Pacific Health Review

Making Education Easy

Issue 41 – 2025

In this issue:

Abbreviations used in this issue

HPV = human papillomavirus

Kia orana, Fakaalofa lahi atu, Talofa lava, Malo e lelei, Bula vinaka, Taloha ni, Kia ora, Greetings.

Welcome to the latest issue of Pacific Health Review.

This issue covers a range of topics of interest to Pacific people living in Aotearoa New Zealand and the Pacific Region, including the cancer risk associated with obesity, the challenges faced by Pacific allied health professionals in NZ, vaping rates among adolescents, the new self-testing screening programme for HPV, and the risk of pre-diabetes among children.

We hope you find this issue interesting, and welcome your feedback.

Kind regards,

Sir Collin Tukuitonga
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Dr Roannie Ng Shiu
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Cancers potentially attributable to excess body weight in Aotearoa New Zealand from 2019 to 2023

Authors: Walsh M et al.

Summary: This study investigated the impact of excess body weight on cancer risk in NZ adults in 2019–2023. Relative risk estimates from an existing review were analysed together with data on excess body weight prevalence from the NZ Health Survey to calculate population attributable fractions (PAFs) for 12 different cancers. An estimated 6962 cancers were found to be potentially attributable to excess body weight in 2019–2023 (5.1% of all cases), averaging 1390 cases annually. The impact was greater for females than males (PAFs were 6.3% and 4.1%, respectively). In Pacific people, 11.8% of cancer cases were attributed to excess body weight (145 cases per year) compared with 6.9% in Māori (221 cases per year). PAF was highest in Pacific females (16.1%; 110 per year). Modelling suggested that halving the prevalence of excess body weight could potentially prevent 600 cancer cases annually.

Comment: Several studies have shown that two-thirds of Pacific adults are obese and almost all of the remaining one-third are overweight. Several studies have shown that approximately three-quarters of all Pacific women and half of all Pacific men are obese. There is increasing prevalence of overweight and obesity in Pacific children and young people. These estimates show that obesity is a major cause of morbidity and mortality in Pacific people in Aotearoa. The findings from the Walsh study reflect the prevalence of obesity in Pacific people. Obesity is associated with increased risk of several cancers, including colorectal cancer, postmenopausal breast cancer, endometrial cancer and other malignancies. The PAF for uterine cancer was the highest in Pacific women, and other studies have shown that the incidence of uterine cancer is increasing in this group. These findings suggest that prevention and control of obesity is a priority for Pacific people in Aotearoa.

Reference: N Z Med J. 2025;138(1614):91–109
Abstract

INDEPENDENT COMMENTARY BY

Dr Roannie Ng Shiu

Dr Roannie Ng Shiu is the Pasifika Medical Association (PMA) Senior Research Fellow with the University of Auckland Faulty and Medical and Health Sciences Office of the Associate-Dean Pacific. Her primary role is to deliver robust high-quality Pacific health equity research and to increase the Pacific health workforce in Aotearoa with the recruitment and retention of Pacific health students. She was previously with the Department of Pacific Affairs at the Australian National University. Roannie is Samoan and was raised in South Auckland and graduated from the University of Auckland with a PhD in Community Health.

To help protect patients with heart failure, independent of LVEF[1-3†*]

- to reduce the risk of hospitalisation for heart failure and CV death
- to slow kidney function decline

*JARDIANCE is not funded for HF with LVEF >40%[4]

†JARDIANCE 10mg once daily, as an adjunct to standard of care therapy[1]

CV, cardiovascular; HF, heart failure; LVEF, left ventricular ejection fraction. **References: 1.** JARDIANCE Data Sheet. **2.** Packer M et al. N Engl J Med 2020;383:1413–24. **3.** Anker SD et al. N Engl J Med 2021;385:1451– 61. **4.** Pharmac Schedule: http://schedule.pharmac.govt.nz/ScheduleOnline.php. Accessed March 2025.

JARDIANCE® empagliflozin 10mg film coated tablets. Before prescribing, please review full Data Sheet which is available on request from Boehringer Ingelheim or from http://www.medsafe.govt.nz/profs/datasheet/dsform.asp.

