

Māori Health REVIEW™



Making Education Easy

Issue 90 – 2021

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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 90th issue of Māori Health Review.

In this issue, we feature a convincing paper showing that human papilloma virus self-testing significantly increases screening rates in Māori women compared with conventional smear testing. We also include the Lancet Global Health Commission on global eye health, a very extensive report which argues for eye health as an essential component of universal health coverage.

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

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Hā Ora: secondary care barriers and enablers to early diagnosis of lung cancer for Māori communities

Authors: Kidd J et al.

Summary: Improved communication and understanding of cultural needs is needed within healthcare services involved in the secondary care of lung cancer in Māori communities. A kaupapa Māori approach was used to carry out 9 community hui and 9 primary healthcare provider hui in 5 rural localities in the Midland region of New Zealand. Barriers and enablers in specialist services and treatment related to access to care, engagement with specialists, communication with specialist services and cultural values and respect. Barriers and enablers in the whānau journey related to agency and the impact on whānau. Findings also highlighted the active efforts made by whānau to foster health literacy in future generations.

Comment: There is more research targeted at improving lung cancer outcomes for Māori and whānau. This is really good to see, particularly when studies such as these focus on building a responsive system, and on whānau strengths, to achieve equity.

Reference: *BMC Cancer. 2021 Feb 4;21(1):121.*

[Abstract](#)



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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.



Affirmative action programmes in postgraduate medical and surgical training – A narrative review

Authors: Koea J et al.

Summary: To date, affirmative action programmes have not been used in specialist medical or surgical training schemes to select ethnic minorities and indigenous peoples. This thematic analysis of 45 published studies found that affirmative action programmes are most successful when associated with a comprehensive programme of candidate preparation, support and mentorship beginning prior to application, and support and mentorship throughout training and into the post-training period. The overall aim must be graduation of significant numbers of minority and indigenous trainees into practice, including appointment to faculty member and leadership positions.

Reference: *Med Educ.* 2021 Mar;55(3):309-316.

[Abstract](#)

Identifying the priorities for midwifery education across Australia and New Zealand: A Delphi study

Authors: Sidebotham M et al.

Summary: A 2-round Delphi study involving 85 then 105 midwifery experts from Australia and New Zealand has identified 5 priority themes for strengthening midwifery education. The themes are: (1) enabling success of First Peoples/Māori midwifery students; (2) increasing the visibility and influence of midwifery within regulation, accreditation and university governance; (3) determining how best to deliver the clinical practicum component of programmes; (4) reviewing midwifery programmes to enhance design, content and delivery; and (5) ongoing education and support for the midwifery workforce. Collaborative work is needed to design and action projects addressing these priorities.

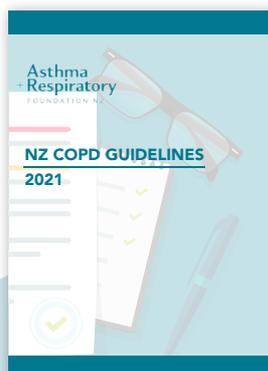
Reference: *Women Birth.* 2021 Mar;34(2):136-144.

[Abstract](#)

Comment: I've grouped these two papers to highlight the similarities, and the differences. Wonderful that both focus on developing a Māori workforce in much needed areas – surgery and midwifery. The approach taken – a review of literature compared with collaboration and consensus – is very different though, perhaps reflecting the philosophies underpinning these professions.

New Zealand COPD Guidelines

The **NZ COPD Guidelines** have been developed by the Asthma and Respiratory Foundation's (ARFNZ) working group of respiratory health experts led by Dr Stuart Jones from Middlemore Hospital and Professor Bob Hancox from the University of Otago, with the goal of improving diagnosis, and laying out clear recommendations for assessment and management of this respiratory disease.



[Download the NZ COPD Guidelines here](#)

Ethnic differences in mortality and hospital admission rates between Māori, Pacific, and European New Zealanders with type 2 diabetes between 1994 and 2018

Authors: Yu D et al.

