Primary Prevention of Rheumatic Fever in the Maori population

What is the Registered Nurses role in the primary prevention of Acute Rheumatic Fever (ARF) within the high risk Maori population?

By: Anna Hill

Introduction

Strikingly New Zealand has one of the highest incidence of Acute Rheumatic Fever (ARF) in the developed world. Along with other nations this affects our indigenous peoples the most (Maori). They are 30 more times likely to develop ARF than other ethnicities. (Gurney, Stanley, & Sarfati, 2015). The government have acknowledged this to be a public health concern and a collective approach between all health sectors is crucial to the implementation of The Rheumatic Fever Prevention Programme (2011). This is the overarching document that informs District Health Boards on primary preventive strategies aimed at the high-risk Maori population.

Facts

- To eradicate ARF an emphasis must be placed on preventative measures.
- Sore throat swabbing in nurse lead clinics is proving to increase the uptake of throat swabbing amongst children.
- Evidence suggests the nurse is the ideal health professional to address the complex needs of Maori (Jones, 2014).

References

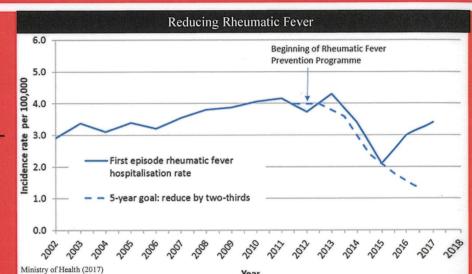
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Literature

- The New Zealand Health Strategy (2016) says the nurse lead throat swabbing in schools is crucial to positive outcomes (Minister of Health, 2016).
- The incidence of ARF has reduced by nearly 50 percent in South Auckland primary schools since the implementation of the school based sore throat management service (Lennon, 2016).
- Overall there has been a reduction of over 29 percent of reported cases of ARF within 10 of the 11 DHBs that implemented the school sore throat swabbing initiative (Institute of Environmental Science and Research Limited, 2015).



- Rapid response clinics are proving to be effective in providing a welcoming atmosphere for Maori by establishing therapeutic relationship which is critical to positive health outcomes as Maori feel less rushed and free of judgment in comparison to visiting a doctor's clinic (Burgess, 2016).
- Nursing actions and health promotion activities within a school setting reduce the risk of illness and promote positive health behaviours among children. This knowledge then transpires from the children to the whanau and wider community.

Recommendations

I recommend that the nurse lead sore throat clinics in schools continue and enforce the message of the importance of getting sore throats checked. Due to the appropriate need of information sharing between the nurse, child and whanau. I also recommend nurses attend personal professional development to upskill and refresh knowledge about their obligations of cultural competence to Maori.

To support the practicality of both recommendations I would also recommend that more Maori nurses are employed within the primary health care settings.



Conclusion

In conclusion it is evident that ARF is a public health concern that effects our most vulnerable Maori population. Research clearly shows the declining rate of ARF since the introduction of the Rheumatic Fever Prevention Programme 2011. Evidence supports that the nurse-led school based sore throat management service and the Rapid Response Clinics are assisting in achieving the reduction of ARF cases.

Summary

The topic of Acute Rheumatic fever (ARF) was first brought to my attention during a stay on the children's cardiac ward at Auckland's Starship Hospital. I met several adolescents that were living with chronic heart conditions due to this illness. Although this experience was some years ago I thought it would be valuable to research this topic, as it is a public health concern and it is our duty as nurses to have a clear understanding about illnesses and those that are most affected.

On reviewing literature, it became apparent ARF was a preventable illness that mainly affected Maori adolescents, so I used the PICOT model to further refine my research to create my research question. What is the Registered Nurses role in the primary prevention of Acute Rheumatic Fever (ARF) within the high risk Maori population?

I choose to display the main points of the literature in the form of a poster. This was due to a poster being an effective method of presenting information to academics and fellow students within a forum, as it provides a good snap shot of the topic of interest (Wardner, 2018). Posters are a valuable means to interact with a specific audience and can be put in numerous places for example, healthcare centers, churches, maraes, community centres and schools: all of which the general targeted population visit (Tolliday, 2018).

DICOTMODEL	Tr.C. (C. D.L.)	In a c
PICOT MODEL	Information Relating to the ques-	Explanation
	tion	
Population Exposure	Children that identify as Maori.	Rheumatic Fever has the highest incidence within the Maori
	Aged between 4 to 19 who iden-	population fitting this age range. Nurses are the largest work-
	tified as having a sore throat	force of health professionals.
	Children that are tested for GAS	Children that have been tested and treated for GAS in a pri-
Exposure	children that are tested for GAS	confident that have been tested and treated for GAS in a pri-
(Intervention)		mary health care setting by nurses
Comparison/Control	Primary prevention strategies used	To gain an understanding of the role that nurse led interven-
	nationally to prevent ARF	tions have on the reduction of ARF
Outcome	Best possible nurse lead approach	The importance of nurse led assessments and health promo-
	to the prevention of ARF in a pri-	tion activities. While creating meaningful relationships with-
	mary preventative care setting	in communities.
Time	Is ongoing	Is ongoing. However, it is important to acknowledge the
		Rheumatic Fever Prevention Programme and the reduction
		of ARF since the introduction of it.

PICOT MODEL (Whitehead, 2013)

7 References

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