

Pacific Peoples' Experience of Bariatric Surgery



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Obesity is an increasingly serious issue impacting of the health of people throughout the developed world'

- * Within the New Zealand context, this is particularly so for the Maori and Pacific populations'
- * Obesity has been identified as a major health concern for our Pacific people

2016/17 NZ Health Survey

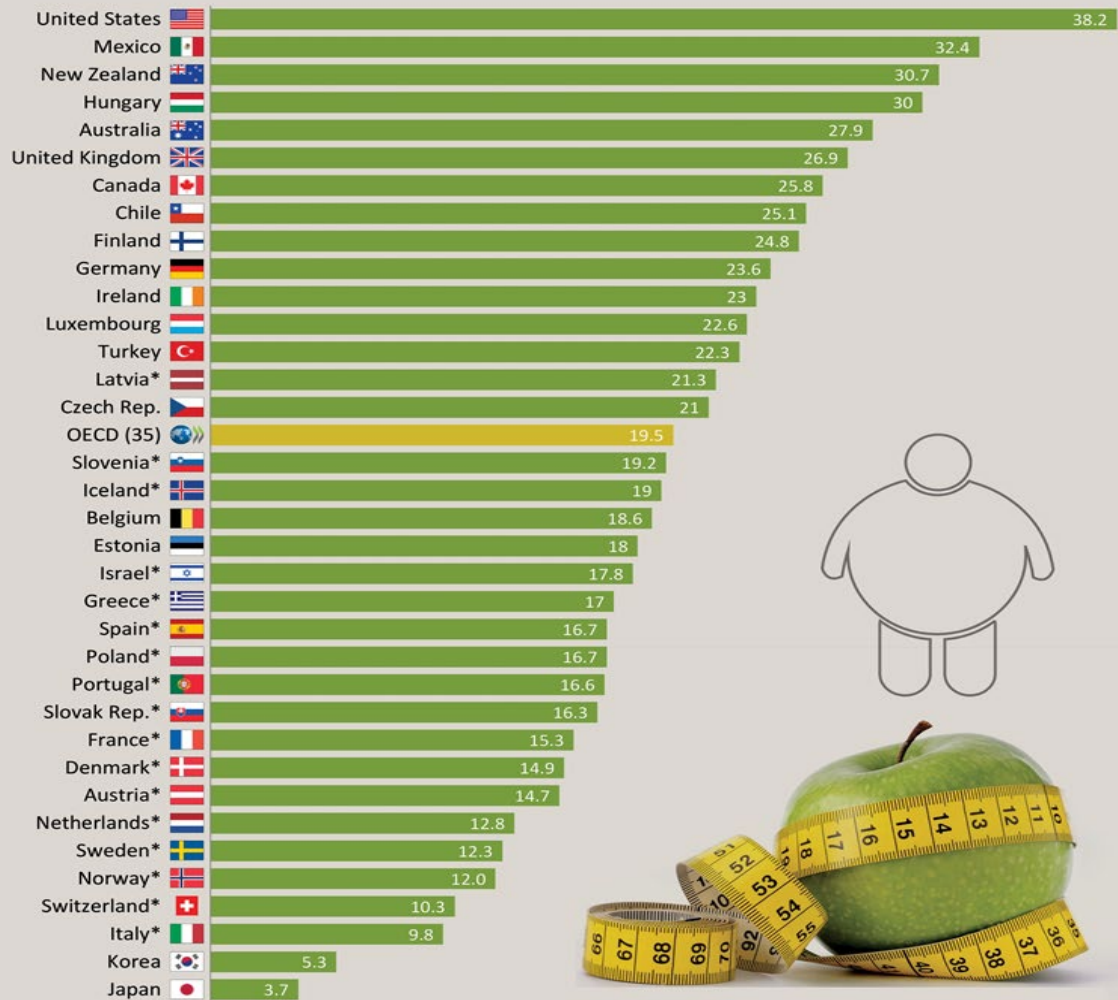
* **Adult obesity statistics**

- * almost 1 in 3 adults (aged 15 years and over) were obese (32%), a further 34% were overweight
- * **50% of Māori adults were obese**
- * **69% of Pacific adults were obese**
- * The adult obesity rate has increased from 27% in 2006/7 to 32% in 2016/17
- * Adults living in most deprived areas were 1.5 times as likely to be obese as adults living in least deprived areas



Obesity rates

As % of total adult population (aged 15 years and over), 2015 or nearest year



Note: * means that self-reported height and weight data are used in these countries, while measured data in other countries.

