ISSN 1178-6191

In this issue:

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 109th issue of Māori Health Review.

In this issue, we feature a qualitative study looking at the Māori experience of eating disorders. We present two studies focused on disease screening in Māori – the first giving perspectives on future lung cancer screening, and the second highlighting outcomes of screening for atrial fibrillation along with abdominal aortic aneurysm. Finally, we include a modelling study showing the health burden of harm to others from alcohol consumption in Aotearoa New Zealand.

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
matire@maorihealthreview.co.nz

Hauora Māori - Māori health: a right to equal outcomes in primary care

Author: Sheridan N et al., and the Primary Care Models Study Group

Summary: Apart from lower immunisation rates, a cross-sectional study found that health outcomes for Māori were not different between Māori practices and other models of primary care, despite these patients having higher health risk profiles. However, primary care need was unmet for many Māori, despite increased clinical input. The study linked national datasets to general practices, and included 660,752 Māori patients enrolled in 924 practices (124,854 in 65 Māori-owned practices). Rates of glycosylated haemoglobin testing and ambulatory-sensitive hospitalisations or emergency department attendances were not significantly different between Māori practices and other models of primary care, but rates of polypharmacy and childhood immunisation were 3.7% and 13.4% points lower, respectively. Compared with other practices, Māori practices had higher rates of cervical smear and cardiovascular risk assessment and more nurse and doctor time with patients. Māori practices enrolled a higher proportion of children and young people, five times more patients from areas of high deprivation, and more patients with multiple long-term conditions.

Comment: Strong evidence for the role of Māori health workers and services and the important part they play improving the wellbeing all across Aotearoa but particularly working with whānau and hapori who have greater need and less access but importantly the right to good health and good healthcare. We're going all out and it's time this was recognised and supported.

Reference: Int J Equity Health. 2024;23(1):42.
Abstract

RACP MyCPD Program participants
can claim the time spent reading and evaluating research reviews as CPD in the online **MyCPD program**.
Please contact **MyCPD@racp.edu.au** for any assistance.

What we do matters: Supporting anti-racism and decolonisation of public health teaching and practice through the development of Māori public health competencies

Author: Veenstra N et al.

Summary: A Kaupapa Māori study of public health competencies led to development of a competency document suitable for use by universities and workplaces. Increasing language expectations, the importance of strength-based approaches and self-determination, and the need for individual responsibility to address structural racism were key themes identified in the competencies. A fundamental cross-cutting competency was reflective practice. Planetary health and political ideologies were suggested for inclusion by participants as additional socio-political determinants of health with equity impacts. The need for cultural safety, and ensuring that all public health practitioners are 'seen', were key concerns related to application of the competency document.

Comment: Love the shift here in public health priorities - from the population level once about monitoring disparities to now focusing on strength-based and self-determined approaches; and the management of individual health risk moving from patients changing behaviour to physicians reflecting on their roles in maintaining institutional racism.

Reference: Aust N Z J Public Health. 2024;48(2):100132.
Abstract

Perspectives and experiences of Māori and Pasifika peoples living with cardiac inherited disease

Author: Fia'Ali'i J et al.

Summary: A gap between indigenous patients' understanding of cardiac inherited disease and the western biomedical approach was highlighted in a qualitative study using Talanoa and Kaupapa Māori methodologies. Semi-structured interviews were undertaken with 14 Māori and 14 Pasifika patients with a cardiac inherited disease, and seven of their family members. Common themes identified as important in shaping participants' perceptions and experiences of cardiac inherited disease were: (1) difficulty in understanding the disease as separate from symptoms; (2) considering ancestors and future generations; and (3) the role of spirituality and religion. Findings support the need for transparency and culturally appropriate practices in healthcare, concluded the study authors.

Comment: With heart disease, acquired ischaemic or infection-related (rheumatic fever) cardiac conditions are prioritised in Aotearoa. However, significant inequities also exist for inherited heart disease. I recently spent a morning hearing from whānau living with inherited cardiomyopathy, and the strain for caregivers, whānau finances and work opportunities. It is refreshing to see this paper present the whānau voice.

Reference: Psychol Health. 2024;39(6):728-748.
Abstract

Perspectives of potentially eligible indigenous Māori on a lung cancer screening programme

Author: Colhoun SR et al.

