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# Dementia Continuation of Health Inequalities

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# Impermanence

- Life is short – what we experience, love today, may not be here tomorrow
  - Impermanence is visible in our life, changing seasons, natural disasters, health events which totally change our lives
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# Marine Disaster

- Shows we are at mercy with the sea, wind, tides
  - An event we aware happens in other countries but not in our waters
  - Incident has changed our projected and clean green world wide image
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# Treaty of Waitangi

- Māori have advocated role as a Treaty of Waitangi partner with the Crown to be kaitiaki
  - Role involves guardian, protector land, sea, forests, fauna, flora, all living species which live and breed within our environments
  - Found although we thought there were protections in place to deal with serious event, they do not work
  - People in key roles dumbstruck
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# Out of the Blue Events

- Events seem to occur "out of the blue", but looking back there is history, information, talking to different people, causes or understanding of adverse events become clear
  - Accidents do not just happen- they arise due to change of circumstances or react differently than expected
  - How we react affects how we make decisions, how we continue our lives
  - Diagnosis of one or more chronic health conditions is a significant life event.
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# New Zealand- Changing Population

- New Zealand like other countries our population is ageing
  - We anticipate greater demand for acute, elective and ongoing supportive health and disability services
  - Proposed we need to adapt and respond to an ageing population
  - Requires health workers at all levels able to work with individuals, families whānau to address complex issues
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# Dementia

- Significant health issue now on the radar of health planners, decision makers, funders of accident, mental and disability services
  - Diagnosis of dementia is complex, assume generally occurs advanced age, 85+
  - May occur suddenly or develop over time, gradual loss of brain function, decline in cognitive and intellectual abilities, loss of memory, confusion, problems with speech, increased reliance on others for daily living
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# Definition of Dementia

- Supported by Te Pou- National Centre of Mental Health Research, Information and Workforce
  - For a diagnosis to be given four criteria must be present- disturbance of cognition, it has consequences, progressive, it occurs in the absence of delirium
  - Dementia occurs result of brain cell deterioration or death of cells
  - Slow progress suffers may be unaware brain or cognition change
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# Brain : Most Stunning Organ of Body

- Brain most important organ of body
  - Complex affects how all parts of body operates
  - Affects thinking, behaviour, feelings, emotions & how we make decisions in life
  - Changes in way brain functions may be related health conditions, medication, trauma- child and adolescent and other significant life events- loss of job, partner, child, chronic health condition, several events may occur in close proximity
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# Neurological Research

- Undertaken internationally and nationally- identify how the brain operates, genetic, association, alone & with other neurological conditions, how can dementia be prevented, ethical and legal issues associated with early diagnosis, treatment and ongoing management
  - Through research we know that brain can adapt in response to changing circumstances & new learning
  - Alzheimer's disease NZ most common 80+
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# Dementia: Different Types

- Onset of dementia can also occur- cerebro-vascular disease, Lewy Body disease, frontal dementia, vascular dementia, Parkinson's Disease, Multiple Sclerosis, Huntington's Disease, Creutzfeldt-Jacob disease, severe depression, schizophrenia
  - Relationship diabetes and dementia, high cholesterol, stroke, other cardiovascular conditions now being identified affecting the brain and impact on individual lives
  - Alone or in combination health conditions, alcohol, illegal and legal use, gambling and gaming all impact upon quality of life
  - Addictions / poor health impact on most vulnerable, children and elders
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# Dementia: Implications for Tamaki Makaurau- Auckland Region

- Recognition and diagnosis of different causes of dementia important impact on individual and significant others- especially in early – mid life
  - Tamaki Makaurau- beautiful environment- beaches, volcanoes, regional parks unique- home one in three New Zealanders
  - Auckland- largest Polynesian population in the world
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# Demographic Profile- Tamaki Makaurau

## 2006 Census

- 56.5% New Zealand European/Pakeha
  - 18.9% Asian second largest group in the region
  - 14.4% Pacific nations
  - 11% Maori
  - 0.1% Middle East
  - One in three Maori- tangata whenua live in Auckland region
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# Demographic Profile

