

Māori Health

REVIEW™ Arotake Hauora Māori

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Issue 108 – 2024

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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 108th issue of Māori Health Review.

In this issue, we feature two studies examining access to lung cancer treatment in New Zealand, highlighting disparities between Māori and European patients. We present two studies focusing on rangitahi – the first reviewing exposure to digital vape marketing and the second looking at impacts on the relationship between urban green space and mental wellbeing. Finally, we include a modelling study investigating the health impacts of New Zealand's COVID-19 vaccination strategy.

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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Adapting an equity-focused implementation process framework with a focus on ethnic health inequities in the Aotearoa New Zealand context

Author: Gustafson P et al.

Summary: An equity-focused framework, to support the planning and delivery of equitable implementation pathways for health interventions, has now been adapted for use in New Zealand. After a scoping review to identify existing frameworks, the Equity-based framework for Implementation Research was selected for adaptation. Māori and consumer advisory groups were involved in the adaptation process. The principles of Te Tiriti o Waitangi are at the core of the adapted framework, and it takes a whānau-centred approach. The implementation pathway is underpinned by constructs of collaborative design, anti-racism, Māori and priority population expertise, cultural safety and values. Social, economic, commercial and political determinants of health are included in the pathway.

Comment: A key part of clinical research is the step/s to improve practice and implement 'evidence-based medicine' - yet it is often incomplete or inadequate. I found this framework incredibly useful and pragmatic, and invite researchers and services to utilise it.

Reference: *Int J Equity Health.* 2024;23(1):15.

[Abstract](#)

Independent commentary by Associate Professor Matire Harwood Ngāpuhi



Matire (MBCChB, 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 Waitemātā 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.

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Access to and timeliness of lung cancer surgery, radiation therapy, and systemic therapy in New Zealand

Author: Gurney J et al.

Summary: Māori patients who may be good candidates for lung cancer surgery are less likely to receive this treatment than their European counterparts, according to a national study. All 27,689 lung cancer registrations over the period 2007 to 2019 were analysed, of whom 14% of Māori patients and 20% of European patients accessed surgery (adjusted odds ratio 0.82 (95% confidence interval [CI] 0.73–0.92)). Corresponding rates for accessing curative surgery were 10% of Māori and 16% of European patients (adjusted odds ratio 0.72; 95% CI 0.62–0.84). Differences in access could only partially be explained by cancer stage and comorbidities. After adjustment for age, there were no differences in access to radiation therapy or systemic therapy. There appeared to be a longer time from diagnosis to radiation therapy for Māori compared with European patients, but the difference was small and requires further investigation.

Reference: *JCO Glob Oncol.* 2024;10:e2300258.

[Abstract](#)

Equity of travel to access surgery and radiation therapy for lung cancer in New Zealand

Author: Gurney J et al.

Summary: A further analysis of the national lung cancer registration dataset for 2007 to 2019 has found that Māori patients need to travel longer than European patients to access surgery and radiation therapy. The median travel distances for Māori vs European patients were 57 vs 34 km to access surgery and 75 vs 35 km to access radiation therapy. The adjusted odds of living more than 200 km away for Māori patients was 1.83 (95% CI 1.49–2.25) for surgery and 1.41 (95% CI 1.25–1.60) for radiation therapy compared with European patients. The study authors commented that while centralisation of care may improve treatment outcomes, it also makes accessing treatment more difficult for populations such as Māori who are more likely to live rurally and in deprivation.

Reference: *Support Care Cancer.* 2024;32(3):171.

[Abstract](#)

Comment: As the authors say, lung cancer is the biggest cancer killer of Māori and so I am somewhat surprised that it has taken this long to evaluate the care pathway to the extent it has been in these papers. I've spoken before about the stigma of lung cancer (often associated with smoking) when we know about the differential exposure to other risk factors (i.e. occupational) between Māori and non-Māori. And now we have evidence for inequitable lung cancer treatment. The lung cancer screening programme, currently being tested for Māori and Pacific peoples, holds promise.

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The impact of Covid-19 vaccination in Aotearoa New Zealand

Author: Datta S et al.

