



VAIKOLOA

Pacific Primary Health Care Treasures

Vai (water) is a symbol of 'life-source' and koloa (treasures) to share

Hearing loss among Pacific peoples

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Noa'ia e mauri. Pacific peoples in Aotearoa New Zealand represent a distinct population group. With a population of approximately 266 000, we are undergoing significant demographic changes and growing rapidly into a sizeable number and social significance.^{1,2}

Low health indicators, particularly in relation to non-communicable diseases and capacity and capability gaps that impact service delivery, highlight for us the urgent need for more effective and efficient services, including models of care for Pacific peoples and the development of Pacific capacity and capabilities.^{3,4,5,6} A health indicator in the health and disability sector which falls into the non-communicable disease category and calls for our attention is hearing loss.

Hearing loss carries a financial burden on individuals, their families, and on governments. The effects of hearing impairment can impact our children's education, social development and quality of life.^{7,8,9} Among adults, hearing loss can result in poor communication, social isolation, reduced employment opportunities and poor quality of life.^{7,8,9} Untreated ear disease can have serious clinical consequences such as middle ear erosion and chronic infections as well as brain abscesses and meningitis. According to the World Health Organization, hearing loss and ear disease is considered to be highly prevalent in developing countries with estimates of up to 21% of the population affected.^{10,11}

There is some anecdotal evidence on population groups in the Pacific region which supports high prevalence estimates. However, services are fragmented and variable. Services are generally ad hoc or focused around specific non-governmental organisations with voluntary help provided by nurses, hearing therapists, audiologists and ENT surgeons. Our knowledge and understanding of hearing loss prevalence among Pacific peoples is also limited.

Credible information and evidence to help leverage appropriate resources to meet the needs of Pacific peoples and inform national policy development and services are required. Motivations to reduce the burgeoning cost of hearing loss through preventative efforts and decisive action that will lead to service and clinical quality improvement and innovation in service delivery for Pacific peoples are warranted. In New Zealand the government is committed to leading significant change in the health and disability sector through its increased focus on evidence-based decision-making processes and by prioritising resources for frontline services.^{12,13,14}

Here at the School of Population Health we are committed to overcoming this knowledge gap and developing a strong relationship with other universities in the region, especially around research and education initiatives. Growing interest is emerging to utilise Pacific researchers and the expertise in our Audiology section to look into the nature of hearing loss and assist with the development of sustainable services for Pacific children, young people and adults. This interest has led us to conduct an epidemiological pilot study on hearing loss among the Fijian (Indigenous Fijian, Indo-Fijian, Rotuman) population in Auckland to determine the prevalence of hearing loss and ear disease in this group. Study findings have been disseminated to the Fijian communities in Auckland and in Fiji, highlighting the need to strengthen the global discourse on hearing loss among Pacific peoples, to identify their needs and regional distribution, inform service development and explore opportunities to develop a critical mass of Pacific frontline workers including audiologists and hearing therapists to provide and maintain hearing services for Pacific peoples.

We are committed to strengthening and maintaining collaborative relationships with key stakeholders and Pacific communities to develop sustainable hearing services for Pacific peoples. We are also committed to generating new knowledge and

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articulating the issues that Pacific peoples face, as well as encouraging public debate to improve the hearing health for Pacific peoples. In this connection, some of the implications for future work on hearing loss among Pacific peoples may include the need to:

- overcome data limitations by collecting credible evidence, investigating the hearing health of Pacific peoples by ethnicity, and describing the prevalence of health conditions of each group
- know what's important and works for Pacific peoples and their lived realities in order to improve care for them and maintain relationships
- understand the issues within the institutional framework in which they currently exist
- work across other sectors like education
- support local ownership of services that are adaptable, innovative and responsive to the needs of Pacific peoples, and
- develop local capacity and capability to support hearing services for and with Pacific peoples.

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Colloidal silver

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Silver is a metallic element. Through the ages there has been the belief that silverware used for water storage had disinfecting properties. People are exposed to silver, usually in tiny amounts, through environment and in certain work activities or hobbies. Colloidal silver is a suspension of very small metallic silver particles in a liquid base. It has been marketed in various forms for many years as a topical antimicrobial preparation and as a dietary supplement to stimulate the immune system.

PREPARATIONS: Available products range from liquids for oral administration to topical gels, ointments and sprays, usually supported by websites that describe the manufacturing process and their silver content.

ACTIVE CONSTITUENTS: Elemental silver, usually its ionic form, is proposed as the active ingredient as an antimicrobial and immunostimulant.

MAIN USES AND CLAIMS: Silver in various forms and salts has had medicinal uses since ancient times. Most recently, silver nitrate has been used to treat corns and warts and silver sulfadiazine to treat burns. These uses should not be confused with the claims associated with colloidal silver. Colloidal silver products are often marketed as dietary supplements or topical products with various health-related claims, including that it kills disease-causing agents such as bacteria, viruses, and fungi (alternative to prescription antibiotics); treats diseases such as cancer, HIV/AIDS, diabetes, tuberculosis, syphilis, scarlet fever, shingles, herpes, pneumonia and prostatitis; promotes bladder and lung health; and stimulates the immune system.

EVIDENCE FOR EFFICACY: Official drug compendia such as the United States Pharmacopeia and National Formulary have not listed colloidal silver products since 1975 due to lack of evidence of effectiveness and growing concerns about possible toxicity. Colloidal silver products are still advertised and available in New Zealand as an alternative therapy.

The scientific literature comprises numerous studies showing that silver in various forms does possess in vitro antimicrobial activity, but there is no clinical evidence of effectiveness. Whilst the intake or application of small amounts of colloidal silver is unlikely to be harmful, chronic use or use of

Herbal medicines are a popular health care choice, but few have been tested to contemporary standards. **POTION OR POISON?** summarises the evidence for the potential benefits and possible harms of well-known herbal medicines.