

New care model for Māori children with asthma recommended

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A new University of Otago, Wellington, research report has found that the main barriers to optimal health literacy—and therefore optimal care for Māori children with asthma—are structural and endemic to New Zealand's acute care model of health delivery.

The He Māramatanga Huango (Understanding Asthma) research report released this week was commissioned by the Ministry of Health and the Asthma Foundation of New Zealand.

Asthma is one of the most common chronic diseases affecting children in New Zealand, and this country has amongst the highest rates of asthma in the world.

Inequalities in asthma outcomes for Māori children are striking—including double the rate of hospitalisation and higher severity of [asthma symptoms](#).

While the rate of asthma has decreased for New Zealand European children over the past few decades this reduction has not occurred for Māori. Studies have shown that Māori are less likely to have a peak flow meter or asthma action plan; and fewer are prescribed preventative treatments, resulting in poorer overall control.

Chronic conditions such as asthma have considerable knowledge demands for optimal management. These demands are complicated and involve: the need to understand considerable terminology; complicated

risk factors; difficulties assessing and achieving control; along with the need to address a patient's individual needs and concerns.

Health literacy is the extent to which individuals have the ability to obtain and understand basic health information and services needed to make appropriate health decisions. Low health literacy is gaining increasing recognition as a significant contributor to poor health outcomes. However, health literacy is more than an individual skill set, it is a complex interaction between the demands of the health system and the skills of those engaged with that system.

Mrs Bernadette Jones, lead researcher for the project, reported that "whānau were making significant efforts to effectively manage their child's asthma with the knowledge and skills they have, but most were under-confident and many had not received the basic information they needed to cope with this complex task."

Dr Tristram Ingham, co-author of the report and Asthma Foundation Strategic Advisor - Māori, notes "there was widespread recognition amongst health professionals of the importance of health literacy for optimal asthma management".

"Most were making genuine efforts to recognise the information needs of their patients and deliver understandable information.

"However, the report clearly identifies that health professionals are facing a number of challenges in delivering quality asthma care. Many reported a lack of adequate time with patients, no systems to ensure continuity of care, no funding for regular check-ups, a lack of appropriate information resources, and staff often not having any specific health literacy training in how to deliver effective education," he says.

The report presents a new model of care under four emerging themes: Mātauranga (Knowledge), Whakaakoako (Teaching Strategies), Whakawhanake (Workforce Development) and Te Anga (Model of Care) and provides specific recommendations with suggested actions, targeted at three levels: health professionals, health organisations, and the health system.

The recommendations support the clear need for a chronic disease management approach to be taken to address this significant issue.

Key recommendations include a cross-sectorial approach to long-term asthma management—including involvement of the education sector to raise awareness of asthma and [health literacy](#) amongst the community and the social service sector to support the provision of holistic cross-disciplinary management. This approach aligns with the World Health Organization's framework for the Innovative Care for Chronic Conditions (ICCC) which argues that the health system needs to take proactive steps to inform, motivate and prepare patients.

"The aim is to encourage early intervention in the community with health professionals and agencies collaborating to proactively support whānau to manage their children's asthma, resulting in fewer urgent visits and hospitalisations for asthma," says Mrs Jones.

"Where the current system fails our children is that it is very reactive and episodic. It's not affordable for many, and not always easy to access. As a health system we effectively sit back and wait for children to become unwell before we respond to their asthma—with an urgent doctor's visit, a trip to the emergency department or hospital. In doing so we're teaching these families that is how conditions like [asthma](#) should be managed," says Dr Ingham.

More information: The report is available online:

[asthmafoundation.org.nz/wp-con ... -Literacy-Report.pdf](http://asthmafoundation.org.nz/wp-content/uploads/2015/07/Literacy-Report.pdf)

Provided by University of Otago

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