

# Pacific Health Review

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Issue 35 – 2022

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### Abbreviations used in this issue

**COVID-19** = coronavirus disease 2019

**CVD** = cardiovascular disease

**HPV** = human papillomavirus

**PICTs** = Pacific Island Countries and Territories

**qPCR** = quantitative polymerase chain reaction

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

## Welcome to the latest issue of Pacific Health Review.

This issue covers a range of topics of interest to Pacific people living in Aotearoa NZ, including barriers to older Pacific peoples' participation in the NZ healthcare system, barriers to immunisation in Pacific people, the high prevalence of scabies in three selected Auckland pre-schools, and the knowledge and perceptions of cervical screening among Pacific women.

We hope you find these and the other selected studies interesting, and welcome your feedback.

Kind regards,

**Sir Collin Tukuitonga**

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**Pacific Health Review is supported by funding from the New Zealand Ministry of Health.**

## Barriers to older Pacific peoples' participation in the health-care system in Aotearoa New Zealand

**Authors:** Neville S et al.

**Summary:** This study used a participatory action research design to investigate barriers to older Pacific people's participation in the NZ healthcare system. 104 Pacific co-researchers contributed to focus groups using Talanoa, a traditional method of conversational dialogue. Data were collected in Pacific Island languages from conversations within the focus groups, and were translated into English for analysis. Three main themes captured older Pacific peoples' barriers to participation in the NZ healthcare system: access to health care; relationships with healthcare providers; and understanding the healthcare system.

**Comment (RNS):** This study provides important information on older Pacific people in Aotearoa NZ. As a population not much is known about the specific health needs of older Pacific people despite suffering from significant rates of chronic health conditions. This qualitative study with older Pacific people as co-researchers demonstrates the importance of co-design for solution-led research with Pacific communities. The study findings argue for an inter-sectoral approach and all-of-government approach to help address the health system and healthcare access barriers that older Pacific people and family face as well as helping to inform evidence-based policy to improve healthcare outcomes for older Pacific people.

**Reference:** *J Prim Health Care* 2022;14(2):124-9

[Abstract](#)

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## Independent commentary by Dr Roannie Ng Shiu

Dr Roannie Ng Shiu is the Pasifika Medical Association (PMA) Senior Research Fellow with the University of Auckland Faculty and Medical and Health Sciences Office of the Associate-Dean Pacific. Her primary role is to deliver robust high-quality Pacific health equity research and to increase the Pacific health workforce in Aotearoa with the recruitment and retention of Pacific health students. She was previously with the Department of Pacific Affairs at the Australian National University. Roannie is Samoan and was raised in South Auckland and graduated from the University of Auckland with a PhD in Community Health.



## Understanding barriers to immunisation against vaccine-preventable diseases in Pacific people in New Zealand, Aotearoa

**Authors:** Tafea V et al.

**Summary:** This integrative review determined barriers to immunisations against vaccine-preventable diseases (VPDs) in Pacific people living in NZ. A search of various databases identified 12 studies published between Feb 2021 and May 2021 that were suitable for inclusion. Analysis of the data identified three main reasons for poor immunisation: deprivation, health literacy (e.g. not understanding the importance of immunisation programmes, beliefs and communication), and access to healthcare (e.g. physical access and accessibility to health professionals).

**Comment (CT):** This study examines an important issue for Pacific people given the high prevalence of VPDs and low uptake of immunisation in these communities. The study examined studies published during a short window in 2021 when there was heightened awareness of VPDs including COVID-19. Studies confirmed what was widely known about barriers to immunisation among Pacific people – deprivation, health literacy and access to healthcare. These factors are interrelated because people living in areas with high deprivation generally have poor access to healthcare and residents generally have low literacy. Study findings should now be investigated further through community-based studies to better understand individual factors behind these findings and what could be done to improve uptake of immunisation. Improving health information, uptake of preventive and primary care services in 'high need' areas would be priorities for action. The sociocultural context is equally important and better understanding of the impact of culture on immunisation uptake would be important.

