






Annual Report 2020/21





interRAI is:

-  The primary assessment instrument for older people receiving support to live at home or in aged residential care in New Zealand.
-  Comprehensive and standardised.
-  Internationally validated best practice.

In New Zealand:

749,601* completed assessments in the interRAI data warehouse.

75,396* assessments completed in aged residential care facilities in 2020/21.

35,188* Home Care assessments in 2020/21.





3,676* competent assessors.

689* aged residential care facilities.

20 District Health Boards.

6 assessment instruments.

* As at June 2021

-  Developed by experts from over 35 countries.
-  Funded by the Ministry of Health.
-  Delivered by TAS interRAI Services.
-  Governed by the interRAI New Zealand Governance Board.

Better assessment, better care, better outcomes

How interRAI works

Throughout New Zealand, health professionals in District Health Boards and aged residential care facilities use standardised interRAI assessments to help determine the level of care and support vulnerable people need.



interRAI data from all assessments is aggregated to provide information at provider, regional and national level.

Check out the interRAI data visualisation at www.interRAI.co.nz/data

Assessment instruments in New Zealand:



Home Care assessment



Contact Assessment



Community Health Assessment



Palliative Care assessment



Long Term Care Facilities assessment



Acute Care assessment

Chair's foreword

I am pleased to present the interRAI annual report for 2020/21. This report provides a snapshot of a pivotal year for the interRAI Governance Board, and the interRAI Services business unit at TAS.



The theme for this annual report is equity, which has been identified as a key priority in the health sector reform process. The report demonstrates how interRAI's extensive dataset can support advancing equity in the health and disability system, by helping researchers and policymakers identify gaps in aged care services, across residential and community settings. Two key pieces of research touching on equity themes have been published using interRAI data in the last year. You can read about these in the Case Studies section of this report.

interRAI Services has been preparing for the sector changes in July 2022, when New Zealand's Pae Ora Healthy Futures Bill is introduced. Our preparations have included a robust and comprehensive interRAI service review, conducted in 2020, to position interRAI services strongly for the future. My sincere thanks to our many stakeholders from across the country and from many different care settings, who took the time to provide input into this process. Your feedback is invaluable in designing a responsive and effective service both now and into the future.

Work is now proceeding at pace to implement the recommendations of the interRAI Service Review Report, which was produced at the conclusion of the review in late 2020. One of the priority recommendations was to modify interRAI Services' governance arrangements. To this end, a smaller interRAI Leadership Advisory Board was appointed in July 2021. You can read more about this change in the Governance section of this report. My sincere thanks to my interRAI Governance Board colleagues for their years of service to the advancement of interRAI in Aotearoa, for their vision and wisdom, for their willing engagement and guidance throughout the service review, and for their passionate belief in the difference interRAI assessment instruments make for people and their whānau.

Other recommendations prioritised for implementation first are, develop and implement a culturally appropriate assessment model; make improvements to the way education services are delivered; and upgrade the interRAI software system and services. Work is underway on each of these. You can read the full report on our website.

Alongside all of this change, we are still in the midst of a pandemic which shows no signs of abating. interRAI staff are now well practised at adapting to the challenges of this public health crisis, and to responding proactively under the pressure this situation brings. The Board extends their sincere thanks to interRAI staff for their hard work and contribution to the pandemic response.

We are now looking forward to another busy year, balancing the needs of both the sector reforms, pandemic management and the implementation of the Service Design Report recommendations while maintaining a commitment to interRAI services continuing to deliver better assessment, better care and better outcomes, to individuals and to the health and disability system as a whole.

Catherine Cooney
Chair

interRAI New Zealand Governance Board

interRAI is
New Zealand's
primary assessment
for vulnerable people
in the community
and in aged
residential care.

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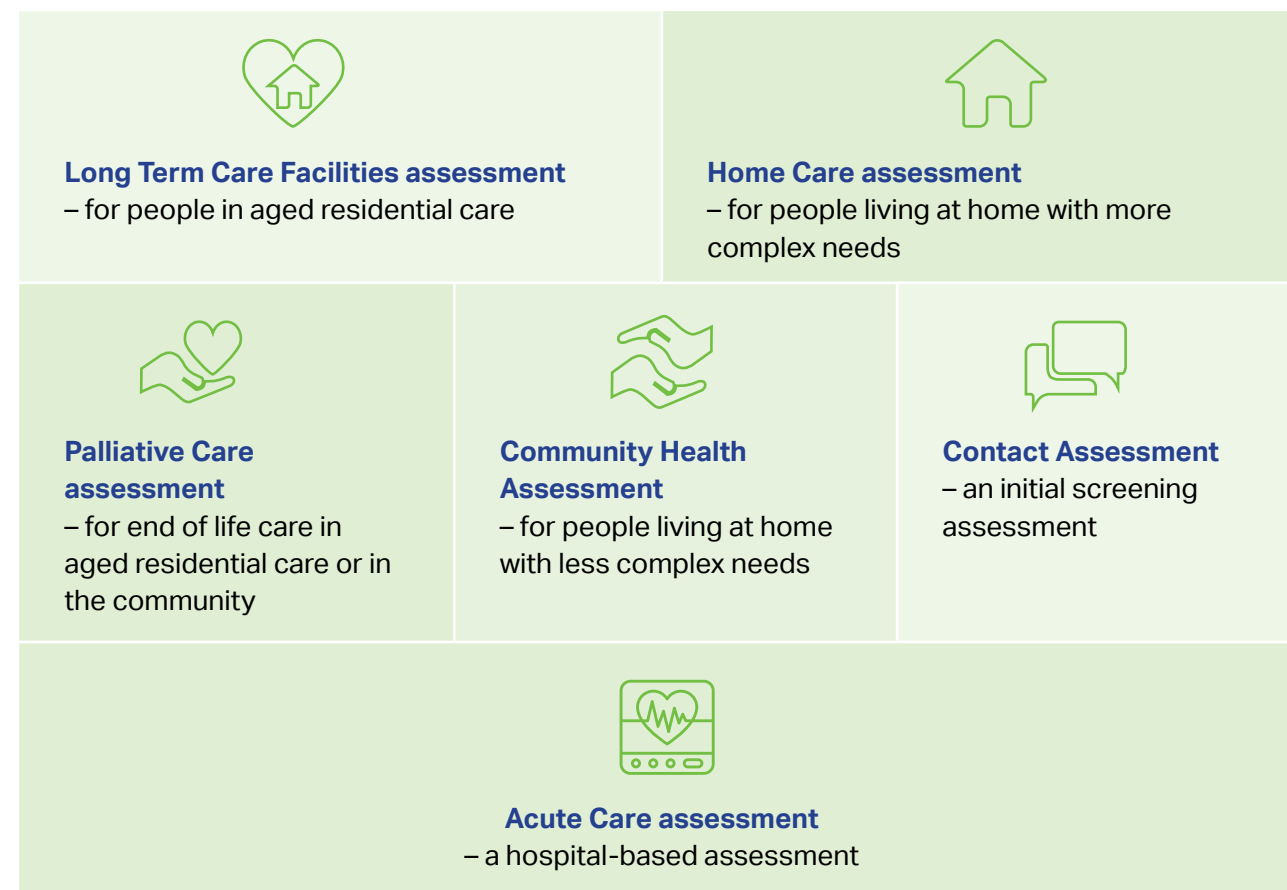
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interRAI in New Zealand

