

Mokopuna Ora
Maori SIDS

He kaupapa motuhake

Mission:
Protecting our future
Our Mokopuna
Our Whakapapa
Our People

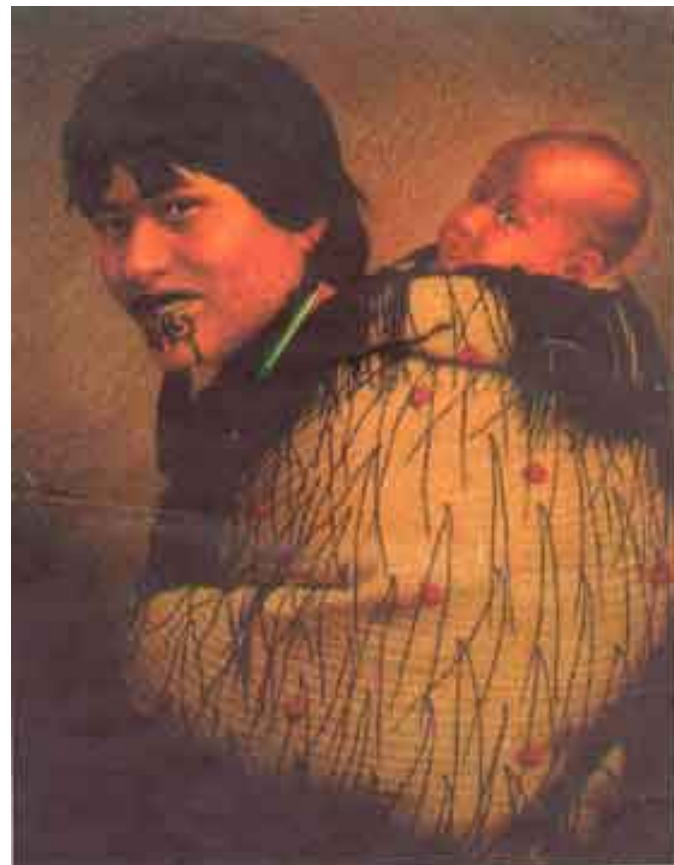
Child & Youth Mortality Review Committee

Brentwood Hotel, Wellington

3 June 2006

Riripeti Haretuku

Programme Director, Maori SIDS



MAORI SIDS
UNIVERSITY OF AUCKLAND



Te Tiriti o Waitangi



There are significant disparities between Maori and non-Maori infants e.g. SIDS

The Government has a responsibility under Te Tiriti o Waitangi / The Treaty of Waitangi to improve the health status of Maori.

Guiding Principles for Policy

- Partnership
- Protection
- Participation
- Tino rangatiratanga

By Maori for Maori

- Establishing by “Maori for Maori” provider development
- Innovation of service provision
- Inclusion of tikanga and reo in service delivery
- Integration of western and Maori world views
- Broader perspective of health
- Workforce development
- Ability to engage and transform

The Maori SIDS Programme:

- Evolved by default not design
- 'One size fits all' interventions don't work for Maori
- No infrastructure/super structure
- Inadequate budget
- Created Maori SIDS program
- Cot Death Study data

A Maori Approach

- A holistic approach to Well Maori children. SIDS was seen as the worst outcome of poor health care
- Reaffirmed the richness of Maori culture
- Recognised the struggle to survive as a colonised minority in our own country
- Promoted a vision of wellness

PHC Contractual Obligation
**Reduce SIDS rates in Maori
communities**



Modifiable Risk Factors

Reduce Smoking rates

Increase Breastfeeding

Sleeping position

Co sleeping/Bed sharing

Maori SIDS Register

- Keeping our own statistics
 - Accuracy
 - Timeliness
 - Service focus and direction
- Appropriate definitions of Maori ethnicity
 - Undercounting
 - Alignment with NZHIS/other databases
- Collecting additional data
- Why (qualitative data)

Publish or Perish (Anecdotal evidence)

- Documenting the developmental process of the programme
- Validation of Maori process in Western style health models (evidence based)

What We Did:

- Established MSIDS
- Consulted
- Maori context
- Maori Health promotion
- Trained Maori community health workers
- Assertive advocacy
- Grew the team
- Supported SIDS families
- Formed Strategic alliances
- Research and Publish

