Attaining Health Equity in New Zealand and the World

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Every person should have the opportunity to attain one's full health potential and no one should be disadvantaged from achieving this potential because of social position or other socially determined circumstances. However, significant healthcare disparities linked with race/ethnicity, sex, age, and economic status, exist in many countries. Systemic racism, also known as institutional racism, is increasingly being recognized as a major public health challenge, and is at the basis of racial and ethnic disparities.[1] This issue has been scrutinized by numerous studies with the goal of inducing adequate change to ensure health equity and equality among all races and ethnicities.[2,3]

In *The Lancet Regional Health – Western Pacific*, Thompson and colleagues described racial disparities in stroke care and outcomes in a nationwide observational study in New Zealand.[4] To begin with, this study showed that the majority of stroke interventions, especially acute reperfusion and revascularization therapies, were similar between different ethnic groups in New Zealand. This reflects the efficacious acute and post-acute stroke care, as well as the public stroke awareness FAST (Face, Arm, Speech, Time) campaigns in New Zealand. Importantly, it indicates that equal access of stroke care is achievable. In contrast, studies from several other countries have shown that minorities were less likely to receive intravenous thrombolysis or endovascular thrombectomy compared with major ethnic groups.[1,2,5] A recent study about the differences in US hospitals in providing carotid revascularization therapy showed that hospitals serving minority populations were less likely to offer carotid revascularization in patients where carotid disease was the stroke culprit, compared with majority-serving hospitals.[6] The controversial results of studies from different countries heighten the different weight each of them confers to acute stroke care in majority and minority populations and should elicit curiosity about why it is so efficient in some countries and not so much in others.

Thompson and colleagues did find that Non-Europeans have poorer access to a few other key measures including acute-stroke unit and anticoagulant and they are less likely to achieve favorable outcomes. This study also found that cultural support services for minority ethnic groups were inconsistently implemented, and among those offered, accessed only by a minority of patients[4]. Similarly, in the United States, minorities were found less likely to receive anticoagulant for atrial fibrillation, and when treated, the quality of anticoagulant use was lower in black and Hispanic individuals.[7] Stroke care disparities are at least partially explained by disparities in stroke awareness and education among minority races and ethnicities.[3] Culturally targeted programs should be developed, with a focus on culturally compatible stroke education for patients in the healthcare system as well as the integration of non-medical resources such as spiritual and community services.[8]

In summary, while health inequities are by no means recent or limited to one country, it is hoped that increased interest and awareness about them will translate into a better understanding of their origins and will help with their resolution. Racial and ethnic, as well as gender, geographic, socioeconomic, and global health inequities have been one of the greatest challenges for mankind. Despite the immense progress in lowering the global burden of stroke, it remains the second leading cause of death globally. The Health Equity and Actionable Disparities in Stroke: Understanding and Problem Solving (HEADS-UP) forum, an annual multidisciplinary symposium, with the aim of bridging major inequities in stroke, is a perfect example of continuous collaborative efforts to benefit the vulnerable and underserved populations.[9]

Declaration of interests

The authors report no conflicts of interests.

Author contributions

Sidonie E. Ibrikji wrote the original draft of the manuscript.

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