

# Māori Health REVIEW™



Making Education Easy

Issue 86 – 2020

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### Abbreviations used in this issue

- DHB** = district health board  
**GAS** = Group A *Streptococcus*  
**ICER** = incremental cost-effectiveness ratio  
**QALY** = quality-adjusted life year

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Māori Health Review

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## Kia pai tou tatou Matariki.

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 86th issue of Māori Health Review.

Several studies reviewed in this issue identify ethnic disparities in access to healthcare services for Māori and an elevated risk of some health conditions in Māori. We also include reviews of studies which report the experiences of Māori in the New Zealand healthcare system.

We hope you find this issue interesting reading and useful in your clinical practice. We welcome your comments and feedback. Wishing you and your whānau a special time during Matariki 2020, stay safe and keep well.

Nga mihi

**Dr Matire Harwood**

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## “It is through shared conversation, that I understand”— Māori older adults’ experiences of medicines and related services in Aotearoa New Zealand

**Authors:** Hikaka J, et al.

**Summary:** The experiences of kaumātua (Māori older adults) with medicines and related services were explored in a qualitative study using kaupapa Māori theory. Reflexive analysis identified three themes from semi-structured interviews with ten kaumātua from Auckland. Medicines-related experiences were diverse and multi-dimensional with older age having a negative impact on treatment. Medicine supply was perceived as a business transaction devoid of a healthcare relationship. The support of authentic healthcare partnerships was valued for enabling kaumātua to control their medicine-related health.

**Comment:** Important to have research that gives voice and mana to the experiences of kaumātua. I found the second theme, regarding medicines as a business transaction, interesting as I can't imagine rongoā would be considered the same.

**Reference:** *N Z Med J.* 2020;133(1516):33-46.

[Abstract](#)

## CONGRATULATIONS TO

**Ruth Pattillo** (a Pharmacist at Total Health Pharmacy), **Lisa Hesp** (a Health Manager at Pegusus Health Charitable Ltd) and **Jenny Carston** (a Health Manager at BOPDHB) who each won a \$200 Visa Prezzy Card by taking part in our recent Research Review Annual Subscriber Update.

## 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.





## Rheumatic fever recurrences in New Zealand 2010–14

**Authors:** Dennison A, et al.

**Summary:** A retrospective chart review of repeat admissions to New Zealand hospitals for acute rheumatic fever from 2010 to 2014 found an overall recurrence rate of 7.2%. A total of 65 episodes of recurrent acute rheumatic fever occurred in 60 patients. All patients were of Māori (51%) or Pacific (49%) ethnicity. Median age at recurrence was 21.6 years, with 83% of recurrences occurring after age 15. The risk of recurrence was 4% for children aged <16 years and increased to 16% for patients aged 16–20 years and 25% for adults aged >20 years. A high proportion of recurrences (73%) occurred in Auckland DHBs. The most common major manifestations of recurrence were arthritis and carditis and recurrence was strongly associated with progression of rheumatic heart disease.

**Reference:** *N Z Med J.* 2020;133(1516):47-57.

[Abstract](#)

## Distribution of Streptococcal pharyngitis and acute rheumatic fever, Auckland, New Zealand, 2010-2016

**Authors:** Oliver J, et al.

**Summary:** Ethnic disparities were found to be much higher among children with acute rheumatic fever than among children with GAS pharyngitis in a comparison of cases in Auckland during 2010–2016. Based on 1,257,058 throat swab samples, estimates of GAS pharyngitis occurred with similar incidence (≈19%) in children aged 5–14 years across ethnic groups. There were 792 hospitalisations for acute rheumatic fever during the same period with Māori and Pacific Island children at a higher risk than children of European/other ethnicity.

**Reference:** *Emerg Infect Dis.* 2020;26(6):1113-1121.

[Abstract](#)

**Comment:** Some key points here in these two papers that suggest management of acute rheumatic fever in Aotearoa is an issue. Firstly, that recurrence rates are higher here than reported elsewhere. Second, that recurrence occurs in teenagers and young adults here in New Zealand, whereas it is more common in the 12 months after initial acute rheumatic fever (i.e. in childhood/young teens). And finally that it is more common in our biggest city (when rurality is a bigger risk factor internationally). We must get onto this! The second paper raises important questions about factors, other than GAS-positive swabs, that lead to acute rheumatic fever.

## Experiences of Māori of Aotearoa New Zealand's public health system

**Authors:** Graham R, et al.

**Summary:** A systematic review of 14 published papers spanning two decades of qualitative research investigated the experiences of Māori in the public health and/or hospital system in Aotearoa New Zealand. For many Māori, the existing public health system was described as hostile and alienating. Barriers to health included organisational structure, poor staff interactions and practical considerations of cost, transport and time. Facilitators to health included support from whānau members in terms of practical assistance, emotional wellbeing and help navigating the healthcare system.