**Reference:** *J Prim Health Care* 2022;14(2):156-63

[Abstract](#)

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**Research Review publications are intended for New Zealand health professionals.**

## High prevalence of scabies in Auckland pre-schools

**Authors:** Thornley S et al.

**Summary:** This NZ study investigated the prevalence of scabies in Auckland childcare centres in low socioeconomic areas. 67 children (mean age 3.4 years, 48% Pasifika and 32% Māori) at three childcare centres in socioeconomically challenged areas were examined for scabies. Fourteen (20.9%) children had signs of typical scabies lesions and a further 24 (35.8%) had atypical lesions. Out of 50 children who had available medical histories, nine (18%) met the criteria for clinical or suspected scabies.

**Comment (RNS):** This study highlights the need for further prevalence studies of scabies for Pacific children in contemporary Aotearoa NZ. The authors highlight that scabies has been under-researched since the 1970s but contributes to poor health outcomes for Pacific children and families. The results from this small study so far suggest there is high prevalence of scabies for Pacific children in early childcare education centres in Auckland. Early diagnosis using the existing qPCR will help ensure Pacific children receive timely interventions and treatment. Given the limitations of the study noted by the authors, further research is recommended to confirm the findings.

**Reference:** *N Z Med J* 2022;135(1560):12-7

[Abstract](#)

## Parents and caregivers experience in managing children's medicines after discharge from a New Zealand hospital

**Authors:** Naidu R et al.

**Summary:** This NZ study investigated how parents and caregivers manage the medicines prescribed for their sick children upon discharge from hospital. 18 English-speaking parents/caregivers (Pasifika, NZ European, Māori, and Asian) whose child was prescribed two liquid medicines (an analgesic and an antibiotic) upon discharge from Middlemore Hospital were interviewed on three occasions: firstly during their hospital stay, then by telephone post-discharge, and finally via a home visit 2–3 days after anticipated completion of the antibiotic course. The responses showed that parents/caregivers had a reasonable understanding of the purpose of the prescribed medicines, although they were given variable advice by healthcare staff (doctors, nurses and pharmacists) on hospital discharge. 28% of parents/caregivers were not supplied with an oral syringe to measure doses at home, and some lacked knowledge on appropriate medicine storage/disposal.

**Comment (RNS):** This study seeks to address a knowledge gap in understanding safe medicine use in children after being discharged from hospital. Current evidence shows there is a lack of effective data in this issue compared to adult populations due to complexities in prescribing and administering medicines for children. Using survey and interview data post-discharge including an at home visit, the majority of participants (83%) reported high compliance in administering discharge medicines. To help improve managing children's medicines at home participants suggested providing written information to help caregivers remember the information that is often only given verbally at discharge.

**Reference:** *N Z Med J* 2022;135(1559):8-23

[Abstract](#)

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## Children's perspectives on the wicked problem of child poverty in Aotearoa New Zealand

**Authors:** Gage R et al.

**Summary:** This study used data from the Kids'Cam Project to evaluate child poverty in NZ from a child's perspective. 168 children aged 11–13 years from 16 randomly selected schools in the Wellington region were given a wearable camera that recorded an image every 7 sec for four consecutive days. Binomial regression models were used to evaluate household resources, behaviours and harms in children living in low socioeconomic deprivation households (n=52) compared with those in high socioeconomic deprivation households (n=26). Analysis of camera footage showed that children living in conditions of high socioeconomic deprivation ate significantly fewer types of fruit or vegetables, had less educational materials and less physical activity equipment compared with children living with low socioeconomic deprivation. In addition, they lived in homes with more structural deficiencies and mould, and were less likely to have fixed heating and home computers.

**Comment (RNS):** This innovative study assessed aspects of child poverty from the perspective of children by utilising wearable cameras. Child poverty is a persistent inequity for Māori and Pacific children in Aotearoa NZ where they experience rates almost double those of NZ European children. Rather than using methods which rely on adult accounts and self-reporting, this project takes an innovative photo voice approach to document children's everyday access to household resources, household harms, their behaviours and the nature of their built environments. The ethnic specific data found that Pacific children captured fewer types of fruit, educational materials, cognitive stimulation materials, personal interest items and physical activity equipment compared to NZ European children. They were also less likely to have a fixed source of heating. These images are powerful and provide a unique perspective on socioeconomic differences and child poverty in NZ.

