

Māori Health REVIEW™

Arotake Hauora Māori



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Issue 112 – 2024

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Tēnā koutou katoa

Nau mai, haere mai ki a Arotake Hauora Māori. 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.

Welcome to the 112th issue of Māori Health Review.

In this issue, we include two studies highlighting access to and outcomes associated with publicly funded bariatric surgery. We present an analysis of New Zealand's Medicinal Cannabis Scheme in New Zealand, four years after implementation. Finally, we feature a large population study highlighting the impact of prostate-specific antigen testing in Māori men. We hope you find this issue informative and of value in your daily practice. We welcome your comments and feedback.

Ngā mihi

Associate Professor Matire Harwood

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Perceptions toward using artificial intelligence and technology for asthma attack risk prediction

Author: Darsha Jayamini WK et al.

Summary: A qualitative study has revealed that more information is needed regarding the use of artificial intelligence (AI) and technology in asthma management for Māori. Semi-structured interviews were conducted with 20 Māori participants with asthma (aged 18–76 years, 85% female). Ten interviews were web-based, while the rest were face-to-face. Many participants were relatively unfamiliar with AI, and some expressed concerns about whether the technology could be trusted, loss of face-to-face interaction, and inadequate knowledge of AI and technology. However, most participants were interested in using technology to support their asthma management, and preferences regarding computer-based health care applications were discussed. Factors triggering asthma control were also mentioned.

Comment: With AI in the health system, and a push to continue its growth, it is critical that we have equity in mind given both its potential and risk. This research, which explores concerns and tests ideas on its uptake and use for Māori, will hopefully help inform decisions.

Reference: *JMIR Form Res.* 2024;8:e59811.

[Abstract](#)

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Policy approaches to decarbonising the transport sector in Aotearoa New Zealand: modelling equity, population health, and health-system effects

Author: Shaw C et al.

Summary: Decarbonising transport could improve overall population health, reduce health system costs, and reduce health inequities for Māori, according to a modelling study of two transport pathways developed by the New Zealand Climate Change Commission. The behaviour pathway included reduced driving, increased cycling and use of public transport, and light vehicle electrification, while the technology pathway focused on vehicle electrification. Changes in health effects through the pathways of physical activity, air pollution and injury were simulated for the New Zealand population from 2018 to 2050, including impacts for Māori. While both pathways showed improvements in population health, reduced health system costs, and reduced greenhouse gas emissions, health gains were substantially larger in the behaviour pathway. Health gains were 20-30% larger for Māori than non-Māori in both pathways, although a greater effect was noted in the behaviour pathway. Assumptions about equity of the implemented pathway influenced health gains for both Māori and non-Māori.

Comment: I encourage readers to review the whole article, as the authors raise important points about the impact of inequitable implementation of public health interventions for Māori health; and how powerful sectors (in this case transport but could equally apply to others which have raised concerns for health leaders) actively pursue policies that discriminate against Māori.

Reference: *Lancet Planet Health.* 2024;8(9):e647-e656.

[Abstract](#)

Funding the pandemic response for Indigenous peoples

Author: Hillier SA et al.

Summary: An analysis of COVID-19 funding policies in Canada, Australia, New Zealand and the United States during the pandemic's first wave has shown that creating equitable policies grounded in Indigenous knowledge requires partnership, meaningful consultation, and organisational cultural humility. A Health Equity Impact Assessment tool and an Indigenous Lens Tool were used to assess potential impacts. The major funding equity issues were: 1) unique health and service needs; 2) socioeconomic disparities; and 3) limited access to community and culturally safe health services. A lack of meaningful consultation led to a state of emergency declaration in Canada and legal disputes in the United States. New Zealand was showcased for integrating Māori perspectives. The study authors argue for a reconciliation-minded path, aligning with Truth and Reconciliation principles, the UN Declaration on the Rights of Indigenous Peoples, and evolving government support.

Comment: Interesting to see the experience of Indigenous peoples across various nations in the way their respective governments responded (or didn't) during the COVID-19 pandemic/lockdowns.

Reference: *Int J Circumpolar Health.* 2024;83(1):2361987.

[Abstract](#)

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The impact of non-structured PSA testing on prostate cancer-specific mortality in New Zealand Māori men

Author: Matti B et al.

