

# Ambulatory Sensitive Hospitalisations of Pacific Children in New Zealand

## a Community-Based Participatory Research study

19<sup>th</sup> South Pacific Nurses Forum

Rarotonga, Cook Islands  October 15<sup>th</sup> – 18<sup>th</sup> 2018  
*Transforming Leadership - Nurses as Change Agents for  
Non Communicable Diseases in the Pacific*

### Presenter

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### Acknowledgement

- ❖ *Parents, study participants & Members of the CBPR Advisory Group.*
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- ❖ *Dr Dianne Sika-Paotonu*

# Outline

## Background

- ▶ Pacific children population NZ
- ▶ Ambulatory sensitive hospitalisations

## Study Design

- ▶ Research questions/Aims
- ▶ method/methodology

## CBPR

## Key messages



Ethnicity	Median age	0-14 years in proportion
Pacific	22.1 years	35.7%
European	41.0 years	19.6%
Māori	23.9 years	33.8%
Asian	30.6 years	20.6%

Source: <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-culture-identity/pacific-peoples.aspx>

# What are Ambulatory Sensitive Hospitalisations (ASH)?

Some hospitalisations are thought to be preventable by **timely access** to effective primary health care.

ACSH are “hospital admissions that can be prevented by timely and effective outpatient care by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition and managing a chronic illness” (Billings et al., 1993, p. 163).

Ambulatory sensitive hospitalisations are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting (Craig, Elizabeth, Anderson, Philippa, Jackson, Gary, & Jackson, Catherine. (2012).

Use interchangeably with

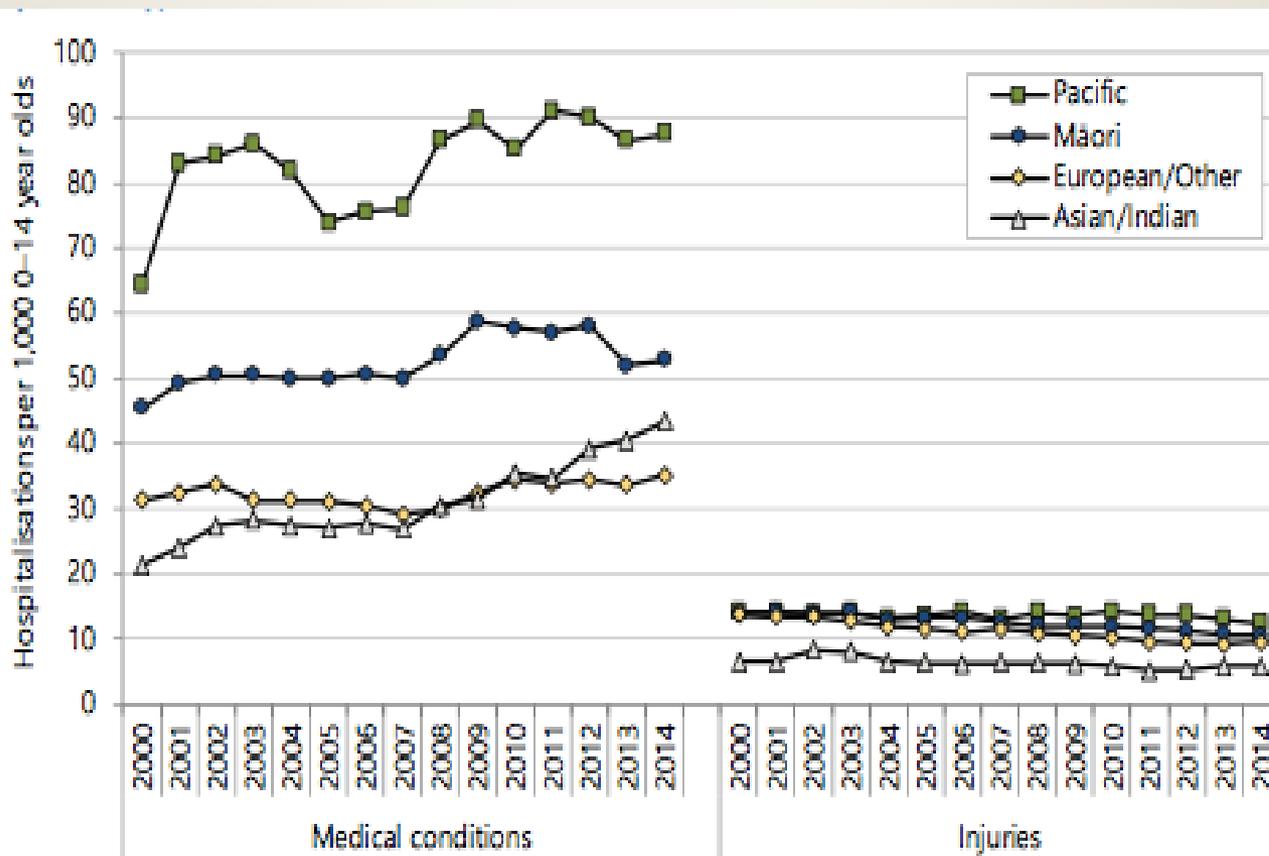
- *ambulatory care sensitive hospitalisations (ACSH)*
- *avoidable hospitalisations (AH)*
- *preventable admissions (PA)*

