

Māori Health

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Making Education Easy

Issue 103 – 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 103rd issue of Māori Health Review.

In this issue, we present a paper highlighting the lack of sociodemographic diversity amongst New Zealand's health workforce pre-registration students. We include reviews of interventions aimed at preventing rheumatic fever and improving allopurinol uptake for gout. Finally, we describe the newly developed Te Kupenga Hauora Māori modified model, which has been developed to understand the causes of racial/ethnic disparities in health.

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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Ngā whakāro hauora Māori o te karu: Māori thoughts and considerations surrounding eye health

Author: Samuels I et al.

Summary: The perceptions of Māori surrounding ocular healthcare in New Zealand have been identified in a kaupapa Māori study. The study used three focus groups with Māori community members and three individual interviews with Māori eyecare practitioners. Data were reviewed using reflexive thematic analysis. Key issues identified were the right to cultural safety within clinical settings, the right to accurate and pertinent communication of information between clinician and patient, and the respect of cultural beliefs and acknowledgement of power imbalances within the wider healthcare system. The authors concluded that their study highlights possible pathways to start addressing ethnic disparities in ocular healthcare delivery.

Comment: The results highlight the wider issue of (lack of) funding for eye health services (along with hearing and dental). However, there are proposed solutions here too, and the multidisciplinary approach piqued my interest.

Reference: *Clin Exp Optom.* 2023;106(2):133-139.

[Abstract](#)

Pediatric invasive meningococcal disease, Auckland, New Zealand (Aotearoa), 2004-2020

Author: Burton C et al.

Summary: A review of laboratory-confirmed invasive meningococcal disease cases in Auckland between January 2004 and December 2020 has shown that Māori and Pasifika children are disproportionately affected, and that serogroup B is by far the most common strain. There were 319 cases of meningococcal disease in 318 children aged <15 years during the review period, of which 4.1% died and 23.6% of those with follow-up data experienced sequelae. As well as Māori and Pasifika children, those living in the most deprived areas were also over-represented. Serogroup B meningococcal disease was found in 81% of cases, serogroup W in 8.6% of cases, serogroup C in 6.3% of cases, and serogroup Y in 3.7% of cases. Bacteraemia was present in 79% of cases and meningitis in 63.9%. The New Zealand National Immunisation Schedule should include vaccination against serogroup B meningococcal disease to address health inequities for Māori and Pasifika children, concluded the study authors.

Comment: Immunisation is an incredibly important tool for preventing infectious diseases, but particularly those associated with inequitable rates of death and disability for Māori compared with non-Māori. Measles and meningitis are two examples. It is good to see that vaccination against serogroup B meningococcal disease is now funded for infants, immunocompromised individuals and those aged 13-25 years living in close quarters.

Reference: *Emerg Infect Dis.* 2023;29(4):686-695.

[Abstract](#)

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A review of localised Māori community responses to Covid-19 lockdowns in Aotearoa New Zealand

Author: Cassim S et al.

Summary: The strength of Māori leadership and agency, alongside value-driven holistic approaches to health and wellbeing, has been demonstrated in a review of localised Māori community responses to COVID-19 lockdowns. The review included four records published in academic literature, 13 news, online or media articles, and one situation report. Findings were categorised into distributive networks, wellbeing and resource support, and could positively impact the health of all New Zealanders, according to the review authors.

Comment: I'm sure we all knew it, but so good to see the findings documented here. A useful reference for future health and pandemic planning.

Reference: *AlterNative (Ngā Pae Māramatanga [Organ]). 2023;19(1):42-50.*

[Abstract](#)

National cross-sectional study of the sociodemographic characteristics of Aotearoa New Zealand's regulated health workforce pre-registration students

Author: Crampton P et al.

Summary: New Zealand's health workforce pre-registration students do not reflect the diverse communities they will serve, according to an observational study conducted between 2016 and 2020. Data were obtained for students accepted into the first 'professional' year of a tertiary-level health professional programme during the study period. The enrolment rate for Māori students was approximately 99 per 100 000 eligible population and was even lower for some Pasifika ethnic groups, compared with 152 per 100 000 for New Zealand European students. The unadjusted rate ratio for enrolment of both Māori and Pasifika students versus 'New Zealand European and Other' students was approximately 0.7. Students from low socioeconomic and rural backgrounds were also under-represented. The study authors recommend that tertiary education funding be based on projected health workforce needs and Te Tiriti o Waitangi, and that it has a strong pro-equity focus.

