

# Māori Health Review™

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Issue 48 - 2014

## In this issue:

- > *Ethnic disparities in hepatocellular carcinoma*
- > *Developing an indigenous medical workforce*
- > *Māori sole mothers' access to primary health care*
- > *Maori cancer patients' experiences of health services*
- > *Health and wellbeing of secondary school students*
- > *Hospitalisation predictors two years after first-episode psychosis treatment*
- > *The burden of stomach cancer in indigenous populations*
- > *Perceived racial discrimination and hypertension*
- > *Outcomes of a healthy start program*
- > *Racism and Health*

### 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

Dr Matire Harwood

[matire@maorihealthreview.co.nz](mailto:matire@maorihealthreview.co.nz)

### Incidence and management of hepatocellular carcinoma among Māori and non-Māori New Zealanders

**Authors:** Chamberlain J et al.

**Summary:** To examine time trends and ethnic disparities in hepatocellular carcinoma (HCC) incidence, risk factors, comorbidity and treatment pathways, data from Jan 1 2006 to Dec 31 2008 were analysed and identified 97 Māori and 92 non-Māori patients with HCC for hospital note review. Time trends were determined from NZ population (1981–2004) cohorts linked probabilistically to cancer registry records. The incidence of liver cancer was higher in Māori across all time periods. In comparison with non-Māori, Māori males had almost a 5-fold higher rate of liver cancer (RR 4.79; 95% CI 4.14-5.54), while Māori females had a 3-fold higher rate (RR 3.02; 95% CI 2.33-3.92). Tumour characteristics and treatment of Māori and non-Māori patients with HCC did not differ. Hypertension was more common in Māori (51% vs 25%) while cirrhosis was more common in non-Māori (62% vs 41%). Hepatitis B prevalence in Māori patients was double that of non-Māori (56% vs 27%), while the HR for cancer-specific death was 1.36 (95% CI 0.96-1.92) for Māori versus non-Māori.

**Comment:** This is a timely reminder that hepatitis B, and resultant liver cancer, continue to be major health issues for Māori.

**Reference:** Aust N Z J Public Health 2013;37(6):520-26

[Abstract](#)

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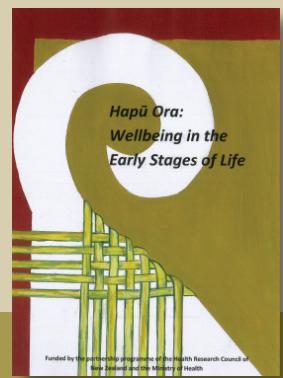
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## Hapū Ora: Wellbeing in the early stages of life

The research report **Hapū Ora: Wellbeing in the early stages of life** was released on 8 November 2013. Hapū Ora draws on life course, epigenetic and social determinants approaches, along with Māori concepts of pregnancy and wellbeing, to identify four key priorities for future Māori maternal health research. The report was developed by Massey University's Whāriki Research Group and jointly funded by the Ministry of Health and the Health Research Council of New Zealand.

The report is available to download from the Massey University website:

<http://www.massey.ac.nz/massey/learning/departments/centres-research/shore/projects/hapu-ora.cfm>



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

[www.maorihealthreview.co.nz](http://www.maorihealthreview.co.nz)

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## Developing an indigenous surgical workforce for Australasia

**Authors:** Aramoana J et al.

**Summary:** This literature review aimed to identify factors used to attract indigenous students into medical careers, interventions required to achieve graduation and factors that encourage entry into specialist training programmes and faculty appointments. All medical schools studied used elements of a 'pipeline approach' including secondary school contact to encourage aspirational goals and subject selection. Bridging courses are used to ensure students have appropriate skills before entering medical training and extensive practical help is provided. Elements required for primary medical qualification are also necessary for postgraduate achievement success (dedicated and focused study, development of appropriate skills, mentoring, support and institutional and collegial commitment).

**Comment:** It was fantastic to see the Hui for this particular topic – developing an indigenous surgical workforce – covered by Māori media last year. As the authors assert, a pipeline approach into and through medical schools is required.

**Reference:** ANZ J Surg. 2013;83(12):912-7

[Abstract](#)

## Māori Health Review

### 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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**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.

Research Review publications are intended for New Zealand health professionals.

## Health Literacy and the Prevention and Management of Skin Infections

The research report *Health Literacy and the Prevention and Management of Skin Infections* was released on 13 November 2013. The report identifies effective health literacy interventions to strengthen the prevention and management of skin infections for Māori children under 15 years of age and includes a set of skin infection resources designed to improve both the health information available to Māori parents/caregivers, and patient/health provider communication. The resources are action oriented and focus on enabling both children and Māori parents/caregivers to identify, manage and prevent a range of skin infections. The report was developed by Workbase Education Trust with funding from the Ministry of Health.

