

# Inequalities in asthma prevalence, morbidity and mortality

A Portrait of Health – Key results of the 2006/07 New Zealand Health Survey, reports that one in seven children aged 2–14 years (14.8%) had been diagnosed with asthma and were taking medication for this condition.<sup>13</sup> Adjusted for age, Māori children had a significantly higher rate of taking medication for asthma than children in the total population. Asian girls had significantly lower rates of medicated asthma.

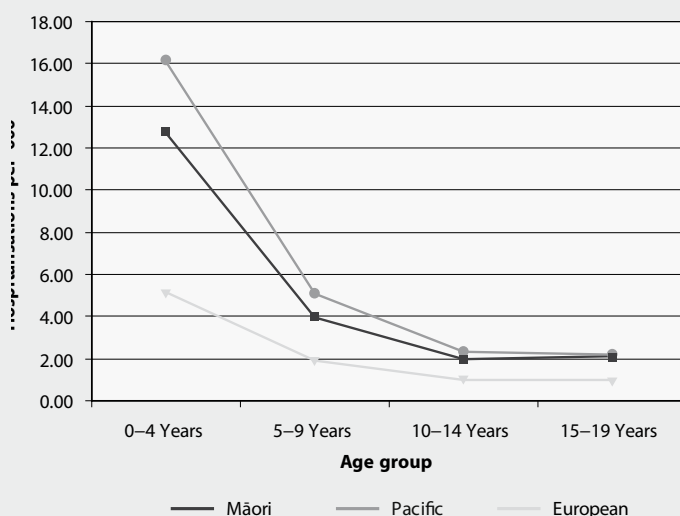
Prevalence rates (Māori 26%, Pacific 22%, European/other 20%) are higher for Māori and Pacific children and this disparity increases with age.

Māori and Pacific children with asthma suffer more severe symptoms than other children,<sup>7</sup> are hospitalised more frequently and have more days off school as a result of their asthma.

Deaths from asthma are uncommon, and largely preventable. However, Māori are over 4 times more likely to die of asthma than non-Māori.

Known risk factors do not seem to explain these differences, neither is there evidence to suggest genetic or biological reasons for the increased burden of asthma among Māori

**Hospitalisations for asthma for year ending May 2007**



The disparity is greatest when considering Māori and Pacific children are 2–3 times more likely to be admitted to hospital for asthma than European/other children. Rates of hospitalisation are highest among Māori and Pacific pre-school and early school-aged children compared with European/other children.

## *Asthma is a health priority for Māori and Pacific children because it is more common, more severe and more likely to be fatal across all age-groups.*

and Pacific children. Environmental triggers for asthma, and other significant health issues should be identified and managed during the primary care consultation.

Data shows that the ratio of reliever to preventer dispensings is higher in Māori and Pacific children than in European/other children (see accompanying prescribing report). This means that Māori and Pacific children are more likely to depend on an asthma reliever (such as salbutamol) and less likely to use inhaled corticosteroids than European/other children.

Asthma education is critical to effective self management. However studies have shown that Māori children and adolescents with asthma had lower levels of parental asthma knowledge, received less asthma medication, less asthma education, had more problems with accessing asthma care, and were less likely to have an action plan.

The challenge is for primary care to address these disparities. Key approaches include:

### Setting realistic practice goals

- Ensure all children with asthma have access to appropriate medication
- Ensure all children with asthma have an up-to-date asthma management plan
- Record household smoking status
- Identify the person in the whānau who usually supervises the child's inhaler and spacer use

### Building a trusting therapeutic relationship with patients and whānau

- Find out what whānau already know about asthma and their expectations regarding your role

- Discuss where the child fits within the whānau. Are there others in the whānau with asthma?
- Asking about housing conditions; is the house smokefree? Is the whānau living in damp housing conditions?
- Find out how asthma is affecting the whānau and child's life

### Agree on realistic patient-centred health goals

- Ensure a realistic expectation of control
- Educate children with asthma and whānau about what level of asthma control is normal and how to achieve this
- Ensure every child has an asthma management plan
- Encourage and explain the benefits of a smoke free environment
- Make it easy for children and whānau to come back

### Form Partnerships

- Consider referral to specialist asthma services, asthma educators, Māori providers and other specialist services where available and appropriate

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### Further reading



See BPJ 13 – Asthma and chronic cough in Māori children.<sup>8</sup>

Trying to Catch Our Breath. The burden of preventable breathing diseases in children and young people. The Asthma and Respiratory Foundation of New Zealand, 2006.

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