

Māori Health Review

Making Education Easy

Issue 30 – 2011

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Tēnā koutou katoa

Ngā mihi o te Tau Hou ki a koutou katoa. Nau mai, haere mai ki te Rangahau Hauora Māori Review mo 2011. Ko te wawata kia pai nga hararei koutou; hoki pai mai i o koutou wahi noho.

Greetings

Wishing you all a very Happy New Year. Welcome to the first Māori Health Research Review for 2011. I hope you had a wonderful holiday and are now safely home.

Many thanks to those people who have sent feedback and papers over the last 12 months – I really appreciate it. I will be on maternity leave over February/March and so Kahu McClintock has kindly agreed to fill in for the next issue. Until my return, take care.

Nga mihi

Matire

Dr Matire Harwood

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Racial and ethnic disparities in cardiovascular medication use among older adults in the United States

Authors: Qato DM et al

Summary: This US-based investigation surveyed racial and ethnic disparities in the use of statins and aspirin among 3005 older community-dwelling adults (aged 57–85 years) at low (n=812), moderate (n=977), and high risk (n=1066) for cardiovascular disease (CVD) between June 2005 and March 2006. The paper reports the highest rates of use among respondents at high cardiovascular risk. Racial differences were highest among respondents at high risk, with Blacks less likely than Whites to use statins (38% vs 50%) and aspirin (29% vs 44%). Racial/ethnic disparities persisted after controlling for confounding factors.

Comment: Importantly, although the authors talk about disparities in 'participant use of medication', on closer reading of the paper it appears that the researchers looked at 'presence of medication' in the home. This suggests that disparities in 'adults use' are in fact due to lower rates in 'prescriptions' for African Americans with high CVD risk. The fact that disparities increased with CVD risk is also alarming. Strategies to consider in our own practice may include clinical audits (to monitor prescribing practice) and health literacy interventions that empower patients/whānau.

Reference: *Pharmacoepidemiol Drug Saf.* 2010;19(8):834-42.

<http://onlinelibrary.wiley.com/doi/10.1002/pds.1974/abstract>

Independent commentary by Dr Matire Harwood, Medical Research Institute of New Zealand and Tamaki Healthcare.

Researching with Whānau Collectives

is a project which examines research methods that could be used to gather information from whānau collectively, rather than relying on the aggregation of individual data or on individual whānau informants. Many of the 12 research methods described in the project are qualitative methods that have their roots in therapy-based methods and/or strategic planning tools concerned with collecting information as well as instigating change. A common theme explored in the methods was the relationship between research, facilitating whānau change, and social justice.

The research was led by Dr Fiona Cram and Vivienne Kennedy and was released in December 2010.

Researching with Whānau Collectives
is available online at www.maorihealth.govt.nz

General practitioners' views about diagnosing and treating depression in Māori and non-Māori patients

Authors: Thomas DR et al

Summary: Findings are reported from semi-structured interviews with 23 general practitioners (GPs) in the Auckland region, including both Māori and non-Māori GPs, that elicited their views about risk factors for depression, recognising depression and circumstances in which GPs would prescribe medication or recommend other treatments for depression. The interviewers hoped to establish possible reasons for reported lower levels of diagnosis and treatment of depression among Māori compared to non-Māori patients. Reasons reported by GPs as most likely to lead to ethnic differences in diagnosing depression were greater stigma relating to admitting depression among Māori patients, Māori patients being less likely to talk about being depressed, and the need for patients to have effective communication with their GP. Effective communication, where Māori patients felt free to talk about personal feelings, was more likely when there was an established relationship between the GP and patient.

Comment: This study aims to understand why Māori with depression are less likely to have a correct diagnosis and appropriate management. Increasingly, we are seeing literature that describes the 'provider's perspective' in an attempt to explain ethnic disparities. This paper goes further to consider skills that could be taught to GPs in order to improve their practice.

Reference: *J Prim Health Care.* 2010;2(3):208-16.

