

Pacific Health Review

Making Education Easy

Issue 7 - 2010

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

Welcome to the seventh edition of Pacific Health Review, a research-based publication focused on major health issues affecting Pacific people.

In this issue, we discuss studies investigating major issues such as the epidemic of obesity among Pacific Islands families, the fact that Pacific peoples in NZ have benefited less than all other ethnic groups in NZ from health care over the last 25 years, the importance of recruiting and retaining a Pacific primary health workforce in all vocational areas and at all levels, and an urgent need for tobacco control interventions specific to Pacific peoples.

We look forward to your feedback and hope you enjoy this issue.

Kind regards,

Colin

Dr Colin Tukuitonga

colintukuitonga@researchreview.co.nz

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Api Talemaitoga, Chief Advisor Pacific Health, wishes to acknowledge the commentaries and insights provided by Dr Colin Tukuitonga.

Reforming primary health care: is New Zealand's primary health care strategy achieving its early goals?

Authors: Cumming J et al

Summary: After the introduction in 2001 of the New Zealand Primary Health Care Strategy (PHCS), fees fell particularly in Access (higher need, higher per capita funded) practices over time for doctor and nurse visits. Fees increased over time for many in Interim (lower need, lower per capita funded) practices, but they fell for patients aged ≥65 years as new funding was provided for this age group. There were increases in consultation rates across almost all age, funding model (Access or Interim), socio-demographic and ethnic groups. Increases were particularly high in Access practices.

Comment: The NZ Primary Health Care Strategy (PHCS) introduced in 2001 was the first major reform of primary health in NZ since the introduction of the Social security Act in 1938. The PHCS was designed to improve health and reduce inequalities through the introduction of three main policy interventions. Primary Health Organisations (PHOs) were introduced as local, non-governmental, non-profit organisations to manage primary health care services for their enrolled populations. Significant additional funding was provided to reduce fees and fee-for-service arrangement was replaced by capitation funding of PHOs. The study showed that the introduction of the PHCS resulted in lower fees for primary health care services, and consultation rates increased. Ministry of Health data have shown that enrolments with PHOs by Pacific peoples exceeded expectations. However, high enrolment rates and improved access to primary health care services has not resulted in better outcomes for Pacific peoples. There is an urgent need for improvement in the quality of primary health care in NZ.

Reference: Aust New Zealand Health Policy. 2008;5:24.

<http://www.anzhealthpolicy.com/content/5/1/24>



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www.pacifichealth.org.nz

Sudden unexpected infant death and bedsharing: referrals to the Wellington Coroner 1997–2006

Authors: Escott A et al

Summary: These researchers sought to determine factors associated with sudden unexpected infant deaths, for which there was no clear medical diagnosis, referred to the Wellington-based coronial paediatric pathology service between 1997 and 2006. Of a total of 64 deaths, 54 occurred during sleep and had no clear medical diagnosis. Māori and Pacific infants and infants from low decile areas were over-represented in the group. The majority (88.7%) of infants were <6 months of age at death. Overall, 50% of infants had been placed to sleep in a non-recommended sleep position and 38% usually slept in a non-recommended location. Bedsharing was associated with 53.7% of deaths. A significant association was seen between bedsharing and being found dead on a Sunday morning ($p=0.04$).

Comment: There were 64 sudden unexpected infant deaths during the decade, of which 54 did not have a clear medical diagnosis. Māori, Pacific and infants from low decile areas were over-represented and approximately 90% were under 6 months of age. The authors concluded that bedsharing and sleep positions had a significant association with infant deaths. The authors were unable to obtain accurate information about maternal smoking. Infant bedsharing is common among Pacific families in NZ. Bedsharing is critical for maternal and child bonding and breast feeding. The common factor across the most affected groups in this study is their socioeconomic circumstances. It is important to note that this study is a case series and causative associations must be interpreted with care. Nonetheless, information about risks associated with sudden, unexpected infant deaths needs to be provided in ways that are useful for Pacific families.

