Will a partnership between parents and nurses find solutions to reduce the high rates of ambulatory sensitive hospitalisations in Pacific children? A community-based participatory research.

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NZNO Conference
September 21st 2017

Acknowledgement

Health Research Council of NZ

Pacific Health PhD Scholarship

Outline

- Who are the Pacific children
- Study background – ASH statistics
- Social determinants of health
- CBPR; Definition/s, Principles
- Why CBPR
- Pacific health research
- CBPR Partnership

Pacific people in NZ

The Pacific people ethnic group was the **4th largest** ethnic group in NZ in the 2013 Census

In 2013, **7.4 %** of the New Zealand population (295,941 people) identified with one or more Pacific ethnic groups, compared with 6.9 percent (265,974 people) in 2006.

- Samoan - 48.7% of the Pacific peoples population
- Cook Islands Maori - 20.9%
- Tongan - 20.4%
- Niuean - 8.1%
- Kiribati, Fiji, Tokelau & Tuvalu = 1.9%

Where Pacific people live

- Auckland - 65.9%
- Wellington - 12.2%
- South Island - 7.1%

Source:http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-culture-identity/pacific-peoples.aspx

Children 0-14years median age and proportion for different ethnic groups

Ethnicity	Median age	0-14 years in proportion
Pacific	22.1 years	35.7%
European	41.0 years	19.6%
Māori	23.9 years	33.8%
Asian	30.6 years	20.6%

Source: Statistics New Zealand, 2013

There is no generic 'Pacific community' but rather Pacific peoples who align themselves variously, and at different times along ethnic, geographic, church, family, school, age/gender-based, youth/elders, island-born/NZ-born, occupational lines, or a mix of these. Therefore it is important that these various contexts of 'Pacific communities' are clearly defined and demarcated in the research process

(Anae, Coxon, Mara, Wendt-Samu, & Finau, 2001, p. 7).

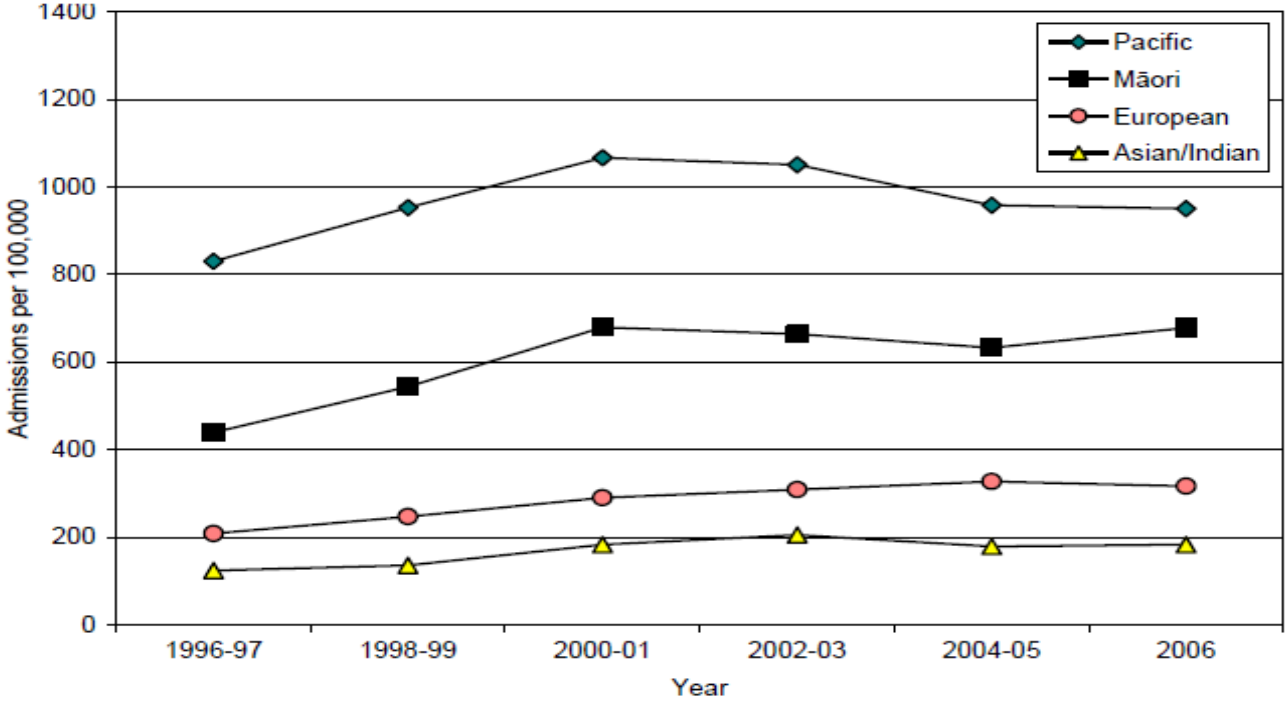
Summary of positive and negative health indicators for Pacific children

