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TE OHU RATA O AOTEAROA
Māori Medical Practitioners Association

Scientific Conference

**“Ngā Tākuta Māori me o rātau Hāpori
- I mua, Ināianei, Apōpō”**

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CONFERENCE INFORMATION

Presentations

The presentations will occur in the Wharenuui.

Refreshments

Morning and afternoon teas and lunch will be served in the wharekai. Please help with the running of our hui by returning promptly to the sessions.

Conference Dinner

The conference dinner will be held on Saturday 24 April at Larnach Castle, 145 Camp Road, Otago Peninsula (dress smart casual). The conference dinner includes:

- Guest speaker Moana Jackson
- Eli Lilly Māori Medical Student Fellowship supporting a special project
- Presentation of New House Surgeon Certificates
- Fellowship Awards
- Special Awards
- Presentation of the Maarire Goodall Award
- Oration from Maarire Goodall Award Recipient
- Entertainment (DJ/karaoke)

Poster Presentations

Poster presentations will be [where]. Authors will be available to answer questions during the pre-dinner drinks on Saturday evening at 6pm.

PROGRAMME

RĀMERE (FRIDAY) 23 APRIL 2004

11.00am	Pōwhiri
12.00pm	Lunch
12.45pm	Registration
1.30pm	AGM (for Te ORA members only)
3.30pm	Kapu tī
4.00pm	Policy Discussion Forum (for Te ORA members only)
6.30pm	Dinner
7.30pm	Whakawhanaungatanga

RĀHOROI (SATURDAY) 24 APRIL 2004

7.30am	Parakuihi
8.30am	Waiata Session
9.00am	Pōwhiri/Mihi Whakatau
9.10am	OPENING KEYNOTE ADDRESS A Celebration of the life of Te Rangi Hiroa <i>Dr Tony Ruakere</i>
10.00am	Iwi Partnerships in Health <i>Kai Tahu</i>
10.30am	Kapu tī
11.00am	Draft Guidelines on Māori Cultural Competencies for Providers ACC
11.30am	Te Rau Hinengaro (TRH), The New Zealand Mental Health and Well-being Survey 2003/04 “The Treaty in Action” <i>Dr Rees Tapsell</i>
11.50am	The Epidemiology of Breast Cancer in Māori Women in Aotearoa New Zealand: Implications for Ethnicity Data Analysis, Screening and Treatment Disparities and Deprivation: Understanding the Relationship. A Review of Māori and non-Māori Disparities in Ischaemic Heart Disease <i>Dr Elana Curtis</i>
12.10pm	Assessing Pain and Depression from a Māori Perspective <i>Jane Magnusson</i>
12.25pm	The Hygiene Hypothesis and Asthma in Tamariki <i>Dr Leo Buchanan</i>
12.45pm	Indigenous Acoustics: na Hine-Raukataura ka Whaia te Hauora <i>Antony and Aleisha Verner (presenting on behalf of Maarire Goodall)</i>
1.00pm	Lunch
2.00pm	GP/Student Workshop

3.00pm	Student Meeting GP Meeting
4.00pm	Personal Development/Free Time
5.30pm	Buses leave for Larnach Castle
6.00pm	Pre-Dinner Social Hour
7.00pm	Formal Dinner (Dress smart casual)
11.00pm, 12.00am and 12.30am	Buses return to Otakou Marae

RĀTAPU (SUNDAY) 25 APRIL 2004

- 7.30am Parakuihi
- 8.30am Facilitators Meeting
- 9.00am **Te IHO: A Web Based Tool for Training Psychiatric Registrars in Māori Mental Health**
Dr Rees Tapsell
- 9.20am **Evidence Based Rehabilitation after Stroke: What Works and What Doesn't**
Dr Matire Harwood
- 9.40am **Risk and Protective Factors Associated with Regular Cigarette Smoking amongst Taitamariki in the Youth 2000 Survey**
Tim Funaki
- 10.00am **Development of a Holistic Approach to ACC Rehabilitation**
ACC
- 10.30am Kapu tī
- 11.00am **PANEL DISCUSSION**
How can Māori Doctors Contribute to their Communities
Dr Papaarangi Reid, Dr Rees Tapsell, [Paratene Ngata, James Te Whare and rural person]
- 12.00pm **CLOSING KEYNOTE ADDRESS**
Dr Jim Vause
- 12.30pm Presentation of Awards
- 12.45pm Lunch and Poroporoakī

ABSTRACTS

SATURDAY 24 APRIL 2004

Facilitator: *Dr Rose Milroy*

11.30am

Te Rau Hinengaro (TRH), The New Zealand Mental Health and Well-being Survey 2003/04 “The Treaty in Action”

Dr Rees Tapsell

This work (in progress) represents the first major epidemiological survey of the mental health and well being of New Zealanders. This presentation will give some basic background to the project and its origins. It will concentrate particularly on the steps that were taken to engage Māori as partners in this research project, to encourage participation of Māori at all levels and to acknowledge and protect those things identified to be of value to Māori. The presentation will outline the structures and processes utilized by the research team to ensure that the project was consistent with the principles of the Treaty of Waitangi, identifying the strengths and weaknesses of the approach taken by the research team.