Reference: N Z Med J. 2009;122(1298):59-68.

<http://tinyurl.com/yeer9dt>

Understanding and use of antibiotics amongst Samoan people in New Zealand

Authors: Norris P et al

Summary: Qualitative analyses are reported by these researchers of responses to a questionnaire that was administered to 112 Samoans attending health care facilities in New Zealand. Many participants had little understanding of antibiotics. Less than 2% identified the correct purpose for antibiotics, and 66% thought they were used to relieve pain. Respondents regarded a wide range of medicines (including some which they regularly took) as antibiotics. They frequently attributed colds and flu to environmental conditions (96%), and regarded antibiotics as a useful treatment for them (81%). They reported stopping taking antibiotics before finishing the course. Very few (8%) were aware of antibiotic resistance.

Comment: This is an important study confirming widely accepted views that many patients do not have good understanding of medication, especially among Pacific peoples in New Zealand. In this case, the study was conducted on antibiotic use among Samoan people but it could easily apply with other classes of medication with any of the Pacific populations in the country. The study showed an overwhelming lack of knowledge about antibiotics and considerable confusion about the purpose of various medications. Health care providers and health practitioners need to develop better and more effective ways of informing patients about rational use of medication, their risks and benefits. In many respects, the study is a timely reminder that better use of existing medication is a priority for the health sector over the pursuit of newer, and often, more expensive treatment regimes.

Reference: J Primary Health Care. 2009;1(1):30-5.

<http://tinyurl.com/dgysg3>

How much does health care contribute to health gain and to health inequality? Trends in amenable mortality in New Zealand 1981–2004

Authors: Tobias M & Yeh L-C

Summary: These researchers estimated the contribution of health care to health gain, and to ethnic and socio-economic health inequalities, in New Zealand over the past 25 years. Trends in amenable causes of death accounted for approximately one-third of the fall in mortality over the past 25 years, for the population as a whole and for all income and ethnic groups except Pacific peoples, who experienced no reduction in amenable mortality. In 2001–04, amenable causes accounted for approximately 25% of the mortality gap between all ethnic groups compared to the European/Other reference.

Comment: The NZ Census-Mortality study provides reliable information on mortality trends in NZ. This particular study showed that mortality from amenable causes declined by one-third over the past quarter century for the whole population, except Pacific peoples. In fact, the study showed that there was no reduction in amenable mortality among Pacific peoples. Furthermore, amenable mortality accounted for one-quarter of the mortality gap between all ethnic groups and NZ European/Other reference group.

Amenable mortality is used as an indicator of health care system performance. This study confirms information from other sources to show that Pacific peoples seem to have benefited less from health care than other groups in NZ. The reasons for the difference reflect a combination of personal and system factors, ranging from higher prevalence of selected risk factors and certain diseases, delays in seeking health care and inequities in the provision of health care services in NZ. The study signals the value to be gained in improving access to high quality health care services among Pacific peoples in NZ.

Reference: Aust N Z J Public Health. 2009;33(1):70-8.

<http://www3.interscience.wiley.com/journal/122195904/abstract>

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Independent commentary by: Dr Colin Tukuitonga

Colin is the chief executive of the Ministry of Pacific Island Affairs, and is a public health physician with extensive experience in public health and public policy in the Pacific, New Zealand and internationally. He has provided strategic and operational advice to the NZ Ministries of Health, Pacific Island Affairs and NZAID, the Accident Compensation Corporation, regional and international organisations including SPC, WHO and other UN organisations.

Body size, body composition and fat distribution: comparative analysis of European, Māori, Pacific Island and Asian Indian adults

Authors: Rush EC et al

Summary: Ethnic differences were examined in the relationships between body fatness and body mass index (BMI), fat distribution, muscularity, bone mineral mass, leg length and age-related changes in body composition, in 933 European, Māori, Pacific Island and Asian Indian adult volunteers. Asian Indian men and women (BMI of 24 and 26 kg/m², respectively) had the same percentage of body fat as Europeans with a BMI of 30 kg/m² or Pacific men and women with BMI of 34 and 35 kg/m², respectively. Asian Indians had more fat, both total and in the abdominal region, with less lean mass, skeletal muscle and bone mineral than all other ethnic groups. Leg length was relatively longer in Pacific men and Asian and Pacific women than in other ethnic groups. In Asian Indians, abdominal fat increased with increasing age, while the percentage of body showed little change. In the other ethnic groups, both abdominal and total body fat increased with age.