Summary: Regular prostate-specific antigen (PSA) testing should be considered a priority area for improving prostate cancer survival in Māori men, according to a large population study. The study cohort included 63,939 Māori men aged ≥40 years with no history of prostate cancer who had undergone at least one PSA test between 2006 and 2018. The cohort was divided into men who had a PSA test at least once every four years (screened group), and all other men (non-screened group). Compared with the non-screened group, those in the screened group had a higher proportion of prostate cancer diagnoses (3.7% versus 3.0%, $p < 0.001$), a lower proportion of high-grade cancers (25.6% versus 32.7%, $p = 0.001$), and a higher 10-year cancer-specific survival rate (99.4% versus 98.5%, $p < 0.001$). PSA testing frequency was an independent predictor of prostate cancer mortality on multivariate analysis (hazard ratio 2.43, [95% CI 1.97-3.01], $p < 0.001$).

Comment: Highlights the importance of ethnicity in health decisions/guidelines.

Reference: *World J Urol.* 2024;42(1):558.

[Abstract](#)

Text2whaiora after a suicide attempt: Text message design alongside people with lived experience

Author: Ng L et al.

Summary: A qualitative study has highlighted that people with lived experience should be considered vital partners in developing any suicide prevention initiative. Participants in the study were professional peer support specialist staff with lived experience employed by specialist mental health services, who took part in a semi-structured interview in a focus group setting. Participants evaluated an initial series of caring contacts text messages to determine optimal language and delivery, within a cultural context. Three main themes were identified: upholding a person's autonomy; establishing connection as a bridge to safety; and words as healing rongoā (remedy). The last theme contained a cultural subtheme: Māori language providing entry to the Māori world.

Comment: This seems like common sense to me, but I love the way the authors have described it ("empowering", "hope", "rongoā"). Others have pointed out recently that suicide prevention is also about preventing poverty, preventing unhealthy housing, preventing negative experiences in the education system and racism.

Reference: *PLoS One.* 2024;19(9):e0306801.

[Abstract](#)



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Implementation of the Medicinal Cannabis Scheme in New Zealand

Author: Rychert M et al.

Summary: While New Zealand's Medicinal Cannabis Scheme (MCS) has successfully established a domestic production sector, reduced prices and provided alternatives to illegal supply, there may also be unintended negative consequences. These were the findings of an analysis of the MCS since implementation in 2020. The analysis found that the quarterly supply of medicinal cannabis products has increased fourteenfold since implementation, with most products now THC-dominant rather than CBD and in the form of dried cannabis flower rather than oral liquids/oils. Prices of products have declined to be comparable with the illegal market. While specialised private cannabis clinics have expanded patient access, inequities persist due to expense, disproportionately affecting Māori and those on lower incomes.

Comment: Personally, I've had a mixed experience in prescribing medicinal cannabis, which is reflected in these findings. People may request it after hearing from others or seeing it in the media, but the majority will stop if ineffective, or when cost becomes too much. For the latter, although they prefer "legally" prescribed forms, they will purchase it illegally because it's cheaper.

Reference: *N Z Med J.* 2024;137(1604):73-86.

[Abstract](#)

Post-pandemic increase in invasive group A strep infections in New Zealand

Author: Ammar S et al.

Summary: A study of invasive group A streptococcal (iGAS) infections in New Zealand between 2017 and 2023 has reported findings consistent with those of many other high-income countries. National surveillance data revealed a sharp increase in iGAS in 2023, notably among children aged under ten years. Māori and Pacific peoples were disproportionately affected. In 2022-2023, the *emm1* and *emm12* strains were commonly reported, and there was a moderate correlation between iGAS and acute respiratory infection. After adjustment for ethnicity, sex and age, there was a significant decrease in iGAS during COVID-19 restrictions, which increased after restrictions were relaxed. The study authors noted that iGAS will become a notifiable disease in New Zealand in late 2024, which should help with monitoring and public health responses.

Comment: A reminder that iGAS continues to be a major health issue in Aotearoa New Zealand. On one side, there is lot of interesting research and innovation in this space, with many in our country considered world leaders; on the flipside it's bad that we have to be.

Reference: *Infect Public Health.* 2024;17(11):102545.

[Abstract](#)

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"Freedom to move through the house": How a healthy housing initiative improves quality of life in Aotearoa New Zealand

Author: Chisholm E et al.

Summary: Healthy housing interventions can yield extensive benefits by adopting a holistic and home-based approach, according to a qualitative study of people living in rental housing. Participants (n = 20) had received the Healthy House Initiative (HHI), which includes provision of items such as curtains, heaters, bedding, and insulation, advocacy to encourage landlords to install improvements, and education and advice to renters. Semi-structured, in-depth interviews revealed that participants felt heard and supported by HHI assessors. Participants reported increased warmth and dryness of their home, improved respiratory and mental health, reduced bills, and the ability to use more parts of their home. However, structural inadequacies and energy poverty meant some participants continued to endure cold and damp conditions.

