

Māori Health

REVIEW™ Arotake Hauora Māori

Making Education Easy

Issue 101 – 2023

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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.

Welcome to the 101st issue of Māori Health Review.

In this issue, we highlight the poor long-term outcomes of Māori and Pasifika children with lupus nephritis, compared with non-Māori/non-Pasifika children. We describe cohort characteristics of the newly-established Aotearoa New Zealand Rheumatic Heart Disease Registry. Finally, we include a study showing that human papillomavirus self-testing via telehealth and mail-out is highly acceptable for Māori and Pasifika women.

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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Mental health inequities for Māori youth

Author: Theodore R et al.

Summary: A population-level study of mental health service data has shown that Māori youth are less likely to be identified for anxiety and depression, and more likely to be identified for substance use and self-harm, compared with non-Māori/non-Pasifika (NMNP) youth. The study used the Integrated Data Infrastructure to identify 232,845 Māori and 627,891 NMNP aged 10–24 years. Adjusted risk ratios for identification of anxiety and depression in Māori were 0.88 (95% CI 0.85–0.90) and 0.92 (95% CI 0.90–0.95), respectively, compared with NMNP. Adjusted risk ratios for identification of substance problems and self-harm were 2.66 (95% CI 2.60–2.71) and 1.56 (95% CI 1.50–1.63), respectively. Compared with Māori living in least deprived areas, those living in high deprivation areas were significantly more likely to be identified for substance problems and less likely to be identified for anxiety and depression.

Comment: These findings are of concern, and unfortunately, in my experience over these past two years, will worsen if we don't step in now to address. Perhaps we should consider a rangatahi screening/management intervention in the same way we do the B4 School Check and long-term condition programmes.

Reference: *N Z Med J. 2022;135(1567):79-90.*

[Abstract](#)

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Independent commentary by Associate Professor Matire Harwood Ngāpuhi



Matire (MBChB, PhD) is a hauora Māori academic and GP dividing her time across the Department of General Practice and Primary Care at Auckland medical school, where she is HoD, and Papakura Marae Health Clinic in South Auckland.

She has served on a number of Boards and Advisory Committees including Waitemātā DHB, Health Research Council, ACC (Health Services advisory group), COVID-19 TAG at Ministry of Health and the Steering Committee for the appointment of Te Aka Whai Ora.

In 2017 she 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 and in 2022 she received the College of GPs Community Service Medal.

A health sector response to the commercial determinants of health

Author: Sharpe S et al.

Summary: A multi-method study has highlighted the important role the health sector plays in redressing the power imbalance between harmful commodity industries and communities. The study incorporated literature reviews of commercial determinants of health (CDoH) strategies and ways in which organisations can respond; policy document review; and 12 qualitative, semi-structured, key informant interviews. A theoretical framework was developed summarising CDoH and potential responses, which included raising awareness about CDoH; strengthening policies related to interactions with corporations, in particular considering alignment of values; supporting community actions; and advocating for legislative changes to restrict the power of harmful industries.

Comment: Great practical advice here for all of us that think that addressing these important, but complex, determinants is beyond us.

Reference: *N Z Med J. 2022;135(1566):69-84.*

[Abstract](#)

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Māori Health Review



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Understanding the context of hospital transfers and away-from-home hospitalisations for Māori

Author: Cormack D et al.

Summary: A retrospective study has described the characteristics associated with away-from-home hospitalisations for Māori whānau, and supports the development of policies which better meet whānau Māori needs. The study used data from the National Minimum Dataset over the period 1 January 2009 to 31 December 2014. More than 10% of all routine hospitalisations constituted an away-from-home hospitalisation for Māori (i.e., hospitalisations in a different DHB area), and 25% of transfer hospitalisations were to a different DHB area. Away-from-home hospital admissions increased for Māori as deprivation increased for both routine and transfer admissions, with over half of Māori hospital admissions among those living in areas of high deprivation. The study authors noted that the cumulative impact of the need to travel to hospital for care, poverty and a primarily reimbursement-based travel assistance system perpetuate an unequal cost burden for Māori whānau.

Comment: With the recent health system reforms, and potential to receive care wherever it is available, these results will be incredibly useful. As the authors suggest, the development and implementation of processes/policies that are safe and equitable is key. And as I always say, when we build it to get it right for Māori, others will also benefit.

Reference: *N Z Med J. 2022;135(1565):41-50.*

[Abstract](#)

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Contribute to discussions about pae ora online

The health system is changing, and Manatū Hauora and Te Aka Whai Ora invite you to share your thoughts and ideas about pae ora - healthy futures for all New Zealanders.

The Pae Ora (Healthy Futures) Act calls for the development of a range of strategies that will help guide the health system to achieve pae ora. One of those strategies is the Hauora Māori Strategy, which Manatū Hauora is delivering in partnership with Te Aka Whai Ora.