Comment: This study showed additional support for concerns regarding the use of the BMI as the benchmark indicator of obesity and body fat across ethnic groups. It showed that Asian men and women (BMI of 24 and 26 kg/m², respectively) had the same percentage of body fat as Europeans with a BMI of 30 kg/m² and Pacific men and women with a BMI of 34 and 35 kg/m², respectively. Other studies have shown that the BMI overestimates body fat among Pacific peoples. These findings have important implications for patient care and population studies. It also demonstrates the need for better studies to better predict morbidity and mortality risk among Pacific populations.

Reference: Br J Nutr. 2009;102(4):632-41.

<http://www.ncbi.nlm.nih.gov/pubmed/19203416?dopt=AbstractPlus&holding=f1000,f1000m,isrcn>

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Prostate cancer – are ethnic minorities disadvantaged?

Authors: Lamb DS et al

Summary: This study sought to determine reasons for the perceived paucity of Māori men receiving treatment for localised prostate cancer in the greater Wellington region. The database comprised men presenting with clinically localised prostate cancer between 1996 and 2007: 271 men with low-risk prostate cancer and 188 men with intermediate- or high-risk prostate cancer. Comparisons were made of the observed ethnic mix of men in the low- and intermediate/high-risk groups with the expected percentages derived from Census and Cancer Registry data. Ten Māori men were on the database, compared to 44 expected, and one Pacific man, compared to 37 expected. The same pattern of under-representation of these ethnic minorities was seen for both low-risk and intermediate/high-risk localised prostate cancer.

Comment: This study was carried out on patients presenting with clinically localised prostate cancer in the greater Wellington region during the decade 1996 to 2007. The study showed under-representation of both Māori and Pacific men. The authors concluded that under-representation during this period among Māori men may have been due to cultural reluctance to present for care, resulting in advanced disease. They suggest that delays could be the result of confusing and confused public messages about prostate cancer screening. While prostate cancer screening guidelines are improving, there is continuing uncertainty in the community about the value of prostate cancer screening. Better information about prostate cancer and prostate cancer screening is needed in the Pacific community.

Reference: Anticancer Res. 2008;28(6B): 3891-5.

<http://tinyurl.com/yeuvpw6>

Unequal risks, unmet needs: the tobacco burden for Pacific peoples in New Zealand

Authors: Lanumata T & Thomson G

Summary: This literature review documents tobacco smoking by Pacific peoples in New Zealand. The 2006 Census reported that over 30% of Pacific adults in New Zealand are smokers, compared to 21% of the whole adult population. Smoking by Pacific women increased from 23% in 1996 to 27% in the 2006 census. Other survey data indicate a fall in the prevalence of daily smoking from 35% in 2002/3 to 26% in 2006/7. The prevalence of smoking by Pacific Year-10 students declined from 29% in 1999 to 16% in 2007, as did smoking inside the homes of Pacific students during 2001–7, from 35% to 26%. There was scant evidence of government attention to smoking by Pacific peoples, and no specific central government plan for Pacific tobacco control.

Comment: Smoking is one of the leading causes of morbidity and premature mortality among Pacific peoples in NZ. While the prevalence of smoking has declined in NZ, the rate of decline among Pacific peoples is low. The authors also showed that there is a lack of a planned approach to the prevention of tobacco use and support for cessation among Pacific peoples in NZ. A planned approach could add value through better coordination, improved efficiencies and shared responsibilities. Community involvement is essential, because attitudes to smoking and awareness of the health risks remain ill-informed. Older men and selected groups of Pacific women are among priorities for intervention.