**Comment:** One thing that stood out for me here was that whānau were providing so much resource – as practical assistance (travel, care at home, financial), emotional support and navigation. I acknowledge the privilege of caring for whānau with health issues but also want to emphasise that it can also be a burden – on finances, relationships and one's own health. Please think about ways to mitigate the burden including how we can care for the caregivers.

**Reference:** *Aust N Z J Public Health.* 2020;44(3):193-200.

[Abstract](#)



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# MINISTRY OF HEALTH TO LAUNCH Whakamaua: Māori Health Action Plan 2020-2025

**The Ministry of Health is set to launch Whakamaua: Māori Health Action Plan 2020-2025 on 30 July 2020.**

Whakamaua will give effect to He Korowai Oranga: Māori Health Strategy by setting out a suite of outcomes, objectives, and priority areas for action that will contribute to the achievement of pae ora – healthy futures for Māori. As you will know, He Korowai Oranga sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori.

Whakamaua is underpinned by the Ministry of Health's new Te Tiriti o Waitangi framework – which provides a tool for the health and disability system to fulfil its stewardship obligations and special relationship between Māori and the Crown.

Whakamaua has been shaped by feedback provided through an extensive engagement process. *Whatua - Summary Report: Engagement for the development of Whakamaua 2020-2025* will be published as a companion document to Whakamaua – giving visibility to the voices of Māori communities and the health and disability sector.

More details can be found at  
[www.health.govt.nz/whakamaua](http://www.health.govt.nz/whakamaua)





## Cost-effectiveness of a low-dose computed tomography screening programme for lung cancer in New Zealand

**Authors:** Jaine R, et al.

**Summary:** Biennial low-dose computed tomography screening of adult smokers was found to be cost-effective for Māori, who have a disproportionately high lung cancer disease burden. The cost-effectiveness of low-dose computed tomography screening of adults aged 55–74 years, who had a smoking history of  $\geq 30$  pack years or had quit within the last 15 years if a former smoker, was estimated using a macrosimulation stage shift model and incidence rates of lung cancer in New Zealand. The estimated gain in QALYs was 0.067 per participant at a cost of NZ\$4211. The model estimated an ICER of NZ\$65,000 per QALY gained for the overall cohort and NZ\$39,000 per QALY gained for Māori. The acceptable threshold based on gross domestic product per capita per QALY gained was NZ\$45,000 so lung cancer screening was concluded as unlikely to be cost-effective for the overall cohort and likely to be cost-effective for the Māori cohort.

**Comment:** Despite lung cancer being one of the most common cancers for Māori and knowing that early intervention (such as surgery) can save lives, it has always concerned me that we haven't invested more in a screening programme. Hopefully these results will boost much needed work in this area.

**Reference:** *Lung Cancer. 2020;144:99-106.*

[Abstract](#)

## Ethnic disparities in access to publicly funded bariatric surgery in South Auckland, New Zealand

**Authors:** Rahiri JL, et al.

**Summary:** Ethnic disparities in the receipt of publicly funded bariatric surgery were evident in the Counties Manukau Health service in a review of hospitalisation records between 1 January 2011 and 31 December 2017. From a total of 2519 referrals, 1051 patients underwent surgery; ethnicities were reported as Other European (68%), New Zealand European (63%), Asian (42%), Māori (41%) and Pacific (28%). Compared with people of European ethnicity, Māori and Pacific people had a significantly lower likelihood of receiving bariatric surgery with odds ratios of 0.53 (95% CI 0.42–0.68) and 0.3 (95% CI 0.23–0.40), respectively.

**Comment:** As a GP working in South Auckland, it is frustrating that access into and through the bariatric surgery pathway varies. While I understand the need for some clinical limitations, these appear to vary by clinician. I wish we referrers had access to, and input into, the surgeon's criteria because it is currently inequitable and importantly, really demoralising for the people being referred when their hopes are dashed at the door.

**Reference:** *Obes Surg. 2020;10.1007/s11695-020-04608-y. [Epub ahead of print]*

[Abstract](#)

## Māori becoming peer educators in later life

**Authors:** Simpson ML, et al.

**Summary:** Kaumātua becoming peer educators had a positive impact on their health and wellbeing in a mixed-methods research study. Guided by kaupapa Māori and community-based participatory research principles, 26 Māori elders aged 55+ years were evaluated as peer educators for 121 kaumātua undergoing transitions of later life. Tuakana demonstrated strong communication skills and qualitative analysis revealed improvements in their sense of identity, wellbeing and social connectedness.

**Comment:** For me, the findings speak to the importance of 'lived experience' and the ability to reflect on these experiences in meaningful ways to support others. Often difficult to qualify, the researchers have used kaupapa Māori measures to demonstrate the impact of kaumātua peers on collective wellbeing.

