Better heart disease care needed for Maori and Pacific people

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Better access to all aspects of healthcare is needed to improve the much higher rate of death from heart disease for Māori and Pacific people, according to a new study from the University of Auckland.

The study shows major ethnic inequalities in the risk of death from ischaemic heart disease (IHD) whether or not a person was taken to hospital.

The higher death rate is related to ethnic differences in the socioeconomic determinants of health, cardiovascular risk factors and access to healthcare, says cardiac researcher, Dr Corina Grey from Epidemiology and Statistics at the University.

When compared to Europeans, the adjusted odds of death were about 50 percent higher in Māori and Pacific people and 50 percent lower in Indian people.

"Improvements in both primary prevention and hospital care will be needed to reduce these inequalities," says Dr Grey. "Distinguishing between pre and post-hospitalisation deaths can be important for planning the full range of health services, from primary through to secondary and tertiary care."

The study, published today in the European Journal of Preventative Cardiology, examined deaths resulting from (IHD) case fatality in high-risk ethnic populations in New Zealand.

"We investigated whether ethnic differences in IHD deaths varied according to whether or not a person had been hospitalised in the 28 days before their death and whether or not the hospitalised patients were admitted with an IHD or non-IHD diagnosis," says Dr Grey. "These findings could help inform the targeting of resources to most effectively reduce cardiovascular inequalities in New Zealand."

The overall adjusted case fatality was 12.6 percent in Indian, 20.5 percent in European, 26 percent in Pacific and 27.6 percent in Māori people.

The national data-linked study used anonymised hospitalisation and mortality data to identify 35–84-year-olds who experienced IHD events (acute IHD hospitalisations and/or deaths) in 2009–2010.

The data from nearly 27,000 people was classified into four groups, including those people; hospitalised with IHD and alive at 28 days post-event; those hospitalised with IHD and died within 28 days; those hospitalised with a non-IHD diagnosis and died from IHD within 28 days; and those people who died from IHD, but were not hospitalised.

Dr Grey says, "In New Zealand socioeconomic determinants of health are not evenly distributed and this was reflected in the study, where 20 percent of European/other people, but more than 50 percent of Māori and Pacific subjects resided in the most deprived neighbourhoods."

"Differential access to the material and structural resources necessary for health, such as income, housing and education, can influence the prevalence of known cardiovascular risk factors, such as smoking, low dietary fruit and vegetable intake, a lack of exercise and obesity."

"The prevalence of these risk factors is known to be higher among Māori and Pacific people than other New Zealanders," she says.

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Provided by University of Auckland

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