

Pacific Health Review

Making Education Easy

Issue 30 – 2021

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Abbreviations used in this issue

ACS = acute coronary syndrome
ANZACS-QI = All New Zealand Acute Coronary Syndrome Quality Improvement
COVID-19 = coronavirus disease 2019

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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 relevant to Pacific people living in Aotearoa New Zealand, including evidence that Pacific patients need better support in the first year post ACS to ensure that they adhere to treatment with statins, a study of young Pacific male athletes' attitudes toward mental health help-seeking, and trends in acute rheumatic fever and rheumatic heart disease in NZ. Also in this issue, we report barriers to cancer diagnosis in Samoa, compliance (or lack of it) with COVID-19 restrictions at funerals in Fiji, and sexual and reproductive health care in the Pacific during the COVID-19 pandemic. We hope you find these and the other selected studies interesting, and welcome your feedback.

Kind regards,

Associate Professor Collin Tukuitonga

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Demographic differences in the initiation and maintenance of statins in the first year post ACS in New Zealand

Authors: Muniandy A et al.

Summary: This data linkage study used ANZACS-QI registry data to evaluate the use of statins in the first year after ACS in NZ. The cohort comprised 16,557 consecutive NZ residents aged 35–84 years (mean age 64.7 years; 68.2% male) who presented to a public hospital with myocardial infarction or unstable angina in 2015–2017. Patients were European/Other (77.8%), Māori (10.9%), Pacific (4.3%), Indian (4.2%) and Other Asian (2.8%). 93.2% of patients were prescribed a statin at discharge. Initial prescribing of statins was higher in men than women, similar across Māori, Pacific and European/Other groups, but slightly higher in Indian patients. Overall, 79.8% of patients had a statin medication possession ratio (MPR) ≥ 0.8 in the first year post discharge but only 61.0% had an ideal MPR ≥ 1 . Despite similar initial prescribing and dispensing rates, only 50.8% of Māori and 53.7% of Pacific patients had ideal MPRs in the first year post discharge, lower than Indian (65.1%), Other Asian (64.4%) and European/Other (62.5%). Māori and Pacific patients were disproportionately represented in the suboptimal MPR category.

Comment: Coronary artery disease (CAD) is the leading cause of preventable morbidity and mortality in NZ. Despite evidence that Pacific adults have high morbidity and mortality rates from CAD, they continue to have the worst outcomes. This study is further evidence of the inequities whereby similar prescribing and dispensing rates at discharge were not sustained at follow up. Approximately half of all Pacific (and Māori) patients had suboptimal MPRs in the first year post discharge. The MPR measures the percentage of time a patient has access to medication. This study shows that Pacific (and Māori) patients need better education, advice and support following a cardiac event to ensure that they adhere to statins. The consensus is that patients who receive statins have a 20–30% reduction in death and major cardiovascular events.

Reference: *N Z Med J* 2021;134(1534):31–45

[Abstract](#)

Young Pacific male athletes' attitudes toward mental health help-seeking in Aotearoa New Zealand

Authors: Marsters CPE et al.

Summary: This mixed-methods study investigated the views and experiences of mental health help-seeking among young Pacific male athletes (n=123). The results revealed that athletes held low levels of 'personal stigma' and were supportive of other athletes seeking help for mental distress. However, they also held high levels of 'perceived stigma' and negative views about seeking help for their own mental distress.

Comment: Increasing concerns about the mental health and wellbeing of sports people prompted this mixed-methods study of 123 Pacific male athletes and 12 stakeholders to explore views and experiences of mental health-seeking behaviour. Stigma was found to be an important factor shaping behaviours. Young Pacific male athletes are less willing to seek help for themselves when they experience mental health challenges, largely out of fear that disclosing their mental health challenges will have negative consequences for their personal lives and professional careers. However, study participants were supportive of others seeking help for themselves. The authors provided useful guidance on supporting young Pacific sportsmen to seek help and support.

Reference: *Asia Pac J Public Health* 2021; published online Jun 30

[Abstract](#)

An analysis of the sustainability of a Collaborative Care Program used to deliver integrated mental health care within a Micronesian Island state

Authors: Haack SA et al.

