Pacific Health Review

Making Education Easy

Issue 8 – 2010

In this issue:

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

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

Two of the papers reviewed for this issue reiterate a theme that we covered in our last Pacific Health Review – we urgently need to address tobacco control initiatives that have appeal to Pacific peoples. In our first study that we have reviewed for this issue, dispensing of subsidised nicotine replacement therapy is low overall in South Auckland, but particularly so among Pacific and Māori peoples. The study authors recommend the urgent introduction of programmes that will successfully increase uptake of such treatment in these groups.

However, this may not be straightforward, as the second study that we reviewed in this issue notes that Pacific policymakers are generally reluctant to consider smokefree regulation extensions; notably, this view is not shared by Pacific peoples in New Zealand.

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

Kind regards,

Colin

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

Few smokers in South Auckland access subsidised nicotine replacement therapy

Authors: Thornley S et al

Summary: These researchers sought to determine the proportion of working age people (age 15–64 years) in Counties Manukau District Health Board (CMDHB) who obtained at least one packet of subsidised nicotine replacement therapy (NRT) during 2007, and whether this varied by demographic characteristics. Subsidised NRT was infrequently (proportion of 'ever users' 0.5%/year, or about 2.1% of smokers) claimed for in CMDHB in 2007. When adjusted for demographic variables (age, gender, other ethnic groups, and socioeconomic deprivation), Pacific peoples were 60% less likely to claim NRT than Europeans (OR 0.34), despite Pacific peoples having a higher smoking prevalence. An over four-fold increased use of NRT was observed in those aged 55–64 years compared to 15–25 year-olds.

Comment: Results showed that subsidised NRT was infrequently claimed in the region. Furthermore, Pacific people were 60% less likely to claim NRT than Europeans despite a higher prevalence of smoking. This is consistent with previous studies showing lower use of cessation services by Pacific people. Increased tax on tobacco recently introduced in NZ suggests that more cessation support services are needed for Pacific smokers.

Reference: N Z Med J. 2010;123(1308):16-27.

http://www.nzma.org.nz/journal/abstract.php?id=3943

Pacific solutions to reducing smoking around Pacific children in New Zealand: a qualitative study of Pacific policymaker views

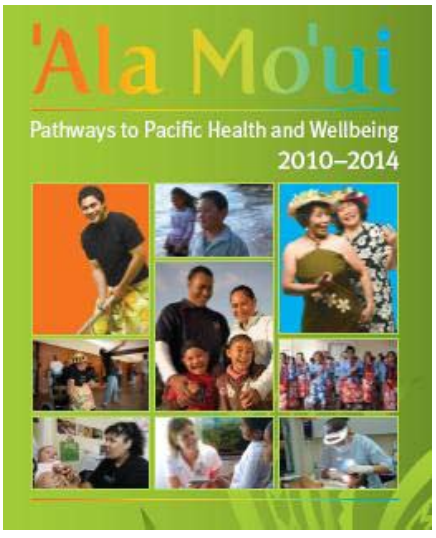
Authors: Lanumata T et al

Summary: Pacific policymaker attitudes towards solutions to reducing smoking around Pacific children in New Zealand were explored in this qualitative analysis of 18 key informants who were interviewed during May-October 2008, in person or by phone. There was a focus on the need to change attitudes (e.g. by education), rather than on government regulation for secondhand smoke protection (e.g. smokefree cars). Families and churches were seen as major avenues for the changes, with increased bottom-up, community-controlled activity. The policymakers sought specific interventions for each Pacific ethnic group and also better resourcing of Pacific tobacco control. There was considerable variance of opinion on the extent to which smokefree areas should be extended, with some informants reluctant to interfere with smokers' 'choices'.

Comment: This is an interesting study, showing major differences between policymaker attitudes and public opinion about what needs to be done to reduce the exposure of children to smoking. It is well established that Pacific children are more likely to be exposed to secondhand smoke than non-Pacific children. Tobacco use is a major cause of illness among Pacific children and a major contributor to health inequalities in NZ. These study findings clearly show that policymakers need to adopt a more consistent approach to policy development that is supportive of public expectations, if smoking prevalence among Pacific families is to be reduced further. Reducing smoking among Pacific families using a variety of interventions that work remains a key priority for NZ.