Negative health indicators 1998[i]	Negative health indicators 2008[ii]	Positive health indicators 2008[ii]
Highest incidence of acute rheumatic fever	Higher infant mortality rates	Declining infant mortality rates over recent decades
Hospital admissions at a higher rate than other children	Poor oral health	Good birth weights distributions
High incidence of vaccine-preventable disease	Higher levels of respiratory tract infections	Lower rates of both premature delivery & intrauterine growth retardation
Low uptake of primary care	Higher rates of hearing loss	Reduced rates of hearing loss
High rates of pneumonia, acute respiratory infections, unintentional injuries & acute rheumatic fever	Higher rates of infectious diseases	Lower risk of motor vehicle or other unintentional injury
Higher rates of late foetal death than others	Low rates of physical activities	Increased rates of fruits & vegetable consumption
Incidence rates for the 1997 measles epidemic 10 times the rate of European children & five times that of Mäori children	High levels of obesity & overweight	Early childhood participation increases
Highest rate meningococcal disease for those one year of age	Food insecurity in many Pacific children	High enrolments with Primary Health Organisations (PHO)

Source: i. Ministry of Health. (1998). *Making a Pacific Difference in Health Policy.*
ii. Ministry of health. (2008). *Pacific Child Health, A paper for the Pacific Health and Disability Action Plan Review*

Hospital admissions for serious bacterial infections

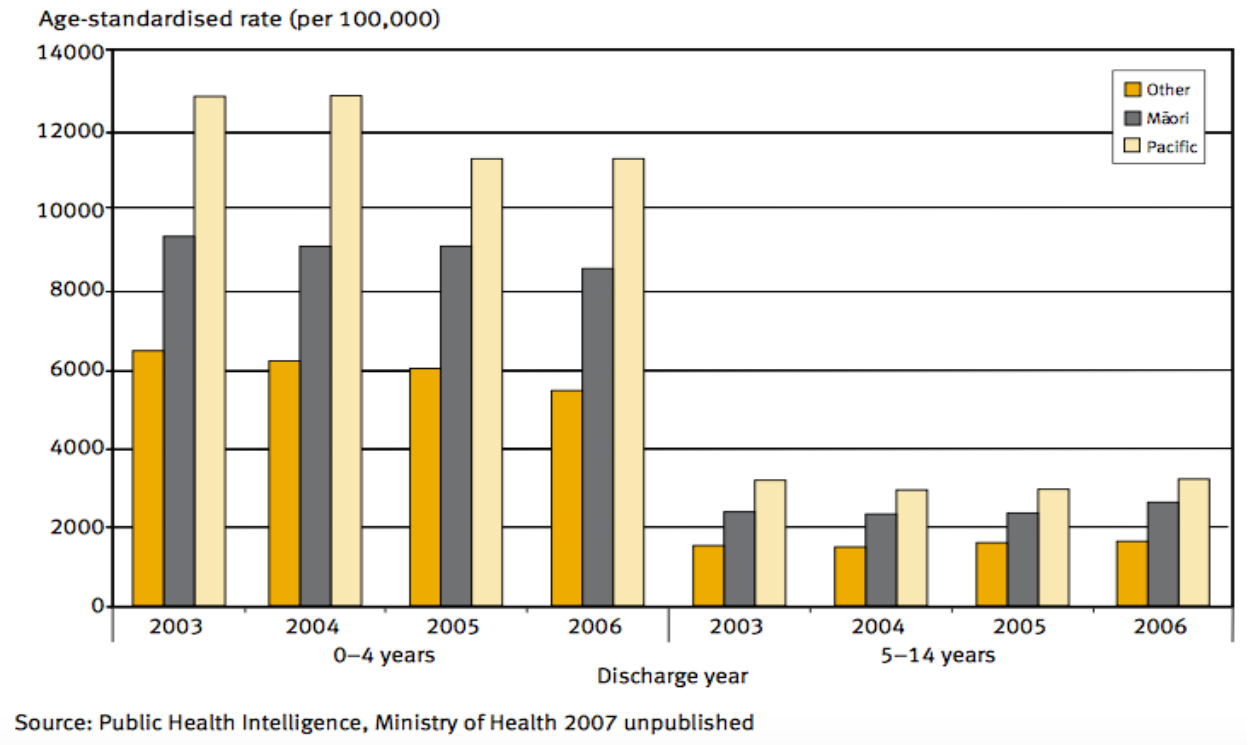
Figure 119. Hospital Admissions for Serious Bacterial Infections in Children and Young People 0-24 Years by Ethnicity, New Zealand 1996-2006