A big part of the development of the Hauora Māori Strategy will be the inclusion of views on pae ora for Māori from a wide range of people and organisations. This will help to ensure the health system meets the needs of those we're here to serve.

To support this, Manatū Hauora and Te Aka Whai Ora recently launched [Tātou](#) as a new online discussion space. [Tātou](#) will allow the health system to hear from people who are not often able to share their experiences. Unlike traditional consultation hubs or surveys, [Tātou](#) enables discussion between people sharing their views and the health system.

Right now, Manatū Hauora and Te Aka Whai Ora are asking people to share their whakaaro on what good health looks like to them. We also want to hear people's aspirations for the future and how we can make sure their mokopuna will enjoy good health and wellbeing. People can visit [Tātou](#) as often as they like, and as many times as they like, to have their say.

This is just the beginning. As the work for developing the strategies continues, we expect the kōrero to deepen and evolve and there will be new opportunities to share thoughts and ideas on [Tātou](#).

If you have any feedback about [Tātou](#), please send it through to our team at strategies@health.govt.nz

Read more about the Hauora Māori Strategy and other Pae Ora strategies on the [Manatū Hauora website](#).





Medication dispensing among Māori and non-Māori screened for preschool ADHD

Author: Cargo T et al.

Summary: Māori children living in deprived neighbourhoods or outside of major urban areas are less likely to receive attention deficit hyperactivity disorder (ADHD) medication compared with non-Māori children, according to a recent population-level study. The study identified 414,171 children from the Integrated Data Infrastructure who underwent their B4 School Check between 2011 and 2018. A total of 2.8% of Māori children and 1.6% of non-Māori children were screened as showing ADHD concerns. Of those with concerns, ADHD medication was dispensed to 10.8% of Māori children compared with 14.9% of non-Māori children, however an ethnicity difference was only significant for those living in the most deprived quintile and outside of major urban areas. Further research is needed to understand the specific barriers for Māori accessing ADHD medication in these areas, the study authors concluded.

Comment: Some of you may have been following the recent court case about diagnosing/prescribing for ADHD in the media. This paper, and current inequities to evidence-based care, should be used to inform further discussion and planning. Going further, there appears to be an increasing need for adults too, and significant barriers to access services.

Reference: *N Z Med J.* 2022;135(1565):95-103.

[Abstract](#)

The long-term outcome of New Zealand Maori and Pacific Island children diagnosed with childhood onset lupus nephritis

Author: Concannon A et al.

Summary: Māori and Pasifika children with lupus nephritis are more likely to experience end-stage kidney disease and mortality compared with non-Māori/non-Pasifika (NMNP) children, according to a retrospective chart review. The review included 42 children diagnosed with biopsy-proven lupus nephritis seen by the Starship Hospital and Kidz First paediatric rheumatology and/or Starship renal services between January 1992 and January 2018. Māori and Pasifika children were significantly more likely to develop class 4 lupus nephritis (relative risk 11.3; 95% CI 3.84-49.9; $p < 0.0001$), demonstrate medication nonadherence (relative risk 12.4; 95% CI 3.48-85.7; $p < 0.0001$), and experience end stage kidney disease (relative risk 15.7; 95% CI 2.97-389.3; $p = 0.0003$) and mortality (relative risk 11.1; 95% CI 1.91-280.1; $p = 0.005$) compared with NMNP children. In addition, chronic histological changes developed more rapidly in Māori children than Pasifika or Asian children ($p = 0.038$).

Comment: Although small numbers, many of us have personal or whānau knowledge of lupus. And so, the relative risk numbers provided here are heart-breaking, yet confirm our lived experience. Time spent at diagnosis, to provide good information and to set a monitoring/treatment pathway, appear to work in international settings. Let's hope other strategies are investigated and implemented quickly.

Reference: *Lupus.* 2022;31(13):1671-1678.

[Abstract](#)

Connecting hapū māmā (pregnant women) early to a lead maternity carer

Author: Jardine M et al.

Summary: A recent study using data from the Best Start-Pregnancy Tool found that only a minority of pregnant women (29%) had engaged with a midwife prior to their first GP visit after confirmed pregnancy, although most planned for midwifery care. A total of 482 pregnant women were analysed over the period November 2020 to December 2021. Māori women were more likely to present with risk factors for maternal and perinatal health compared with non-Māori women, and also presented later in pregnancy. The study authors noted that more research is needed to identify how to best support Māori women to access a lead maternity carer early in pregnancy. The Best Start Kōwae is an accessible online tool, currently in the implementation phase, for primary care providers and lead maternity caregivers that promotes equitable health outcomes for Māori women and their infants.

Comment: I attended the Webinar on this last week and was really impressed. Recommended viewing for all!

Reference: *J Prim Health Care.* 2022;14(4):326-332.

[Abstract](#)

Experiences of racism related to kidney transplantation in Aotearoa New Zealand

Author: Walker RC et al.

