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Title: Understanding the ASH rates for Pacific children in Canterbury

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Introduction:

Ambulatory Sensitive Hospitalisation (ASH) admissions measure the effectiveness of the interface between primary and secondary health care. Better management of conditions within primary healthcare and local communities has the potential to reduce the number of avoidable hospital admissions. ASH rates are an indicator among the Ministry of Health System Level Measures, and have a specific focus on health equity, young children, and vulnerable populations.

Pasifika communities experience poorer health outcomes than their non-Pasifika counterparts, and underutilise health services across the primary and secondary health. Underutilisation of health services by Pasifika peoples is a failure of the health system to provide services accessible and appropriate to these communities. To improve health equity for Pasifika communities, the detrimental levels of health risk factors experienced by Pasifika peoples must be urgently prioritised. Lack of improvement in the health status of children and young people perpetuates the current state of Pasifika health inequities.

Aim:

The aim of this project was to identify where and how Pacific children were accessing care prior to a preventable hospitalisation, understanding how various factors contribute to the higher Pasifika ASH rates.

Impact:

A greater understanding of what has occurred in primary care leading up to an ASH admission will hopefully inform clinical pathways and education, and influence health services planning to improve ASH Pasifika children's rates in Canterbury.

Method:

A review of ASH literature utilising the CINAHL, Medline, and Embase databases found a wealth of ASH literature both nationally and internationally but lacked Pasifika ASH literature. The Canterbury District Health Board provided data of ASH admissions of children who presented to Christchurch Hospital, between 1st July 2011 and 30th June 2017.

Eleven focus groups were held with clinicians, health professionals, community stakeholders, and covering a cross section of Pasifika ethnicities. Talanoa interviews were held with two families of ASH children, allowing the family to convey their thoughts and feelings openly in a time rich environment.

Results:

The ASH rates for Pasifika children four years and under are double that of the other ethnic groups in Canterbury. A third of Pasifika children who had an ASH admission lived in the most deprived areas compared to 14% of non-Pasifika children. Pasifika ASH rates were significantly higher for children admitted more than once, presenting to hospital in the early hours of the morning, and staying longer in

hospital. The top two ASH admissions over this period were Pasifika children, one child presenting 21 times, another 15 times over four years.

Cultural themes from the focus groups and interviews included:

- The cultural complexities of Pasifika in Aotearoa. Pasifika is a very diverse mix of kiwi and island born from 22 island nations
- Health becomes a priority when family members are unwell, as families also try to balance work, church, community and financial commitments
- Parents are prepared to wait for a thorough assessment in hospital instead of a ten-minute slot in general practice
- Medical terminology not explained in a way that the families understand
- A lack of knowledge of health resources and services available
- Regular use of traditional healing methods

Systemic themes included:

- Cold, damp, and overcrowded housing conditions
- Financial struggles including general practice debts
- Families living in social isolation from community and church supports
- Pasifika are very respectful of health professionals, not wanting to challenge or cause a fuss
- Families presenting to the hospital due to transportation, access and appointment barriers in general practice
- Families on work permits and unable to enrol in general practice
- Understanding how the New Zealand health system works is very complicated compared to the health system in the islands

Recommendations:

The following recommendations have been suggested:

- General Practices must take the time to know and understand the family. Pasifika communities treasure relationships built on connection, identity, trust, and respect
- Creation of Pasifika appropriate health education initiatives delivered in churches and in community groups to increase health literacy and to empower families
- Interventions aimed at increasing access, effective use of ethnicity data, availability of transport to appointments, improved appointment system approaches, giving more time to the child and family in consultations, supporting cultural competence across the health workforce
- Training for health professionals in family-based approaches to health and wellbeing
- Increasing the Pasifika workforce and encouraging provider development
- Creation of a translation policy and approaches to support effective communication between Pasifika peoples and the health care provider

Conclusion:

Understanding the ASH rates for Pasifika children in Canterbury is complex. There is no easy solution, and more work needs to be done to advance the voices of the families. Pegasus Health will continue to run this project to seek the families' voices in addressing the inequitable Pasifika ASH rates.