

Pacific Health Review

Making Education Easy

Issue 32 – 2022

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Abbreviations used in this issue

DHB = district health board
ED = emergency department
GP = general practitioner
NCSP = National Cervical Screening Programme

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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, including the prevalence of visual impairment in Pacific children and teens, barriers to optimisation of gout care, attendance rates for colposcopy after cervical screening, Pacific peoples' experiences of a Māori-led diabetes support programme, non-traumatic dental presentations at emergency departments in NZ, and a targeted intervention to reduce antibiotic prescribing by GPs.

We hope you find these and the other selected studies interesting, and welcome your feedback.

Kind regards,

Associate Professor Collin Tukuitonga

collin.tukuitonga@pacifichealthreview.co.nz

Dr Roannie Ng Shiu

roannie.ngshiu@pacifichealthreview.co.nz

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Visual impairment and its correction among Pacific youth in Aotearoa: Findings from the Pacific Islands Families Study

Authors: Hamm LM et al.

Summary: This analysis of the Pacific Islands Families Study (PIFS) investigated the impact of visual impairment and its correction on Pacific youth in NZ. 1398 Pacific children born at Middlemore Hospital in the year 2000 had their visual acuity assessed at age 9 and 18 years. At age 9 years, 1.9% of children were found to have visual impairment in 1 eye only, and 0.9% had visual impairment in both eyes. By the age of 18 years these values had increased to 7.9% and 4.2%, respectively. 62.5% of children with visual impairment and 58.2% of teens with visual impairment did not have refractive correction. Only 15.2% of children and 18.8% of teens reported having sought eyecare.

Comment: Vision health is an important area of Pacific health given Pacific people experience a significantly increased burden of disease from eye problems throughout their lifespan compared to non-Pacific populations. Addressing visual impairment and correction in young Pacific people will not only help with addressing eye health inequities but will also lead to better educational and social outcomes. The PIFS is a longitudinal study tracking the health and development of a birth cohort of 1398 Pacific children born at Middlemore Hospital in South Auckland in 2000. To understand visual impairment and its correction among Pacific youth in Aotearoa New Zealand, the PIFS used visual acuity assessments, a key metric of visual impairment with the cohort at age 9 years and 18 years and self-reports about accessing eyecare services. The access to eyecare services self-reports were based on questions to parents that related to "suspected vision problem" and "sought eyecare". Additional questions at ages 9 and 18 relate to refractive correction. The findings show that for this cohort the prevalence of visual impairment was low at ages 9 and 18. However, the findings did show that there were opportunities for avoidable visual impairment at ages 9 and 18 given that over half (56%) of the 18-year-olds with visual impairment had not seen an eyecare provider in the past year and 42% did not own refractive correction. This suggests that with early intervention and access to eyecare, visual impairment would be avoidable or improved. The authors acknowledge study limitations, with participant retention reduced during the study and only a subset of 18-year-olds could be invited for the assessment. To fully understand the scope and scale of untreated childhood visual impairment, more rigorous testing with more children is required. Nonetheless, this study makes a worthy contribution to an important area that lacks empirical evidence and data.

Reference: *N Z Med J* 2021;134(1543):39-50

[Abstract](#)

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The inequity of access to health: A case study of patients with gout in one general practice

Authors: Te Karu L et al.

Summary: This study evaluated practice management systems at a general practice within an urban marae in Auckland to determine access issues that may affect the optimisation of gout care for Māori and Pacific people. 268 out of 3095 people enrolled at the practice were identified as having gout. Pacific people comprised 12% of the practice population and 20% of patients with gout; mean age of those with gout was lowest in Pacific patients. 55% of patients had limited or no ability to access the general practice during clinic opening hours, and these barriers to accessibility were further compounded in people with a disability. 94% of patients had at least 1 other long-term health condition (most commonly cardiovascular disease, type 2 diabetes, pre-diabetes and asthma).

Comment: This study aims to describe the domains of access to gout services for Māori and Pacific patients at a Māori-led general practice in NZ. The focus of the study is on the general practice that is part of a marae complex serving a predominantly Māori community (79%). The study uses patient data and discussions with patients and staff to understand the prevalence of gout within the practice population and how employment affects access to care. The findings provide useful and interesting insights into the prevalence of gout for the Pacific practice population, for example gout occurs earlier in life for Pacific patients than for the rest of the patient population. The authors also attempt to examine broader access issues in terms of aligning healthcare services to the reality of people's working life. Although the practice makes every effort to help address some barriers to access to healthcare, including providing low fees and transport during clinic opening hours, it is unable to resolve the issue of providing care beyond opening hours. These are complex issues that warrant further discussion and examination.