<http://www.rnzcgp.org.nz/assets/documents/Publications/JPHC/September-2010/JPHCOSPTThomasSept10.pdf>

A community-based model of care improves blood pressure control and delays progression of proteinuria, left ventricular hypertrophy and diastolic dysfunction in Māori and Pacific patients with type 2 diabetes and chronic kidney disease: a randomized controlled trial

Authors: Hotu C et al

Summary: The efficacy of a novel, integrated, community-based model of care using culturally appropriate health-care assistants to manage hypertension in Māori and Pacific patients with diabetes and chronic kidney disease (CKD) was compared with that of conventional care in achieving blood pressure (BP) targets and delaying progression of cardiac and renal end-organ damage. The study cohort consisted of 65 Māori and Pacific patients (aged 47–75 years) with type 2 diabetes, moderate CKD (>0.5 g proteinuria/day, serum creatinine 130–300 µmol/L) and hypertension, who were randomised to usual care (n=32) or community/intervention care (n=33) for 12 months. Community care patients were visited monthly by a nurse-led health care assistant for BP measurement. By 12 months, the community care patients had achieved a significantly greater reduction in office systolic BP (–21 mmHg vs –12 mmHg; p=0.04) and in 24h urine protein (–1.4 g vs +0.1 g; p=0.04). The number of prescribed antihypertensives was greater in these patients at 12 months (3.4 vs 2.3; p<0.01). Left ventricular mass and left atrial volume progressed in the usual care group, but not in the intervention group.

Comment: I think key factors in the success of this 'intervention' are (1) the Māori and Pacific health worker (referred to as a health care assistant in the paper); (2) the health care assistants working closely with nurse leaders; (3) integrated care across primary and secondary services including communication between providers; (4) the 'education package' about hypertension and reasons for medication and; (5) regular contact.

Reference: *Nephrol Dial Transplant.* 2010;25(10):3260-6.

<http://ndt.oxfordjournals.org/content/25/10/3260.abstract>

Impact of the community's socioeconomic status on characteristics and outcomes of patients undergoing percutaneous coronary intervention

Authors: Shimony A et al

Summary: These Israeli researchers sought to determine whether the socioeconomic status of a community influences the characteristics and outcome of patients treated with percutaneous coronary intervention (PCI), using data from the Israel Central Bureau of Statistics, which assigns a socioeconomic index (SI) to communities based on demographic, economic and educational parameters. The SI was determined for 1397 patients who underwent PCI between April 2004 and October 2006; patients were divided into low, intermediate or high SI. Compared with an intermediate or high SI, a low SI community socioeconomic level was associated with a significantly younger age, significantly higher rates of diabetes and of smoking, a significantly lower rate of drug-eluting stent implantation, lower adherence to aspirin and clopidogrel therapy, a significantly higher rate of repeat revascularisation and a higher rate of recurrent myocardial infarction. A lower SI was an independent predictor of major adverse cardiac events during follow-up (HR, 1.52).

Comment: PCI may not be appropriate treatment for coronary artery disease in smokers or people with diabetes. In these cases, CABG (coronary artery bypass grafts) should be considered for the microvascular and multi-vessel nature of the disease. Given the poor outcomes associated with PCI in people with low SI, perhaps guidelines should be revised to ensure that a 'high level of deprivation associated with DM and smoking' is considered in or contributes to a lower threshold for recommending CABG.

Reference: *Int J Cardiol.* 2010;144(3):379-82.

<http://tinyurl.com/46d7jsj>

Research Review publications are intended for New Zealand health professionals.

Whānau Ora Integrated Services Delivery

is research that is focused on defining and describing the term 'integrated services delivery' by drawing on specific examples and models of practice by Māori health providers. This project has taken a case study approach to illustrate the key features of integrated service delivery across health and other sectors by Māori health providers.

Mauriora-ki-te-Ao/Living Universe Ltd prepared the report and it was released in November 2010.

The report is available online at www.maorihealth.govt.nz

Targeting dental resources to reduce inequalities in oral health in the North East of England – a health equity audit methodology to evaluate the effects of practice location, practice population and deprivation

Authors: Landes DP et al

Summary: Outcomes are reported from a health equity audit undertaken in County Durham, England, to support the targeting of resources to meet the needs of patients from deprived communities, in areas where levels of poor oral health remain higher than the rest of the population as a whole. The researchers matched postcodes of 224,107 patients in County Durham to Lower Super Output Areas (LSOA) for each practice. Deprivation scores were identified for each LSOA. The postcode of 59 dental practices was matched to the LSOA and the practice population divided into quintiles from the most to the least deprived areas. The more deprived the area in which a dental practice was located, the greater the proportion of the practice population accessing care from the most deprived quintile. The size of the practice alone was not directly related to meeting the needs of a more deprived population.