(Maori SIDS) Modifiable and Non Modifiable

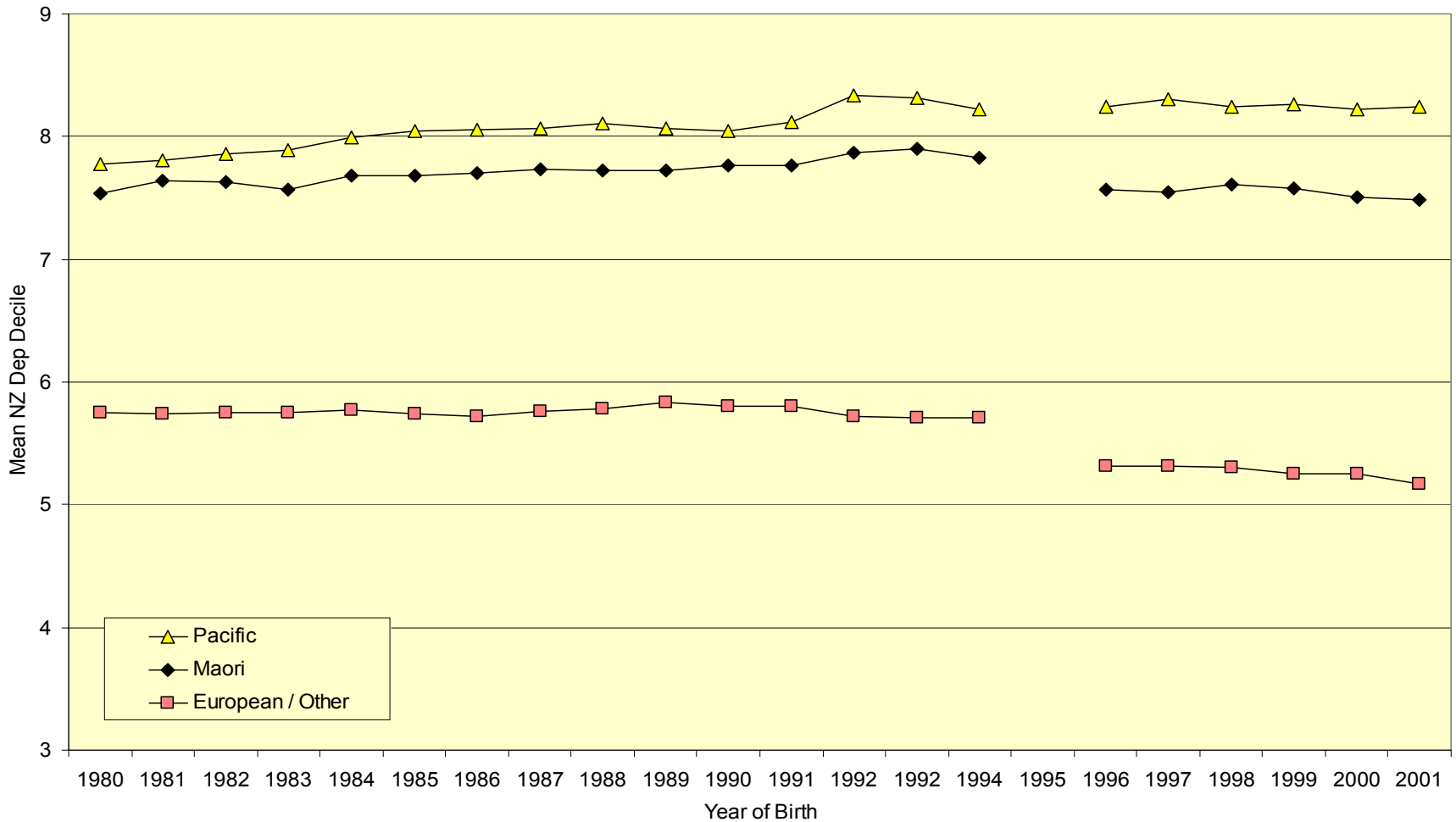
- Lack of Breastfeeding
- Maternal Smoking
- Prone Sleep Position
- Bed sharing/ co sleeping
- <20 Young mothers Single
- Early School Leaver
- Low Socio-economic Status
- Late/non Attendance Antenatal Care
- Male, Maori & Low Birth Weight

