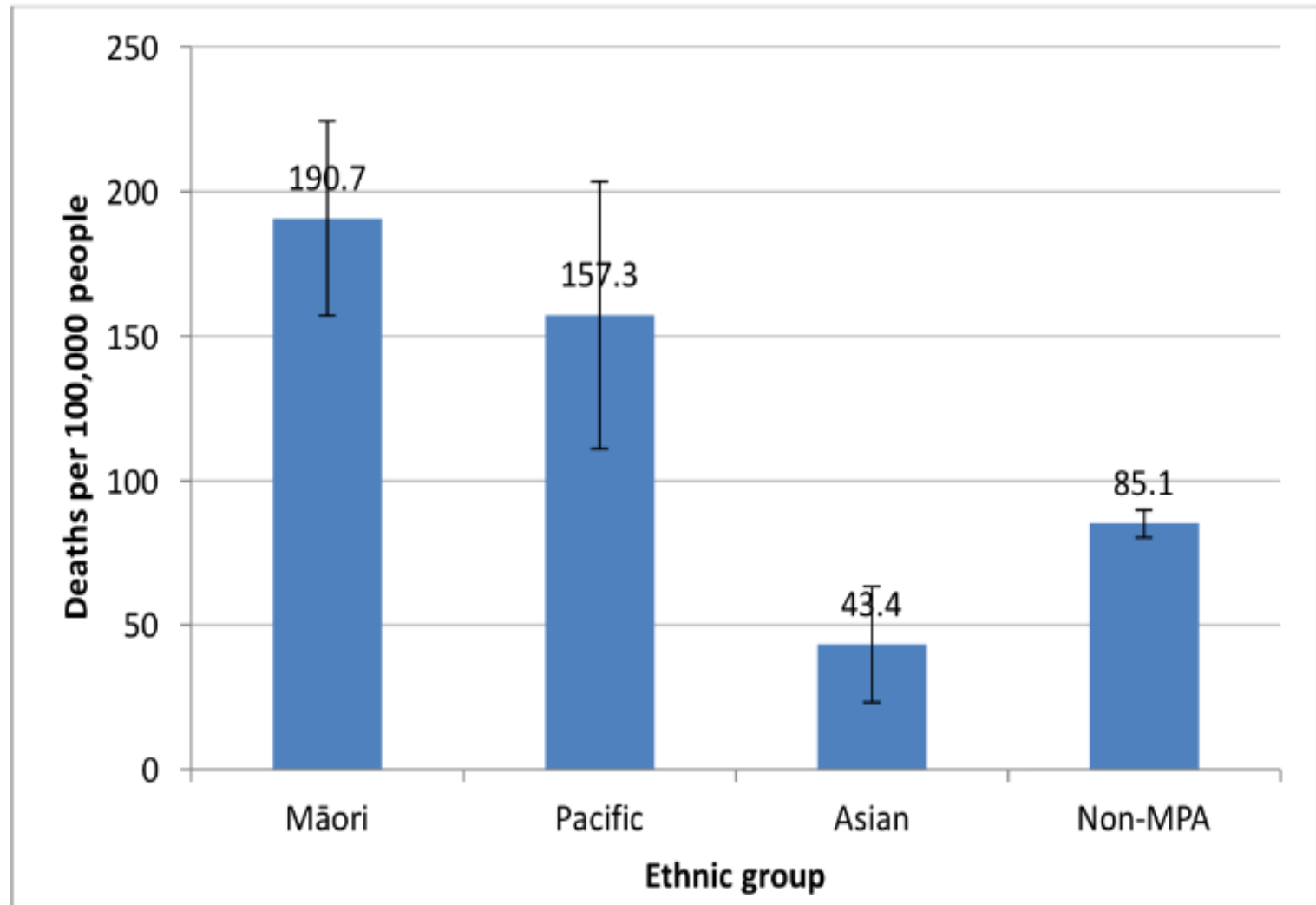






# Māori Respiratory statistics

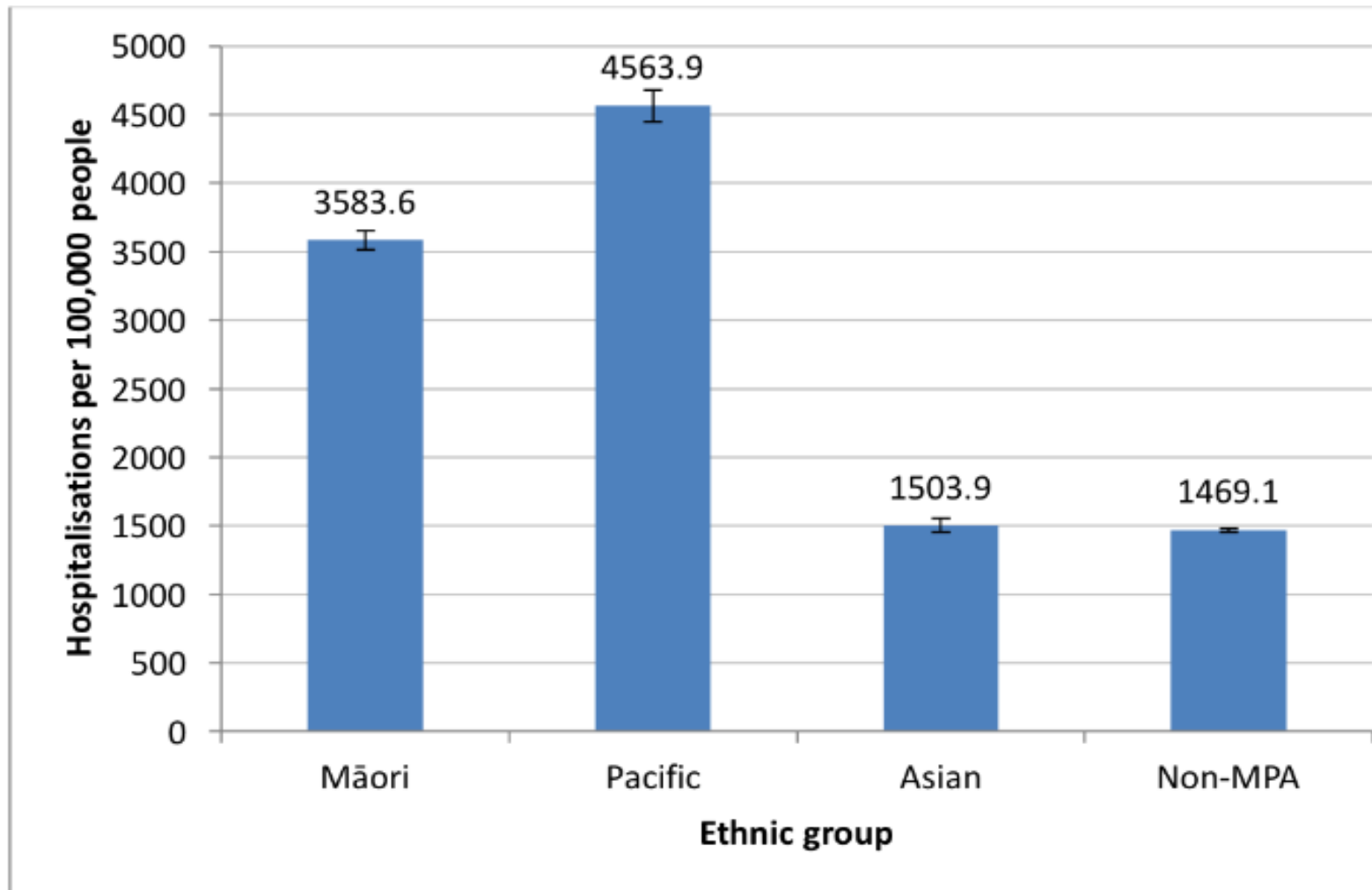
Figure 63. Adult COPD mortality per 100,000 people per year by ethnic group, 2013.