Source: Numerator-National Minimum Dataset; Denominator-Census; Ethnicity is Level 1 Prioritised.

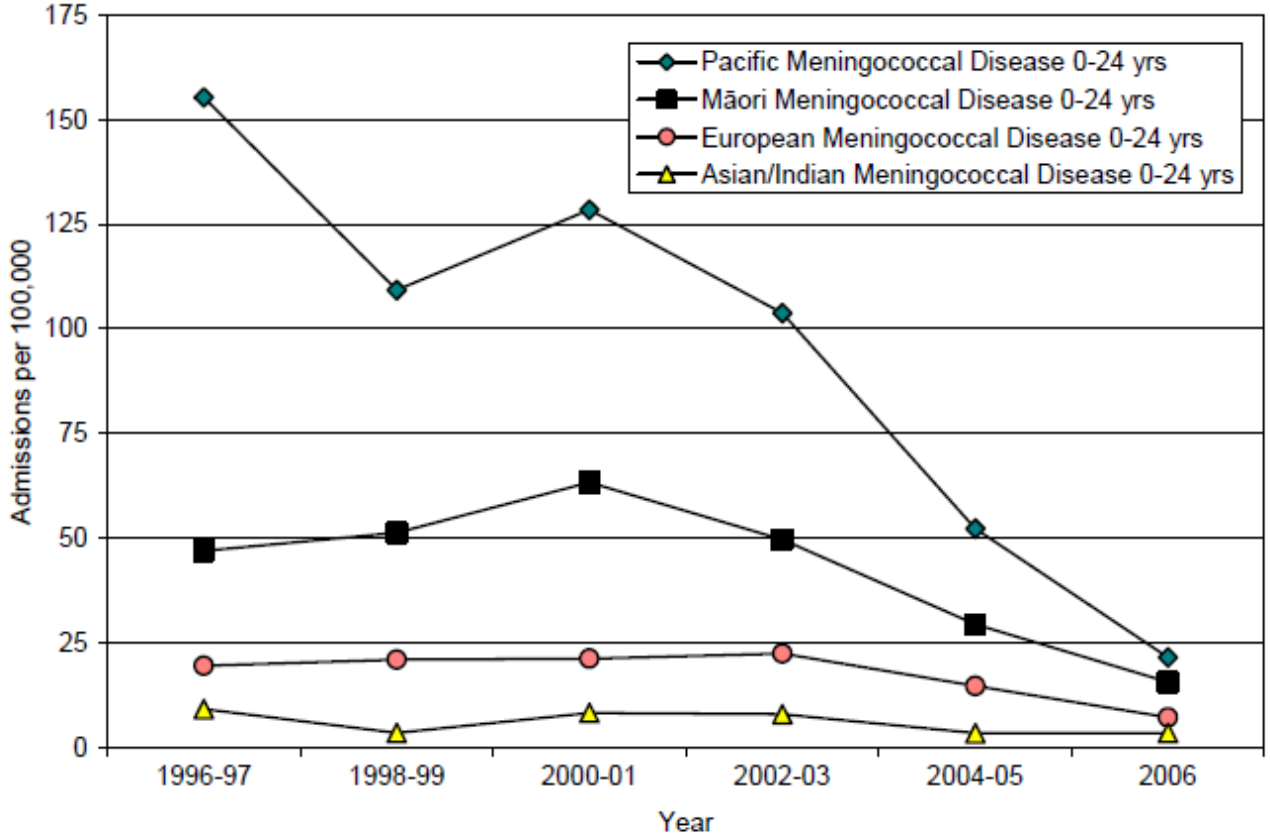
Craig, E., Taufa, S., Jackson, C., & Han, D. Y. (2008). *The health of Pacific children and young people in New Zealand.* New Zealand Child and Youth Epidemiology Service, Ministry of Health, Wellington.

