ISSN 1178-6191

Māori Health Review™

Making Education Easy

Issue 49 – 2014

In this issue:

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
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Do changes in socioeconomic factors lead to changes in mental health? Findings from three waves of a population based panel study

Authors: McKenzie SK et al.

Summary: These University of Otago researchers analysed data from three waves of a panel study providing information on mental health, psychological distress, labour force status, household income, area and individual deprivation, in this investigation into changes in multiple socioeconomic measures and mental health/illness over time within individuals. The data were analysed by fixed-effects regression modelling to control for time-invariant unobserved confounders. Moving into inactive labour force status was associated with a 1.34 unit decline in SF-36 mental health score and a 0.50 unit increase in psychological distress score. Increased individual deprivation resulted in a 1.47 unit decline in mental health score and a 0.57 unit increase in psychological distress. Increasing and decreasing levels of individual deprivation were associated with significant changes in both outcomes.

Comment: Readers may also be interested in reviewing a similar study, but with Māori context. Mauri Mahi, Mauri Ora is research based on the sudden closures of two freezing works in the Hawkes Bay. The researchers (a partnership between Te Rōpū Rangahau Hauora a Eru Pōmare and Ngāti Kahungunu) measured the effects of large-scale redundancies on health. Vera Keefe-Ormsby, Ngāti Pāhauwera, Ngāti Raukawa, Rongomaiwahine, led this research until, sadly, she passed away in 2005. For more information, see: http://www.otago.ac.nz/wellington/research/erupomare/projects/otago019495.html

Reference: J Epidemiol Community Health 2014;68(3):253-60
Abstract

The use of androgen deprivation therapy (ADT) and chemotherapeutic agents in New Zealand men with prostate cancer

Authors: Lawrenson R et al.

Summary: This paper reports data from a nationwide audit of androgen deprivation therapy (ADT) and chemotherapy treatment for prostate cancer undertaken in New Zealand men within the first year after prostate cancer diagnosis. The study population included 15,947 men diagnosed with prostate cancer between 2006 and 2011; 4978 (31%) were prescribed ADT or chemotherapeutic agents. ADT was dispensed for 72% of men with metastatic disease, while only 24 men (0.2%) received chemotherapeutic agents. Age-adjusted analyses revealed that compared with younger men, older men (>70 years) with advanced (regional or metastatic) disease were more likely to receive anti-androgens only and to be treated with orchidectomy. Māori and Pacific men (compared with non-Māori/non-Pacific men) were more likely to receive pharmacological ADT; Māori men were also more likely to be treated with orchidectomy.

Comment: Although this audit focused on treatment for prostate cancer (and showed clear under-utilisation of medical treatments for men with advanced disease and higher rates of orchidectomy for Māori), the study has also highlighted issues in the quality of data, with 72% of men registered with prostate cancer having "unknown" extent of disease. This has major implications for equity.

Reference: J Cancer 2013;5(3):214-20
Abstract

Patient age, ethnicity and waiting times determine the likelihood of non-attendance at a first specialist rheumatology assessment

Authors: Milne V et al.

Summary: This paper examines demographic and geographic factors associated with non-attendance for first specialist assessment (FSA) in publicly-funded New Zealand rheumatology services and it suggests changes in service provision that might improve attendance rates. The study researchers collected administrative data for 1953 new referrals over a 2-year period from a single public rheumatology unit. Non-attendance was found to be associated with ethnicity, age and waiting times. Māori and Pacific Peoples were each almost twice as likely to miss a FSA (p=0.02; OR 1.87; 95% CI 1.11 to 3.15 and OR 1.89; 95% CI 1.11 to 3.22) as New Zealand Europeans. Patients aged 20–29 years were least likely to attend appointments (p≤0.001; OR 2.81; 95% CI 1.59 to 4.98). Non-attendance was independently associated with longer waiting times to FSA; the uneven provision of services and being domiciled further from the main rheumatology clinic were strong predictors of longer waiting times (p≤0.001).

Comment: Enjoying these rheumatology-led papers recently, particularly the focus on 'system factors' in their discussions.

Reference: Int J Rheum Dis 2014;17(1):19-25
Abstract

Youth dietary intake and weight status: Healthful neighborhood food environments enhance the protective role of supportive family home environments

Authors: Berge JM et al.

