### Ward Friesen: Measuring health and wellbeing in the Pacific

Pacific island nations face a diverse range of issues related to health and wellbeing. A better understanding of these is partly dependent on relevant and robust base population statistics and health and wellbeing indicators. This paper reviews the sources of data available on Pacific health, including nationally-collected health data, census information, and detailed sample surveys such as the World Health Organisation’s Health and Development Surveys (HDS). Wellbeing indicators are also briefly analysed and the value of such measures as the Human Development Index (HDI) are critically reviewed. Where possible, information gaps are identified and the linkages between national and international agencies that collect, process and disseminate health and wellbeing information are discussed.

### Evelyn Marsters: Health and mobility: the transnational story of one family and their experiences with tuberculosis

The collection of health and mobility stories alongside each other uncovers fluid and mutable boundaries around people’s health access. I propose that a descriptive and deeper understanding of the transnational and multilocal networks that Cook Islanders live within can be located within an extended family’s recent experiences of Tuberculosis. Recently there has been a call to look more deeply at the consequences of transnationalism (Levitt and Jaworsky, 2007). This paper rises to the challenge by placing peoples experiences of disease at the centre of a transnational investigation, in doing so, transnationalism becomes part of the complex scenario of being a potential threat, a cause and a solution now and in the future. Furthermore this paper uses Cook Islanders experiences of TB and Type 2 Diabetes as a window into the interdependent and progressively complex systems in which they live.

### Janet Amey: Diabetic retention in the national "Get Checked" programme: The case in Midlands Health Network.

While the immediate future of the Diabetic Annual Review (DAR) programme is unclear the programme as it currently stands was implemented more than ten years ago. Specific diabetes targets were introduced to the Government’s national health targets in July 2009, with primary care playing the lead role in target achievement. Overall we know programme retention varies between practices with Māori diabetics less likely to attend for regular review. We investigated DAR retention in general practice in the Midlands Health Network (MHN) looking for those factors with a significant impact on patient retention.

**Methods:**
We undertook a retrospective review of 6,610 diabetic patients enrolled with 78 general practices who completed a DAR in 2006. This cohort was followed for three further years. Controlling for patient migration and death, retention was defined as two further DARs during that period (3 in 4 years). Retention was analysed by patient and practice characteristics including age, gender, rurality, practice funding type and ratio of practice nurse to general practitioner.

**Results:**
The mean MHN retention rate was 87%. Multivariate analysis showed age was the most significant factor; with those 60 years plus more likely to be retained (OR 2.44). Non-Māori were more likely to be retained than Māori (OR 1.41). In terms of practice factors, those with a 1:1 ratio or more of practice nurse to general practitioner had an increased likelihood of retention (OR 1.30). Rural practices were more likely to retain when compared to urban practices, but there was no significant difference in the multivariate analysis.

**Discussion:**
The Government has very recently opened the door for a reconfiguration of the Get Checked programme to enable better outcomes for those with diabetes. Whatever the future looks like – diabetic patients will need to be engaged and retained in any new programme for benefits to be realised. So for now, increasing retention in the programme remains a focus, both for meeting the national health target and for health outcomes. Our study found that independent of age and ethnicity there are other factors that significantly affect patient retention in this important programme. Of particular interest is the effect of nursing levels and its implication for future models of primary care.