All ambulatory sensitive hospitalisations 0-14years, 2003-2006



Source: Ministry of Health. (2008). Pacific Child Health: A paper for the Pacific Health and Disability Action Plan review.

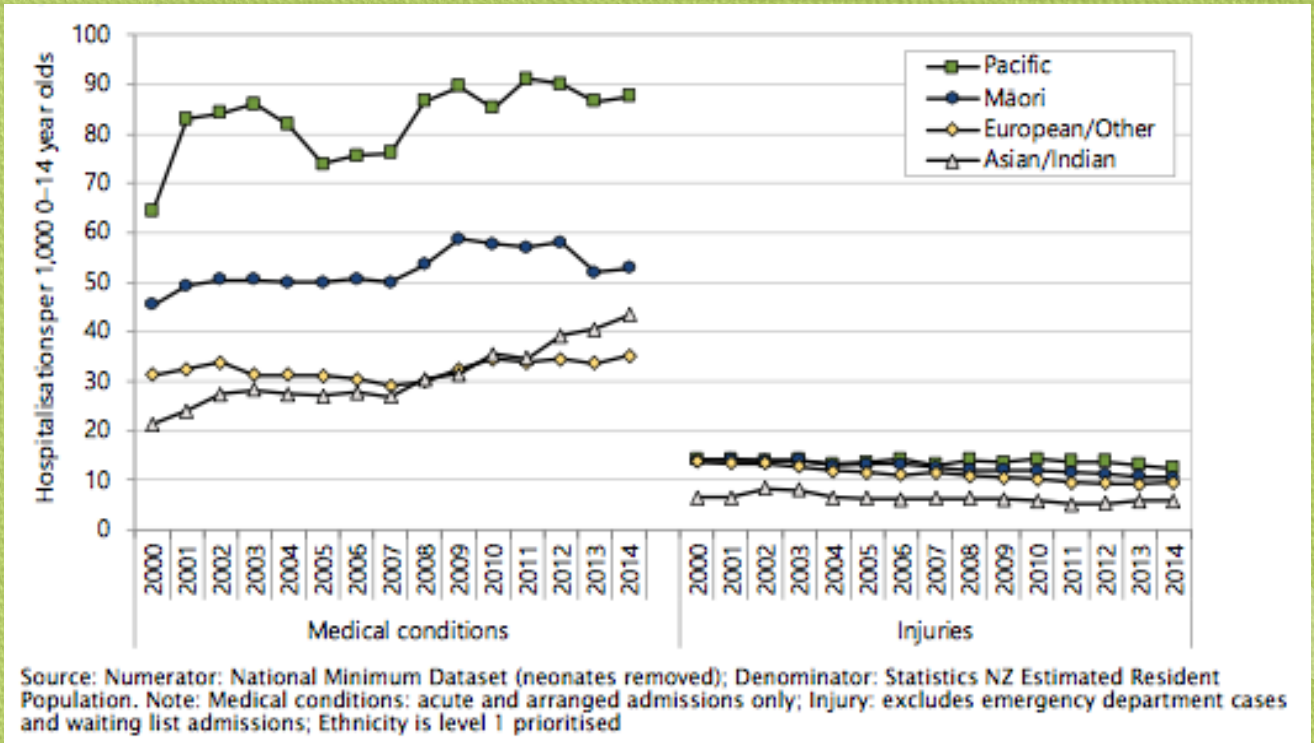
Figure 122. Hospital Admissions due to Meningococcal Disease in Children and Young People 0-24 Years by Ethnicity, New Zealand 1996-2006



Source: Numerator-National Minimum Dataset; Denominator-Census; Ethnicity is Level 1 Prioritised

Craig, E., Taufa, S., Jackson, C., & Han, D. Y. (2008). *The health of Pacific children and young people in New Zealand.* New Zealand Child and Youth Epidemiology Service, Ministry of Health, Wellington.