Summary: The Collaborative Care Model (CoCM) enhances the delivery of access to mental health services in primary care centres. Key factors to programme sustainability have previously been investigated in high-income country settings. This study evaluated how well factors associated with programme sustainability have been incorporated into a CoCM in Kosrae, Federated States of Micronesia. The strengths of the CoCM in Kosrae included its supportive leadership, a strong care manager, an engaged primary care provider champion, and team member training. Opportunities for growth of the programme included further development of its financial viability, information technology systems, change readiness, and operational procedures. The lessons learned from implementation of the programme in Kosrae are applicable to other integrated care programmes in similar Pacific Island countries.

Comment: Access to mental health services is a global problem and especially in the small islands of the Pacific region. The CoCM offers improved mental health services in primary care settings in high-income countries. This study investigated CoCM in a low-resource setting in the Federated States of Micronesia where mental health services are often not well funded and have chronic staffing shortages. This study found several success factors including strong case management, supportive leadership, training and a primary care champion. The study findings are applicable to other small islands in the Pacific region.

Reference: *Asia Pac J Public Health 2021; published online Jun 4*
[Abstract](#)

Delays in the pathway to cancer diagnosis in Samoa

Authors: Cuesta-Briand B et al.

Summary: This qualitative study explored barriers to cancer diagnosis in Samoa. 19 Samoan cancer patients were interviewed, and their responses were evaluated using thematic data analysis. Cancer knowledge and attitudes toward pain were found to be strongly influenced by culture and community beliefs. Lack of follow-up resulted in significant treatment delays, and ineffective patient-doctor communication triggered feelings of uncertainty and mistrust in the health care system. Efforts to address knowledge gaps need to be accompanied by broader strategies addressing local health care capacity issues.

Comment: Cancer is common in Pacific Islands Countries and Territories (PICTs), including Samoa. Many PICTs do not have (or have poorly developed) cancer screening, pathology, oncology, surgical, and palliative care services. Cancer patients in PICTs present late, resulting in poor outcomes. Traditional beliefs have an important role in shaping attitudes towards health and disease causation in Polynesian cultures. This study explored cancer knowledge and attitudes towards pain in 19 patients with cancer in Samoa. Lack of follow-up resulted in treatment delays compounded by ineffective patient-doctor communication which eroded trust in the system. Addressing knowledge gaps needs to be supported by improved system capacity to provide timely treatment.

Reference: *Asia Pac J Public Health 2021; published online Jun 2*
[Abstract](#)



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I keep looking at what I'm doing to my organs: Samoans' responses to adapted anti-tobacco television advertisements

Authors: Umali E et al.

Summary: This study investigated the success of adapted anti-tobacco TV advertisements for the Tu'u Nei Loa Le Ulaula Tapa'a (Stop Smoking Now) campaign in Samoa. Adaptations were made to ensure the advertisements were culturally appropriate for the Samoan population. 54 smokers and non-smokers in Apia were interviewed to determine their perception of the adapted advertisements. Thematic analysis of their responses suggested that the advertisements raised awareness of the negative health impacts of tobacco use, especially to the internal organs. Advertisements that were graphic and emotionally evocative were considered more likely to motivate Samoans to quit smoking.

Comment: Smoking is the largest preventable cause of illness and death in the Pacific Islands. The prevalence of smoking in adult populations in some islands is among the highest in the world. Despite education and regulatory interventions, smoking remains high in most islands, including Samoa. It is important that every effort is made to reduce smoking uptake among young people, and smokers are encouraged and supported to quit. This study investigated perceptions of adapted TV advertisements among smokers and non-smokers in Samoa. Graphic and evocative advertisements raised awareness of the negative impacts of tobacco use, especially advertisements that impact the family. The Stop Smoking Now campaign, adapted for the local situation, has the potential to have an impact in other small islands of the Pacific region.