Ethnic Trends in SIDS: NZ 1996-2002

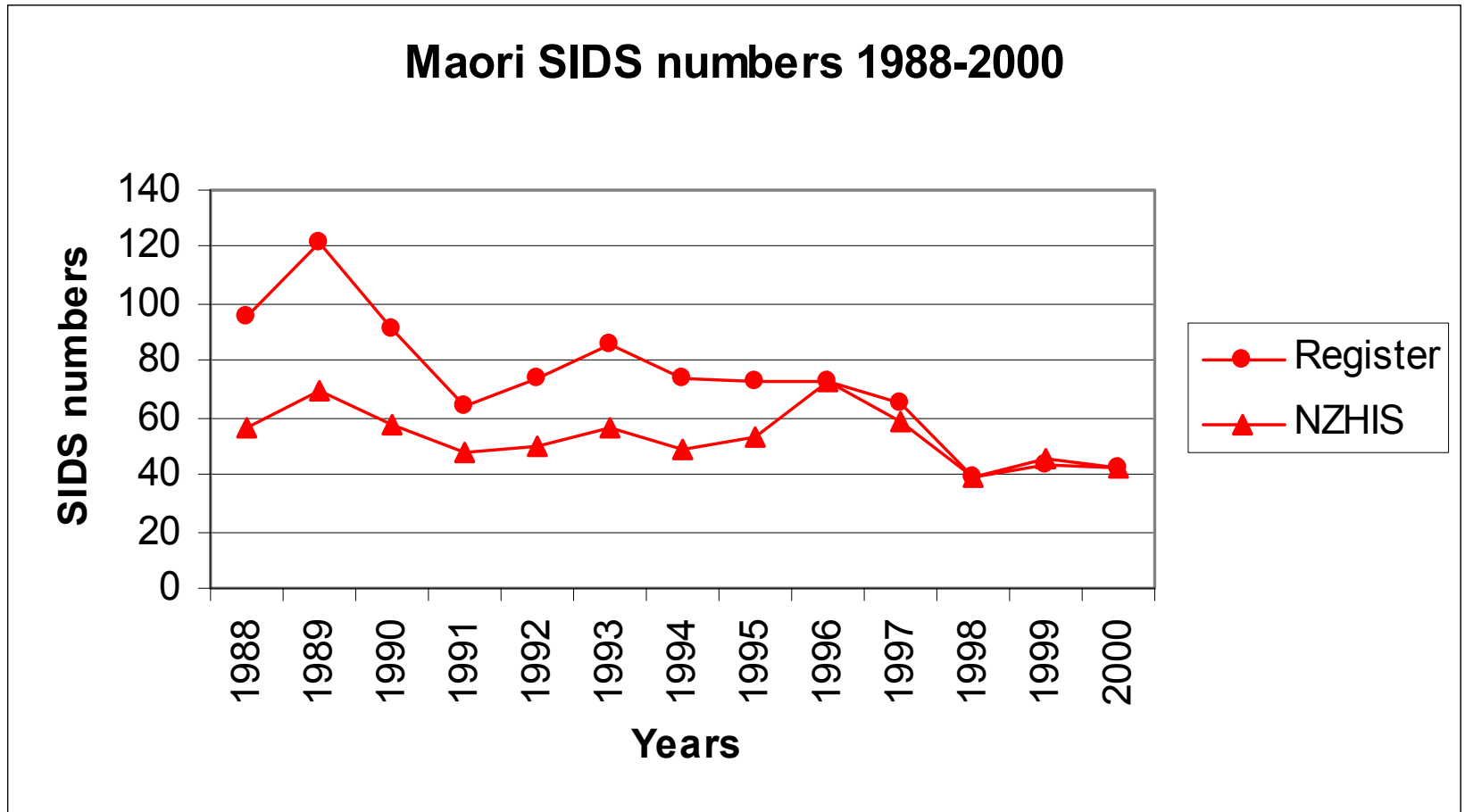
NZ Child and Youth
Epidemiology Service



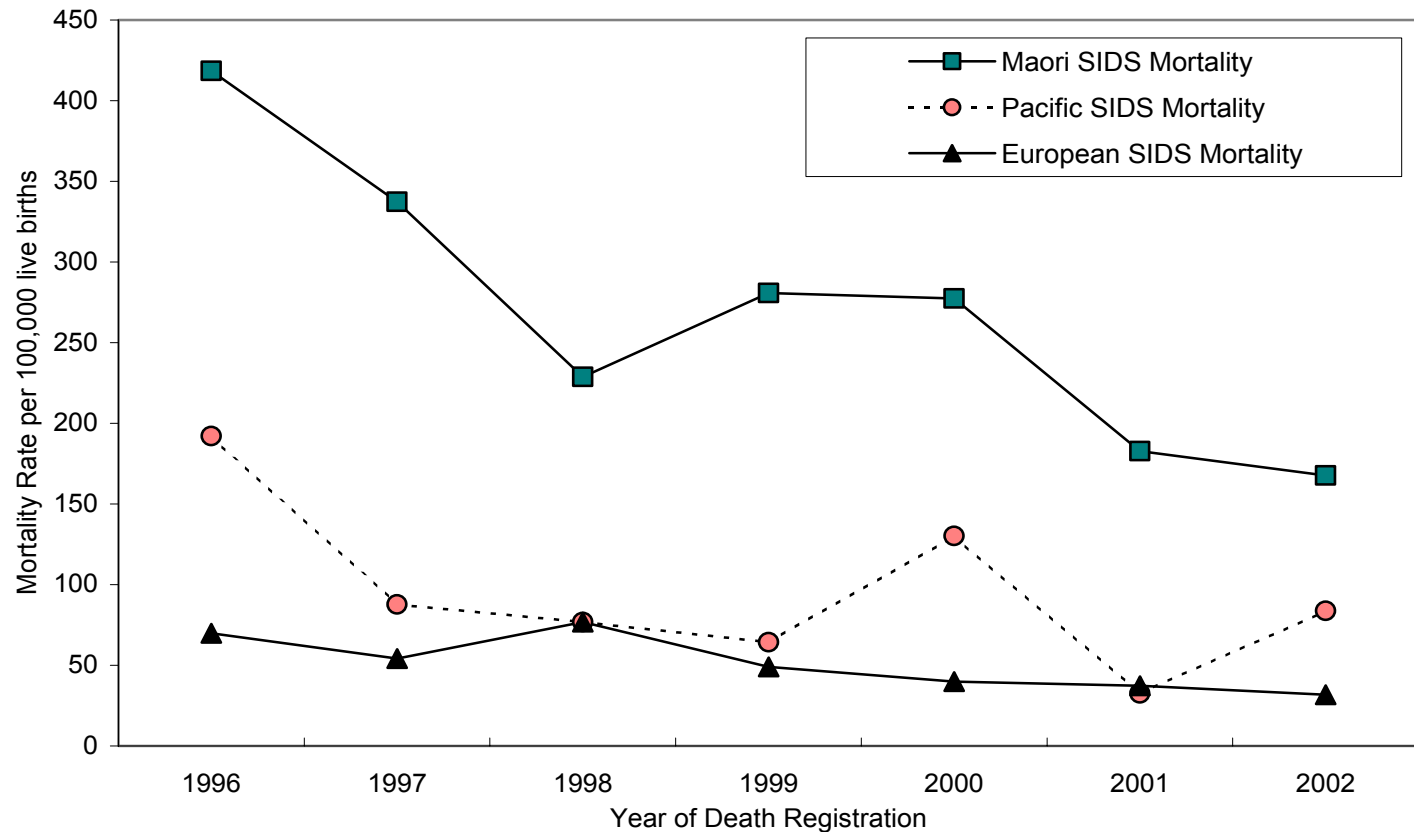
Mean NZDep Decile by Maternal Ethnic Group, NZ Births 1980-2001



