

Pacific Health Review

Making Education Easy

Issue 5 – 2008

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

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

This edition features research suggesting that the impact of under-treated gout, especially amongst Maaori and Pacific Island men, is far more significant than many health professionals realise. Suggestions are made as to how to improve this situation. We also highlight several papers discussing aspects of family violence and its long-term effect upon health.

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

Kind regards,

Colin

Dr Colin Tukuitonga

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Improving detection and quality of assessment of child abuse and partner abuse is achievable with a formal organisational change approach

Authors: Wills R et al

Summary: This paper reported on a study designed to improve the detection and quality of assessment of child and partner abuse within a health service. A formal organisational change approach was used to implement the New Zealand Family Violence Intervention Guidelines in a mid-sized regional health service. The approach includes obtaining senior management support, community collaboration, developing resources to support practice, research, evaluation and training. Formal pre-post evaluations were conducted of the training. Referrals to the Department of Child, Youth and Family Services (CYFS) were recorded routinely by the CYFS. Audits assessed quality of assessment of child and partner abuse, when identified. The study confirmed that achieving and sustaining improved rates of identification and quality of assessment of child and partner abuse is possible with a formal organisational change approach.

Comment: This study showed that a simple co-ordinated approach within a health service and linked to the main child protection agency in NZ can achieve good results. Health services are often the first and only link between families and care agencies and it is important that a system of identification, reporting, referral and care operates effectively in all settings. At-risk families are often reluctant to present to official government agencies and a caring approach is needed. Formal endorsement and support by the whole organisation is critical.

Reference: *J Paediatr Child Health. 2008;44:92-8*

<http://dx.doi.org/10.1111/j.1440-1754.2007.01276.x>



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Maternal intimate partner violence and behavioural problems among Pacific children living in New Zealand

Authors: Paterson J et al

Summary: This study examined the association between maternal intimate partner violence (IPV) perpetration and victimisation and behavioural problems among two- and four-year-old Pacific children, and underlying socio-demographic and parenting factors. Mothers of the Pacific Islands Families cohort of Pacific infants born in New Zealand during 2000 were interviewed when the children were two and four years of age. There were no significant associations between IPV and the prevalence rates of clinically relevant cases of behavioural problems in the two-year-old child cohort. However, the prevalence rates of clinically relevant internalising, externalising and total problem cases were significantly higher among four-year-old children of mothers who reported severe perpetration of IPV. Socio-demographic and parenting factors did not significantly influence the association between IPV and child behaviour problems.

Comment: Findings from this unique study of NZ-born Pacific children provided limited support for other studies demonstrating adverse outcomes for children exposed to IPV. The study suggested no increased prevalence of clinically relevant behavioural problems at two years of age but increased prevalence at four years of age. It is important to note that there are several possible explanations for this finding and continued screening for IPV is necessary in health care settings. More effective interventions are needed to prevent IPV and protect mothers and children from IPV in Pacific communities.

Reference: *J Child Psychol Psychiatry*. 2008;49:395-404

<http://www3.interscience.wiley.com/journal/119392238/abstract>

*Independent commentary
by Dr Colin Tukuitonga,
Chief Executive of the
Ministry of Pacific Island
Affairs*

Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study

Authors: Ellsberg M et al

Summary: This paper is a summary of the findings from ten countries from the WHO multi-country study on women's health and domestic violence against women. New Zealand and Samoa were included in these standardised population-based surveys completed between 2000 and 2003. Women aged 15–49 years were interviewed about their experiences of physically and sexually violent acts by a current or former intimate male partner, and about selected symptoms associated with physical and mental health. 24,097 women worldwide completed the interviews. Pooled analysis of all sites found significant associations between lifetime experiences of partner violence and self-reported poor health, and with specific health problems in the previous 4 weeks. For all settings combined, women who reported partner violence at least once in their life reported significantly more emotional distress, suicidal thoughts, and suicidal attempts, than non-abused women. These significant associations were maintained in almost all of the sites.

