Māori Health Review

Making Education Easy

Issue 7 – 2007

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Tena koutou, tena koutou, tena taatou 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

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Addressing parental concern regarding childhood immunisations

Authors: Levi BH

Summary: A CD-ROM-based tutorial *Addressing Parents Concerns About Childhood Immunizations: A Tutorial for Primary Care Providers* has been developed. The tutorial provides information which explains the nature and origins of parents concerns, discusses the potential clinical implications of reluctance to vaccinate, and the professional and ethical obligations of physicians toward both parents and children. The aim of this study was to test the effectiveness of the tutorial. Subjects were 122 paediatric and family medicine residents at 7 training programmes across 4 states. A 26-item pretest/posttest was used to assess knowledge and attitudes. Improvements in residents' general knowledge, knowledge of adverse effects of immunisation and attitudinal measures were both statistically and clinically significant. The authors suggest that use of the tutorial may help to improve communications between parents and primary care health providers on this subject.

Comment: The number of vaccinations in NZ is increasing with recent additions to the National Immunisation Schedule including MenzB (4 shots for newborns) and Pneumococcal vaccinations. One possible repercussion is that parents, worried about the effectiveness or side effects, choose to forego immunisations for their child. Therefore a resource such as this is timely for providers. Effective communication, including the ability to address parents' concerns, is particularly important.

Reference: Pediatrics 2007; 120(1):18-26

http://pediatrics.aappublications.org/cgi/content/abstract/120/1/18

Tracking Disparity: Trends in ethnic and socioeconomic inequalities in mortality, 1981–2004

MANATŪ HAUORA
MINISTRY OF HEALTH

Tracking Disparity: Trends in ethnic and socioeconomic inequalities in mortality, 1981–2004 is the fourth in the *Decades of Disparity* series on ethnic and socioeconomic inequalities in health. It has been jointly published by the Ministry of Health and Otago University, Wellington. The key finding of the report is that inequalities in health between ethnic and income groups in New Zealand have now begun to stabilise and may have even begun to narrow. The publication can be downloaded from www.moh.govt.nz or can be ordered in hard copy (email: moh@wickliffe.co.nz or call (04) 496 2277 quoting HP4418).

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

Reclaiming the past to inform the future: Contemporary views of Māori sexuality

Authors: Aspin C and Hutchings J

Summary: This paper explores how Māori sexuality was experienced in the pre-European era. Reference sources included historical accounts including oral histories, archival material and depictions of Māori sexuality from art forms such as carvings. This was supplemented by more recent information from the Māori Sexuality Project. The authors describe a view of Māori sexuality which is markedly different from the Western colonialist view, as promoted by many Christian churches. They suggest that traditionally Māori embraced sexual diversity and difference and discuss the implications of these findings in relation to the sexual rights and health of Māori.

Comment: This paper is particularly interesting. Not only do the authors weave matauranga tuku iho about Māori and sexuality with contemporary information, they do so within a kaupapa Māori framework. The paper describes the ways in which our knowledge/history and behaviour can be imposed upon and controlled by particular bodies, but also how we can resist such oppression.

Reference: Culture, Health and Sexuality 2007; 9(4):415-427

http://www.informaworld.com/smpp/content~content=a779853956~db=all

Strengthening Māori participation in the New Zealand health and disability workforce

Authors: Ratima MM et al

Summary: The authors report on progress toward developing stronger Māori participation in the New Zealand health and disability workforce over the last 15 years. They note that "substantial progress" has been made, and that this should ensure a good basis for continuing efforts in this area. Factors which have contributed to this success include Māori leadership, mentorship and peer support, and comprehensive support within study programmes, and in the transitions between school, university and work. The authors suggest that these approaches may also be valuable for health workforce development for other indigenous peoples.

Comment: An excellent paper that highlights many of the Māori led programmes which aim to develop the Māori health and disability workforce. The authors have identified and listed the factors that appear to contribute to the success of the schemes. Recruitment and retention of the Māori health and disability workforce is a major issue. Many providers, DHBs and educational organisations are looking for inspiration and this paper may provide it.