Reference: *N Z Med J* 2021;134(1543):51-8
[Abstract](#)



Which demographic factors influence Pacific women's attendance at colposcopy clinics in New Zealand?

Authors: McPherson G et al.

Summary: This retrospective cohort study examined the demographic factors associated with attendance at colposcopy clinics in NZ among Pacific women who were referred due to high-grade cytology on cervical screening. Pacific women who attended for cervical screening in 2010–2015 and who had high-grade cytology were included. 84.9% of them presented for colposcopy within 90 days and 93.5% within 180 days. Women living in the most deprived areas were less likely to attend at both 90 days (odds ratio 0.37, 95% CI 0.21–0.67) and 180 days (odds ratio 0.19, 95% CI 0.60–0.63). Older women were more likely than those aged <24 years to attend their colposcopy appointment at 90 days. After adjustment for deprivation and age there was no association between Pacific ethnicity and colposcopy attendance.

Comment: Colposcopy follow-up is an essential component of cervical screening, with cancelled or missed appointments contributing to inefficient use of health resources, increased financial costs and longer waiting times. Using 2010–2015 data from the NCSP register the authors explored colposcopy attendance rates for Pacific women and what, if any, demographic factors were associated with attending clinics. The NCSP register provided datasets to examine attendance rates, while socioeconomic status was based on the NZ Index of Deprivation domicile at the time of the data extract. Women who did not have a deprivation quintile documented were excluded from the deprivation analysis. The findings were positive given that overall rates of attendance for Pacific women were higher than expected – the NCSP Independent Monitoring Report reported lower rates of attendance for Pacific women (74.6% at 90 days and 86.7% at 180 days). The difference in rates can be attributed to the exclusion of cases with a suspicion or evidence of cancer and endometrial abnormalities but further investigation into the difference would be useful. The findings do suggest that current colposcopy follow-up processes put in place for Pacific women to engage them and minimise loss during follow up is working.

Reference: *N Z Med J* 2021;134(1543):69-78
[Abstract](#)

Māori and Pacific peoples' experiences of a Māori-led diabetes programme

Authors: Tane T et al.

Summary: Mana Tū is a Māori-led diabetes support programme co-designed by the National Hauora Coalition alongside diabetic patients, clinicians, health service planners and whānau ora providers. This study investigated Māori and Pacific peoples' experiences of the programme. Semi-structured interviews were conducted with 13 Māori and 9 Pacific participants and their whānau from Auckland and Northland. Four key themes emerged: the whānau's experience of type 2 diabetes; cultural safety in healthcare interactions; whānau ora (collective family wellbeing); and Kaupapa Māori approaches to health interventions. The themes were consistent across Māori and Pacific patients.

Comment: This qualitative Kaupapa Māori study examines the lived experiences of Mana Tū Māori and Pacific participants diagnosed with type 2 diabetes mellitus and how they navigate health and social services in Aotearoa. The study provides rich narrative data which acknowledges the whānau impact of type 2 diabetes. One key finding is low levels of cultural safety with health professionals which is a deterrent from the healthcare system, however the Mana Tū approach provides a culturally responsive programme to address this issue. The findings and analysis relate to the experiences of both Māori and Pacific participants and therefore it was difficult to distinguish any difference in experience between Māori and Pacific patients and their whānau. This analysis would add to robust discussions around indigenous health research methodologies more broadly. This study approach provides an interesting case of using Kaupapa Māori research with both Māori and Pacific participants and speaks to the transferability of indigenous qualitative research methods across indigenous and ethnic minority groups.

Reference: *N Z Med J* 2021;134(1543):79-89
[Abstract](#)



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Non-traumatic dental presentations at emergency departments in New Zealand

Authors: Smith M et al.

Summary: This study investigated the nature and context of non-traumatic dental presentations (NTDPs) at 4 hospital EDs in NZ. Annual NTDP attendances per 10,000 people ranged from 51–79 for Māori, 66–103 for Pacific people and 16–33 for non-Māori, non-Pacific people. Attendance among young adults aged 20–39 years was generally higher than that of other age groups. Most cases were attended by ED nursing staff, senior/house surgeons or registrars, with fewer than 10% of cases attended by a dentist or dental specialist. Between 6.0% and 15.4% of visits were repeat visits. Semi-structured interviews with 20 ED and dental personnel from the 4 hospitals identified cost and access as barriers to dental care. The management of NTDPs generally involved analgesics and antibiotics.

