

Māori Health Review™



Making Education Easy

Issue 38 - 2012

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Tēnā koutou katoa

Nau mai ki tenei Tirohanga hou Hauora Māori. He rangahau tuhi hou e paa ana ki nga hau ora a ki te oratanga o te Māori. No reira noho ora mai raa i o koutou waahi noho a waahi mahi hoki. Noho ora mai. Matire.

Greetings

Welcome to this issue of the Māori Health Review. Each issue attempts to bring you research relevant to the health and wellbeing of Māori. I welcome feedback and suggestions for papers/research to include in future issues and I'm pleased to hear and read about the excellent work being undertaken in Hauora Māori. Stay well, regards

Matire

Dr Matire Harwood

matire@maorihealthreview.co.nz

New Zealand evidence for the impact of primary healthcare investment in Capital and Coast District Health Board

Authors: Tan L et al

Summary: Outcomes are presented from an evaluation of primary care investment measured through the Capital and Coast District Health Board's (DHB) Primary Health Care Framework. The Framework was developed in 2002/2003 to guide funding decisions at a DHB level, and to provide a transparent basis for evaluation of the implementation of the Primary Health Care Strategy in this district. Analyses of quantitative and qualitative data revealed a link between investment in primary health care, increased access to primary care for high-need populations, workforce redistribution, and improved health outcomes. Among enrolled populations, ambulatory sensitive hospitalisations and emergency department use reduced and the District's immunisation coverage improved markedly. Funding and contracting initiatives enhanced both 'mainstream' and 'niche' providers and together with community-based health initiatives, had a measurable impact on a range of health indicators and inequalities. Māori primary care providers improved access for Māori as well as their enrolled populations of Pacific and Other ethnicity. There was growth and redistribution in the primary care workforce, which improved the availability of general practitioners, nurses, and community workers in poorer communities.

Comment: An excellent paper highlighting the impact of targeted investment in primary care. Importantly, the findings confirm the important role that Māori providers play in improving access to health care AND reducing disparities.

Reference: *N Z Med J.* 2012;125(1352):7-27.

<http://journal.nzma.org.nz/journal/abstract.php?id=5131>



New oral health spinning wheel

The Ministry of Health has produced a spinning wheel that presents Māori and non-Māori oral health statistics from the 2009 New Zealand Oral Health Survey.

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The epidemiology of serious skin infections in New Zealand children: comparing the Tairāwhiti region with national trends

Authors: O'Sullivan C et al

Summary: These researchers compared epidemiology data on serious skin infections among children in the Gisborne (Tairāwhiti) region on the East Coast of New Zealand's North Island with equivalent national data, in an attempt to identify factors contributing to the consistently greater than average infection rates and significantly larger ethnic disparities in the Tairāwhiti region. Hospitalisation data were reviewed for 0–14-year-old children in the Tairāwhiti region discharged from hospital with a serious skin infection between 1990 and 2007; several demographic variables were compared to equivalent data for New Zealand cases over the same period. In Tairāwhiti the age-adjusted incidence of serious skin infections increased from 641.1/100 000 in 1990–1999 to 988.4/100 000 in 2000–2007, while the New Zealand incidence increased from 354.3/100 000 to 531.7/100 000. In all regions, the highest infection rates were among preschool-aged children, Māori children, and those living in deprived neighbourhoods. The disparity between Māori and non-Māori children was significantly greater in Tairāwhiti than nationally. The standardised ratio of observed to expected discharges in Tairāwhiti compared with New Zealand was 1.42 (95% CI, 1.32 to 1.52) in 1990–1999 and 1.28 (95% CI, 1.19 to 1.36) in 2000–2007.

Comment: See right.

Reference: *N Z Med J.* 2012;125(1351):40-54.

