ISSN 1178-6191

Māori Health REVIEW™

Making Education Easy

Issue 84 – 2020

In this issue:

Abbreviations used in this issue

ESBL-*E.coli* = extended-spectrum beta lactamase producing *Escherichia coli*

MRSA = methicillin-resistant *Staphylococcus aureus*

RR = relative risk

CLICK HERE

to read previous issues of Māori Health Review

KINDLY SUPPORTED BY

Asthma + Respiratory FOUNDATION NZ

Tēnā koutou katoa

Nau mai, haere mai ki a Māori Health Review. We aim to bring you top Māori and Indigenous health research from Aotearoa and internationally. Ngā mihi nui ki Manatu Hauora Māori for sponsoring this review, which comes to you every two months. Ko te manu e kai i te miro nōna te ngahere, Ko te manu kai i te mātauranga, nōna te ao.

Greetings

Welcome to the 84th issue of Māori Health Review.

With the official declaration of the COVID-19 pandemic on 11 March 2020 and New Zealand now at Alert Level 4, we will likely see significant inequities in outcomes due to the unequal distribution of wider determinants by ethnicity in Aotearoa. May we all unite together, albeit at a distance. Wishing you resilience and good health. Be safe.

Nga mihi
Matire
Dr Matire Harwood
matire@maorihealthreview.co.nz

Understanding longer-term disability outcomes for Māori and non-Māori after hospitalisation for injury

Authors: Wyeth EH, et al.

Summary: Access to healthcare was found to be an important factor for Māori to improve injury outcomes in a longitudinal cohort study of 375 Māori and 1824 non-Māori participants in the Prospective Outcomes of Injury Study. A total of 105 (28%) Māori and 446 (24%) non-Māori were hospitalised for their injury and 26% and 10% still experienced disability at 24 months after the injury, respectively. Factors contributing to disability outcomes at 24 months after injury were similar for Māori and non-Māori, except Māori reported trouble accessing healthcare services for their injury (RR 2.6; 95% CI 1.3–5.2). Other factors associated with an increased risk of disability 24 months after injury for Māori included hospitalisation for injury and not working for pay before their injury (RR 2.7; 95% CI 1.4–4.9) and experiencing disability before their injury (RR 3.1; 95% CI 1.6–5.8). Additional factors for non-Māori included inadequate household income before injury (RR 2.4; 95% CI 1.4–4.1), less than secondary school qualifications (RR 2.0; 95% CI 1.1–3.8), ≥2 chronic conditions (RR 3.5; 95% CI 2.0–6.4), and body mass index ≥30 kg/m^2 (RR 2.4; 95% CI 1.3–4.4).

Reference: Public Health. 2019;176:118-127.
Abstract

"I couldn't even do normal chores"

Authors: Lambert M, et al.

Summary: The rehabilitation experiences of Māori who were still reporting disability 24 months after an injury resulting in hospitalisation were investigated in a qualitative study involving in-depth kanohi ki te kanohi (face-to-face) interviews with 12 participants. Disability after injury impacted many aspects of life beyond the physical impact and included impacts on relationships and employment. Participants expressed feelings of boredom, unfulfillment and frustration with dependence on others. The impacts of injury were ongoing with some lasting beyond completion of rehabilitation.

Reference: Disabil Rehabil. 2019:1-7.
Abstract

Comment: Two important findings regarding access to and navigation through health and social care pathways in these papers from one study. Importantly these structural or system-level issues were associated with long-term consequences.

Covid-19 Response: Our heartfelt thanks

All of us at Research Review want to thank you for the part you are playing in the Covid-19 crisis. Our hats go off to you, and we are proud to be associated with you. Our role in all of this is to support you by keeping you informed and up to date as much as we possibly can.

Epidemiology of traumatic spinal cord injury in New Zealand (2007–2016)

Authors: Mitchell J, et al.

Summary: The epidemiology of traumatic spinal cord injury in New Zealand was investigated over a 10-year period using data from 929 patients newly admitted to New Zealand's two spinal rehabilitation units between January 2007 and December 2016. The incidence of traumatic spinal cord injury increased by 6% each year with an average incidence of 22 per million people. The incidence in Māori increased by 14% per year with an average incidence of 29 per million people. This was 1.8 times higher than the average incidence of 16 per million people in Europeans. The most common causes of traumatic spinal cord injury were falls (32%), transport (32%) and sports (22%). Cervical spinal cord injuries were predominant with an incidence of 54%. Cervical level injuries were most prevalent in adults aged >75 years (70%) and accounted for a higher proportion of spinal cord injuries in Maori (61%) and Pacific (76%) patients. Hospital length of stay decreased over the study period but surgical rates remained stable at 77%.

Comment: A few interesting takes from this with respect to Māori health. Prevention strategies must target those most at risk. Also interesting to understand the more common sites for Māori and how we manage these. Finally, although I can see the benefits of decreased length of hospital stay, I'd need to know that this was associated with equitable outcomes.

