

Achieving Equity in Heart Disease for Pacific Peoples

Corina Grey

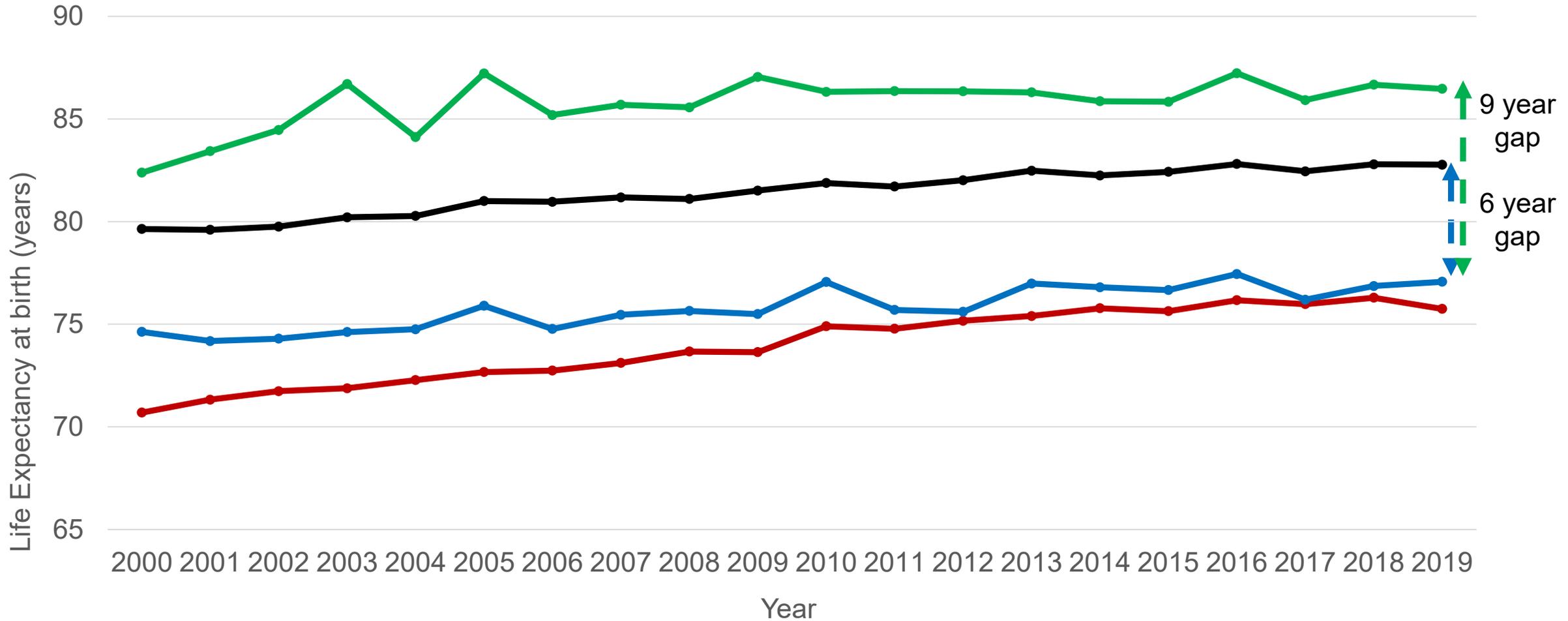
Pan Pasifika Fono

Auckland, 4 November 2020

Overview

- Differences in life expectancy
- Heart health outcomes
- What can we do to achieve equity
- Understanding Pacific populations in New Zealand
- Māori and Pacific heart health research

Life Expectancy



● Maaori ● Pacific ● Asian ● NZ European and others

Source: Wing Cheuk Chan, Dean Papa (CMH, 2020)

Leading causes of the differences in lifespan between Pacific and non-Māori non-Pacific

- Heart disease
- Cancer
- Diabetes
- Injuries
- Infections

Walsh et al. (2019) NZMJ



Heart Disease

- Leading cause of differences in life expectancy between Pacific and non-Maori non-Pacific (Walsh et al, 2019)
- Leading cause of death among Pacific people (1 in 3 deaths) (Heart Foundation, 2020)
- Leading cause of *amenable* deaths (i.e. deaths potentially preventable through better access to care) (Ministry of Health, 2020)



Compared to non-Māori non-Pacific, Pacific peoples:

- Experience heart disease 6-8 years younger
- Are twice as likely to die from heart disease
- Are 1.4 times more likely to be living with heart disease
- Are 3 times more likely to have diabetes
- Are 4 times more likely to have kidney failure



BUT

- Are less likely to receive 'revascularisation' after a heart attack
- Are less likely to be on cholesterol-lowering medications in the year after a heart attack

Sources: (Mazengarb et al, 2020), (ANZDATA, 2018), (Grey et al, 2016), (Muniandy et al, unpublished)

What can we do to address Pacific heart health?



