

# Māori Health REVIEW™

Making Education Easy

Issue 95– 2022

## In this issue:

- Group A streptococcus skin infections and acute rheumatic fever
- Incidence and outcomes of preterm births by ethnicity
- Colonoscopy outcomes following general practice referral
- Scuba diving-related fatalities
- Suicide preceded by health services contact
- An indigenous Māori-centred model of relational health
- Indigenous perspectives on tobacco tax
- Gynaecological surgery in Māori women
- Cyberbullying toward Māori
- Choosing Wisely campaign and Māori shared decision-making

[CLICK HERE](#)

to read previous issues of  
Māori Health Review

KINDLY SUPPORTED BY

**Asthma  
+ Respiratory**  
FOUNDATION NZ

 **diabetes**  
new zealand

 **NEW ZEALAND  
RURAL**  
GENERAL PRACTICE NETWORK

## 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.

## Welcome to the 95<sup>th</sup> issue of Māori Health Review.

In our first issue for 2022, we report large-scale evidence that group A streptococcus skin infections increase the risk of acute rheumatic fever, particularly in Māori and Pacific individuals, and that antibiotic dispensing does not reduce this risk. We also feature two studies investigating the importance of culturally appropriate approaches and shared decision-making when engaging Māori in health services. Finally, we include a whole-of-population study which highlights the important role primary care physicians play in recognising and addressing suicide risk.

We hope you find this issue informative and of value in your daily practice. We welcome your comments and feedback.

Nga mihi

**Dr Matire Harwood**

[matire@maorihealthreview.co.nz](mailto:matire@maorihealthreview.co.nz)

## Preceding group A streptococcus skin and throat infections are individually associated with acute rheumatic fever

**Authors:** Oliver J et al.

**Summary:** A large study of throat and skin swab data from the Auckland region has demonstrated that group A streptococcus (GAS) skin infections are strongly associated with subsequent acute rheumatic fever. A total of 1,866,981 throat and skin swabs collected between 2010 and 2017 were analysed, as well as antibiotic dispensing data for the same period and hospitalisations for acute rheumatic fever between 2010 and 2018. Māori and Pacific individuals had the highest risk of acute rheumatic fever in the 8- to 90-day period following a GAS-positive throat (relative risk 4.8; 95% CI 3.6-6.4) or skin (relative risk 5.1; 95% CI 1.8-15.0) swab. Antibiotic dispensing was not associated with a reduction in the risk of acute rheumatic fever following either a GAS-positive throat or skin swab.

**Comment:** Although some have hypothesised that GAS skin infections are associated with subsequent acute rheumatic fever, this study provides clear evidence for it, including its risk compared with traditional throat infections, and the increased risk for Māori and Pacific peoples.

**Reference:** *BMJ Glob Health.* 2021;6(12):e007038.

[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.



**RACP MyCPD Program participants can claim one credit per hour**  
(maximum of 60 credits per year) for reading and evaluating Research Reviews.

**FOR MORE INFORMATION [CLICK HERE](#)**

## He Tamariki Kokoti Tau: Tackling preterm incidence and outcomes of preterm births by ethnicity in Aotearoa New Zealand

**Authors:** Edmonds LK et al.

**Summary:** European women are significantly less likely to give birth to extremely or very preterm infants compared with Māori women, and their infants are at lower risk of early neonatal or post-neonatal death, according to a Kaupapa Māori research study. The study analysed maternity, mortality and hospital data for women and their infants born in New Zealand between 1 January 2010 and 31 December 2014. The adjusted relative risk of having an extremely or very preterm infant was 0.86 (95% CI 0.76-0.95) for European women compared with Māori women. Corresponding adjusted relative risks of early neonatal death and post-neonatal death were 0.65 (95% CI 0.45-0.93) and 0.41 (95% CI 0.26-0.64), respectively. In addition to ethnicity, the risk of preterm birth was also influenced by maternal age, body mass index, smoking status and small for gestational age status. The study authors concluded that the New Zealand maternity system privileges whiteness, and that evidence-based medical care is not delivered systemically and equitably for all.

