Māori Health 27H Annotated Research Example

The Inequities of Acute Rheumatic Fever

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Structure	Argument	Coherence

ASSIGNMENT QUESTION

Inequity, inequality and disparities are all terms used to describe similar health outcomes. In this essay you need to choose a health inequity that affects Māori and Pacific people in Aotearoa. For the health inequity you have chosen, you must describe what the inequity is, justify why it is an inequity, and use strong evidence to support your claims.
* You must use at least 4 (four) good quality academic resources [peer reviewed articles, reports &/or books from reputable organisations].*

Māori and Pacific populations in New Zealand are disproportionately affected by acute rheumatic fever, resulting in unfair outcomes that prove the standard in healthcare does not cater to this specific population. **This essay will discuss** inequity in relation to the health outcomes of rheumatic fever in Māori and Pacific populations. **For the purpose** of proving inequity in relation to rheumatic fever, **this essay will discuss** the disease, the disproportionality of suffering between populations, the increased rates of hospitalisation and mortality, and what health inequity is. **This essay will not only explain** the general scope of rheumatic fever **but explain and justify** why its outcomes, as previously stated, are a health inequity for Māori and Pacific populations.

Health inequity is unjust and affects Māori and Pacific people in New Zealand, leading to health disadvantages amongst them. In order to describe health inequity, the definition of health equity must be considered. Health equity refers to principles which result in equal rights and outcomes to health among all groups (Braveman, 2019). Inequity, however, refers to the avoidable and unfair outcomes that arise from inequalities amongst certain populations which result in unfavourable health outcomes (World Health Organization [WHO], 2019). Inequity is a key definition as this will justify why health outcomes stated are health inequities for Māori and Pacific populations.

Note how the introduction is clear and engaging (skilful compound and complex sentences). It outlines (*maps out*) the structure of the essay to develop a coherent argument.

This paragraph introduces the main **claim or argument**. This claim is consistent with the assignment question and the definition given below.

Note the **use of signposting** to describe the different sections in the essay. It also signals the overall **aim of the essay** and **what will be covered** in the body of the text.

The **topic sentence** is **evaluative** and broad enough to initiate the discussion and foreground the author's opinion, creating a **less descriptive text**. This statement is then **supported** by the literature (citation).

The essay **starts by defining** the concept of **health equity** as understood in the field (reference). This is followed by the definition of **inequity**, thus creating a frame for what will be discussed in the essay.

The **topic sentence** introduces the health issue. An intended **contrast** in focus is signalled in this sentence with the word: 'however'.

Acute rheumatic fever (ARF) exhibits many symptoms which can develop in severity; however, preventative measures can be taken in order to stop the lethal progression of this disease. **This disease** begins commonly as a strep throat infection and typically develops into rheumatic fever if not treated. Acute rheumatic fever is caused by the body's autoimmune reaction to specific bacteria, streptococcal pharyngitis (group A) (Barker et al., 2017). Like the development of strep throat into rheumatic fever, ARF will develop more severely if it is not treated. **This development** may result in rheumatic heart disease (RHD) which is a long-term outcome of acute rheumatic fever had it not been prevented (Milne, Lennon, Stewart, Vander Hoorn, & Scuffham, 2012b). Prevention and cure are important aspects which help to minimise the severity of ARF. The administration of antibiotic benzathine penicillin G through continuous prophylaxis programs in turn help to prevent further contraction and suffering of acute rheumatic fever (Barker et al., 2017). Understanding the cause and prevention will aid the deconstruction of rheumatic fever health outcomes in order to understand why this disease is an inequity concerning Māori and Pacific populations.

The health issue is described in depth using **evidence** from the literature. A detailed description of some preventative measures is also outlined at the end of the paragraph. This contrast in focus was signalled in the topic sentence.

Note the use of the **modal** 'may' affecting the meaning of the verb 'result'. This is **hedging**; it is a more cautious and **tentative claim** (not a strong one), common in academic writing.

A **critical perspective is being developed**. A link between the last and the first sentence of these two paragraphs has been established. These ideas **are clearly linked**.

Māori and Pacific populations have higher incidence rates of acute rheumatic fever compared to non-Māori and Pacific populations in New Zealand. There are disproportional rates of ARF infection amongst Māori and Pacific (particularly in children) compared to other populations. According to incidence rates collected from various DHB's in New Zealand (from 1998-2009), index admissions increased in Māori children by 79% and by 73% in Pacific children whilst non-Māori and Pacific groups had a decrease of 71% in their index

The **topic sentence** is clear and broad. The incidence of ARF in two distinctive populations is discussed; this initial general comparison is supported by a **range of relevant sources,** adding evidence for the main argument.

admissions (Milne, Lennon, Stewart, Vander Hoorn, & Scuffham, 2012a). **These statistics** clearly demonstrate the disparities between Māori and Pacific populations and Non-Māori and Pacific. The gap between these ethnicities is widening as Māori and Pacific admissions are continuing to increase whilst non-Māori and Pacific counterparts are decreasing steadily (Wilson, 2010). The gap between the populations is too broad for one not to question the reason why Māori and Pacific people are suffering from this disease. **The disproportion** of these statistics **questions** standards of equity in health care, specific to acute rheumatic fever, and how the inequalities thereof are not being acknowledged to change this inequity.