Comment: Some really important information/data in this paper – please read it. A couple of key things for me: (1) the results are heavily influenced by nursing, the largest programme and one with relatively low levels of ethnic and socioeconomic inequity. Rates are likely to be worse for some programmes such as medicine; (2) the results also highlight the intersection of social disadvantage, rurality and Māori and Pacific ethnicity. Therefore, future planning must take this into account.

Reference: *BMJ Open. 2023;13(3):e065380.*

[Abstract](#)

Addressing rheumatic fever inequities in Aotearoa New Zealand

Author: Tu'akoi S et al.

Summary: A scoping review has highlighted the range of interventions and initiatives undertaken in New Zealand to prevent untreated group A Streptococcus and rheumatic fever, focusing on the Māori and Pasifika communities. A total of 58 studies detailing 57 interventions were identified from searches of Scopus, Medline, EMBASE and CINAHL, as well as grey literature sources. Interventions included school-based throat swabbing, awareness and education, housing, secondary prophylaxis, improving primary care guidelines and diagnosis of sore throats and skin infections. Short-term outcomes of improved awareness, a reduction in rheumatic fever risk and fewer hospitalisations were reported for some interventions. However, many initiatives lacked evaluation outcomes. Māori and Pasifika people primarily served in an advisory or delivery capacity only, rather than as partners in co-design or leadership of initiatives. The study authors noted that rheumatic fever rates in New Zealand have not shown any long-term reduction, and that co-designing interventions could ensure that strategies are better targeted to affected communities.

Comment: I agree with the points made by the authors in the discussion about the importance of co-design. I wondered too if a more long-term approach is required, as it seems that some of the interventions are only supported in the short-term. There is also the issue of communities who carry the burden of rheumatic fever – and the influence this has in decisions.

Reference: *J Prim Health Care. 2023;15(1):59-66.*

[Abstract](#)

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Evolution of first episode psychosis diagnoses and health service use among young Māori and non-Māori

Author: Carr G et al.

Summary: Māori and non-Māori receive different mental health diagnoses, according to a national cohort study of youth with first episode psychosis occurring between 2009 and 2012. The study used a previously established cohort of more than 2400 13- to 25-year-olds, as well as anonymised routine mental health service data. Compared with non-Māori, Māori were more likely to be diagnosed with schizophrenia (51% vs 35%) and less likely to be diagnosed with bipolar disorder (18% vs 28%) over the 5-year observation period. Stability of diagnosis was similar between ethnic groups, and those with no stable diagnosis at first episode psychosis were most likely to move towards a schizophrenia disorder diagnosis in both groups. Māori had a lower rate of diagnosed comorbid affective and anxiety symptoms compared with non-Māori, and higher rates of continued face-to-face contact and inpatient admission across all diagnoses. Ethnic differences in schizophrenia and affective psychosis diagnoses could be related to differential exposure to socio-environmental risk or assessor bias, the study authors speculated.

Comment: Interesting. There has always been some debate on ethnic/cultural differences in mental health diagnoses, particularly the role of assessor bias (the Blue/Orange play depicted this in the early 2000s). This is a great first step in understanding, and addressing this further.

Reference: *Early Interv Psychiatry. 2023;17(3):290-298.*

[Abstract](#)



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A critical Tiriti analysis of Te Pae Tata: the Interim New Zealand Health Plan

Author: Rae N et al.

Summary: Claims of engagement with Te Tiriti have been reviewed in a desktop critical Tiriti analysis (CTA) of Te Pae Tata: the Interim New Zealand Health Plan. The CTA followed five stages from orientation, close reading, determination, strengthening practice, to the Māori final word. Results showed that Te Pae Tata proactively engaged with Te Tiriti across the entirety of the plan. Te Tiriti elements of the preamble were assessed as follows: kāwanatanga and tino rangatiratanga ("fair"), oritanga ("good") and wairuatanga ("poor"). The authors noted that engaging more substantively with Te Tiriti requires the Crown to recognise that Māori never ceded sovereignty and treaty principles are not equivalent to the authoritative Māori text. To allow monitoring of progress, recommendations of the Waitangi Tribunal WAI 2575 and Haumaruru reports must be explicitly addressed.