Reference: *Asia Pac J Public Health 2021; published online Jun 2*
[Abstract](#)

Urban-rural compliance variability to COVID-19 restrictions of indigenous Fijian (iTaukei) funerals in Fiji

Authors: Vave R

Summary: This study analysed Facebook posts to determine urban/rural compliance variability to COVID-19 restrictions at indigenous Fijian (iTaukei) funerals. 20 funerals in Fiji were analysed. 95% of the funerals exceeded social gathering limits, with greater crowd sizes in rural than urban communities. 75% of the funerals did not adhere to the 2-m social distancing requirement (80% of these were in rural areas). Higher compliance to social gathering limits and social distancing requirements at urban funerals was in part due to the presence of a recognised authority to enforce the restrictions. Health authorities need to utilise a social lens that incorporates cultural differences to ensure maximum compliance.

Comment: The COVID-19 pandemic has changed the way communities have responded to the restrictions placed on large gatherings, including funerals and tangihanga. Many families and communities around the world have expressed disappointment at not being able to mourn their deceased friends and relatives in traditional ways. Often sick relatives die alone in a hospital or treatment setting. This is an interesting study based on 20 funerals of indigenous people in Fiji. It is not surprising that the majority of the funerals exceeded social gathering limits and social distancing requirements. Study findings suggest that better information is needed and health authorities need to revise their guidelines on funerals to better accommodate family and community expectations. This is an important and topical issue for Pacific and Māori people in Aotearoa.

Reference: *Asia Pac J Public Health 2021; published online Apr 14*
[Abstract](#)

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Independent commentary by Associate Professor Collin Tukuitonga



Associate Professor 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.

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The COVID-19 pandemic and sexual and reproductive health and rights in the Pacific

Authors: Dawson A et al.

Summary: This article discussed the delivery of sexual and reproductive health (SRH) care in Pacific Island countries during the COVID-19 pandemic. Health professionals are under immense pressure to deliver SRH care in the Pacific during COVID. Contraceptive supplies are compromised at times, some midwives and nurses are deployed for COVID-19 preparedness activities (reducing their ability to deliver clinical SRH services), and reduced clinic operating times and fear and anxiety associated with contracting COVID-19 may affect the number of people seeking SRH care. Task sharing by trained and credentialed nurses and midwives will improve access to contraception. Initiatives to provide affordable and reliable networks for internet communication need to be scaled-up to facilitate confidential virtual consultations for SRH care, especially for vulnerable populations. Wherever possible, clients should be counselled on the benefits of long-acting reversible contraception (as part of a wider range of contraceptive methods), as these will provide long-term protection and reduce the need for clinic visits.

Comment: Delivery of SRH services in the Pacific Islands is hampered by resource constraints and cultural barriers. These challenges have been exacerbated by the COVID-19 pandemic, further restrictions on the supply chain, and limitations on opening hours for clinics. Furthermore, staff who normally provide SRH services have been diverted to work on the pandemic. This communication is a timely reminder of the importance of continuing to ensure that SRH information and services are maintained through innovative arrangements such as virtual consultations. SRH services are particularly important in some islands of the Pacific region where fertility rates are high. In addition, the risk of intimate partner violence is likely to increase with restrictions on movement and people being confined to their homes. Many local services for survivors, including hotlines, shelters, rape crisis centres, and counselling services, have been closed or have limited hours. The incidence of family harm has increased in Aotearoa during the lockdowns. Health professionals and social service providers are encouraged to be vigilant about family harm.

Reference: *Asia Pac J Public Health* 2021; published online Mar 20

[Abstract](#)

Trends in mortality and life expectancy in Fiji over 20 years

Authors: Dearie C et al.