After the evidence is described, academic literature is used to support the claim of inequity in regard to ARF. **Some critical thought is apparent** as the author **questions** these contrasts.

The **critical comments** included at the end of this paragraph, highlight the author's opinion, creating **a** sort of **voice** within the text.

Acute rheumatic fever can progress into rheumatic heart disease which then affects mortality statistics in Māori and Pacific people. Rheumatic heart disease is a health outcome of ARF due to the negligence of precautionary prophylaxis measures (Milne et al., 2012a). According to Milne et al., (2012b) this can, if not treated, continue onto rheumatic heart disease which then affects other subpopulations (other than children) of Māori and Pacific people. This is an important outcome of acute rheumatic fever as mortality rates are then estimated to be 5-10 times higher than that of any other population in New Zealand (Milne et al., 2012b). Mortality rates of RHD increase in midlife with average deaths occurring in Māori, Pacific and non-Māori and Pacific respectively at the ages of 58, 56 and 80. This overall shows that 27.5 per 100 000 Māori and 81.1 per 100 000 Pacific people were more likely to die in their 50s than non-Māori and Pacific populations who were 1.1 per 100 000 times likely (Milne et al., 2012b). This outcome is an example of how ARF extends into other areas of disease and how mortality rates continue to worsen. This calls for an evaluation of current

In this paragraph, the author describes an additional aspect, (Rheumatic heart disease) and its significance. Following the **TEC model**, this paragraph includes a **topic sentence**, some **explanation, evidence** and **elaboration**; it also adds a **concluding or connecting remark.**

The word '**outcome**' is used in three sentences throughout the paragraph. Normally, writers avoid using the same word and try synonyms. However, in this case, 'outcome' is **a key word** that **helps to create coherence** in the text. It provides a natural, **logical link** that continues until the Essay's concluding paragraph.

preventative measures as they are evidently not helping Māori and Pacific populations decrease their rates of mortality unlike non-Māori and Pacific counterparts.

Acute rheumatic fever has effective prevention using prophylaxis methods that have helped to lower rates of ARF and reoccurrence greatly among other populations, yet, Māori and Pacific still suffer greatly from this disease. Prophylaxis treatment has helped multiple populations in New Zealand (Barker et al., 2017), yet Māori and Pacific populations still suffer from ARF (Milne et al., 2012a). This is justification for inequity as there is an effective treatment, yet it is not being utilised to help Māori and Pacific people avoid this very preventable illness which is not commonly seen in developed countries (Barker et al., 2017). This is important to acknowledge because it justifies all the following rates and occurrences as inequities as they are completely avoidable (WHO, 2019) making the outcomes thereof unfair.

Māori and Pacific populations have heightened rates of index admissions compared to other populations classifying this outcome as an inequity. Nearly all developed countries have eradicated acute rheumatic fever, yet incidence admissions have not declined in Māori and Pacific populations since 1980 in New Zealand (Barker et al., 2017). This is then exemplified in index incidence rates recorded by Milne et al. (2012). This is an inequity as it is unjust and avoidable as defined by WHO (2019). Non-Māori and Pacific people are not suffering from ARF, as recorded by Milne et al. (2012a) in the index admission statistics; in fact, it is declining, resulting in more favourable health outcomes. The same cannot be said for Māori and Pacific. This is a further justification on why this is an inequity as Māori and Pacific populations are suffering from unfair and clearly avoidable outcomes of acute rheumatic fever.

Note the length of this **topic sentence,** which focusses on available prophylaxis and the health inequity. Although **it communicates well**, it is a good practice to attempt **shorter topic sentences.**

Note the skilful use of **transition devices** in this paragraph; they seem to highlight with determination the **critical view on the persistence of** this health issue – **ARF**– in Aotearoa New Zealand, a developed country**.** Bear in mind the importance of not sounding repetitive.

Here **the main argument is restated,** with the use of the phrase "**rates of index admissions**". This signals the aspect that will be developed in the present paragraph. **Expanding the discussion** provides a panorama of the health inequity. At times, an **example** may also contribute to strengthen the claim.

The use of the transition device **'yet'** signals the introduction of a contrasting fact or view. The use of '**since**' signals a period of time (so the use of **present perfect**)

An **academic tone** is maintained here; **formal** (and specialized) **vocabulary, no abbreviations nor contractions** are important aspects to bear in mind throughout the essay.