Comment: The New Zealand Violence Against Women Study is a population-based cluster-sample study of face-to-face interviews with 2,855 women aged 18–64 years, undertaken in 2004 in the Auckland and Waikato regions, replicating the WHO multi-country study on violence against women. The findings show that among women who had ever had male partners, 33% in Auckland and 39% in Waikato had experienced at least one act of physical or sexual violence from a partner in their lifetime. Of these women, 19% in Auckland and 23% in Waikato had experienced severe physical violence from a partner during their lifetime (that is, they were hit, beaten up, kicked, dragged, choked, burned, threatened with a gun, knife or other weapon, or had a weapon used against them). Over 40% of those who had experienced moderate or severe physical violence had also been raped, forced to do degrading sexual acts, or had sex because they were afraid of what their partner might do if they said 'no'. The authors found that the lifetime experience of partner violence is a major contributor to a range of poor health outcomes for women, with intimate partner violence being significantly associated with current self-perceived poor health, physical health problems, such as pain, and mental health problems, as well as higher health service needs and higher use of medication.

Reference: *Lancet*. 2008;371:1165-72

http://www.who.int/gender/violence/who_multicountry_study/en/

Health-related quality of life among adults who experienced maltreatment during childhood

Authors: Corso PS et al

Summary: This study from the USA assessed the difference in a preference-based measure of health among adults reporting maltreatment as a child versus those reporting no maltreatment. Using data from a study of adults who reported adverse childhood experiences and current health status, 2,812 adults who reported childhood maltreatment were compared with 3,356 adults who reported no childhood maltreatment. Propensity score methods were used to compare the 2 groups. Health-related quality-of-life data (or "utilities") were imputed from the Medical Outcomes Study 36-Item Short Form Health Survey using the Short Form-6D preference-based scoring algorithm. Persons who experienced childhood maltreatment had significant and sustained losses in health-related quality of life in adulthood relative to persons who did not experience maltreatment.

Comment: Studies have shown that child rearing in Pacific families often involve strict disciplinary measures, including the use of physical and other interventions. Parents who practice strict discipline believe that these measures are for the best of the child. Some of these measures border on abuse and maltreatment, even though parents and caregivers may disagree. These beliefs are difficult to change, but studies such as this bring objective evidence of the long-term health consequences of childhood abuse in later life. Several other studies have shown this association and it is important for health professionals to assist in educating parents about the harms of strict discipline in early childhood.

Reference: *Am J Public Health*. 2008;98:1094-100

<http://www.ajph.org/cgi/content/abstract/98/6/1094>

The Ministry of Health has recently released six papers to support the review of the Pacific Health and Disability Action Plan:

- Pacific Youth Health
- Pacific Peoples' Experience of Disability
- Pacific Child Health
- Improving Quality of Care for Pacific Peoples
- Pacific Cultural Competencies: A Literature Review
- Pacific Peoples and Mental Health

The papers are available on <http://www.moh.govt.nz/pacific>

Estimating the number of New Zealand children with a physical disability

Authors: Clark P and Gerrard D

Summary: This study used data collected by Statistics New Zealand's Household Disability Survey 2001 to estimate the number of New Zealand children who have a physical disability. Within the estimated 90,000 children aged 0–14 years with a disability, the authors identified a subgroup using information on the use of equipment suggestive of mobility disability, the numbers estimated to be in receipt of or in need of physiotherapy and/or occupational therapy, and the small number needing ramps or similar modifications. An estimated 14,500 children had a physical disability. This equates to an estimated 1.7% of the New Zealand population of children aged 0–14 years. An estimated 9,600 were New Zealand-European, 3,800 Māori and 600 Samoan. An estimated 9,500 had a multiple disability. The rate is somewhat higher than in studies from countries where only locomotor disability is described, but similar to rates where other types of disability such as dexterity disability are included.