Indication: JARDIANCE is indicated in adult patients with heart failure (NYHA class II-IV) independent of left ventricular ejection fraction, with or without type 2 diabetes mellitus: -to reduce the risk of CV death and hospitalisation for heart failure; -to slow kidney function decline. **Dosage and Administration:** Recommended dose is 10mg once daily. Can be taken with or without food. No dose adjustment is recommended based on age, renal function, or hepatic impairment. Type 2 diabetes mellitus (T2DM) patients with eGFR ≤30mL/min/1.73m2, recommended dose is limited to 10mg, consider additional glucose lowering treatment if required. **Contraindications:** Hypersensitivity to empagliflozin or any of the excipients. **Warnings and Precautions:** Patients with type 1 diabetes; ketoacidosis; necrotising fasciitis of the perineum (Fournier's gangrene); not recommended to initiate treatment in patients on dialysis; assess renal function before treatment and regularly thereafter; patients for whom a drop in BP could pose a risk (e.g. those with known CV disease, on anti-hypertensive therapy with a history of hypotension, or aged ≥75 years); complicated urinary tract infections (UTIs); rare hereditary conditions of galactose intolerance, e.g. galactosaemia; pregnancy; lactation; children (<18 years). **Interactions:** Diuretics; insulin and SU; interference with 1,5-anhydroglucitol assay; lithium. **Adverse Reactions:** ***Very common:*** hypoglycaemia (when used with metformin in combination with SU or insulin - patients with type 2 diabetes mellitus (T2DM)); volume depletion (patients with HF). ***Common:*** hypoglycaemia (combination with metformin; pioglitazone with or without metformin; metformin and linagliptin – patients with T2DM); hypoglycaemia (patients with HF); vaginal moniliasis, vulvovaginitis, balanitis and other genital infections; UTIs (including pyelonephritis and urosepsis); pruritus (patients with T2DM); allergic skin reactions (e.g. rash, urticaria); increased urination (patients with T2DM); thirst (patients with T2DM); serum lipids increased; constipation. For other adverse reactions, see full Data Sheet. **Actions:** Empagliflozin is a reversible competitive inhibitor of sodium-glucose co-transporter 2 (SGLT2), which is responsible for glucose absorption in the kidney. It improves glycaemic control in patients with type 2 diabetes by reducing renal glucose reabsorption. Through inhibition of SGLT2, excessive glucose is excreted in the urine. Empagliflozin also reduces sodium reabsorption and increases the delivery of sodium to the distal tubule. This may influence several physiological functions including, but not restricted to, increasing tubuloglomerular feedback and reducing intraglomerular pressure, lowering both pre- and afterload of the heart, downregulating sympathetic activity and reducing left ventricular wall stress as evidenced by lower NT-proBNP values and beneficial effects on cardiac remodeling, filling pressures and diastolic function. Other effects such as an increase in haematocrit, a reduction in body weight and blood pressure may further contribute to the beneficial effects observed independent of left ventricular ejection fraction. **PRESCRIPTION MEDICINE.** JARDIANCE is funded for the treatment of HF with reduced ejection fraction – Special Authority criteria apply. JARDIANCE is not funded for HF with documented left ventricular ejection fraction >40%. JARDIANCE® is a registered trademark of Boehringer Ingelheim. March 2025.

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Experiences and perspectives of thriving (or not) as Māori and Pacific allied health professionals

Authors: Tofi U et al.

Summary: This qualitative study explored the perspectives and experiences of Māori and Pacific allied health professionals (AHPs) regarding their first 2 years of work within a large public hospital setting. Eleven Māori and Pacific AHPs (four physiotherapists, two occupational therapists, two dieticians, two pharmacists and one speech and language therapist) employed at a publicly funded, urban health organisation participated in three in-person wānanga talanoa sessions. Length of professional service ranged from 5 months to 15 years. Three interrelated themes emerged: 1) participants felt that their sense of cultural identity was important to who they were as practitioners, and it gave them a unique ability to relate to the communities they served; 2) thriving was an aspiration, but the lived reality of many participants was an overarching sense of survival; and 3) a collective effort is needed to create an environment in which Māori and Pacific AHPs can thrive and flourish.