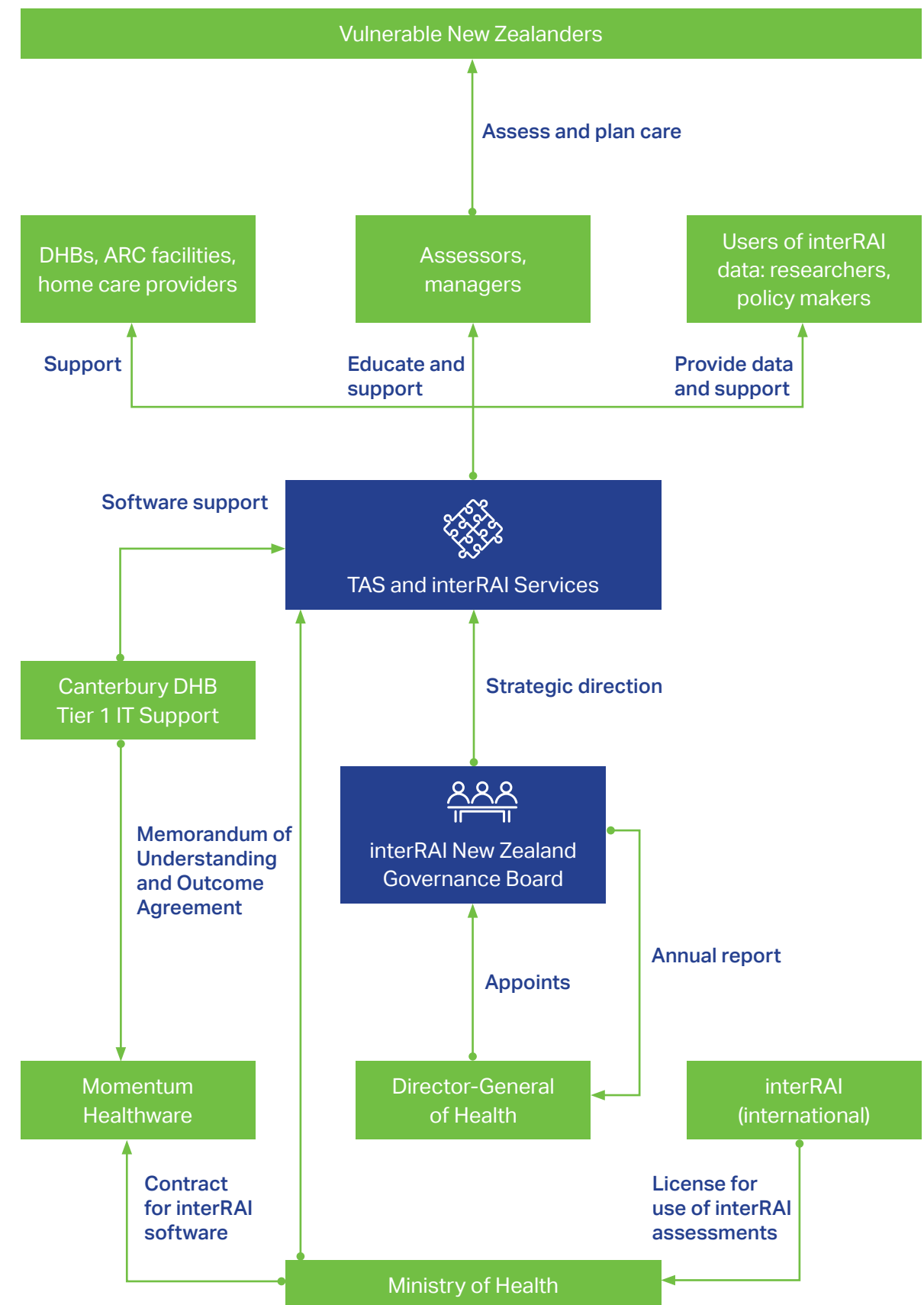
interRAI is New Zealand's primary assessment for vulnerable people living in the community, and in aged residential care.

Six interRAI assessment types are used in New Zealand. The term interRAI refers to both the international organisation responsible for developing comprehensive clinical assessment systems, and the suite of assessments available.

The assessments used in New Zealand are:



Our role and relationships



Governance

The use of interRAI assessments in New Zealand is governed by the interRAI New Zealand Governance Board.

interRAI Services is a business unit within TAS. It supports the delivery of interRAI by providing:



Education and
Support



Insights and
Analytics



Governance
Support



Software
Services

Members of the interRAI New Zealand Governance Board are appointed by the Director General of Health. The Governance Board's purpose is to 'continuously improve health outcomes for New Zealanders as they age, and the effectiveness and efficiency of our health system, by guiding and leading the use of interRAI instruments and the dissemination and use of interRAI information.'

Board members represent consumers, clinicians, health professionals, researchers, health informatics, aged residential care providers, home care providers and funders. This group of leaders bring the sector experience and support of their interest groups, to the task of providing strategic oversight for interRAI in New Zealand.

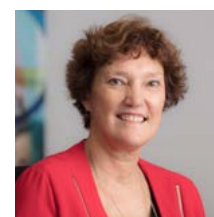
Board members are committed to delivering on their strategic vision for the health, disability and aged care sectors.

In June 2021, the interRAI Governance Board was disestablished in anticipation of a new governance structure. This change was prompted by Horizon 1, recommendation 2 of the Service Design Report, revise governance and decision making.

The Governance Board has been replaced by the interRAI Leadership Advisory Board (iLAB) and the interRAI Network, a framework for stakeholders to share their ideas with interRAI.

interRAI Services thanks all members of the interRAI Governance Board, especially Nicola Ehau, David Chrisp, Pita Paul, Professor Matthew Parsons, Dr Helen Kenealy, Sue Hayward, Marty Rodgers, Dr Michelle Honey and Stephanie Clare, who are not members of the iLAB. You have given generously of your time and expertise to further the work of interRAI in New Zealand, and we are very grateful.

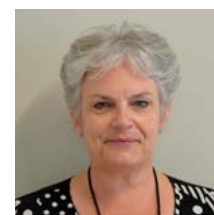
interRAI Board



Cathy Cooney (Chair)
Director of Kowhai Health
Associates Ltd



Pita Paul
Whānau Ora facilitator,
Hauora Tairāwhiti



Carolyn Cooper
Managing Director, BUPA



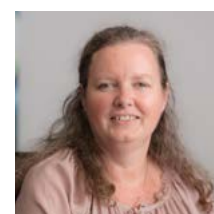
Marty Rodgers
(Māori representative)
General Manager, Māori
Health, Northland DHB



David Chrisp
General Manager, IT,
Access Home Health Ltd



Nicola Ehau
Group Manager, Te Puna
Waiora Planning and
Funding, Hauora Tairāwhiti



Karen Evison (Ngāi Tahu)
Director Strategy, Planning
and Funding, Lakes DHB



Dr Michelle Honey
Senior Lecturer, University of
Auckland



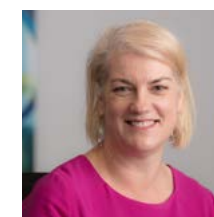
Professor Matthew Parsons
Chair of Gerontology
Nursing, Waikato DHB



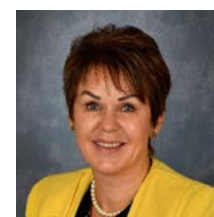
Dr Nigel Millar
Chief Medical Officer,
Southern DHB and interRAI
Fellow



Dr Helen Kenealy
Geriatrician, Counties
Manukau DHB



Stephanie Clare
(Consumer representative)
Chief Executive,
Age Concern



Sue Hayward
Director of Nursing and
Midwifery, Waikato DHB

2020/21 year in review

The interRAI New Zealand Governance Board and the interRAI Services team worked hard in 2020/21 to support and add value to our sector, and to facilitate new research ideas that will improve the health and wellbeing of New Zealanders as they age.

Service design implementation

	Horizon 1: Mature Commercial Model	Horizon 2: Optimise Current Assessment Model	Horizon 3: Extend Assessment Capabilities
Commercial Construct	1 Mature Service Management & Commercial Construct		7 Review Commercial Model
Outcomes & Benefits			
Governance, Roles & Responsibilities	2 Revise Governance & Decision Making		
Delivery & Commercials			
Efficiency & Effectiveness – Assessment	7^a Build Culturally Appropriate Assessment Model	3 Improve Consumer Access to Assessment	
Efficiency & Effectiveness – Data & Insights		4 Improve Education & Support	7^b Build National Assessment Platform
Technology Solutions		5 Improve Data Service Confidence & Maturity	8 Extend Data Services
		6 Address Key Technology Impediments	9 Optimise Technology Support

In late 2019, the Ministry of Health and TAS jointly commissioned an independent business consultancy, Tenzing Ltd, to undertake a service review to identify and evaluate future opportunities for interRAI Services.

Tenzing's report and recommendations were published in December 2020.

From the list of recommendations for improvement, three were chosen as highest priority. They are:

- Mature Service Management & Commercial Construct
- Revise governance and decision-making
- Build a Culturally Appropriate Assessment Model.

Work had already begun on some of these areas of focus before the review began, but the mandate to improve the service we offer means we can go forward with confidence to provide better care, better assessment, and better outcomes with an eye to completing the other seven as soon as practicable.