New Definition of Maori Ethnicity



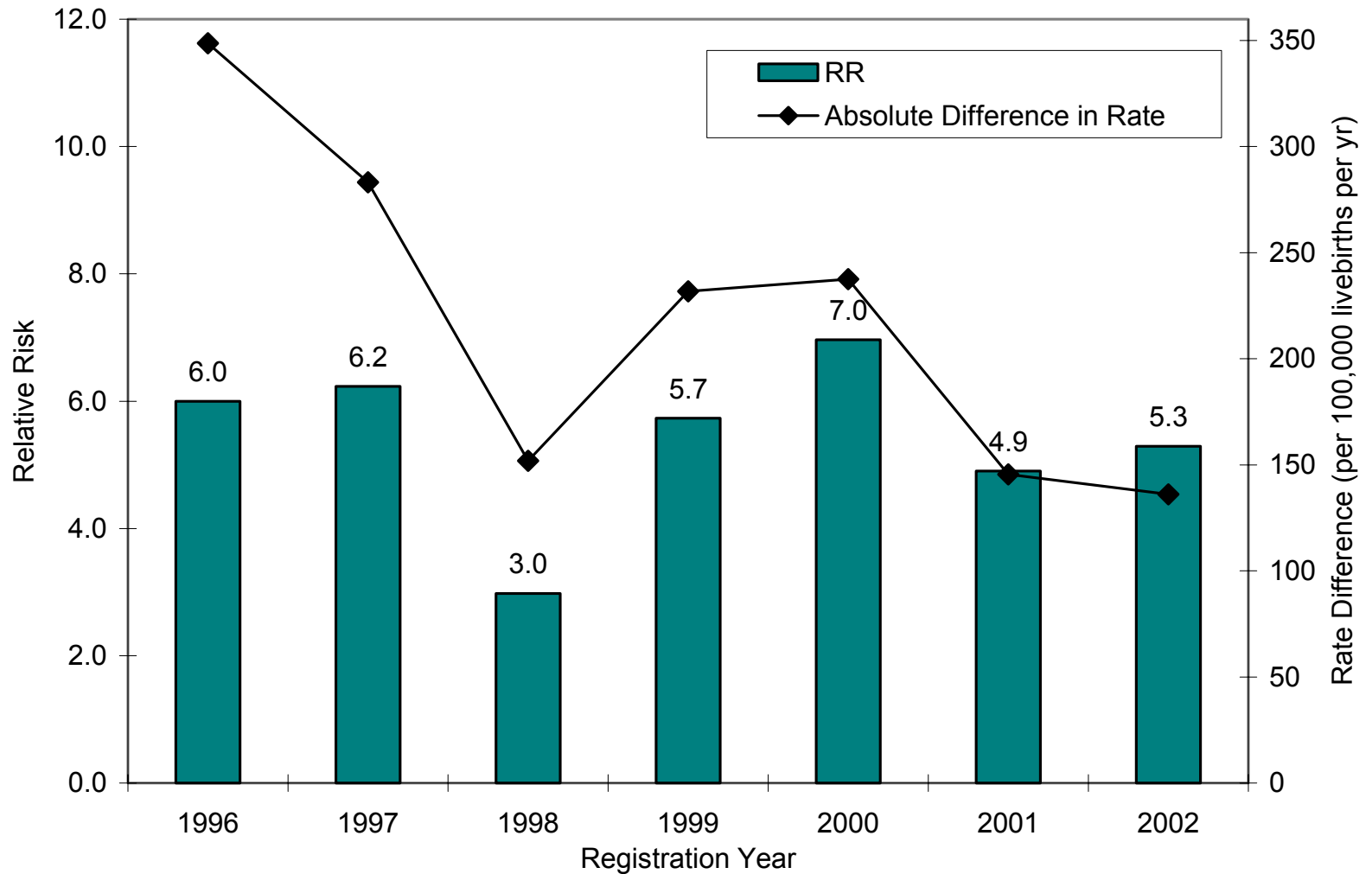
Infant Mortality Rates due to SIDS, New Zealand 1996-2002



