The health of Pacific peoples in New Zealand

Jim Reid

Statistics New Zealand paints a sorry picture of the state of health of Pacific peoples in this country. Health care and the achievement of optimal health is fundamental right. Life expectancy for Pacific peoples in New Zealand (who are mostly of Samoan, Tongan, or Cook Islands origin) is about 4 years less than for the overall population, and their health is worse overall at all stages of life with morbidity from chronic and degenerative, infections and metabolic disorders.

Health and length of life expectancy reflect economic status and consequent material and social deprivation are contributing factors. Indeed, income and poverty, employment and occupation, education, housing, and ethnicity have been shown to have the greatest influence of health:

- 27% of Pacific peoples meet the criteria for living in severe hardship compared to 8% of the total population. In addition, 15% of Pacific peoples live in significant hardship, with only 1% enjoying ‘very good living standards’.
- Pacific peoples are more likely to live in overcrowded households.
- The Pacific unemployment rate is nearly twice the national unemployment rate.

Lifestyle factors, including values and preferences, can influence how Pacific peoples view health care.

Underutilisation of primary and preventative health care services by Pacific peoples and lower rates of selected secondary care interventions.

Pacific peoples die younger and have higher rates of chronic diseases, which are recognised as leading causes of this premature mortality and disability, for example:

- Cardiovascular disease is the principal cause of death for Pacific peoples, and cardiovascular mortality rates are consistently and significantly higher than for the general population.
- Mortality rates for cerebrovascular disease (stroke) are higher for Pacific peoples than for any other ethnic group.
- Ethnic disparities in cancer survival have increased in the past 25 years and are a major cause of premature mortality and disability.
- The prevalence of diabetes in Pacific populations is approximately three times higher than among other New Zealanders.
- Pacific men have higher rates of lung cancer and primary liver cancer, and Pacific women have higher rates of breast and cervical cancer than other New Zealand women.
• Pacific children have higher rates of hospitalisation for acute and chronic respiratory and infectious diseases than any other group in New Zealand.

• In 2006, the estimated life expectancy for Pacific men was 73.9 years and 78.9 years for Pacific women, more than 4 years less than for the total population.

• In 2002 and 2006, Pacific children were 1.5 times as likely to be admitted to hospital for gastroenteritis and 4.5 times as likely as European children to be admitted to hospital for serious skin infections.

• Pacific children and young people (aged 0–24 years) are nearly 50 times more likely than their European counterparts (and twice as likely as Māori) to be admitted to hospital with acute rheumatic fever (ARF). Poor and overcrowded housing is a contributing factor.

• Pacific young people are approximately twice as likely to have depression, anxiety issues, or to make suicide attempts as the rest of the population.²

Pacific peoples are exposed to higher levels of health risks and unhealthy behaviours, such as obesity and poor nutrition. Smoking patterns in young people are a key predictor of adult smoking patterns and future smoking-related disease. Both adult and child smoking rates among Pacific peoples are higher than those of Europeans. And smoking is the leading contributor to death in the Pacific population.

Pacific peoples drink less overall but are more likely to drink in a hazardous fashion. Similarly, they are less likely to gamble, but when they do, are more likely to be ‘problem gamblers’ and experience more severe gambling-related harm.

A better understanding of Pacific perspectives on health and culturally-competent services can improve responsiveness to Pacific health needs. Moreover, the development of the Pacific health workforce will contribute to more responsive health services for Pacific peoples.

Implementation of the Primary Health Care Strategy (Ministry of Health, 2001) and the development of Pacific providers have improved Pacific peoples’ access to primary care services. The quality of the care received has improved over time. The cultural competence of clinicians and services needs to be improved to enhance patient-centred care and improve health-care quality and consequent outcomes. Pacific peoples have high rates of vaccination but are under-represented in the coverage of the cervical and breast screening programmes.

From 2006 to 2007, 10% of Pacific peoples aged over 15 years were diagnosed with diabetes—approximately three times the diagnosis rate for the total New Zealand population.

Between 2002 and 2004, the rate for new cases of stroke in Pacific adults was 318 per 100,000, compared with 179 per 100,000 for the total population.³

In this issue of the NZMJ, Sapoaga, Parkin and Gray demonstrate that Pacific peoples’ understanding of the New Zealand health system was very limited. The study was conducted in Dunedin where the proportion of Pacific peoples is much lower than it is in northern cities. A significant number of participants in the study were university students, almost one-quarter of who did not have a regular doctor, or health service.
This is surprising as students in Dunedin have an excellent “on campus” student health facility.\(^4\)

The issues also affect Pacific children—from 1990 to 1999 they were 3.7 times more likely to be admitted to hospital for a skin infection than children of other ethnicities.\(^5\) Between 2000 and 2007 this has increased to 4.5 times. Similar increases can be seen for admissions for asthma, chest infections, and gastroenteritis.

Sapoaga, Parkin and Gray also demonstrate the low health literacy among Pacific peoples. While this could be the source of an editorial in itself, those with low health literacy are less likely to use preventative services, less likely to recognise significant disease early, less likely to be adherent to treatment, more likely to be hospitalised by a chronic condition, and more likely to use emergency services.\(^6\)

Improving the health of Pacific peoples in this country has a long way to go, and has a multifactorial solution not always directly related to health itself. In addition to improvement in health delivery and health information, improvement of social, economic and educational status and wellbeing of Pacific peoples is required.

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**Author information:** Jim Reid, Head of Section Rural Health and Deputy Dean, Dunedin School of Medicine, University of Otago, Dunedin (and a Sub-Editor of the NZMJ)

**Correspondence:** Jim Reid, Deputy Dean, Dunedin School of Medicine, University of Otago, PO Box 913, Dunedin, New Zealand. Fax: +64 (0)3 4797431; email: jim.reid@otago.ac.nz

**References:**