# Māori Respiratory statistics

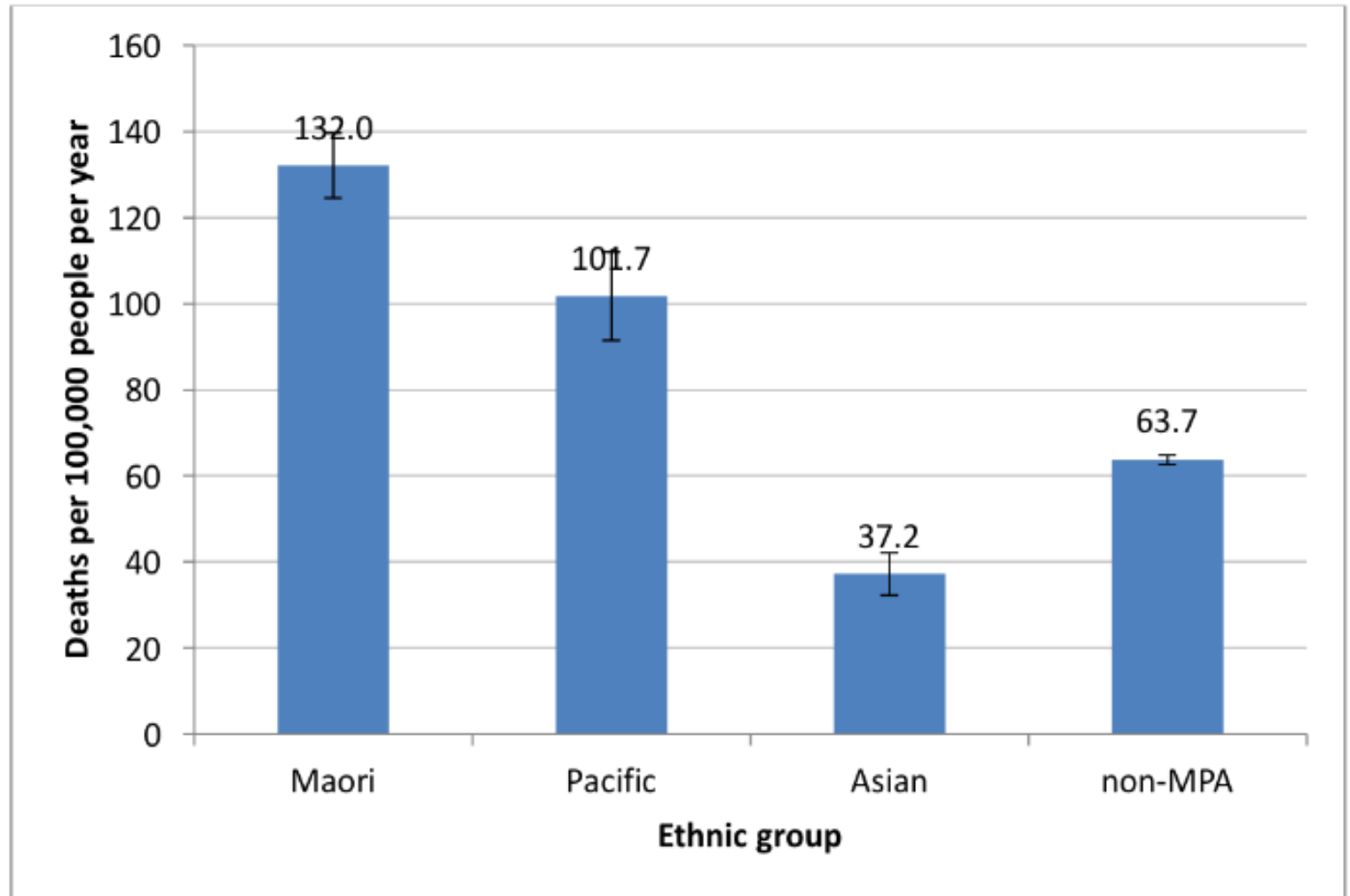
Figure 71. Total respiratory hospitalisations per 100,000 people by ethnic group, 2015.