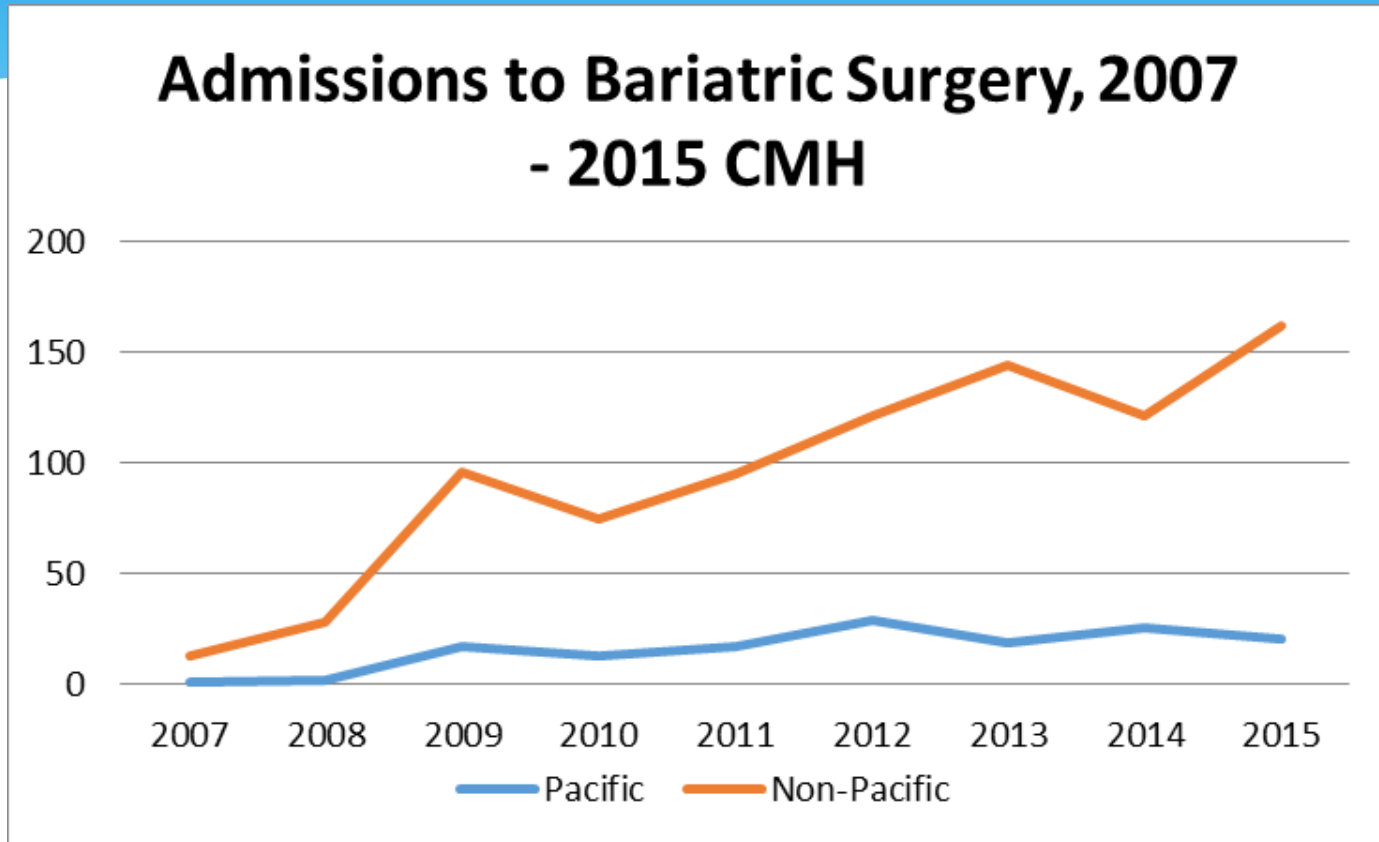
Source: OECD (2017), OECD Health Statistics 2017 (Forthcoming in June 2017).