Changes to our governance structure

In line with Horizon 1 of the recommendations from the Service Review, the interRAI Governance Board has been disestablished. The Board held their final meeting on 16 June 2021. A new governance structure has been agreed with the Ministry of Health, which takes into account the recommendations from the Review and considers the upcoming health sector reforms.

We thank the members of the interRAI Governance Board for their many years of hard work to bring interRAI to fruition in New Zealand.

Education and support services

Horizon 2 of the interRAI Service Review includes a recommendation to improve education and support. A range of improvements are underway or have been completed this year.

A. Move to online delivery

All education packages have been redeveloped, and are now delivered by distance learning using a mix of self-directed, online and educator-led learning. This change has reduced the time it takes trainees to achieve competency, and means they need less time away from service delivery to complete their training.

Bringing all interRAI training programmes online has been a significant programme of work for a number of interRAI staff. It has involved redeveloping each course for distance delivery, amending resources, briefing interRAI educators and working with external vendors to create a positive learning experience. This shift in our delivery focus highlighted the need for a better learning system platform.

B. Replace learning management system

To improve the end-to-end experience of both trainees and managers, interRAI Services has introduced a new Learning management system, taking us from three separate platforms to one. By doing this we are improving stakeholder experience and increasing cost efficiency. The site went live at the end of June 2021.

Professional development for interRAI educators

There are diverse opportunities for our educators to continue their professional development. As the people who train hundreds of assessors each year, it is important they receive robust professional development to ensure they have the skills and knowledge to keep delivering high-quality training, both remotely and in person.

Opportunities include:

- Progression to a new Senior Educator role
- Structured review and feedback processes
- Participation in Professional Development and Recognition Programmes (PDRPs) via local DHBs.



19 educators employed by interRAI Services

4 interRAI-accredited educators training assessors in the community

2,890 competent LTCF assessors and

786 competent Home Care or Contact Assessment assessors at 30 June 2021.

Acute Care assessment rollout

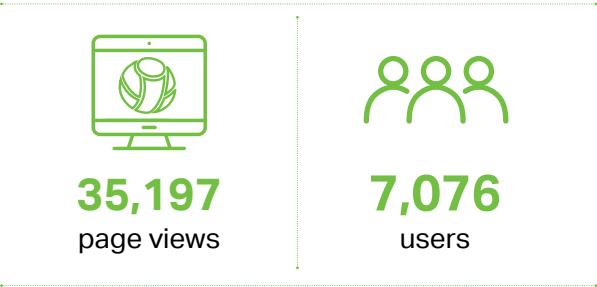
This year, interRAI Services began working with Accident Compensation Corporation (ACC) to roll out the Acute Care assessment for ACC’s Non-Acute Care Rehabilitation (NAR) clients. This rollout supports ACC’s move towards a casemix funding model for NAR clients, with the interRAI Acute Care assessment allowing for an algorithm to be embedded, that groups clients in different funding streams, and attached packages of care. The rollout began with South Canterbury DHB, with Waikato, Southern, Lakes, Auckland and Canterbury DHBs to follow. As well as supporting ACC, the rollout will encourage greater understanding of the continuum of care, and reduce unnecessary duplication, administration and manual data entry.

Palliative Care assessment expansion

This year we worked to expand the use of the Palliative Care assessment. This assessment is used to help plan care where there is a terminal diagnosis. Previously only used in the community, the pilot programme introduced the Palliative Care assessment to a small group of aged residential care settings. As at 30 June 2021, 52 assessors have completed training and become competent to deliver palliative care assessments in aged residential care. 115 Palliative Care assessments have so far been completed in aged residential care facilities.

Improvements to interRAI website

interRAI.co.nz has been extensively redesigned to make sure users can find what they need, quickly and easily. A completely new information architecture has been embedded to direct users to the most frequently accessed content, and the look and feel of the site has been modernised. A new information page for the general public has also been added. In its first month, the site received:



Software improvements

As part of its regular six monthly upgrades to the interRAI software system, a COVID vaccination question was added in November 2020. This allows vaccination to be added as a data point, so DHBs may track vaccine uptake across different age groups, ethnic groups, locations and so on.

The June 2021 software upgrade included a new COVID screening tool, an optional add-on to the Contact Assessment. The tool allows DHBs to identify those people most vulnerable to serious illness with COVID-19. Finally, the upgrade also included updated client-side security certificates to further safeguard patient information.

Finally, In response to the passage of the Privacy Act 2020, interRAI Services reviewed the processes for collection, management and storage of personal data. This includes both the data of people being assessed, and data belonging to interRAI system users. Users and clients can now have even greater confidence in the security and privacy of their information.



Karen Goymour, interRAI Educator

All education packages have been redeveloped, and are now delivered by distance learning using a mix of self-directed, online and educator-led learning.

The power of interRAI

interRAI assessors in New Zealand completed 14,724 Contact Assessments, 35,188 Home Care assessments, and 74,998 Long Term Care Facilities assessments during the 2020/21 year. These assessments contribute to a unique body of data on the characteristics of older people who receive care in the community and aged residential care facilities.

interRAI offers a comprehensive data set because:



Every resident in aged residential care and every person receiving publicly-funded home-based support services **in New Zealand is assessed using interRAI**



All interRAI assessments in New Zealand are completed on a single national software platform, and **feed into a single data warehouse**



TAS data and analysis staff **conduct quarterly reviews** of data quality, and **report annually on their findings**



After comprehensive training is complete, **interRAI Services staff monitor and support assessor competency** with annual evaluations and quality reviews of completed assessments.

interRAI data is increasingly used by researchers and policy makers. An overview of anonymised data is made publicly available on [interRAI.co.nz](https://interrai.co.nz) using our interactive data visualisation. The visualisation allows users a customised view of interRAI data according to their needs – they can filter data nationally, regionally, by assessment type and several different demographics. It also includes embedded definitions for diseases, outcomes scales and clinical assessment protocols (CAPs).

Organisations and individuals regularly request more specific interRAI assessment data. Regular data reporting is provided for District Health Boards (DHBs), aged residential care facilities, and home care providers. These reports, including benchmarking and quality indicators, to form the basis for service improvements across the sector.

See the data visualisation in action at interrai.co.nz/data



interRAI Team Days 2021

interRAI Educators are the people who train hundreds of interRAI assessors each year.

interRAI assessments in 2020/21

The rich data gathered in interRAI assessments helps build a picture of older people across New Zealand, at home and in aged residential care. Through understanding their needs, health providers can work with the older person to plan, allocate resources and evaluate services more effectively.

There were fewer Contact Assessments completed this year, than in the 2019/20 year. During COVID-19 Alert Level three and four in late 2020, Contact Assessments temporarily replaced Home Care assessments, which may have contributed to a lower overall number of Home Care assessments in 2020/21. In 2020/21, Home Care assessments increased, but not to the same level as previous years.

Long Term Care Facilities assessments increased, as did Palliative Care assessments, since the assessment's introduction in 2018/19. This may reflect a rise in the aged population of people 65+.

There are significantly more females represented for all ethnicities and all types of assessment, which is consistent with the older population.

Please note, all charts and graphs in this section refer to numbers of assessments completed, rather than numbers of people assessed.