Summary: Another Kaupapa Māori qualitative study found support for future lung cancer screening in Aotearoa New Zealand, and identified key barriers and facilitators of screening. A total of 21 Māori current/ex-smokers and members of their whānau participated in three focus group sessions held in Auckland in August 2019. Being more informed about lung cancer and screening, and enabling healthier future generations, were noted as perceived benefits of screening. Previous negative health service experiences, fear, stigma, and access were noted as barriers. Providers' cultural competence, clear communication, having a one-stop shop, and support with transport were noted as enablers to screening.

Reference: N Z Med J. 2024;137(1593):45-55.
Abstract

The prevalence and management of atrial fibrillation in New Zealand Māori detected through an abdominal aortic aneurysm screening program

Author: Sandiford P et al.

Summary: Atrial fibrillation (AF) screening is a feasible, low-cost adjunct to abdominal aortic aneurysm (AAA) screening with potential to reduce ethnic inequities in stroke incidence, according to a study of Māori registered at primary health care practices in Auckland. Among 1933 Māori men (aged 60-74 years) and women (aged 65-74 years) screened for AAA, the prevalence of AF was 7.4%, including 2.4% without a code for AF on their medical record. However, more than half of those without a code had known AF, meaning the true prevalence of newly detected AF was 1.1% (n = 21). Among 19 individuals with newly detected high-risk AF, 10 started appropriate anticoagulation therapy within 6 months. Adverse clinical outcomes were noted in five of the nine individuals who did not commence anticoagulation therapy, including ischaemic stroke in one individual. Among those with previously diagnosed AF, use of anticoagulation therapy rose from 57% before screening to 83% at 6 months after screening. The study authors noted that effective measures are needed to ensure that newly diagnosed high-risk AF is managed according to best practice guidelines.

Reference: Heart Lung Circ. 2024;33(3):304-309.
Abstract

Comment: Two excellent examples of when we need targeted approaches based on 'ethnicity' in screening programmes; and why we need to continue building evidence. If implemented, the potential benefits are huge.

Independent commentary by Associate Professor Matire Harwood Ngāpuhi

Matire (MBChB, 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.

She 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 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.

‘E koekoe te Tūī, e ketekete te Kākā, e kuku te Kererū, The Tūī chatters, the Kākā cackles, and the Kererū coos’: Insights into explanatory factors, treatment experiences and recovery for Māori with eating disorders

Author: Clark MTR et al.

Summary: A qualitative study using Kaupapa Māori methodology found that Māori with eating disorders and their whānau have their own experiences, needs and required treatment responses. Semi-structured interviews were conducted with 13 Māori with eating disorders (anorexia nervosa, bulimia nervosa and binge eating disorder) and two whānau members. Overall themes were antecedents, treatment and recovery. Causal factors of eating disorders were cumulative exposure to body and sporting ideals and adversity. Complexities of treatment included rural settings for generalised mental health services, allocation of Māori cultural support, the economic burden of treatment, culturally incongruent treatment (methods, values) and a weight-focused discharge criterion. Recovery was aided by appropriate health information, self-determination, connection to culture and whānau aspirations.

Comment: Māori Health Review plays an important role connecting people with similar interests. I’m often asked about research on eating disorders with Māori and to be honest, wasn’t aware of work until seeing this. I hope interested readers will reach out to the authors/team. As the authors say, it is incredibly important and sadly we will likely see numbers and inequity grow.

Reference: Aust N Z J Psychiatry. 2024;58(4):365-372.
Abstract

The incidence of early onset colorectal cancer in Aotearoa New Zealand

Author: Waddell O et al.

Summary: A study of national cancer registry data showed that the incidence of early onset colorectal cancer continued to rise in Aotearoa New Zealand over the period 2000 to 2020, and at a faster rate in Māori. During the study period, a total of 56,761 cases of colorectal cancer were diagnosed, of which 3702 were early onset colorectal cancer. While the age-standardised incidence of colorectal cancer decreased significantly from 61.0 to 47.3 cases per 100,000 overall, there was no significant change in Māori. Early onset colorectal cancer incidence increased by approximately 26% per decade ($p \leq 0.0001$) overall, and by approximately 36% per decade in Māori ($p \leq 0.0005$). By 2040, the incidence of early onset colorectal cancer it predicted to rise from 8.00 to 14.9 per 100,000 (6.33 to 10.00 per 100,000 in Māori).

Comment: There have been so many cases of young people diagnosed with colorectal cancer in the media recently, with attention given to the warning-signs/red-flags which is incredibly helpful.