www.oecd.org/health/obesity-update.htm

Bariatric Weight Loss Surgery

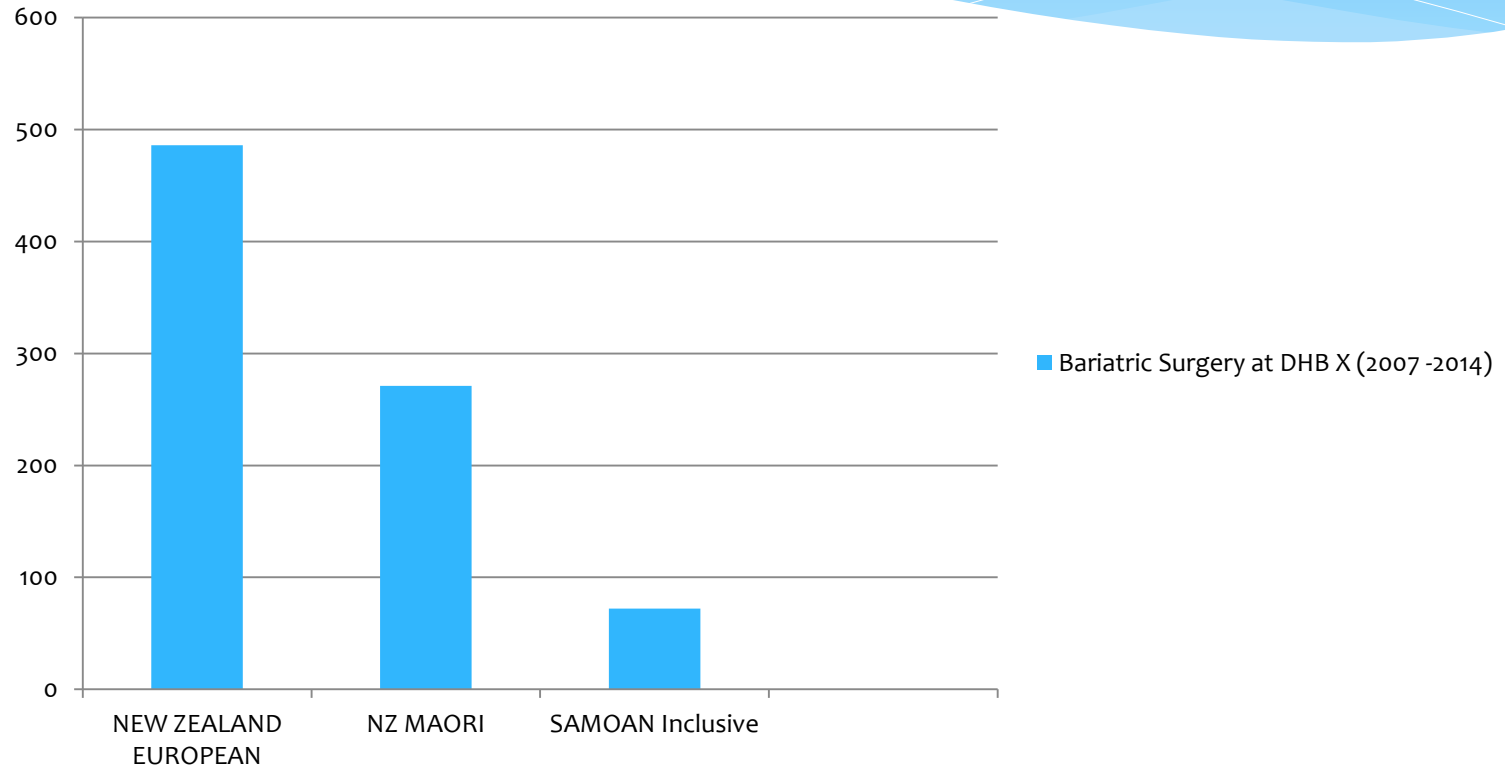
- * Bariatric Surgery is the term given to surgical procedures for weight loss
- * Bariatric Surgery was introduced in the New Zealand Public Health System in 2007