Comment: This is a high-quality mixed-methods study that provides possible solutions to address the burden of oral health disparities among Māori and Pacific populations in NZ. The analysis of the emergency hospital attendance for NTDPs demonstrates that rates were higher for Pacific and Māori patients overall (twice the rates of non-Pacific and non-Māori patients), and aligns with broader health data indicating that Māori and Pacific populations have poorer oral health. The NTDP data show that a high proportion of young Māori and Pacific men were seeking relief from toothaches and/or dental abscesses and 1 in 5 cases were admitted. Qualitative data were used to better understand reasons for presenting NTDPs at EDs, how cases were managed, and possible solutions to better support EDs to address NTDPs. The overall findings demonstrate that Māori, Pacific, young adults and those living in more deprived areas of NZ only seek oral health treatment when they have a problem that could have been solved with early treatment and generally have lower use of dental services, leading to greater unmet dental needs. This disparity has increased between 1990 and 2009 and will likely continue to increase – highlighting an urgent need to address oral health disparities. The study provides practical policy and practice solutions at government, primary care and community levels to better manage Māori and Pacific dental needs.

Reference: *N Z Med J* 2021;134(1544):99-112
[Abstract](#)

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Educational Series on Countering Vaccine Misinformation: A Practical Guide for Healthcare Providers

This article discusses vaccine misinformation and how it can undermine vaccine confidence and lead to vaccine hesitancy. Evidence-based strategies for countering vaccine hesitancy and misinformation are summarised. Techniques to support healthcare providers when engaging with individuals whose vaccine hesitancy has resulted from exposure to vaccine misinformation are provided.



Using a randomised controlled trial to test the effectiveness of social norms feedback to reduce antibiotic prescribing without increasing inequities

Authors: Chappell N et al.

Summary: This randomised controlled trial investigated the impact of a social norms-based intervention on GPs with high antibiotic prescribing rates. 1260 GPs who were in the top 30% of antibiotic prescribers in 2018 in NZ were randomised to receive a letter that presented their prescribing data in comparison to their peers (intervention group) or no letter (control group). The letter was mailed in August 2019, and its effect on prescribing was assessed in Sep–Dec 2019. A total of 1214 high-prescribing GPs were included in the final analysis. The antibiotic prescribing rate at follow-up in the control arm was 178.8 patients prescribed antibiotics per 1000 patients prescribed any medicine, compared with 162.3 in the intervention arm (–9.2%; $p < 0.001$). GPs in the intervention arm were responsible for a mean 173.5 antibiotic prescriptions in the 4 months after the intervention, whereas those in the control arm were responsible for a mean 186.8 prescriptions (–7.1%; $p < 0.01$).

Comment: Feedback to prescribers of how they compare with their peers is well known to influence prescribing behaviour. Antibiotic prescribing has also been shown to be high in many primary care settings even in the knowledge that presenting complaints were likely to be viral in origin. This randomised controlled trial conducted in NZ of the top 30% of antibiotic prescribers showed statistically significant reductions in both the mean number of prescriptions and the antibiotic prescribing rate in the intervention group. In this study, the intervention was a letter advising the intervention group of their prescribing patterns. Regular feedback and advice on prescribing patterns has the potential to save some of the considerable cost of medicines in the primary care setting in NZ.

Reference: *NZ Med J* 2021;134(1544):13-34
[Abstract](#)

Addressing equity: A 10-year review of strabismus surgery in 0–19-year-olds in the New Zealand public health system

Authors: Chong C et al.

Summary: This study evaluated the relationship between strabismus surgery, ethnicity and socioeconomic deprivation in the NZ public health system. 4476 strabismus surgeries were recorded in NZ for the period 2005–2014. Fewer strabismus surgeries were performed in Māori, Pacific people and the least socioeconomically deprived cohort. European patients were 1.4 times more likely to receive a subsequent procedure after a primary procedure than either Māori or Pacific people.

