

How can the pharmacy profession contribute to reducing Maori health disparities?

E tipu e Rea

Mo nga ra o tou ao

Ko to ringaringa ki nga rakau

A te Pakeha, hei ora mo to tinana

Ko to ngakau ki nga taonga a o tipuna

Hei tiki tiki mo to mahunga

Ko to wairua ki te atua

Nana nei nga mea katoa

This whakatauki was written by Sir Apirana Ngata. It refers to the growth of plants and grasping knowledge of the pakeha for physical wellbeing. It denotes ones spirit and mind being a gift from our ancestors and of god. I think it is an appropriate introduction to answering the above question.

We as Maori are a diverse group of which 15 % of the total New Zealand population identify themselves as belonging to(1). The average life expectancy for Maori is 9 years less than for non-Maori(2). In order to minimise disparities in the healthcare system we must first identify them. These include length of consultation time, follow up recommendations and referrals being less than ideal for Maori compared to non-Maori(3). As a consequence, it should be essential that all health care providers be conscious of and implement a key concept; that Maori patients need enhanced services. This includes spending more time in patient consultations with Maori and actually taking that extra step to support them.

Pharmacies in the community setting are often the first port of call for many people due to the open doors, lack of consultation fee and access to medicines. This puts pharmacy as a profession at the forefront of primary care, allowing for early referrals and recommendations. Under the Health Practitioners Competence Assurance Act 2003, pharmacists are required to be aware of cultural diversity. However, pharmacists need to be more than just aware of tikanga Maori but rather have a comprehensive understanding. This includes positive reception of Maori health and philosophies and incorporating them into medicines management. Maori health values often comprise whare tapa wha: where the four cornerstones are whanau, tinana, hingengaro and wairua. This can be implemented through encouraging whanau of patients to be involvement in counselling discussions and managing their loved ones medicines. This support is essential especially for the even more vulnerable; our young and our kaumatua. Hauora tinana comes with compliance to medicines but more importantly concordance. Building a therapeutic relationship that is trusting and respectful is

imperative in order to achieve better results in health outcomes. A major component of cultural competence is establishing a therapeutic relationship with effective communication. It is an issue of pharmacists actually coming out from behind the counter and making a connection. This can be initiated by simply greeting patients in Maori giving them an opportunity to speak in Maori if that is their preferred language. This would allow them to communicate more effectively and may lead to a greater pharmacist-patient rapport. To enhance concordance a holistic approach is necessary that also takes into account mental and social wellbeing.

To support Maori, the pharmacy profession could adopt Medicine Use Reviews (MURs) targeted at Maori patients. This would allow monitoring of compliance and highlight if necessary the need for interventions. It would also allow for enhanced patient education which would provide a means for hauora hingengaro and wairua to be advocated. In terms of pharmacoeconomics, I think it would be more valuable for the government to allocate resources towards prevention of illness. A large portion of money is spent on medicines to aid in treatment and symptomatic relief for health problems however I think more focus should be put on preventing these issues before they become a problem. For Maori the main problems are cardiovascular disease, diabetes, smoking-related diseases and avoidable hospital admissions(3). The pharmacy profession could aid in prevention of some of these problems by offering screening programmes aimed at Maori targeting high risk patients. For example cardiovascular screening for Maori could involve cholesterol testing. This would pick up patients with a greater risk of myocardial infarction or stroke and would subsequently lead to earlier referral.

If individual pharmacists are to help reduce disparities for Maori, the ideas mentioned above are just simple strategies to help. Although Maori pharmacists, a small minority, will no doubt continue to play a more significant role towards health equity, they do not remove the onus from mainstream professionals. Non-Maori providers still dispense the majority of services to Maori. To make significant differences in reducing disparities, the pharmacy profession as a whole needs to make increased efforts to become integral instigators of local and national wide initiatives.

Bibliography

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