Admissions to Bariatric Surgery 2007 to 2015, CMH

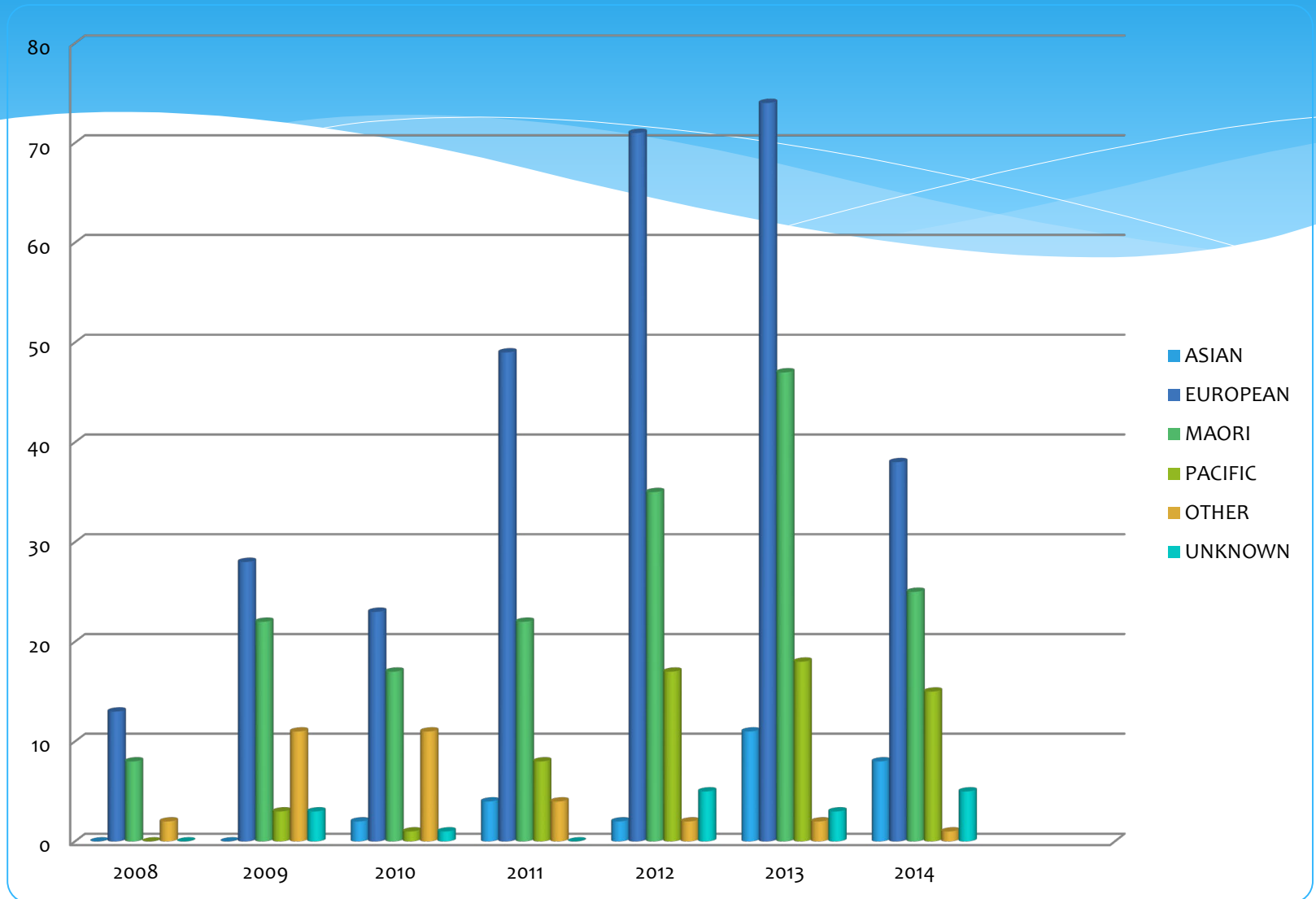


REVIEW OUR DATA

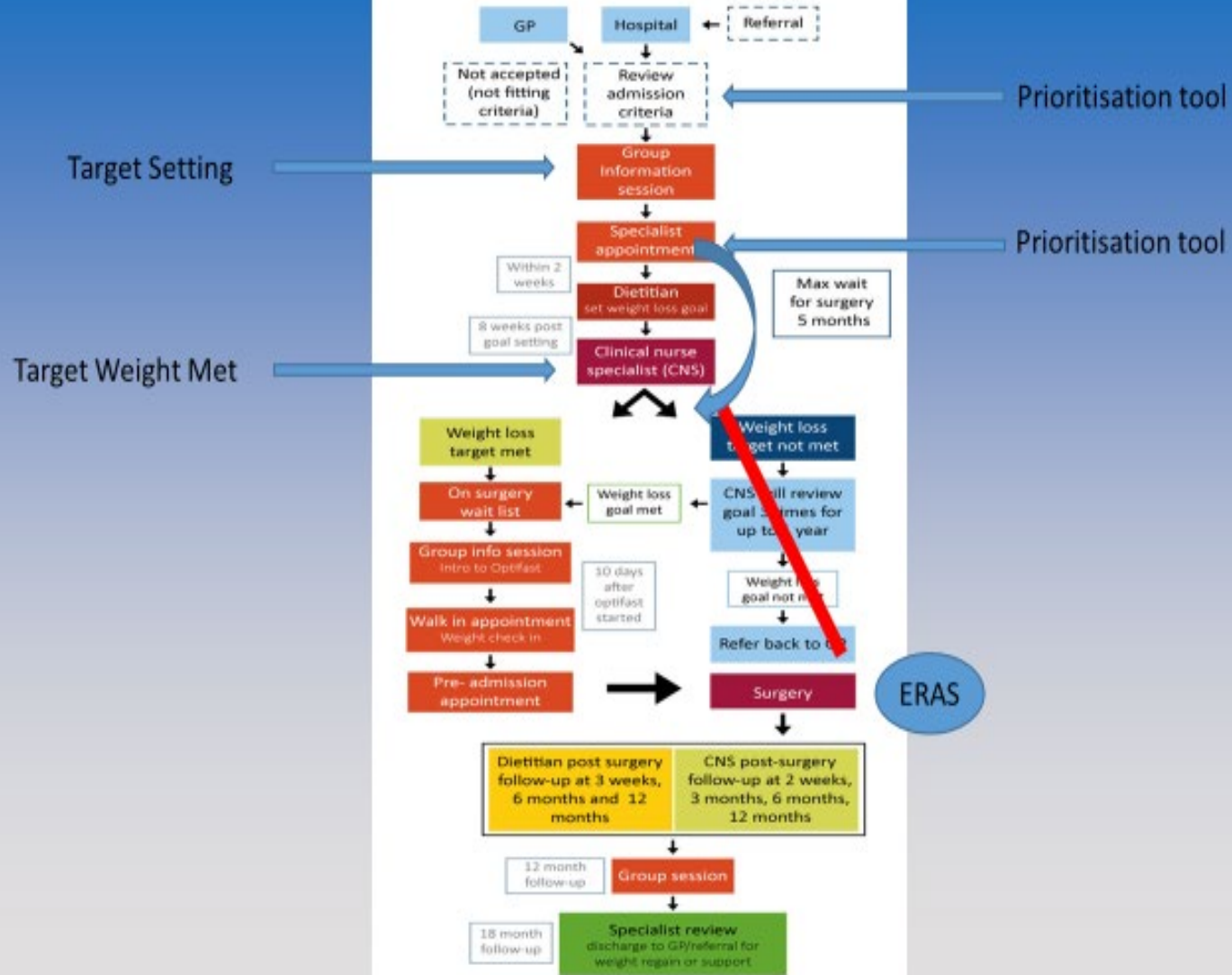
Bariatric Surgery at CMH (2007 -2014)



BARIATRIC CASES BY ETHNICITY- LSG



Counties Manukau Health



Prioritisation tool

Prioritisation tool

Target Setting

Target Weight Met

ERAS

Max wait for surgery 5 months

Within 2 weeks

8 weeks post goal setting

30 days after optifast started

12 month follow-up

18 month follow-up

- * **CM Health Values**

- * “We inspire and live and breathe our values every day as the foundation of our strategic action”

- * “We care about achieving health equity for our communities”

- * “Achieve health Improvement for all with targeted support for our most vulnerable people and our communities:

WHY?

- * **What are the Barriers preventing Pacific accessing Bariatric Services at CMH - Public health System?**

Areas of Focus

- * **HEALTH LITERACY**
- * **PACIFIC PEOPLE VIEW**
- * **HEALTH SYSTEMS/COMPETENCE**
- * **PATIENT Population Need within my Service - Awareness**

Research Findings;

- * Participant shared the common themes;
- * **1. Always being ‘Big or Overweight’** all their lives and had tried diets which did not work
- * **2. Referrals and Lack of knowledge from GP in referral process’**
- * All participants described their joy of being accepted onto the program – But also how difficult it was to achieve the initial weight loss.