What can we do to address Pacific heart health?



1. Work with Pacific communities
2. Understand our populations
3. Improve access to and quality of care right across the health system
4. Ensure we have up-to-date data and insights on Pacific populations, health outcomes, treatments and service provision
5. Develop a strong Pacific workforce

1. Work alongside Pacific communities

A framework for effective action to improve Pacific health

Thanks to Dr Debbie Ryan, who adapted this from Sir Mason Durie HRC 2014

| Whakapiri | Whakamarama | Whakamana |
|---|---|---|
| Engagement | Enlightenment | Empowerment |
| <ul style="list-style-type: none">• Language• Protocols• Time management• Faith• Leadership | <ul style="list-style-type: none">• Data and evidence• Indigenous knowledge• Fono principle | <ul style="list-style-type: none">• Inspiration• Aspirations• Affirmation |
| Ethnic, urban, church communities. Relationships. | Public health, clinical and Pacific expertise. Shared with Pacific communities. | Benefits to families and communities. Workforce development. |

2. Understand who comprises Pacific communities in New Zealand

pacific perspectives



Tofa Saili:

A review of evidence about health equity for Pacific Peoples in New Zealand

Pacific Perspectives Limited

July 2019

Pacific peoples in NZ

- ‘Pacific peoples’ is a collective term describing a population made up of >16 distinct ethnic groups, languages and cultures.
- The five largest groups are Samoan (49%), Cook Island Māori (21%), Tongan (20%), Niuean (8%) and Fijian (5%)
- Common values form the basis of resilient, thriving communities:
 - the central place of family
 - collectivism and communitarianism
 - the importance of spirituality
 - reciprocity
 - respect



Pacific peoples are diverse

- 382,000 at the 2018 Census
(8% of NZ pop)
- 33% aged <15 (18% non-Pacific)
- 5% aged ≥ 65 (15% non-Pacific)
- 32% identify with >1 ethnic group
 - 7% non-Pacific
 - 47% of Pacific children 0-4 years
- 60% born in NZ



Pacific people are concentrated in certain parts of NZ

| | No. of | % of total Pacific population in NZ | Pacific as % of DHB population |
|--------------------------|--|-------------------------------------|--------------------------------|
| Counties Manukau | 2/3 of Pacific people live in metro Auckland | 35% | 22% |
| Auckland | | 17% | 12% |
| Waitematā | | 39,702 | 13% |
| Capital and Coast | 22,611 | 8% | 8% |
| Waikato | 13,317 | 5% | 4% |
| Canterbury | 12,144 | 4% | 3% |
| Hutt | 12,114 | 4% | 9% |
| All Other DHBs | 40,182 | 14% | - |
| Total DHB Areas | 295,938 | - | 7% |

Notes: Based on 2013 census results. Source: Statistics New Zealand, 2014

Pacific peoples face challenging socioeconomic circumstances

| | Unemployment | Living in areas of high deprivation | Median weekly earnings | Home ownership | Over-crowding | English language speakers |
|---------|--------------|-------------------------------------|------------------------|----------------|---------------|---------------------------|
| Pacific | 9% | 56% | \$485 | 19% | 24% | 89% |
| Total | 4% | 20% | \$670* | 50% | 3%* | - |

Employment statistics for March 2019 quarter (Stats NZ, 2019).

Deprivation relates to the proportion of people who live in areas with the highest deprivation (9 or 10 on a 10-point scale) based on the NZDep13 index. Based on 2013 census data. (Pasifika Futures, 2017).

*Median weekly earnings and household overcrowding compared with NZ Europeans. Housing data based on 2013 census data (Pasifika Futures, 2017).

English language speakers refers people who report being able to speak English. Based on 2013 census data (Stats NZ, 2019).