Summary: Racism may be contributing to kidney transplantation inequity in New Zealand, according to a study of 40 Māori with kidney disease, their family members and donors. Semi-structured interviews were conducted between September and December 2020, and participants included those with kidney disease who had considered, were being worked up for, or who had already received a kidney transplant as well as family members and potential or previous donors. Subthemes were identified at each level of racism: institutional (excluded and devalued by health system; disease stigmatisation; discriminatory body weight criteria, lack of power), personally mediated (experiencing racial profiling; explicit racism), and internalised racism (shame and unworthiness to receive a transplant). Addressing racism at all levels is imperative if inequitable outcomes for Māori requiring kidney transplantation are to be addressed, the study authors concluded.

Comment: Reading this made me think of Vera Keefe, at the Eru Pōmare Centre, who, back in the 1990s, alerted us to the racism she experienced in her own transplant journey. I hope that this evidence brings much needed, and long-awaited, change.

Reference: *J Racial Ethn Health Disparities.* 2023;10(1):219-227.

[Abstract](#)

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FRONTLINE WELLBEING STRATEGIES FROM RECRUITMENT TO POST-SERVICE

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Feasibility and acceptability of telehealth and contactless delivery of human papillomavirus (HPV) self-testing for cervical screening with Māori and Pacific women in a COVID-19 outbreak in Aotearoa New Zealand

Author: Bartholomew K et al.

Summary: A small proof-of-concept study has shown that HPV self-testing during COVID-19 lockdown is both feasible and highly acceptable for Māori and Pasifika women. The study involved never-screened, due or overdue Māori and Pasifika women enrolled in a local Primary Health Organisation. A total of 197 eligible women were invited to take part, 86 were successfully contacted, and 61 returned completed HPV self-tests (70.9% of all contactable women). Six tests were positive (all for non-16/18 types), and women were referred for cytology. Three women had negative cytology results, and three with positive cytology results were referred for colposcopy. The study authors noted that HPV self-testing via telehealth and mail-out, alongside other options, offers a potential pro-equity approach for addressing the impact of deferred screens due to COVID-19 and other longstanding coverage issues.

Comment: Can we please start doing this now? That is all!

Reference: *N Z Med J.* 2022;135(1565):83-94.

[Abstract](#)



Methodology and cohort characteristics of the Aotearoa New Zealand Rheumatic Heart Disease Registry

Author: Tilton E et al.

Summary: A registry cohort of 4959 New Zealand patients with moderate or severe rheumatic heart disease (RHD), with onset of disease by 2019, has been established. Initial presentation was RHD without recognised prior acute rheumatic fever in 41% of cases, and acute rheumatic fever in 59%. Ethnic disparities have changed significantly over time, with Europeans making up 64.3% of cases prior to 1960, but only 10.7% of cases between 2010 and 2019. In contrast, Māori made up 25.3% of cases prior to 1960 and 37.4% of cases between 2010 and 2019. Corresponding percentages for Pasifika cases are even more dramatic at 6.7% and 47.2%, respectively. Overall, 64% of the cohort had undergone at least one cardiac intervention (cardiac surgery, transcatheter balloon valvuloplasty), at a mean age of 40 years, and 19.8% had undergone multiple interventions. At the latest follow-up, 26.9% of the cohort had died. Māori- and Pasifika-led governance groups for the registry have been established, and data will be available for future studies in patients with RHD.

Comment: Fantastic to see this mahi – well done to all of you across the sector who made it happen. Kia maumahara Diana ‘Dinny’ Lennon and whānau affected by rheumatic heart disease.

Reference: *BMJ Open.* 2022;12(12):e066232.

[Abstract](#)

Ethnicity, sex, and socioeconomic disparities in the treatment of traumatic rotator cuff injuries in Aotearoa/New Zealand

Author: Bolam SM et al.

Summary: A large nationwide study has demonstrated the economic burden of rotator cuff injuries, as well as disparities in injury claims and management. The study assessed 351,554 claims for traumatic rotator cuff injuries in the Accident Compensation Corporation database between January 2010 and December 2018. The total cost of these injuries was more than NZ\$960 million, with the greatest proportion of costs for vocational support (49.8%), then surgery (26.3%), rehabilitation (13.1%) and radiology (8.1%). Asian, Māori, and Pasifika peoples were under-represented in the proportion of total claims and had lower rates of surgery than Europeans. In addition, Māori had a higher proportion of costs spent on vocational support and lower proportions spent on radiology, rehabilitation, and surgery than Europeans. Compared with females, males had a higher number and higher cost of claims and were more likely to have surgery. Areas of high socioeconomic deprivation had the lowest number of claims compared with areas of low deprivation.

Comment: A bit left field but interesting study, I'll certainly be monitoring my practice, checking that the investigation and management of this very common condition is equitable.

Reference: *J Shoulder Elbow Surg.* 2023;32(1):121-132.

[Abstract](#)

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