

Pacific Health Review

Making Education Easy

Issue 27 – 2020

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Abbreviations used in this issue

COPD = chronic obstructive pulmonary disease
DHB = District Health Board
DNA = did not attend
NMNP = non-Māori/non-Pacific
POAC = Primary Options for Acute Care
WINZ = Work and Income New Zealand

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Kia orana, Fakaalofa lahi atu, Talofa lava, Malo e lelei, Bula vinaka, Taloha ni, Kia ora, Greetings.

Welcome to this issue of Pacific Health Review.

We are pleased to bring you a selection of recent publications relevant to Pacific health, focused on issues including mental health, long-term conditions, multimorbidity and life expectancy. The articles highlight the increasing and diverse range of evidence about Pacific health available in New Zealand. The evidence has been collected from a range of sources using diverse research methods. For example, research in this issue includes a review of 17 years of suicide data; analysis of large datasets (national mortality data, the New Zealand Attitudes and Values Study and the Youth'12 Survey) and of primary care clinical data, as well as primary research using surveys, interviews, workshops and focus groups. The increasing inclusion of Pacific-specific data and analysis in research is a welcome trend. However, the challenge of synthesising the range of data into information that can inform policy and practice is significant and a greater emphasis on the translation of evidence into action is required to address the longstanding disparities in equity in health outcomes experienced by Pacific peoples.

Faafetai tele to all our commentators. We welcome your comments and feedback.

Kind regards,

Dr Debbie Ryan MNZM, BSc, MBChB, MPM (Dist), MInstD

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Pacific Health Review is supported by funding from the New Zealand Ministry of Health.

Multimorbidity and multiple social disadvantage in a New Zealand high-needs free primary healthcare clinic population

Authors: Sreedhar S, et al.

Summary: A high prevalence of multimorbidity was determined in a cross-sectional study of all patients registered with a Dunedin free 'third sector' (non-government, non-profit) primary healthcare clinic. Three in every 4 patients had multimorbidity and 1 in every 2 patients had long-term physical and mental health comorbidities. Mental health conditions accounted for 7 of the 10 most prevalent long-term conditions. The prevalence of multimorbidity increased with age, was high across all ethnic groups and was associated with at least 1 multiple social disadvantage domain in the majority of patients.

Comment (Debbie Ryan): The setting for this research was a free general practice clinic in Dunedin staffed by volunteer clinicians and counsellors who provide care for people with high needs. The study used data from electronic medical records to analyse the number and type of long-term conditions by age, sex, social disadvantage and patient engagement with a range of health services. The total number of patients was 375, with Pacific only 4% (15 patients) compared with 60% New Zealand European and 27% Māori. The low number of Pacific patients reflects the Pacific population of Dunedin. Despite the limitation of small numbers, there are relevant findings for primary healthcare policy for Pacific and other groups that are marginalised in the current New Zealand health system. The high prevalence of multimorbidity and the finding that many patients had mental health issues as well as other long-term conditions highlights the need for improved models of care that integrate health, mental health, disability and also social services. This is yet to be realised in New Zealand. The study also highlights, for high-needs patients, the need to address cost barriers to primary healthcare as well as the importance of defining access as more than just affordability of healthcare. Accessible healthcare is defined as providers, organisations and systems that are approachable, acceptable, available and affordable for the populations they serve. The study also demonstrated the potential for use of primary care electronic medical records for monitoring and service improvement.

Reference: *N Z Med J.* 2019;132(1490):42-51.

[Abstract](#)

The contribution of avoidable mortality to the life expectancy gap in Māori and Pacific populations in New Zealand

Authors: Walsh M, Grey C.

Summary: Avoidable causes of death were found to be large contributors to the life expectancy differentials in Māori and Pacific populations in a decomposition analysis of death registration data and population data for New Zealand between 2013 and 2015. Potentially avoidable deaths were identified in 47% of deaths in Pacific people and 53% of deaths in Māori compared with 23% of deaths in non-Māori/non-Pacific (NMNP) populations. The largest contributors to the differential in life expectancy in Pacific males and females were coronary disease, diabetes and cerebrovascular disease.