# Child Health Services/Providers



- Maternal health (LMC)
- Registered nurses
  - Child health Nurses, Plunket nurse
  - Paediatric nurses)
  - Nurse practitioners
- General practitioners
- Paediatricians
- Community health workers, Karitane and Kaiāwhina
- Core child health checks
- B4 School Checks
- Vision and hearing
- Childhood vaccinations

## Hospitalisations for conditions with a social gradient in 0-14 years old (exclude neonates) by ethnicity, 2000-2014

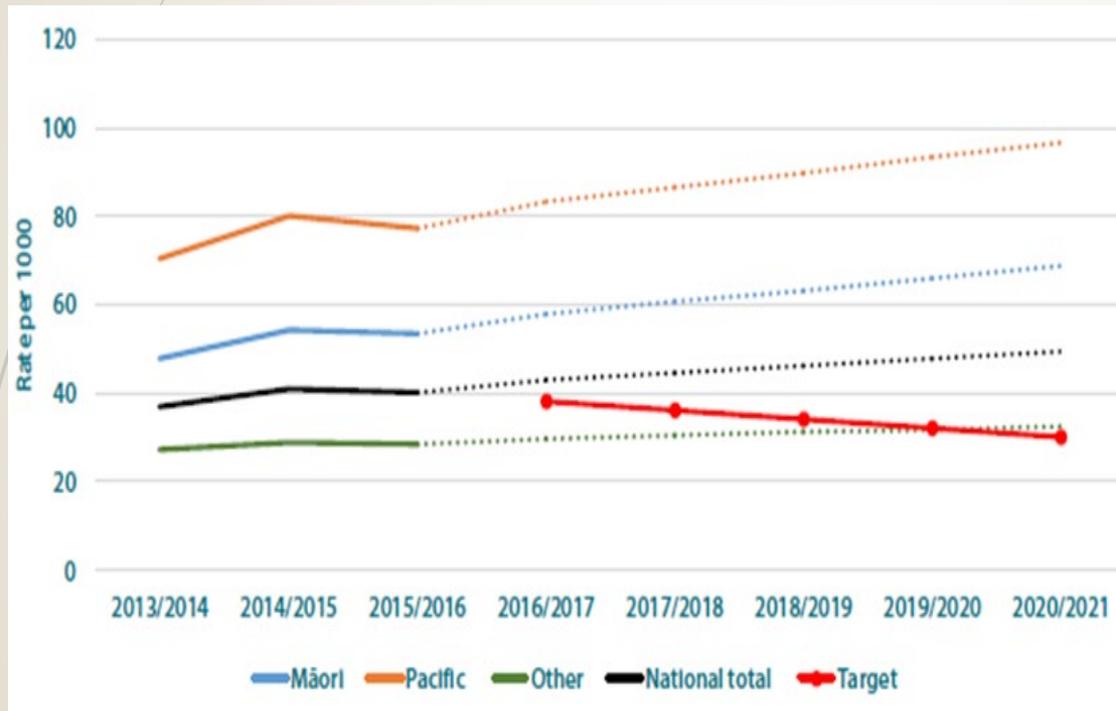


Source: Numerator: National Minimum Dataset (neonates removed); Denominator: Statistics NZ Estimated Resident Population. Note: Medical conditions: acute and arranged admissions only; Injury: excludes emergency department cases and waiting list admissions; Ethnicity is level 1 prioritised

Source: Simpson, Duncanson, Oben, Wicken, & Pierson (2015). Child Poverty Monitor 2015 Technical Report. Dunedin: NZ Child and Youth Epidemiology Service, University of Otago; 2015.