11.50am

The Epidemiology of Breast Cancer in Māori Women in Aotearoa New Zealand: Implications for Ethnicity Data Analysis

Dr Elana Curtis

Aim: To describe the methods used to estimate breast cancer incidence and mortality in Māori and non-Māori women using multiple adjustors to assign ethnicity.

Methods: Age-specific incidence and mortality rates for breast cancer in Māori and non-Māori were calculated using registration and deaths data obtained from New Zealand Health Information Service (NZHIS) for 1996-2000. Four different methods were used to assign total and sole ethnicity: Census Mortality Study (NZCMS) adjusted, ever-Māori adjusted, national health index (NHI) adjusted, and unadjusted source information.

Results: Unadjusted and NHI adjusted estimates were least similar to the NZCMS adjusted estimate used as the ‘gold standard’ in this study. Ever-Māori adjusted results closely approximated NZCMS adjusted results in both incidence and mortality data. Sole Māori breast cancer incidence and mortality estimates were generally higher than total Māori estimates.

Discussion: Using four different estimates to assign ethnicity confirms previous findings showing poor quality of ethnicity data in routinely collected datasets. Future calculations of breast cancer incidence and mortality rates should assign total and sole ethnicity and reduce ethnicity misclassification by using NZCMS or ever-Māori adjusted estimates. This paper supports the need to collect better quality ethnicity data in order to identify and monitor Māori:non-Māori cancer inequalities.

The Epidemiology of Breast Cancer in Māori Women in Aotearoa New Zealand: Implications for Screening and Treatment

Aim: To describe the epidemiology of breast cancer in Māori and non-Māori women in New Zealand and identify the implications for breast cancer screening and treatment policy and practice.

Methods: New Zealand Census Mortality Study (NZCMS) adjusted age-specific incidence and mortality rates for breast cancer in total and sole Māori and non-Māori women were calculated using registration and mortality data obtained from New Zealand Health Information Service (NZHIS) for 1996-2000.

Results: Despite similar age-specific incidence rates of breast cancer in total Māori and non-Māori women under 50 years of age, total Māori women aged 25-59 years had higher age-specific mortality from breast cancer than non-Māori. A similar pattern is seen for sole Māori age-specific rates, however the rates are even higher than total Māori rates.

Discussion: Possible drivers of ethnic disparities in breast cancer mortality require investigation, in particular the role of access to breast cancer screening and treatment for Māori women compared with non-Māori. There is a continuing need for specific initiatives to ensure that Māori women are able to access breast cancer screening or ethnic inequalities in mortality will persist. The interaction between deprivation and ethnicity in breast cancer incidence and mortality analyses should be investigated in future analyses.

Disparities and Deprivation: Understanding the Relationship. A Review of Māori and non-Māori Disparities in Ischaemic Heart Disease

Background: This study uses Kaupapa Māori methodology to investigate the relationship between Ischaemic Heart Disease (IHD), deprivation and ethnicity and is part of a larger project examining the relationship between Māori and non-Māori disparities in health and deprivation. Eliminating Māori:non-Māori disparities in IHD is consistent with Māori indigenous rights, Māori rights with respect to the Treaty of Waitangi, Māori health need and current Government policy and New Zealand legislation.

Methods: All IHD deaths from 1996-1999 and IHD admissions, angiography, angioplasty (PTCA) and coronary artery bypass graft (CABG) from 1988-2001 were obtained from NZHIS and analysed by age, sex, ethnicity and deprivation using the NZ Deprivation Index (NZDep96). Poisson regression was used to examine disparities between Māori and non-Māori adjusted for age and

deprivation. Results were considered using a “gap analysis” identifying the extent of outcome differences in IHD and gradient differences by deprivation between Māori and non-Māori.

