

## HOW CAN THE PHARMACY PROFESSION CONTRIBUTE TO REDUCING MĀORI HEALTH DISPARITIES?

*Daniel Harris - July 2009*

A Pharmacist's role is wide but limited, so our profession has much more to offer than we can give. This statement may not make much sense but let me explain.

We are the first health professionals that many, if not most, of the NZ public will come to see when they want health-related advice, whether about current medications, future medications, acute and chronic ailments. This puts us in the unique position to follow a patient's illness from start to finish, whilst providing advice along the way. We are as involved with acute care as we could be in the management of chronic conditions which, as widely documented, are more prevalent amongst the Māori population, eg diabetes (particularly Type 2), cardiovascular disease, asthma and COPD.

The management of chronic conditions, I think, is where pharmacy as a profession can make the most difference in terms of reducing health disparities, but we are limited by our scope of practise in terms of what we are allowed to do. We cannot create or follow up on chronic care management plans, even though we have a better knowledge of medicines and ultimately have more contact, more frequently, with the patients. Although in saying this, stat dispensing will have significantly reduced this contact time, which was commonly used as a time to see how the medicines were working for the patient, for reinforcement of the importance of compliance, education about their conditions and to notice any changes in the patient (better or worse).

If pharmacists had more rights, so to speak, then this would allow us as health professions to be actively involved in chronic care management. But we cannot do this, yet, to the extent that we would like to. In saying this, undertaking medicines use reviews (as is done in the Waikato region) is a step in the right direction to reducing health disparities amongst Māori. As mentioned, these patients are at high risk and through this service they become more aware of what their condition is, how their medicines work and what they are for, why they are on these medicines and how to take them. Also it can be used to set health goals. In saying this, it is imperative that this information is conveyed in a way or manner in which the patient will understand the information and not in a derogatory way where the patient feels they are being told off.

So to sum up, I think if pharmacy as a profession had more access and involvement in the chronic care management it will help to reduce Māori health disparities. Because Māori are an oral people, knowledge and health literacy, if retained, will travel from the top (kuia, kaumatua) to the bottom - or start of life (mokopuna).

The other way I think pharmacy as a profession can help to reduce Māori health disparities is to speak as one voice on this issue and make a push for more funding so that more appropriate services can be delivered to the appropriate people in the appropriate manner, for example, blood pressure screening, cholesterol screening, risk factor analysis. A mobile unit run by local Māori doctors, nurses and pharmacists that could travel to marae, pā wars and hui, and provide valuable education and screening for free, to all ages. Having a service such as this would make Māori more aware and give them greater access to health services thus, in the long term, reducing Māori health disparities. Māori must look after Māori.