**Reference:** *N Z Med J* 2022;135(1559):95-111

[Abstract](#)

## Helicobacter pylori in New Zealand: Current diagnostic trends and related costs

**Authors:** Kubovy J & Barclay ML

**Summary:** This cohort study investigated *H. pylori* (Hp) diagnosis trends and cost in the Canterbury region. All Hp tests undertaken in Canterbury in 2013–2018 were reviewed. Over the 6-year study period, Hp testing increased by 37% and associated costs increased by 42.6%, whereas the population only increased by 11.1%. 82% of non-invasive Hp tests were requested by primary care. Hp serology was the most frequently requested test (despite guidelines recommending against it) and duplicate testing in the same patient was common. Mean annual test positivity rates were 12.3% for Hp serology, 7.2% for Campylobacter-like organisms, 10.2% for Hp stool antigen tests, and 17.5% for urea breath tests. Test proportion per ethnicity was higher in European (82.7%) than in Pasifika (67.8%) or Māori (48.2%) patients, despite test positivity rates being higher in Pasifika (37.8%) and Māori patients (21.2%) than European patients (8.4%).

**Comment (RNS):** This is the largest cohort study to date that investigates diagnostics costs and trends for Hp tests in NZ. Important Hp risk factors include ethnicity, country of birth and socioeconomic status. In reviewing testing for Hp in Canterbury the researchers demonstrate that Hp testing had increased significantly in Canterbury at a great expense in comparison to population growth. This potentially represents inappropriate overuse of tests. However, further analysis of ethnicity data for testing shows that Māori and Pacific were found to have disproportionately low numbers of testing despite presenting higher positivity rates and being most at-risk for Hp. It would be of benefit to replicate this study in Auckland that has a large proportion of Māori and Pacific populations to compare testing outcomes. The study provides further evidence on current healthcare and access inequities for Māori and Pacific populations in Aotearoa NZ.

**Reference:** *N Z Med J* 2022;135(1562):48-55

[Abstract](#)



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## Ear and hearing health in Niue: A qualitative study on the worldviews, knowledge, beliefs and use of health care

**Authors:** Holt EA-L et al.

**Summary:** This study evaluated the worldviews, knowledge and beliefs held by the Niuean community in Niue towards ear and hearing health. 20 Niuean community members participated in semi-structured interviews. Analysis of their responses showed that they valued hearing health as an important way to communicate and connect with each other. They had good knowledge about ear disease and hearing health and used spiritual practices and traditional remedies alongside mainstream medicines to maintain good ear and hearing health. They felt that their hospital system was responsive and accessible to their needs, in contrast to Pacific people's access to hearing health services in NZ.

**Comment (CT):** This is a rare study of ear and hearing health in a small Pacific Island community. Study findings are encouraging given that hearing and hearing services are generally not well funded in PICTs. This study also showed excellent awareness of the importance of hearing by study participants. The study also identified the use of spiritual and traditional remedies alongside conventional treatment methods. There are well-known traditional remedies for treating ear disease but little is known about the impact of these treatments. The study highlighted the contrast with Niuean people in NZ and their difficulties accessing ear and hearing health services. It is widely known that hearing loss is common among Pacific people in NZ largely due to inadequate treatment of ear disease. Improving ear and hearing health in NZ is an important priority for Pacific people.

**Reference:** *J Prim Health Care* 2022;14(3):237-43

[Abstract](#)

**Independent commentary by Sir Collin Tukuitonga KNZM**



Sir Collin Tukuitonga is a medical graduate and Public Health Physician with extensive experience in health policy, research, management, and leadership in NZ and internationally. He is the inaugural Associate Dean Pacific and Associate Professor of Public Health at the University of Auckland. Prior to this role, he was the Director-General of the Pacific Community based in New Caledonia.

## Ethnic differences in cancer rates among adults with type 2 diabetes in New Zealand from 1994 to 2018

**Authors:** Yu D et al.

**Summary:** This population-based, matched cohort study evaluated ethnic disparities in cancer risks among adults with type 2 diabetes mellitus (T2DM) in NZ. Data were extracted from the primary care audit programme in Auckland and linked with national cancer, death, and hospitalisation registration databases for the period 1994–2018. Comparative cohorts were formed between NZ European and Māori, and between NZ European and Pasifika individuals. Ethnic disparities were evaluated for 21 common cancers. In the matched NZ European and Pasifika cohort (9340 NZ European and 8828 Pasifika participants), significant ethnic disparities were seen for six cancers. Compared with NZ Europeans, hazard ratios among Pasifika individuals were 25.10 for gallbladder cancer, 4.47 for thyroid cancer, 0.48 for colon cancer, 0.21 for rectal cancer, 0.21 for malignant melanoma, and 0.01 for bladder cancer. In the matched NZ European and Māori cohort (8361 NZ European and 5039 Māori), significant ethnic disparities were seen for seven cancers. Hazard ratios among Māori individuals were 15.36 for thyroid cancer, 7.94 for gallbladder cancer, 4.81 for cervical cancer, 1.97 for lung cancer, 1.81 for liver cancer, 0.56 for colon cancer, and 0.11 for malignant melanoma.