Table 1: Characteristics of older people based on interRAI assessments 2020/21

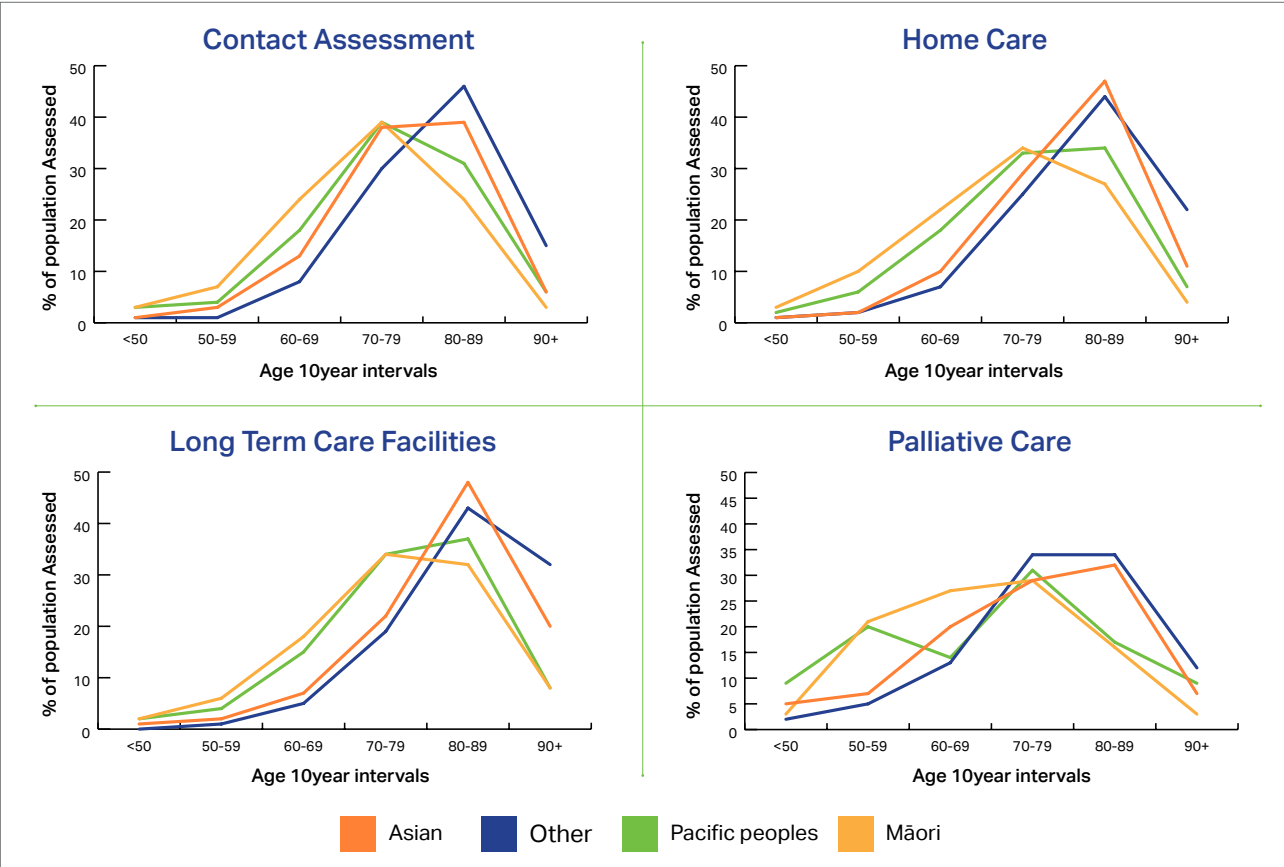
Gender	Ethnicity	Contact Assessment	Home Care	Long Term Care Facilities	Palliative Care
Female	Māori	3.7%	5.1%	2.8%	4.9%
	Other	55.3%	49.1%	58.9%	42.7%
	Asian	4.0%	2.6%	2.1%	1.8%
	Pacific peoples	1.7%	2.3%	1.3%	1.4%
Total		64.7%	59.1%	65.1%	50.8%
Male	Māori	2.0%	3.4%	1.9%	3.6%
	Other	30.3%	34.2%	30.6%	43.7%
	Asian	2.1%	1.8%	1.3%	1.0%
	Pacific peoples	0.9%	1.5%	1.0%	0.9%
Total		35.3%	40.9%	34.9%	49.2%

Figure 1: Number of assessments by year



Who gets assessed? Exploring ethnicity data

Figure 2: Assessments completed by ethnicity and age, 2020/21



The median age of those assessed shows a consistent pattern of earlier interRAI assessment for Māori and Pacific peoples.

Across all assessment types, a large proportion of Māori and Pacific peoples are being assessed at an earlier age, than other population groups. For the Palliative Care assessment, there are proportionally more being completed for Māori and Pacific peoples at an earlier age than other ethnic groups. While there is a sharp decline for all ethnicities for the Long Term Care Facilities assessment type in the 80-89 years of age cohort, Māori and Pacific peoples are assessed more frequently, at an earlier age.

Figure 3: Median age of people assessed, by ethnicity 2020/21

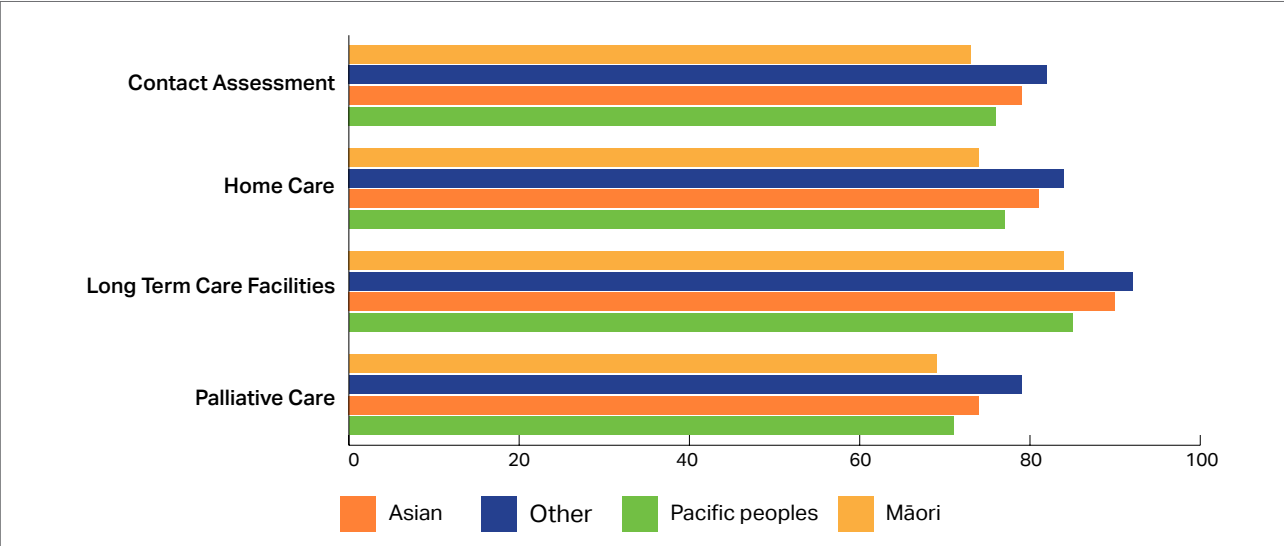
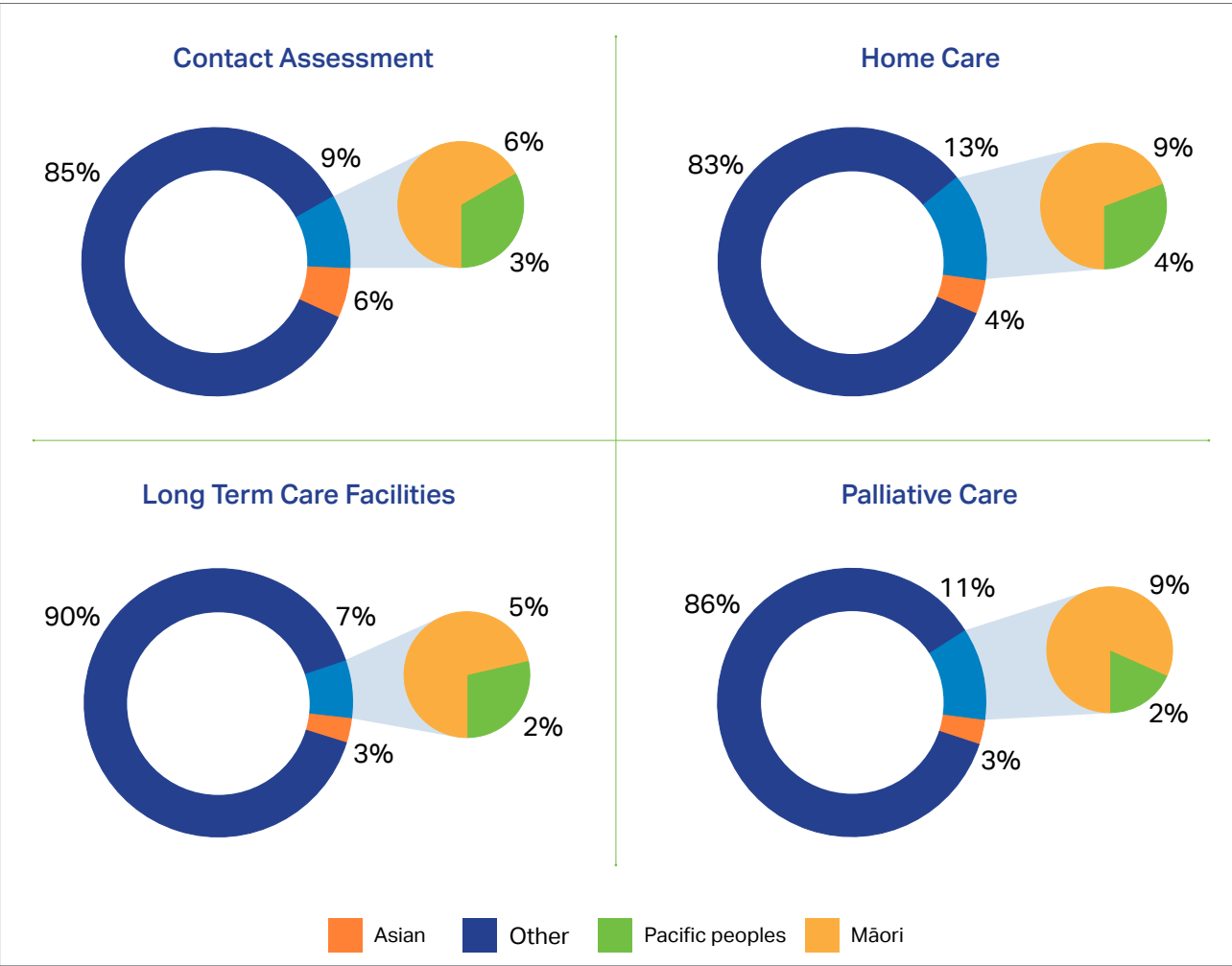