Hospitalisations for conditions with a social gradient in 0-14 years old by ethnicity, New Zealand 2000-2014

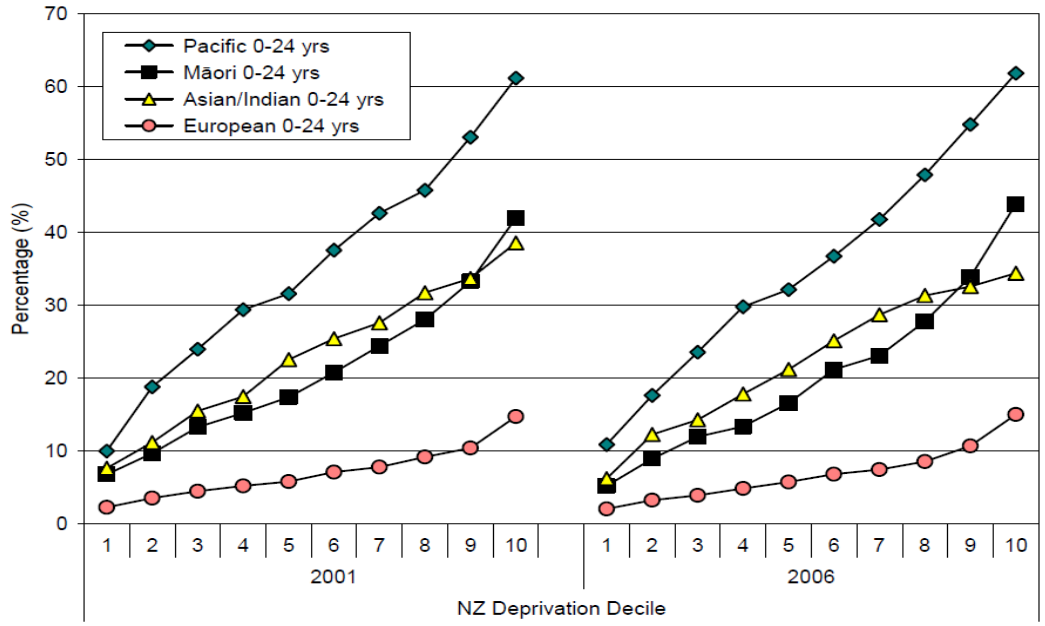


Source: Numerator: National Minimum Dataset (neonates removed); Denominator: Statistics NZ Estimated Resident Population. Note: Medical conditions: acute and arranged admissions only; Injury: excludes emergency department cases and waiting list admissions; Ethnicity is level 1 prioritised

Source: Simpson, Duncanson, Oben, Wicken, & Pierson (2015). Child Poverty Monitor 2015 Technical Report. Dunedin: NZ Child and Youth Epidemiology Service, University of Otago; 2015.

NZ Dep and overcrowding

Figure 21. Proportion of Children and Young People 0-24 Years Living in a Crowded Household by Ethnicity and NZ Deprivation Index Decile, New Zealand Census 2001, 2006



Note: Only includes those where crowding status is known

Research Methodology

Qualitative and Quantitative using a **Community-Based Participatory Research approach**

Study Settings

Three District Health Boards (DHB) in New Zealand with high Pacific population.

Study Population

- Parents of Pacific children age 1mnth to 14years.
- 30 families.

CBPR Partnership - Advisory Group

- 9 Pacific nurses Auckland & Wellington

Definition

CBPR is a collaborative, partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process. Partners contribute their expertise and share responsibilities and ownership to increase understanding of a given phenomenon, and incorporate the knowledge gained with action to enhance the health and well-being of community members (Israel *et al*., 2001, p. 184).

[CBPR] is a "collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities". W.K. Kellogg Foundation Community Health Scholars Program.

These definitions emphasize the participation, influence and ownership/control by communities and non-academic researchers in the process of creating knowledge and change.