Comment: Just reading the title of this paper gives a sense of the impact healthy housing has for whānau. Importantly, the authors also acknowledge that the structural determinants for wellbeing require political will.

Reference: *Aust N Z J Public Health.* 2024;48(5):100190.

[Abstract](#)



INDEPENDENT COMMENTARY BY
**Associate Professor
Matire Harwood Ngāpuhi**

Matire (MBCbB, PhD) is a hauora Māori academic and GP dividing her time as Deputy Dean of the Faculty of Medical Health Sciences at Waipapa Taumata Rau and clinical mahi at Papakura Marae Health Clinic in South Auckland.

Matire has served on a number of Boards and Advisory Committees including Waitematā DHB, Health Research Council, ACC (Health Services advisory group), COVID-19 TAG at Ministry of Health and the Māori Health Advisory Committee.

In 2017 Matire was awarded the L'Oréal UNESCO New Zealand 'For Women In Science Fellowship' for research in Indigenous health, in 2019 she received the Health Research Council's Te Tohu Rapuora award for leadership in research to improve Māori health, in 2022 she received the College of GPs Community Service Medal and in 2024 she received The King's Service Medal for services to Māori Health.

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Provision and outcomes of publicly funded bariatric surgery in a metropolitan versus a provincial population of New Zealand

Author: Whitcomb Cahill H et al.

Summary: A 5-year observational cohort study has highlighted significant differences in the rate, type and outcomes of bariatric surgery between a metropolitan and provincial area in northern New Zealand. While patients in the metropolitan area were less obese and had a lower rate of diabetes than patients in the provincial area, they had a wider range of procedures performed. The bariatric surgery rate among those with class III obesity was 6.1 times higher in the metropolitan versus provincial cohort. Māori were underrepresented in both cohorts. Changes in national and regional policies are needed to ensure equitable care for patients with obesity in New Zealand, the study authors concluded.

Reference: *ANZ J Surg.* 2024;94(10):1747-1751.

[Abstract](#)

Improving equity of access to a publicly funded bariatric surgery programme by removal of mandatory weight loss targets

Author: Gower A et al.

Summary: Elimination of preoperative weight loss targets improves access to bariatric surgery for Māori and Pacific patients, according to an analysis of patients who underwent this surgery at Auckland City Hospital between 2018 and 2021. Patients (n = 200) were retrospectively compared with a group of 100 patients who had been required to lose 10% of excess body weight prior to surgery. Elimination of weight loss targets was associated with greater numbers of Māori and Pacific patients undergoing bariatric surgery, but had no significant effect on weight loss outcomes or postoperative complications.

Reference: *Obes Surg.* 2024;34(9):3459-3466.

[Abstract](#)

Comment: Firstly, we should acknowledge that these studies build on the excellent mahi of Māori and Pacific Admission Scheme (MAPAS) graduate and award-winning Dr Jamie-Lee Rahiri (Ngāti Porou, Te Atihaunui-a-Pāpārangime Ngāti Whātua ki Kaipara). You can view her thesis [here](#). Second, these papers confirm Jamie-Lee's findings – inequities for Māori to access bariatric surgery are not explained by 'patient' factors and are instead associated with institutionally set, non-evidence based, criteria. Let's be better.

Unconscious bias a factor in Gisborne ED death

Author: Boynton J

Summary: Te Whatu Ora have acknowledged that decision-making around the treatment of a 30-year Māori woman who died at Gisborne Hospital's emergency department (ED) in August 2023 may have been influenced by unconscious bias. The woman had a history of medical issues, including a heart condition, and presented to the ED with dizziness and pain. However, her observations were not taken due to the volume of other patients, despite her Māori partner repeatedly trying to seek support as she deteriorated. The woman collapsed an hour after arriving, and was unable to be resuscitated. Commenting on the case, Dr Elana Curtis quoted [published research](#) showing that the mortality rate for Māori within 10 days of presenting to the ED is significantly higher than for non-Māori. "There's no excuse for racism in health care", she said.

Comment: A heart-breaking story which demonstrates the power of whānau aroha, in telling their account; the importance of Kaupapa Māori research in explaining inequities; and the role we play as health leaders to reflect, apologise and do better.

Reference: *The Hui.*

[Abstract](#)

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