Comment: AHPs are often described as the 'forgotten' health professionals given the paucity of data about their experiences. This study is one of very few studies of the experiences of Māori and Pacific AHPs working in a public health organisation. The study findings confirm the importance of cultural identity in their work but also highlight the challenges they face in their workplace. Institutional bias and racism are frequent factors in the health system in Aotearoa. The authors noted that racism was a factor in their suboptimal experiences. Their experiences concur with a study by Harris et al. that showed that exposure to racism is largely felt by non-European groups in Aotearoa New Zealand (*BMC Public Health* 2024;24:136). Experiences of racism potentially lead to poorer healthcare and healthcare inequities through higher unmet need, lower satisfaction and more negative experiences of healthcare. Healthcare leaders and providers need to create supportive environments that enable Māori and Pacific AHPs to flourish.

Reference: N Z Med J. 2025;138(1615):95–105
Abstract

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Vaping and smoking in adolescents 14 and under in Aotearoa New Zealand: Cross-sectional study of e-screening data

Authors: Zhou FZ et al.

Summary: The YouthCHAT questionnaire is used in primary care settings in NZ to assess lifestyle issues in young people. This cross-sectional study used YouthCHAT data to assess vaping and smoking in adolescents, and their interest in getting help. Of 3462 adolescents aged ≤14 years who completed a YouthCHAT questionnaire, 22% reported ever-vaping and 12% reported ever-smoking. The rate of having ever-vaped and of vaping but never-smoked was significantly higher in Māori and Pacific girls than NZ European girls. Overall, 68% of adolescents who had ever vaped felt the need to cut down, and 22% of those who had vaped in the past 3 months wanted help.

Comment: Aotearoa has achieved a significant milestone in reducing smoking among young people. The ASH Year 10 Snapshot Survey showed that the number of daily smokers in 2024 was stable at 1.2% and vaping had declined from 10% in 2023 to 8.7% in 2024. Vaping peaked in 2021, and 2024 was the third year in a row where vaping had declined. This study by Zhou et al. using YouthCHAT data showed higher rates of vaping and smoking in young people and the results differ from those of the ASH study. The studies used different methodologies which may explain the differences in smoking and vaping in young people. However, both studies showed that Māori and Pacific young people are priority groups for ongoing support. It is worth nothing that the ASH Year 10 study showed similar smoking rates across all ethnic groups in Aotearoa. Vaping is a highly emotive topic and accurate information is needed.

Reference: J Prim Health Care 2025;17(2):101–7

Abstract

INDEPENDENT COMMENTARY BY

Sir Collin Tukuitonga KNZM

Sir Collin Tukuitonga is a medical graduate and Public Health Physician with extensive experience in health policy, research, management, and leadership in NZ and internationally. He is the inaugural Associate Dean Pacific and Associate Professor of Public Health at the University of Auckland. Prior to this role, he was the Director-General of the Pacific Community based in New Caledonia.

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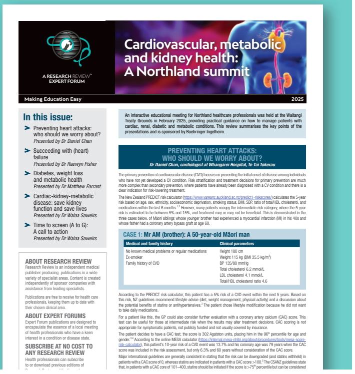
Summit on cardiovascular, metabolic and kidney health

An interactive educational meeting for Northland healthcare professionals was held in February 2025, providing practical guidance on how to manage patients with cardiac, renal, diabetic and metabolic conditions. This review summarises the key points of the presentations.



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Cardiovascular, metabolic and kidney health: A Northland summit

Making Education Easy 2025

In this issue:

- Preventing heart attacks: who should we worry about? *Presented by Dr Daniel Chan*
- Succeeding with (heart) failure *Presented by Dr Raewyn Fisher*
- Diabetes, weight loss and metabolic health *Presented by Dr Matthew Farrant*
- Cardiac-kidney-metabolic disease: save kidney function and save lives *Presented by Dr Walaa Saweirs*
- Time to screen (A to G): A call to action *Presented by Dr Walaa Saweirs*

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An interactive educational meeting for Northland healthcare professionals was held at the Waitangi Treaty Grounds in February 2025, providing practical guidance on how to manage patients with cardiac, renal, diabetic and metabolic conditions. This review summarises the key points of the presentations and is sponsored by Boehringer Ingelheim.