**Comment:** Another important paper from this excellent team. Interesting that they have chosen to focus on New Zealand European rates, demonstrating inequities by focussing on how an ethnic group is privileged. I'm still in two minds about this approach as I'm not sure that it will drive the necessary changes in our system. Interested to hear others' thoughts.

**Reference:** *Int J Gynaecol Obstet.* 2021;155(2):239-246.

[Abstract](#)

## Outcomes from colonoscopy following referral from New Zealand general practice

**Authors:** Lawrenson R et al.

**Summary:** In a study of Waikato DHB data, the likelihood of colorectal cancer in patients undergoing colonoscopy following GP referral with a high suspicion of cancer (HSCan) was almost 15%. The study authors suggested that such patients should be routinely prioritised without further triage by the hospital. They assessed e-referral data for patients aged at least 30 years referred from 75 general practices to general surgery, gastroenterology or direct to colonoscopy between 1 January 2015 and 31 December 2017. A total of 6718/20648 (32.5%) patients underwent colonoscopy, of whom 372 (5.5%) were diagnosed with colorectal cancer. Females, non-Māori, and patients with a HSCan label originating from their GP were more likely to have a colonoscopy. Among the 585 patients with a GP HSCan label who underwent colonoscopy, the odds ratio of a colorectal cancer diagnosis 2.34 (95% CI 1.70-3.22). However, 423 of these patients were reprioritised by the hospital and 55 had their diagnosis unnecessarily delayed.

**Comment:** Given our recent lockdowns, and now long waiting lists for investigations, I agree with the recommendation to prioritise GP referred patients without further hospital triaging. And given the significant disparities in colon cancer survival between Māori and non-Māori, an equity approach must also be prioritised.

**Reference:** *BMC Gastroenterol.* 2021;21(1):471.

[Abstract](#)

**Independent Content:** The selection of articles and writing of summaries and commentary in this publication is completely independent of the advertisers/sponsors and their products.

**Privacy Policy:** Research Review will record your email details on a secure database and will not release them to anyone without your prior approval. Research Review and you have the right to inspect, update or delete your details at any time.

**Disclaimer:** This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.

**Research Review publications are intended for New Zealand health professionals.**



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](#)

# Whakamaua Implementation Research

Request for Proposals now open

The Ministry of Health (the Ministry) and the Health Research Council of New Zealand (HRC) have formed a funding initiative to invest in an independent research project centred on *Whakamaua: Māori Health Action Plan 2020-2025* (Whakamaua), that will directly inform implementation, progress and direction of Whakamaua throughout its duration, and support pae ora for Māori.

A funding pool of \$1.5 million (exclusive of GST) is available to fund an independent Māori-led research team to deliver the objectives set out in the Request for Proposals (RFP), throughout the five-year duration of Whakamaua. The contracted project will need to begin as soon as practicable, with funding available for an immediate start (from May 2022). Further information on the eligibility criteria and application process can be found on the HRC Gateway (<https://gateway.hrc.govt.nz/funding/requests-for-proposals/2022-whakamaua-and-achieving-pae-ora-for-maori>).

Applicants are required to submit a Registration via the HRC Gateway homepage (<https://gateway.hrc.govt.nz/>) by 1:00pm, 3 February 2022. This web-based form signals the intent of the applicant to submit a full application. If you would like further information, please contact Le-Shan Pomana-Wesley (LPomana-Wesley@hrc.govt.nz), Manager, Māori Health Research Investment, at the HRC.

## Scuba diving-related fatalities in New Zealand

**Authors:** Lippmann J et al.

**Summary:** Māori appear to be over-represented in New Zealand scuba diving-related fatalities, according to a study of data from 2007 to 2016. Data were obtained from the National Coronial Information System, the New Zealand Chief Coroner's office, Water Safety New Zealand Drownbase™ and the New Zealand Police National Dive Squad records. A total of 48 fatalities were identified, including 40 men and 8 women, of whom 20 were Māori. Average age was 47 years, and 35 individuals were classified as overweight or obese. Identified medical risk factors included ischaemic heart disease (20 individuals), left ventricular hypertrophy (18) and hypertension (7). Multiple environmental and diving practice breaches, and poor planning, were identified in a chain of events analysis. Thirty-eight individuals had not released their weight belt, and information on resuscitation was limited.

