

Māori Health Review™

Making Education Easy

Issue 53 – 2014

In this issue:

- > *Improvements needed for gout management in primary care*
- > *Late booking for antenatal care in the CMDHB area*
- > *CPAP therapy for OSA: exploring experience by ethnicity*
- > *Patient-centred model of care works well in diabetes*
- > *Māori registered nurses: working with racism*
- > *Racial disparities in paediatric transplantation in NZ*
- > *Clinical features of optic nerve hypoplasia*
- > *Socioeconomic factors exacerbate sleep problems in pregnancy*
- > *Decolonising the Academy*
- > *CVD interventions: cost-effectiveness in Indigenous peoples*

Abbreviations used in this issue

CPAP = continuous positive airway pressure
CVD = cardiovascular disease
OSA = obstructive sleep apnoea

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.

Meri Kirihimete me nga mihi mo te tau hou.

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.

Best wishes for the Christmas season.

Nga mihi

Matire

Dr Matire Harwood

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Variation in gout care in Aotearoa New Zealand: a national analysis of quality markers

Authors: Jackson G et al.

Summary: The Health Quality and Safety Commission's Atlas of Healthcare variation (www.hqsc.govt.nz/atlas) shows that on average 41% of people with gout across New Zealand are regularly prescribed allopurinol. However, there is marked nationwide variation, with regular use of allopurinol ranging from 33% among people residing in the Auckland District Health Board (DHB) area to 47% in Nelson-Marlborough. These researchers sought to determine whether the quality of gout care varies in Aotearoa New Zealand primary care, using data from the New Zealand Atlas of Healthcare Variation to examine regularity of allopurinol dispensing, laboratory testing for serum urate, and acute hospitalisation for gout. For New Zealanders aged 20–79 years with gout, 57% were dispensed allopurinol in 2010/11. Of these, 69% were receiving allopurinol regularly, and only 34% of people dispensed allopurinol had serum urate testing in a 6-month period. The annual hospitalisation rate was 1% of people with gout. Māori and Pacific people with gout were less likely to be on regular allopurinol treatment, despite having more than twice the chance of being hospitalised with acute gout.

Comment: A great paper outlining the ways in which routinely collected data can be used to monitor quality of care.

Reference: *N Z Med J.* 2014;127(1404):37-47

[Abstract](#)

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Māori health literacy research: Gestational diabetes mellitus

The research report *Māori health literacy research: Gestational diabetes mellitus* was released on 2 July 2014. The report focuses on young, pregnant Māori women (less than 25 years of age) in relation to gestational diabetes mellitus (GDM), which is diabetes that presents only during pregnancy. The report identifies health literacy barriers in understanding and managing GDM. The report also highlights interventions that may be effective in strengthening health literacy to allow better understanding of GDM and greater uptake of screening for GDM. The report was developed by Workbase Education Trust with funding from the Ministry of Health.



The report is available to download from the Ministry of Health website www.health.govt.nz or directly at the Workbase Health Literacy website <http://www.healthliteracy.org.nz/research-and-projects/#4087>

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

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Barriers to early initiation of antenatal care in a multi-ethnic sample in South Auckland, New Zealand

Authors: Corbett S et al.

Summary: The Counties Manukau DHB (CMDHB) in South Auckland serves the most economically deprived areas of New Zealand, with a high proportion of young mothers, and women of Māori and Pacific ethnicity. CMDHB has high rates of late booking for antenatal care and also the highest perinatal mortality rate in New Zealand, with a 3-year perinatal-related mortality rate of 13.70 per 1000 births compared with the national rate of 10.75 per 1000 births. This study aimed to identify barriers to early initiation of antenatal care (before 19 weeks of pregnancy) among women using CMDHB maternity services. The study recruited 826 pregnant women who were either in late pregnancy (>37 weeks gestation) or who had recently delivered (<6 weeks postnatal). They completed a questionnaire about their antenatal care at CMDHB. 137 women (17%) booked for antenatal care at >18 weeks (late bookers). Ethnic groupings were 43% Pacific Peoples, 20% Māori, 14% Asian, and 21% European or other ethnicities. According to multivariate analysis, women were significantly more likely to book late for antenatal care if they had limited resources (e.g. no transport) (OR 1.86), no tertiary education (OR 1.96), or were not living with a husband/partner (OR 2.34). Notably, the odds of late booking for antenatal care was almost 6 times higher among Māori (OR 5.70) and Pacific (OR 5.90) women compared to those of European and other ethnicities.