Summary: This US-based study investigated individual and joint associations of the home environment and the neighbourhood-built environment with adolescent dietary patterns and body mass index (BMI) z-score. Data were analysed from 2682 racially/ethnically and socioeconomically diverse adolescents (53.2% girls; mean age 14.4 years) attending Minnesota middle and high schools who participated in the EAT (Eating and Activity in Teens) 2010 study. Study participants completed height and weight measurements and surveys. In multiple regression analyses, supportive family environments (i.e., higher family functioning, frequent family meals, and parent modelling of healthful eating) were associated with higher adolescent fruit and vegetable intake, lower fast food consumption, and lower BMI z-score. Fewer associations were observed between the built environment and adolescent outcomes. Evidence indicated that the relationship between a supportive family environment and adolescent fruit and vegetable intake and BMI was enhanced when the neighbourhood was supportive of healthful behaviour.

Comment: Although some argue that it is easier to change the household/family environment, this research found simultaneous improvement to both the home and neighbourhood may have greater impact on nutrition, weight and other outcomes. Numerous examples of regulatory opportunities exist at the national, state and local levels to mandate action and to allocate funds for promising health-promoting strategies. Regulatory approaches also have the potential to send a message about what is acceptable behaviour for corporations.

Reference: Health Place 2014;26:69-77
Abstract

Congratulations to Lye Funn Ng,
a pharmacist who has returned to Otago University to study full-time. Lye Funn is the winner of an iPad Mini from our recent Subscriptions Update competition.

Reducing the pain of intramuscular benzathine penicillin injections in the rheumatic fever population of Counties Manukau District Health Board

Authors: Russell K et al.

Summary: Outcomes are reported in this paper from a survey involving patients with rheumatic fever treated with four weekly intramuscular (IM) benzathine penicillin injections in the Counties Manukau District Health Board (CMDHB) region. The survey evaluated the effectiveness of 0.25 mL of lignocaine 2% and a vibrating device with cold pack (Buzzy) for pain management of their injections. Patients were also questioned about their fear. The lignocaine was mixed in with the benzathine penicillin prior to administration. Pain scores were assessed during, at 2 min and 1 hour after administration and the following day. Pain at injection delivery and fear scores were higher for participants aged ≤13 years. Overall pain scores were significantly reduced with lignocaine and Buzzy over all four time points and there was a corresponding significant reduction in fear of the injections. Lignocaine and Buzzy resulted in a greater reduction in pain than lignocaine alone, only when the injection was being administered to those ≤13 years. Results of a file audit undertaken five months later showed that 66% of all rheumatic fever patients of CMDHB were choosing to use lignocaine and 43% were choosing to use Buzzy. In total, 71% of all rheumatic fever patients were choosing one or both of these analgesic interventions.

Comment: A great example of research that is not only driven by a local health issue but reports on implementation.

Reference: J Paediatr Child Health 2014;50(2):112-7
Abstract

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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.

The cost of a healthy and sustainable diet – who can afford it?

Authors: Barosh L et al.

Summary: These researchers recorded the cost of both a typical basket of food and a hypothetical healthy and sustainable (H&S) basket in five neighbourhoods that differed by food sub-systems, socioeconomic levels and household income levels in Greater Western Sydney, Australia. The affordability of the baskets was determined across household income quintiles. In all five neighbourhoods, the cost of the H&S basket was more than the typical basket. The most socioeconomically disadvantaged neighbourhood spent proportionately more (30%) to buy the H&S basket. Within household income levels, the greatest inequity was found in the middle income neighbourhood, with households in the lowest income quintile having to spend up to 48% of their weekly income to buy the H&S basket, while households in the highest income quintile would have to spend significantly less of their weekly income (9%).

Comment: A really interesting paper confirming what many of us suspected. Perhaps such robust evidence will inform appropriate policies?

Reference: Aust N Z J Public Health 2014;38(1):7-12
Abstract

Sites of institutional racism in public health policy making in New Zealand

Author: Came H

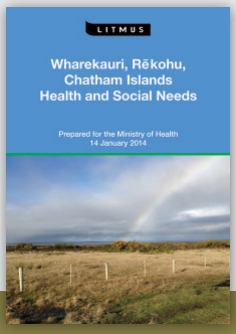
Summary: This paper critically evaluated public health policy making in New Zealand during the period 2009 through 2011. Using a mixed methods approach and critical anti-racism scholarship, the study author identified compelling evidence from multiple sources confirming institutional racism within five specific sites of Crown policy making. These sites include majoritarian decision making, the misuse of evidence, deficiencies in both cultural competencies and consultation processes and the impact of Crown filters. The paper concludes that "*these findings suggest the failure of quality assurance systems, existing anti-racism initiatives and health sector leadership to detect and eliminate racism*".

