



ARTHRITIS NEW ZEALAND

KAIPONAPONA AOTEAROA

Our Vision: Improving the life of every person affected by arthritis

Ko tō mātou aronga: Kia whakapiki i te oranga o te hūnga kua pāngia e te mate kaiponapona

Submission on the Budget Policy Statement 2019 from Arthritis New Zealand

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Recommendations

- That the increasing numbers of people with arthritis and the consequent economic impact of this trend, is recognised as a significant challenge in developing a framework of wellbeing. This requires the creation of a national model of care for arthritis.
- Effective management of arthritis is recognised as an important component in improving mental health in New Zealand.
- Specific programmes implemented to manage the impact of arthritis such as gout arthritis in Māori and Pacific communities should be a priority in improving wellbeing of these communities and ensuring equitable access to managed programmes.
- Funding be made available to enable the necessary research to provide accurate data on the numbers of children and adolescents with arthritis.

Background to this submission

Arthritis New Zealand supports the inclusion of wellbeing in all aspects of government policy making, including the 2019 budget round. The wellbeing of individuals and communities is a priority and any fiscal policies should support these outcomes.

Arthritis is a long-term condition that can have a substantial impact on the wellbeing of individuals and whanau. We believe its impact is overlooked in both the health sector and wider government policy formulation. In this submission, we outline the reasons why proactive management of arthritis will contribute significantly to enhanced wellbeing.

Arthritis New Zealand

Arthritis New Zealand's mission is **"Improving the life of every person affected by arthritis"**. This is a bold and ambitious goal that aims to position the organisation as the "go to" organisation for information, advice and advocacy on all aspects of living with, and managing arthritis.

Arthritis New Zealand has been in operation for over 50 years providing community-based services and support for people with arthritis. We are a charitable trust with a long track record of excellence and quality. In the 2017-2018 financial year over 65,000 people used our education, information and support services and one in 5 of our clients are Māori or Pacific.

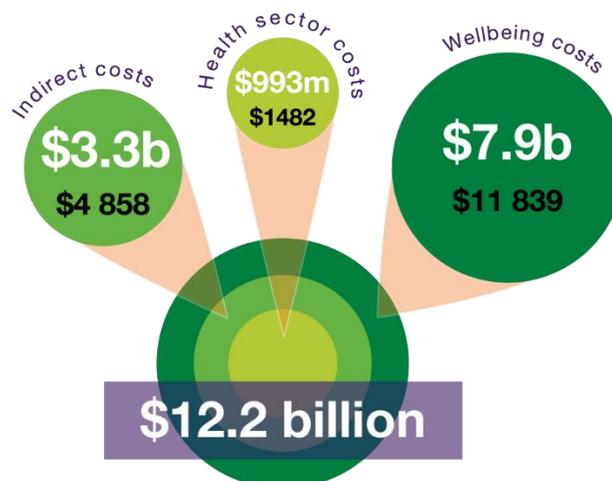
The bulk of our over \$3 million income is derived from our own fundraising activities and service provision is dependent upon our on-going fundraising programme.

Arthritis in New Zealand

The number of people with arthritis in 2018 was estimated as 670,000. Half of those with arthritis in 2018 were of working age and productivity loss is borne not only by individuals but by employers and government^[1].

Currently there are 1:6 (670,000) people in New Zealand affected by arthritis and this number is projected to reach **one million** by 2040.

The total cost of arthritis in New Zealand is estimated to be \$12.2 billion a year^[2]. This figure comprises financial costs, productivity losses and the loss of wellbeing for people with arthritis. The breakdown of these costs per annum are in white below with the cost per annum per person in black.



Loss of wellbeing \$7.9 billion^[3]

- Arthritis significantly reduces the amount of healthy years lived - the loss of wellbeing for people with arthritis is estimated to cost an additional 44,930 disability adjusted life years (DALYs)
- Loss of wellbeing includes the impact of pain, suffering, disability and premature death

Associated financial costs \$3.3 billion

- Informal and formal carer costs (\$1.5 billion)
- Loss of productivity, costs to employers and individuals (\$1.2 billion)
- Efficiency losses associated with lost tax revenue and government payments (\$382.3 million)

Health system costs \$992.5 million

- Hospital inpatient and outpatient costs (\$321 million)
- Cost of GP visits, specialist and allied health services (\$210 million)
- Pharmaceuticals (\$69.5 million)

Arthritis New Zealand is currently making a submission to the Health Select Committee on the need for improved management of arthritis.

Improving the proactive management for people with arthritis will impact the proposed Budget Statement priorities is outlined below.

Creating opportunities for productive businesses, regions, iwi and others to transition to a sustainable and low emissions economy

The loss of productivity due to inability to participate in paid employment is a significant problem. Contrary to popular stereotype, arthritis has a major impact on the workforce.

Half of those with arthritis in 2018 were of working age and productivity loss is borne not only by individuals but by employers and government with loss of productivity estimated to be \$1.2 billion a year.