# Government health priorities

Age-standardised rate (per 1,000) of hospital admissions by ethnicity, for selected conditions in children aged 0 to 12 years, including current forecast rates



## RESULT 3: KEEPING KIDS HEALTHY

By 2021, a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0 – 12 years, with an interim target of 15% by 2019 (baseline is 2015/16)

Source: Ministry of Health. (2017). *Delivering Better Public Services: A Good Start to Life – Result Action Plan for Result 2: Healthy mums and babies and Result 3: Keeping kids healthy*. Wellington. Ministry of Health.

## Research questions

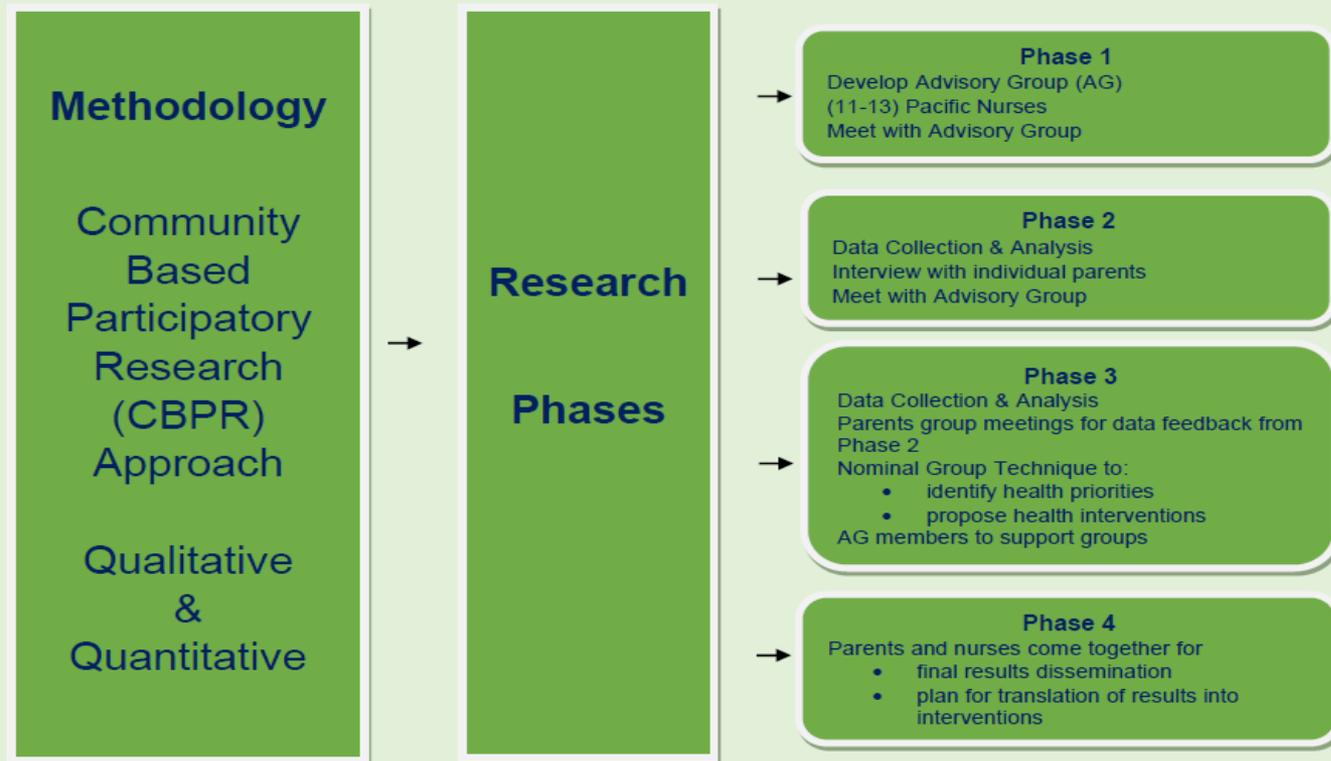
1. What are the parents' perceptions of the **contributing factors** to the children's health condition/s and ASH admission/s?
2. What do the parents of Pacific children admitted with an ambulatory sensitive hospitalisation condition **consider as priorities** regarding the health care of their children?

## Aims and Objectives

1. To develop partnerships with nurses, parents and guardians of children admitted with an ASH condition to identify children's health care priorities.
2. To describe the experiences of Pacific children, parents and guardians when engaging with health services that lead to ambulatory sensitive hospitalisations.
3. To identify gaps in the care of Pacific children that lead to ambulatory sensitive hospitalisations.
4. To explore health interventions to reduce ASH in partnership with Pacific nurses and parents.

