

Pacific Health Review

Making Education Easy

Issue 19 – 2013

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

Welcome to Pacific Health Review.

This issue of Pacific Health Research Review is designed to be read alongside issue 18, as both publications cover recently released reports concerning the health and wellbeing of Pacific peoples in New Zealand.

Of the two reports that are discussed in this issue, the first is the Metro-Auckland Pacific Population Health Profile, which was developed and written by Health Partners Consulting Group on behalf of the Ministry of Health and the metro-Auckland District Health Boards. It is available at: <http://www.healthpartnersconsulting.com/site/wp-content/uploads/2013/04/MOH-Metro-Auckland-Pacific-Population-Health-Profile-April20132.pdf>. Comments have been provided by Drs Josephine Aumea Herman and Corina Grey.

The second report, The Health Status of Pacific Children and Young People in New Zealand, was prepared for the Ministry of Health by Elizabeth Craig and colleagues from the New Zealand Child and Youth Epidemiology Service in December 2012. It provides an overview of the health status of Pacific children and young people in New Zealand and is intended to assist those working to improve Pacific child and youth health to utilise all of the available evidence when developing programmes and interventions to address the health needs of Pacific children and young people. Comments have been provided by Dr Kuinileti Chang Wai and Jacinta Fa'alili-Fidow.

I hope you enjoy this issue and I welcome your feedback and comments.

Kind regards

Hilda Faasalele, National Clinical Director, Pacific Health Service Improvement, Sector Capability and Implementation, Ministry of Health

Dr Debbie Ryan coordinated the commentaries for both issues 18 & 19 of Pacific Health Review.
debbieryan@researchreview.co.nz

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Metro-Auckland Pacific Population Health Profile

This report on the health of Pacific people in metro-Auckland (Counties Manukau, Auckland and Waitemata DHBs) provides an evidence base for identifying areas for Pacific health improvement and is expected to inform the development of a Pacific Outcomes Framework, targets and priorities for the DHBs' 2013/14 annual planning process.

Comment (Dr Josephine Aumea Herman): On reviewing the Metro-Auckland Pacific Population Health Profile report (2012), it is difficult to ignore the disturbing state of health/ill-health of Pacific people in this region. This report reflects a comprehensive collation and analysis of Pacific people's health, drawing from a range of routinely collected data sets and surveys. The report falls short with information relating to the disability sector, an area requiring particular attention for Pacific people. Nevertheless, given the large proportion of Pacific people (71%) residing in Auckland, and general health and socioeconomic characteristics, arguably the benefits of addressing the health and social needs of this population should translate to better outcomes for Pacific people across New Zealand.

Summarising some of the key findings of the report:

- Between 2005 and 2009, the top 10 causes of death among Pacific people (in descending order) were: coronary heart disease, diabetes, stroke, female breast cancer, perinatal complications, suicide, valvular heart disease, stomach cancer, road traffic crash-related injuries, respiratory infections, and cervical cancer. Mortality rates per 100,000 population (108) were twice those of non-Māori and non-Pacific (NMNP), with over half of these deaths considered potentially avoidable.

Chronic disease

- Among Pacific adults (>15 years), the prevalence of diabetes is approximately 14% (n=18,000), while the prevalence of ischaemic heart disease is 16% (n=21,000), cerebrovascular disease 2% (n=2000), gout 7% (n=10,000), and chronic renal failure 5% (n=7000).
- About one-third (37%) of Pacific people aged 45–64 years have diabetes and/or cardiovascular disease, compared to 20% of the NMNP metro-Auckland population.
- At least half of those receiving renal dialysis in metro-Auckland are Pacific people (n=500). It is estimated that delaying renal dialysis for one person by one year could save NZD 50,000 per year.
- There are about 40,000 Pacific people with asthma, half are children aged 0–14 years.

Communicable diseases

- Pacific people are over-represented in regards to diseases such as rheumatic fever (39 cases per year), tuberculosis, and lower respiratory tract and skin infections.

Cancer

- Breast cancer registrations among Pacific women remain high (74 per year), compared to cervical cancer (10 registrations per year). With screening rates averaging 50%, efforts to improve access to screening programmes are warranted.
- Other cancers to note are those affecting the prostate (53 per year), trachea, bronchus, lung (52 per year) and uterus (36 per year).

Risk factors

- While hospital data suggest that the prevalence of obesity is 5% (n=8000), community surveys estimate that over half of the child and adult Pacific population are overweight or obese.
- Declining trends in the proportion of 12-year-old Pacific children who are caries-free (30% in CMDHB in 2011) suggests a need to address high-sugar diets.