<http://journal.nzma.org.nz/journal/abstract.php?id=5104>

Serious skin infections in children: a review of admissions to Gisborne Hospital (2006–2007)

Authors: O'Sullivan C, Baker MG

Summary: Hospital charts were reviewed of all children aged 0–14 years in the Tairāwhiti (Gisborne) region admitted with a serious skin infection to Gisborne Hospital between 1 January 2006 and 31 December 2007. Of the 163 documented cases, 83% occurred in Māori children. The most common types of infection were cellulitis (38%) and subcutaneous abscesses (36%), and the most frequent sites of infection were the head, face and neck (32%) and lower limbs (32%). A previous episode of skin infection was recorded in 34% of children, with previous hospitalisation in 12%. A skin injury preceded infection in 37% of cases, more than reported in the Auckland and Wellington regions. Of the 77% of children who saw a GP 60% required immediate hospital admission. Compared with figures from the Auckland region, there were longer delays to medical care with a mean duration of symptoms of 2.5 days prior to visiting a GP. The most frequently isolated organisms were *Staphylococcus aureus* (48%) and *Streptococcus pyogenes* (20%) with similar proportions and resistance patterns to other New Zealand settings.

Comment: See right.

Reference: *N Z Med J.* 2012;125(1351):55-69.

<http://journal.nzma.org.nz/journal/abstract.php?id=5105>

Skin infections in children in a New Zealand primary care setting: exploring beneath the tip of the iceberg

Authors: O'Sullivan C, Baker MG

Summary: This article describes the epidemiology of childhood skin infections presenting to primary care in the Tairāwhiti (Gisborne) region, compared to hospitalised cases during the same period. The 9 participating general practitioners recorded 110 incident cases of skin infections in 0–14 year old children over a 10-week period in 2008, equivalent to an annual incidence rate of 106.7 (95% CI, 85.2 to 127.2) cases per 1000 children in the region. For every one hospitalisation there were an estimated 14 primary care cases. Three-quarters of skin infections in both primary care and hospital settings occurred in Māori children. Hospitalised cases of serious skin infections were more likely to occur in the preschool age group whereas the majority of cases at the primary care level consisted of children aged 5–9 years.

Comment: Skin infections are one of the most common causes for hospitalisation in Aotearoa; across all age groups (although more a paediatric problem, it is also common in adults); and particularly an issue for Māori. As shown in these 3 studies, skin infections often follow skin injury, frequently recur for some people, are associated with overcrowding and deprivation; and are contagious. As a result of this work, a number of interventions or strategies are being developed. These include a health literacy resource by MoH, health promotion messages for radio and television and reviewing/treating the whole whānau rather than the individual. Wider determinants will also require focussed effort.

Reference: *N Z Med J.* 2012;125(1351):70-9.

<http://journal.nzma.org.nz/journal/abstract.php?id=5106>

Independent commentary by Dr Matire Harwood

Dr Matire Harwood (Ngapuhi) has worked in Hauora Māori, primary health and rehabilitation settings as clinician and researcher since graduating from Auckland Medical School in 1994. She also holds positions on a number of boards, committees and advisory groups including the Health Research Council. Matire lives in Auckland with her whānau including partner Haunui and two young children Te Rangiura and Waimarie.

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Addressing indigenous health workforce inequities: A literature review exploring 'best' practice for recruitment into tertiary health programmes

Authors: Curtis E et al

Summary: These researchers used a Kaupapa Māori Research (KMR) methodological approach to review the literature, with the aim of identifying 'best practice' for recruitment of indigenous secondary school students into tertiary health programmes with particular relevance to recruitment of Māori within a New Zealand context. While the current body of published literature remains scant as to Māori-specific recruitment, data are growing as to other indigenous and underrepresented minority populations. Of the 70 articles included in this review, few provided evidence of effectiveness. However, data indicate recruitment activity is occurring across a pipeline that extends from secondary through to tertiary education contexts and in some instances vocational (post-graduate) training. The study authors conclude that "achieving equity in health workforce representation should remain both a political and ethical priority".

Comment: An exceptional review of evidence on programmes aimed at building the indigenous health workforce. I understand that this review will inform the Māori health workforce programme at the University of Auckland and future evaluations of its effectiveness.

Reference: *Int J Equity Health*. 2012;11(1):13.