Summary: COVID-19 vaccination greatly reduced the health burden in New Zealand, according to a mathematical model used by the government, but equity needs to be a focus of future vaccination programmes. The model included age- and time-dependent case ascertainment, the effect of antiviral medications, improved hospitalisation rate estimates, and the impact of relaxing control measures. Analyses found that vaccines saved 6650 (95% credible interval [CrI] 4424–10,180) lives, prevented 74,500 (CrI 51,000–115,400) years of life lost and prevented 45,100 (CrI 34,400–55,600) hospitalisations over the period January 2022 to June 2023. Vaccination rates were lower in Māori than people of European ethnicity; results showed that equitable vaccination rates could have prevented an estimated 11%–26% of the 292 Māori COVID-19 deaths recorded over this time period.

Comment: I still have people contact me about my pro-COVID 19 vaccination stance, sending through misinformation and attempting to persuade me to change views. I will be sending them this paper and highlighting the statement showing the number of Māori COVID-19 deaths that could have been prevented if vaccination rates had been equitable. Anā!

Reference: *Vaccine.* 2024;42(6):1383-1391.

[Abstract](#)

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Major trauma in working-age adults in New Zealand

Author: Judge MF et al.

Summary: An analysis of data from the New Zealand Major Trauma Registry has shown that continued injury prevention efforts focusing on males, Māori and transport incidents are required. A total of 4186 major trauma incidents among 20-65-year-olds occurred during the period 1 July 2017 to 30 June 2020, of which 5.6% were fatal. The majority of those injured were male (77%). Māori had significantly higher rates of major trauma (79.2 per 100,000; 95% CI 74.4–84.3) compared with non-Māori (44.4 per 100,000; 95% CI 42.9-46.0). Transport-related incidents were the most common cause of injury (63%), followed by falls (19%).

Comment: Completely agree with the recommendations to reduce transport-related trauma. However, I think the recent ACC ads ("is it worth it") highlight the importance of fall prevention for Māori in real and clever ways.

Reference: *N Z Med J.* 2024;137(1590):22-32.

[Abstract](#)

Mā te Whakarongo – a qualitative study exploring the impact of middle ear disease on New Zealand Māori

Author: Buckthought L et al.

Summary: Living with middle ear disease presents many challenges and disadvantages for Māori, according to a Kaupapa Māori study, and highlights the importance of early detection and specialist referral. The study involved a series of seven semi-structured interviews with Māori adults with middle ear disease. Delays in recognition and treatment of their ear condition were noted by all subjects, as well as barriers to accessing healthcare. Participation in cultural and recreational activities, particularly those involving water, was prevented by the subjects' condition. Education and employment opportunities were affected by associated hearing loss, and alongside ear discharge, led to social isolation and disconnection from Te Ao Māori. Overall, mental and spiritual wellbeing were negatively impacted by having middle ear disease. Subjects felt that morbidity associated with their condition could be reduced by funding for hearing aids, earlier recognition and treatment and healthcare staff with a better understanding of Te Ao Māori.

Comment: So good to see the *New Zealand Medical Journal* publish moving, qualitative research like this!

Reference: *N Z Med J.* 2024;137(1588):57-66.

[Abstract](#)

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Research Review publications are intended for New Zealand health professionals.

Key elements and contextual factors that influence successful implementation of large-system transformation initiatives in the New Zealand health system

Author: Sharma KM et al.

Summary: A realist evaluation has found that informal trust-based networks provide the platform for successful implementation of large-system transformation (LST) initiatives in the New Zealand health system. Research for the evaluation involved theory gleaning from a local LST initiative, a literature review, interviews, a workshop and an online survey. Findings showed that ten key elements need to be present in the health system to increase the chances of successful implementation of LST initiatives. These are: (i) an alliancing way of working; (ii) a commitment to te Tiriti o Waitangi; (iii) an understanding of equity; (iv) clinical leadership and involvement; (v) involved people, whānau, and community; (vi) intelligent commissioning; (vii) continuous improvement; (viii) integrated health information; (ix) analytic capability; and (x) dedicated resources and time. Five contextual factors that influenced implementation of LST initiatives were also identified: (i) a history of working together; (ii) distributed leadership from funders; (iii) the maturity of Alliances; (iv) capacity and capability for improvement; and (v) a continuous improvement culture. Trust is built and nurtured over time through sharing of power by senior health leaders, creating a positive history of working together and increasing the maturity of Alliances.