Comment: As the authors allude to here, the interpretation and application of Te Tiriti principles must be clear, accurate and pono/genuine. It was interesting to see tino rangatiratanga being assessed as "fair" – I'm aware of some fantastic work underway to consolidate this in policy and practice. However, given the "poor" rating for wairuatanga, perhaps we need more mahi here too.

Reference: *N Z Med J. 2023;136(1573):88-93.*

[Abstract](#)

Interventions designed to improve uptake of allopurinol for gout treatment in Aotearoa New Zealand

Author: Ofanoa S et al.

Summary: Gout interventions in New Zealand do not sustain retention, completion, and engagement for certain population groups, particularly Māori and Pasifika, according to a recent scoping review. Intervention studies aiming to improve allopurinol uptake for gout treatment were identified via a systematic search of Medline, Scopus, Embase, CINAHL Plus and grey literature, and 18 were included in the review. Interventions were clustered into three domains: multifaceted or multi-practitioner; gout app; and online booklets or fact sheets. Most interventions used multifaceted or multi-practitioner approaches, and these approaches were able to improve serum urate levels. The gout app was only able to improve patients' awareness and understanding of gout and medications. Online fact sheets and booklets need more active utilisation by health professionals to improve patient health literacy.

Comment: Great to see a review of all the evidence in one place for gout prevention treatment – especially for people like me who see it every day in clinic. There is increasing evidence for considering allopurinol in people with elevated urate and high cardiovascular risk too. Given higher cardiovascular disease rates for Māori and Pacific people, we need to address the gaps identified here.

Reference: *J Prim Health Care. 2023;15(1):48-58.*

[Abstract](#)

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Research Review publications are intended for New Zealand health professionals.



Late presentation of HIV infection among adults in New Zealand from 2011 to 2020

Author: Bateman JP et al.

Summary: A study of routine surveillance data has found that New Zealand continues to have a high proportion of late HIV diagnoses. In the study, 'late presentation' was defined as a CD4 count <350 cells/μL or an AIDS-defining event, and 'advanced HIV disease' was defined as a CD4 count <200 cells/μL or an AIDS-defining event. Of 1145 people with HIV, 40.5% presented late and 24.9% had advanced HIV disease. Heterosexual men and women were more likely to present late (55.3%) than men-who-have-sex-with-men (MSM; 35.6%). Amongst MSM, those who were older, of non-European ethnicity, had acquired HIV overseas, had tested due to symptoms or had last tested >2 years ago, were more likely to present late and have advanced disease. Amongst heterosexuals, factors associated with late presentation were older age, testing due to symptoms, and Pacific ethnicity; factors associated with advanced disease were Māori, Pacific or Asian ethnicity. The study authors suggested that identifying barriers for testing and opportunities for screening could help to reduce the burden of late presentation - particularly among heterosexual individuals, non-Europeans, and older people.

Comment: Often forgotten, HIV requires early diagnosis to successfully treat, and prevent spread. We often talk about layers of discrimination that impact on health outcomes, some of which are evident here (MSM, ethnicity, ageism).

Reference: *Int J STD AIDS. 2023;34(5):332-337.*

[Abstract](#)

Indigenous adaptation of a model for understanding the determinants of ethnic health inequities

Author: Curtis E et al.

Summary: An Indigenous adaptation of the 'Williams model', known as the Te Kupenga Hauora Māori modified model, has been developed to understand the causes of racial/ethnic disparities in health. The modified model spearheads colonisation as a critical determinant of health inequities, underpinning all levels from basic to surface causes. It also attempts to reflect the dynamic interplay between causes at different levels. The influence of worldviews/positioning is included as a cause of health inequities, and privilege alongside racism is emphasised. The model creators provide a critique of its limitations, and indicate areas for further strengthening.

Comment: Many years in the 'writing', this is an important resource/reference for those of us who are teaching, researching and planning.

Reference: *Discov Soc Sci Health. 2023;3(1):10.*

[Abstract](#)

Independent commentary by Associate Professor Matire Harwood Ngāpuhi



Matire (MChB, 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 Waitemata 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. **For full bio** [CLICK HERE](#).

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