# Māori Respiratory statistics

Figure 78. Total respiratory mortality per 100,000 people per year by ethnic group, 2008-2013.





# Māori Respiratory statistics

- Total cost of respiratory disease per year \$6.16 million.
- Hospitalisations for Māori 2.4 times higher with any resp condition but 3.4 times more likely to be admitted with asthma.
- COPD hosp rates are highest for Māori -3.7 with 2.2 times the rate of mortality
- Children- death rates from pneumonia are 5.9x higher for Māori children. Hosp rates for pneumonia are 2 times higher for Māori



# Why the disparities?

## Colonisation effects

The dispossession of culture and language has impacted immensely on our people. The stripping of spirituality, language, protocols and land has left our people bereft of self identity and self confidence, impacting on our spiritual, emotional, social and physical well being.



# Traditional Maori Health

- Tapu and noa
- Whare wananga
- Holistic health
- Roles within the hapu/iwi
- Tohunga
- Own systems of public health
- Links to whenua



# Why the disparities?

- Environmental factors
- Socioeconomic factors
- Lifestyle factors and determinants
- Access to health care
- Discrimination/Racism
- Health and housing policy that does not adequately address inequities





# Other issues

- Cost of visits and medicines
- Health literacy
- Intergenerational issues
- Inappropriate services
- Poor relationships