Comment (Debbie Ryan): This study makes an important contribution to efforts to improve the inequity in health outcomes experienced by Māori and Pacific people compared with NMNP populations in Aotearoa. Life expectancy for Pacific peoples is now more than 6 years lower than that of NMNP peoples, and although life expectancy at birth for Pacific peoples has improved over time, the gap compared to NMNP peoples has not decreased substantially over the last 20 years. By analysing the causes of death which contribute to ethnic specific inequalities in life expectancy, this research provides insight into the impact of healthcare and wider health and social policy on health outcomes. This is done by classifying deaths using the indicator 'avoidable mortality', defined as amenable mortality or causes of death that could have been avoided through access to high quality healthcare; and 'preventable mortality', deaths that could be avoided by addressing health risk factors, socioeconomic status and environmental factors. The research found that nearly half of all deaths in Pacific peoples (and over half in Māori) are potentially avoidable compared with less than one quarter for NMNP populations. The life expectancy gap for Pacific peoples is mainly due to long-term conditions, including cardiovascular disease, diabetes and cancer. The main conditions contributing to disparities for Māori were coronary disease, and cancers of the trachea, bronchus and lungs. Notable differences in conditions leading to differential outcomes were reported, for example for Pacific women, uterine cancer was the leading avoidable cancer; and for Māori men, avoidable injuries (including accidents and suicide) were significant. These findings support the need for equity policy that is informed by ethnic-specific data that focuses on improving access to high quality health services as well as addressing the socioeconomic determinants of health.

Reference: *N Z Med J.* 2019;132(1492):46-60.

[Abstract](#)

CONTRIBUTORS TO THIS ISSUE

Dr Maryann Heather is a General Practitioner at South Seas Healthcare and Senior Pacific Health Lecturer at the School of Population Health, Faculty of Medical and Health Sciences, University of Auckland.

Ms Amio Ikihele is the Innovations Lead for Moana Research, a registered nurse and PhD candidate with the University of Auckland. Her research aims to explore the use of mobile phones as a means of supporting Niue women living in New Zealand to reduce their risk of developing cardiovascular disease (CVD) and the associated comorbidities. Amio is from Niue and Te Whānau-ā-Apanui.

Dr Aniva Lawrence is Samoan and is a GP working in Northland and the Clinical Director of Primary Care across Northland. She is also the vice Chair of the Pacific chapter of the RNZCGP.

Dr Troy Ruhe is a PhD candidate with the Otago University School of Physical Education, Sport and exercise Science. Troy is Cook Islands Māori from the beautiful island of Mauke, and in Aotearoa Nga Puhī and Tuwharetoa.

Dr Seini Taufa is the Research and Evaluation Lead for Moana Research. She is also an evaluator for TOKO Collaborations (an ethnic specific suicide prevention programme) and researcher for projects such as Taulanga – building health literacy about rheumatic fever in South Auckland. Seini is Tongan.

Dr Jemaima Tiatia is a Pacific Health Lecturer at the School of Population Health, Faculty of Medical and Health Sciences, University of Auckland.

The impact of multimorbidity on people's lives

Authors: Stairmand J, et al.

Summary: The serious impact of multimorbidity on patients' health status was described in a cross-sectional survey of 234 adults with multimorbidity enrolled in two primary health organisations in New Zealand. Self-reported general health was described as 'fair' or 'poor' by 41% of participants compared with the general population estimate of 13.5% from the New Zealand Health Survey. Results were similar for self-reported physical and mental health with poorer health reported by Māori and Pacific participants. Work productivity was affected in 70% of participants and financial difficulty related to health needs was reported by 20% of participants.

Comment (Maryann Heather): Pacific people are the fourth largest ethnic group in New Zealand representing 7% of the population. By 2026 the number of Pacific people living in New Zealand is estimated to reach 480,000, which is a concern as in primary care we are already struggling with the current models of care and they do not meet the needs of Pacific patients. This survey emphasised the serious impact multimorbidity has on patients' health status compared to the general population. The data are consistent with what we see in primary care in South Auckland as reflected in our large Pacific population.

South Seas Healthcare is a pioneer Pacific primary care organisation based in the heart of South Auckland with an enrolled population of approximately 5300 (94%) Pacific patients. Approximately half the population are over 50 years old and many have multimorbidities. We have over 800 patients with diabetes and a majority have more than one comorbidity (gout, hypertension, asthma, COPD, cancer, mental illness). Many are in the quintile 5 deprivation level so the impact of low socioeconomic status plays a huge part in their care. We often have to advocate and write support letters to WINZ, housing and social service agencies. We provide primary care and wrap-around services such as Whānau Ora, Well Child services, antenatal care and problem gambling services.

This survey is only a snapshot of 234 patients (19% Pacific) from 75 practices self-reporting from discharge summaries. These numbers are patients who are admitted to hospitals, but we need to look beyond the scope of this paper and consider a much larger-scale study. There are large numbers of patients who are managed at the primary care level and with use of POAC and funding for radiology in Counties Manukau DHB, many are not admitted.