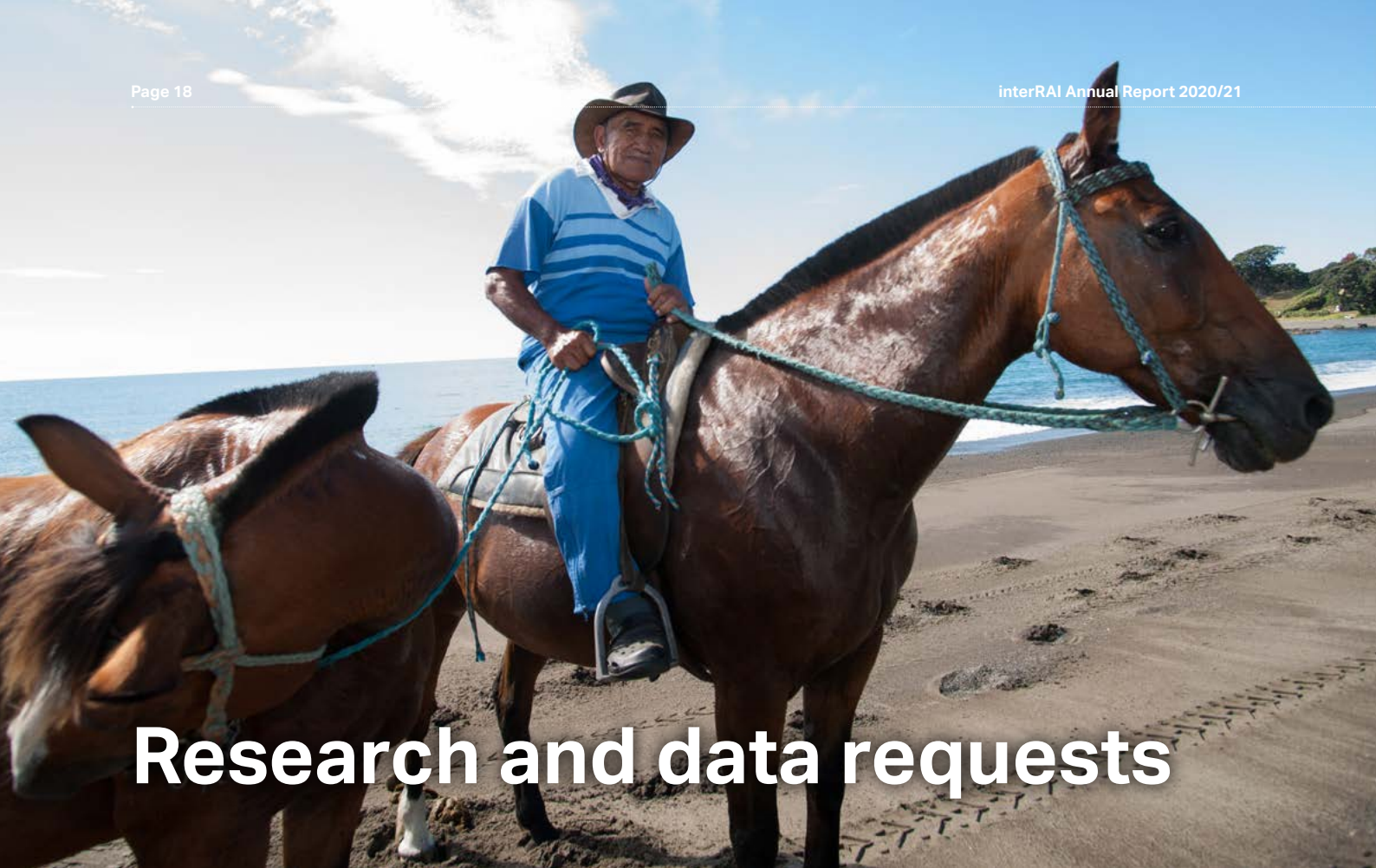
Figure 4: ethnicity breakdown for interRAI assessments by type (%) 2020/21



Māori make up approximately 15% of the total population of New Zealand, but are under-represented in all types of assessments. The majority of those assessed are non-Māori, non-Pacific and non-Asian. While the 'Other' group represents a variety of backgrounds, including Middle Eastern, African and South American, the majority of people in this group are European. The extended circle shows the percentage of Māori and Pacific peoples who have received each type of interRAI assessment.



interRAI helps build a picture of older people across New Zealand.

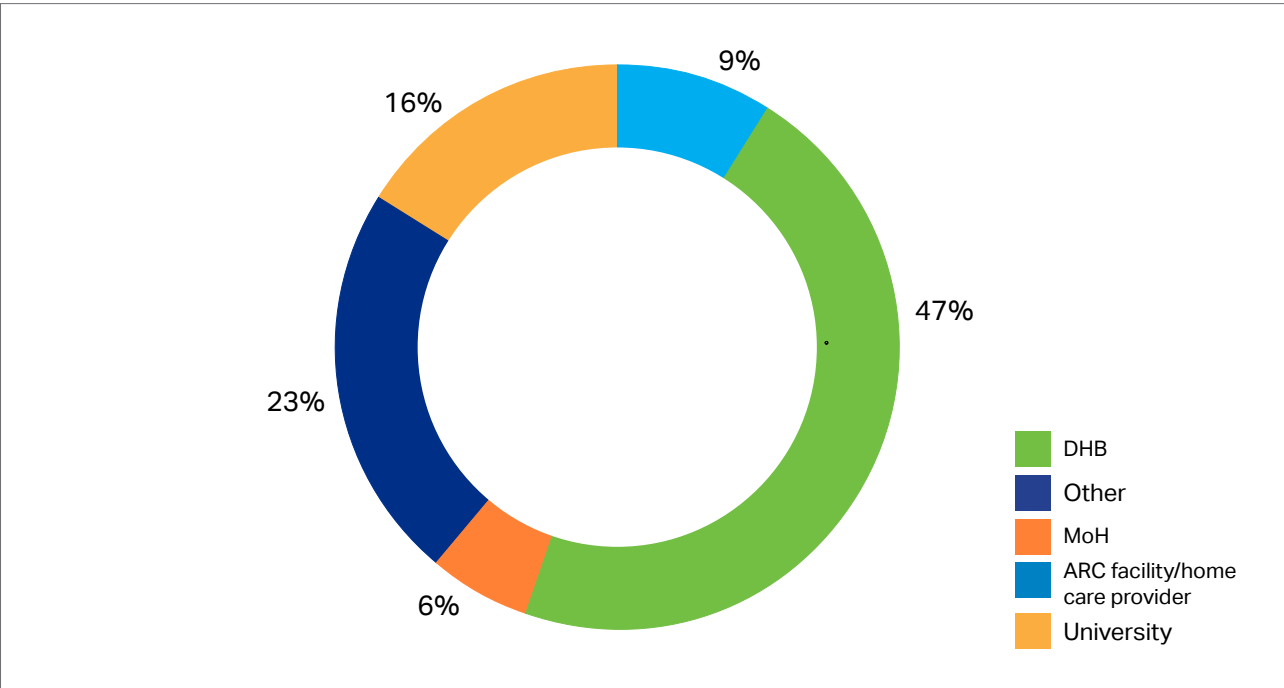


Research and data requests

Interest in interRAI data increasing

Interest in interRAI data from a range of sources continues to grow. The number of data requests from DHBs increased this year. DHBs are also interested in casemix scores for these clients. Casemix creates groups of clients to receive bulk funded bundled services based on their needs. Finally, there has been increased interest in interRAI data from academics, with requests showing a broad range of research interests.