Access to elective surgery, specialist services, and primary care

- Despite the high prevalence of ischaemic heart disease, data suggest poor uptake of coronary angioplasty and coronary artery bypass grafts.
- On the other hand, uptake of cataract operations by Pacific people is three times higher than in the NMNP population. Knee replacement surgery is also high, and postulated to be related to the high prevalence of diabetes and obesity.
- While Pacific people had high hospital, emergency department, and first specialist assessment utilisation rates, there were high 'Did Not Attend' rates for specialist and follow-up appointments. These are especially relevant to diabetes, renal, retinal screening, paediatric, gynaecology, and nurse-led clinics. The main age group affected were those aged 45–64 years.
- Access barriers to primary health care have not changed (cost, lack of after-hours care, transport, language) and remain important drivers for high use of hospital and emergency department services. Importantly, immunisation rates are high at >90%.

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Pacific people carry a triple burden of disease, with relatively high rates of communicable diseases (rheumatic fever, tuberculosis, respiratory and skin infections), chronic diseases (cardiovascular, diabetes, stroke, cancer, asthma, mental health – suicide) and risk factors (smoking, obesity, gout, poor nutrition).

Initiatives aimed at improving Pacific health outcomes require a coordinated, re-invigorated collaborative approach using established systems. It requires strong leadership and clear vision to identify and set Pacific health priorities and targets beyond the short-term DHB planning cycles. Solutions will require a combination of hospital, primary care, and population health strategies, as well as intersectoral measures to address the social and economic health determinants.

It is over a decade since the inaugural launch of the New Zealand Primary Health Care strategy (2001) and the Pacific Health and Disability Action plan (2002), yet the priorities identified in these historic documents are as poignant and relevant today as they ever were.

'Ala Mo'ui Pathways to Pacific Health and Wellbeing 2010–2014 (2010) identified priorities and actions for government agencies including the Ministry of Pacific Island Affairs, to improve Pacific outcomes. An important vehicle identified to support this work was the Pacific Provider and Workforce Development Fund, an initiative that has been critical in growing Pacific-led services, particularly in the primary and community health sector. This included the establishment of Primary Health Organisations (PHOs), equipped with funding mechanisms available to address key barriers to primary care such as cost, language, and transport.

The Alliance Health Plus PHO holds the largest concentration of Pacific health leaders and providers. While Pacific enrolments comprise half of all Alliance Health Plus enrollees, this represents 14% of the total Auckland Pacific population, in comparison to Procure PHO (46%) and National Hauora PHO (28%). This highlights the need to engage both Pacific and non-Pacific health care providers so that Pacific health needs are addressed appropriately.

Organisations such as the Auckland regional public health services and national cancer screening programmes are essential in supporting population health objectives. This could include social marketing strategies such as those employed by smoking, alcohol and mental health services to address the cardiovascular, diabetes, and obesity epidemics, and high cancer and infectious diseases rates.

Strengthening the calibre (quantity and quality) of the Pacific health workforce, for example in the primary care sector, requires effective engagement with the Royal New Zealand College of General Practitioners. In 2013, there are no Pacific General Practice registrars in first year training (compared to seven in 2012). This is especially important given the role and opportunities for frontline primary health services to identify and mitigate risk factors and complications for diabetes, cardiovascular disease, and mental illness.

Inclusion of Pacific community leaders in the prioritisation of outcomes and targets, and the dissemination of this information across the sector is likely to encourage ownership and support for preventive/mitigating strategies. Support for Pacific provider and workforce development initiatives are critical. This should consider measures to support the development of Pacific-led analytical and interventional health research in clinical and community settings. Information in this report serves as a timely reminder for Pacific and non-Pacific health and social providers to persevere with striving to deliver quality services for Pacific people.

Comment (Dr Corina Grey): This report, written by the Health Partners Consulting Group on behalf of the Ministry of Health and the three Auckland DHBs, provides an excellent review of the current health status of the Pacific population residing in the metro-Auckland region. Almost three-quarters of the Pacific population of New Zealand reside in Auckland (where they make up 16% of the total population), so it is important that the DHBs serving this area (Counties Manukau, Auckland and Waitemata DHBs) have a strong commitment to improving the health of, and reducing inequalities for, their Pacific peoples. This report provides a sound evidence base from which the DHBs will set targets and priorities for their 2013/14 annual planning process and develop a Pacific Outcomes Framework.

It is now very well established that Pacific peoples as a whole do not enjoy the same health outcomes as their non-Māori non-Pacific counterparts. Even so, it is still surprising (and very disappointing) that the life expectancy at birth for Pacific peoples in New Zealand is almost 8 years lower than non-Māori/non-Pacific peoples. Most of this gap in life expectancy is due to factors that are, in some ways, readily modifiable (including differences in the rates of cigarette smoking, obesity, nutrition and physical activity). There is no good reason for large differences in life expectancy, based on ethnicity, to exist in such a highly developed country. This is underscored by the fact that amenable mortality (deaths that could potentially have been avoided through health care services) is twice as high for Pacific peoples compared to non-Māori/non-Pacific peoples.