**Reference:** *J Gerontol B Psychol Sci Soc Sci. 2020;gbaa078. [Epub ahead of print]*

[Abstract](#)

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## Equity of access to post-mastectomy breast reconstruction at a regional plastic surgery centre

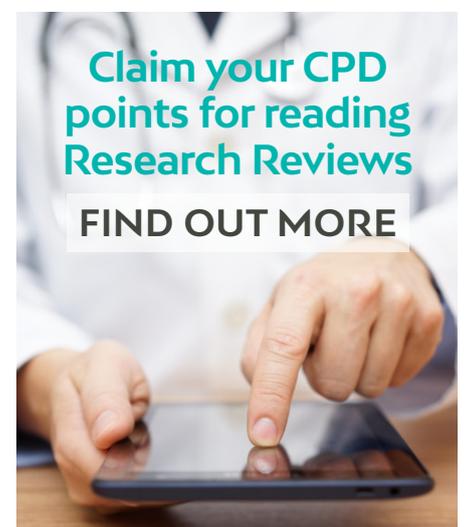
**Authors:** Li Y, et al.

**Summary:** Ethnic inequities in access to breast reconstruction in the Counties Manukau DHB between January 2013 and June 2018 were identified in a retrospective review of 882 women referred to the Plastic and Reconstructive Surgery Department for breast reconstruction. Fewer Asian and Pacific women were referred for reconstruction than expected based on the demographics of the region. In women who were referred and assessed, fewer Māori and Asian women proceeded with surgery than European women. Inequities in rates of referral for breast reconstruction were evident for geographical location, with fewer referrals from distant DHBs compared with DHBs situated closer to the treatment centre.

**Comment:** Another 'inequities in access to surgical care' paper however the team have attempted to understand the issues in more detail. Also good to see the inclusion of a junior doctor and nurse in the authorship team.

**Reference:** *ANZ J Surg. 2020;90(6):1046-1051.*

[Abstract](#)



## Reaching out to reduce health inequities for Māori youth

**Authors:** Martel R, et al.

**Summary:** A nurse-led initiative providing early detection of mental health issues and risk behaviours and delivering timely interventions could improve access to care for Māori youth in rural and isolated areas. Youth specialist nurses in Northland used a youth version of an e-screening tool developed in New Zealand, the Case-finding and Help Assessment Tool, to reduce barriers to accessing healthcare. Notably the initiative enabled specialist nurses to work autonomously to improve youth access to healthcare without increasing the workload of doctors.

**Comment:** Love so much about this study – nurses working at the top of their scope, self-reflection and cultural safety, better outcomes for Indigenous youth living in areas marked by intergenerational poverty and geographical isolation. I know that 'Indigenous youth health' is a topic being considered by the *Lancet*, as one of its series, and would like to support research such as this, with its strengths-based approach, being included.

**Reference:** *Int Nurs Rev.* 2020;67(2):275-281.

[Abstract](#)

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## What they know and who they are telling: Concussion knowledge and disclosure behaviour in New Zealand adolescent rugby union players

**Authors:** Salmon DM, et al.

**Summary:** Māori and Pacific youth were less likely to be aware of New Zealand Rugby's concussion guidelines than New Zealand European players according to a survey of 416 male and female high school rugby players from across New Zealand. Players from low decile schools were also less likely to be aware of the guidelines compared with players from high decile schools. Overall, 63% of players were aware of the guidelines, 69% had sustained a suspected concussion and 31% had been diagnosed with a concussion. Coaches were identified as the key individual for supplying information on concussion.

**Comment:** I don't watch much television but have enjoyed the recent NZ-made series 'Head High' on TV3 (with a wonderful team of Māori directors, writers and producers behind it). The first episode pretty much reflected the findings reported here. I wondered too about the pressure to carry on playing when 'scouts' attended games.

**Reference:** *J Sports Sci.* 2020;10.1080/02640414.2020.1749409 [Epub ahead of print]

[Abstract](#)

## The epidemiology of subcutaneous panniculitis-like alpha-beta T-cell lymphoma in New Zealand

**Authors:** Kim Y, et al.

**Summary:** Māori and Pacific people had a higher relative risk of subcutaneous panniculitis-like alpha-beta T-cell lymphoma compared to non-Māori/Pacific people in a retrospective study of cases identified from 2005 to 2017 in South Auckland. Subcutaneous panniculitis-like alpha-beta T-cell lymphoma is a rare form of non-Hodgkin lymphoma and a total of ten cases were identified: nine were Māori/Pacific patients and one patient was European.

**Comment:** This may seem a random paper to include here, but it did make me think about my time working in the oncology unit, and that the five or six Māori and Pacific people with lymphomas (it was a 3-month run) presented with skin manifestations and not systemic symptoms such as weight loss and night sweats. So just a note to consider lymphoma or biopsy in Māori presenting with unusual skin conditions.

**Reference:** *Australas J Dermatol.* 2020;61(2):e196-e199.

[Abstract](#)

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