Numbers of Deaths in NZ due to SIDS by Ethnicity, NZ 1996-2002

Regist Year	Maori	European	Pacific	Asian / Ind	Total
1996	72	23	11	1	107
1997	58	17	5	3	83
1998	38	22	4	1	65
1999	48	17	5	2	72
2000	44	13	8	0	65
2001	32	11	2	2	47
2002	25	9	7	2	43
Total	317	112	42	11	482

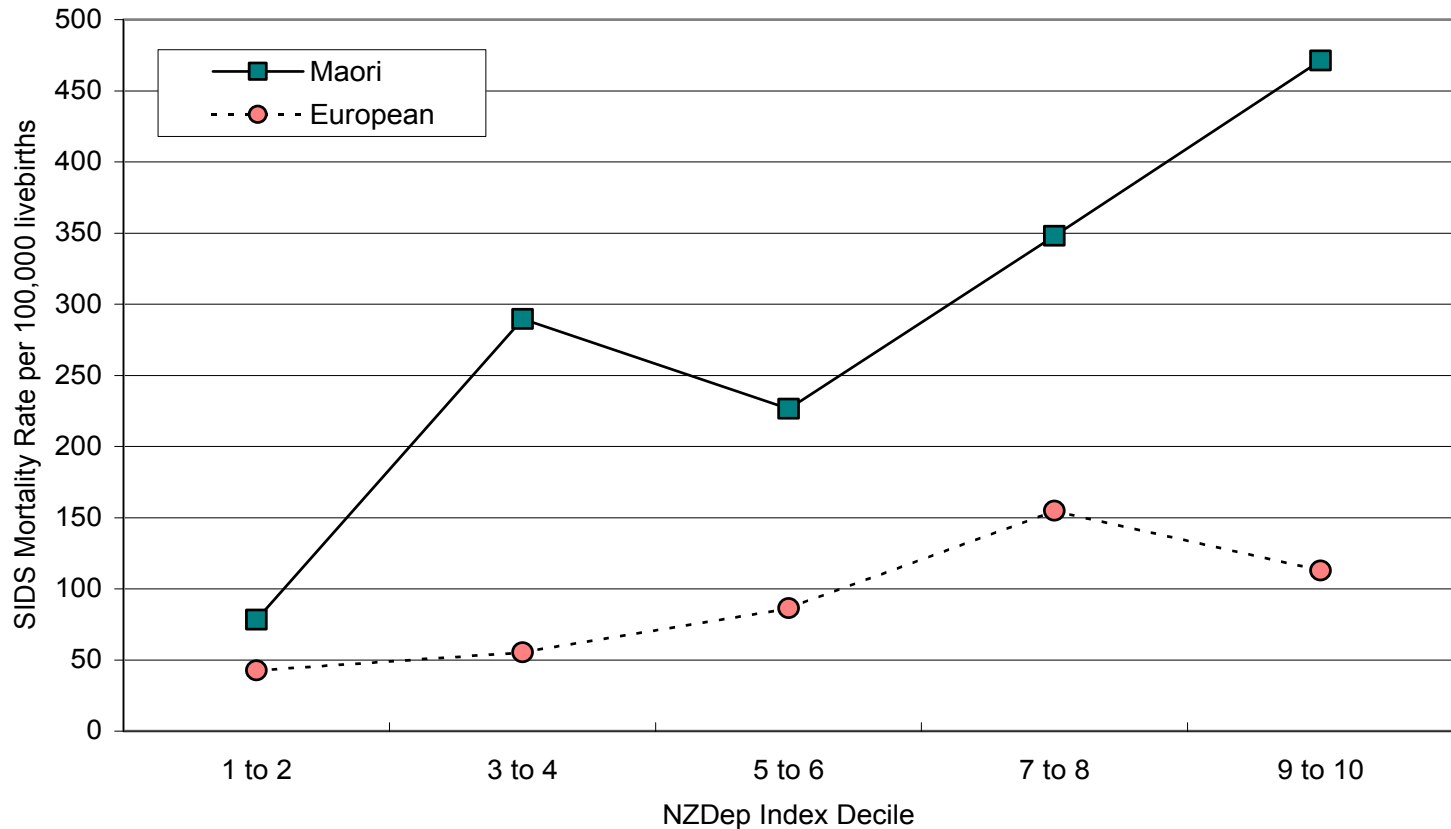
Relative vs. Absolute Differences in SIDS Rates between Maori and European Babies, NZ 1996-2002



