

Māori Health Review™



Making Education Easy

Issue 41 – 2012

In this issue:

- > *Disparities in immunisation uptake*
- > *Contacts of physically abused children*
- > *School screening finds undetected RHD*
- > *An analysis of young stroke patients*
- > *Health sciences students' sociodemographic data*
- > *Habitual snoring in young children*
- > *The science of research on discrimination and health*
- > *Electronic communication cybersuicide*
- > *Tackling health inequalities in Asia-Pacific*
- > *Climate-related health risks*

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.

Stay well, regards

Matire

Dr Matire Harwood

matire@maorihealthreview.co.nz

Measuring disparities in immunisation coverage among children in New Zealand

Authors: Mueller S et al

Summary: This investigation into immunisation coverage levels in New Zealand used data from the National Immunisation Register of children aged 12 months old in 2007–2009. It reports substantial variations in uptake by ethnicity and District Health Board (DHB) level. After adjusting for socio-economic deprivation, Māori and 'Other' ethnicity were substantial risk factors for low immunisation uptake. The paper also reports a general north–south gradient across New Zealand.

Comment: The presentation of the north–south gradient for childhood immunisations is compelling in itself. As the authors suggest, DHBs with higher rates of Māori, Pacific, and 'Other' ethnicities, particularly when combined with higher population numbers in areas of socioeconomic deprivation, are likely to need greater resourcing and attention to services in order to reduce disparities.

Reference: *Health Place* 2012;18(6):1217-23.

<http://www.sciencedirect.com/science/article/pii/S1353829212001505>

Māori Health Review

Independent commentary by Dr Matire Harwood

For full bio [CLICK HERE](#)

Research Review publications are intended for New Zealand health professionals.



Mātātūhi Tuawhenua: Health of Rural Māori 2012

Mātātūhi Tuawhenua: Health of Rural Māori 2012 was released on 28 August 2012.

Published by the Ministry of Health, the report gives a snapshot of the health of Māori and non-Māori living in rural and urban areas. The report provides a descriptive analysis of data from routinely collected data sources and the statistical information has been made accessible in an easy-to-use format.



Download or order a copy of the publication online at

<http://www.health.govt.nz/publication/matatuhi-tuawhenua-health-rural-maori-2012>

For more information, please go to <http://www.maorihealthreview.co.nz>



Prevalence of abusive injuries in siblings and household contacts of physically abused children

Authors: Lindberg DM et al

Summary: Data were examined from 20 US child abuse teams, all of which used a common screening protocol for the contacts of physically abused children with serious injuries. The protocol specified physical examination of any contact child aged <5 years and skeletal survey as well as the physical examination for a contact child <24 months old. Contacts aged <6 months underwent neuroimaging as well as skeletal survey and physical examination. Of the 134 contact children aged <24 months, protocol-indicated skeletal survey identified at least 1 abusive fracture in 16 (11.9%) of these children. None of these fractures had associated findings on physical examination. No injuries were identified by neuroimaging in 19 of 25 eligible contacts. Twins were at substantially increased risk of fracture relative to non-twin contacts (odds ratio 20.1).

Comment: This paper provides robust evidence that could be used in guidelines to screen for nonaccidental injuries in children. There is also potential here to support the development of strategies that aim to *prevent* abuse in children such as strategies to reduce risk for injuries in twins. However, implementation of such a programme will require careful consideration.

Reference: *Pediatrics* 2012;130(2):193-201

<http://pediatrics.aappublications.org/content/130/2/193.abstract>

Undetected rheumatic heart disease revealed using portable echocardiography in a population of school students in Tairāwhiti, New Zealand

Authors: Cramp G et al

Summary: Outcomes are reported from a programme of echocardiographic scanning for undetected rheumatic heart disease (RHD) in 5 urban and rural schools in the Tairāwhiti region (eastern part of the North Island) of New Zealand with high numbers of children already known to have had episodes of acute rheumatic fever. The age range of students in the urban schools was 10–13 years and in the rural schools 5–17 years. Of the total 685 echocardiograms performed, 629 (91.8%) were classified as normal and 56 (8.2%) as abnormal. After repeat hospital-based echocardiography of 11 students with abnormal echocardiograms, a total of 52 students were found to have a cardiac abnormality (30 due to RHD and 22 due to congenital heart defects). Of the 30 students with rheumatic valvular changes 11 (1.61%) had probable (n=7) or definite (n=4) RHD requiring prophylactic penicillin. Nineteen students (1.77%) had possible RHD. The programme identified 8 students with previously undetected RHD, with a prevalence of 1.17%.

Comment: This paper has been cited more recently in a follow-up article in the *NZMJ*, and was reported in the media. It highlights not only the severity but also the extent of what is a largely unnoticed problem.

Reference: *N Z Med J* 2012;125(1363):53-61.

