

Māori Health Review

Making Education Easy

Issue 22 – 2009

In this issue:

- *What future for Māori health?*
- *Ngāti Porou health disparities*
- *Māori experiences of health care*
- *Ethnic disparities in cervical cancer*
- *Improving participation in breast screening*
- *Ethnicity data: issues and challenges*
- *Health care for NZ secondary school students*
- *Non-attendance at diabetes annual review*
- *Hazardous drinking in Māori tertiary students*
- *The activities of the LIME Network*

Tēnā koutou, tēnā koutou, tēnā tātou katoa

Ko tēnei te mihi mahana ki a koutou katoa. Nau mai ki tēnei tirohanga hou Hauora Māori. I tēnei putanga ka pāhotia ētahi kōrero whakahirahira mai i te hui o Te Ohu Rata o Aotearoa. Nō reira noho ora mai rā.

Rhys & Matire

Greetings

This issue discusses presentations given at the Te ORA Conference and Hui ā-tau, held in early September, Wellington. The theme of this year's conference was 'Whiti ki Te Ao Mārama – Determining our Future'. The theme addresses the ways by which communities, families and individuals can determine the future for health Māori communities – in the face of adversity.

Importantly, this was the first Te ORA hui without Dr Paratene Ngata. His presence was felt throughout the hui – in the kōrero, whakawhanaungatanga session and award evening at which Dr Rachel Thomson was presented the Paratene Ngata Award for Te Ngakau Ora. We were particularly grateful that Ngaroma, Pat's wife, came and that she continues, with Tony and Anne Ruakere, to 'look after' us.

More information is available on the conference website

http://www.teora.maori.nz/26/scientific_conference

Matire

Dr Matire Harwood

matire@maorihealthreview.co.nz

Whiti ki Te Ao Session 1: International medical education video-conference: Keynote Address

Commentary: (Matire Harwood) Te ORA were privileged to have Professor Mason Durie open the conference with his perspective (as tangata whenua and a doctor) on future opportunities and challenges for Māori health. This was in keeping with the theme 'Whiti ki Te Ao Mārama – Determining our future'. But as we know, to look forward you must also look back and Mason opened his kōrero with a chronicle of 'transformational' Māori doctors and their individual legacies; people like Maui and Eru Pōmare and more recently Paratene Ngata. Significant developments over the past 25 years in Māori health were presented along with the pathways to such change/improvements. These have included the development of Māori models of health, nationally-led policies, an indigenisation of health services, support for independent and specialised Māori providers and increased capacity in the Māori health workforce.

Mason suggested that 2010 is an appropriate time to look forward and identify ways to sustain these improvements. He proposed 5 key steps for the next 25 years (2010–2035): learning from our past; predicting the profile of Māori (projected number in 2035 estimated at 800,000!); scanning our 'environment' (looking at current Māori capabilities and possible benefits of technologies); understanding life course epidemiology (that what happens *in utero* and as pēpi/tamariki will have long-term impacts. Examples include poor management of glue ear by health services and the impacts this has on education, later employment etc); and development of 'scenarios' (where do we see Māori, Māori doctors, whānau ora and health care in 25 years time).

The presentation concluded with a frank discussion about the need for Māori doctors to 'step up' to the demand for leadership in Māori health. Mason suggested that we are ideally placed to undertake and work with others in this role given the potential of our 'distinctive' characteristics. As he sees it, Māori doctors should aspire to be exemplary practitioners (clinicians and researchers) and be participants in indigenous health networks. He inspired the audience to be proud of the unique skills and knowledge we have, our whakapapa, access to mātauranga Māori and iwi relationships, and our commitment to whānau ora.

He Ritenga Whakaro: Māori Experiences of Health Services



This research was funded by the Health Research Council, Accident Compensation Corporation and the Ministry of Health.

The research notes that while Māori have lower life expectancy, greater morbidity and higher rates of disability, they have less access to health and rehabilitation services than do non-Māori. The research sought to capture the perceptions of Māori consumers in order to contribute to a robust understanding of how the health system is or is not facilitating their access to health care.