- Ethnic, age, gender and health status profile important
  - Health status of populations, families, whānau, individuals relate to socio-economic determinants of health
  - NZ maturing- indigenous population negotiating rights : Te Tiriti o Waitangi, United Nations Declaration of Indigenous Peoples Rights
  - When Maori achieve their rights- change our families, communities, beacon for other indigenous populations, change social structure of NZ society
  - We change the landscape for other ethnic populations- bilingual important development, makes brain stronger- more resilience to change
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# Health Planning and Decision- Making

- Māori right to be treated same as British subjects, important planning, delivery, implementation, assessment of outcomes from any health or disability service
  - Maori are treated differently in all areas of contact, access and outcome of health services NZ
  - Early diagnosis of dementia regarded best practice- role and responsibility of gp/ primary health care workers, alone in association secondary, tertiary services
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# Life Expectancy

- Māori experience effects of socio-economic determination of health
  - Acceptance of health inequalities for Māori and other ethnic groups must stop
  - On average Māori die 8 to 10 years, for Māori men to nonMāori women 20 years
  - We must take practical and courageous decisions to change socio- economic determinants of health
  - Poor health, low income neighbourhoods, communities affects all
  - Residential villages, gated communities does not protect us from the effects and the intergenerational effects of socio- economic determinants of health
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# New Zealand Medical Association: Health Equity Position Statement

- NZMA recognise relationship socio-economic determinants of health lead to poor health
  - Two pathways- material deprivation and psychosocial factors- social structure of any individual, family whānau, ethnic population in community and society generally
  - Election – Māori generally used as scapegoat, should accept our socio economic determinants of health and underdog position in NZ
  - Treaty claims and settlement token gesture for what has been stolen and compensation for loss of livelihood and future
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# Social Costs

- Cost and struggle of return of material resources at significant human health const
  - The cost not yet quantified , but seen in illness , early death
  - Tipuna wisdom
    - He aha te mea nui o te ao?
    - He tangata, He tangata, He tangata
    - What is the most important thing in the world
    - It is people, it is people, it is people
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# Brown Legacy

- Treatment of Māori and other marginalised ethnic populations has left “brown legacy”
  - Both Māori and Pacific populations are young and ageing
  - As we age earlier, face trauma, stress, poverty, ill health, exposed and encouraged to consume unhealthy products, will get chronic health conditions early and dementia part of life journey.
  - Multiple health issues affect physical, emotional, personality and cognitive changes
  - Dementia outcomes effects of poverty and poor health
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# Planning of Dementia Services

- Dementia is part of end of life- as nonMaori enjoyed benefits of socio economic determinants of health, get dementia later in life 80+
  - Caring for people unwell, nearing the end of life, and several members of family, whānau provide significant challenges, affects everyone.
  - Who leads dementia research and health planning likely to be controversial issue- gps, psychiatrists, geriatricians, allied health workers, neurologists
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# Recognition of Brown legacy

- We must turn the “brown legacy” into a pot of gold
  - Long delay of chronic health conditions for Maori, Pacific, Asian populations in this country will increase wealth in all aspects of our lives
  - We must promote and support the development of our young
  - Older people must be generous, develop but not at the expense of the young, early to mid life
  - Well educated & developed brown population will support and fund current national government superannuation scheme, quality of health services
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# Whānau ora

- Planning of conference timely
  - Whānau ora development by the Māori Party with the National government
  - Involves several government agencies working and talking together support development of Whānau Ora centres, with specialist staff retrained to support the development and achievement of outcomes which are whānau determined
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# End of Life

- Death is part of life, regard as privilege not a problem, affects all who are associated with the individual who is unwell
  - May not be negative outcome- families and communities come together to support each other, even though socio- economic position may change
  - Dementia is debilitating condition, individuals often denial of state of health and brain/ personality change
  - Normalisation of Māori and Pacific peoples poor health should not be accepted as norm
  - Overseas experts on dementia provides an opportunity shine a light on an old probelm
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# Conclusion

He kitenga kanohi, he hokinga whakaaro  
To see a face is to stir a memory

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