

Māori Health REVIEW™

Arotake Hauora Māori

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Issue 117 – 2025

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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 117th issue of Māori Health Review.

In this issue, we report on a teledentistry programme for children aged 0-2 years in Tairāwhiti, New Zealand. We also include three studies examining differences in cancer incidence, treatment and survival in Māori compared with non-Māori. Finally, we summarise another three studies highlighting the burden of respiratory infections for Māori. We hope you find this issue informative and of value in your daily practice. We welcome your comments and feedback.

Ngā mihi

Professor Matire Harwood

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Teledentistry and one health: a sustainable framework for oral and planetary health

Author: Naresh A et al.

Summary: Teledentistry can effectively address oral health inequities while contributing to environmental health through reduced travel, as demonstrated by a virtual clinic for children in Tairāwhiti, New Zealand. Dental care was provided via mobile phones and Zoom to children aged 0-2 years, and incorporated the Māori concept of “whakawhanauatanga” to build rapport with whānau. Over the period March to December 2024, 656 appointments were held, including 114 for patients in rural locations, avoiding the need for a substantial amount of travel. The programme also facilitated access to care for siblings who might otherwise have remained outside the oral health system.

Comment: Love this approach, which is tackling several significant hauora challenges, including planetary health, for Māori.

Reference: *Front Dent Med.* 2025 Jul;6:1631548.

[Abstract](#)

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Improving lung cancer survival outcomes for Māori

Author: Gurney J et al.

Summary: A nationwide project has identified a number of disparities along the lung cancer treatment pathway between Māori and non-Māori. The project reviewed lung cancer registrations on the New Zealand Cancer Registry over the period 2007 to 2019 and linked these to hospital, emergency department and outpatient records, as well as other datasets. Positive findings included equitable access to bronchoscopy, pathological diagnosis, radiation therapy and systemic therapy, as well as minimal differences in the timing of treatment between ethnic groups. Disparities for Māori compared with non-Māori included higher emergency presentation rates, poorer access to early detection, lower surgery rates and longer distances required to travel for bronchoscopy, surgery and radiation therapy. Five recommendations for action were made, with a view towards improving survival outcomes for Māori: 1) shift lung cancer diagnoses away from emergency rooms to primary care and/or screening contexts; 2) ensure that Māori who are good candidates for surgery are offered this treatment; 3) reduce the treatment travel burden on Māori with lung cancer; 4) make the lung cancer treatment pathway acceptable to Māori; 5) improve the quality and completeness of national health data collections.

Comment: I found some of the language used here a little confronting (I'm not convinced about causes for "celebration", even when cautious). However, the five recommendations are brilliant, and provide excellent starting points for the health system to work on – which I hope it will do.

Reference: *N Z Med J. 2025 Jul;138(1618):96-103.*

[Abstract](#)

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Systemic anti-cancer treatment for Māori with stage III and IV non-small cell lung cancer in Aotearoa New Zealand

Author: Tu'akoi K et al.

Summary: Māori with advanced non-small cell lung cancer are less likely to receive first-line targeted therapy compared with non-Māori, according to a cohort study of patients in the New Zealand Midland Region between January 2011 and December 2021. The study included 2549 patients, of whom 775 (30%) were Māori. There was no difference between Māori and non-Māori in the overall rate of systemic anticancer therapy use. However, Māori were less likely to receive targeted therapy in the first-line setting (8.5% of patients vs 16.1% of non-Māori patients; $p < 0.01$). Māori also had higher cancer-specific mortality (adjusted odds ratio 1.19; 95% confidence interval [CI] 1.08-1.32; $p < 0.001$).

Comment: This is much-needed research given the higher rates of lung cancer among Māori and importance of timely treatment. At first glance, the finding of similar overall systemic anticancer therapy use for Māori and non-Māori may appear reassuring. However, this masks a critical inequity: Māori were significantly less likely to receive first-line targeted therapy, despite clear evidence of its survival benefits. The authors raise important questions about Māori experiences in diagnostic pathways, access to genomic testing, clinical decision-making, and funding and the systemic factors that may play roles.

Reference: *N Z Med J. 2025 Jul;138(1618):15-29.*

[Abstract](#)

Child and adolescent/young adult cancer incidence and survival for Māori in Aotearoa New Zealand

Author: Gurney J et al.