Key Results: Adjusted results showed that Māori females were 2.4 times (CI: 1.74-3.25, $p<0.0001$) and Māori males were 2.2 times (CI 1.73-2.66, $p<0.0001$) more likely to die from IHD than non-Māori. In contrast, Māori males were significantly less likely to receive IHD admission (RR: 0.73, CI: 0.68-0.78, $p<0.0001$), CABG (RR: 0.54, CI: 0.47-0.61, $p<0.0001$), PTCA (RR: 0.43, CI: 0.37-0.49, $p<0.0001$) or angiography (RR: 0.73, CI: 0.68-0.78, $p<0.0001$). Māori females were more likely to receive IHD admission (RR: 1.44, CI: 1.15-1.76, $p=0.0008$) but less likely to receive PTCA (RR: 0.57, CI: 0.47-0.68, $p<0.0001$) and CABG (RR: 0.86, CI: 0.74-1.00, $p=0.0509$) than non-Māori although the CABG finding was not significant. Only two differences in gradient by deprivation were observed for Māori women in IHD deaths and admissions.

Conclusions: These findings suggest that despite high IHD need, Māori are not receiving a comparatively high level of IHD service response. In addition, although deprivation is likely to explain some of the disparity between Māori and non-Māori – it does not explain it all. Thus, deprivation and ethnicity are independently important with respect to ethnic disparities in IHD.

Recommendations:

It is recommended that additional analyses on the current dataset be undertaken. This includes adjusting for co-morbidities as well as a cohort analysis examining outcomes for those people admitted with IHD. In addition, New Zealand research is required to investigate the drivers of these disparities including the effect of clinical factors (i.e. IHD severity), health system factors (i.e. waiting lists, procedure availability), physician factors (attitudes and practices), patient preferences and patient-physician interactions. Most importantly, the role of institutional racism in health care requires further consideration as a likely driver of ethnic disparities in health care above and beyond deprivation.

12.25pm

The Hygiene Hypothesis and Asthma in Tamariki

Dr Leo Buchanan

There has been an increase in asthma prevalence in New Zealand in the last few decades in keeping with similar trends in all developed countries. The hygiene hypothesis was suggested in 1989 to explain this phenomenon. The basis of this hypothesis will be examined in terms of its potential relevance for our tamariki. Rural versus urban living; family size; exclusive breast feeding and B.C.G. vaccination will be commented on in relationship to the hygiene hypothesis.

9.00am**Te IHO: A Web Based Tool for Training Psychiatric Registrars in Māori Mental Health***Dr Rees Tapsell*

This presentation will outline the process of developing a web based teaching tool for the training and assessment of psychiatric registrars in Māori mental health. The site incorporates a range of interactive medium in the teaching and assessment of psychiatric registrars and has become the basic minimum curriculum for psychiatric trainees wanting to become psychiatrists in New Zealand. This presentation will describe the development of the site and take attendees on a tour of the site displaying in real time, some of its benefits as a teaching tool.

9.20am**Evidence Based Rehabilitation after Stroke: What Works and What Doesn't***Dr Matire Harwood*

We know with some certainty that Stroke Unit care is better than care on general medical wards for people with acute stroke. It is not as easy to describe exactly what a Stroke Unit should look like. Unpacking the black box of stroke rehabilitation has so far been largely unsuccessful.

The key questions for many rehabilitation clinicians:

- Which intervention?
- For which individual?
- Where?
- For how long and how intensive?
- By whom?

remain largely in the domain of anecdote and experience rather than 'evidence based practice'.

This presentation will try and cover some of the aspects of stroke rehabilitation that we do know something about. The focus will be sufficiently broad to include hospital, community and residential care approaches to stroke rehabilitation.

The suggestions for a rehabilitation approach with stroke people and their families has no randomised controlled trials to support it. It involves harnessing the three most potent weapons in the rehabilitation armoury:

1. Removing the isms from stroke – racism, diabolism, ageism
2. The motivation of the stroke person
3. The support, love and influence of the stroke person's whanau and friends

Evidence to support this approach will be presented. Discussion will be welcome.

9.40am

Risk and Protective Factors Associated with Regular Cigarette Smoking amongst Taitamariki in the Youth 2000 Survey

Tim Funaki

Aim: To identify risk and protective factors which contribute towards taitamariki becoming regular cigarette smokers.

Method: Data analysis will be performed on Māori data from the Adolescent Health Research Group's Youth 2000 survey database. Risk and protective factors will be selected from a literature review on adolescent smoking. The statistical software SAS will be utilized to identify any significant associations between these factors and regular smoking, using logistic procedures and logistic modeling for both univariate and multivariate analyses.

Results: In order of greatest association, peer smoking, cigarette availability in the home and parental smoking are all significant risk factors. Alternatively parental disapproval is a significant protective factor towards taitamariki becoming regular smokers.

Discussion: Future anti-smoking campaigns should target taitamariki directly within their peer groups and enforce the role of parents in disapproving of their taitamariki smoking and making homes smokefree.