Comment: The thing with trust-based networks though is that they take time to build and improve. Constant change has the potential to undermine them, unless there is clear direction and sound alternatives.

Reference: *BMC Health Serv Res.* 2024; 24(1):54.

[Abstract](#)

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Exposure to digital vape marketing among young people in Aotearoa New Zealand

Author: Lyons A et al.

Summary: Māori and Pasifika youth are more likely to both see and engage with online vape marketing than other ethnicities, according to an online survey of 3698 14- to 20-year-olds. Survey participants were 55.7% female, 38.3% male and 6% another gender. Ethnicities were Māori (25.6%), Pākehā or NZ European (46.7%), Pasifika (6.5%) and other (21.2%). Half of respondents (50.8%) reported that they had vaped at least once. Seeing vape marketing on at least one social media platform was reported by 50.3% of respondents, and 26% reported engaging with vape marketing online; both findings included a higher proportion of Māori and Pasifika respondents than other ethnicities. There was a positive association between vaping history and exposure to and engagement with digital vape marketing. The study authors concluded that patterns of exposure to vape product marketing on social media mirror the inequitable marketing exposure of harmful commodities in physical environments, and that regulation of social media marketing is required.

Comment: So important to highlight this. When vaping was first introduced to Aotearoa, despite being heralded as a method to support people to quit cigarette smoking, I'd only heard about it from rangatahi aged 12-13 years of age. They talked about buying the Fortnite and Hello Kitty themed devices online, which were incredibly attractive and easily accessed.

Reference: *N Z Med J.* 2024;137(1589):20-38.

[Abstract](#)

Impacts of sociodemographic factors, identities and neighbourhood safety on the relationship between urban green space and adolescent mental well-being

Author: Zhang Y et al.

Summary: A study utilising data from the Youth19 Rangatahi Smart Survey has highlighted the importance of safe and inclusive green space for promoting mental health and mitigating health inequalities of adolescents in urban areas. A total of 3813 adolescents living in Auckland were included in the study. Results showed that perceived neighbourhood safety plays a vital role in the association between green space accessibility (GSA) and mental wellbeing, with a negative trend in adolescents who reported being less safe in neighbourhoods. Marginalised adolescents tended to feel less safe in neighbourhoods, had lower emotional wellbeing and a higher level of depressive symptoms. There were inequalities in GSA for adolescents who lived in the most deprived neighbourhoods and for adolescents of Māori ethnicity.

Comment: Highlights the need and importance of having rangatahi, Māori and diverse voices involved in urban planning.

Reference: *SSM Popul Health.* 2024;25:101603.

[Abstract](#)

An opportunity to transform Australia's neo-colonial health system

Author: Veasey AE

Summary: A research article investigating the values-based healthcare (VBHC) movement in Australia has noted that the movement provides an opportunity to acknowledge, honour and learn from global Indigenous knowledge, systems, and ways of valuing knowing, being and doing. The author states that efforts to implement VBHC are doomed to fail until the settler-colonial violence and systemic racism pervading Australia's healthcare system is addressed.

Comment: A considered response to the recent *No vote* that withdrew support to having Aboriginal and Torres Strait Islanders voices at tables for decision-planning, funding and making. My favourite quote is this: "Aboriginal and Torres Strait Islander Peoples and communities are not asking permission to speak, we are inviting settler-colonial Australia to listen....to the knowledge that Aboriginal and Torres Strait Islander Peoples and communities so graciously continue to offer."

Reference: *Aust Health Rev.* 2024. doi: 10.1071/AH24028.

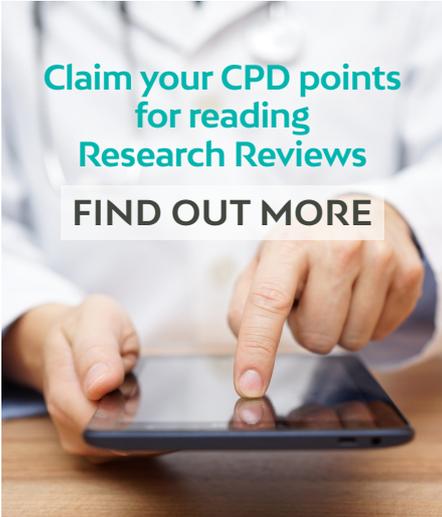
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