Although recommended time and again by various agencies and commentators, few studies of Pacific health in New Zealand have properly acknowledged the fact that Pacific peoples are a diverse population of people encompassing a number of different ethnic groups. A real strength of this report is that analyses were also carried out to detect differences between Pacific groups, recognising that different groups may have individual needs or priorities. Cook Island Māori and Niueans, for example, had significantly lower life expectancy than the total Pacific population, indicating that these two Pacific groups may have particular issues with certain social determinants of health or difficulties navigating through the health system. Such differences may be explored in further detail to develop innovative solutions (and not just a 'one size fits all approach') in order to tackle the health disparities experienced by Pacific peoples.

Another key strength of this paper is its focus on broad solutions, and not just downstream strategies, such as health education (although this will form a part of any health promotion programme). Our extremely high rates of infectious diseases (including respiratory illnesses and rheumatic fever, which are linked to overcrowding and poor quality housing), as well as a high prevalence of chronic conditions (such as diabetes and cardiovascular disease, associated with obesity, diet and physical inactivity) are due to a complex interplay of factors, which will require the multifaceted approaches outlined in the report. The focus on reducing barriers for Pacific peoples to access primary health care, to improve health literacy and self-management, and to work intersectorally to address the determinants of health for Pacific peoples in the metro-Auckland area, are commendable and represent an important shift away from the simplistic 'lifestyle modification' paradigm. It will be interesting to see what specific interventions the Auckland DHBs will develop around these recommendations. Monitoring the health status of Pacific peoples in this region (as well as nationally) and evaluating any programmes targeted at this population, will also be important.

Independent commentary provided by:

Dr Josephine Aumea Herman. Dr Herman is from the Cook Islands, and is a public health specialist with broad experience and knowledge of health systems and workforce development in the Pacific region, particularly strengthened during her role as Cook Islands Ministry of Health (2007-09); Director of Community Health Services and Acting Director Clinical Health Services.

Dr Corina Grey. Dr Corina Grey is a Research Fellow of Epidemiology and Biostatistics at the University of Auckland.

The Health Status of Pacific Children and Young People in New Zealand

Part 1 of a 3-part series, this NZCYES report presents an overview of Pacific child and youth health outcomes in New Zealand, and precedes reports on health determinants, and disability and chronic conditions. The findings include Pacific families in Counties Manukau, where most Pacific babies are born, were more likely to suffer a late fetal death relating to risk factors such as maternal obesity, smoking, and late access to risk-stratified antenatal care. Exclusive/full breastfeeding rates during the year ending June 2011 for Pacific Plunket babies at <6 weeks of age were consistently lower (57.3%) than for European/Other babies (70.6%). Compared with non-Māori/non-Pacific babies, Pacific neonatal mortality was 1.4 times higher due to congenital anomalies and extreme prematurity, and postneonatal infant mortality 2.2 times higher due to sudden unexpected death in infancy (SUDI). The other leading causes of child mortality were cancer, assault and transport injuries, but for young Pacific people they were intentional self-harm, vehicle occupant transport injuries, and cancer.

Comment (Dr Kuinileti Chang Wai): This report is somewhat difficult to review, given that it is all factual data and not much in terms of any discussion or theories as to possible causes of such disconcerting data. The majority of the information is not new revelation given what is known about the multiple socioeconomic determinants of health among Pacific people.

Some areas that would make for informed discussion are as follows:

- 1) Fetal deaths due to congenital anomalies were significant across the Pacific group. In the primary care perspective, we often do not receive communication from secondary care about these abnormalities; therefore, assumptions are made re causes of fetal death.
- 2) Breastfeeding rates are interesting in that it has always been assumed that Pacific people prefer to breastfeed, given the cost of formula feeding. It is also a surprise given that a number of Pacific providers have actively promoted breastfeeding-friendly environments.
- 3) Most of the data for Ambulatory Sensitive Hospitalisations are from 2006–2010, which covers the period when the Global Financial Crisis negatively affected international communities and New Zealand. At that time, most Pacific people also lost their jobs and the ability to provide for their families. This would have had a negative effect on their families and health would have been the last priority.
- 4) The admissions for tuberculosis are the same for Pacific children and for those of Asian/Indian and Māori children. It would be beneficial to know whether this is data from recent immigrants or from New Zealand-born Pacific children. This would enable targeted intervention to mitigate the problem.
- 5) Issues more common in young people seems to be focussed mainly around teenage pregnancies, injuries in young people and terminations of pregnancy. It is alarming that there is no mention of sexually transmitted diseases, given that opportunistic screening for sexually transmitted infections (STIs) from a Pacific provider in South Auckland discovered an incidence for chlamydia of 27% in 2007, which was high compared to an STI clinic.
- 6) It is concerning that mental health issues in young Pacific people are not included in this report. There is evidence of increasing mental health issues among young Pacific people in a youth project conducted by Pacific Trust Canterbury, funded by the Ministry of Health in collaboration with the West Fono Health Trust (West Auckland) and Compass Health in Wellington (2010).
- 7) Improving health outcomes for Pacific children and young people requires collaborations between government and non-government agencies.