Reference: BMC Cancer. 2024;24(1):456.
Abstract

Research Review publications, videos and e-Learning modules have been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and have been approved for up to **1 CME** credit per learning hour for Continuing Professional Development (CPD) purposes. Please **CLICK HERE** to download 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**.

‘Every strategy needs to be contributing to erasing the stigma’: Māori and Pacific young people talk about overcoming barriers to testing for sexually transmitted infections

Author: Rose SB et al.

Summary: Free services, along with education and health promotion to improve inter-generational sexual health knowledge, are needed to improve access to sexually transmitted infection (STI) testing among Māori and Pasifika young people. These were the findings of four wānanga held with 38 Māori and Pasifika participants aged 15-24 years in Wellington between November 2022 and May 2023. Five themes were identified as barriers to STI testing: (1) differences in cultural values and expression; (2) family/friends; (3) educational gaps; (4) psychological factors; and (5) structural obstacles. Participants noted that approaches to overcome these barriers must be community-based and delivered by trusted individuals using culturally appropriate messages. Participation in STI testing was regarded as beneficial for whānau and communities.

Comment: Have included this to alert/remind us about the increasing issue of STIs for Māori and Pacific peoples. Patients tell me that the structural barriers to care (cost, time off work, getting an appointment) are the biggest barrier followed closely by ‘feeling judged by health professionals’ – we can do better on all fronts.

Reference: Sex Health. 2024;21:SH23186.
Abstract

It's not special treatment… That's part of the Treaty of Waitangi! Organisational barriers to enhancing the aged residential care environment for older Māori and whānau in New Zealand

Author: Keelan K et al.

Summary: Fostering a culture of equity within provider services and equipping staff with the skills and knowledge to deliver culturally safe care is critical to addressing organisational barriers to aged residential care (ARC), according to a Kaupapa Māori study. Interviews were undertaken with older Māori (n = 30) and whānau members (n = 18) who had used, or declined to use, an ARC facility. "Culturally safe care" was the key organisational theme, within which there were three barriers: (1) acceptability and adequacy of facility; (2) interface between ARC and whānau models of care; and (3) workforce.

Comment: As our population ages, and with many whānau already stretched across roles at work, caring for young children, and with comorbidities themselves, we should expect to see more Māori living in ARC – if not our own Māori-led service! I'd encourage whānau to use a 'checklist', including the themes described here, when looking at suitable accommodation for the older whānau member.

Reference: Int J Health Plann Manage. 2024;39(2):447-460.
Abstract

Nurse facilitated 5000 m running at Parkrun improves vulnerable adolescent health in a high deprivation area

Author: Williams TR et al.

Summary: A matched pair randomised controlled trial found that a weekly nurse-facilitated Parkrun conferred multiple health benefits in adolescents from a high deprivation area. The trial involved 25 adolescents aged 13-18 years, of whom 90% identified as Māori or Pasifika. The intervention group participated in 6-10 Parkruns of 5000 metres within 10 weeks, while a control group participated in only one Parkrun. The intervention was facilitated by a nurse, who offered support and encouragement at each Parkrun. Cardiorespiratory fitness was significantly improved after the Parkruns (p = 0.035). There was also a moderate beneficial effect on glycosylated haemoglobin, and small beneficial effects on skeletal muscle mass and body fat.

Comment: This has certainly given me some ideas – hope it inspires others out there too!

Reference: Public Health Nurs. 2024;41(3):458-465.
Abstract

CLICK HERE to read previous issues of Māori Health Review

Quantifying alcohol-attributable disability-adjusted life years to others than the drinker in Aotearoa/New Zealand

Author: Casswell S et al.

Summary: The health burden of harm to others is larger than harm to the drinker in Aotearoa New Zealand, with disability from foetal alcohol spectrum disorder (FASD) the main contributor, according to a modelling study using administrative data. In 2018, alcohol's harm to others was responsible for the loss of 78,277 disability-adjusted life years (DALYs), as a result of FASD (90.3%), traffic crashes (6.3%) and interpersonal violence (3.4%). Māori were disproportionately affected, with 25 DALYs lost per 1000 population, compared with 15 per 1000 population among non-Māori. The total impact to drinkers themselves was the loss of 60,174 DALYs. The study authors noted that quantification of the burden of harm informs the value of implementing effective alcohol policies.

Comment: Incredibly important findings demonstrating the types, and sizes, of alcohol harm. Hopefully useful evidence here for people working to reduce the risk of alcohol harm.

Reference: Addiction. 2024;119(5):855-862.
Abstract