Summary: A review of cancer diagnoses between 2007 and 2019 among individuals aged <25 years found differences between Māori and Europeans in incident cancers and survival. Data were extracted from the New Zealand Cancer Registry. Māori were more likely to be diagnosed with poor-prognosis cancers, such as brain cancer, and less likely to be diagnosed with good-prognosis cancers, such as Hodgkin's lymphoma and melanoma. Māori were less likely to survive cancer even after adjusting for differences in cancer type. The study authors noted that further quantitative and qualitative research could inform actions aimed at addressing disparities and improving survival for Māori.

Comment: Again, important that we monitor cancer types, rates and mortality by ethnicity. As the authors note, kaupapa Māori approaches to future research, and co-design with Māori in the design of interventions, are needed to ensure equity-focused action and outcomes.

Reference: *Cancer Epidemiol. 2025 Aug;97:102868.*

[Abstract](#)

A - Z GUIDE

Māori Health Review and Ministry Publications

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An A to Z guide is available on the Māori Health website:
www.maorihealthreview.co.nz



Transport practices of Māori kaumātua (Indigenous elders) in Aotearoa New Zealand

Author: Colhoun S et al.

Summary: Kaumātua rely heavily on private cars for transport, yet when they can no longer drive, this dependence may present barriers to daily living, health, and wellbeing, according to findings from the New Zealand Prospective Older Adult Transport and Health Study. The study included 1181 drivers aged 65-96 years, 15% of whom were Māori, and used computer-assisted structured telephone interviews to gather information on transport modes used in the previous three months. Similarly to non-Māori, kaumātua relied heavily on private cars for transport, but fewer walked or used public transport compared with non-Māori. Only 4% of kaumātua compared with 11% of non-Māori had made plans for not driving. This study provides data that can be used to support improvements within the transport sector to reduce inequities, the study authors concluded.

Comment: Important findings here to help support both planning within whānau and urban planning.

Reference: *BMC Public Health*. 2025 Aug;25(1):2853.

[Abstract](#)

Māori work-related fatal injury in Aotearoa-New Zealand, 2005-2014: a decade of continued inequities for Indigenous Māori

Author: Akuhata T et al.

Summary: A population-level study has found that Māori experience disproportionately high rates of work-related fatal injury (WRFI), mostly as a result of their representation in high-risk occupations and industries, compared with non-Māori. The study used Coronial case files for the period 1995-2014. The crude incident rate ratio (IRR) for WRFI in Māori vs non-Māori over the decade 2005-2014 was 1.9 (95% CI 1.6-2.3). The IRR increased to 2.1 in the transport sector (95% CI 1.6-2.9) and to 2.2 for machinery operators (95% CI 1.6-3.2). Vehicle crashes were responsible for 33% of WRFI in Māori compared with 25% in non-Māori. The study authors noted that future efforts to address inequities in WRFI for Māori should focus on high-risk industries and occupations, as well as inequitable distribution of risk.

Comment: Auē! And as we try to address these inequities, I can't help thinking that we also need to address the wider impacts of WRFI for whānau – who are left grieving, have lost important roles from their lives, and will lose income and financial security.

Reference: *Epidemiol Community Health*. 2025 Jul;79(8):594-599.

[Abstract](#)

Weight management services in Counties Manukau Health New Zealand - Te Whatu Ora: consumer experiences and ideal components

Author: Taylor T et al.

Summary: Patients waitlisted for metabolic bariatric surgery in the Counties Manukau region wished that a more holistic, centralised weight management service was available, according to focus groups involving 21 individuals conducted between November and December 2023. Three main themes centering around service gaps were identified: 1) lack of treatment options and support; 2) weight-related stigma and shame; 3) psychological issues. Themes for an ideal weight management service were: 1) increased support from healthcare professionals; 2) group support; 3) funded weight loss medications and metabolic bariatric surgery; 4) a centre for weight management; 5) flexible programme formats and lengths. In addition to weight loss medications, the top ranked features of an ideal weight management service were peer support and health coach support. Authors noted that the study findings support the initial model of care for a recently initiated specialist weight management service based in Mangere (Te Mana ki Tua).

Comment: I have to say that I love that patients know more than I do about weight management – it's an ever-changing area, new evidence appears each day and I can't always keep on top of it. The themes presented here for people living in South Auckland align with the evidence and cost-effectiveness studies – start with multimodal interventions (combines diet, activity and psychosocial support) then medications then surgery. So, we should listen to our communities!

Reference: *N Z Med J*. 2025 Aug;138(1620):36-45.

[Abstract](#)

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Research Review publications are intended for New Zealand health professionals.

Vaping cessation strategies and triggers for relapse amongst people from New Zealand who have vaped

Author: Rahimi M et al.