An electronic link to this report can be found on the Māori Health website www.maorihealth.govt.nz



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

www.maorihealthreview.co.nz

a RESEARCH REVIEW publication

Ngāti Porou Health Disparities Report

Presenter: Dr Tania Riddell

Summary: In support of the Wai 1184 claim filed with the Waitangi Tribunal for and on behalf of Ngāti Porou Hauora and Ngāti Porou whanau and hapu, a report has been written within the process related to Treaty claim settlements. The research for this report draws upon data from the latest *Hauora* report i.e., for the 2000–2005 period. The report also includes a series of case studies for: cardiovascular disease; cancer; diabetes; mental health; acute rheumatic heart disease; ambulatory sensitive hospitalisations; childhood immunisations; and, smoking. The report discusses differences between Māori and non-Māori within the Tairāwhiti/ Ngāti Porou rohe especially in relation to life expectancy; mortality, morbidity; hospital procedures; and, years of life lost.

Comment: (Matire Harwood) An extremely moving and poignant presentation of the work Tania has undertaken on behalf of Dr Patarene Ngata and Ngāti Porou. Tania described the privilege and honour she felt when Dr Pat handed the task of writing the Claim to her in his last year but also the issues she faced when undertaking the mahi. She also had some useful tips for those people considering a similar project (including 'don't accept invitations for a cup of tea with kaumātua' and 'you need lots of friends and networks')!

As Dr Pat has said, Ngāti Porou are dying before their time and this was confirmed by the data; life expectancy for Māori is lower in the Tairāwhiti DHB region compared to most other DHBs and the disparity between Māori and non-Māori greater there than at other DHBs. Ngaroma, Pat's wife, advised the hui that "Pat's wish was that the Claim would address the inequalities in quality of health care provided to Māori and Ngāti Porou". Tania suggested the structural causes of disease require structural solutions and that Treaty Claims provide an ideal framework within which we can negotiate such changes.

Māori experiences of care: He ritenga whakaaro

Presenter: Dr Peter Jansen

Summary: This session discussed findings from research undertaken by Mauri Ora Associates into Māori patient experiences of health services. A telephone survey gathered information from 651 Māori on 1400 service encounters in the previous 6 months. According to quantitative analyses, while most respondents reported mostly good experiences, about 20% reported significantly different attitudes and perceptions based on their experiences. Many of this group expressed concerns about interactions with health professionals and hospital staff and were more likely to report they would avoid care in the future. The research indicates that the quality of interaction with health professionals can affect the patient's experience.

Comment: (Matire Harwood) Many of you will have heard Peter talk about, or have read, this report. I picked up a few new points from his presentation including the advantages of choosing appropriate methods (the value of telephone interviews particularly for follow-up surveys and ease/ability to monitor changes over time); that the concept of the 'patient experience' as a health outcome, although acknowledged by most, is not captured well and requires more work; and that stigmas and negative attitudes from health providers are cumulative. And as always, the presentation was infused with Peter's personality including his own anecdotes and unique sense of humour!

Survival and treatment of cervical cancer among Māori and non-Māori women in New Zealand

Presenter: Dr Melissa McLeod and Dr Ricci Harris

Summary: These researchers sought to determine if ethnic disparities in treatment and survival exist among a cohort of Māori (n=344) and non-Māori women (n=1567) with cervical cancer, who were retrospectively identified from the New Zealand Cancer Register between 1 January 1996 and 31 December 2006. Inequalities in incidence and mortality decreased over time. Over the entire cohort period, Māori women were more likely to be diagnosed at a later stage of disease and have poorer survival than non-Māori (stage-adjusted hazard ratio 1.64). However, survival disparities were also found to be decreasing over time. Māori women with cervical cancer had a slightly higher receipt of total hysterectomies, and similar receipt of radical hysterectomies and brachytherapy (age and stage adjusted).

Comment: (Matire Harwood) Another quality research project from the team at Te Rōpū Rangahau Hauora a Eru Pōmare. Ricci and Mel presented findings from one of the 'Unequal Treatment' projects – cervical cancer. The audience was pleased to see, and commented on, the improvements over time. Interim results from the qualitative aspect of the study have informed a number of excellent recommendations including a need to set national standards and the provision of free cervical smears. The authors highlighted the fact that many of the improvements in cervical cancer rates and outcomes are the result of significant work undertaken by Māori health providers and that this mahi should be acknowledged.

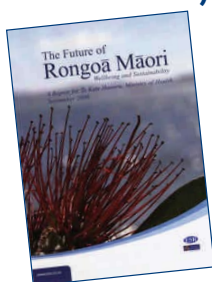
Subscribing to Māori Health Review

To subscribe or download previous editions of Māori Health Review

publications go to: www.maorihealthreview.co.nz

To unsubscribe reply to this email with unsubscribe in the subject line.