Reference: N Z Med J. 2010;123(1308):54-63.

http://tinyurl.com/3y3mrsk



Dietary intakes of Pacific, Māori, Asian and European adolescents: the Auckland High School Heart Survey

Authors: Sluyter JD et al

Summary: Data are reported from an analysis of a self-administered food frequency questionnaire that surveyed daily nutrient intakes of 2,549 14- to 21-year-old high-school students in Auckland (1422 male and 1127 female) between 1997 and 1998. Compared with Europeans, Māori and Pacific Islanders consumed more energy per day. Carbohydrate, protein and fat intakes were higher in Māori and Pacific Islanders than in Europeans. Cholesterol intakes were lowest in Europeans and alcohol intakes were highest in Europeans and Māori. When nutrient intakes were expressed as their percentage contribution to total energy, many ethnic differences in nutrient intakes between Europeans and Māori or Pacific Islanders were eliminated. After adjustment for energy intake and age, Europeans ate the fewest eggs, and Pacific Islanders and Asians ate more servings of chicken and fish, and fewer servings of milk and cereal than Europeans. Compared to Europeans, Pacific Islanders consumed larger portion sizes for nearly every food item.

Comment: These study findings were consistent with other studies showing marked ethnic differences in food selection, portion sizes and nutrient intakes and confirm that dietary patterns are well established by the time children reach their teenage years and remain with them into adulthood. It highlights the difficulties associated with efforts to change attitudes to food and eating in adulthood and interventions are needed as early as possible. Obesity-related diseases are major causes of death, disease and disability among Pacific New Zealanders and more effective interventions are needed.

Reference: Aust NZ J Public Health. 2010;34(1):32-7.

http://www3.interscience.wiley.com/journal/123278296/abstract

Interpretation of two nutrition content claims: a New Zealand survey

Authors: Gorton D et al

Summary: To determine how various population groups in New Zealand interpret the nutrition content claims '97% fat free' and 'no added sugar' on food labels, these researchers surveyed adult supermarket shoppers at 25 Auckland supermarkets over a six-week period in 2007. Supermarkets were located in areas where over 10% of the resident population was Māori, Pacific or Asian. Of the 1,525 people who completed the survey, there was approximately equal representation from Māori, Pacific, Asian, New Zealand European and Other ethnicities. Nearly three-quarters (72%) of participants correctly estimated the fat content of a 100 g product that was '97% fat free', and understood that a product with 'no added sugars' could contain natural sugar. However, up to three-quarters of Māori, Pacific, and Asian shoppers assumed that if a food carried a '97% fat free' or 'no added sugar' claim it was therefore a healthy food. Similarly, low-income shoppers were significantly more likely than medium- or high-income shoppers to assume that the presence of a claim meant a food was definitely healthy.

Comment: This study of adult supermarket shoppers in Auckland confirmed what is widely known: that food labels can be confusing and unhelpful for consumers. For example, an evaluation of the National Heart Foundation Tick programme was rarely used by Pacific people and other New Zealanders because it was rarely applied to food items that they consumed. Findings from this study showed that the majority of Pacific, Māori and Asian shoppers interpreted '97% fat free' or 'no added sugar' claim that it was healthy food. It is clear from these studies that food claims are confusing for Pacific people and a better user friendly system is needed in NZ.

Reference: Aust N Z Public Health. 2010;34(1):57-62.

http://www3.interscience.wiley.com/journal/123278298/abstract

PHARMACY GUILD OF NEW ZEALAND (INC)

NEW ZEALAND MEDICAL ASSOCIATION

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.

Does screening history explain the ethnic differences in stage at diagnosis of cervical cancer in New Zealand?

Authors: Brewer N et al

Summary: This paper assessed the associations of screening history, ethnicity, socio-economic status (SES) and rural residence with stage at diagnosis in women diagnosed with cervical cancer in New Zealand during 1994–2005. Cases (n=2323) were categorised as 'ever screened' if they had had at least one smear prior to 6 months before diagnosis, and as 'regular screening' if they had had no more than 36 months between any two smears in the period 6–114 months before diagnosis. The percentages 'ever screened' were 43.3% overall, 24.8% in Pacific, 30.5% in Asian, 40.6% in Māori and 46.1% in 'Other' women; corresponding estimates for 'regular screening' were 14.0%, 5.7%, 7.8%, 12.5% and 15.3%, respectively. Women with 'regular screening' had a lower risk of late stage diagnosis (OR 0.16), and the effect was greater for squamous cell carcinoma (OR 0.12) than for adenocarcinoma (OR 0.32). The increased risk of late-stage diagnosis (OR 2.72) in Māori (compared with 'Other') women decreased only slightly when adjusted for screening history (OR 2.45).