Reference: N Z Med J. 2020;133(1509):47-57.
Abstract

Independent commentary by Dr Matire Harwood

Dr Matire Harwood (Ngapuhi) has worked in Hauora Māori, primary health and rehabilitation settings as clinician and researcher since graduating from Auckland Medical School in 1994. She also holds positions on a number of boards, committees and advisory groups including the Health Research Council. Matire lives in Auckland with her whānau including partner Haunui and two young children Te Rangiura and Waimarie.

Population-level exposures associated with MRSA and ESBL-*E. coli* infection across district health boards in Aotearoa New Zealand

Authors: Blakiston MR, Freeman JT.

Summary: The correlation between the incidence rate of MRSA and ESBL-*E. coli* infection and population-level variables across 18 District Health Boards in New Zealand was examined in an ecological study. Exposure due to household crowding and community antimicrobial use were positively correlated with both MRSA and ESBL-*E.coli* infection. Socioeconomic deprivation, age <5 years and Māori or Pacific ethnicity were also positively correlated with MRSA infection. Asian or Pacific ethnicity and overseas-born new arrivals were positively correlated with ESBL-*E.coli* infection. Notably, both MRSA and ESBL-*E.coli* infection were negatively correlated with European ethnicity. The authors commented that, with the exception of age and ethnicity, these factors are modifiable and provide opportunity to reduce the burden of antimicrobial resistance.

Reference: N Z Med J. 2020;133(1510):62-69.
Abstract

Healthcare-associated *Staphylococcus aureus* bacteraemia: time to reduce the harm caused by a largely preventable event

Authors: Roberts S, et al.

Summary: *Staphylococcus aureus* disproportionately affects Māori and Pacific people and is a common cause of skin and soft tissue infection. A significant proportion of *Staphylococcus aureus* bacteraemia events are healthcare-associated infections, which have been targeted by interventions such as the Health Quality & Safety Commissions Hand Hygiene New Zealand and the Surgical Site Infection Improvement programmes. Further interventions, such as care bundles for vascular access devices and decolonisation of staphylococci in the skin and nose prior to surgery, are required to reduce the rate of healthcare-associated *Staphylococcus aureus* infections.

Reference: N Z Med J. 2020;133(1509):58-64.
Abstract

Comment: I can't help but think of how these papers can be applied to our current situation with COVID-19. Infections will have the greatest impact on people living with poverty and housing issues, and we will see significant inequities in outcomes due to the unequal distribution of wider determinants by ethnicity in Aotearoa. The second paper acknowledges the role of health services in infection control and management. For more information check out http://www.uruta.maori.nz/. I hope you're all keeping safe, much aroha to all during this time.

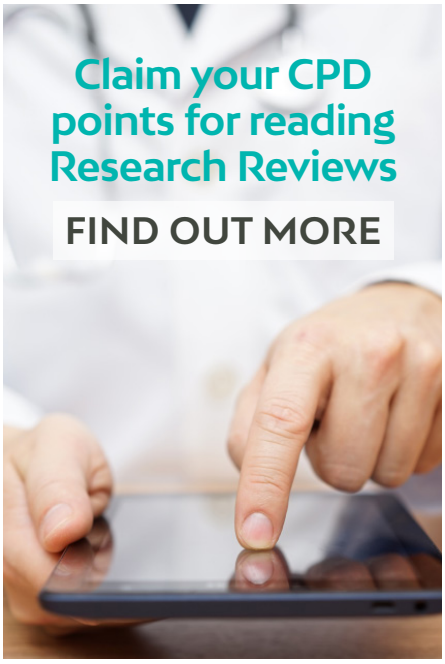
Good care close to home: local health professional perspectives on how a rural hospital can contribute to the healthcare of its community

Authors: Blattner K, et al.

Summary: Perspectives on how a small rural hospital can contribute to the healthcare of its community were shared by 8 medical practitioners and 3 senior non-medical staff from Hokianga Health via semi-structured face-to-face interviews. In a setting of geographical isolation in the far north serving a largely Māori community, the rural hospital was conceptualised as 'home' and valued for providing continuity of care and navigation of health services within and beyond the Hokianga community. The authors commented that rural hospitals should be viewed as 'their own distinct entity rather than small-scale versions of larger urban hospitals'.

Comment: Again, relevant with recent events. It will be interesting to see how this aligns with the Simpson report, which was due out in the next month.

Reference: N Z Med J. 2020;133(1509):39-46.
Abstract



Ethnic inequities in life expectancy attributable to smoking

Authors: Walsh M, Wright K.

Summary: Smoking was confirmed as a contributing factor to the life expectancy gap between Māori and Pacific people and non-Māori/non-Pacific people in New Zealand in an analysis of death registration and population data between 2013 and 2015. During this time period, an estimated 12,421 deaths (13.4% of all deaths) were attributable to smoking. Cancers of the trachea, bronchus and lung, chronic obstructive pulmonary disease and ischaemic heart disease were the leading causes of death attributable to smoking. The proportion of smoking-related deaths was 22.6% in Māori, 13.8% in Pacific people and 12.3% in non-Māori/non-Pacific people. The life expectancy gap attributable to smoking was 2.1 years for Māori men, 2.3 years for Māori women, 1.4 years for Pacific men and 0.3 years for Pacific women.

