Unequal Treatment project

Access to high quality, timely, affordable, appropriate health care is vital, especially for a population with less than optimum health status. Although there is substantial international evidence of unequal treatment by ethnicity, this work is relatively new in Aotearoa and not yet comprehensive. This project will build on initial work in three significant health areas: ischaemic heart disease, cervical cancer, and obstetrics. It aims to contribute to improved access to gold standard care for Māori through further development of evidence of unequal treatment, engagement with clinicians and others involved in health care decisions, and the development of resources for Māori patients, whānau, providers and communities.

Goal**:** To investigate the contribution of unequal treatment in the New Zealand health system to unequal health outcomes between Māori and non-Māori, using examples from ischaemic heart disease, obstetric procedures and adverse birth outcomes, and cervical cancer.

The objectives for **2005-2008** were:

- To determine if ethnic disparities in receipt of heart procedures exist in a cohort of Māori and non-Māori patients admitted to hospital for ischaemic heart disease between 1996 and 2004, after controlling for co-morbid conditions.
- To determine if ethnic disparities in treatment for cervical cancer exist in a cohort of Māori and non-Māori women registered with cervical cancer between 1996 and 2004.
- a) To determine the contribution of deprivation to ethnic disparities in obstetric procedures and in adverse birth outcomes for mother and/or baby, among women giving birth in hospital between 1997 and 2004, after controlling for clinical factors.
  b) To investigate the relationship between unequal rates of caesarean section and ethnic disparities in adverse birth outcomes, among women (and babies) at high risk of delivering (or being delivered) by caesarean section.
- Use interviews and focus groups with relevant clinicians and other health workers to explore possible explanations for any differences found and to contribute to the development of provider and system level interventions for reducing unequal treatment.
- To develop resources for Māori patients, whānau, and communities, based on findings and discussions with clinicians.

Ischaemic heart disease

Ischaemic heart disease is a leading cause of premature death among Māori men and women. Developments in health care for heart disease have contributed substantially to the rapid decline in deaths from heart disease among non-Māori over the past two decades. However, Māori have not benefited equally from such development, and disparities in heart disease mortality have widened during this period. This study will answer a question raised by clinicians in response to current evidence of unequal receipt of heart procedures by Māori and non-Māori: whether lower rates of heart procedures received by Māori are due to higher rates of co-morbid conditions.

Cervical cancer
Cervical cancer is preventable and treatable. It is decreasing in countries with comprehensive screening programmes, including New Zealand. However it is still the third leading cancer among Māori women. Compared to non-Māori, Māori women are twice as likely to be diagnosed with cervical cancer, four times as likely to die from this disease, and once diagnosed, more than twice as likely to die from the cancer, even after adjusting for stage at diagnosis. This signals the possibility of inequities in access to high quality cancer care. This research will identify points at which Māori women experience disparate levels of care or delays in treatment that may affect survival.

Obstetric procedures and adverse birth outcomes
New Zealand rates of caesarean section (CS) are increasing (23.7% in 2004) and are now well above the level recommended by WHO (15%). Public debate has focused on concerns about over-provision of CS. However, a recent study found that CS rates are lower among Māori compared to non-Māori women, even adjusted for age, clinical factors and deprivation (Harris et al., 2007). Māori women also receive lower rates of other interventions (e.g. analgesia). This raises the issue of whether Māori women are under-served in obstetric procedures, and whether adverse birth outcomes among Māori could be prevented. Alternatively if Māori women have an appropriate CS rate and non-Māori women are being over-served, issues arise of publicly funded dollars that could otherwise be used in efforts to address ethnic inequalities in health.

This study will examine disparities in other obstetric procedures and adverse birth outcomes, by ethnicity and deprivation. It will also take the first steps toward determining if Māori CS rates are at an appropriate level.

The objectives in **2008-2011** are:

- To *update and extend the cohort analyses* of treatment inequalities in ischaemic heart disease, cervical cancer and obstetric care (e.g. regional differences)
- To record and analyse *Māori patient (and whānau) narratives* of their health journey.
- *Facilitating change:* Research dissemination (national and regional; quantitative and qualitative) to influence health system and service developments and outcome monitoring in three regions.
- Investigate the feasibility of measuring unequal treatment in *diabetes and COPD*.