...but report high levels of wellbeing & social connectedness

| | Pacific | NZ European |
|---|---------|-------------|
| Overall life satisfaction 8-10 out of 10 | 66% | 66% |
| Life worthwhile 8-10 out of 10 | 73% | 73% |
| Feel very safe/safe walking in neighbourhood after dark | 57% | 60% |
| Feel very safe/safe when home by yourself at night | 88% | 86% |
| Face-to-face contact with family at least once a week | 73% | 65% |
| Face-to-face contact with friends at least once a week | 87% | 76% |
| Felt lonely in the last 4 weeks - none of the time | 67% | 62% |

Statistics New Zealand (2017). Well-being statistics: 2016. From: NZ General Social Survey

Pacific are more likely than all other groups to live in multigenerational families

% Of Children (0-4) in Extended Family Households



| Ethnicity | 2001 % | 2013 % |
|-----------------|-----------|-----------|
| Pākehā/European | 7.5 | 10.8 |
| Māori | 20.7 | 25.3 |
| Pacific Peoples | 33.8 | 40.3 |
| Asian Peoples | 27.5 | 29.3 |

Source: StatsNZ

<http://www.superu.govt.nz/sites/default/files/Seminars/Paul%20Spoonley.pdf>

Family is central to Pacific health



‘There is a strong flavour through all of the interviews that families are a blessing and a strength; it is central to how Pacific people describe their situations. It is expressed in the view that if all is well with the family, then all will be well...’

Southwick, Kenealy & Ryan. 2012. Primary Care for Pacific People: A Pacific and Health Systems Approach

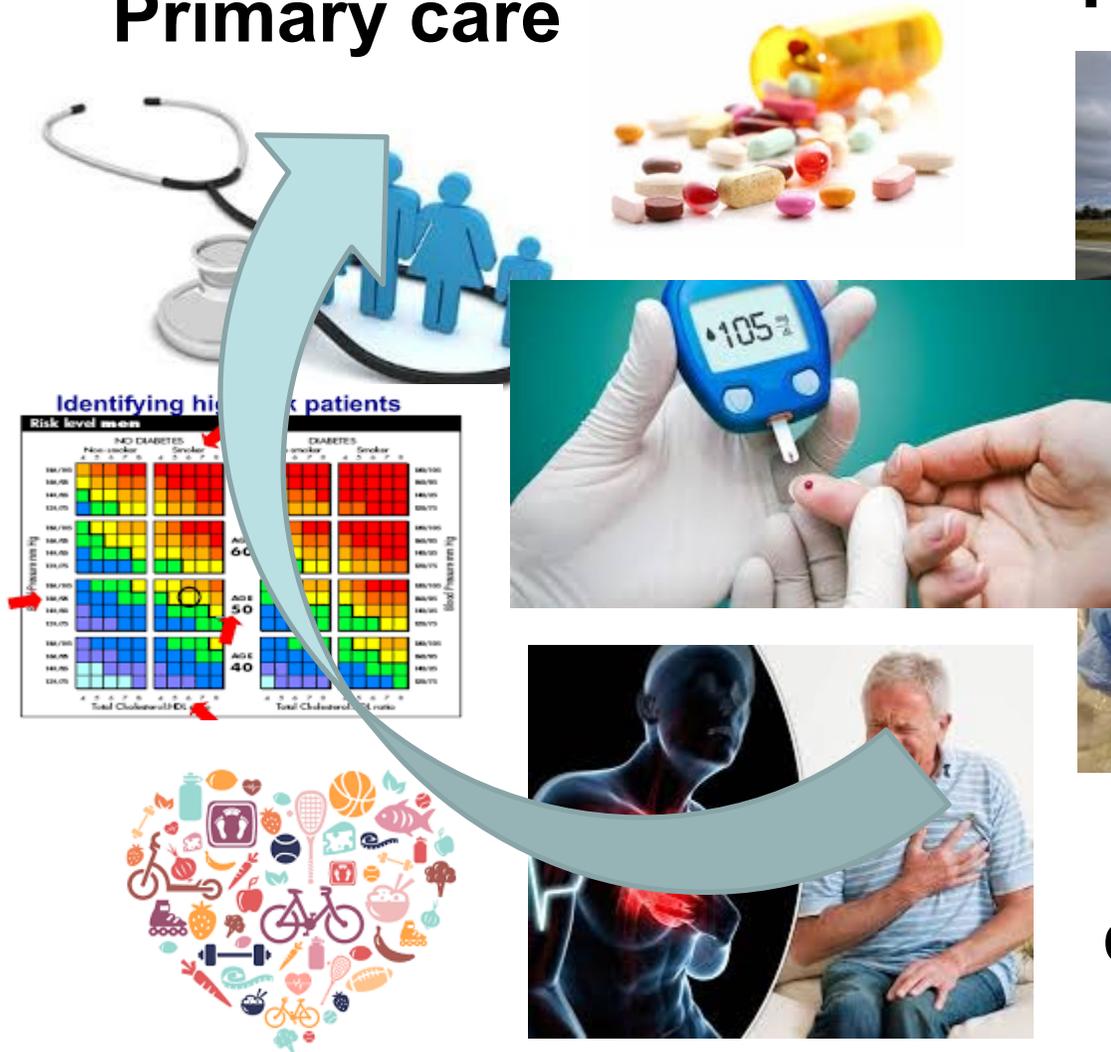
‘...if individualism is the essence of mainstream culture, then being a part of family, aiga, anau, magafoa, kainga and kawa is the essence of Pacific islands cultures...’