Community-based Participatory Research (CBPR)

Research - ON?

Research - IN?

Research - WITH?

The term Community-Based Participatory Research was coined by Israel and colleagues (2001) to illuminate the difference between '**community-based research' as a setting** for conducting research and the **participation of community members in the research process.**

Critical difference between CBPR and Community-Based Research.

Purpose of CBPR

- The purpose of CBPR is “to increase knowledge and understanding of a given phenomenon and to integrate knowledge gained with interventions and policy changes to enhance quality of health and wellbeing within communities involved” (Israel et al., 2001, p. 184).

- is particularly relevant when researching or exploring and addressing health inequalities among marginalized communities (Israel et al., 2001, 2005, 2012).

The CBPR approach

- gives communities an opportunity to have a say on what influences their lives (Blumenthal, 2011).
- it helps shift academic researchers towards exploring more appropriate research approach to address the social determinants of health particularly on disadvantaged communities (Israel et al., 2012; Minkler, & Wallerstein, 2003).

Why CBPR

Increasing recognition of social, **cultural and economic factors** such as poor housing, lack of employment opportunities, racism, poor education achievement as main determinants of health calls for a **more comprehensive, collaborative and inclusive approach to research**.

The essence of CBPR

- Community Participation and Collaborative
- Community Benefit

CBPR principles are consisten with Pacific health research values

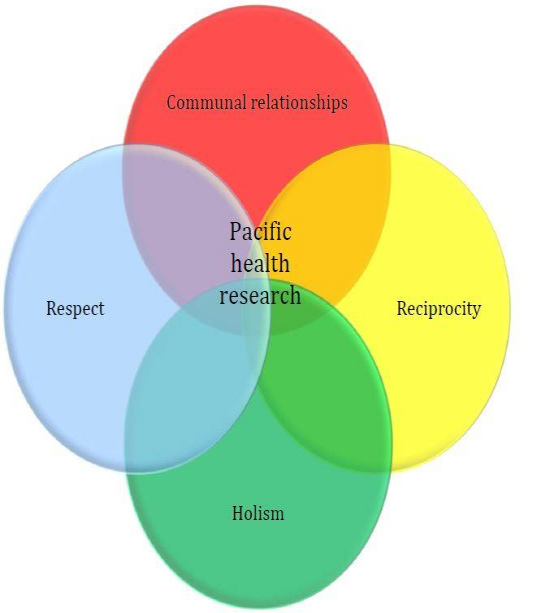
CBPR Principles

1. Recognizes community as a unit of identity.
2. Builds on strengths and resources within the community .
3. Facilitates collaborative, equitable involvement of all partners in all phases of the research.
4. Integrates knowledge and action for mutual benefits of all partners.
5. Promotes a co-learning and empowering process that attends to social inequalities.
6. Involves cyclical and interactive process.
7. Addresses health from both positive and ecological perspectives.
8. Disseminate findings and knowledge gained to all partners
9. Involves a long term commitment by all partners.

(Israel, et al, 2001)

Pacific Research - Cultural Values

Figure 1: Links between the four important cultural values and Pacific research



Health Research Council of New Zealand, 2014.

Benefits of CBPR

- Building and maintaining relationships
- High level of participation
- Community ownership
- Community commitment
- Funding favorable if community already involved

Challenges of CBPR

- Dilemmas in the sharing and release of findings
- Constraints on community involvement
- Lack of funding, how funds are contributed
- Mutual understanding and agreement: academic vs non-academics
- Time consuming, Building and maintaining relationships

The Pacific Child Health ASH CBPR Partnership

- 9 Pacific nurses Auckland & Wellington
- Pacific parents / groups

References

Anae, M., Coxon, E., Mara, D., Wendt-Samu, T., & Finau, C. (2001). *Pasefika Education Research Guidelines.* Wellington: Ministry of Education

Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (2001). Community-based Participatory Research: Policy Recommendations for Promoting a Partnership Approach in Health Research. *Education for Health, 14*(2), 182-197.

The Health Research Council of New Zealand. (2005). Guidelines on Pacific Health Research. Author.

The Health Research Council of New Zealand. (2014). Pacific health research guidelines. Author.