Reference: N Z Med J. 2009;122(1303): 39-53.

<http://www.nzma.org.nz/journal/abstract.php?id=3795>

Experiences of whānau/families when injured children are admitted to hospital: a multi-ethnic qualitative study from Aotearoa/New Zealand

Authors: Arlidge B et al

Summary: These researchers sought to explore and describe the experiences of indigenous Māori and Pacific families (both minority populations) and Pākehā (New Zealand European) families when their children were admitted to hospital for an unintended injury, using a study sample of 23 children (8 Māori, 8 Pacific and 7 Pākehā). In-depth individual and group interviews undertaken with the child's whānau/family revealed that although many families praised the dedication of the staff, they also had important concerns regarding their encounters with hospitals and related health and support services. Coding of the data uncovered four main themes: (a) inadequate communication and information; (b) difficulties negotiating an environment perceived as foreign; (c) the stress of conflicting demands placed on families; and (d) issues relating to ethnicity and cultural miscommunication. Of note, many Māori and Pacific whānau/families felt particularly alienated within the hospital setting and did not appear to see themselves as being entitled to high-quality information or services.

Comment: Findings from this investigation reinforce both anecdotal evidence and peer-reviewed studies that 'minority' populations experience significant additional stress in health care settings. This study described the experiences of Māori and Pacific families with an injured child in hospital. The origin of their negative experiences relate to 'system' issues rather than individual practitioners. Nonetheless, specific concerns such as lack of information rely heavily on individual practitioners' behaviour. Interestingly, whānau/families relayed a lack of confidence about their entitlements to high quality information and services. Greater use of patient support services and/or translation services in health care settings may assist in reducing whānau/family anxieties when they are in health care institutions.

Reference: *Ethnicity & Health.* 2009;14(2):169-83.

<http://tinyurl.com/odnm3j>

Pacific Islands families: child and parental physical activity and body size – design and methodology

Authors: Oliver M et al

Summary: Data are reported from 173 mothers and their 6-year-old children (n=199) participating in the Pacific Islands Families Child and Parental Physical Activity and Body Size (PIF-PAC) study. Accelerometer data reveal high levels of overweight and obesity in boys, girls, and mothers (62%, 58%, and 97% overweight or obese, respectively).

Comment: The PIF Cohort Study was drawn from live births at Middlemore Hospital in 2000. The PIF-PAC findings showed that at age 6 years, high levels of overweight and obesity were apparent. Furthermore, almost all mothers were overweight or obese. Study findings generally supported the 2006/07 National Children's Nutrition Survey. Childhood obesity has become a major public health problem in NZ and more needs to be done to prevent and reduce its prevalence in the community. The need to identify what works in Pacific families and communities is more urgent than ever. Researchers are encouraged to focus on finding solutions rather than more descriptive studies about the problem of obesity. Comprehensive, multi-component school-based interventions are among the most promising, based on international experience.

Reference: *N Z Med J.* 2009;122(1298):48-58.

<http://tinyurl.com/yct3bvk>

The Pacific primary health care workforce in New Zealand: What are the needs?

Authors: Ape-Esera L et al

Summary: To determine future needs of the NZ Pacific primary care workforce, 13 key informants including Pacific primary care workers in both Pacific and mainstream primary health care organisations and managers at funding, policy and strategy levels were interviewed in 2006.

Comment: This is an interesting study of the views of health practitioners about future workforce needs in the primary care sector. Views differed across the interviewees based on their place of birth, how immersed they were with their cultures and attitudes about provision of health care. The study raised interesting questions about future needs and how the needs of Pacific population can be best met. The growth in the Pacific population in NZ and severe shortage of health workers is a major challenge for NZ. Pacific-owned health services offer distinct advantages over conventional service delivery but the workforce shortage is an important aspect that needs urgent attention. Better prediction of future needs is needed, given the time lag associated with training health care professionals.

Reference: *J Primary Health Care.* 2009;1(2):

126-33.

<http://tinyurl.com/ydlmn9z>

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