PREVENTING HEART ATTACKS: WHO SHOULD WE WORRY ABOUT?

Dr Daniel Chan, cardiologist at Whangārei Hospital, Te Tai Tokerau

The primary prevention of cardiovascular disease (CVD) focuses on preventing the initial onset of disease among individuals who have not yet developed a CV condition. Risk stratification and treatment decisions for primary prevention are much more complex than secondary prevention, where patients have already been diagnosed with a CV condition and there is a clear indication for risk-lowering treatment.

The New Zealand PREDICT risk calculator (https://www.vareanz.auckland.ac.nz/predict1-riskscores/) calculates the 5-year risk based on age, sex, ethnicity, socioeconomic deprivation, smoking status, BMI, SBP, ratio of total/HDL cholesterol, and medications within the last 6 months.[1,2] However, many patients occupy the intermediate risk category, where the 5-year risk is estimated to be between 5% and 15%, and treatment may or may not be beneficial. This is demonstrated in the three cases below, of Māori siblings whose younger brother had experienced a myocardial infarction (MI) in his 40s and whose father had a coronary artery bypass graft at age 60.

CASE 1: Mr AM (brother): A 50-year-old Māori man

Medical and family history	Clinical parameters
No known medical problems or regular medications	Height 180 cm
Ex-smoker	Weight 115 kg (BMI 35.5 kg/m^2)
Family history of CVD	BP 135/80 mmHg
	Total cholesterol 6.2 mmol/L
	LDL cholesterol 4.1 mmol/L
	Total/HDL cholesterol ratio 4.6

According to the PREDICT risk calculator, this patient has a 5% risk of a CVD event within the next 5 years. Based on this risk, NZ guidelines recommend lifestyle advice (diet, weight management, physical activity) and a discussion about the potential benefits of statins or antihypertensives.[3] The patient chose lifestyle modification because he did not want to take daily medications.

For a patient like this, the GP could also consider further evaluation with a coronary artery calcium (CAC) score. This test can be useful for those at intermediate risk when the results may alter treatment decisions. CAC scoring is not appropriate for symptomatic patients, not publicly funded and not usually covered by insurance.

The patient decides to have a CAC test; the score is 302 Agatston units, placing him in the 96th percentile for age and gender.[3,4] According to the online MESA calculator (https://internal.mesa-nhlbi.org/about/procedures/tools/mesa-score-risk-calculator), this patient's 10-year risk of a CVD event was 13.7% and his coronary age was 79 years when the CAC score was included in the risk assessment, but only 6.3% and 60 years without consideration of the CAC score.

Major international guidelines are generally consistent in stating that the risk can be downgraded (and statins withheld) in patients with a CAC score of 0, whereas statins are indicated in patients with a CAC score >100.[5] The CSANZ guidelines state that, in patients with a CAC core of 101–400, statins should be initiated if the score is >75th percentile but can be considered

'I felt so empowered, respected and shame free.' Let's Test for HPV participants' experience of HPV primary screening

Authors: Rose SB et al.

Summary: This NZ study evaluated women's views on self-test HPV screening in primary care. 2361 women who had participated in a multi-region HPV primary screening implementation study (Let's Test for HPV) were invited to complete an online follow-up survey in Sep 2023. A total of 921 (40%) women aged 24–71 years responded and were included in the analysis. Most of them had chosen to self-test (92%) and 28.9% self-tested at home. Three-quarters of them shared positive feedback, and appreciated the choice of self-testing and avoiding cervical smears. Unfavourable feedback included inadequate information, self-testing issues, inappropriate physical space, and programme-related factors.

Comment: The National Cervical Screening Programme uses HPV primary screening, which involves self-testing for HPV to detect potential cervical cell changes. This approach replaced cytology (smear tests) as the primary screening method in Sep 2023. This is an important study showing the change in women's views about cervical screening. Traditionally, Pacific women had low rates of cervical screening (using Pap smears) despite the best efforts of everybody. Self-testing is a game changer and this study showed that self-testing will change the cervical cancer screening landscape for all women in Aotearoa. There is good evidence that self-tests have improved coverage in all women in Aotearoa. There are good prospects for eliminating cervical cancer in Aotearoa.