**Comment:** Reporting numbers, especially when we see inequities, is important. However, the narrative or way we speak to those numbers is just as critical. Here, I felt that the results were reported in ways that could be considered 'victim-blaming' with not enough attention to system factors, or solutions.

**Reference:** *Diving Hyperb Med.* 2021;51(4):345-354.

[Abstract](#)

## Suicide preceded by health services contact

**Authors:** Chiang A et al.

**Summary:** A New Zealand whole-of-population study has determined that contact with a health service in the 6 months prior to death is associated with increased odds of suicide. The study examined all individuals aged at least 15 years who were alive on 5 March 2013, with follow-up to December 2015. Of the suicide decedent population, 59.4% had contacted primary health services, 46.5% had contacted secondary health services, and 30.4% had contacted tertiary health services in the 6 months prior to death. Contact with primary, secondary and tertiary services was associated with odds ratios for suicide of 2.51 (95% CI 2.19-2.88), 4.45 (95% CI 3.69-4.66) and 6.57 (95% CI 5.84-7.38), respectively, compared with those who had no health services contact.

**Comment:** Two important points stood out for me here. First, the overall findings about previous contact with health services. As a GP, although the odds were lowest for people accessing primary care, general practices are also the most frequently contacted. Therefore, primary care plays an important role and better support for primary care clinicians to recognise and address suicide risk is key. Second, the excellent reporting on Māori data – what's missing and why. Readers should take a look at the Discussion.

**Reference:** *PLoS One.* 2021;16(12):e0261163.

[Abstract](#)

## Creating an indigenous Māori-centred model of relational health

**Authors:** Wilson D et al.

**Summary:** The importance and relevance of relational approaches to engaging Māori and their whānau accessing health services has been highlighted in a qualitative literature review. Health and wellbeing for Māori is a holistic and relational concept, and building relationships that include whānau is a cultural imperative. Key elements for a Māori-centred model of relational care include whakawhanaungatanga (the process of building relationships) using tikanga (cultural protocols and processes) and informed by cultural values of aroha (compassion and empathy), manaakitanga (kindness and hospitality), mauri (binding energy), and wairua (importance of spiritual wellbeing).

**Comment:** Tā Mason himself would argue that we should continue to build, revise and grow models of hauora Māori. For me, the elements aligned with Kaupapa Māori Theory (particularly Linda Smith's Decolonising Methodologies) and Vision Mātauranga and Charles Royal's idea that such models can revitalise our cultural ways of knowing, as well as achieve social justice, in ways that generate new knowledge.

**Reference:** *J Clin Nurs.* 2021;30(23-24):3539-3555.

[Abstract](#)

## Exploring indigenous perspectives on tobacco tax: how some Māori families are responding in Aotearoa New Zealand

**Authors:** Gifford H et al.

**Summary:** A qualitative study informed by Kaupapa Māori theory has demonstrated that although Māori are concerned about the rising cost of tobacco, this has generally not translated into quit attempts. The study involved interviews with 72 Māori individuals, most of whom were smokers, from 15 whānau units in two geographical regions - one rural/provincial and one urban. The study showed that whānau have developed innovative tobacco-related practices to continue smoking, albeit in a modified fashion, despite the rising costs of tobacco. The study authors concluded that hypothecated taxes should be used to scale up Māori-specific cessation and uptake prevention programmes, including restricting the availability and appeal of tobacco.

**Comment:** Great to see attention being given to this important kaupapa. Lockdowns may have also impacted on access to tobacco and therefore smoking?

**Reference:** *Tob Control.* 2021;30(e2):e144-e149.

[Abstract](#)

CLICK HERE to read our

## Educational Series on Countering Vaccine Misinformation: A Practical Guide for Healthcare Providers



This article discusses vaccine misinformation and how it can undermine vaccine confidence and lead to vaccine hesitancy. Evidence-based strategies for countering vaccine hesitancy and misinformation are summarised. Techniques to support healthcare providers when engaging with individuals whose vaccine hesitancy has resulted from exposure to vaccine misinformation are provided.