It remains a concern that numbers aren't improving with long-term conditions, especially with multimorbidity in the Pacific older population in New Zealand. We continue to see poor health outcomes and status especially with diabetes prevalence in South Auckland with no improvement over the last 10 years. This survey supports the development of holistic patient-centred care models designed to improve patient outcomes. Programmes with money pumped in are not the answer. Perhaps the solution lies with how we deliver a model of care that targets health equity, unconscious bias, and racism, and in teaching cultural competency to people who deal with Pacific patients, but most of all there needs to be a huge change in how we deliver healthcare to Pacific patients in New Zealand. Models of care and health programmes need to be holistic and Pacific specific. What we have now does not work and in all honesty has not made a difference. Time for a change. We can do better, we must do better, we are obligated to do better in order to see an improvement and address the serious issue of health equity in our Pacific patients in New Zealand.

Reference: *N Z Med J.* 2018;131(1477):78-90.

[Abstract](#)

Ethnic inequality in diagnosis with depression and anxiety disorders

Authors: Lee CH, et al.

Summary: Ethnic inequality in doctor-diagnosed depression or anxiety disorders was found in the 2014/2015 New Zealand Attitudes and Values Study (NZAVS), with Māori, Pacific and Asian New Zealanders more likely to be under-diagnosed relative to European New Zealanders. A total of 15,822 respondents completed the Kessler-6 scale (a screening measure of non-specific psychological distress over the last month) and reported whether a doctor had diagnosed them with depression or an anxiety disorder any time in the last 5 years. Māori, Pacific and Asian New Zealanders were more likely to score in the 'at risk' range of the Kessler-6 scale, indicating an increased likelihood of depression or anxiety, but European New Zealanders had the highest rate of diagnosed depression or anxiety.

Comment (Jemaima Tiatia): As part of the NZAVS where 15,822 participants in 2014/2015 took part, it was found that Māori and Pacific peoples had the highest rates of being at risk of depression and anxiety in Aotearoa in comparison to their New Zealand European counterparts. After an even closer look, the authors discovered that Pacific peoples were most likely to be underdiagnosed and the least likely to engage with mental health services. This is not surprising, clearly as ethnic inequities in the mental health and wellbeing space are rife with a myriad of barriers: cultural incompetence, institutional racism, unconscious bias, language, cost, access and expectations from and style of communication with medical professionals. These findings provide an invaluable contribution to the discourse of perpetual negative mental health and wellbeing outcomes for Pacific peoples.

Reference: *N Z Med J. 2017;130(1454):10-20.*
[Abstract](#)

Tofa Saili:
A review of evidence
about health equity
for Pacific Peoples
in New Zealand

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Suicide mortality among Pacific peoples in New Zealand, 1996–2013

Authors: Tiatia-Seath J, et al.

Summary: The average annual number of Pacific suicides was at least 22 in a review of all recorded suicide deaths for Pacific peoples in New Zealand from 1996 to 2013. There was a total of 380 suicides in Pacific peoples over the 17-year period accounting for 4.1% of the 9307 total suicides reported nationally for New Zealand.

Comment (Seini Taufa): Every suicide is a tragedy that affects families, communities and entire countries, leaving long-lasting effects on the people left behind. In New Zealand, statistically, the prevalence of suicide affects some ethnic communities more than others. For example, Pacific youth are disproportionately 3 times more likely to attempt suicide than youth in the general population. As a result, research on Pacific people and suicide is needed now more than ever. While research on Pacific suicide has grown over the decade, the growing body of literature has been predominantly qualitative. Though qualitative research allows for an exploration of people's experiences with suicidal ideation and suicide, this quantitative piece highlights variables that may put Pacific people at elevated risk. For example, this study shows that the prevalence of suicides increases with deprivation across all Pacific ethnic groups and the prevalence is higher in the New Zealand-born group compared to the overseas-born group. There are other key findings throughout this publication such as the relationship between alcohol/drug use and suicide, variations by age group, gender, ethnicity, DHB and method of suicide. All of which allow for a targeted approach to suicide prevention, intervention and postvention, based on the variations noted and for Pacific groups who are most vulnerable. This publication highlights the need for ongoing research on suicide mortality among Pacific peoples in New Zealand in order to understand if there are inter-ethnic or intra-ethnic variations in suicide rates. It also highlights the need to use the data to inform practice in the space of Pacific suicide prevention.

Reference: *N Z Med J. 2017;130(1454):21-29.*

[Abstract](#)



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The importance of user segmentation for designing digital therapy for adolescent mental health

Authors: Fleming T, et al.

Summary: A series of interactive workshops and focus groups with 58 participants highlighted the importance of preliminary scoping processes in designing and fostering engagement with digital mental health tools for teenagers. The scoping process identified the diverse preferences of adolescents in terms of the look and feel of the digital mental health tool with preferences ranging from a gamified/fun approach to a straight-talking serious approach. End users preferred tools that provided an immediate response to a range of issues and were not solely reliant on youth help-seeking.