Reference: J Prim Health Care 2025;17(2):134–45

Abstract

Enhancing Pacific Health Services: The growth and innovation of Pacific providers in Aotearoa

Authors: Ryan D et al.

Summary: This study evaluated the evolution of the Pacific health providers sector, identifying key organisational features and service delivery patterns. Public material was reviewed for 43 Pacific health providers across 88 locations, and the providers were also invited to complete an online survey and phone interview. The range of services delivered by Pacific health providers fell into four categories: general practice, primary health care, health promotion and support, and non-frontline settings. Analysis of revenue data showed significant growth in the sector from 2019 to 2023, due in part to COVID-19 funding. The providers reported that 83% of their workforce was of Pacific ethnicity, highlighting their role as significant employers of Pacific healthcare workers.

Comment: There is international consensus that concordance between the healthcare provider and healthcare user improves health outcomes. The first Pacific community-owned primary healthcare clinic (The Fono) was established in Henderson in 1989. Several other Pacific healthcare providers have been established since then and they are now an important part of healthcare delivery in Aotearoa. This study is a welcome development documenting the evolution of Pacific healthcare providers in the country, and provides detailed information on Pacific healthcare providers for the first time. The evaluation provides valuable information about Pacific providers and sets a baseline for future assessments.

Reference: J Prim Health Care 2025; published online Jun 23

Abstract

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Trends in psychological distress: Analysis of NZ Health Survey data (2011–2023)

Authors: Lillis S

Summary: This study used NZ Health Survey data to analyse psychological distress trends in NZ from 2011 to 2023. Overall, rates of high or very high psychological distress (Kessler 10 scores ≥12) increased significantly from 2011 to 2023, with the national average increasing 2.5-fold over the 12-year period. High or very high psychological distress was more common in Māori and Pacific people than other ethnic groups, and in areas of poorer socioeconomic deprivation. It was also common in young women aged 15–24 years, in whom it increased from 6% to 30% over the 12-year period.

Comment: Mental health services in NZ face significant challenges as services struggle to meet the growing demand, particularly for underserved communities. Despite increased awareness, advocacy, and visibility around mental health issues, the services that are currently available are unable to keep up at the same rate as the need. This widening gap between demand and service provision is likely to persist without additional funding and innovation in both prevention and mental health service delivery. The results show the critical need for targeted interventions for young women and culturally responsive services that focus on a holistic approach to mental health care. As highlighted by the authors, workforce development is also a critical factor to ensure that we are training and retaining mental health professionals to provide continuity of quality care.

Reference: J Prim Health Care 2025; published online Jun 18
Abstract

Pacific people in Aotearoa New Zealand and the treatment of long-term conditions: A narrative literature review about Pacific people's understandings of health and wellbeing

Authors: Kitione L et al.

Summary: This literature review explored Pacific people's understanding of health and wellbeing, and key concepts related to long-term condition (LTC) models of care used in NZ. Eighteen Pacific-focused studies published in 1997–2024 were identified through searches of clinical and social science databases (e.g. PubMed and Google Scholar) and manual searches of Pacific-focused publications (e.g. Pacific Health Dialog and Pacific Health Review). The studies highlighted the 'lived with' effects of LTCs that Pacific people and their families experience, and how the goals of LTC models of care may not seem beneficial or feasible for Pacific families if they neglect other dimensions of wellbeing.

Comment: This paper provides a valuable and comprehensive synthesis of existing research, mostly qualitative studies, into the lived experiences of Pacific individuals and families managing LTCs. The holistic approach adopted provides a useful summary of key insights and lessons in understanding the complex health and wellbeing issues Pacific families face with LTCs and multimorbidity. The complexities of medical issues, socioeconomic and cultural factors are well captured in the review highlighting important policy and practice implications for healthcare provision. This includes effective self-management support and approaches that have the potential to improve health care for Pacific people. These insights are important to ensure best practice guidelines on addressing LTCs are fit for purpose with the increase in Pacific individuals and families managing LTCs and multimorbidity.

Reference: J Prim Health Care 2025; published online May 6
Abstract

Pacific community's perceptions on how to improve uptake of urate-lowering therapy for Pacific gout patients

Authors: Ofanoa S et al.