Comment: As some have suggested, now would be a good time to support people to quit smoking – but please ensure that it's done in a mana-enhancing way, that is, without judgement!

Reference: N Z Med J. 2020;133(1509):28-38.
Abstract

Transferring racial/ethnic marketing strategies from tobacco to food corporations

Authors: Nguyen KH, et al.

Summary: An analysis of internal industry documents between April 2018 and April 2019 has confirmed that marketing knowledge and infrastructure for targeting racial/ethnic minorities was transferred from the tobacco industry in the United States to its subsidiary companies in the food and beverage industry. Under the ownership of Philip Morris Companies, Kraft General Foods had a "fully integrated" minority marketing program that included targeted marketing to racial/ethnic groups via events promotion, media outreach and corporate donation.

Comment: I guess we all thought that this was happening, but now we have the evidence. As the authors suggest, instead of focusing on the communities who are being targeted, let's address the corporates and their 'minority' marketing strategies.

Reference: Am J Public Health. 2020;110(3):329-336.
Abstract

Effects of increased minimum wages by unemployment rate on suicide in the USA

Authors: Kaufman JA, et al.

Summary: Increases in the minimum wage in the United States appeared to reduce the suicide rate in models evaluating different minimum wage scenarios, state-level unemployment rates and suicide counts from 1990 to 2015. Minimum wage increases of US$1 decreased the suicide rate by 3.4%–5.9% in adults aged 18–65 years with a high school education or less. Effects were greatest during periods of high unemployment.

Comment: As many of you know, I've been advocating for the living wage across the health sector. I read this paper with much interest and will be using it when making the argument for better wages. During the Level 4 COVID-19 response, we could ask about finances during (virtual) consults, and support people to access benefits or other support during this difficult time.

Reference: J Epidemiol Community Health. 2020;74(3):219-224.
Abstract

Management of patients with early stage lung cancer – why do some patients not receive treatment with curative intent?

Authors: Lawrenson R, et al.

Summary: Factors that influence whether patients receive potentially curative treatment for early stage lung cancer were explored in an analysis of 583 patients diagnosed with stage I and II lung cancer in 2011–2018 in the New Zealand Midland Cancer Network region. 71.9% of patients were treated with curative intent, including 46.7% who underwent curative surgery, which resulted in a 2-year survival rate of 87.8% and a 5-year survival rate of 69.6%. Survival rates were similar for patients treated with stereotactic ablative body radiotherapy. There was no difference in treatment or survival rates between Māori and non-Māori. Factors associated with patients not receiving potentially curative treatment included older age, poor performance status, poor lung function and cancer type other than non-small cell lung cancer.

Comment: Two great things in this paper. First it reports good news in terms of equal treatment and equitable outcomes (survival). Second it provides an update on new, innovative treatments. These findings must be considered, of course, in the context of higher rates for lung cancer among Māori compared with New Zealand Europeans. I understand that there is an interesting piece of work being undertaken in the area of lung cancer screening which has the potential to change this field yet again.

Reference: BMC Cancer. 2020;20(1):109.
Abstract

Beyond awareness: Towards a critically conscious health promotion for rheumatic fever in Aotearoa, New Zealand

Authors: Anderson A, Spray J, et al.

Summary: With the aim of reducing ethnic health disparities, the Rheumatic Fever Prevention Programme has targeted Māori and Pacific communities with messages to get sore throats checked. Although the Health Promotion Agency consulted with Māori and Pacific health leaders to develop a culturally-appropriate intervention, the structural roots of rheumatic fever and the potentially harmful effects of the message presentation were not considered. By targeting health promotion to Māori and Pacific communities with the highest rates of rheumatic fever, the intervention inequitably distributed responsibility and created collateral damage in the form of stigma, internalised blame, emotional suffering and hypervigilance. Conceptually this can be regarded as structural violence. The authors suggested that consideration of how families experience public health messaging in the context of their daily lives may extend health promotion beyond awareness and behaviour towards equity.

Comment: A fantastic paper highlighting that any intervention that we introduce must be monitored. Because even with the best intentions, we may in fact further marginalise people and therefore contribute to inequities.

Reference: Soc Sci Med. 2020;247:112798.
Abstract

This Research Review has been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and has been approved for up to 1 CME credit for the General Practice Educational Programme (GPEP) and Continuing Professional Development (CPD) purposes. You can record your CME credits in your **RNZCGP Dashboard**

Time spent reading this publication has been approved for CNE by The College of Nurses Aotearoa (NZ) for RNs and NPs. For more information on how to claim CNE hours please **CLICK HERE**

New Zealand Research Review subscribers can claim CPD/CME points for time spent reading our reviews from a wide range of local medical and nursing colleges. Find out more on our **CPD page**.