<http://www.equityhealthj.com/content/11/1/13/abstract>

Opportunities taken: the need for and effectiveness of secondary care opportunistic immunisation

Authors: Shingler S et al

Summary: The effectiveness of a formalised opportunistic immunisation system in a hospital setting was evaluated using data from a cohort of 5583 children in the National Immunisation Register cohort seen in a hospital setting, 1641 (29.4%) of whom were under-immunised, compared with the concurrent regional cohort of 15%. Māori children were less likely to be age-appropriately immunised (36.9% under-immunised; $p < 0.0005$). Of the 1641 under-immunised children, 337 (20.5%) were deemed to have current medical reasons not to be immunised acutely, and of the remaining 1304, 244 (18.7%) declined immunisations. Immunisation was therefore possible for 1060 children; 880 (83.0%) of them were immunised. All children were re-engaged with primary care services.

Comment: This paper goes some way to addressing debates on opportunistic immunisation in secondary care. As the authors note, all health professionals, irrespective of location or setting, should screen the immunisation status of all children who are in contact with the health services and deliver the necessary vaccine if appropriate. Importantly, the secondary services also recognised the need to support whānau to re-engage with primary care for follow-up immunisation and other care.

Reference: *J Paediatr Child Health*. 2012;48(3):242-6.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1754.2011.02231.x/abstract>

The science of research on racial/ethnic discrimination and health

Authors: US National Cancer Institute Division of Cancer Control and Population Sciences

Summary: This theme issue of the American Journal of Public Health focuses on links between racial/ethnic discrimination and health outcomes. The themed section opens with an article that reviews current measures, research approaches, data resources, and results of research on race/ethnicity-based health care discrimination. Subsequent articles centre on issues of measurement, implicit bias, perception of discrimination and institutional racism. The issue illustrates the state of the field, describes current methodology, identifies research gaps and suggests areas that should be considered for future research. It is intended to serve as a valuable resource for researchers in this topic area and will help position researchers, policy makers, and professionals at all levels of health care to address the effects of discrimination in the evolving health care environment. The full text of the articles may be accessed free of charge at <http://healthservices.cancer.gov/areas/disparities/supplement.html>. A single printed copy of the issue may be ordered online from the NCI Publications Locator (<https://pubs.cancer.gov/ncipl/home.aspx?s=1>).

Comment: This themed issue aims to highlight the need for and state of empirical research on racial/ethnic discrimination and its association with the health and health care received by ethnic minority populations. It features the findings from the recent study on racism in Aotearoa; and readers may also find the other papers of interest to them and/or relevant to their work.

Reference: *Supplement to the American Journal of Public Health*. 2012;102(5):930-1034.

<http://bit.ly/J5KRvW>

National prevalence of gout derived from administrative health data in Aotearoa New Zealand

Authors: Winnard D et al

Summary: National-level health data sets were examined to determine the prevalence of gout in the entire Aotearoa New Zealand population. Hospitalisation and drug dispensing claims for allopurinol and colchicine were obtained from the Aotearoa New Zealand Health Tracker (ANZHT) to estimate the prevalence of gout in 2009, stratified by age, gender, ethnicity and socioeconomic status ($n=4,295,296$), then compared with data from an independent large primary care data set (HealthStat, $n=555,313$). The all-ages crude prevalence of diagnosed gout in the ANZHT population was 2.69%. Similarly, the prevalence was 2.89% in the HealthStat population after standardising the data to the ANZHT population for age, gender, ethnicity and deprivation. The ANZHT data revealed that gout occurred more frequently in Māori and Pacific people (relative risk [RR] 3.11 and 3.59, respectively), in males (RR 3.58), in those living in the most socioeconomically deprived areas (RR 1.41) and in those aged >65 years (RR >40 ; p -value for all <0.0001). Notably, $>25\%$ of elderly Māori and Pacific men with diagnosed with gout.

Comment: One in four Māori men aged over 65 years will have gout! The wider impacts of gout are perhaps not reflected here but should also be taken into consideration including its relationship with other important health issues (such as cardiovascular disease, diabetes and renal failure); the implications for prescriptions (as many medicines can trigger acute gout); and the effects of pain on daily life.

Reference: *Rheumatology (Oxford)*. 2012;51(5):901-9.