Comment: This paper supports the notion of an 'inverse care law' operating in dental care in North England, whereby dental practices have set up in areas of high demand rather than high need. As the authors suggest, targeted investment to meet local need is required to address dental health inequalities; many Māori providers have already established Orange Niho care on site and perhaps Whānau Ora centres should also consider investing into oral health services.

Reference: *Br Dent J.* 2010;209, E3.

<http://www.nature.com/bdj/journal/v209/n3/abs/sj.bdj.2010.676.html>

Is bowel cancer screening important for Māori?

Authors: Sarfati D et al

Summary: This paper discusses the evidence in support of the importance of bowel cancer screening in Māori New Zealanders. Currently, Māori have lower incidence of colorectal cancer compared with NZ Europeans, but the rates are increasing more rapidly among Māori. Moreover, despite this lower incidence, the colorectal cancer mortality burden is similar for Māori and NZ Europeans. Notably, colorectal cancer mortality rates have generally increased since the early 1980s among Māori, yet have remained stable or declined among NZ Europeans. In addition, survival among Māori with colorectal cancer is lower than that for non-Māori. There is evidence of poorer access and quality of care contributing to poorer colorectal cancer survival in Māori compared with non-Māori patients. A pilot bowel cancer screening programme is planned; the authors of this paper stress that attention must be paid to the effectiveness of this programme for Māori as well as European New Zealanders. Its introduction has the potential to reduce ethnic disparities in colorectal cancer survival, if screening is accompanied by investment in diagnostic and treatment services (such as colonoscopy).

Comment: With the roll-out of bowel cancer screening, and potential for further cancer screening programmes to be developed/implemented with advancing technologies, it's timely to consider the place of such initiatives for Māori. This opinion piece provides a description of the issues that is both comprehensive and relevant so that when faced with a similar question – is this important for Māori – we can respond appropriately.

Reference: *N Z Med J.* 2010;123(1320):9-12.

<http://www.ncbi.nlm.nih.gov/pubmed/20720598>

A decision aid to support informed choices about bowel cancer screening among adults with low education: randomised controlled trial

Authors: Smith SK et al

Summary: This study was conducted in areas in New South Wales, Australia, identified as socioeconomically disadvantaged (low education attainment, high unemployment, and unskilled occupations), to determine whether a decision aid designed for adults with low education and literacy can support informed choice and involvement in decisions about screening for bowel cancer. The study involved 572 adults (55–64 years) with low educational attainment, eligible for bowel cancer screening. The intervention group received a patient decision aid comprising a paper-based interactive booklet (with and without a question prompt list) and a DVD, presenting quantitative risk information on the possible outcomes of screening using faecal occult blood testing compared with no testing. The control group received standard information developed for the Australian national bowel screening programme. Participants who received the decision aid showed higher levels of knowledge than the controls; mean scores (maximum score 12) were 6.50 for the decision aid group and 4.10 for the control group ($p < 0.001$). Fewer participants in the decision aid group compared with those in the control group expressed favourable attitudes towards screening (51% vs 65%; $p = 0.002$) and the participation rate for screening was reduced in the decision aid group: 59% completed faecal occult blood testing versus 75% in the control group ($p = 0.001$). The decision aid increased the proportion of participants who made an informed choice, from 12% in the control group to 34% in the decision aid group ($p < 0.001$). More participants in the decision aid group had no decisional conflict about the screening decision compared with the controls (51% vs 38%; $p = 0.02$).

Comment: As follow-on to the previous paper, an interesting study on two counts. Firstly, the effectiveness of a decision aid support in improving knowledge about diagnostic testing without raising fear/anxiety. And secondly, that an informed choice (based on all evidence) is not always associated with uptake of screening.

Reference: *BMJ.* 2010;341:c5370.