Summary: This study investigated trends in mortality and life expectancy in Fiji over a 20-year period from 1996 to 2017. Infant mortality rates (IMRs) and under-5 mortality rates (U5MRs) for iTaukei and Fijians of Indian descent declined during the study period. The decline in U5MR for iTaukei was significant (from 24.6 to 20.1 per 1000 live births; $p=0.016$). Mortality in the age range 15–59 years was unchanged for iTaukei males (27%), but declined from 33% to 30% for male Fijians of Indian descent ($p=0.101$). Mortality for iTaukei females aged 15–59 years increased from 22% to 24% ($p=0.011$) but for Indian females decreased significantly from 20% to 18% ($p=0.240$). Directly age-standardised death rates (DASRs) for the period 1996–2017 were lower in iTaukei males than Indian Fijian males. Overall, DASRs declined significantly for iTaukei (both sexes; $p<0.05$), but not for Indians (both sexes; $p>0.05$). In 2014/17, life expectancy was 68.2 years in Indian females, 67.0 years in iTaukei females, 64.9 years in iTaukei males, and 63.5 years in Indian males.

Comment: The Pacific Community (SPC) reported similar findings on IMR and U5MR for two decades (2000–2020) where there were significant and commendable declines in both IMR and U5MR in Fiji and other Pacific nations. Declines in IMR and U5MR were thought to be due to improvements in nutrition and socioeconomic environments in Fiji and other Pacific islands. However, SPC showed that life expectancy at birth in Fiji had plateaued or declined during the same period. The decline was attributed to a rise in non-communicable disease mortality. This finding contrasts with a small increase in life expectancy in this study. Life expectancy in both indigenous Fijians and Indian males and females has significant potential for improvement.

Reference: *BMC Public Health* 2021;21(1):1185

[Abstract](#)

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Ethnically disparate disease progression and outcomes among acute rheumatic fever patients in New Zealand, 1989–2015

Authors: Oliver J et al.

Summary: This study investigated outcomes for patients born after 1983 who were hospitalised with acute rheumatic fever (ARF) in NZ in 1989–2012. Overall, 2182 patients were included. 86.4% of patients did not experience disease progression (recurrent hospitalisation for ARF or hospitalisation for rheumatic heart disease [RHD]) by the end of 2015. During 26.8 years of follow-up, the probability of disease progression was 24.0% and the probability of death was 1.0%. Progression was faster and approximately twice as likely in Māori and Pacific patients. Of 435 patients hospitalised with initial RHD, 82.2% had not been previously hospitalised for ARF.

Comment: ARF/RHD continues to be an important cause of morbidity and mortality in Aotearoa New Zealand despite decades of programmes designed to prevent it. ARF/RHD affects mainly Māori and Pacific children aged 5–15 years, especially in Auckland. ARF/RHD is widely regarded as a disease of poverty and the findings in Aotearoa New Zealand are unusual for most OECD nations and a source of continuing criticism of our health, housing and social services. This study showed that the majority of 2182 patients followed up over approximately 27 years did not show disease progression. However, Māori and Pacific children showed faster and higher rates of disease progression. The findings suggest that ARF/RHD remains a priority for interventions into the future.

Reference: *Emerg Infect Dis* 2021;27(7):1893-1902

[Abstract](#)

Overseas Medical Referral: The health system challenges for Pacific Island countries

Authors: Boudville A et al.

Summary: The delivery of specialised clinical services in Pacific Island countries is an increasing challenge in the context of a rising burden of non-communicable diseases. This article discussed the practice of Overseas Medical Referral (OMR) in the region. Data were collected from 16 Pacific Island countries. Analysis of the data showed that OMR policies are often weak or incomplete, with inadequate systems in need of reform. OMR needs to be fully integrated into national health referral systems, and national strategic planning and prioritisation processes are needed. Data should be collected on OMR service providers in the recipient countries and the outcomes of clinical care. These reforms will make a move towards increased regional cooperation and strategic purchasing possible.

Comment: Health systems in Pacific Islands Countries and Territories (PICTs) are small and poorly funded. As a result, health systems do not have the range of specialist skills nor the ability to provide low volume but specialised health services. Many of the patients in PICTs needing specialised diagnostic and treatment services are referred to Pacific Rim nations and beyond. OMRs are costly to PICTs governments and the system is open to abuse. OMRs are an integral part of PICT health systems given resource constraints, and Pacific nations are encouraged to review and reform their OMR systems to ensure fairness, reduce costs and improve patient outcomes.

Reference: *Pacific Health* 2021; published online Apr 12

[Abstract](#)

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