

COVID-19 and Te Rōpū Whakakaupapa Urutā – advocating for equity

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Nurse Practitioners conference

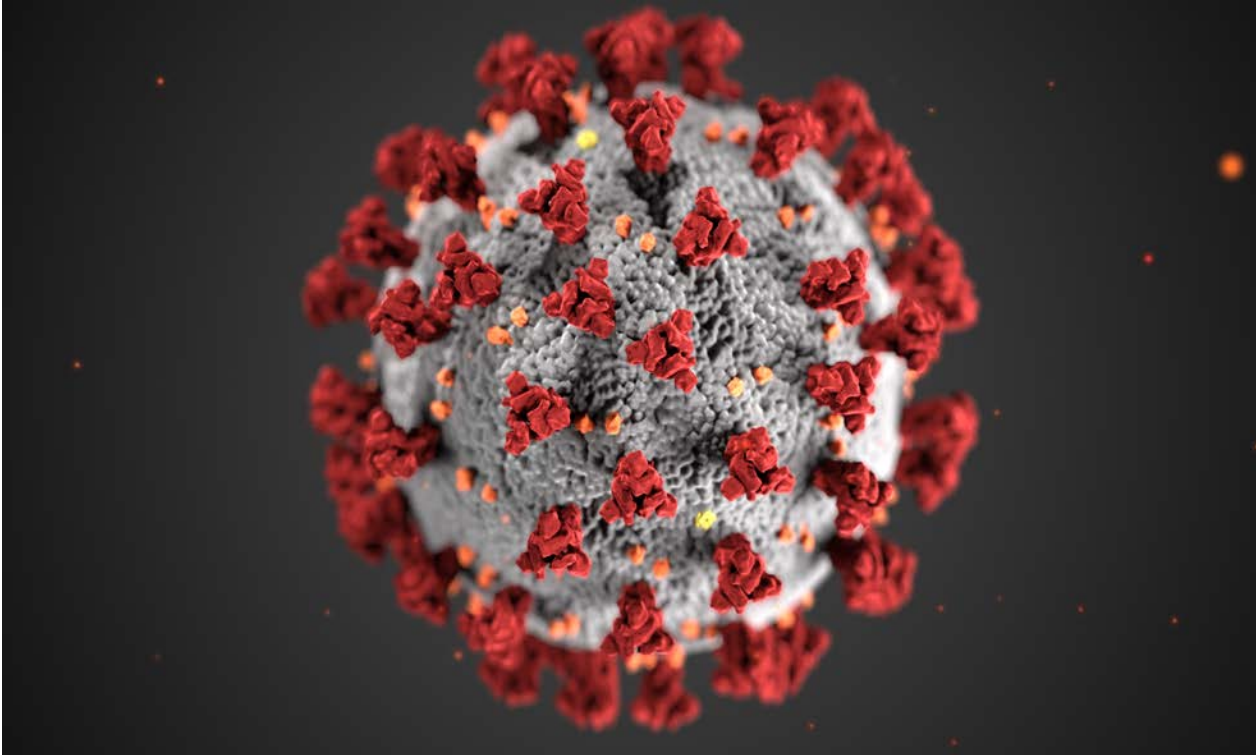
Wellington

5th November 2020

Aotearoa – pandemics, epidemics and seasonal ‘flu

- 1918 influenza pandemic Oct-Dec 1918
 - ~ 5000 killed
 - ~ 2500 Māori
 - Mortality rate Māori 7 times that of European
- 2009 H1N1 influenza pandemic
 - Disease rates Māori twice that of European/other
 - Hospitalisations three times that of European/other
 - Death rate nearly three times that of European/other
- Seasonal influenza
 - 1 - 2% of deaths annually
 - Māori higher hospitalisations and mortality from influenza every year

COVID19



Coronavirus = family
URTIs

Severe Acute Respiratory
Syndrome coronavirus 2 (SARS-
CoV-2) = the virus that causes
COVID19

COVID19 = the disease.