Comment: It is clear that better information is needed, especially with regard to prevalence of physical disabilities in Pacific children and young people. In the 2006 Disability Survey, an estimated 24,800 Pacific peoples living in NZ had a disability. An estimated 6,100 Pacific children had a disability. The total disability rate for Pacific peoples (11%) was lower than the disability rate for Māori (17%) and for Europeans (18%). These estimates add support to the view of practitioners that the lower rate reflects inaccurate reporting rather than a true finding. Further specific research is needed among Pacific children and their families about the true prevalence and disability support needs.

Reference: *J Paediatr Child Health*. 2008;44:347-52

<http://dx.doi.org/10.1111/j.1440-1754.2008.01308.x>

Cannabis use and later life outcomes

Authors: Fergusson DM and Boden JM

Summary: This NZ longitudinal study examined the associations between the extent of cannabis use during adolescence and young adulthood and later education, economic, employment, relationship satisfaction and life satisfaction outcomes. The results of the present study suggest that increasing cannabis use in late adolescence and early adulthood is associated with poorer educational outcomes, lower income, greater welfare dependence and unemployment and lower relationship and life satisfaction. The findings add to a growing body of knowledge regarding the adverse consequences of heavy cannabis use. A meta-analysis published in 2007 in the *Lancet* of the combined results of 35 population-based longitudinal observational studies of the relationship between the use of cannabis and psychiatric disorders in later life showed an overall increased risk of 41% in the development of any psychosis among individuals who had used marijuana in the past (see <http://www.ncbi.nlm.nih.gov/pubmed/17662880>).

Comment: Study findings suggest greater awareness is needed on the harms of cannabis use, especially in population groups known to be high users of the drug. This may apply in particular to Pacific young people in NZ, where perceptions are that cannabis use has no serious short- or long-term consequences.

Reference: *Addiction*. 2008;103:969-76

<http://dx.doi.org/10.1111/j.1360-0443.2008.02221.x>

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Disclaimer: This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.

Innovation and effectiveness: changing the scope of school nurses in New Zealand secondary schools

Authors: Kool B et al

Summary: This study was designed to describe the changing role of school nurses in eight low-decile secondary schools in Auckland with high Pacific Island and Māori rolls, using annual semi-structured nurse interviews and routinely collected data between 2002 and 2005. Two patterns of school nurse operation were identified: an embracing pattern, where nurses embraced the concept of providing school-based health services; and a Band-Aid pattern, where only the basics for student health care were provided by school nurses. School nurses with an embracing pattern of practice provided more effective school-based health services. A best practice review of successful school health services for adolescents based on NZ and international literature identified four important components;

- Wide engagement with school and community
- Youth focus and participation
- Delivery of high quality comprehensive care
- Effective administrative/clinical systems and governance to support service delivery

(http://www.schoolnurse.org.nz/PDF%20files/Service_Dev_Service_Specs_Best_Practice_Review.pdf).

Comment: Studies show that young Pacific people who are born in NZ have major social identity concerns and mental health issues. The school environment is an important setting where some of these issues can be addressed and school nurses are often regarded as suitable practitioners who can provide the care and support that they need.

Reference: *Aust N Z J Public Health*. 2008;32:177-80

<http://dx.doi.org/10.1111/j.1753-6405.2008.00197.x>



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Ethnic differences in the management of lung cancer in NZ

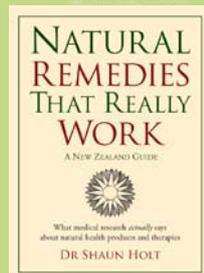
Authors: Stevens W et al

Summary: Major ethnic disparities in lung cancer survival exist in NZ, with Māori having a higher case-fatality ratio than non-Māori. This study was undertaken to assess whether secondary care management of lung cancer differed by ethnicity and could contribute to ethnic survival disparities. An audit of secondary care management in Auckland and Northland of 565 lung cancer patients diagnosed in 2004 permitted comparison of the management of lung cancer in different ethnic groups. Cases comprised: European 378 (67%), Māori 95 (17%), Pacific Peoples 56 (10%), Asian 23 (4%), and other or unknown ethnicity 13 (2%). In multivariate analysis (adjusting for tumour and patient factors including co-morbidity), Māori were four times less likely to receive curative rather than palliative anticancer treatment compared with Europeans. Māori had longer transit times from diagnosis to treatment. Māori were more likely to decline treatment and miss appointments than Europeans, although this only partially explained management differences.