*“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.”*

Sir Mason Durie

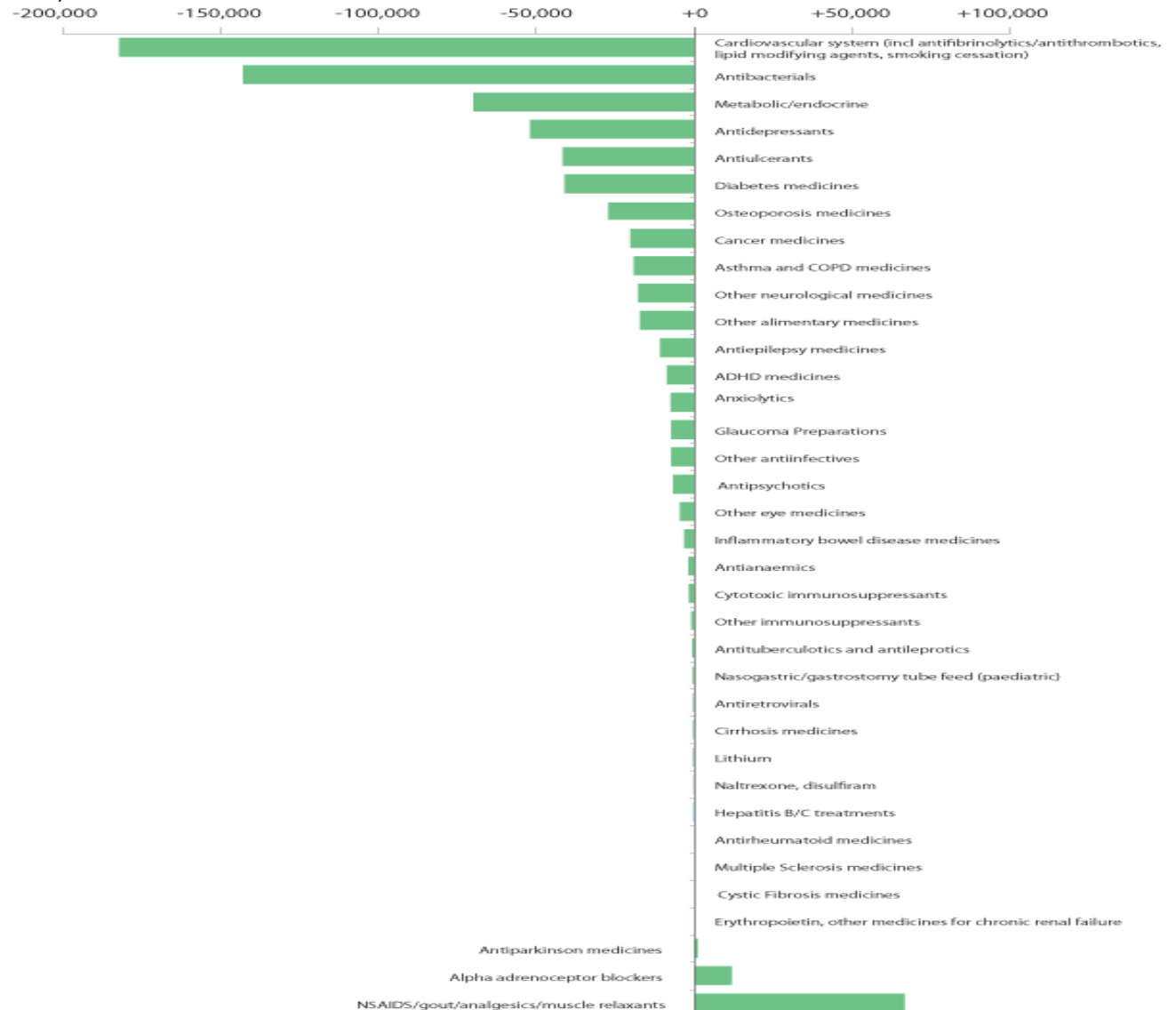


# Medicine usage in māori

- Fewer prescriptions dispensed to māori see table. Bpj issue 45
- Māori more likely to have unfilled prescriptions
- Māori have less frequent treatment escalation
- Late presentations
- Reluctance to consult
- Maori shown to have less GP time
- Proxy symptoms to obtain rx.