Figure 5: interRAI data requests by requestor type (%) 2020/21



Examples of research using interRAI data in 2020/21

Abey-Nesbit, R., Peel, N. M., Matthews, H., Hubbard, R. E., Nishtala, P. S., Bergler, U., Deely, J. M., Pickering, J. W., Schluter, P. J., & Jamieson, H. A. (2020). **Frailty of Māori, Pasifika, and Non-Māori/Non-Pasifika Older People in New Zealand: A National Population Study of Older People Referred for Home Care Services.** The Journals of Gerontology: Series A, 76(6), 1101–1107.

Barak, Y., Leitch, S., Greco, P., & Glue, P. (2020). **Fatigue, sleep and depression: An exploratory interRAI study of older adults.** Psychiatry research, 284, 112772.

Bloomfield, K., Wu, Z., Tatton, A., Calvert, C., Peel, N., Hubbard, R., ... & Connolly, M. J. (2021). **An interRAI-derived frailty index is associated with prior hospitalisations in older adults residing in retirement villages.** Australasian Journal on Ageing, 40(1), 66-71.

Boyd, M., Calvert, C., Tatton, A., Wu, Z., Bloomfield, K., Broad, J. B., ... & Connolly, M. J. (2021). **Lonely in a crowd: loneliness in New Zealand retirement village residents.** International psychogeriatrics, 33(5), 481-493.

Chan, C. Y., Cheung, G., Martinez-Ruiz, A., Chau, P. Y., Wang, K., Yeoh, E. K., & Wong, E. L. (2021). **Caregiving burnout of community-dwelling people with dementia in Hong Kong and New Zealand: a cross-sectional study.** BMC geriatrics, 21(1), 1-15.

Cullum, S., Varghese, C., Yates, S., Kalatau, L., Appleton, J., Knell, R., ... & Cheung, G. (2021). **Predictors of Aged Residential Care Placement in Patients Newly Diagnosed with Dementia at a New Zealand Memory Service.** Journal of Long-Term Care.

Gee, S., Croucher, M., & Cheung, G. (2021). **Performance of the Cognitive Performance Scale of the Resident Assessment Instrument (interRAI) for Detecting Dementia amongst Older Adults in the Community.** International Journal of Environmental Research and Public Health, 18(13), 6708.

Krausch-Hofmann, S., Palmers, E., Declerck, D., & Duyck, J. (2021). **Development of practice guidelines for daily oral care in care-dependent older adults to complement the interRAI suite of instruments using a modified Delphi approach.** International Journal of Older People Nursing, 16(1), e12351.

Parr-Brownlie, L. C., Waters, D. L., Neville, S., Neha, T., & Muramatsu, N. (2020). **Aging in New Zealand: Ka haere ki te ao pakeketanga.** The Gerontologist, 60(5), 812-820.

Pickering, J. W., Abey-Nesbit, R., Allore, H., & Jamieson, H. (2020). **Development and validation of multivariable mortality risk-prediction models in older people undergoing an interRAI home-care assessment (RiskOP).** EclinicalMedicine, 29, 100614.

Rivera-Rodriguez, C., Cheung, G., & Cullum, S. (2021). **Using Big Data to Estimate Dementia Prevalence in New Zealand: Protocol for an Observational Study.** JMIR Research Protocols, 10(1), e20225.

Robinson, J., Frey, R., Boyd, M., McLeod, H., Meehan, B., & Gott, M. (2021). **interRAI assessments: opportunities to recognise need for and implementation of palliative care interventions in the last year of life?** Australasian Journal on Ageing, 40(1), e22-e28.

Vuorinen, M. (2020). **Registered Nurses' experiences with, and feelings and attitudes towards, the International Resident Assessment Instrument for Long-Term Care Facilities in New Zealand in 2017.** Journal of Research in Nursing, 25(2), 141-155.

CASE STUDY

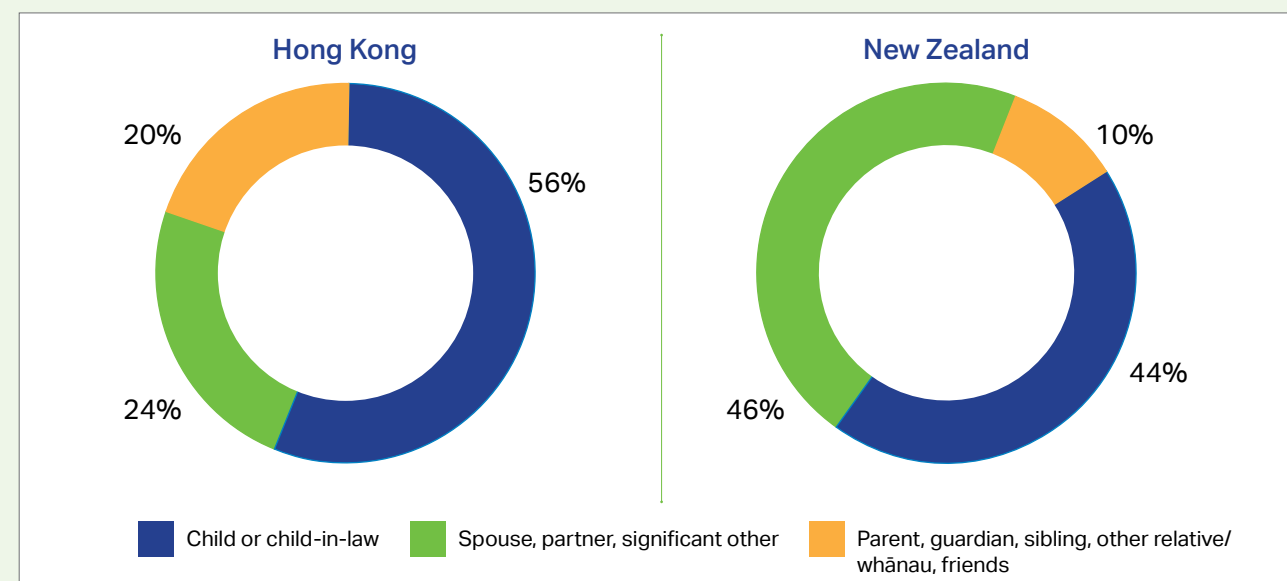
Caregiving burnout

Chan, C. Y., Cheung, G., Martinez-Ruiz, A., Chau, P. Y., Wang, K., Yeoh, E. K., & Wong, E. L. (2021). *Caregiving burnout of community-dwelling people with dementia in Hong Kong and New Zealand: a cross-sectional study*. *BMC Geriatrics*, 21(1), 1-15.

"The aim of this study was to investigate the proportion of caregiver burnout and explore potential contributing factors to caregiver burnout in Hong Kong and New Zealand as two examples of different ethnical and political contexts in the Asia-Pacific regions. This study also aims to examine the impact of formal care service on the relationship between potential contributing factors and caregiver burnout." (Chan et al., 2021)



Figure 6: Caregiver characteristics across Hong Kong and New Zealand



Generated using data from Chan et al., 2021.

Caring for someone with dementia can be challenging

Informal caregivers play an important role in supporting people with dementia in the community. An informal caregiver means anyone who gives regular assistance on an ongoing basis to a disabled person, without being paid for it. This is most often a family member, but could also be a neighbour or friend.