Summary: This retrospective, population-based, longitudinal cohort study found that poorer health outcomes for Māori and Pacific patients with type 2 diabetes, compared with European patients, have persisted for more than 20 years. Between January 1994 and July 2018, 45 072 patients with type 2 diabetes were enrolled in the Diabetes Care Support Service in Auckland and followed up for a median of 9.7 years. Although mortality decreased and hospital admissions increased across the three ethnic groups, hospital admissions were consistently higher in Māori and Pacific patients than European patients. Māori patients also had higher rates of all-cause mortality (adjusted incidence rate ratio [IRR] 1.96; 95% CI 1.80-2.14), cardiovascular mortality (IRR 1.93; 95% CI 1.63-2.29) and cancer mortality (IRR 1.64; 95% CI 1.40-1.93) compared with European patients. There is an urgent need for new policies supporting prevention and more intensive management of type 2 diabetes in Māori and Pacific patients.

Comment: A recent report regarding the economic cost of type 2 diabetes was disturbing ([PwC](#), [Healthierlives.co.nz](#)); but these statistics are devastating. I hope we are all (safely) prescribing empagliflozin, as appropriate, for Māori with type 2 diabetes; and that the impact of the ethnicity/rights-based policy for funding (special authority criteria) will be monitored/reported.

Reference: *Lancet Glob Health.* 2021 Feb;9(2):e209-e217(erratum:e119).

[Abstract](#)

Infant mortality inequities for Māori in New Zealand: a tale of three policies

Authors: Rutter C & Walker S.

Summary: A commentary on a series of policies aimed at reducing Māori infant mortality in New Zealand demonstrated that consideration of differential risks associated with disadvantaged groups is necessary for policy to successfully address inequities. Prior to 1994, health policy did not account for the differential risks of Māori populations, and although infant mortality decreased on a national level, inequities increased. After policy was adjusted to account for Māori-specific risks, inequities in infant mortality significantly declined. Consideration of differential risks was highly associated with the decrease in corresponding inequities.

Comment: As I've suggested elsewhere in this issue, it's really important to monitor the impact of political action, and inaction, on equity and outcomes. Having said that, I was surprised to see that colonisation hadn't been listed as a 'differential risk'.

Reference: *Int J Equity Health.* 2021 Jan 6;20(1):10.

[Abstract](#)

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Research Review publications are intended for New Zealand health professionals.

Indigenous perspectives on breaking bad news: ethical considerations for healthcare providers

Authors: Cassim S et al.

Summary: The experiences of Māori patients with lung cancer and their whānau in receiving bad news were collected via 23 semi-structured interviews and 9 focus groups in 4 districts in the Midland region of New Zealand. Best practice included understanding the centrality of the healthcare provider-patient relationship and whānau ties in the healthcare journey, as well as providing patients with the full range of viable treatment options including hope, clear advice and guidance. The study findings hold implications for providing culturally safe and humanistic cancer care when breaking bad news to Māori and indigenous patients.

Comment: A really important paper. For me it highlights that clinical 'best practice' in Aotearoa has been inherited from elsewhere. However, when there is meaningful engagement with Māori, there is an opportunity to deconstruct the 'old' and reconstruct something new/better for everyone.

Reference: *J Med Ethics.* 2021 Jan 8. doi: 10.1136/medethics-2020-106916. Epub ahead of print.

[Abstract](#)

A qualitative analysis of Maori and Pacific people's experiences of using Electronic Nicotine Delivery Systems (ENDS)

Authors: Strickett E et al.

Summary: The factors that assist transitions from smoking to vaping among Māori and Pacific peoples in New Zealand were examined via in-depth interviews of 16 participants aged ≥ 18 years who had smoked ≥ 100 cigarettes and were current ENDS users. Key challenges to ENDS uptake were the search for a satisfying ENDS experience, and resisting social cues that could trigger relapse. Supportive factors that facilitated and reinforced smoking to vaping transitions were improved financial and physical wellbeing, and feeling connected to vaping communities. The inequities in smoking prevalence faced by indigenous people could potentially be reduced by measures to support transitions from smoking to vaping.

Comment: A reminder that this study focussed on people trying to quit cigarettes and not people taking up vaping. Therefore, the lessons for smoking cessation – financial benefits and connection to 'community' – could be applied to other cessation interventions.

Reference: *Nicotine Tob Res.* 2021 March;23(3):550-556.