Reference: MJA 2007; 186:541–543

https://www.mja.com.au/public/issues/186_10_210507/rat10326_fm.pdf

Effectiveness of interventions to prevent youth violence

Authors: Limbos MA et al

Summary: This systematic review of 41 studies examined the effectiveness of interventions to combat youth violence. Interventions were classed as primary (universally implemented in order to prevent violence), secondary (selectively targeted toward youths at risk for violent behaviour) or tertiary (directed toward those with existing violent behaviour). Interventions which were effective (statistically significant) comprised 49% of those assessed. Interventions at the tertiary level were more likely to be effective than primary or secondary level interventions. In conclusion *"increasing effectiveness was reported as the level of intervention increased from primary to tertiary. Approaches to evaluate prevention interventions need to be clarified and standardized."*

Comment: As Pita Sharples and other Māori leaders have commented in the media following the recent child abuse cases, many communities have taken it upon themselves to address issues such as youth violence. This paper may only confirm what people are already doing, but it may also provide valuable information about programmes, in particular what is effective and therefore where to focus efforts.

Reference: Am J Preventative Medicine 2007; 33(1):65-74

http://www.sciencedirect.com/science?

Skin infections of the limbs of Polynesian children: A kaupapa Māori critique

Authors: Jones R et al

Summary: The authors critique a paper titled *Skin infections of the limbs of Polynesian children* which was published in the New Zealand Medical Journal on 23 April 2004 (http://www.nzma.org.nz/journal/117-1192/847/). A number of issues were identified. These included a lack of description of how ethnicity was determined; failure to identify New Zealand Māori as a distinct ethnic group, instead using the blanket term 'Polynesian'; an inadequate analysis of the results which did not consider potentially key factors such as socioeconomic status and differential access to healthcare; and a suggestion that genetic factors might affect infection rates in Polynesian children. The authors find that the article *"falls well short of the standard required of publication in a peer-reviewed journal"* and question the rigour of the peer-review process. They conclude by providing a positive example of how a more comprehensive approach can address the same issues, citing a collaboration between Capital & Coast DHB, Hutt Valley DHB and Regional Public Health.

Comment: Although a 'Letter to the Editor' rather than journal article, I have included this reference for a number of important reasons. Firstly, it is an excellent example of critiquing research from a Kaupapa Māori stance. Secondly, it illustrates the importance of informing the appropriate audience (such as the editor of the journal and potential readers) about problems with the original research. Finally, it may be appropriate to work as a group when confronting issues such as these.

Reference: Journal NZMA 2004; 117(1200)

http://www.nzma.org.nz/journal/117-1200/1032/

Unequal treatment: confronting racial and ethnic disparities in healthcare

Authors: Smedley BD et al

Summary: This book documents the evidence for racial and ethnic disparities in healthcare. The authors explore how disparities arise, how they are experienced and their consequences for the quality of healthcare received. They also analyse the attitudes, expectations and behaviour of patients and providers. Recommendations for areas where disparities could be reduced are outlined, including medical care, financing, allocation of care, availability of language translation, and community-based care. Opportunities for using cross-cultural education are discussed, and recommendations for data collection and research initiatives are provided.

Comment: Unequal Treatment, a report from the Institute of Medicine, is the pre-eminent study of ethnic disparities in healthcare in the United States. The systematic review of available literature found that ethnic disparities in healthcare exist and because they are often associated with worse outcomes, are unacceptable. This report focuses on two possible sites for change – the operation of healthcare systems including the legal/regulatory climate and discrimination at the individual, provider-patient level. The authors have made a number of pertinent recommendations including increasing awareness of ethnic disparities in healthcare among the general public, key stakeholders and particularly providers. These recommendations have clear and direct implications for healthcare providers, research organisations and academic institutions here in Aotearoa, through identification of quality improvement innovations and creating solutions.

Reference: ISBN 978-0-309-08265-5

http://books.nap.edu/execsumm_pdf/10260.pdf

Racial and ethnic variation in access to healthcare, provision of healthcare services, and ratings of health among women with histories of gestational diabetes mellitus

Authors: Kim C et al

Summary: Subjects in this cross-sectional study were 4,718 women aged 18 to 44 years who were at risk for type 2 diabetes due to a history of gestational diabetes mellitus. Racial and ethnic variations in access to healthcare, use of particular healthcare services, presence of cardiovascular risk factors, and perceptions of health and impairment were assessed using a national, population-based, random sample telephone survey. Around 20% of those surveyed had no primary healthcare provider and no health insurance and reported cost barriers to access healthcare. Suboptimal outcomes were reported across racial and ethic groups. The most disadvantaged group were Latin Americans: 40% had no health insurance and no primary care provider, and 25% reported suboptimal perceptions of health. The most advantaged group (in terms of healthcare access, cholesterol and blood pressure elevation, and impaired physical health) were Asians and Pacific Islanders. Healthcare access and other covariates did not fully explain racial and ethnic variations in healthcare use and presence of risk factors.