<http://rheumatology.oxfordjournals.org/content/51/5/901>

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Indigenous and immigrant populations' use and experience of community pharmacies in New Zealand

Authors: Green JA et al

Summary: These researchers reviewed the literature on counselling in pharmacy and interaction length as an indicator of counselling quality, focusing on what services indigenous (Māori) and immigrant populations use pharmacies for, and length of interactions with pharmacy staff. 1,086 interactions were discretely observed in 36 pharmacies in 5 New Zealand cities. Māori or Pacific people, as well as men, were more likely to treat pharmacies as prescription 'depots'; they were less likely to buy over-the-counter or pharmacist-only medicines (ORs: 0.25 to 0.72). Demographic factors had scant influence upon interaction length (*IBIs* < 7.7 s). The study authors suggest that the weak effect of ethnicity on interaction length indicates that pharmacies are providing advice of relatively consistent quality to different population groups. They discuss possible barriers to use of pharmacies for primary healthcare, including over-the-counter medicines in Māori and Pacific people.

Comment: The authors have openly acknowledged the limitations to this study. However, these findings are of interest given the increasing attention given to the roles of community pharmacists in health promotion and management of chronic conditions.

Reference: *J Immigr Minor Health*. 2012 Jan 18. [Epub ahead of print]

<http://www.springerlink.com/content/2530445437637777/>

Results of a telehealth-enabled chronic care management service to support people with long-term conditions at home

Authors: Venter A et al

Summary: In this 12-month pilot investigation into the cultural acceptability of home-based remote telemonitoring among patients with chronic health conditions, there were no clear differences in quality of life at the end of the trial among those in the control group, whereas the telehealth group showed a consistent trend towards improved quality of life on several instruments, including the SF-36, the St George Respiratory Questionnaire and the K10 questionnaire; the improvement in the latter was significant. Hospitalisations were reduced in both the control (-19%) and telehealth group (-25%). Patient interviews indicated that the technology was acceptable to most patients and their families, including Māori.

Comment: I am aware that many rural health providers were waiting for the results of this project. It certainly appears that clients happily engaged with and liked the service. Further studies are required to test the clinical and cost effectiveness of it but these initial results hold some promise.

Reference: *J Telemed Telecare*. 2012;18(3):172-5.

<http://jtt.rsmjournals.com/content/18/3/172.abstract>

Pilot of Te Tomokanga: a child and adolescent mental health service evaluation tool for an indigenous population

Authors: McClintock K et al

Summary: This paper reports outcomes of an evaluation into the self-administered Te Tomokanga survey, designed to determine the cultural acceptability of Child and Adolescent Mental Health Services (CAMHS) for indigenous populations. It incorporates questions that examine CAMHS delivery in light of the Whare Tapa Whā,¹ a Māori comprehensive model of health with a focus on whānau involvement and culturally responsive services. This mail or telephone survey was completed by a cohort of 168 Māori whānau, whose children had been referred to one of the three types of CAMHS, mainstream, bicultural, and kaupapa Māori,² of the District Health Board in the Midland health region, an area with a large Māori population with high levels of social deprivation. The Te Tomokanga instrument was shown to have a similar factor structure to the North American questionnaire from which it had been derived. It identified issues relevant to Māori whānau satisfaction with CAMHS. The work supports the concept that Māori desire therapeutic methods consistent with the Whare Tapa Whā, such as whānau involvement and the importance of recognising culture and spirituality. Participants were generally positive about the services they received from the three different CAMHS types, which shows good acceptability of CAMHS for Māori. Satisfaction with CAMHS was related to whānau involvement and culturally delivered services.

1. The Whare Tapa Whā framework relies on a Māori worldview of health, a holistic approach advocating a balance between the four dimensions of the Taha Whānau (family), the Taha Tinana (physical), the Taha Hinengaro (cognitive or intellectual) and the Taha Wairua (spiritual). It is believed if one aspect is in distress then it impacts on the others causing tension and increased risk of poor health. Optimal health requires balance between all four dimensions.

2. Kaupapa Māori mental health services provide Māori dedicated clinical and cultural workforce for Māori service users.

Comment: Providers are increasingly asked to provide evidence of robust evaluations of their services. This paper provides an excellent and pragmatic approach to evaluations with Māori clients and their whānau; the tool could be replicated elsewhere.

Reference: *Int Indigenous Policy J*. 2012;3(1):5.

<http://ir.lib.uwo.ca/iipj/vol3/iss1/5>

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