# Medicine usage in māori

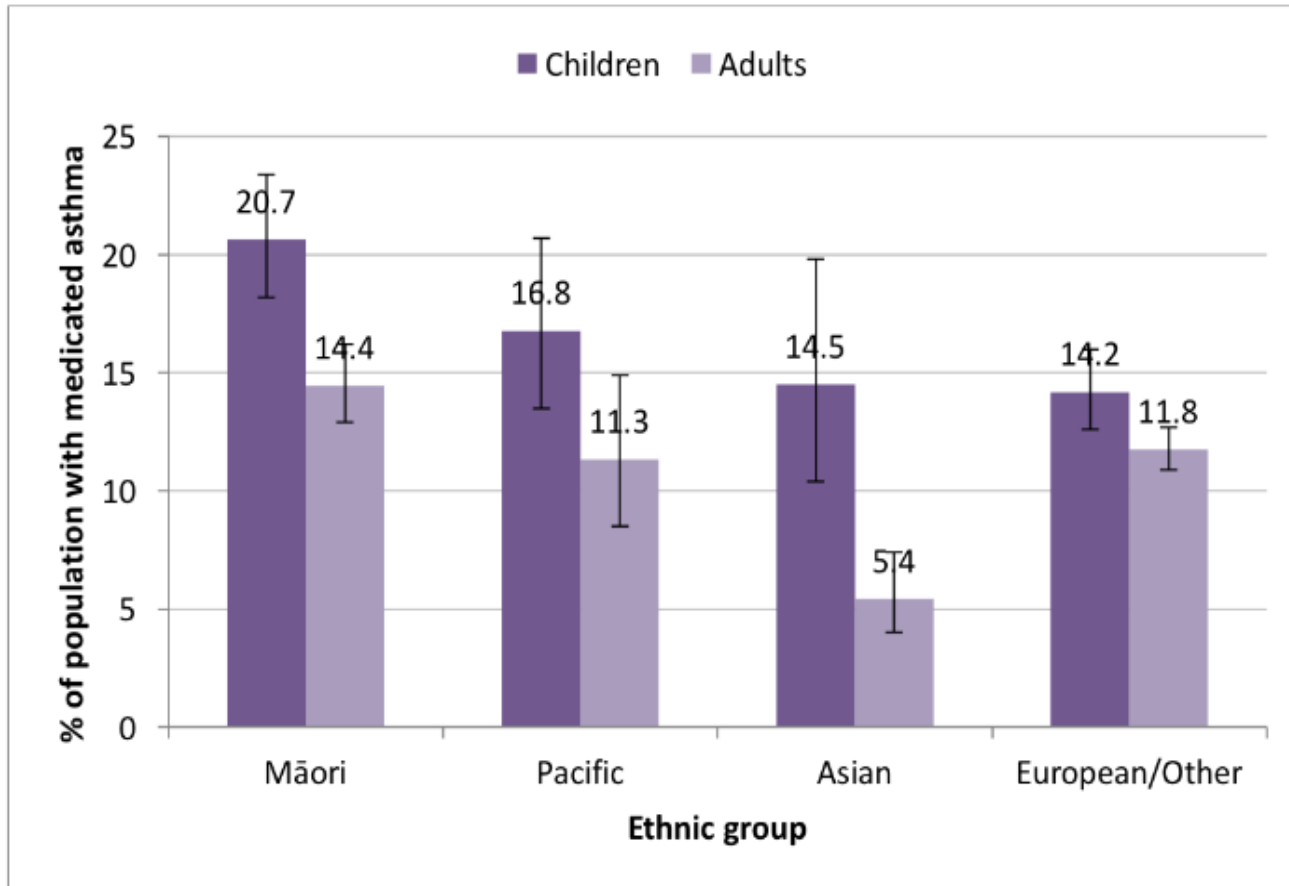
- **Figure 1:** Deficits (–) or excesses (+) in dispensed medicines for Māori compared with non-Māori, adjusted for age and relative disease burden (DALY loss)<sup>1</sup>





# Māori Respiratory statistics

Figure 2. Medicated asthma prevalence by ethnic group 2013/2014, children and adults





# What can we do?


- Acknowledge and understand complexity of issues leading to inequities in health
- Stop blaming
- Set up a good kanohi ki te kanohi therapeutic relationship
- Work with the client and whanau
- Peel back the layers- looking at attitudes, beliefs, diverse realities.
- Assess health literacy and use simple language and examples



# What can we do?

- Delivering culturally appropriate care
- Identifying issues and behaviours that increase comfort
- Familial and community ties
- Taking a position of humble curiosity
- Linking with maori providers, services or clinicians.
- Collaborative care
- Written management plan
- Back pocket prescriptions
- MPSO- practitioner supply order
- Keep medication regimens as simple as possible
- Screen for smokers and symptoms





# Personal reflections as a Māori prescriber

Boundaries where culture is involved

Being a local – on call and constant resource person

Needing good supervision, case/peer review, auditing

Use of tools and reflection

Being able to see a difference in results and the person/whanau.

Changing attitudes



Professional ethics  
sometimes gets in the  
way of true equity

???



*“Maori and Pacifica children were not held in high regard.....If the New Zealand European rates were as high as the Maori and Pacific rates, and if the Maori and Pacific rates were as low as the New Zealand European rates-in other words if we switched them around-I bet there would be a lot more action in this country.”*

*Professor Innes Asher (2016)*

*Starship Hospital paediatrician and professor in the University of Aucklands  
Department of paediatrics, child and youth health.*



# Whakatauki

*Ma te whakapono -By believing and trusting*

*Ma te tumanako- By having faith and hope*

*Ma te tititiro- By looking and searching*

*Ma te whakarongo-By listening and hearing*

*Ma te mahitahi-By working & striving together*

*Ma te whakamomori- By patience & perseverance*

*Ma te aroha – By all being done with love*

*Ka taea e au- I will succeed*