Summary: This study explored Pacific community members' and health professionals' views on how to improve the uptake of urate-lowering therapy in Pacific patients with gout. Three half-day workshops were undertaken with members of the Pacific community and with health professionals working with high Pacific patient populations. The workshops discussed interventions to improve the uptake of urate-lowering therapy, particularly in Pacific communities in South Auckland. Between 12 and 16 participants aged 18–80 years attended each workshop. The findings of the workshops clustered into three overarching themes: 1) gout interventions need to be driven by Pacific frameworks and research; 2) a multifaceted or multi-layered approach is needed to address access barriers and education; and 3) interventions should be led by Pacific gout champions.

Comment: Recent research has established significant barriers preventing Pacific gout patients from receiving proper treatment for gout. This study provides useful information on effective interventions to improve the uptake of urate-lowering therapy for Pacific gout patients. While the prevalence of gout is high amongst Pacific communities, health literacy about gout remains low. Factors such as stigma of a gout diagnosis compound the lack of awareness and understanding of gout risk factors, triggers and treatment. Enhanced health literacy can help Pacific patients make informed decisions to better manage their condition long term, an important learning that applies to Pacific gout patients and all Pacific patients experiencing long-term health conditions.

Reference: Int J Equity Health 2025;24(1):91
Abstract

The processes and impacts of co-designed health interventions by and for Pacific populations

Authors: Tu'akoi S et al.

Summary: This scoping review explored how health interventions co-designed by Pacific communities are defined, and the health outcomes they achieve. A search of Medline, Embase, Scopus, PsycINFO and CINAHL identified 21 studies that were suitable for inclusion. The studies were conducted across nine countries and covered a range of health issues. The most common health issue was diabetes, with other issues being mental health, immunisation uptake, cancer prevention, malaria, food insecurity, hypertension, obesity, and other chronic diseases. Fifteen different terms were used across the studies to describe participatory methodologies. The most common approach was community-based participatory research (48% of articles), but empowerment, participatory approaches, action research and co-design were also used. Most of the co-designed interventions included a component of education, followed by physical activity, changing the physical environment, and improving the provision of services. A variety of cultural and contextual factors were considered in the co-designed interventions. In general, the interventions had a positive impact on health-related outcomes for Pacific people.

Comment: Co-designed and community-based participatory research approaches in health are becoming increasingly popular (particularly with underserved communities), for their emphasis on collaboration and shared decision-making. These methods are gaining momentum due to their potential to strengthen health interventions, improve research outcomes and build trust between researchers and communities. This scoping review provides practical observations for health researchers conducting co-designed projects with Pacific populations. It provides beneficial insights into effective practices, highlighting both successful strategies and ineffective methods to avoid. The scoping review also identifies research gaps that can help to improve future co-designed research, research in low-middle income countries, and long-term health intervention projects with large sample sizes.

Reference: BMC Public Health 2025;25:2555

Abstract

Fanau Manuia programme: Key findings from a co-design process using a Pacific family-based approach to address pre-diabetes risk among Pacific children, New Zealand

Authors: Tupai-Firestone R et al.

Summary: This study evaluated a family-based approach to address pre-diabetes risk in Pacific children living in NZ. Eleven Pacific children at risk for pre-diabetes and their families were invited to co-design (with the research team) a health promotion programme to prevent the early onset of pre-diabetes. The families wanted the programme to have a nutritional aspect and healthy lifestyle education. They designed a programme that focused on issues that were important to them and could be addressed in a culturally relevant holistic manner. Pre- and post-programme data included body mass index, waist-to-hip ratio, a questionnaire on health and how it was perceived, and a logbook of their experiences in the programme. Although there were no significant quantitative changes over 8 weeks, families reported a sense of increased well-being.

Comment: The diabetes crisis across Pacific communities continues to pose significant health, social and economic challenges for individuals, families and communities globally. Addressing pre-diabetes in childhood is one tool to combat the prevalence of diabetes in these communities. This pilot study contributes to community-based health promotion for pre-diabetes and family-centered approaches for enhancing overall family health and well-being. It provides a foundation to scale up a family-centred, co-designed project aimed at developing pre-diabetes health interventions that promote sustainable health management for long-lasting impact. Providing families with the necessary tools and resources to address, reverse and prevent pre-diabetes empowers families to support children toward a healthy lifelong journey.

Reference: BMJ Public Health 2025;3(1): e002214

Abstract