Comment: Given the fact that good antenatal care is associated with positive long-term outcomes, more must be done to address these issues for Māori and Pacifica mums and their babies.

Reference: *N Z Med J.* 2014;127(1404):53-61

[Abstract](#)

Continuous positive airway pressure treatment for obstructive sleep apnoea: Maori, Pacific and New Zealand European experiences

Authors: Bakker JP et al.

Summary: This paper describes Māori, Pacific and New Zealand European experiences of continuous positive airway pressure (CPAP) treatment for obstructive sleep apnoea (OSA). Patients identifying as Māori (n=5), Pacific (n=5), or NZ European (n=8) ethnicity referred for CPAP treatment for OSA attended separate, 1.5-hour group discussions facilitated by a health care worker of the same ethnic group. Patients in all three groups reported that they had little knowledge of OSA or CPAP prior to treatment initiation. All participants identified barriers to treatment (both at the CPAP initiation phase and long-term), reported feelings of being 'overwhelmed' with information during the initial CPAP education session, and discussed the importance of successful role models.

Comment: A nice project about a relatively little-known subject. I've seen first-hand the difference CPAP can make to people's lives including better management of diabetes, hypertension and mood disorders. Strategies to improve its uptake must therefore be identified and supported.

Reference: *J Prim Health Care.* 2014;6(3):221-8

[Abstract](#)

A patient-centred clinical approach to diabetes care assists long-term reduction in HbA1c

Author: Titchener J

Summary: Outcomes are reported from an audit comprising a before-and-after assessment of 185 patients referred to the GPSI Diabetes service – a patient-centred intervention for diabetes management – between 2008 and 2010. The aim of this audit was to determine if this patient-centred intervention improves diabetes care, as measured by changes in glycosylated haemoglobin (Hb_{A1c}). The GPSI Diabetes service is a community-based service, run by a general practitioner with a specific interest (GPSI) in diabetes, and a practice nurse. Adults with diabetes are referred to the service by their GP and care is provided using a set of loosely structured diabetes-specific patient-centred approaches. Following a series of visits, patients are discharged back to their GP. At intake, baseline Hb_{A1c} was higher among Māori than among New Zealand Europeans. This difference was reduced by the patient-centred intervention. Immediate and sustained (two-year) improvements in Hb_{A1c} were observed in both New Zealand Europeans and Māori with type 2 diabetes and type 1 diabetes. Completed patient and GP satisfaction questionnaires did not contain any negative feedback, but the response rate was low among patients.

Comment: Useful information here about how to apply the concept of 'patient-centred care' in clinical practice.

Reference: *J Prim Health Care.* 2014;6(3):195-202

[Abstract](#)

Merry Christmas and a healthy, happy 2015!

FROM THE TEAM AT
RESEARCH REVIEW



Do you have whānau and friends who should be receiving Māori Health Review, but they aren't health professionals?

Just send them to www.maorihealthreview.co.nz and they can sign up to get the review sent directly to their inbox.

A short report on the oral health of elderly people is available

Oral Health in Advanced Age: Findings from LiLACS NZ presents key findings about the oral health of Māori (aged 80 to 90 years) and non-Māori (aged 85 years). The findings are from a population-based sample of people in advanced age living in the Bay of Plenty, who are taking part in a longitudinal study of advanced ageing, called *Life and Living in Advanced Age: a cohort study in New Zealand - Te Pūwāitanga o Ngā Tapuwāe Kia Ora Tonu (LiLACS NZ)*. The report was funded by the Ministry of Health and produced by the LiLACS NZ research programme which is led by Professor Ngaire Kerse. Additional short reports will be released in the coming months including: Alcohol use, Falls, Primary care, Medication use and Income. These reports will be useful to those working in the health sector to improve the health of the elderly population.



