

Respiratory disease in New Zealand

The big problem that no one is talking about.

Respiratory disease
includes a number of
different illnesses...

childhood bronchiolitis
bronchiectasis COPD
asthma
lung cancer
obstructive sleep apnoea
childhood pneumonia

Porirua Project

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April 2016

The problem

- Maori, Pasifika respiratory disease rates a scandal –
doctors radio NZ.
- Respiratory disease: the crippling affliction that thrives among the poor.
- a growing problem that goes unnoticed.
- “alarming ...statistics for children...the most tragic
Pharmacology Today.
- most relentless and disturbing pattern was the high degree of inequality, across ...socio-economic spectrum and ... ethnic groups. *Asthma Foundation.*

Case “TT”

- 46 Cook Island Maori woman.
- Severe bronchiectasis: 26% Lung Function.
- Multiple DNA's
- Reduced engagement with pulmonary rehabilitation, social worker, Pacific support.
- Management plan: retire work, attend exercise classes.
- Health literacy gap contributing towards lack of understanding.
- 3 year review in OPD. Some outcomes with family attendance
- How can the health care team engage with her?

Problem background

- Low representation Pulmonary



Client – Ethnicity

Clinic Name	2013-H1	2013-H2	2014-H1	2014-H2
Maori	22	18	21	17
Other	92	110	112	110
Pacific	4	9	14	8
Total	118	137	147	135

- Higher admissions.
- High deprivation quintile Porirua.

Respiratory hospitalization

- 2013 rate of respiratory hospitalisations 1563.1 per 100,000 people.
- Prevalence, hospitalisation and mortality significantly higher in Māori, and socioeconomically deprived.
- Being of Māori, Pacific or Asian ethnicity was a significant risk factor for bronchiectasis hospitalisation and death.
- COPD rates were highest for Māori, at 3.5 times the non-MPA rate for hospitalisation and 2.2 times the rate for mortality. Pacific peoples' hospitalisation rates were 2.8 times higher. All indicators showed inequalities in health by ethnic group. Pacific peoples' respiratory health was consistently poorest across all indicators, followed by Māori. The Asthma Foundation 2015.

COPD: Ethnicity & Deprivation

- Maori respiratory data:

Figure 64. Adult COPD mortality per 100,000 people per year by ethnic group, 2011.

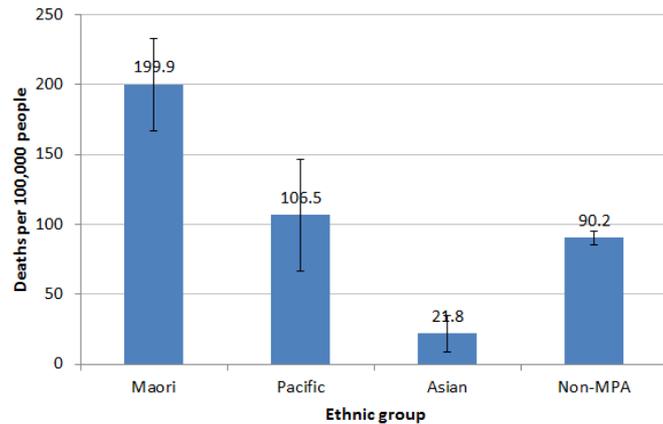
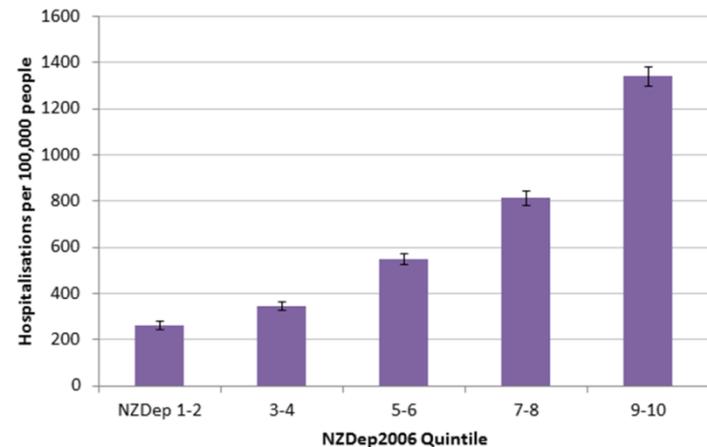


Figure 59. COPD hospitalisations in adults 40+, per 100,000 people, by NZDep2006 quintile, 2013, age-adjusted.