Informal caregivers of any disabled person are at risk of burnout, the stage, "where the experience is no longer a viable or healthy option for either the caregiver or the person receiving care." (Chan et al., 2021)

A cooperative New Zealand-Hong Kong study entitled *Caregiving burnout of community-dwelling people with dementia in Hong Kong and New Zealand: a cross-sectional study* examines rates of carer burnout among informal carers of people living with dementia.

The authors of this study (including Dr Gary Cheung, a New Zealand interRAI associate fellow) used interRAI Home Care assessment data to conduct a cross-sectional study taking in 9796 adults with dementia in Hong Kong, and 16,725 adults with dementia in New Zealand, from 2013-16.

interRAI data allows for a comprehensive picture of study participants to be drawn out, from health to psychosocial factors, demographic information and importantly, caregiving arrangements

and feelings of distress. It shows us that caregiver burnout is slightly less prevalent (13.9%) in New Zealand, than in Hong Kong (15.5%).

The article states, "Our cross-region comparison of caregiver burnout in Hong Kong and New Zealand highlights that although dementia is a neurodegenerative condition affecting people of all ethnic groups, different sociocultural factors (including stigma) are likely to be operating and impact on the presentation of dementia and healthcare utilization in different ethnic groups. Understanding and addressing these unique socio-cultural issues is therefore an important part of the practice of person-centred care and promoting the concept of living well with dementia." (Chan et al., 2021)

The study notes that a dementia diagnosis coupled with other factors, contributed to caregiver burnout. "Some common contributing factors were observed in both regions, including care-recipients having behavioural problem, primary caregiver being spouse, providing activities-of-daily-living (ADL) care, and delivering more than 21 h of care every week." (Chan et al., 2021)

Figure 7: Home Care assessments for people diagnosed with dementia, including Alzheimer's Disease

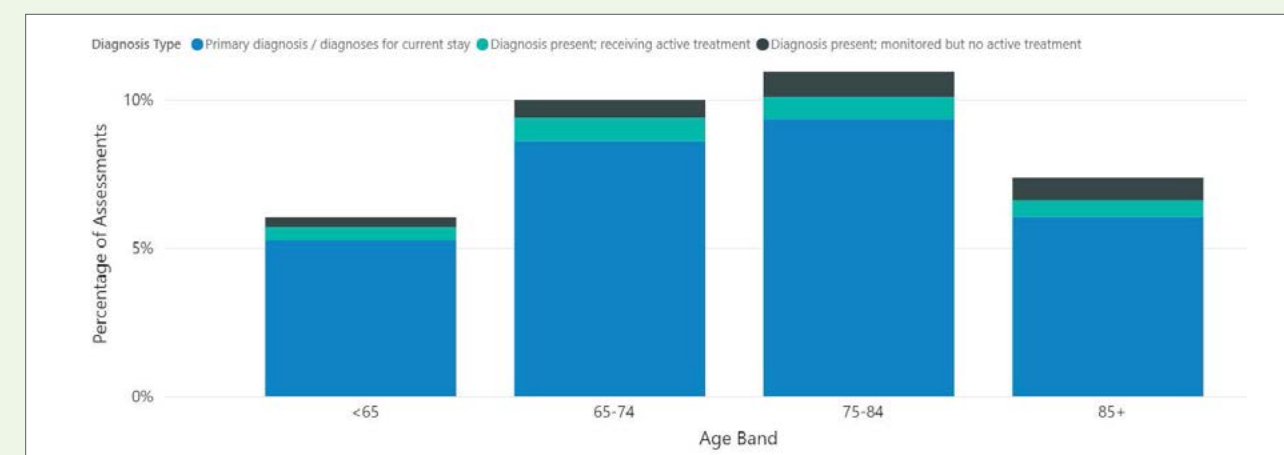
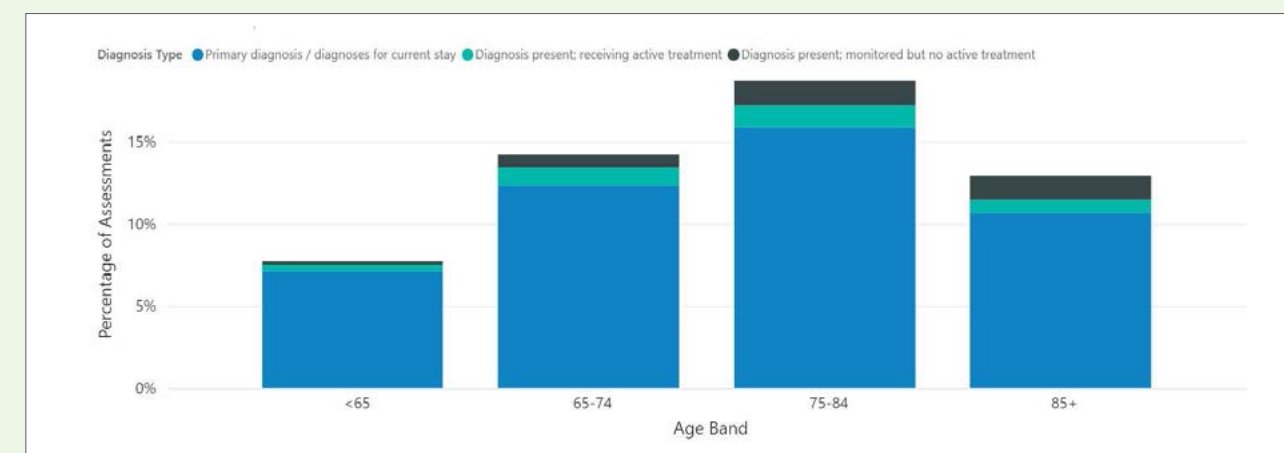


Figure 8: Long Term Care Facilities assessments for people diagnosed with dementia, including Alzheimer's disease



Source: interRAI data visualisation tool, interRAI.co.nz


This research has potential applications in the New Zealand healthcare system. Understanding more about the role and needs of informal caregivers helps build the picture of the older person and their needs and goals. interRAI data powers a wide range of research to help improve outcomes for New Zealanders.

For more information and full references, please see the original study at the following URL:
link.springer.com/article/10.1186/s12877-021-02153-6


CASE STUDY

Frailty among Māori and Pacific peoples


Abey-Nesbit, R., Peel, N. M., Matthews, H., Hubbard, R. E., Nishtala, P. S., Bergler, U., Deely, J. M., Pickering, J. W., Schluter, P. J., & Jamieson, H. A. (2020). Frailty of Māori, Pasifika, and Non-Māori/Non-Pasifika Older People in New Zealand: A National Population Study of Older People Referred for Home Care Services. *The Journals of Gerontology: Series A*, 76(6), 1101–1107.




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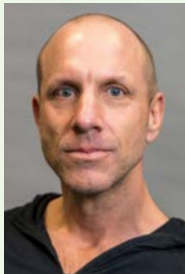
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For more information and full references, please see the original study at the following URL: academic.oup.com/biomedgerontology/article-abstract/76/6/1101/5930828

Table 2: Demographic and Comorbidity Distributions Across Different Ethnic Groups

	Total, n (%)	Māori, n (%)	Pasifika, n (%)	Non-Māori and Non-Pasifika, n (%)
Age, mean ± SD	82.0 (7.4)	77.0 (6.9)	78.0 (7.1)	82.4 (7.3)
65-74	11,179 (20.6)	1,319 (42.6)	712 (38.6)	9,151
75-84	24,306 (44.7)	1,403 (45.3)	855 (46.3)	22,056 (44.6)
85+	18,860 (34.7)	374 (12.1)	279 (15.1)	18,208 (36.8)
Sex				
Male	20,598 (37.9)	1,095 (35.4)	692 (37.5)	18,815 (38.1)
Female	33,744 (62.1)	2,001 (64.6)	1,154 (62.5)	30,597 (61.9)

Figure 9: % of people assessed who experienced a fracture in 2020-21 (Home Care assessment)