SIDS Rates by Maternal Age and Ethnicity During 1996-1999

Age Group	Maori			European		
	Number	%*	Rate*	Number	%*	Rate*
<20 yrs	34	17.0	349.4	12	15.0	269.7
20-24 yrs	77	38.5	427.1	19	23.8	117.8
25-29 yrs	43	21.5	250.1	23	28.8	61.9
30-34 yrs	35	17.5	303.3	16	20.0	37.6
35+ yrs	11	5.5	175.2	10	12.5	45.6
Total	200	100.0	318.6	80	100.0	65.5

SIDS Mortality Rates by Ethnicity and NZDep Decile, NZ 1996-1999



Risk Factors for SIDS, NZ Registration Years 1996-1999

Variable	Univariate			Multivariate		
	Category	OR	95% CI	Category	OR	95% CI
Ethnicity	Maori	4.95	3.83-6.40	Maori	3.50	2.60-4.70
	Pacific	1.45	0.91-2.33	Pacific	0.96	0.57-1.62
	European	1.00		European	1.00	
	As/ Indian	0.41	0.15-1.11	As / Indian	0.46	0.17-1.25
	Other	0.85	0.12-6.09	Other	0.86	0.12-6.23
NZDep Index Quintile	1-2	1.00		1-2	1.00	
	3-4	1.85	0.98-3.50	3-4	1.53	0.78-2.98
	5-6	2.19	1.19-4.05	5-6	1.66	0.88-3.13
	7-8	4.07	2.31-7.17	7-8	2.44	1.34-4.44
	9-10	5.87	3.39-10.15	9-10	2.94	1.63-5.30
Maternal Age	<20 yrs	3.63	2.47-5.35	<20 yrs	1.89	1.25-2.84
	20-24 yrs	2.88	2.07-4.02	20-24 yrs	1.80	1.26-2.56
	25-29 yrs	1.30	0.91-1.85	25-29 yrs	1.10	0.76-1.60
	30-34 yrs	1.00		30-34yrs	1.00	
	35+ yrs	0.95	0.60-1.50	35+ yrs	1.04	0.65-1.66

Maori SIDS Data:

NZ Child and Youth Epidemiology
Service

Maori SIDS Website

Maori SIDS Research

Delegated Worker Networks

Map Regional Support Services

Best Practice Protocols (Maori Cultural)

National Maori SIDS: Present and Future

MSIDS current status

Research
Advocacy
Coordination
Health promotion

MSIDS activity keeps expanding

- But, sustainable?
- Needed?
- If so, is this the best way to work
- Is there another way?