Comment: Overall, less than half of all cervical cancer cases were classified as 'ever screened' (at least one smear prior to 6 months before diagnosis). Less than one-quarter of Pacific women were 'ever screened' and less than 6% had a 'regular' screening history (no more than 36 months between any two smears in the preceding 6 to 114 months before diagnosis). Study findings showed that over half of all cases reported had not been `ever screened', despite reliable evidence to show that regular screening lowered the risk of being diagnosed at a late stage. The authors concluded that screening history did not explain the ethnic differences in stage at diagnosis.

The NZ Cervical Screening programme was introduced in 1990, but uptake by Pacific women has remained low.

Reference: Int J Epidemiol. 2010;39(1):156-65.

http://ije.oxfordjournals.org/cgi/content/abstract/39/1/156

Exploring physical and psychological wellbeing among adults with type 2 diabetes in New Zealand: identifying a need to improve the experiences of Pacific peoples

Authors: Paddison CAM

Summary: A cohort of 615 patients with diabetes, randomly selected from a database of primary care records of 4857 patients with diabetes in New Zealand, participated in this exploration of levels of physical and psychological wellbeing among adults with type 2 diabetes. The research sought to identify the clinical, demographic, and psychological factors that are associated with differences in wellbeing. Mean HbA_{1c} was 7.5% and varied significantly across ethnic groups (p=0.001) with metabolic control highest among New Zealand Europeans and lowest among Pacific peoples. Pacific ethnicity was also associated with the highest levels of distress about diabetes, and concern about prescribed medication.

Comment: Results showed that Pacific people with diabetes were more likely to experience adverse health outcomes, including poor metabolic control and diabetes-related distress and concerns about medication. The prevalence of type 2 diabetes is higher among Pacific people in NZ compared with other New Zealanders. Despite this, several studies have shown that Pacific people with diabetes receive sub-standard care in NZ. There have been dramatic improvements in the quality of care in some situations, and often in a relatively short period of time (Hosnah A et al. Trends in the management of risk of diabetes complications. Primary Care Diabetes Europe 2008). The challenge is to ensure that all Pacific people with diabetes receive the recommended standard of care at all times.

Reference: N Z Med J. 2010;123(1310):30-42.

http://www.nzma.org.nz/journal/abstract.php?id=4008

A population-based approach to the estimation of diabetes prevalence and health resource utilisation

Authors: Smith J et al

Summary: Routinely collected administrative data were used to estimate diabetes prevalence and utilisation of healthcare services in Counties Manukau, which were then compared with findings for three neighbouring district health boards (DHBs): Northland, Waitemata and Auckland. Reconstructed populations were only 6% lower than census population counts, indicating that the vast majority of the population used health services over the two-year study period (January 2006 to December 2007). The age- and sex-standardised prevalence of diabetes was 7.1% in Counties Manukau and 5.2% in the other three DHBs combined. Prevalence of diabetes was highest amongst Māori (10.6% in women and 12.2% in men) and Pacific peoples (15.0% for women and 13.5% for men). Māori diabetes cases had the highest hospital discharge rate of any ethnic group. Community pharmaceutical prescribing patterns and laboratory test frequency were similar between diabetes cases by ethnicity and deprivation.

Comment: Study findings were generally consistent with epidemiological studies conducted during the same period. This suggests that the use of routinely collected data could be a reliable, practical and cost-effective way of estimating diabetes prevalence and health resource utilisation compared with resource-intensive field surveys. An important limitation of the approach relates to different patterns of use of diabetes services by different ethnic groups, which could seriously distort the estimates identified.

