Quality and Equity in screening programmes

New Zealand Universal Hearing Screening and Early Intervention programme

Screening programmes can do harm as well as good





Screening programmes can do harm as well as good

- § Inequities in health are differences in health status that are unnecessary, avoidable and unjust.
- Setting standards and enabling ongoing quality improvement for screening programmes minimizes harm, and maximises good outcomes.
- Quality in our context is doing the right thing consistently and well



The data shows inequities exist

- New Zealand Deafness Notification data indicated ethnic inequalities in hearing loss, for example:
 - § hearing loss was identified later in Maori children and even more so in Pacific children compared to non-Maori, non-Pacific children
 - § hearing loss was disproportionately reported in Maori children compared to non-Maori children, accounting for nearly half of all deafness notifications.



Health inequities already exist in New Zealand



- Maori children in New Zealand have poorer health outcomes on a range of measures
- We used the Maori Health
 Strategy "He Korowai Oranga" to
 inform the actions we need to
 take to ensure that outcomes for
 all ethnic groups are equal.

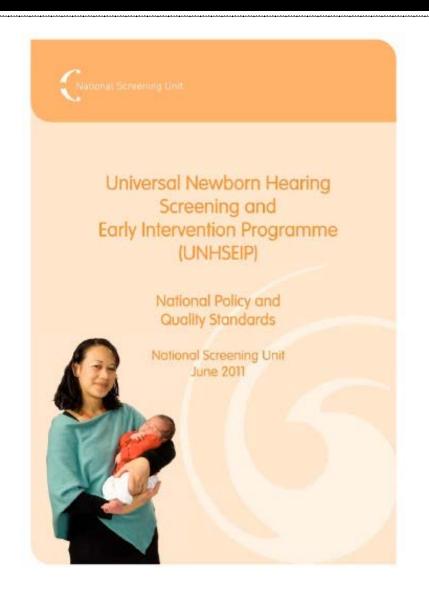


He Korowai Oranga

- He Korowai Oranga The Maori Health Strategy sets out a framework to improve the health status of Maori.
- Core factors for improving health services for Maori include:
 - § ensuring systems/processes are in place to facilitate the routine involvement of Maori in service development, planning and delivery
 - § Addressing "access" to health care barriers, such as financial and geographical barriers
 - § providing health care services in a culturally appropriate manner.



Quality policy and standards



The New Zealand
Ministry of Health has
recently developed
Quality Policy and
Standards for the
Newborn hearing
screening programme

http://www.nsu.govt.nz/files/PQS_word.pdf



A quality approach to equity

- Screening programmes, if not implemented carefully have the potential to increase inequalities across population groups or increase inequalities which already exist
- The approach we have taken is to place "Improving Maori Health" and "Reducing inequalities" as two the core policy goals of the UNSEIP.
- This reduces the likelihood that the programme will disproportionately fail to enrol, screen, diagnose and follow-up children at higher risk of poorer health outcomes