Comment: This study highlights yet again the inequities that exist in the care that indigenous Māori (and other minority population groups in NZ) receive compared with the majority European population. While part of the reasons for the differences can be attributed to patient factors, there is a clear need for service providers to improve the delivery of services to non-European New Zealanders. Differences in the quality of health care received by different population groups in the community reflect poorly on the overall service provided.

Reference: *J Thorac Oncol.* 2008;3:237-44

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Risk factors for hospitalization due to diabetes complications

Authors: Tomlin AM et al

Summary: Clinical and demographic data for 1,080 type 1 and 11,283 type 2 New Zealand diabetes patients attending a free primary care diabetes service between 2000 and 2002 were examined to determine risk factors that were significantly associated with diabetes complications requiring hospitalisation. Hospital admissions data for the 2 years following the index examination were linked for each patient using a unique National Health Index code. In the type 1 cohort, 222 patients (20.6%) were hospitalised for diabetes complications and 1,948 patients (17.3%) in the type 2 cohort. In both cohorts, patients admitted with diabetes complications had significantly higher mean glycosylated haemoglobin (HbA_{1c}) and triglyceride levels, urine albumin:creatinine ratios and duration of diabetes, than patients not admitted. Although it is well known that HbA_{1c} is a significant predictor of diabetes complications, this study shows that urine albumin:creatinine ratio, body mass index, triglycerides and high density lipoproteins are also independent predictors of hospitalisation for diabetes complications.

Comment: This study provides additional information for primary health care practitioners who care for people with diabetes. Body mass index and duration of diabetes provide useful early indications of the likelihood of hospitalisation and should alert practitioners to maintain close watch on this group of patients. Non-clinical indicators can assist in 'triaging' patients at high risk of hospitalisation, especially in a busy primary health care setting.

Reference: *Diabetes Res Clin Pract.* 2008;80:244-52

[http://linkinghub.elsevier.com/retrieve/pii/S0168-8227\(07\)00623-7](http://linkinghub.elsevier.com/retrieve/pii/S0168-8227(07)00623-7)

Debunking the myths to provide 21st Century management of gout

Authors: Winnard D et al

Summary: Epidemiological and recent qualitative research suggests that the impact of under-treated gout is far more significant than many health professionals realise. The magnitude of this impact for Maaori and Pacific men of working age has been identified as a particular concern by the Counties Manukau District Health Board. Data from primary care in Auckland shows that gout affects 14.9% Pacific men, 9.3% Maaori men and 4.1% European men. The same data have shown that gout is more frequently diagnosed than type 2 diabetes in Maaori and Pacific Island men.

A study of gout patients in South Auckland (www.bpac.org.nz) has revealed some key issues;

- There is minimal knowledge about gout and the medications used in treatment.
- Amongst the Pacific Island community in particular, there is a normalisation of gout, a stoicism and tolerance of the pain.
- Often knowledge of gout is based on jokes about over-indulgence, old age or unhelpful myths.
- These beliefs contribute to denial and result in missed opportunities for early diagnosis.
- Families take up the burden of caring for gout patients and these patients rarely present to general practice.
- Typically patients will use pain relief but not preventative medications, with a resulting increase in the number of joints involved, the size of tophi, the frequency of attacks and number of days off work.

Comment: There is agreement among practitioners that modern management of gout includes ensuring that those with gout need to be supported by primary care practitioners who are aware of the need for early intervention with allopurinol, as well as whaanau/families and communities who understand the impact and causes of gout.

Reference: *N Z Med J.* 2008; 121(1274):79-85

<http://www.nzma.org.nz/journal/abstract.php?id=3074>

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