RESEARCH REVIEW™  
Making Education Easy — Since 2006

## Rates of Māori women receiving surgical treatment for urinary incontinence and pelvic organ prolapse in Southern District Health Board

**Authors:** Anderson R et al.

**Summary:** Although rates of surgery for urinary incontinence and pelvic floor prolapse were similar between Māori and non-Māori in a New Zealand study, the greater prevalence of these conditions in Māori women means this likely represents inequity of access. The study reviewed women who underwent gynaecological surgery between 2015 and 2019 in the Southern DHB area. Unadjusted results suggested that there was a difference in access to gynaecological surgery for Māori and non-Māori. However, standardisation for differences in the age structures of the two populations showed that Māori and non-Māori women access this surgery at very similar rates.

**Comment:** There is some interesting work coming from Southern DHB – the strong Iwi Māori leadership there may be driving the focus on research that is responsive to Māori. I've included this paper as a good reminder on how to report that equal process does not necessarily translate as equity.

**Reference:** *N Z Med J.* 2021;134(1546):38-46.  
[Abstract](#)

**Do you have whānau and friends who should be receiving Māori Health Review, but they aren't health professionals?**

Just send them to [www.maorihealthreview.co.nz](http://www.maorihealthreview.co.nz) and they can sign up to get the review sent directly to their inbox.

Claim your CPD points for reading Research Reviews

FIND OUT MORE

## Cyberbullying Toward Māori Is Rife in New Zealand: Incidences and Demographic Differences in Experiences of Cyberbullying Among Māori

**Authors:** Houkamau C et al.

**Summary:** A large New Zealand study has highlighted the prevalence of cyberbullying in Māori adults. Individuals aged 18-83 years (n=6,529) who completed the questionnaire-based Māori Identity and Financial Attitudes Study in 2017 were included in the present study. On average, 19.3% of participants reported ever experiencing cyberbullying, and 4.1% reported experiencing cyberbullying within the past month. When analysed by age group, young adults (aged 18-25 years) experienced the highest rates of cyberbullying. Rates of cyberbullying were also higher among women and those identifying as a minority sexual orientation compared with men and heterosexuals. Individuals who identified as Māori as one of their multiple ethnicities experienced higher rates of cyberbullying than those who identified as Māori only. The study discusses practical and theoretical implications in light of Māori mental health outcomes.

**Comment:** This research is close to my heart, as my 10-year-old experienced online bullying from 'friends' last year. Our young people will become increasingly exposed to cyberbullying with online learning and reduced opportunities for social interactions. Thankfully the school was incredible in its response, but we've had to take action as a whānau too. There are some great practical tips outlined in this paper.

**Reference:** *Cyberpsychol Behav Soc Netw.* 2021;24(12):822-830.  
[Abstract](#)

## The Choosing Wisely campaign and shared decision-making with Māori

**Author:** Tipene-Leach D et al.

**Summary:** Choosing Wisely is an international health quality improvement campaign designed to prevent harm by reducing the number of unnecessary tests, treatments and procedures, and by promoting shared decision-making. In this study, 8 Māori consumers and 7 Māori health practitioners were interviewed about the Choosing Wisely New Zealand campaign and its messages. Study participants highlighted issues ranging from lack of Māori participation in programme governance through to practical issues like meaningful and literacy-appropriate health messaging, traversing consumer, practitioner, organisational and health-system aspects. Participant feedback also indicated the need for patients to have trust in the practitioner, a sense of autonomy and availability of advocacy and support in the consultation. The study authors noted that Choosing Wisely New Zealand is the first of the international programmes to acknowledge the possibility that their initiative might increase inequity for indigenous populations. They stressed the need to consult Māori early and to infuse Treaty principles and Māori knowledge and custom at every stage of the programme.

**Comment:** A key message here – it's never too late to bring the Treaty principles into your project. As a reminder these are Partnership, Equity, Active protection, Tino Rangatiratanga and Options. Kia kaha koutou!

**Reference:** *N Z Med J.* 2021;134(1547):26-33.  
[Abstract](#)

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](#).

Get your own copy of  
**MĀORI HEALTH REVIEW**

Become one of Research Review's  
32,000 NZ members

**SIMPLY CLICK**

**I am a Health Professional** 

to send us an e-mail and we'll do the rest