Reference: N Z Med J. 2010;123(1310): 62-73.

http://www.nzma.org.nz/journal/abstract.php?id=4009

A comparative analysis of the cardiovascular disease risk factor profiles of Pacific peoples and Europeans living in New Zealand assessed in routine primary care: PREDICT CVD-11

Authors: Grey C et al

Summary: Baseline cardiovascular disease (CVD) risk profiles were compared for 10,301 Pacific peoples and 39,835 Europeans aged 35–74 years assessed in routine primary care practice between 2002 and January 2009 by the PREDICT programme. On average, Pacific peoples in the PREDICT cohort were 4 years younger at the time of risk assessment than Europeans, and were over-represented in areas of high socioeconomic deprivation. At risk assessment, Pacific men were 1.5 times as likely to be current smokers as European men, whereas similar or lower proportions of Pacific women smoked compared with European women. Pacific peoples were approximately three times more likely to have diabetes as Europeans. Pacific peoples had higher diastolic BP values and Pacific women had higher total cholesterol/HDL ratios. Both Pacific men and women had a significantly higher predicted risk of CVD in the next 5 years than Europeans, based on the Framingham risk score.

Comment: The PREDICT programme has generated the largest cohort of Pacific patients in NZ and provided valuable information on their health status and risk factors for cardiovascular disease. This study showed that Pacific patients had unfavourable risk factor profiles compared with NZ Europeans, especially for diabetes in both sexes and smoking in men. These findings are not only valuable for improving individual patient care but they also provide important information on population health and health services planning. The value of the PREDICT programme would increase significantly if it was used in all primary care settings throughout NZ.

Reference: N Z Med J. 2010;123(1309):62-75.

http://www.nzma.org.nz/journal/abstract.php?id=3987

Nasopharyngeal carcinoma: differences in presentation between different ethnicities in the New Zealand setting

Authors: Ianovski I et al

Summary: Radiological and biopsy records were retrospectively reviewed for all patients presenting to the Auckland City Hospital ENT department with a newly diagnosed nasopharyngeal carcinoma (NPC) between 1995 and 2007 inclusive. According to TNM stage at clinical presentation, Māori and Pacific Islanders were statistically significantly more likely than Asians to present with greater T stage ($p<0.0001$) and, for stages T2 and T4, nodal disease was significantly more advanced in Māori and Pacific Islanders than in Asians.

Comment: Results showed that Māori and Pacific patients presented with more advanced local and nodal disease than Asians. The authors included both Māori and Pacific people as one group without reliable evidence of the prevalence of NPC in Māori and Pacific people. Nonetheless, this study highlights yet again that Pacific (and Māori) people generally present late with cancers and better awareness is needed in the community and among health professionals.

Reference: ANZ J Surg. 2010;80(4):254-7.

http://www3.interscience.wiley.com/journal/123203923/abstract

Characteristics of smoker support for increasing a dedicated tobacco tax: national survey data from New Zealand

Authors: Wilson N et al

Summary: This survey of 1,376 adult smokers sought to determine their level of support for tobacco tax and for increased dedicated tobacco taxes, along with associations for any such support. Most smokers considered that the current level of tobacco tax is "too high" (68%), but a majority (59%) would support an *increase* in tobacco tax if the extra revenue was used for quitting support and health promotion. Across all sociodemographic groups, there was majority support for a dedicated tobacco tax increase. According to fully adjusted multivariate analyses, factors that were significantly associated with support for a dedicated tax increase included higher deprivation level (adjusted OR 1.15), suffering one form of financial stress (adjusted OR 1.81), concern about the smoking impacts on health and quality of life (adjusted OR 1.41), expressing support for tobacco control regulation (adjusted OR 1.83), and strength of intention to quit (adjusted OR 1.30).

Comment: This study of 1,376 adult smokers conducted in 2009 showed that the majority of them (from all sociodemographic groups) supported an increase in tobacco tax, if it was dedicated to quitting support and health promotion. The NZ Government recently introduced substantial increases in tobacco tax. The impact of these changes on smoking prevalence in the Pacific population remains uncertain. While increased tax is generally regarded as an effective tool for reducing smoking elsewhere in the world, the true impact on Pacific people is less certain. It is also widely known that Pacific people are under-represented in smoking cessation services. If the projected increase in people seeking support to quit proves accurate, there is a need to scale-up support for Pacific people and other groups who are well known to have difficulties accessing services.

Reference: Nicotine Tob Res. 2010;12(2): 168-73.

http://ntr.oxfordjournals.org/cgi/content/abstract/12/2/168