Summary: A web-based survey conducted in December 2022 has revealed that reasons for quitting and returning to vaping are similar to those for smoking. Participants (n=1119) in the survey were aged ≥16 years; 144 had never smoked, 975 used to smoke, 401 currently vaped nicotine, and 718 used to vape nicotine. Most participants were aged ≥25 years (89%), 63% were female, and 21% were Māori and/or Pacific. Smoking or vaping for ≥2 years and vaping >3% nicotine were predictors of vaping dependence. Health concerns, disliking feeling dependent and cost were cited as reasons for trying to quit vaping. Stopping abruptly, nicotine tapering and family/friend support were strategies used to quit. Stress, being around others who vaped and nicotine withdrawal were cited as triggers for relapse. The study authors concluded that strategies used to support vaping cessation can be similar to strategies used for smoking cessation.

Comment: Having noted the evidence about the inequitable uptake of vaping in Aotearoa, I'm now pleased to add this evidence about strategies to support cessation and prevent relapse for people who vape.

Reference: *Drug Alcohol Rev.* 2025 Jul;44(5):1394-1411.

[Abstract](#)



INDEPENDENT COMMENTARY BY

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.

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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Comparison of the incidence and risk factors of acute respiratory illness associated with COVID-19 and influenza

Author: Huang QS et al., on behalf of the SHIVERS investigation team

Summary: Vaccination, age, ethnicity, and household size are independent protective/risk factors for COVID-19 and influenza in New Zealand, according to results of the SHIVERS II, III and IV Prospective Community Cohort Study. Over the period 7 February to 2 October 2022, the adjusted cumulative incidence for COVID-19 in Wellington was 4.5 times higher than for influenza. For COVID-19, the highest incidence was seen in adolescents aged 12-17 years and individuals of European/other ethnicity. For influenza, the highest incidence was seen in children aged 1-4 years and Māori. Risk of COVID-19 infection was 75% higher in adolescents who had received two doses of the COVID-19 vaccine vs adults who had received three doses. Individuals with COVID-19 were less likely to access health care or experience febrile and severe illness than those with influenza, but were more likely to report sore throat, headache, myalgia, and loss of taste or smell.

Reference: *J Infect Dis.* 2025 Aug;232(2):450-464.

[Abstract](#)

The burden of HMPV- and influenza-associated hospitalizations in adults in New Zealand before and after the COVID-19 pandemic

Author: Aminisani N et al.

Summary: A surveillance study of adults (aged ≥20 years) hospitalised with acute respiratory infections in Auckland between 2012 and 2023 found that those aged ≥80 years, of Māori or Pacific ethnicity, and living in low socioeconomic status areas had the highest hospitalisation rates for both influenza and human metapneumovirus (HMPV). Crude hospitalisation rates were 9.7 per 100 000 adults (95% CI 9.0-10.4) for HMPV and 48.2 (95% CI 46.6-49.7) for influenza. HMPV-associated hospitalisation rates were not significantly different before and after the COVID-19 pandemic, but influenza-associated hospitalisation increased from 43.0 per 100 000 adults before the pandemic, to 54.4 in 2022 and 79.5 in 2023.

Reference: *J Infect Dis.* 2025 Jul;232(Supplement_1):S47-S58.

[Abstract](#)

Variation in clinical presentation, complications and outcomes for Māori and Pacific peoples among hospitalised adults with COVID-19 in 2022

Author: Maze MJ et al.

Summary: Among adults (≥16 years) hospitalised with COVID-19 at 11 New Zealand hospitals between January and May 2022, Māori and Pacific individuals were younger at presentation, and had a lower vaccination rate and a higher risk of complications than non-Māori, non-Pacific (NMNP) individuals. Median age was 52, 57 and 63 years for Māori, Pacific and NMNP individuals, respectively. Corresponding rates of vaccination (≥2 doses) were 73.4%, 76.7% and 84.8%. Māori had a greater risk of acute kidney injury, cardiac arrhythmia, shock, myocardial infarction, cardiac arrest and acute respiratory distress syndrome compared with NMNP individuals, while Pacific individuals had a greater risk of acute kidney injury and pneumonia, and a lower risk of thromboembolism and myocarditis/pericarditis. There were no differences in age-standardised mortality between ethnic groups.

Reference: *Intern Med J.* 2025 Aug;55(8):1339-1349.

[Abstract](#)

Comment: As someone working in primary care and seeing so many people unwell with respiratory infections these last few months, with more people requiring hospitalisation than I would have seen 6 years ago, I think these three papers provide several timely reminders. They highlight the importance of monitoring health by ethnicity, of targeted vaccination and other prevention activities and of addressing the wider determinants for respiratory infections for hauora Māori.