Comment (Jacinta Fa'alili-Fidow): At 275 pages, it is not your average bedtime read. The fully bound document can be initially intimidating – the thickness of the report is matched by its sheer weight. But this book is worth its weight in gold when one appreciates the utilisation of raw NHI data that would otherwise be sitting idle, and more importantly, serves to fill a void in health statistics for Pacific children and young people. Despite some data quality issues related mostly to ethnicity classification, this report is a valuable reference for many seeking evidence of health needs among Pacific children, which in the first section stems back to the in-utero environment and makes a case for improving pregnancy outcomes. It reaffirms what is observed at hospitals and clinics, particularly in Auckland, with disproportionate numbers of Pacific children and young people presenting with respiratory illnesses, infectious diseases and injuries. The report also provides yet another reminder of Pacific rates of preventable mortalities such as stillbirth, SUDI and suicide.

The report makes for grim reading as the pattern of inequalities becomes repetitive. Of note are Pacific infant bronchiolitis admission rates that are 4.15 times higher than for European infants; hospital admissions for serious skin infections that are 4.42 times higher than for European children; and acute rheumatic fever that is shown to be 44.2 times higher than for European children and young people. The latter findings will partly be addressed by a recent government response to addressing rheumatic fever in communities, yet it is a wonder that there isn't more of an outcry to the prevalence rates that point directly to the environment and living conditions of Pacific children. Perhaps one of the few positives in the entire report are the low rates of hospital admissions and mortalities from cyclist, motorbike and vehicle occupant injuries among Pacific young people when compared with Māori and European.

So is the health of Pacific children and young people as bleak as the report portrays? Or are the indicators purposefully selected for issues that are over-represented by Pacific peoples as what could happen with having a Pacific Advisory Group? The report sections are based primarily on the NZ Paediatric Society's 'Indicator Framework', which provides non-bias in this regard, but the next two reports will help to verify this. The true value of this document will be revealed when all three reports are released and the links between health status, health determinants and chronic conditions can be drawn, or rather confirmed, for those who have drawn their own conclusions.

The report will seem to some immaterial if the process of translating the data is perceived as a matter of consequence, or the data is insufficient on its own to draw meaningful conclusions. There is often a sense of 'statistics fatigue' among many within the Pacific health sector who feel that data is aplenty, yet is incomplete for informing service development and delivery for Pacific families. Particularly when the first Pacific report released was similarly named ('The Health of Pacific Children and Young People in NZ') and was equally encyclopaedic. There is also a growing aversion among some Pacific people who feel their communities and the lives of people they know are often reduced to numbers, tables and graphs in documents void of context. However, this antipathy should not take away from the importance of epidemiological data that provides a basis for further investigation into solutions for Pacific families, the latter which can be achieved beyond research institutions and collectively undertaken by child and youth health stakeholders. The qualitative data many seek is often already in front of us and by sourcing this through real engagement with Pacific peoples in service delivery, we will find cause and effect for many of the statistics. If anything, the data provides the evidence for our government to do more and the incentive for our sector to do better with what we currently have for arguably the most under-funded, under-prioritised group in the country – our Pacific children and young people.

Independent commentary provided by:

Dr Kuinileti Chang Wai. Dr Kuinileti Chang Wai, (MBChB, FRACGP, FRNZCGP, MMEDSCI(Hons)) currently works as a General Practitioner in Queensland with some Pacific Island groups and lower socio-economic groups and is General Practice Teacher and Assessor for GP Registrars in Queensland.

Jacinta Fa'alili-Fidow. Jacinta Fa'alili-Fidow is from Samoa and lives in Auckland. She is currently the Manager of TAHA Well Pacific Mother & Infant Service based at the University of Auckland. She has held roles in primary care quality coordination (Pasifika Healthcare, now called West Fono Trust), research processes and systems (Manager Pacific Health Research, Health Research Council) and policy, funding and planning (Portfolio Manager, Ministry of Health).