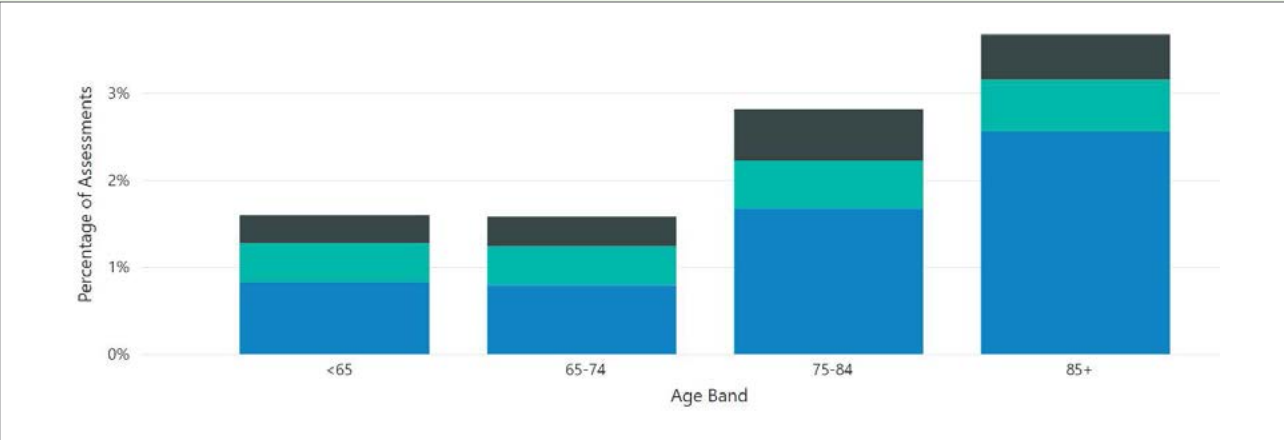
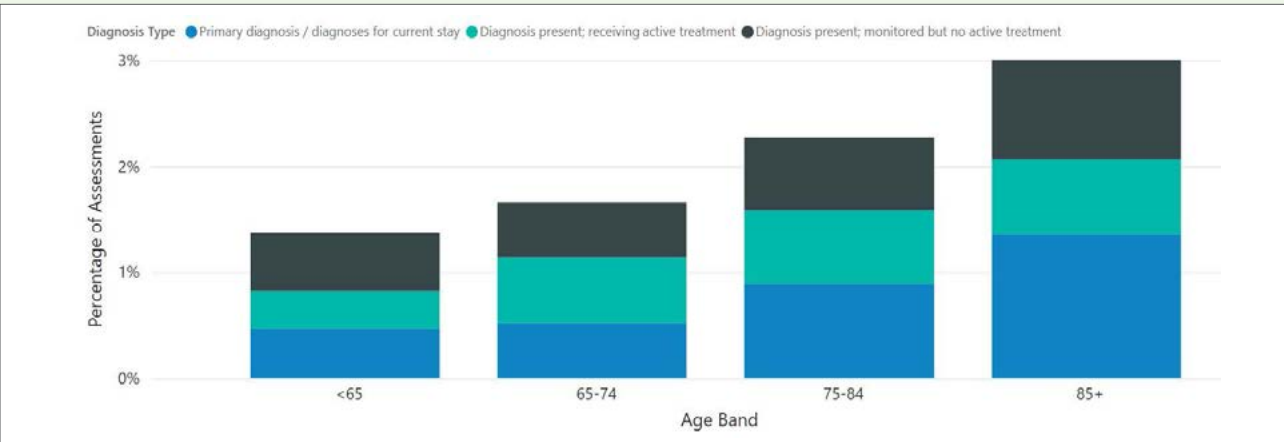


Figure 10: % of people assessed who experienced a fracture in 2020-21 (Long Term Care Facilities assessment)



In developed countries like New Zealand, minority ethnic groups often have poorer health than majority populations. This is especially true for indigenous populations.

Focusing on frailty as an indicator of health and predictor of outcomes, Hector Matthews (Executive Director, Māori and Pacific Health, Canterbury DHB), Dr Hamish Jamieson (an interRAI fellow) and a group of researchers created a frailty index. “Frailty is really what ageing is”, Dr Jamieson says. “It’s the strength and resilience of the body, which declines as we age.”

The Frailty Index uses data from the interRAI Home Care assessment to calculate a score from 0 to 1. It takes into account interRAI scores for cognition status, communication and vision, mood and behaviour, functional status, continence, health conditions, nutritional and oral status, skin conditions, and diagnoses.

The higher a person's score on the frailty index, the higher the risk of poor health outcomes. The frailty index score was calculated for 54,345 study participants, who had had an interRAI Home Care assessment completed. Using NHI numbers, the anonymised data was linked to the Ministry of Health's Mortality Collection data, allowing outcomes to be followed over time.

"Understanding frailty in minority ethnic groups may help health services deliver more individualised health care to everyone." (Abey-Nesbit et al., 2021).

Greater frailty among Māori and Pacific people

The study found that overall, frailty index scores were higher for both Māori and Pacific people than for non-Māori and non-Pacific people. Researchers observed from the data that Māori and Pacific people experience more comorbidities than the general population, and are diagnosed with conditions such as heart disease, diabetes and Alzheimer's disease more often.



The authors have been able to link their findings with existing research. Together this builds a more comprehensive picture of frailty in New Zealand, and helps explain the factors behind the differences in frailty scores between Māori and Pacific people, and other ethnic groups.

There are several key contributors to higher frailty scores among Māori and Pacific peoples in New Zealand. The first of these is poverty, which influences the ability of people to access health services throughout their lives, leading to fewer doctor's visits and greater numbers of uncollected prescriptions. Additionally, older people in these ethnic groups are less likely to present for medical care when they are unwell.

A health system which is "unfamiliar and complex" (Abey-Nesbit et al., 2021) also raises frailty index scores for these ethnic groups. While equity in care for Māori and Pacific peoples is part of New Zealand health policy, these ethnic groups are more likely to struggle to build a rapport with medical professionals, navigate the complexities of the system, and to understand the health advice that is given to them.

interRAI data helps shine a light on equity issues

The authors of this study note, "The study's strengths were the use of a large cohort from a national interRAI data set, the data set's completeness, the comprehensive mandatory training of interRAI assessors, and the NHI linkage between data sets" (Abey-Nesbit et al., 2021).

Dr Jamieson says, "interRAI can show important insights about all aspects of health, but in this case it's really helpful for equity."

"Understanding frailty in minority ethnic groups may help health services deliver more individualised health care to everyone."



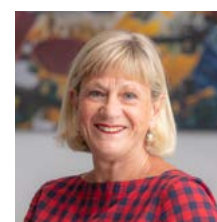
"interRAI can show important insights about all aspects of health, but in this case it's really helpful for equity."

- Dr Hamish Jamieson, interRAI Fellow

We work together for
better assessment,
better care and
better outcomes.

interRAI Services Management Team, TAS

interRAI Services at TAS takes direction from the interRAI New Zealand Board to run the interRAI assessment service, to gather data insights and deliver education and support.



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Ministry of Health

The government, through the Ministry of Health, funds interRAI. The Director-General of Health appoints the interRAI New Zealand Governance Board.

Ministry of Health officials attend interRAI Governance Board meetings to represent the Director-General of Health. They also hear how interRAI contributes to the goal of improving health outcomes for New Zealanders.



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Glossary

AC	Acute Care assessment
ARC	Aged residential care
Assessor	A clinician who uses interRAI tools to complete interRAI assessments
CA	Contact Assessment – a short interRAI assessment for people living in their own homes
CAPs	Clinical assessment protocols
Competent	An assessor who has completed (or maintained) all training requirements is deemed competent
DHB	District Health Board
HC	Home Care – a comprehensive interRAI assessment for people living in their own homes
interRAI	Suite of comprehensive clinical assessment instruments developed by an international collaborative to improve the lives of vulnerable people
interRAI Services	A business unit within TAS that runs the interRAI New Zealand work programme
LTCF	Long Term Care Facilities – an interRAI assessment tool used in aged residential care
MoH	Ministry of Health
Momentum	Momentum Healthware Ltd – our interRAI software vendor
NAR	Non-Acute Rehabilitation pathway
NASC	Needs Assessment and Service Coordination – the DHB service which uses interRAI assessments
NASC Manager	Responsible for operational aspects of the NASC, including management of interRAI assessors
PC	Palliative Care – an interRAI assessment for people with a palliative prognosis
PDRP	Professional Development and Recognition Programmes, a nursing professional development framework.
RN	Registered Nurse
TAS	Owned by the six Central Region DHBs, TAS supports informed decisionmaking and improved service planning and delivery, through data analysis and health system insights.

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