This opens up other problems

MSIDS takes on the work

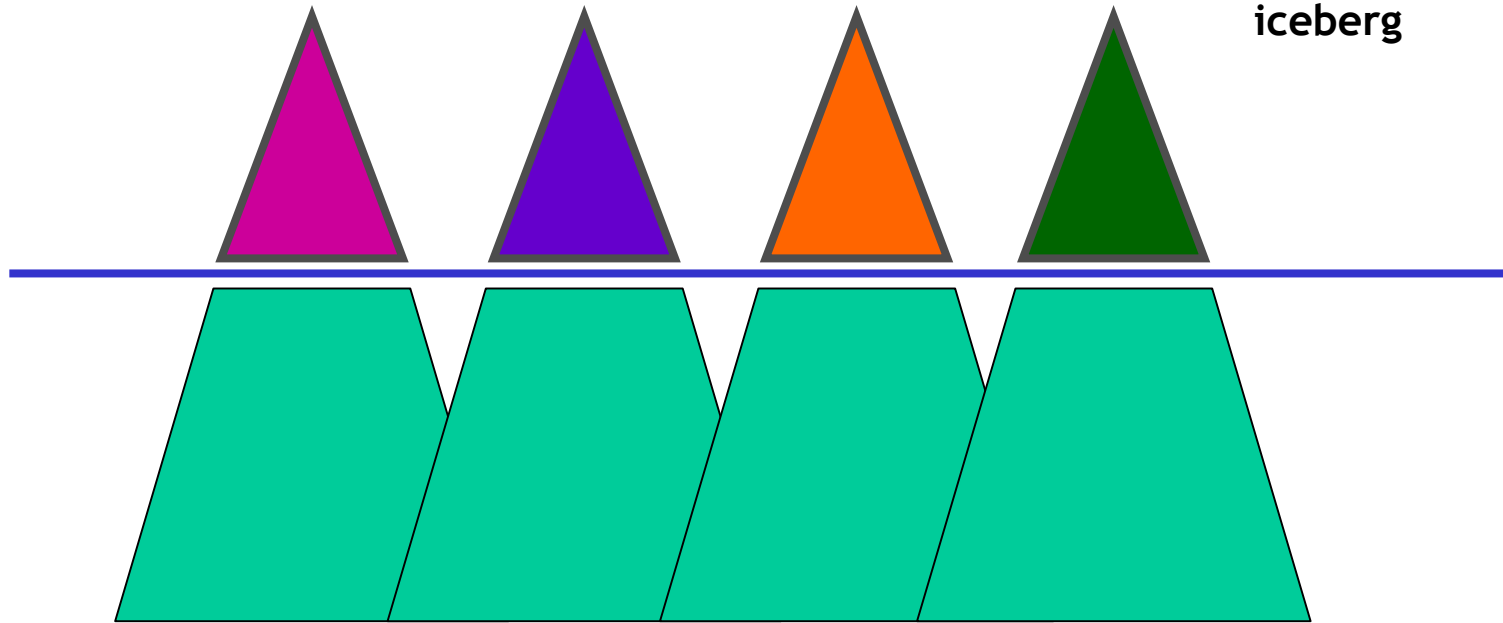
This opens up other problems

Identify a problem = smoking

Initial action = MSIDS

Current health approaches

Issues focus works on the tip of the iceberg



We need to get to the causes but contracts & capacity not there

Getting smarter in Maori health

Strategic public health

Personal / Public health

Greatest gains can be made working here

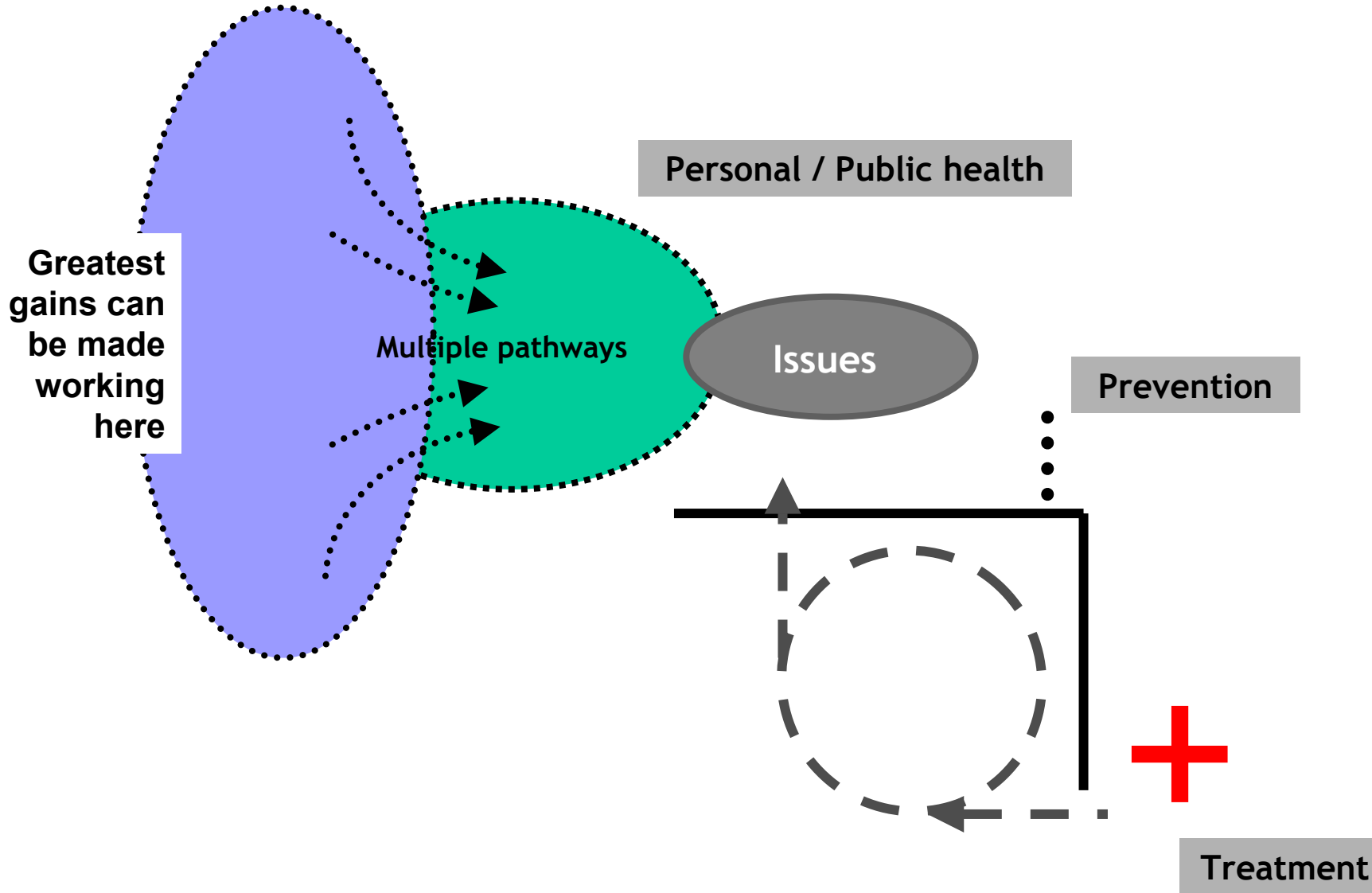
Multiple pathways

Issues

Prevention

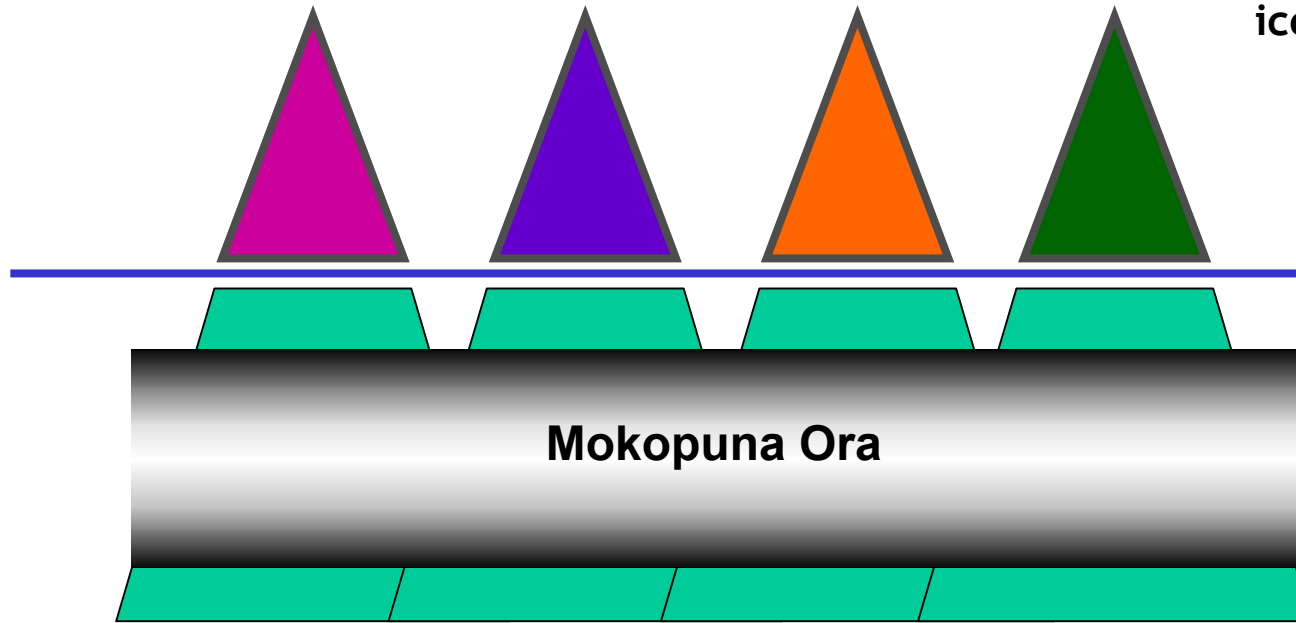


Treatment



A more strategic health approach is possible

Issues focus works on the tip of the iceberg



Possible action:
MSIDS moves to an approach that joins agencies together under a common theme :

Mokopuna Ora

Need to get to the causes but contracts & capacity not there

Collaboration / Partnership with other health providers

- Improve collaboration of relative health services
- Reorientation of health services to ensure bi-cultural context
- Limited skilled health workforce
- Limited resources and budget
- Increase critical mass

Maori SIDS Prevention Programme

Mokopuna Ora Strategy (Maori Child Health)

Mokopuna Ora Conference (24th,25th August)

Advisory Maori Child Health Taumata established

National Health Committee Child and Youth Health Project

National Breastfeeding Committee

Child and Infant Youth Mortality Review Committee?

Restructuring the Coronial System

Modifiable risk factors targeted

Non modifiable actively included

Maori SIDS Prevention Programme

Establishment of Maori Smokefree 'ATAK'

Community Health Workers 'Te Whiringa'

Establishment of Maori Breastfeeding 'Te Rito'

Establishment of Maori Research team

Establishment of Maori SIDS Website to be launched