Duituturaga, 1995, p 73.

3. Improve access and quality of care right across the health system

IMPROVING ACCESS & QUALITY ALONG THE CARE PATHWAY

Primary care



Pre-hospital care



Secondary care



Post-discharge care



Communication



- Best practice is use of professional interpreters.
- A NZ study suggested use of professional interpreters <1% for patients with no English.
- Available options include telephone, video, face to face, bilingual health staff, ad hoc family or other.
- Limited data or research in NZ about the problem.
- Health literacy - Information that is understandable & acceptable, so that patients are able to make informed, effective decisions.
- Focusing on what the system should be doing, rather than individuals.

Gray B. Hardt. E. 2017. A comparison of the use of interpreters in New Zealand and the US. NZMJ. 130 (1456).

4. Ensure there is up-to-date data and insights on Pacific health

- Track trends in health by ethnicity
- Evaluate whether interventions are making a difference
- Ensure outcomes are not getting worse

5. Develop a strong Pacific workforce

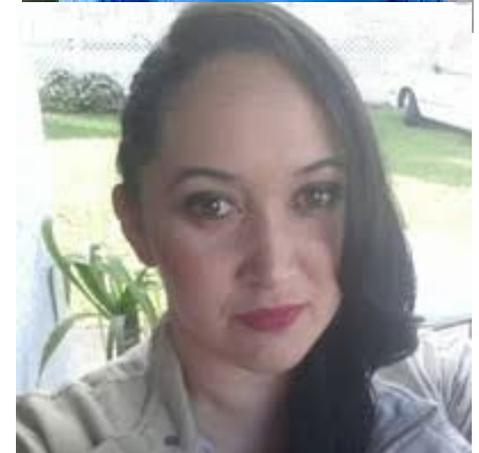
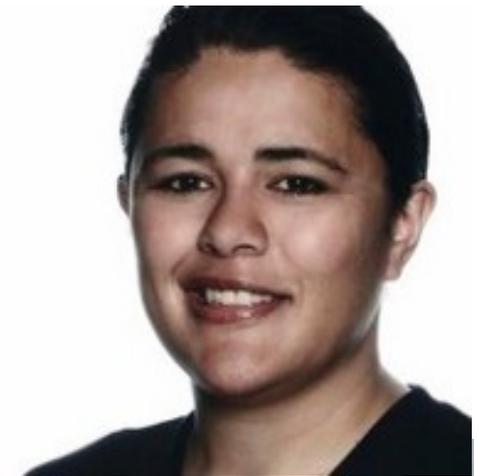
A diverse workforce that reflects and is responsive to the population it serves

ACCESS: Accessing Cardiovascular Care for Equity Studies



- 3-year programme of research to address heart health for Māori and Pacific peoples
- Aims:
 - Identify barriers to accessing proven treatments for heart disease
 - Identify and test strategies, programmes and service improvements to improve access and quality of care
 - Grow the Māori and Pacific health research workforce through student support and mentoring

Our team



WHAT'S
YOUR
WHY?