The Future of Rongoa Māori: Wellbeing and Sustainability



This research was undertaken by the Institute of Environmental Science and Research Ltd and the Ministry of Health.

Through two literature reviews, this research examined healer focus groups and stakeholder workshops and how Rongoā Māori contributes to indigenous wellbeing. The research also identifies issues for the ongoing sustainability of traditional Māori healing in New Zealand. For a synopsis of the issues examined in this research a summary report is available.

An electronic link to this report can be found on the Māori Health website www.maorihealth.govt.nz



Improving participation in breast screening in a rural general practice with a predominately Māori population

Presenter: Dr Rachel Thomson

Summary: This presentation described how breast screening participation was improved by a variety of community- and practice-based strategies in 2005 and 2007 in a rural general practice with a high Māori population, following the identification of issues that had adversely affected participation in 2003. The participation rate increased from less than 45% in 2003 to approximately 98% in both 2005 and 2007. As suggested in the presentation, the general principles underlying these strategies can be implemented in other General Practice and PHO settings to improve breast screening coverage, reduce ethnic inequalities in coverage and ultimately, improve breast cancer survival.

Comment: (Rhys Jones) This work was covered in Māori Health Review earlier in the year, but it is such a good story that it deserves another airing. A few years ago, at Rachel's rural general practice which serves a population that is 90% Māori, they discovered that the mobile breast screening bus was achieving pretty mediocre coverage. The clinic and community became heavily involved and managed to increase coverage to 98% in 2005 and 2007 – an awesome achievement! Some of the key ingredients were GP recommendation, humour, community education, team work and local knowledge, good practice systems, and aiming for 100% coverage. One of the main lessons is that interventions that are imposed from the outside are likely to fail, but when something is owned by the community remarkable outcomes are possible. This story challenges the myth that Māori are reluctant to use health care or to attend for screening. Some of Rachel's anecdotes also challenge the idea of cultural barriers to sensitive physical examination.

This study was published in the March edition of the New Zealand Medical Journal (2009;122(1291):39-47).

www.nzma.org.nz/journal/abstract.php?id=3510

Ethnicity data: current issues and challenges

Presenter: Dr Donna Cormack

Summary: This presentation discussed some key current and future issues in ethnicity data and potential implications for the Māori health sector in regard to the collection, classification and output of ethnicity data in the health sector, the ability to monitor ethnicity data over time, the barriers and facilitators to ethnicity data collection, and the intersection of ethnicity data with genetic discourses in relation to Māori health and ethnic disparities.

Comment: (Rhys Jones) Ethnicity is a complex and contested term, and the social and political contexts are constantly changing. In this presentation Donna gave an historical overview and outlined some of the current issues in Aotearoa. Ethnicity data can be used for good or evil: it should facilitate a better understanding of inequalities and provide for more effective interventions, but it is often linked to outdated notions of race and genetic explanations for inequalities. There was an interesting discussion about the 'New Zealander' response, which comprised 11.1% of the ethnicity responses in the 2006 Census. It is unclear how much of this is actual ethnic identification and how much is a protest response (or a response to being an 'unmarked' category). There is a risk that changes to ethnicity data policies and practices could compromise Māori rights and undermine the ability of the Crown to meet its obligations, so we need to continue to be vigilant in this area.

Te Ara Whakapiki Taitamariki Youth'07: The health and wellbeing of secondary school students in New Zealand

Presenter: Dr Sue Crengle

Summary: Key findings were presented for the 2059 students who reported Māori ethnicity in two national surveys of secondary school youth health and well-being; the Adolescent Health Research Group in 2001 (Youth2000) and 2007 (Youth'07). The data collected yield important information about health and wellbeing topics as well as factors that may increase or decrease the likelihood of young people experiencing positive health outcomes.

Comment: (Matire Harwood) Sue presented findings from this impressive research. The innovative methods for recruitment of taitamariki at both mainstream secondary schools and wharekura resulted in 73% response rates. Three important messages for health providers were presented. Firstly, over 80% of the Māori students interviewed said that they had seen a GP in the previous 12 months; this confirms the need to ensure appropriate services/care at practices. Secondly, Māori students found it more difficult to access health care when it was needed compared to Pākehā (23% compared with 14%). And so a focus on development of strategies to improve access to acute health care for Māori youth is also required. Finally, the researchers acknowledged the limitations of the study, the most significant being the fact that there was no voice from those taitamariki who are NOT at schools. Further research to identify their health needs/issues is a priority.