The report and resources are available to download from the Workbase Health Literacy website:  
<http://www.healthliteracy.org.nz/research-and-projects/>

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

## Barriers to Maori sole mothers' primary health care access

**Authors:** Lee R and North N

**Summary:** This qualitative exploratory study, employing general inductive techniques informed by a Kaupapa Māori approach, considered the access of seven Māori sole mothers' to health services for personal health needs, particularly focussing on primary health care. The major barrier to health care access was cost. Additional barriers included compounding cost, transport difficulties, service location and scheduling. Child-related issues that acted as a barrier to access, included the prioritisation of children's needs and childcare over personal health.

**Comment:** Barriers in access to primary health care are often described as single factors that may or may not interact with each other; and that, in the end, influence a person's behaviour. However, this study puts the focus back on a system that creates and maintains those barriers.

**Reference:** J Prim Health Care 2013;5(4):315-21

[Abstract](#)

## 'It's whanaungatanga and all that kind of stuff': Maori cancer patients' experiences of health services

**Authors:** Slater T et al.

**Summary:** This research examined the experience of cancer screening, diagnosis, treatment, survival and palliative care of 12 Māori patients and their whanau through semi-structured interviews to identify factors that facilitate or inhibit use of cancer care services. Key areas identified include the experience of support, continuity of care and the impact of financial and geographic constraints. In conjunction with interpersonal rapport, a more positive experience was facilitated by a long-term relationship with a primary health provider, suggesting that those with a 'medical home' are more satisfied with their care and report fewer service coordination problems.

**Comment:** The experience of whanau with cancer has received little attention, despite the higher cancer rates, and ongoing calls to improve cancer care pathways for Māori. Māori health and primary care providers alike will hopefully use the information gained here to develop appropriate services.

**Reference:** J Prim Health Care 2013;5(4):308-14

[Abstract](#)



## Health and well-being of secondary school students in New Zealand: trends between 2001, 2007 and 2012

**Authors:** Clark T et al.

**Summary:** This analysis of data from three surveys between 2001 and 2012 aimed to describe indicators of wellbeing and health of secondary school students in New Zealand. Significant reductions (adjusted OR) between 2001 and 2012 were reported for cigarette use (0.27; 95% CI 0.23-0.32), alcohol use (0.39; 95% CI 0.33-0.46), marijuana use (0.37; 95% CI 0.31-0.43), sexual abuse (0.52; 95% CI 0.46-0.58), fighting (0.63; 95% CI 0.55-0.73), seatbelt use (1.47; 95% CI 1.31-1.65) and risky driving behaviours (0.39; 95% CI 0.33-0.45). There were also improvements (adjusted OR) in positive connections to school for variables including the perception that the school cares (1.22; 95% CI 1.10-1.35), liking school (1.55; 95% CI 1.33-1.82) and good family relationships (1.83; 95% CI 1.70-1.97). Parameters that failed to improve and were poor in comparison with international estimates were condom use at last sexual intercourse (adjusted OR 0.77; 95% CI 0.68-0.87), daily physical activity (0.88; 95% CI 0.78-0.99) and being overweight/obese (1.09; 95% CI 0.92-1.31). Other indicators that did not improve were exposure to family violence (adjusted OR 1.37; 95% CI 1.11-1.68) and depressive symptoms (1.03; 95% CI 0.91-1.17).

**Comment:** I was fortunate to attend the launch of the Māori Youth Health Survey Report in December 2013 and wish to commend the researchers for their determined efforts in this study, and Minister Turia for her speech at the event, where she provided a great analysis of the findings and what they mean for whanau. As the authors highlight, whilst there have been some outstanding improvements in youth health over the past decade, there is much still to be done.

**Reference:** J Paediatr Child Health 2013;49(11):925-34

[Abstract](#)

## Predictors of hospitalization two years after treatment for first-episode psychosis

**Authors:** Turner MA et al.

**Summary:** Researchers from Christchurch studied sociodemographic and clinical factors predicting hospital admission after early intervention for psychosis services treatment in 231 patients between 2000 and 2005. Most patients (78%) were admitted before or during treatment, while 29% were admitted after completing the program. Māori ethnicity, older age, a domestic partner at referral, a lower Global Assessment of Functioning score, and hospitalisation before and during treatment significantly predicted the number of post-treatment hospital admissions.

**Comment:** The authors, in identifying ethnic differences in outcomes for this intervention, have focussed on the need for services to improve cultural responsiveness. Whilst this is important, a review of the quality of care into and through the program by ethnicity, would also be useful.

