

Housing and deprivation preceding rheumatic fever: A descriptive NZ case study

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Outline



- Survey of 55 new ARF patients
- Evidence that housing & SES affect ARF risk
- Aims
- Methods
- Findings
- Conclusions & Implications



Knowledge of ARF risk factors limited -> interventions impaired

ARF assoc. w. age, ethnicity, home dampness, Δresidence, body weight<normal, freq. sore throat, low education of mother, family hx, #children in home

RHD assoc. w. low SES, sometimes crowding

Ecological evidence: ARF assoc. w. SES, living conditions, access to healthcare, 1° prevention

Descriptive case study



- 1/3 ARF cases arise in HNZ homes
- Where are the rest?

Aims:

- 1. Investigate housing tenure of ARF cases at the time of diagnosis
- 2. Investigate the housing conditions, crowding exposure to tobacco smoke at the time of diagnosis

Methods



- PHU staff contacted recent cases
- Questionnaire based on pre-existing surveys Covers demographics, housing circumstances, conditions, heating, crowding and smoking
- 41 Questions
- Anonymous telephone interviews offered
- Comparison data presented where possible





160 initial ARF notifications73 contact details received55 interviewed

Study pop. representative of notified cases

Interview & notification data linked

- 35 Māori, 19 Pacific, 1 NZ Euro.
- 82% NZ Dep >6
- 80% 5-14 years, 20% 15-30

Results



Lower rates of home ownership

- 25% owner occ., 40% private rental, 35% HNZ
- 76% experienced ≥1 indicator of damp housing
 - 50% owner-occ., 90% in HNZ and private rental sectors

Dampness or mould on walls/ceiling of bdrms/living areas in patient's home Musty smell in bdrms/living areas

Results



- 82% experienced ≥1 indicators of cold housing
 - 43% in owner-occ. 91% private rental, 100% HNZ Feeling colder than comfortable inside patient's home Feeling cold to save \$ Sleep in same room as others just to keep warm
- 17% did not heat living room in Winter, 75% did not heat bedroom
- 65% 'acceptable' heating in living rooms Electric heaters, heat pumps, central heating, flued gas, enclosed fire

16% used unflued gas heaters

Results

- 83.6% experienced ≥1 indicator of deprivation
 - Owner-occ:, 85% ≥1 indicator, 36% ≥ 2
 - HNZ: 95% ≥2 indicators
 - Private rental: 91% ≥1 indicator, 82% ≥2







Exposure to household crowding common 60% had ≥1 bedroom deficit, 35% ≥2

Owner-occ: 42% ≥1 deficit, Private rental: 50%, HNZ: 69%

Mean 2.1 deficit; IRQ: 1-3

- 69% shared bedroom;
 - mean 2.3 others
- 49% shared bed;
 - mean 1.8 other people

71% lived with smoker/s,

Fewer older cases smoked than in Youth '12 survey

Conclusions & Implications



Small sample size, consistent themes No control pop. -> case-control study

Policy change: ARF whānau fast-tracked on HNZ waiting lists





Deprivation & household crowding widespread among ARF cases

Reliance on rental housing

- Improve private rental and social housing.
 - Minimum enforceable standards (WoF)
 - Explore interventions more widely in NZ context
 - Potential for widespread benefits: health, well-being, equity, social justice



Study participants, cases and whānau,

MoH Staff - esp. Niki Stefanogiannias, Medical Officers of Health & PHU staff, Eru Pomare Staff, University of Otago Ethics Committee, He Kainga Oranga Housing and Health Research Programme, Environmental Science Research

Tēnā koutou katoa