<http://journal.nzma.org.nz/journal/abstract.php?id=5376>

Young ischaemic stroke in South Auckland: a hospital-based study

Authors: Wu TY et al

Summary: This retrospective analysis identified 131 patients aged 15–45 years discharged from Middlemore Hospital, Auckland, from June 1 2004 to December 31 2009 with a discharge diagnosis of ischaemic stroke. Stroke of undetermined aetiology was the most common TOAST subtype (53.4%), mainly due to incomplete investigation. Cardioembolism (16%) was the second most common cause of stroke, followed by small vessel disease and stroke of other determined aetiology (both 12.2%). Confirmed large vessel atherosclerosis (6.1%) was the least common cause of stroke. The most common risk factors were hyperlipidaemia (45.8%), hypertension (42.7%), current tobacco smoking (42.7%) and obesity (36.6%). The highest rates of stroke were seen in Māori and Pacific Island people, over 20 per 100,000, more than twice that of other ethnicities. The in-hospital fatality rate was 3.1%. All surviving patients were discharged home. Eighty-six percent of the survivors were independent.

Comment: Young stroke is a significant issue for Māori and Pacific people. All survivors of stroke in this study went home and importantly, the majority were independent. Such information is important – to assist in the development of appropriate services (such as support groups for young Māori and Pacific people) and to monitor quality of care.

Reference: *N Z Med J* 2012;125(1364):47-56

<http://journal.nzma.org.nz/journal/abstract.php?id=5408>

[CLICK HERE](#)

to read previous issues of
Māori Health Review

Māori Health Review and Ministry Publications

A-Z GUIDE

An A to Z guide is now available on the Māori Health website: www.maorihealth.govt.nz

The A to Z guide is a tool designed to help you locate research literature on Māori health topics.

What are the benefits of using the A to Z guide? The A to Z guide will provide you with direct access to over 300 articles on specific Māori health topics featured in Māori Health Review and other Ministry publications.

To access the A to Z guide go to: Publications on the Māori health website www.maorihealth.govt.nz

Holding a mirror to society? The sociodemographic characteristics of the University of Otago's health professional students

Authors: Crampton P et al

Summary: This paper describes the current sociodemographic characteristics of all students accepted into the 8 health professional programmes in 2010 at the University of Otago. Students were largely (88.1%) from outside the Otago region. Most (59.6%) were female and 84.8% were either New Zealand citizens or permanent residents. Within the domestic student cohort, 65.0% of students self-identified as being within the New Zealand European & Other category (vs 75.3% of the national population), 34.2% as Asian (vs 11.1%), 6.3% as Māori (vs 15.2%), and 2.3% as Pacific (vs 7.7%). A large proportion of students came from high socioeconomic areas; only 3.4% of students had attended secondary schools with a socioeconomic decile of <4.

Comment: Medical and dental schools “struggle to achieve a balance of students which reflects the ethnic and socioeconomic reality of the societies they serve”. The authors have identified various reasons for this, including the elitist nature of these courses and disparities in access to quality high school educational opportunities. Current policies at Otago either aim at attracting and recruiting students from diverse backgrounds, or respond to the specific learning needs of vulnerable student groups (for example, those from low-decile schools) through bridging or foundation courses. I'd suggest that such a response is required earlier (i.e. intermediate years) rather than later.

Reference: *N Z Med J* 2012;125(1361):12-28

<http://journal.nzma.org.nz/journal/abstract.php?id=5323>

Prevalence and factors associated with snoring in 3-year olds: early links with behavioral adjustment

Authors: Gill AI et al

Summary: The prevalence of sleep-disordered breathing (SDB) symptoms was explored in a community sample of 823 New Zealand 3-year-olds. Parents completed questionnaires exploring factors relevant to their children's sleep, with a particular focus on snoring. Snoring was reported as occurring at least once a week in 36.9% of children and habitually (>4 nights per week) in 11.3%. In univariate analysis, factors associated with habitual snoring included Māori ethnicity ($p=0.04$), male gender ($p=0.05$) and more socioeconomically deprived neighbourhoods ($p<0.01$). Several other SDB-related symptoms were significantly associated with habitual snoring: mouth breathing, sweating profusely, waking during the night, sleeping with neck extended, constant runny nose, and suffering from tonsillitis. In multivariate analysis, snoring was strongly and positively associated with various health and familial factors, as well as parent-reported child irritability (OR 2.83) and hyperactivity (OR 1.6).

Comment: Take home messages here for me: parents and providers should consider sleep hygiene as one of the 'organic' causes for irritable or hyperactive behaviours; that sleep disorders can affect children as young as three; and that if not managed appropriately, poor sleep hygiene will have long-term consequences for the child, including learning difficulties.

Reference: *Sleep Med* 2012;13(9):1191-7

[http://www.sleep-journal.com/article/S1389-9457\(12\)00224-9/abstract](http://www.sleep-journal.com/article/S1389-9457(12)00224-9/abstract)

Methods for the scientific study of discrimination and health: an ecosocial approach

Author: Krieger N

Summary: This paper contends that rigorous methods for the scientific study of discrimination and health require (1) conceptual clarity about the exploitative and oppressive realities of racism and other forms of adverse discrimination; (2) careful attention to domains, pathways, level, and spatiotemporal scale, in historical context; (3) structural-level measures; (4) individual-level issues of domains, nativity, and use of both explicit and implicit discrimination measures; and (5) an embodied analytic approach. The paper concludes that public health researchers must use the best science possible, to ensure that the public becomes aware of the extent and health consequences of racial discrimination.

