Māori Health Review™

Making Education Easy

In this issue:

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. Ngā mihi o te wā me te Tau Hou ki a koutou katoa. Noho ora mai.

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.

Nga mihi

Matire

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Parent versus child reporting of tobacco smoke exposure at home and in the car

Authors: Glover M et al

Summary: These researchers analysed data on self-reported exposure to secondhand smoke from 3645 matched pairs of children aged 10–13 years and their parents (smokers and nonsmokers), who were participants in Keeping Kids Smokefree, a community-based study conducted in South Auckland from 2007–2009. There was approximately a 30% discordance between the self-reports of children and their parents, with parents significantly less likely than children to report smoking in homes or cars. Kappa scores for parent-child agreement by ethnicity ranged from 0.15 to 0.41 for smoking at home and 0.17 to 0.54 for smoking in cars. Results from 679 children who underwent biochemical testing for smoking exposure using exhaled carbon monoxide suggested that around 30% of children had been exposed to secondhand smoke, corroborating their self-reported proportion of 37% (baseline in the home) whereas few parents (11%) reported smoking in home or cars.

Comment: Interesting! The authors provide some good recommendations for similar research.

Reference: N Z Med J 2013;126(1375):37-47

http://journal.nzma.org.nz/journal/abstract.php?id=5674

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Primary Care Ethnicity Data Audit Toolkit

The Primary Care Ethnicity Data Audit Toolkit provides a framework for assessing the quality of ethnicity data in the primary health care setting. The Toolkit comprises three practice-administered tools to assess the quality of ethnicity data, systems for data collection, and recording and output processes. Possible quality improvement activities following the audit process are also provided. By using these tools primary care practices can assess their performance against current standards as outlined in **Ethnicity Data Protocols for the Health and Disability Sector** (Ministry of Health 2004) and the **Ethnicity Data Protocols Supplementary Notes** (Ministry of Health 2009).

The Primary Care Ethnicity Data Audit Toolkit is available at:
http://www.health.govt.nz/publication/primary-care-ethnicity-data-audit-toolkit

For more information, please go to http://www.maorihealth.govt.nz

Hyperuricaemia and gout in New Zealand rural and urban Māori and non-Māori communities

Authors: Stamp LK et al

Summary: This investigation into the prevalence of gout and hyperuricaemia among Māori and non-Māori community samples recruited 751 participants aged 20–64 years by random selection from the electoral roll. Māori samples were selected from among those identified as being of Māori descent on the roll and who self-identified as being of Māori ethnicity at interview. Mean serum urate was 0.30 mmol/L. Compared with non-Māori, Māori had a significantly higher prevalence of hyperuricaemia (serum urate >0.40 mmol/L) (17.0% vs 7.5%; p=0.0003) and also gout (10.3% vs 2.3%; p<0.0001). Although 18 of the 57 patients with gout were receiving urate-lowering therapy, management was suboptimal, with serum urate was >0.36 mmol/L in 38.9%. Participants with gout were more likely to have comorbidities (metabolic syndrome, diabetes, cardiac disease or hypertension).
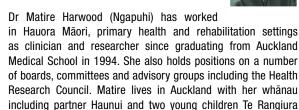
Comment: Another interesting review of rate and management of gout and hyperuricaemia between Māori and non-Māori. Management is critical.

Reference: Intern Med J 2013;43(6):678-84

http://onlinelibrary.wiley.com/doi/10.1111/imj.12062/abstract

The burden of cancer in New Zealand: a comparison of incidence and DALY metrics and its relevance for ethnic disparities

Authors: Costilla R et al

Summary: These researchers used Markov and cancer disease models to estimate cancer burden measured in disability adjusted life years (DALYs), using data from 27 cancer sites diagnosed in 2006. The age-standardised Māori:non-Māori incidence rate ratios were 1.00 for males and 1.19 for females and higher for DALYs (1.42 and 1.68, respectively). The total burden of cancer for 2006 incident cases (i.e. not age-standardised) was estimated to be approximately 127,000 DALYs. Breast (27%), lung (14%) and colorectal (13%) cancers for females and lung (16%), colorectal (14%) and prostate (16%) cancers for males were the top contributors. By ethnicity, Māori experienced a substantially higher burden from lung cancer (around 25% for both sexes).

Comment: Māori cancer burden is considerably higher than non-Māori cancer burden, more so than inequality in incidence rates alone would have suggested. Other notable ethnic variations in cancer burden included a greater percentage contribution of stomach and liver cancer among Māori, compared to a greater contribution of haemopoietic and melanoma cancers among non-Māori.