Comment: Findlay et al. published a comprehensive review of vision screening based on the national B4 School Check (B4SC) in NZ in 2020. The study was conducted in a multicultural community in Auckland with significant socioeconomic disadvantage. The authors were able to provide estimates of the prevalence of visual defects and access to screening services. They showed that screening was effective in detecting amblyopia but it was ineffective in detecting refractive error in this population with predominantly astigmatism. In the absence of reliable estimates of the prevalence of strabismus among children from different ethnic groups in NZ, it was not possible to determine if the inequities described by Chong et al. reflected ethnic differences in the prevalence of strabismus or bias in the selection of patients for surgery.

Reference: *N Z Med J* 2021;134(1545):79-90
[Abstract](#)

Frailty prevalence in Aotearoa New Zealand haemodialysis patients and its association with hospitalisations

Authors: Bloomfield K et al.

Summary: This study investigated the prevalence of frailty in a cohort of haemodialysis patients in NZ. Frailty was measured using the Fried score and the Edmonton Frail Scale (EFS) in 138 haemodialysis patients (mean age 61.5 years) dialysing at dependent or satellite clinic sites in Waitematā District Health Board. 51 (37%) patients were frail according to their Fried score, and 37% were frail according to the EFS. Age, marital status, smoking status and albumin levels were independently associated with both measures of frailty. The number of medications was also associated with Fried score, and Pacific ethnicity and Charlson Comorbidity Index were associated with EFS score. After adjusting for covariables, only Fried frailty was associated with hospitalisations at 6 months.

Comment: Frailty is most often defined as an aging-related syndrome of physiological decline, characterised by marked vulnerability to adverse health outcomes. Given the high demand for dialysis among Pacific patients, this study is of interest because frailty is rarely discussed among Pacific patients. This study found that frailty is common among haemodialysis patients in Auckland. Pacific ethnicity was associated with frailty using the EFS but the significance of the finding is uncertain. Better studies are needed among Pacific patients to ascertain the association between frailty and risk of adverse health outcomes, including hospitalisation and death.

Reference: *N Z Med J* 2021;134(1546):95-108

[Abstract](#)

Healthy Cities South Auckland: A focus on youth leadership and sustainability in the post-COVID world

Authors: Conn C et al.

Summary: The Healthy Cities South Auckland Initiative began in 2019, and aims to improve the health and wellbeing of the urban population using a series of projects that prioritise youth leadership and principles of sustainability. The initiative is grounded in known principles of community action and determinants of health, and is innovative in its close and contextualised attention to Māori and Pacific youth leadership and to a more overt sustainability agenda.

Comment: Healthy Cities was one of the settings that the World Health Organization (WHO) adopted in the 1980s as part of its health promotion initiatives. WHO defines a Healthy City as: "one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential". The WHO Healthy Cities has had variable success globally but not in NZ. The Healthy Cities South Auckland Initiative is an adaptation of the original theme with a focus on youth leadership, sustainability, indigenous guardianship to 21st century urban spaces, partnerships and urban health in the digital age. This is a modern variation of the Healthy Cities setting with considerable potential.

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[Abstract](#)

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Design and implementation of a Pacific intervention to increase uptake of urate-lowering therapy for gout

Authors: Ofanoa M et al.

Summary: A 3-phase mixed methods study is being planned to improve the uptake of urate-lowering therapy in Pacific people with gout. Phase 1 is an observational assessment of the prevalence of gout, the use of urate blood-level monitoring, and the use of urate-lowering medication over the past 5 years. Phase 2 will involve the workshopping of new interventions to address previous uptake barriers, using culturally-appropriate Talanga communications. In phase 3, the designed intervention will be implemented and outcomes evaluated. An implementation framework will then be produced to facilitate further roll-out.

Comment: Noncommunicable diseases including gout are common disorders especially among Polynesian indigenous people and Pacific people in NZ and the Pacific islands. Gout and uric acid abnormalities have considerable clinical, social and economic impacts on Polynesian men, often resulting in absenteeism. Prevention and treatment of gout and hyperuricaemia (uric acid abnormalities) among Polynesians has been unsatisfactory in large part due to non-adherence to medication and dietary advice. This study is an innovative approach to preventing and managing gout based on better understanding and communication. If the intervention is successful, it could revolutionise the prevention and management of gout among Polynesian people.

Reference: *Int J Equity Health* 2021;20(1):262

[Abstract](#)

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Independent commentary by Associate Professor Collin Tukuitonga



Associate Professor 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.

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 Faculty 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.



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