Comment: Gestational diabetes (GDM) is a type of diabetes that occurs for the first time during pregnancy. In NZ, it is more common in Māori and Pacifica women. GDM is a major risk factor for developing type 2 DM later in life for both the mum and her baby, particularly if it isn't diagnosed or treated properly. Appropriate management includes antenatal testing (the oral glucose test is the gold standard) and regular tests for any woman who has a history of GDM (annually from the birth of their child).

Reference: Diabetes Care 2007; 30:1459-65

http://care.diabetesjournals.org/cgi/content/abstract/30/6/1459

Panui

The Māori Health Research team from Health Research Council (HRC) is taking its roadshow around the country between August 27 and September 7 2007.

The purpose of the roadshow is to profile HRC funding opportunities for Māori health research.

For more information about meetings in each region or to request a presentation from the HRC at your organisation, please contact Everdina Fuli at efuli@hrc.govt.nz

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Population prevalence and risk factors for iron deficiency in Auckland

Authors: Scragg R

Summary: The authors aimed to provide an accurate estimate of the prevalence of iron deficiency (ID) in New Zealand children aged 6 to 23 months. Subjects were identified from a random, ethnically stratified sample. Children with 2 or more of the following abnormal values were considered to have ID: serum ferritin (< 10 µg/L); iron saturation (< 10%); mean cell volume (< 73 fl). Overall prevalence of ID was 14% (95% CI 9 to 17%). There were significant associations between ID and ethnicity (Māori 20%, Pacific 17%, other 27%, New Zealand European 7%, p = 0.005). Social deprivation did not predict ID. Multivariate analysis found a correlation between ID and BMI > 18.5 kg/m^2 (RR 4.34, 95% CI 1.08 to10.67) and with receiving no infant or follow-on formula (RR 3.60, 95% CI 1.56–6.49). Children at increased risk of ID include those with more rapid growth, and those who receive milk other than infant or follow-on formula. These results suggest that cultural practices may influence iron status.

Comment: Vitamin C, when consumed at the same time as food containing iron, has been shown to improve iron absorption and therefore reduce the risk for iron deficiency (ID). The most common source for vitamin C in NZ is fruit and therefore people with ID are encouraged to eat fruit or drink fruit juice with their iron (meat, fish or other source). A recent study found that Māori children were more likely to have fruit as snacks between meals whereas NZ European children had fruit with their meals. Given the increased risk for ID in Māori children, well child/tamariki ora providers should encourage parents to include fruit with meals for their babies/toddlers. Formula milk is another important source of iron for babies up to one year old who are not breast fed. Barriers to formula milk such as cost must be addressed.

Reference: J Paediatrics & Child Health 2007; 43(7-8):532-538
http://www.blackwell-synergy.com/doi/abs/10.1111/j.1440-1754.2007.01129.x

Strategies to promote healthier food purchases: a pilot supermarket intervention study

Authors: Mhurchu CN et al

Summary: This 12-week pilot study tested the design and methodology for a future randomised controlled trial of interventions to promote healthier food purchasing. Participants were customers of the participating supermarket (in Wellington) and were the main shoppers for their household. Each was randomised to 1 of 4 trial conditions comprising price discounts, nutritional education, a combination of both, or no intervention. Data on purchases were collected using the 'Shop 'N Go' electronic purchase system. The study found this method of electronic data collection was an effective way to measure the effects of the study interventions. Participant follow-up rate was 98%, and 85% of supermarket purchases were captured by the data collection system. However the authors noted difficulties recruiting sufficient numbers of Māori, Pacific and low-income participants.

Comment: It is unfortunate that the researchers have had problems recruiting Māori, Pacifica and low income shoppers to this study, particularly given the fact that the interventions (culturally appropriate nutritional education and discounts) are aimed essentially at these groups. As a pilot to a larger RCT, I hope that the modified recruitment strategies for Māori, Pacifica and low income shoppers work. The researchers would certainly appreciate any further feedback or advice from readers to improve Māori participation in this study.

Reference: Public Health Nutrition doi:10.1017/S136898000735249X
http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=826280