Reference: Aust N Z J Public Health 2013;37(3):218-25

http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12062/abstract

Indigenous Māori perspectives on urban transport patterns linked to health and wellbeing

Authors: Raerino Ngāti Awa Te Arawa K et al

Summary: These researchers describe their exploration into the connections between urban transport and the health and wellbeing of Māori, the indigenous people of New Zealand (NZ). Using Kaupapa Māori methodology (an indigenous research methodology), 19 Māori participants were interviewed. The data highlighted the importance of accessing cultural activities and sites relevant to 'being Māori', and issues with affordability and safety of public transport. The paper stresses the importance of understanding the relationship between indigenous wellbeing and transport systems in such a way that extends beyond limited discourses of inequity, for delivering improvements in transport for indigenous wellbeing. It concludes that providing an indigenous voice in transport decision-making will make it more likely that indigenous health and wellbeing is prioritised in transport planning.

Comment: A very interesting study that attempts to 'provide insights into the complex relationships between transport systems and indigenous health, from an indigenous perspective'.

Reference: Health Place 2013;23C:54-62

http://www.sciencedirect.com/science/article/pii/S1353829213000671

For more information, please go to http://www.maorihealth.govt.nz

Ethnic disparities in the quality of hospital care in New Zealand, as measured by 30-day rate of unplanned readmission/death

Authors: Rumball-Smith J et al

Summary: This retrospective analysis of data from 89,658 patients who were admitted for one of a defined set of surgical procedures at NZ public hospitals between 2002 and 2008 compared the quality of hospital care for NZ Māori and NZ European adult patients, using the rate of unplanned readmission or death within 30 days of discharge as an indicator of quality. Covariate-adjusted logistic regression analysis revealed that NZ Māori had 16% higher odds of readmission or death compared with NZ European patients. Readmission or death was also associated with being female (OR 1.09), older age (OR 1.33; for >79 years compared with 18–39 years), higher comorbidity (OR 2.08; for Charlson score 3+ compared with 0) and higher hospital volume (OR 0.81; for lowest volume compared with highest).

Comment: The findings made me think about measuring quality in other settings (i.e. unplanned readmission rates for medical and paediatric patients); the need to measure quality by ethnicity at DHBs; and ways to improve quality of care for Māori within hospitals.

Reference: Int J Qual Health Care 2013;25(3):248-54

http://intqhc.oxfordjournals.org/content/25/3/248

Local government alcohol policy development: case studies in three New Zealand communities

Authors: Maclennan B et al

Summary: These researchers examined local government responses to alcohol-related problems in NZ communities and sought to identify factors that influence the formulation and adoption of alcohol policy. The research was guided by two conceptual frameworks: Kingdon's Streams model and the Stakeholder model of policy development. Three communities were selected for in-depth investigation: a rural town, a provincial city and a metropolitan city. Newspaper reports, local government documents and key informant interviews were used to collect data which were analysed according to the Streams and Stakeholder models. Kingdon's theoretical concepts associated with increased likelihood of policy change seemed to apply in the rural and metropolitan communities, whereas the political environment in the provincial city did not encourage the adoption of alcohol restrictions. The Stakeholder model highlighted differences between the communities in terms of power over agenda-setting and conflict between politicians and bureaucrats over policy solutions to alcohol-related harm. These differences were reflected in the ratio of policies considered versus adopted in each location.

Comment: A great example of how the political process, even at a local level, can not only empower/disempower communities but impact on health outcomes.

Reference: Addiction 2013;108(5):885-95

http://onlinelibrary.wiley.com/doi/10.1111/add.12017/abstract

'Where do I go from here'? A cultural perspective on challenges to the use of hospice services

Authors: Frey R et al

Summary: This paper describes outcomes from a project that set out to identify the challenges to hospice service access for NZ Māori, Asian and Pacific patients. The researchers conducted qualitative interviews with 37 cancer patients (Māori, Pacific and Asian self-identified ethnicities), whānau/family and bereaved whānau/family, as well as 15 health professionals (e.g. referring GPs, oncologists, allied health professionals) within one District Health Board. Patients and their families included both those who utilised hospice services, as well as non-users of hospice services identified by a health professional as having palliative care needs. The paper reports a lack of awareness in the communities of available services, and continuing misconceptions concerning the nature of hospice services. Language barriers are a problem for Asian patients and their families. Respondents reported issues concerning the ethnic representativeness of the hospice services staff. The paper makes suggestions as to how hospices can provide high-quality evidence-based palliative care services for patients and families and consultative services to primary healthcare providers in the community.