**Comment (CT):** People with T2DM have greater risk for some site-specific cancers but the extent of ethnic disparities in cancer risks among people with T2DM in NZ is unclear. This large population-based cohort study of more than 33,000 people with T2DM extending over 24 years showed that Pacific people had significantly higher risk of gallbladder and thyroid cancer and lower risk of colon, bladder and malignant melanoma. Study findings suggest targeted information is needed for cancer prevention, screening and early treatment in Pacific (and Māori) people. Updated information on cancer incidence among Pacific people is needed. A report by Te Aho o Te Kahu (Cancer Control Agency) for the period 1995–2014 showed a changing cancer incidence pattern in NZ with uterine cancer being more common among Pacific women. Furthermore, cancer survival rates are lower in NZ compared with other developed nations. Differences in cancer incidence and survival rates in ethnic groups in NZ contribute to the persistent inequities in health that exist in NZ.

**Reference:** *JAMA Netw Open* 2022;5(2):e2147171

[Abstract](#)

## Pasifika women's knowledge and perceptions of cervical-cancer screening and the implementation of self-testing in Aotearoa New Zealand

**Authors:** Brewer N et al.

**Summary:** This study examined barriers and facilitators of cervical cancer screening in Pacific women. Seven focus groups were conducted with 24 participants, and were facilitated by a trained female Pasifika research assistant. Participants were all Pasifika, aged 30–69 years, lived in the Wellington area, and had never been screened or were overdue ( $\geq 5$  years) for cervical cancer screening. Knowledge about cervical cancer and screening varied considerably among participants, with some having never heard of it. The main barriers to cervical screening were personal privacy, confidentiality and time management. In general, participants were keen for HPV self-testing to be made available, but they agreed there was a need for consistent, accurate, and accessible information to encourage them to self-test.

**Comment (CT):** Cancer of the cervix is one of the most common malignancies among Pacific women in NZ. Cervical cancer is preventable if detected early and incidence can be further reduced with HPV vaccination. This study has shown that despite the promise of prevention, knowledge and awareness varied in Pacific women who took part in the study. Concerns about privacy and confidentiality and access (time management) continued to be major barriers. These observations are disappointing given the national cervical screening programme was introduced in NZ in 1990. Study findings suggest that a review of cervical cancer screening uptake (with detailed assessment of barriers) may be beneficial alongside the promotion of HPV self-testing and immunisation. Better and more focussed actions are needed in order to reduce cervical cancer incidence among Pacific women in NZ.

**Reference:** *Lancet Reg Health West Pac* 2022;28:100551

[Abstract](#)

## What are the gaps in cardiovascular risk assessment and management in primary care for Māori and Pacific people in Aotearoa New Zealand?

**Authors:** Brewer KM et al.

**Summary:** This article described the protocol for a systematic review to examine gaps in CVD risk assessment and management in primary care for Pacific people and Māori in NZ. A search of various electronic databases and websites (Medline, EMBASE, Scopus, CINAHL Plus, NZresearch.org, National Library Catalogue, Index NZ, and Australia/NZ Reference Centre) for the period 2000–2021 will be undertaken to identify suitable evidence for analysis.

**Comment (CT):** CVDs are the leading cause of death and poor health among Pacific people in NZ and across the region. While CVD mortality has declined dramatically among Pakeha New Zealanders, the rate of decline has been slower in Māori and Pacific people. The reasons for the ethnic differences in CVD mortality and hospitalisations are complex, and range from differences in CVD risk factors (e.g. smoking prevalence is higher among Māori and Pacific adults) to problems with access and quality of care offered. This study is an important investigation that is seeking to better understand the gaps in CVD risk assessment and management in primary care. Anecdotal evidence suggests that Pacific (and Māori) patients are less likely to be formally assessed for CVD risk in the primary care setting.

**Reference:** *BMJ Open* 2022;12:e060145

[Abstract](#)

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