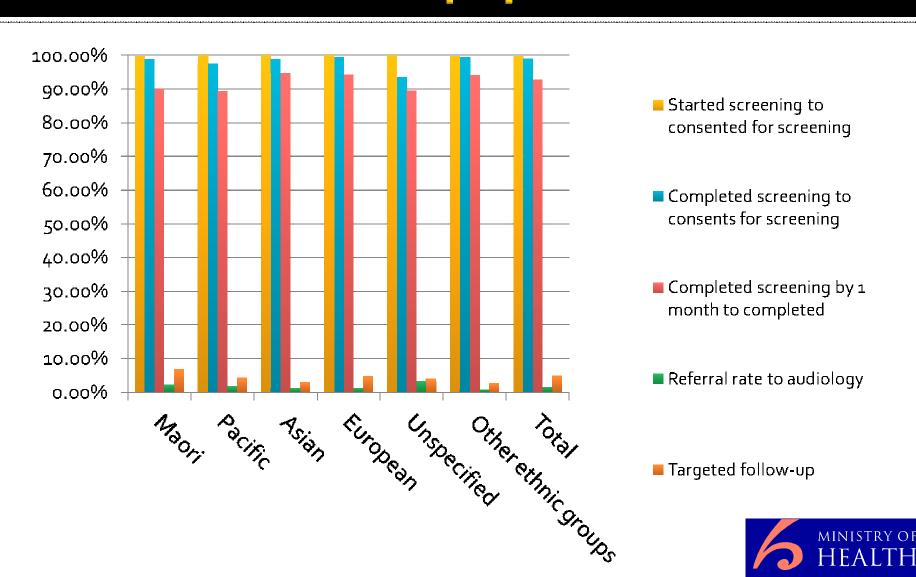
Policy and Standards

UNHSEIP providers have obligations to:

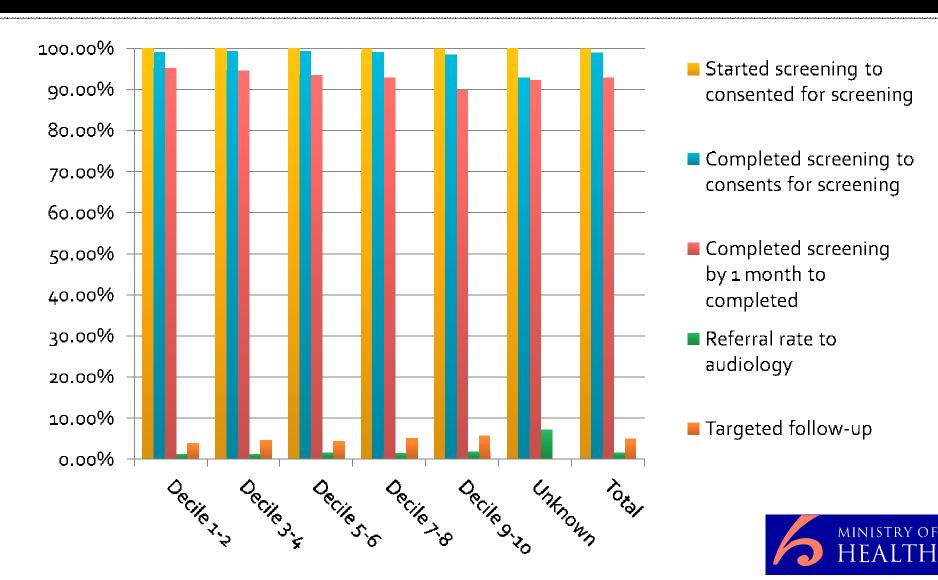
- § develop and implement Maori health plans that identify the specific ways in which they will contribute to improving hearing outcomes for Maori
- § reduce access barriers to newborn hearing screening and early intervention for Maori
- § facilitate the involvement of Maori throughout service design, development and delivery
- § develop relationships with Maori health providers
- § develop staff competencies to meet the specific needs of Maori.



Are we meeting the needs of Maori and Pacific populations?



Are we meeting the needs of children living in areas of relative deprivation?



Audiology referral rates October 2011 – March 2012

Ethnicity	Referral to audiology	Targeted follow-up
Maori	2.30%	6.80%
Pacific	1.70%	4.50%
Asian	1.20%	3.00%
European	1.20%	4.80%
Unspecified	3.30%	4.10%
Other ethnic groups	0.90%	2.70%
Total	1.50%	4.90%



Audiology referral rates October 2011 – March 2012

Deprivation	Referral to audiology	Targeted follow-up
Decile 1-2	1.20%	3.90%
Decile 3-4	1.20%	4.70%
Decile 5-6	1.50%	4.40%
Decile 7-8	1.40%	5.20%
Decile 9-10	1.90%	5.80%
Unknown	7.10%	0.00%
Total	1.50%	4.90%



The inverse care law

"The availability of good medical care tends to vary inversely with the need for it in the population served."

Julian Tudor Hart

We avoid the inverse care law by taking a quality approach – planning for equity, monitoring our outcomes and adjusting our interventions



Their future is in our hands