Mortality as a health outcome for acute rheumatic fever for Māori and Pacific populations can be compared to life expectancy in order to prove its inequity. Acute rheumatic fever is mainly exhibited in children and adolescents in Māori and Pacific, but the progression of this disease into RHD then targets middle age and elderly sub-populations (Milne et al., 2012b). This further contributes to increased mortality rates in Māori and Pacific populations related to RHD recorded by Milne et al. (2012b). This itself is a health inequity because when the average age of RHD mortality is compared to life expectancy there is a clear disparity between Māori and Pacific and Non-Māori and Pacific populations. This is evident in statistics where the average age of deaths from RHD for Māori is 50.8 years old and for Pacific is 55.6 years old with a combined life expectancy of 70-75 years. This situation is not the same for non-Māori and Pacific as their mean age of RHD deaths is 79.8 years of age versus their life expectancy of 79-83 years old (Milne et al. 2012b). **This disparity** results in an impact on mortality which ultimately affects life expectancy as discussed by Milne et al. (2012b). Māori and Pacific populations are dying earlier than not only their counterpart populations in New Zealand but also their own population as shown by statistics (Milne et al. 2012b). **This scene** is not the same for non-Māori and Pacific groups as they are dying within their life expectancy range (Milne et al. 2012b). This is an inequity because this is an unfair and avoidable outcome of ARF for Māori and Pacific people when using WHO et al. (2019) definitions in conjunction with Milne et al. (2012b) statistics. This is completely unfair and avoidable justifying this outcome as an inequity amongst Māori and Pacific populations in New Zealand.

To provide added support to the argument, **a comparison** between the health issue and life expectancy (through rheumatic heart disease-RHD) **is brought to the discussion.**

This paragraph **elaborates** on some of the ideas introduced previously. A salient aspect here is the connection to **life expectancy** and RHD. **The** skilful **use of key words** (such as: *targets, mortality rates, evident, clear disparity, impact)* locates **the critical position** of the **author** and creates a sense of gravity.

In these paragraphs the author **brings key ideas together**, but most importantly, offers a **critical response** to such ideas.

The development of the argument attempts to have **a sustained logical flow** throughout the whole essay. **Note** how towards the end, the author uses **less tentative language.**

In conclusion, the health outcomes associated with acute rheumatic fever in Māori and Pacific populations in New Zealand are health inequities. Evidence shows that there is clear disproportionality between Māori and Pacific populations and non-Māori and Pacific which furthers the notion that there are health inequities. Indications that these outcomes are inequities is the effectiveness of relevant medicine in order to treat ARF which can be seen working for non-Māori and Pacific populations, yet, Māori and Pacific populations still exhibit high index admissions and higher mortality rates. Overall this essay provides multiple statistics and sources to back this essay's thesis that acute rheumatic fever outcomes are inequities concerning Māori and Pacific populations in New Zealand

Word count: 1397

The use of the transition device **'In conclusion**' signals the author has answered **the assignment question** sufficiently and she begins to finalise the Essay.

Bear in mind that **linking,** or **transition devices, are central** for the author's communication with the reader. Make good use of them.

The **conclusion** succinctly **summarises the argument** presented.

Note how the writer skilfully **sums up the entire essay argument** in the concluding sentence. The linking word "overall" indicates that she is summing up her whole argument.

Note the **inclusion** of the word count, something students are often expected to provide. Do keep to the word count.
Remember to go back to **your writing** and refine it! It **should answer your assignment question** in a clear and academic tone.

References

Barker, H., Oetzel, J. G., Scott, N., Morley, M., Atatoa Carr, P. E., & Bolton Oetzel, K. (2017). Enablers and barriers to secondary prophylaxis for rheumatic fever among Māori aged 14–21 in New Zealand: a framework method study. *International Journal for Equity in Health, 16*. doi:10.1186/s12939-017-0700-1

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Milne, R. J., Lennon, D. R., Stewart, J. M., Vander Hoorn, S., & Scuffham, P. A. (2012a, August). Incidence of acute rheumatic fever in New Zealand children and youth. *Journal of Paediatrics and Child Health, 48*(8), 685-691. doi:0.1111/j.1440-1754.2012.02447.x

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Wilson, N. (2010). Rheumatic Heart Disease in Indigenous Populations—New Zealand Experience. *Heart, Lung and Circulation, 19*(5), 282-288. doi:10.1016/j.hlc.2010.02.021

World Health Organization (2019). *Social determinants of health.* Retrieved May 2019, from World Health Organization: https://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en

This list contains references to all the sources (peer reviewed books and journal articles, and online reports) referred to in the text.

APA referencing style (6th edition) has been used in this Essay. Bear in mind that you may be required to use **APA 7th edition** for your assignment.

In this case, a minimum of 5 peer reviewed, academic resources are expected to be used. All other resources used are also from reputable sources.