Comment: For me, this article really extended thinking on the 'life course' theory, arguing that exposures to hazards, including racism, occur at multiple sites and times in people's lives and the effects are cumulative. It has also provided many excellent and 'scientifically correct' examples of racism research from the US, confirming the need to build data through robust research in order to drive out inequity.

Reference: *Am J Public Health* 2012;102(5):936-45

<http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2011.300544>

An adolescent suicide cluster and the possible role of electronic communication technology

Authors: Robertson L et al

Summary: These researchers investigated a group of suicides of New Zealand adolescents thought to be a cluster. They also investigated the possible role of online social networking and SMS text messaging as sources of contagion after a suicide. Not all of the cases belonged to a single school; several were linked by social networking sites, including sites created in memory of earlier suicide cases, as well as mobile telephones. These facilitated the rapid spread of information and rumour about the deaths throughout the community and made it harder to recognise and manage a possible cluster.

Comment: A timely report in the sense that Minister Turia has called for urgent action following the rise in suicide numbers in Te Tai Tokerau this year. This paper highlights the fact that as modern communication tools are increasingly utilised, communities need guidance on how to best use or monitor them in relation to youth suicide.

Reference: *Am J Public Health* 2012;102(5):936-44

<http://psycnet.apa.org/journals/cri/33/4/239>

Subscribing to Māori Health Review

To subscribe or download previous editions of Research Review publications go to www.maorihealthreview.co.nz

TE OHONGA AKE: THE HEALTH STATUS OF MĀORI CHILDREN AND YOUNG PEOPLE IN NEW ZEALAND

Te Ohonga Ake: The Health Status of Māori Children and Young People in New Zealand will be released on 7 December 2012. The report is the second in the Te Ohonga Ake series on the health of Māori children and young people commissioned by the Ministry of Health and produced by the New Zealand Child and Youth Epidemiology Service at Otago University. The report explores the health status of Māori infants, children and young people using a range of routinely collected data sources.

The publication will be available online at <http://dnmeds.otago.ac.nz/departments/womens/paediatrics/research/nzcyes/index.html>

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

Policy approaches to address the social and environmental determinants of health inequity in Asia-Pacific

Authors: Friel S et al

Summary: Substantial health inequity exists in Asia Pacific and huge challenges remain, despite various actions that are addressing the structural drivers and conditions of daily living that affect health inequities in the Asia Pacific region. While gains have been made, they are not equally distributed and may be unsustainable as the world encounters new economic, social and environmental challenges. The article concludes that health inequities must be tackled as a political imperative and this will require leadership, political courage, social action, a sound evidence base and progressive public policy.

Comment: A comprehensive discussion from public health leaders including Don Matheson and Papārangi Reid from Aotearoa. I particularly enjoyed the section on 'changing dominant paradigms', as it raises the issue of economic versus societal progress.

Reference: *Asia Pac J Public Health* 2012 Oct 15. [Epub ahead of print]

<http://aph.sagepub.com/content/early/2012/10/08/1010539512460569.full>

Indigenous health and climate change

Author: Ford JD

Summary: This research explored nonclimatic determinants that influence how indigenous people experience, understand and respond to climate-related health outcomes. It concentrated on place-based dimensions of vulnerability and broader determining factors. The majority of data were from Australia and the Arctic and indicated significant adaptive capacity, with active responses to climate-related health risks. However, this adaptability is challenged by co-existing nonclimatic stresses including poverty, land dispossession, globalisation, and associated sociocultural transitions. The article concludes that key foci for future research include addressing geographic gaps, a greater focus on indigenous conceptualisations and approaches to health, examination of global-local interactions shaping local vulnerability, enhanced surveillance, and an evaluation of policy support opportunities.

Comment: I consider Dr Rhys Jones (Kahungunu) the kaupapa Māori expert in this area and so sought his comments on this paper. Although he thought it was 'pretty heavily research-focused – e.g. identifying a roadmap for future research' he agreed that it had some useful ideas for action.

Reference: *Am J Public Health* 2012;102(7):1260-6

<http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2012.300752>

Congratulations Dr Dexter Bambery from Wellington



who is the winner of the first of two Ipads that we are giving away as part our recent subscriptions update competition. The second iPad will be drawn and announced before Christmas.

Privacy Policy: Research Review will record your email details on a secure database and will not release them 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.

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 within the publication.

How many of your patients smoke?

65% of smokers want
help to quit. NRT and some
brief advice can more than
double their chances.



ASK ABOUT THE ELEPHANT

It's as simple as **ABC** ...

Ask whether a patient smokes

Give **B**rief advice to quit

Offer evidence-based **C**essation support

*Learn more about how to help
your patients quit*

There's an e-learning tool for
health care professionals at
www.smokingcessationabc.org.nz

newzealand.govt.nz