**Reference:** Psychiatr Serv. 2013;64(12):1230-5

[Abstract](#)

## Mātāwhenua: Rural Hospitalisations 2007-2011

**Mātāwhenua: Rural Hospitalisations 2007-2011** was released on 24 December 2013. The report presents data on public hospitalisations for Māori and non-Māori living in rural areas. It supplements the main report on Māori rural health, **Mātāwhenua: Health of Rural Māori** which presents an analysis of the health of Māori and non-Māori people living in rural areas and urban areas using data from death registrations, health and disability surveys and socioeconomic data. **Mātāwhenua: Rural Hospitalisations 2007-2011** focuses on disparities between Māori and non-Māori living in rural areas using public hospital data. Both reports were written by Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago, and commissioned by the Ministry of Health.

Download a copy of **Mātāwhenua: Rural Hospitalisations 2007-2011** online at  
<http://www.health.govt.nz/publication/matawhenua-rural-hospitalisations-2007-2011>

**Mātāwhenua: Health of Rural Māori 2012** is available at  
<http://www.health.govt.nz/publication/matawhenua-health-rural-maori-2012>

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

## The burden of stomach cancer in indigenous populations: a systematic review and global assessment

**Authors:** Arnold M et al.

**Summary:** A systematic review was conducted to examine the burden of stomach cancer among indigenous peoples worldwide. Increased rates of stomach cancer incidence and mortality were observed in almost all indigenous peoples considered (indigenous Australians, Māori, circumpolar indigenous peoples, native Americans and Alaskan natives, and the Chilean Mapuche) when compared to the corresponding non-indigenous population in the same region or countries, particularly among the Inuit in the circumpolar region (standardised incidence ratios; males 3.9, females 3.6) and Māori (males: 2.2, females: 3.2).

**Comment:** Rates of infection with *Helicobacter pylori* appear to be higher for Māori than NZ European populations in South Auckland, as demonstrated in a paper included in the last issue of Māori Health Review. This paper goes further to link *H. pylori* infection, and other wider health determinants, to stomach cancer; as well as providing strategies to address these risk factors in order to reduce stomach cancer burden.

**Reference:** Gut. 2014;63(1):64-71

[Abstract](#)

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## Perceived racial discrimination and hypertension: A comprehensive systematic review

**Authors:** Dolezal CM et al.

**Summary:** This systematic review evaluated the association between perceived racial discrimination and hypertensive status including systolic, diastolic and ambulatory blood pressure (BP). A total of 44 published studies including a total of 32,651 subjects were included in the analysis. Perceived racial discrimination was associated with hypertensive status (Fisher's Z score for hypertension 0.048; 95% CI 0.013-0.087), but not with resting BP (systolic 0.011; 95% CI -0.006-0.031), diastolic 0.016, 95% CI -0.006-0.034). Factors that amplified the relationship included male sex, Black race, older age, lower education and hypertensive status. Nighttime ambulatory BP was most strongly associated with perceived discrimination, especially among Blacks.

**Comment:** Normally a person's BP will lower at night, when they are not stressed. However, as Nancy Krieger, David Williams and others posit, there is no such 'dip' in BP for people who experience racial discrimination. As a result, such people are subjected to sustained elevated BP or a form of 'chronic stress.' This in turn is said to cause early aging and is associated with higher risk for cardiovascular disease (heart attacks, strokes); and as the authors of this paper argue, may explain disparities in health outcomes by ethnicity.

**Reference:** *Health Psychol.* 2014;33(1):20-34

[Abstract](#)

## Improved birth weight for black infants: outcomes of a healthy start program

**Authors:** Kothari CL et al

**Summary:** This study examined the effectiveness of the Healthy Babies Healthy Start maternal health program that emphasizes racial equity and home visitation, in improving birth outcomes for Black relative to White women using Michigan state- and Kalamazoo County-level birth certificate records from 2008-10. In spite of a 2-fold higher smoking rate, Black health program participants delivered higher birth-weight infants than did Black nonparticipants ( $p = 0.05$ ). Although White participants received significantly more prenatal care than White nonparticipants, they experienced similar birth outcomes.

**Comment:** Highlighting the fact that a Healthy Start Program designed with 'equity' in mind has the potential to reduce disparities by improving outcomes for all.

**Reference:** *Am J Public Health* 2014;104 Suppl 1:S96-S104

[Abstract](#)

## Racism and Health I: pathways and scientific evidence

**Authors:** Williams DR and Mohammed SA

**Summary:** This review of empirical research indicates that racism adversely affects health in a non-dominant racial population. Institutional racism results in policies and procedures that reduce access to housing, neighborhood and educational quality, employment opportunities and other societal resources. Cultural racism harms economic status and health through the creation of a hostile policy environment, initiating negative stereotypes and discrimination that foster damaging psychological responses. Experiences of racial discrimination are also an important psychosocial stressor that leads to adverse changes in health status and alters behavior to increase health risks.

**Comment:** A great review of the pathway from root causes (including racism) to health outcomes. The authors have followed this up with a paper that appraises current evidence of how to reduce racism; and how such interventions (including media-based interventions) can impact on health outcomes.

**Reference:** *Am Behav Sci.* 2013;57(8)

[Abstract](#)

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