<http://www.bmj.com/content/341/bmj.c5370>

Ethnicity Data publications

Three research papers produced by Te Rōpū Rangahau Hauora a Eru Pōmare (Wellington School of Medicine, University of Otago) and funded by the Ministry of Health were released in December 2010.

- **Ethnicity, National Identity and 'New Zealanders':** Considerations for Monitoring Māori Health and Ethnic Inequalities.
- **Improving and Maintaining Quality in Ethnicity Data Collection:** Issues for the Health and Disability Sector.
- **Classification and Output of Multiple Ethnicities:** Considerations for Monitoring Māori Health.

These papers are available online at www.maorihealth.govt.nz

The three papers complete a series of five topic-based papers considering key current and future issues in ethnicity data and the potential implications on the Māori health sector. The previously released papers include: *Issues in Monitoring Māori Health and Ethnic Disparities: an Update* which was released in December 2009 and *The Politics and Practice of Counting: Ethnicity in Official Statistics in Aotearoa/New Zealand*, released in September 2010.

The papers are aimed as a resource for those collecting, recording, and reporting ethnicity data in the health and disability sector, and particularly, for those interested in Māori health and ethnic inequalities.

Incidence and management of high grade glioma in Māori and non-Māori patients

Authors: Alexander H et al

Summary: These researchers retrospectively analysed data from 301 patients undergoing surgery for high-grade glioma (HGG) in New Zealand between 1993 and 2003. The study aimed to determine the relationship of ethnicity with incidence, treatment and survival. Age-standardised incidence rates for HGG did not differ between Māori and non-Māori patients (4.2 vs 4.1 per 100,000 person years). Māori were more likely to have complete tumour resection (OR, 3.59) but waited 1.32 times longer for radiotherapy. Median survival was 29 weeks, with poorer survival in Māori compared to non-Māori (HR, 1.55).

Comment: An example of researching the health care pathway – and that it's not enough to stop at incidence rates when they appear 'equal'. As the researchers have shown, despite equal rates in occurrence and initial treatment, the disparities in long-term treatment appear to contribute to poor outcomes for Māori with this aggressive tumour.

Reference: *J Clin Neurosci.* 2010;17(9):1144-7.

<http://tinyurl.com/4k4b93d>

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SIDS-related knowledge and infant care practices among Māori mothers

Authors: Tipene-Leach D et al

Summary: Outcomes are reported from a survey of Māori mothers who gave birth in the Counties Manukau District Health Board area. This survey investigated what these mothers know about SIDS prevention, and sought to determine their SIDS-related child care practices. Results were compared with a similar 2005 survey of a largely European sample. Knowledge of Māori mothers about SIDS prevention was much lower than for European mothers. More Māori infants slept prone and Māori mothers stopped breastfeeding significantly earlier. Although co-sleeping rates were similar, bedsharing increased to 65% for some part of the night. In addition, more than half of the Māori mothers had smoked in pregnancy and 21% of them were sharing a bed with their infant. Potentially unsafe soft objects such as rolled blankets or pillows were used by a third of mothers to help maintain the sleep position.

Comment: It would be easy to appoint blame with mums ("why can't you stop smoking, breastfeed longer and stop sleeping with baby?") but as the authors say, the information should be used to develop appropriate measures. SIDS continues to be a major cause of Māori babies dying; providers must ensure better outcomes for pēpi through the provision of effective education, support and resources.

Reference: *N Z Med J.* 2010;123(1326):88-96

<http://www.nzma.org.nz/journal/abstract.php?id=4445>

Pōwhiri process in mental health research

Authors: McClintock K et al

Summary: Māori value the traditional Pōwhiri process of engagement and participation in mental health; the practices and protocols of this process are founded on the notion of respect and positive relationships between the tangata whenua (hosts or research participants) and manuwhiri (guests or researchers). The paper's authors suggest that the Pōwhiri process may be a model applicable to research with other indigenous cultures.

Comment: A great example of a Kaupapa Māori methodology being presented in an international forum. The authors have not only described the process so that others may consider utilising it in their research methods, they have also provided an informative critique.

Reference: *Int J Soc Psychiatry.* 2010 Nov 18. [Epub ahead of print]

<http://isp.sagepub.com/content/early/2010/11/16/0020764010387067>

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