Bronchiectasis: Ethnicity & Deprivation.

Figure 24. Bronchiectasis hospitalisations per 100,000 people by ethnic group, 2013.

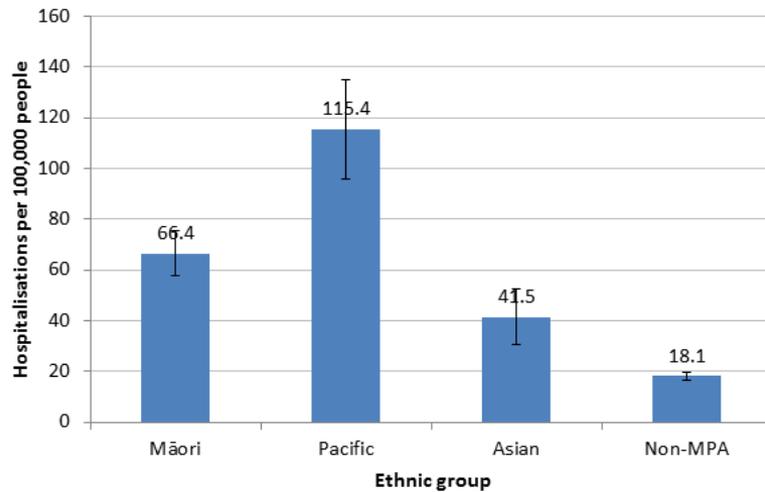
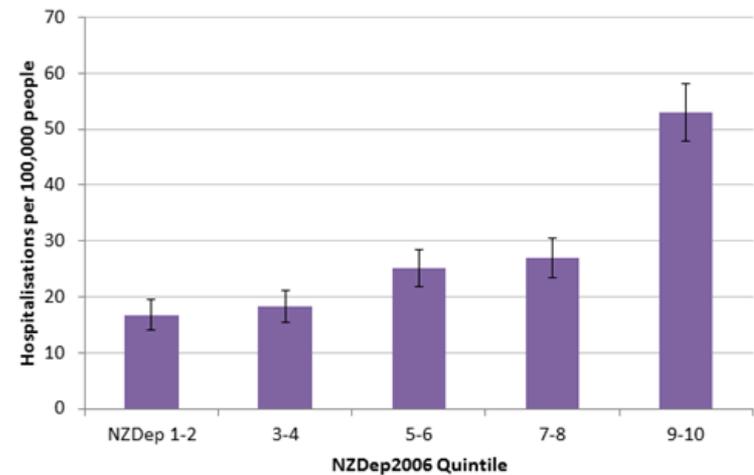


Figure 26. Bronchiectasis hospitalisations per 100,000 people by NZDep2006 quintile, 2013, age-adjusted.



Barriers:

- Poverty.
- Poor Housing Cold & damp, crowding.
- Cost of treatment- -pharmaceutical.
- Language & Cultural barriers.
- Increased co-morbidities.
- Health literacy challenge.
- Reduced awareness- no research.
- No political priority.
- Cultural differences.

Strategy

- To have a clinic at Kenepuru hospital which has interdisciplinary approach in a friendly environment that is cost effective and facilitates holistic, culturally appropriate health promotion.
- To target at risk families as identified by primary care.
- Point of difference: primary care identify who these people are.

Care Plan

- Sing Your Lungs out: Porirua.
- Involvement of Porirua Social sector group.
 - Housing, access, public consultation, health promotion.
- Increase awareness of respiratory disparity for Maori and Pasifika among health professionals.
- Support research.
- Advocate at political level to lift priority of respiratory disease and low socio economic, Maori & Pasifika populations.
- Interdisciplinary access on referral basis.

Outcome

- Clinic access difficult.
- Identifying the Non attending at risk group difficult to obtain.
- Involving a collective DHB approach requires project management.
- Multiple action “groups” no cohesive discussion to achieve Project objectives.
- Consultation for staff to run program.
- FTE (time) constraints.

Reflection

- “ Is the cost of running a western style health care system getting in the way of providing health and improving the health outcomes of our friends, family and Whanau in the Porirua basin?” Robiony-Rogers
- Collective cooperation to advocate for prioritization of respiratory conditions in context of new health paradigm.

Pasifika Model of Care



The Samoan proverb 'o le taeao afua' refers to the new dawn