The report is available to download at: <https://www.fmhs.auckland.ac.nz/en/faculty/lilacs/research/publications.html>

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

Working with racism: a qualitative study of the perspectives of Māori (indigenous peoples of Aotearoa New Zealand) registered nurses on a global phenomenon

Authors: Huria T et al.

Summary: The experience and impact of racism on Māori registered nurses within the New Zealand health system was explored in this analysis of narratives contributed by 15 Māori registered nurses. The transcribed interview material was coded using Jones's levels of racism. The structural analysis identified that experiences of racism were a commonality. The nurses experienced racism on institutional, interpersonal, and internalised levels, leading to marginalisation and being overworked yet undervalued.

Comment: A really good examination of the experiences of an Indigenous health workforce; the Jones coding framework is well described here and would be a good resource for researchers wishing to examine the levels of racism in other areas.

Reference: *J Transcult Nurs.* 2014;25(4):364-72

[Abstract](#)



Time spent reading this publication has been approved for CNE by The College of Nurses Aotearoa (NZ) for RNs and NPs. For more information on how to claim CNE hours please [CLICK HERE](#)



Time spent reading this publication has been approved for CME for Royal New Zealand College of General Practitioners (RNZCGP) General Practice Educational Programme Stage 2 (GPEP2) and the Maintenance of Professional Standards (MOPS) purposes, provided that a Learning Reflection Form is completed. Please [CLICK HERE](#) to download your CPD MOPS Learning Reflection Form. One form per review read would be required.

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.



Racial disparities in pediatric kidney transplantation in New Zealand

Authors: Grace BS et al.

Summary: This retrospective analysis of data obtained from the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) identified 215 patients aged <18 years who started renal replacement therapy in New Zealand between 1990 and 2012. The analysis revealed disparities in live donor transplantation: Europeans and Asians were most likely to receive a transplant (92% and 91% transplanted within 5 years, respectively), while Pacific and Māori patients were less likely to receive a transplant than Europeans (51% and 46%, respectively). Pacific patients were more likely to have glomerulonephritis and focal segmental glomerulosclerosis. Rates of 5-year death-censored graft survival were lowest among Pacific patients (31%), higher among Māori (61%) and highest among Europeans (88%). Retransplantation after loss of primary graft did not occur in any Pacific patients within 72 patient-years of follow-up, whereas 14% of Māori patients and 36% of European and Asian patients were retransplanted within 5 years.

Comment: An excellent overview of the management of ESRF in children, highlighting differences in the cause of renal failure and disparities in transplant rates.

Reference: *Pediatr Transplant.* 2014;18(7):689-97

[Abstract](#)

Clinical and demographic associations with optic nerve hypoplasia in New Zealand

Authors: Goh YW et al.

Summary: These researchers retrospectively reviewed the medical records of 1500 children with severe visual impairment registered with Blind and Low Vision Educational Network New Zealand. The study aimed to determine the clinical features of optic nerve hypoplasia (ONH) and prevalence within this population. The review identified 94 children (6.3%) with ONH; 91 cases (97%) were bilateral. Of all 94 cases, 52 children (55%) were male and ethnicities were European Caucasian (52%), Māori (40%), Pasifika (6%) and other (2%). Most children with ONH had poor vision; 60% demonstrated $\leq 6/60$ Snellen visual acuity equivalent. The median maternal age was 20.0 years, with 52% aged ≤ 20 years. The ONH cohort had significantly higher rates of Māori ethnicity (40%) and young maternal age (44% were aged <20 years) compared with the general population (14.6% and 7.4%, respectively; $p < 0.0001$). Half had hypopituitarism and 60% of cases demonstrated neuroimaging abnormalities. Cerebral neuroradiographic abnormalities were associated with a higher rate of developmental delay (OR 9.764; 95% CI, 3.246 to 29.373).

Comment: The incidence of ONH is increasing internationally, it is associated with other important outcomes (including developmental delay), and although some studies have described possible risk factors (such as young maternal age), the cause is yet to be identified. Importantly, there is clear evidence here that it occurs more frequently for Māori, requiring appropriate screening (and hopefully treatment) interventions.

