

Māori Health Disparities

Kia ora koutou, he mihi mahana ki a koutou.

Dr Peter Jansen's my name and I'm going to talk about state of health for Māori.

State of Māori health

In NZ, Māori have the worst health inequality of any group, we die sooner and we're sicker than our Pākehā counterparts.

Even when you take account of things like how poor we are, we have more strokes, we have less access to services and we die sooner. All of this has been studied at length. One summary from the Ministry of Health said Māori spend a relatively greater proportion of our shorter lives disabled. Why is that?

We've got more illness than Pakeha's and non-Māori, we've got more heart disease more diabetes's more respiratory disease more cancer more everything and that's in part because we have more modifiable risk factors. Things like smoking and being overweight, they are modifiable, we can do something about them, and you and I can fix this.

At the same time Māori are more likely to live with lower incomes, have worse jobs, have less access to housing; less access to education once again these are things that our society can work on.

One troubling thing is that Māori have less access to effective health services; that is the health services that do the best job for Māori. Māori need health services that are clinically competent and culturally competent and that's where you come in.

The assumptions of health practitioners

Why is it that Māori die sooner? We've talked about modifiable risk factors but part of the reason is that once Māori end up in care or in front of their general practitioner or in front of a surgeon or another health professional, we know there is a difference in the healthcare that's received.

For example a good study from NZ published in 2002 showed that Māori can be diagnosed at the same rate as non-Māori in terms of depression but are much less likely to get effective treatment. So why is that? Why would it be that after taking the trouble to go and see their general practitioner and getting an effective diagnosis we end up with less treatment? Why do we get less effective treatment?

Essentially it boils down to the assumptions of the health practitioner. All of us do it, you and I do it when we see people, we assume things based on appearance, on ethnicity, on gender, on age on all sorts of things and then we act on them. The way to avoid that is to step back and say what does this person really need? In terms of their healthcare and then negotiate a good treatment plan with the person.

We also see from other sources of data such as ACC that Māori get less effective treatment and that's shown in the average cost per claim, apparently it's cheaper to treat

Māori but that is just a throwaway line. What that really means is that Māori get less volume of treatment for the same type of claim, once again there is something going on in the mind of the treating health practitioner that said this person needs more, this person needs less based on their ethnic background. We want to address those things.

Call to Action

I want to remind you. A key objective is to equip you with some knowledge and skills and some tools that you can use with communities, with Whānau, with patients and also with fellow health professionals so that Māori can get a fair deal, so that everybody can get a fair deal because at the end of the day we know if you do well for Māori in Aotearoa everybody wins.

No reira tēnā koutou.