# Research Design

## Ambulatory Sensitive Hospitalisations Pacific Children CBPR study



# Community Based Participatory Research (CBPR)

First coined by Israel and colleagues (2001) to illuminate the difference between 'community-based research' as a setting for conducting research and the participation of community members in the research process.

The purpose of CBPR is **'to increase knowledge and understanding of a given phenomenon and to integrate knowledge gained with interventions and policy changes to enhance quality of health and wellbeing within communities involved'** (Israel et al., 2001, p. 184).

**Research - ON?**

**Research - IN?**

**Research - WITH?**

**Critical difference between CBPR and community-based research.**



# SEMINAR

Department of Public Health



University of Otago, Wellington | 23A Mein Street | Newtown | Wellington

## Community-Based Participatory Research: A partnership approach to promoting health equity in Detroit, Michigan

**Professor Barbara A. Israel**

Professor Israel will describe and analyse the rationale for, definition and key principles of community-based participatory research (CBPR), and provide examples of how the Detroit Community-Academic Urban Research Center (Detroit URC) has put CBPR into practice over the past twenty years. One of the Center's affiliated partnerships, the Healthy Environments Partnership, that examines and addresses the social and physical environmental determinants of cardiovascular disease, provides a case study. The lessons learned are included, along with recommendations for conducting CBPR to promote health equity.



Dr. Israel is a Professor, Department of Health Behavior and Health Education, School of Public Health, University of Michigan, and Director, Detroit Community-Academic Urban Research Center. She is involved in several community-based participatory research partnerships affiliated with the Center focused on examining and addressing health inequities.

**Friday 20 April: 12.30pm – 1.15pm**

**Small Lecture Theatre, Level D, University of Otago Wellington**

To join by web-conference go to: [https://otago.ac.nz/zoom/ph\\_seminars](https://otago.ac.nz/zoom/ph_seminars)

For more information, see <http://otago.ac.nz/UOWevents>

**ALL WELCOME!**

ion



## Public Health Nursing Case Management for Women Receiving Temporary Assistance for Needy Families: A Randomized Controlled Trial Using Community-Based Participatory Research

Shawn M. Kneipp, PhD, ARNP, John A. Kairalla, PhD, Barbara J. Lutz, PhD, RN, Deidre Pereira, PhD, Allyson G. Hall, PhD, Joan Flocks, JD, Linda Beeber, PhD, RN, CS, and Todd Schwartz, PhD



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SPECIAL FEATURES: ME

## A Case Study in the Use of Community-Based Participatory Research in Public Health Nursing

*Christine L. Savage, Yin Xu, Rebecca Lee, Barbara L. Rose, Mary Kappesser, and Jean Spann Anthony*

**ABSTRACT** There is growing demand for research using a community-based participatory (CBPR) approach. CBPR requires that the academic research team actively partner with community members and stakeholders in the entire research process. The community members are full partners with the researchers in relation to the development and implementation of the study, analysis of the data, and dissemination of the findings. The purpose of this article is to review four basic principles of CBPR and provide an example of how these CBPR principles were used in an ethnographic study related to the culture of African American infant health. In the pilot study, CBPR provided the framework for recruitment and retention of participants, ongoing data analysis, and dissemination of findings. Using CBPR provided the researchers an introduction into the selected community. Community members served as key informants about the culture of the community and provided access to potential participants. The community partners contributed to analysis of emerging themes and in the dissemination of findings to the community, stakeholders, and the scientific community. CBPR provides opportunities for community health nurse researchers to conduct research with vulnerable populations and sets the stage for implementing evidenced-based nursing interventions in the community.



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doi: 10.1097/CNJ.0b013e318267c862

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Feature: research/parish nursing

## Using Community-Based Participatory Research in Parish Nursing: A Win-Win Situation

Maitlen, Lynn A.; Bockstahler, Amie M.; Belcher, Anne E.