Reference: *Br J Ophthalmol.* 2014;98(10):1364-7

[Abstract](#)

A profile of the health of Māori adults and children was released in June 2014

The Health of Māori Adults and Children, 2011-2013 is a short profile that presents key findings for the health and wellbeing of Māori adults and children between 2011 and 2013. The results are based on pooled data from the 2011/12 and 2012/13 New Zealand Health Survey.

To download or order a hard copy visit:

<http://www.health.govt.nz/publication/health-maori-adults-and-children-2011-2013>

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



Prevalence of abnormal sleep duration and excessive daytime sleepiness in pregnancy and the role of socio-demographic factors: comparing pregnant women with women in the general population

Authors: Signal TL et al.

Summary: Outcomes are reported from an investigation into abnormal sleep duration and daytime sleepiness during pregnancy among Māori and non-Māori women versus the general population, and the influence of sociodemographic factors. Self-reported total sleep time (TST) over a 24-hour period, Epworth Sleepiness Scale scores and sociodemographic information were obtained from nullipara and multipara women aged 20–46 years at 35–37 weeks of pregnancy (358 Māori and 717 non-Māori), and from women in the general population (381 Māori and 577 non-Māori). In analyses accounting for ethnicity, age, socioeconomic status, and employment status, pregnant women were found to have on average 30 minutes less TST than women in the general population. The distribution of TST was also greater in pregnant women, who were 3 times more likely to sleep for ≤6 hours and 1.9 times more likely to sleep >9 h. Pregnant women >30 years of age experienced greater age-related declines in TST. Pregnant women were 1.8 times more likely to report excessive daytime sleepiness (EDS). Abnormal sleep duration was more likely among women identifying as Māori, those who were unemployed, and those doing night work. EDS was also more likely among Māori women and women who worked at night.

Comment: An interesting study. Although hormonal changes are often given as the main reason for increased sleepiness during the day, this project suggests social factors are also at play.

Reference: *Sleep Med.* 2014 Sep 3. [Epub ahead of print]

[Abstract](#)

Decolonising the Academy: the process of re-presenting indigenous health in tertiary teaching and learning

Authors: Curtis E et al.

Summary: This book chapter addresses disparities in Indigenous health workforce development in New Zealand. It discusses the recent development of the Hauora Māori curriculum within the Faculty of Medical and Health Sciences at the University of Auckland, which aims to improve Māori student recruitment and help to retain Māori and Pacific students, to ensure tertiary success within the Academy.

Comment: Yes, unashamedly plugging the work of my colleagues. However, I truly believe this paper will be useful to people supporting excellent health workforce development programmes.

Reference: *Māori and Pasifika Higher Education Horizons. Eds.: HT Frierson, et al. Diversity in higher education, vol. 15, pp147-65. Emerald Group Publishing Ltd. 2014.*

[Abstract](#)

Cost-effectiveness of interventions to prevent cardiovascular disease in Australia's Indigenous population

Authors: Ong KS et al.

Summary: This research was designed to help address the evidence gap regarding economic evaluations that could assist decision-makers to allocate additional resources in the primary prevention of cardiovascular disease (CVD) in Australia's Indigenous population. The study authors explain that CVD is the leading cause of disease burden in Australia's Indigenous population and the greatest contributor to the Indigenous 'health gap'. Five interventions (1 community-based and 4 pharmacological) to prevent CVD in Indigenous Australians were selected for economic evaluation. Pharmacological interventions were evaluated as delivered either via Aboriginal Community Controlled Health Services or mainstream general practitioner services. All pharmacological interventions produced more Indigenous health benefit when delivered via Indigenous health services, but cost-effectiveness ratios were higher due to greater health service costs. Cost-effectiveness ratios were also higher in remote than in non-remote regions. The poly pill proved to be the most cost-effective intervention, while the community-based intervention produced the most health gain. The study authors advise that policy makers seeking to address health inequities and bridge the health gap must consider both the extent of health gain and cost-effectiveness ratios. As they conclude, "failure to do so may result in redirection of resources away from where they are needed most to address health inequities".

Comment: Really interesting research looking at the benefits and costs across a range of CVD interventions delivered to Indigenous peoples.

Reference: *Heart Lung Circ.* 2014;23(5):414-21

[Abstract](#)

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