Comment: It was great to see Heather, the author of this paper, at the recent Nga Pae o te Māramatanga hui held at Waipapa Marae. For more information on the hui, and the call to take action on the cuts to its funding as a centre of excellence in rangahau Māori, check out the website: http://www.maramatanga.ac.nz/news-events/events/value-and-future-m-ori-research

Reference: Soc Sci Med 2014;106:214-220
Abstract

Wharekauri, Rēkohu, Chatham Islands Health and Social Needs

In January a report on the health and social needs of Chatham Islanders was released. The Ministry of Health funded the report as part of its commitment to Whānau Ora and the Chatham Islands Māori health provider Ha O Te Ora O Wharekauri Trust.



This report is available for download from the Ministry of Health website
http://www.health.govt.nz/publication/wharekauri-rekohu-chatham-islands-health-and-social-needs

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

Evaluation of a school-based health education program for urban Indigenous young people in Australia

Authors: Malseed C et al.

Summary: This study investigated the effectiveness of a school-based health program for Indigenous Australian students in Brisbane, between April and October 2013. The Deadly Choices? health education program was delivered weekly at 6 education facilities to participants from years 7 to 12 over 7 weeks. One school that received the Deadly Choices program the following term acted as the control group. All participants were surveyed immediately prior to and after the intervention to assess its impact upon knowledge, attitudes, self-efficacy and behaviours in relation to chronic disease and associated risk factors. Participants within the intervention group reported mostly significant improvements over time for questions relating to knowledge, attitudes and self-efficacy regarding leadership, chronic disease and risk factors. They also reported significant changes in regard to breakfast frequency ($p=0.002$), physical activity frequency ($p\leq0.001$), fruit ($p=0.004$) and vegetable ($p\leq0.001$) intake. Overall, there were few significant differences between the control and intervention groups regarding health attitudes and behaviours; considerably more improvements were observed relating to self-efficacy and knowledge of chronic disease and associated risk factors between groups. The program also facilitated 30 Aboriginal and Torres Strait Islander health checks for participants.

Comment: I think it can be sometimes difficult to provide short-term 'statistical evidence' that health promotion activities make a difference. As these authors point out, there are significant wider benefits, such as leadership, facilitation and self-efficacy, which must be highlighted in evaluations.

Reference: Health 2014;6(7):587-97
Abstract

Living on climate-changed country: Indigenous health, well-being and climate change in remote Australian communities

Authors: Green D, Minchin L

Summary: This paper describes the gap between the health and well-being status of Indigenous people living in remote areas of northern Australia and non-Indigenous Australians. This disparity is predicted to increase over time, due to direct and indirect impacts resulting from expected large increases in hot spells in desert regions and more extremes in rainfall in other areas of the north. The paper argues that it is time to explicitly draw on Indigenous definitions of health, which directly address the need to connect individual and community health to the health of their country, in order to develop effective climate adaptation and health strategies. The authors explain how current health policies overlook this 'missing' dimension of Indigenous connection to country, and why that is likely to be detrimental to the health and well-being of people living in remote communities in a climate-changed future.

Comment: This article struck a chord with me, particularly the call to be inspired by Indigenous definitions of health in order to attend to the 'missing' dimension – the connection between the well-being of people with the health of their country.

Reference: Ecohealth 2014 Jan 14 [Epub ahead of print]
Abstract

Māori experiences of aphasia therapy: "But I'm from Hauiti and we've got shags"

Authors: McLellan KM et al.

Summary: This assessment of Māori experiences of aphasia therapy sought to determine what makes a service culturally safe as well as "accessible to and culturally appropriate for" Māori with aphasia and their whānau. In-depth semi-structured interviews were undertaken with 11 Māori with aphasia and 23 of their nominated whānau members. They reported a wide variety of experiences of aphasia therapy, embedded within 6 themes: We're happy to do the work, but we can't do it alone; Relationship; Our worldview; The speech-language therapy setting; Aphasia resources; and Is this as good as it gets? While some Māori with aphasia reportedly received an accessible and culturally appropriate service, others did not. The paper highlights the importance of a strong therapeutic relationship for Māori with aphasia. It advises that therapy will be successful when there is collaboration between the clinician and whānau, with therapy resources that affirm the identity of the person with aphasia.

Comment: Okay, a bit of a plug for my PhD student (who passed her exam last month, congratulations Karen!). Seriously however, speech therapy is an area often critiqued by Māori with stroke and their whānau. This study has shed light on the good and bad; plans are underway to refine or address these in ways that improve speech therapy and outcomes for Māori.

Reference: Int J Speech Lang Pathol 2013 Dec 20 [Epub ahead of print]
Abstract