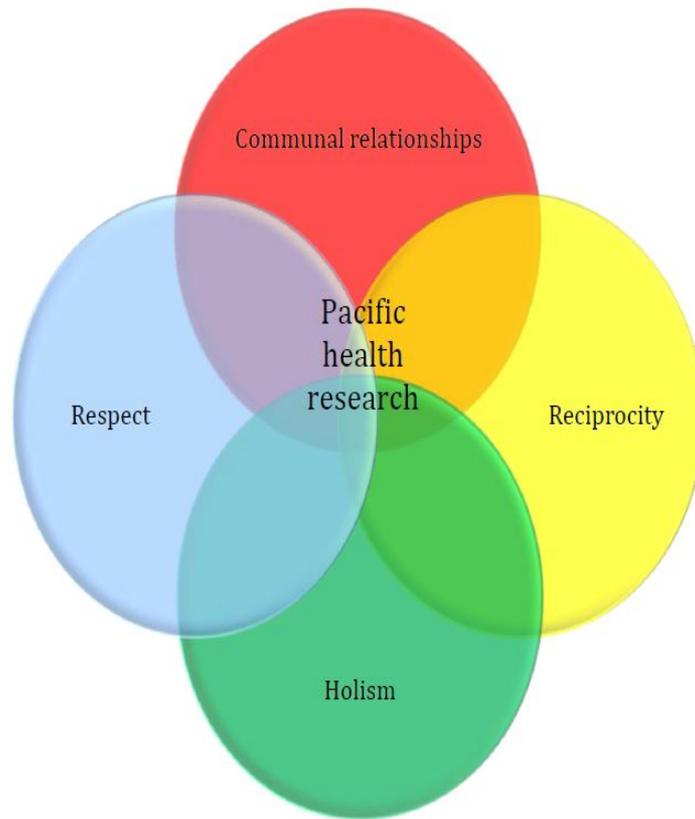
# CBPR Principles

(Israel, et al, 2001)

1. Recognizes community as a unit of identity.
2. Builds on strengths and resources within the community .
3. Facilitates collaborative, equitable involvement of all partners in all phases of the research.
4. Integrates knowledge and action for mutual benefits of all partners.
5. Promotes a co-learning and empowering process that attends to social inequalities.
6. Involves cyclical and interactive process.
7. Addresses health from both positive and ecological perspectives.
8. Disseminate findings and knowledge gained to all partners
9. Involves a long term commitment by all partners.

# Cultural Values – Pacific Research

Figure 1: Links between the four important cultural values and Pacific research



Health Research Council of New Zealand,  
2014.

- **Communal relationships:** communal engagement and links, either through kinship/family relations, social connections, church to maintain social cohesion and capital. They also include links between people and their environment; the social and the spiritual; and the earth,
- **Reciprocity:** is a key aspect of Pacific cultures and involves the exchange of goods, services, trust, loyalty, and social goodwill. It is a two-way process that ensures a sense of balance is maintained.
- **Holism:** A holistic approach revolving around a balanced and integrated relationship between social life, the environment, spiritual world, and cosmology reflects the way many Pacific cultures frame their world.



## Study Settings

Three District Health Boards (DHB) in New Zealand with high Pacific population

## CBPR Partnership

- ▶ Parents of Pacific children age 1mth -14years admitted with an avoidable admission.
  
- ▶ Advisory Group
  - Pacific nurses Auckland & Wellington
  - Pacific Health & Child Health background

# Children Demographics

Children		Total (n=25)
<b>Gender</b>	Male	15
	Female	10
<b>Age*</b>	1 - 12 months	10
	2 - 3 years	6
	4 - 5 years	6
	6+	3
<b>Ethnicity</b>	Samoa	12
	Tonga	6
	Cook Islands	1
	Mixed**	6

\*Age: Age of children at time of interview

\*\*Mixed ethnicity: Cook Islands/European (1), Tokelau/Tuvalu (1), Cook Island/Indian (1),  
Cook Islands/Fiji/Indian (1), Samoa/Cook Islands (1), Maori/Samoa/Cook Islands/Niue (1).

# Pacific nurses CBPR Advisory Group



# Parents concerns

- Lack of support
- Limited understanding and knowledge
- Accept situations that were not in the child's favour
- Health services do not understand parents' concerns.
- Disjointed health system
- Failure of health services minimise admissions.

# Messages

- ▶ Good quality health in early childhood life is important to prevent/reduce the burden of non communicable diseases in adult life.
- ▶ Nurses to take the lead in child health research and explore with communities innovations to improve health outcomes.
- ▶ Include families and patients/clients of health services as the direct source of information for research to make change.
- ▶ Nursing schools in the South Pacific region to explore new research methods such as CBPR that can benefit our communities.
- ▶ Nursing schools to consider CBPR to be taught in nursing curriculum as part of the research paper.