For more information about the study/results, check out the website – www.youth2000.ac.nz

*Independent commentary by Dr Matire Harwood,
Medical Research Institute of New Zealand*



naturalhealthreview.org

Your online resource featuring significant research summaries on natural health therapies related to a wide variety of health conditions.

www.naturalhealthreview.org

Why don't patients with diagnosed diabetes attend a free "Get Checked" annual review?

Presenter: Tesa Porter

Summary: To determine why many patients with diagnosed diabetes do not attend the free annual review provided by the New Zealand "Get Checked" programme (and specifically why ethnic minorities, in particular Māori, are under-represented), a cohort of 68 patients with diabetes was identified who had not attended an annual review in the previous 2 years. They were surveyed by questionnaire as to barriers surrounding attendance. Thematic analysis of the responses from 26 patients (a return rate of 38% for the questionnaire) identified key issues including difficulty with transport, conflict with work and lack of motivation. There were differences in responses between Māori and non-Māori.

Comment: (Rhys Jones) This was the first of two excellent presentations by medical students at the conference. The study examined explanations for non-attendance at diabetes annual review. Māori and Pacific respondents were more likely to identify difficulty with transport and family commitments as reasons for non-attendance. For European respondents, the most common reasons were having forgotten or believing they could manage their own diabetes. Another important issue for all participants was the lack of out-of-hours services. This identifies the need for services to better meet the needs of patients, particularly in relation to offering more flexible services.

This study was published in the September issue of the Journal of Primary Health Care (2009;1(3):222-5).

<http://tinyurl.com/kkr49f>

Privacy Policy: Research Review will record your email details on a secure database and will not release it to anyone without your prior approval. Research Review and you have the right to inspect, update or delete your details at any time.

The views expressed in this Publication are personal to the authors, and do not necessarily represent the views or policy of the Ministry of Health on the issues dealt with in the publication.

Disclaimer: This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.

Hazardous drinking among Māori university students: impacts and approaches

Presenter: Julia Wilson

Summary: Julia reported outcomes from a survey undertaken in 2007 of eight New Zealand university campuses investigating the level and pattern of alcohol use and its consequences among Māori students. Of a total of 3858 students surveyed, "equal explanatory power" in the sampling identified 1182 as Māori. Both male and female Māori students had high rates of alcohol consumption and hazardous drinking. During or following drinking, students experienced high levels of negative impacts on health, such as having blackouts and hangovers. There were also high levels of second-hand effects, the results of someone else's drinking, with more than 10% of students reporting having been assaulted. The survey also investigated possible modifying factors including prior drinking history and involvement with social and community groups. Julia discussed these findings and made some suggestions as to other potential means of reducing alcohol-related harm.

Comment: (Rhys Jones) Julia is also a medical student and her presentation generated a lot of discussion at the hui. While many of us could relate to the findings the extent of hazardous drinking behaviour is concerning. The survey found that consumption of alcohol among Māori students was very common and was associated with a range of adverse impacts for drinkers and those around them. Involvement in recreational, university, cultural and religious groups was considered likely to encourage responsible drinking, which suggests some possible approaches to reduce the harm from alcohol. However, this is a complex issue which will require a long-term, multi-sector approach to address. Reinstating the legal drinking age to 20 would be a good start.

LIME Network

Presenter: Odette Mazel

Summary: Odette Mazel is the Programme Manager for the Leaders in Indigenous Medical Education (LIME) Network, a Medical Deans Australia and New Zealand Project hosted by Onemda VicHealth Koori Health Unit within the Melbourne School of Population Health at The University of Melbourne. Odette's presentation sought to promote the activities of the LIME Network and to get those interested in improving Indigenous health through better medical education better engaged.

Comment: (Rhys Jones) LIME is an important network as we consider the dual challenges of developing the Māori medical workforce and improving the responsiveness of the medical workforce as a whole to Māori health. Odette's presentation aimed to build the network's links on this side of the Tasman and to support the mahi that is being done in Aotearoa. If you are committed to improving Indigenous health through better health professional education I would encourage you to become involved with LIME. A great opportunity to do so is coming up – the LIME Connection III conference is being held in Melbourne on 3–4 December 2009.

For more information go to www.limenetwork.net.au/

Independent commentary by Dr Rhys Jones, Senior Lecturer, Te Kupenga Hauora Māori, University of Auckland

Keep up to date with
research on
Pacific Health

To subscribe go to
www.pacifichealthreview.co.nz