[Abstract](#)

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Reaching under-screened/ never-screened indigenous peoples with human papilloma virus self-testing

Authors: MacDonald EJ et al.

Summary: A community-based cluster randomised controlled trial has demonstrated that human papilloma virus (HPV) self-testing could potentially halve the number of under-screened/ never-screened Māori women, thereby decreasing cervical morbidity and mortality. The study involved Northland Māori women aged 25-69 years who were last screened ≥ 4 years ago. In the intervention arm (HPV self-test), 59.0% of 500 eligible women were screened. In the control arm (cervical smear), 21.8% of 431 eligible women were screened. Māori women in the intervention arm were 2.8 times more likely to be screened than women in the control arm after adjusting for age, time since last screen, and deprivation index (95% CI 2.4-3.1; $p < 0.0001$). These findings may be generalisable to indigenous peoples in other high-income countries.

Comment: What more is there to say on this? Except perhaps to suggest that you please consider signing the [petition!](#)

Reference: *Aust N Z J Obstet Gynaecol.* 2021 Feb;61(1):135-141.

[Abstract](#)



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Coastal communities, leisure and wellbeing: advancing a trans-disciplinary agenda for understanding ocean-human relationships in Aotearoa New Zealand

Authors: Wheaton B et al.

Summary: This case study examined relationships between coastal ecosystems and human wellbeing in Aotearoa New Zealand, drawing on one ocean-based leisure activity, surfing. It showed that surfing creates strong bonds between practitioners and coastal places, linking the health of marine environments and people. The study demonstrated the value of a transdisciplinary place-based approach that integrates research across the humanities and social sciences and engages with indigenous knowledge (Mātauranga Māori). A deeper appreciation of place, wellbeing, and long-term sustainable relationships with marine ecosystems can be gained from understanding indigenous perspectives.

Comment: Just reading this paper lifted my spirits and made me want to get out on the water. I wonder if I could use this to make the case for a day off to go surfing!

Reference: *Int J Environ Res Public Health*. 2021 Jan 8;18(2):450.

[Abstract](#)

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Local-indigenous autonomy and community streetscape enhancement: learnings from Māori and Te Ara Mua – Future Streets Project

Authors: Raerino K et al.

Summary: The Te Ara Mua – Future Streets project demonstrated that co-design has critical potential in the reclamation of indigenous autonomy, increases local-indigenous presence and revitalises cultural identity. This study used a Kaupapa Māori research approach to focus on the workings and perspectives of mana whenua and community stakeholder engagement in Te Ara Mua. An indigenous theoretical framework, Te Pae Mahutonga, was utilised in the data analysis to explore perspectives of indigenous collective agency, empowerment, and wellbeing. The findings of this study have broader implications for indigenous sovereignty, spatial justice, and health equity.

Comment: There are some parts of the rebuild in Christchurch that demonstrate excellent iwi collaboration in urban re-design. Whakapapa and mātauranga have informed the development of buildings and parks that are not only beautiful but promote wellbeing and indigeneity.

Reference: *Int J Environ Res Public Health*. 2021 Jan 20;18(3):865.

[Abstract](#)

The Lancet Global Health Commission on global eye health: vision beyond 2020

Authors: Burton MJ et al.

Summary: This extensive report presents evidence for the importance of global eye health, and supports the case for urgent action. It examines approaches to enabling the delivery of eye healthcare services within universal health coverage. The report argues that eye health is crucial in achieving Sustainable Development Goals, including the reduction of poverty and improvement of work productivity, general and mental health, and education and equity. Eye health is considered an essential component of universal health coverage. However, despite the availability of highly cost-effective vision-restoring interventions such as cataract surgery and provision of spectacles, high quality eye health services are not universally delivered, and costs prevent many people from accessing essential eye care services.

Comment: A really important and excellent piece of research regarding eye health. The Commission have taken a rights-based approach to the work. Dr Wil Cunningham and I were invited to comment on the paper from an indigenous and equity perspective. Hopefully, we can implement some of the recommendations here in Aotearoa, the first step being an eye survey by ethnicity, to better understand the problem.

Reference: *Lancet Glob Health*. 2021 Apr;9(4):e489-e551.

[Abstract](#)

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