Improved recognition of the importance of managing arthritis through a nationally consistent model of care would be a significant step in improving productivity that would flow through to benefit all sectors working towards a sustainable economy.

Supporting a thriving nation in the digital age through innovation, social and economic opportunities

The impact of digital technology has the capacity to significantly enhance care and services available to people with arthritis and we welcome this development.

Social and economic opportunities would significantly increase for people with arthritis if they were able to remain in the productive work force and develop their full potential.

Increasing development of technology to enhance engagement with health professionals will be a significant factor in improving healthcare for people with arthritis. We note the development of interactive programmes such as iMoko which have potential to provide a different model of healthcare in the future.

Lifting Māori and Pacific incomes, skills and opportunities

Gout arthritis (often known as gout) is the second most prevalent form of arthritis in New Zealand. It is a painful and debilitating condition linked with diabetes, kidney disease and cardiovascular disease.

Māori and Pacific peoples have two to three times the gout arthritis prevalence of non-Māori, non-Pacific populations and yet they are less likely to receive effective management of their condition.

Currently there are 185,000 people with gout arthritis and in men aged 65 and over it is estimated to affect 47% of Pacific men and 37% of Māori men.

Data published in the *2018 Atlas of Healthcare - Gout* clearly showed that gout arthritis is increasing with inequitable treatment for Māori and Pacific throughout the country. It also shows that hospital admissions caused by gout arthritis are significantly higher for Māori and Pacific.

An editorial in the NZMJ described the picture painted by the Atlas as an escalating crisis in inequity.

...there is more gout nationwide and less treatment for Māori^[4].

<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/gout>

Arthritis New Zealand has set a goal of increasing the number of people on a managed programme for their gout arthritis. We aim to increase the percentage of people on a managed programme from 43% of the total population to 55% in 5 years.

This would represent more than 23,000 people experiencing improved gout arthritis management. Detail on this proposal is being presented to the Health Select Committee shortly.

In undertaking such a programme so we calculate savings of approximately \$210 million per annum could be made in year 5 by reducing the cost of gout arthritis on health services and wellbeing.

This is a major health initiative and we would hope for support for this reflected in health expenditure.

Reducing child poverty and improving child wellbeing including addressing family violence

Contrary to popular myth arthritis does affect children and babies. The most common form of arthritis in children is juvenile idiopathic arthritis. Currently there is no data at all on the number of children affected in New Zealand meaning this group of children are often invisible to many^[5].

Arthritis New Zealand runs an annual camp for children with arthritis and their parents and a constant theme of discussion is the shock and surprise when children are diagnosed and the significant impact this diagnosis has on families.

Research on the numbers of children affected by arthritis and how their lives are impacted by this condition is well over due.

Supporting mental wellbeing for all New Zealanders with a special focus on under 24 year olds

Arthritis New Zealand made a submission to the Mental Health and Addiction Inquiry noting that there is a strong link between chronic conditions such as arthritis and mental health.

A cross-sectional study in the rheumatology outpatient clinic at Waikato Hospital showed that depression and anxiety disorders were found to have been reported in approximately one third of patients affected. This finding is reinforced by research by He et al (2009), Dickens et al (2003), which found that people with arthritis are more likely to suffer from depressive illnesses^[6,7].

This means the projected increase of the number of people with arthritis to one million by 2040 will also have significant implications for mental health services.

The mental health of people with arthritis would be significantly improved by improving the preventative and proactive management of arthritis at an early stage. This would contribute to improved wellbeing, and increased productivity with the additional benefit of lowering long term costs to the health system. This would particularly benefit young adults with arthritis and lends weight to the need to identify the numbers of children and teenagers who have arthritis.

Feedback from consumers has emphasised that mental health support is largely provided at crisis point. Pain management is vitally important - if pain is not well-managed the repercussions for mental health can be significant. Good early intervention would benefit younger people with arthritis.

A view from a person with arthritis:

“My career, together with my wellbeing and sense of worth and contribution have all been negatively impacted by chronic pain, decreasing mobility and depression. Nobody seems to care about this”

Recommendations

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- Specific programmes implemented to manage the impact of arthritis such as gout arthritis in Māori and Pacific communities should be a priority in improving wellbeing of these communities and ensuring equitable access to managed programmes.
- Funding be made available to enable the necessary research to provide accurate data on the numbers of children and adolescents with arthritis.

References:

[1,2,3,5] Deloitte Access Economics, *The Economic Cost of Arthritis in New Zealand 2018*, September 2018.

[4] Dalbeth, Dowell, Gerard, Gow, Jackson, Shuker, Te Karu, *NZMJ editorial*, November 2018.

[6] He, Lin, and Bruffaerts (2009) Mental Disorders among person with arthritis; results from the World Mental Health Surveys *Psychological Medicine* 38 (11) p1639-1650.

[7] Dickens, Jackson, and Tomensen, Hay, and Creed (2003) Association of depression and rheumatoid arthritis *Psychosomatics* 44 p209-215.