- Range of presentations
- Asymptomatic
- Mild respiratory illness
- Severe acute respiratory
syndrome (SARS)
 - multiorgan involvement

Previous Coronavirus outbreaks – SARS & MERS

- SARS Severe acute respiratory syndrome
 - SARS-CoV or SARS-CoV-1 - coronavirus
 - Zoonotic – from horseshoe bats via Asian palm civets
 - Nov 2002 – June 2003 severe atypical pneumonia
 - Asia, North America, South America, Europe
 - SARS was a relatively rare disease; at the end of the epidemic in June 2003, the incidence was 8,422 cases with a [case fatality rate](#) (CFR) of 11%
- MERS Middle East Respiratory Syndrome
 - caused by MERS-coronavirus (MERS-CoV)
 - Zoonotic - bats, via camels ('Camel flu')
 - Primarily Middle East; some cases Asia, Europe, North America
 - First identified 2012
 - By Jan 2020 ~ 2500 cases worldwide. Case fatality rate ~ 35%

COVID19 disease timeline

- First human cases reported Wuhan, China Dec 2019
- Jan 2020 – China shared genome of the newly discovered virus
- 13 Jan – Thailand reports case
- 14 Jan – WHO - human to human transmission likely and confirmed 22 Jan
- Feb 26th NZ first case diagnosed
- 11 March 2020, WHO declared pandemic
- Mid March NZ clear community transmission, insufficient testing and contract tracing to contain
- Strict (level 4) lockdown March 26 – 5 weeks, Level 3 for 2 weeks (Still stay at home)
- Early May – last know community transmission of first wave ended
 - Subsequent cases related to international travel (MIQ)
- 11 August 2020 Community acquired cases emerge ('Auckland outbreak')
- 18th October – port worker, community transmission

COVID19 in Aotearoa – early Māori concerns

- Previous influenza pandemic experience
- Risk factors
 - Essential workers
 - Socioeconomic distribution
 - Comorbidities
 - Smoking
 - Higher proportions multigenerational whānau
 - Crowded housing
 - Social events – people in close proximity, singing etc
- Pandemic likely to exacerbate existing inequities in the health system
 - During the pandemic and lockdowns and
 - In recovery from lockdowns (and pandemic once we get there)
- Government response – universal approach with no evident
 - te Tiriti partnership
 - Māori health or equity components

Māori responses to COVID-19

- Many and varied
 - Community – marae, hapū, Iwi
 - Health sector –
 - NGOs e.g Hapai te Hauora, Te Pūtahitanga o te Waipounamu
 - Māori providers
 - TRWU
 - Academic – papers, media, presentations, advice to health services, community, government etc

COVID-19 – Te Rōpū Whakakaupapa Urutā – National Māori Pandemic Group

- Watching COVID-19 develop and approach
- Approaches to MoH
- Decision to establish a rōpū with focus on
 - Providing whānau and community with timely, accurate information (trusted source)
 - Advocacy with government and health services
- First official hui 13th March 2020, established TRW Urutā
- National leads and subgroup leads
- Subgroups
 - Policy, primary care, hospital/specialist care, data and governance, communications & media

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- Information for whānau, community, marae, Iwi groups first priority
 - Happy to talk to any rōpū who wants to talk with us
 - Written resources
 - Website, social media and other media – went live late March
 - www.uruta.maori.nz
- Data and monitoring
 - Ethnicity data reporting – MoH, ESR, other organisations
 - COVID-19 related
 - Impact of COVID response on non-COVID disease

COVID-19 – Te Rōpū Whakakaupapa Urutā – National Māori Pandemic Group

- Advocacy with government
 - Impacts of COVID19, impact of COVID response on non-COVID disease
 - Responses to COVID – early including social/wider determinants, border control, MIQ
 - Recovery from lockdowns (and pandemic) and a new BAU
 - Impacts of govt decisions / policies on Māori e.g. tangihanga
 - Hui
 - Appointments to government groups (health and whole of government)
 - Feedback on their resources etc
- Media – have a communications person as part of the rōpū

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From late March to 7th September

- Total number of hits to Urutā website - just under 250,000 visits
- Engagement via social media - 150,000 genuine engagements
- On average, 10 enquires per week from whānau - ranging from questions that can be answered by providing a link, to more complex questions that require advocacy (ie. travel exemptions in and out of Auckland during Alert Level 3)
- 80 media enquiries and requests for comment
 - responded to 68
 - requests where we have not provided a response is because we did not deem it appropriate for us to do so
- issued 10 media statements and press releases

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Examples of policy focused achievements

- Tangihanga advice
- Early advice to government about possible increases in family violence during lock down
- Ethnicity data reporting

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- Observations...
 - Effective to date
 - Range of response of government and agencies to advocacy work
 - Funding
 - Time
 - Contribution valued within Māori community and health sector
 - Strengthened network across the country