Comment (Amio Ikihele): The World Health Organisation recognises the power of digital health technologies as essential for achieving universal health outcomes. This study however provides a timely reminder that while digital health interventions represent a unique opportunity to expand the availability and quality of mental health treatment, these are only successful if end users engage with these digital interventions. Though it is assumed that young people are 'digital natives' and would be more inclined to access digital health interventions when experiencing distress, the findings from this study suggest otherwise, highlighting 'digital mental health tools are unlikely to be successful if they rely solely on youth help-seeking', further adding that 'a single approach is unlikely to appeal to all'. Although young people in this study were inclined to use a range of other strategies when dealing with distress (e.g. social withdrawal, alcohol, self-harming), they were open to digital suggestions such as an online intervention if connected to social support, gamified approaches or digital mental health tools that provided an immediate response to challenges. This highlights an important point. Before any digital health tools are designed, it is essential human-centred design approaches are adopted, such as co-design, where end users are engaged from the beginning and an ongoing partnership is created to understand and explore the needs of such users. This is a necessary step towards designing digital health interventions that are accessible, culturally relevant, engaging, salient, and sustainable.

Reference: *JMIR Ment Health. 2019;6(5):e12656.*
[Abstract](#)

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Young Pacific male rugby players' perceptions and experiences of mental wellbeing

Authors: Marsters C, Tiatia-Seath J.

Summary: Maintenance of a well-balanced athletic identity and positive social relations were deemed central to sustaining mental wellbeing in a qualitative study involving face-to-face interviews with 20 young Pacific males (16–24 years) engaged in elite rugby union and rugby league programmes in Auckland, New Zealand. Mental wellbeing was perceived as the culmination of several interconnected factors, including reciprocal family support, a 'well-balanced' life, athletic performance, and personal development away from sports.

Comment (Aniva Lawrence): This article and qualitative research project is well situated to give insight to how Pacific elite athletes perceive their own mental and emotional wellbeing. Using cultural methods has been successful and helped the key themes to emerge which are Pacific specific and are centred around family connectedness and responsibility, social connection beyond sports, athletic performance and spirituality. The author has reflected well on their findings and other literature and how this research fits contextually within this space. It is refreshing to see the recommendation for professional sports to take a holistic approach to the development of elite players and the challenging of masculinisation of the industry. However due to the sample size being small there are limitations of the findings and because it only sampled Auckland there may be geographical variation not identified by this study. The reflection around sampling older retired athletes and also female athletes as potential future groups to research and compare is warranted. Recently we have identified a statistically significant relationship between sports and emotional wellbeing for Māori males within New Zealand secondary school students so it would be interesting to see if there is any similar relationship for Pacific males. There is also a lot of international research into youth and the impact of individual resilience on mental wellbeing and I would have liked to have seen the researchers explore this more within these interview questions and discussion, particularly how participants overcame adversity such as injury or non-selection. Very relevant learnings for anyone working with young Pacific males.

Reference: *Sports (Basel). 2019;7(4):83.*
[Abstract](#)

New Zealand adolescents' concerns about their alcohol use and access to services

Authors: Ameratunga S, et al.

Summary: A national survey of 8500 New Zealand high school students about alcohol use found that Māori and Pacific youth were more likely than their New Zealand European peers to be concerned about their drinking. Māori and Pacific drinkers were also more likely to report difficulties accessing healthcare and alcohol and drug services.

Comment (Troy Ruhe): This study utilised data in New Zealand adolescents (aged 12–19 years) from the 2012 national survey examining adolescents' concerns about their alcohol use and access to help. Data for Pacific peoples were extrapolated and offered potential insights to future research development of safe and effective Pacific alcohol consumption support networks. The representation of Pacific adolescents (14%) reported 4 main points. Firstly, Pacific adolescents tend to be more concerned about their drinking habits than their European counterparts. Secondly, the patterns of Pacific alcohol consumption tend to be less often, but in higher quantities. Thirdly, Pacific adolescents are more likely to have trouble accessing general healthcare and even less likely to seek alcohol and drug help. Lastly, Pacific drinkers are less likely to seek help from parents in preference to teachers or school nurses. As Māori and Pacific report inequities in alcohol-related incidences, these findings provide a platform for further investigation, such as exploration of factors that are conducive to a support network for Pacific adolescents that respect cultural custom and barriers around alcohol consumption as a taboo subject. Understanding the nuances of creating a safe environment for these communities may potentially make Pacific adolescents more aware of their behaviours, limit the barriers to accessing healthcare, and make them less likely to engage in hazardous drinking behaviours.

Reference: *J Ethn Subst Abuse. 2019;18(4):634-653.*
[Abstract](#)

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