Comment: Further work that highlights the challenges people/ whānau face when requiring palliative care.

Reference: Health Soc Care Community. 2013 May 3. [Epub ahead of print]

http://www.unboundmedicine.com/medline/citation/23638970/

CCID Report(s)

The Distribution of Household Crowding in New Zealand: An analysis based on 1991 to 2006 Census data provides evidence that the relative risk of developing CCIDs is higher for Māori and Pacific who are also more likely to be exposed to higher rates of household crowding.

Infectious Diseases Attributable to Household Crowding in New Zealand: A Systematic Review and Burden of Disease Estimate is a systematic review and meta-analysis exploring the relationship between household crowding and ten CCIDs.

Links to both reports funded by the Ministry of Health are available on the University of Otago website at http://www.healthyhousing.org.nz/

For more information, please go to http://www.maorihealth.govt.nz

Qualitative exploration of family perspectives of smoke-free mental health and addiction services

Authors: Missen RL et al

Summary: This qualitative analysis of family and whānau perspectives of smoke-free mental health services identified a number of barriers to the implementation of successful smoke-free policy, including lack of coordination and consistency, and limited, if any, family and whānau inclusion. Family and whānau discussed smoking as a strategy for coping with anxiety and boredom; other activities and strategies to replace smoking are therefore necessary for effective service delivery. The thematic analysis also identified the attitude that mental health service policy should be different from general health policy, due to the experience of mental distress.

Comment: A recent audit in a primary care clinic showed that people with mental health diagnoses were least likely to be offered smoking cessation support. People stated that they were never asked; clinicians stated that they didn't ask because they perceived smoking as a coping strategy for their clients. All people have a right to good care, including support to quit smoking. As the authors say here, this will require collaboration with stakeholders to 'make it work'.

Reference: Int J Ment Health Nurs 2013;22(4):294-303
http://onlinelibrary.wiley.com/doi/10.1111/j.1447-0349.2012.00882.x/abstract

NEW

Midwifery Research Review™

Midwifery Research Review is a new publication that contains a selection of recently published papers on research important to midwifery practise. Expert commentary is provided by Jackie Gunn who has been involved in leadership of midwifery education at AUT University for more than two decades. She is the National Educational Consultant on the NZ College of Midwives, of which she is a foundation member. Jackie has practised midwifery in tertiary and primary maternity units and also as an LMC midwife and has a particular interest in midwifery practices that support physiological pregnancy, childbirth and transition to parenthood processes, midwifery education, and development of midwifery practice.

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The impact of patient and practice characteristics on retention in the diabetes annual review programme

Authors: Keenan R et al

Summary: This study assessed data from 78 practices and 6610 patients with type 2 diabetes participating in the diabetes annual review (DAR) programme, in this investigation into the effect of patient and practice characteristics on the retention of patients. Patients had a DAR in the July 2006 to June 2007 reporting year and remained enrolled with the same practice for the following 3 years. Non-Māori and those aged ≥60 years were more likely to be retained in the programme. For practice factors, those with a higher Practice Nurse:GP ratio had a significant retention advantage. Rurality and funding type did not significantly influence retention.

Comment: Although the authors talk about 'patient factors' playing a role in retention in DAR, in fact all they've shown are ethnic disparities in retention, which will reflect wider factors including access to and quality through the DAR process.

Reference: J Prim Health Care 2013;5(2):99-104
http://www.ncbi.nlm.nih.gov/pubmed/23748390

Principles for research on ethnicity and health: the Leeds Consensus Statement

Authors: Mir G et al

Summary: Outcomes are reported from a consensus-building Delphi exercise undertaken with leading academics, practitioners and policymakers from a broad range of disciplinary backgrounds to assess whether consensus on key principles could be achieved. The exercise identified 10 key principles for conducting research on ethnicity and health, covering the following areas: the aims of research in this field; how such research should be framed and focused; key design-related considerations; and the direction of future research. Participants expressed a common concern that the generation and application of research evidence should contribute to better healthcare experiences and health outcomes for minority ethnic people.

Comment: As the authors say, these principles are specific to the UK context. They may provide a base for obtaining a broader consensus, but any such activity should go beyond 'geographical' or 'political borders' to include indigenous research and health expertise.

Reference: Eur J Public Health 2013;23(3):504-10
http://bit.ly/1OTof46

Māori Health Review and Ministry Publications

A-Z GUIDE

An **A to Z guide** is now available on the Māori Health website: **www.maorihealth.govt.nz**
The **A to Z guide** is a tool designed to help you locate research literature on Māori health topics.

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