“.....I was told to lose 40kg but I thought how am I going to do this.....I think I was 185kg”

* Participants also described the sacrifice to achieve the initial weight loss affected them emotionally

3. How family influences impacted on the participants journey

Although family member did not always understand why they were doing the surgery....

However all participants found family views changed after their surgery'

Although each participant had made the decision to have Bariatric surgery, it was important for all of them to have family supporting them.

Advice to others

- * Question; When you look back would you recommend Bariatric Weight Loss Surgery to others?

All participants acknowledged Bariatric Surgery is not an easy journey and identified areas that they were challenged.....But all say “Yes – They would recommend Bariatric Surgery to others”

Results:

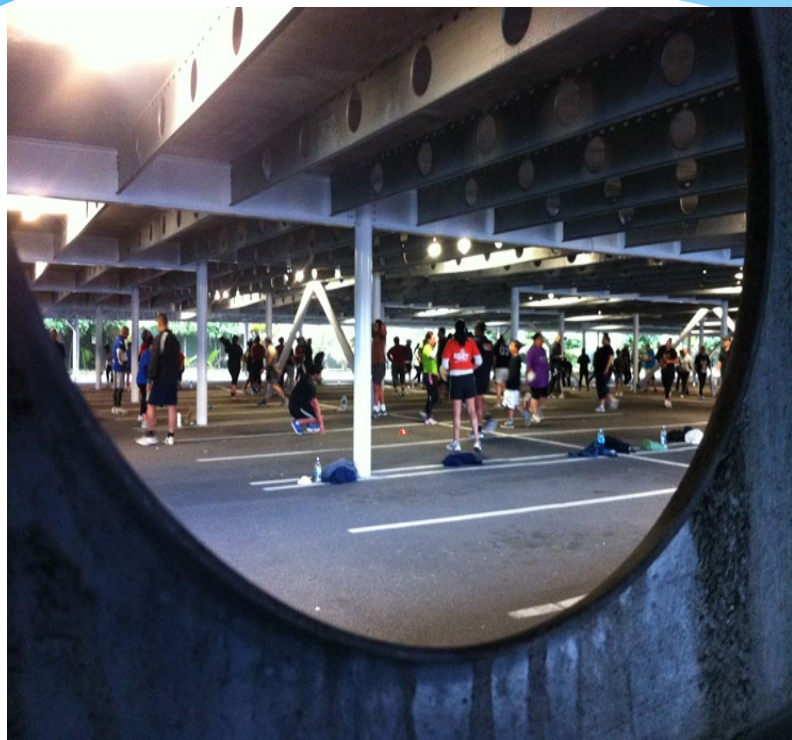
- * After surgery all participants have lost weight, with varied results;
- * no longer have Type 2 Diabetes, - no longer require sleeping with a CPAP machine at night and are living more active healthy lifestyles
- * All take multivitamins which as one participant said “A small price to pay don’t you think’


All are glad they had surgery, yet more importantly are living healthier lives. Each participant initially had little knowledge and had to take the first step – These findings suggest a Positive Pacific view of Bariatric surgery.

Healthcare Systems

- * A better understanding of Pacific perspectives on health and Culturally-competent services can improve responsiveness to Pacific health needs.
- * Also evident is the need for more research to demonstrate the Pacific peoples understanding of the New Zealand Health system and Health care available to them.

COMMUNITY WORKING TOGETHER





the big ward



Recommendations:

- * Services need to be able to look at the Patient Population service demand and identify areas that require support
- * Identify and use the supports that are available
- * We need more Pacific Research driven by Health Services whom have patient population with demonstrated health need disparities.
- * Recruitment of Pacific participants to allow for sample size which supports results
- * Comparative study would be recommended of non-pacific patients journey

- * The recommendation for the introduction of publicly funded Bariatric surgery was driven by the need to provide services that respond to patient population demand.
- * Obesity related illness are preventable, yet the ongoing obesity pandemic continues worldwide.
- * The cultural competence of clinicians and services needs to be improved to enhance patient centred care and improve health-care quality and therefore health outcomes.
- * We need to have more Pacific doing Pacific Research - to be able ask the question, and improve our peoples health outcomes.

PACIFIC FUTURE



“To work in partnership with it communities to improve health status of all, with particular emphasis on Maori and Pacific peoples and other communities with health disparities”.