

# Māori Health REVIEW™

Making Education Easy

Issue 83 – 2020

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**Abbreviations used in this issue**  
OR = odds ratio

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## Tēnā koutou katoa

Nau mai ki tenei Tirohanga hou Hauora Māori. He rangahau tuhi hou e paa ana ki nga hau ora a ki te oratanga o te Māori. No reira noho ora mai raa i o koutou waahi noho a waahi mahi hoki. Ngā mihi mahana ki a koutou katoa. Noho ora mai.

## Greetings

Welcome to the 83<sup>rd</sup> issue of Māori Health Research Review. In this issue it is pleasing to review the positive impact the national public health campaign has had on awareness of stroke symptoms and the need to take immediate action. Even more pleasing is the equity in Māori outcomes demonstrated. Now to improve the ethnic disparities in the incidence and outcome from out-of-hospital cardiac arrest.

We hope you enjoy these and our other selections for this issue and welcome your comments and feedback.

If you have colleagues or friends within New Zealand who would like to receive our publication, send us their contact email and we will send them a copy of the next issue.

Nga mihi

**Matire**

Dr Matire Harwood

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## Electronic cigarette online marketing by New Zealand vendors

**Authors:** Gurrām N, et al.

**Summary:** The characteristics of online marketing of e-cigarettes, particularly in regard to safeguards for children, were examined in an analysis of New Zealand vendor websites and associated YouTube videos, Facebook and Twitter accounts. Only 6 of 59 (10%) vendor websites required proof of age before purchase, only a third (32%) had detectable health warnings, and only 25% mentioned nicotine addiction. At least one social networking or video sharing site was used in 92% of vendor websites. Health or addiction warnings were not detected on any of the 60 associated Facebook accounts or 52 linked YouTube videos, and in only 1 of the 26 associated Twitter accounts. The authors concluded that online marketing of e-cigarettes in New Zealand 'lacks adequate information for consumers and does not effectively prevent access by children and young people'.

**Comment:** Yes vaping/e-cigarettes can support chronic tobacco smokers to quit. BUT sales must be regulated because: 1) they have side effects; 2) they are associated with young people taking up cigarette smoking; 3) like tobacco, they are often marketed to certain groups of peoples – young (with flavours, popular themes), socially disadvantaged and Indigenous people; and 4) they are promoted by tobacco companies.

**Reference:** *N Z Med J. 2019;132(1505):20-33.*

[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.



## Impact of the national public 'FAST' campaigns

**Authors:** Gordon C, et al.

**Summary:** Public awareness of stroke symptoms and the need to take action immediately have improved following national stroke campaigns funded by the Ministry of Health in 2016, 2017 and 2018 promoting "F-A-S-T: 'FACE-ARM-SPEECH' and the importance of 'TIME' and to 'TAKE action'". Recognition of speech and/or arm weakness as a stroke sign improved from 71.7% to 75.9% ( $p=0.022$ ), time-critical awareness increased from 8.1% to 31.7% ( $p<0.0001$ ), daily ambulance callouts for suspected stroke increased from 21.5% to 25.7% ( $p<0.01$ ), and thrombolysis rates increased from 8.1% to 9.7% ( $p<0.02$ ) in the time period before the 2017 campaign compared with after the 2018 campaign. Similar patterns were seen for Māori and Pasifika.

**Comment:** I know that Nita Brown, the National Māori Health Advisor at the New Zealand Stroke Foundation, has been promoting this message to Māori communities with Te Reo versions and through Māori media. I think her hard work has paid off, given the equity in Māori outcomes demonstrated here.

**Reference:** *N Z Med J. 2019;132(1507):48-56.*

[Abstract](#)

## Resisting ethnic inequities in advanced breast cancer

**Authors:** Kereama-Royal I, et al.

**Summary:** Māori 5-year survival rates in advanced breast cancer are reported to be less than half compared with non-Māori due to institutional racism. According to expert opinion, this inequity is related to inadequate screening and risk assessment, lack of support navigating the healthcare system, poor access to treatment and delays in treatment. In a call to action, the authors recommended prioritising breast cancer screening and risk assessment for Māori women, providing Māori advocates for patient navigation, addressing treatment delays and increasing treatment funding. Moreover, they suggested health providers be held accountable for ethnic inequities. To improve breast cancer outcomes for Māori women, they recommended Māori involvement in all aspects of the breast cancer continuum from policy making to sector design, implementation and evaluation.

**Comment:** An excellent summary of the issues in breast cancer for wahine Māori.

**Reference:** *N Z Med J. 2019;132(1507):83-89.*

[Abstract](#)



**Southern Pearls and other Hidden Gems**  
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## Changing ethnic and clinical trends and factors associated with successful home haemodialysis at Auckland District Health Board

**Authors:** Beig JY, Semple DJ.

**Summary:** Three incident cohorts of 152 home haemodialysis patients in the Auckland District Health Board between 2008 and 2015 were examined to compare population characteristics, training techniques and treatment outcomes. Significant changes in ethnicity of home haemodialysis patients was evident over time with a 1.7-fold increase in Māori and Asian patients, 1.4-fold increase in Pasifika patients and 2.7-fold decrease in New Zealand European patients ( $p=0.001$ ). The incidence of multimorbidity increased particularly for diabetes and heart failure. The use of home haemodialysis as the first modality of renal replacement therapy increased 15-fold ( $p=0.0001$ ). Home haemodialysis training was completed by 133 patients. A further 13 patients (10%) experienced technique failure and 15 patients (11%) died. Training time increased by 4.5 weeks between 2008 and 2015 ( $p=0.004$ ), but death and technique failure were unchanged. Successful home haemodialysis was associated with shorter training time, employment and lower C-reactive protein levels.

**Comment:** see below.

**Reference:** *Intern Med J. 2019;49(11):1425-1435.*

[Abstract](#)

## Effect of centre- and patient-related factors on uptake of haemodiafiltration in Australia and New Zealand

**Authors:** Mac K, et al.

**Summary:** Uptake of haemodiafiltration increased over time in a cohort study of 27,433 patients commencing haemodialysis on the Australian and New Zealand Dialysis and Transplant Registry. Uptake of haemodiafiltration was more rapid in New Zealand than Australia with 19.1% and 14.4% of patients commencing haemodiafiltration in each country, respectively. In New Zealand, Māori and Pasifika (OR 1.32; 95% CI 1.05–1.66) or Asians (OR 1.75; 95% CI 1.15–2.68) were more likely to use haemodiafiltration than Caucasians. Centre-related factors accounted for 48% variability in uptake of haemodiafiltration in New Zealand.

**Comment:** Really important to monitor dialysis rates, including the types and locations, for Māori. Great to see that efforts to support home haemodialysis for Māori and Pacific people are associated with improved access. Now to improve outcomes.

**Reference:** *Nephrology (Carlton). 2020;25(1):63-72.*

[Abstract](#)



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## Cultural identity, leadership and well-being: how indigenous storytelling contributed to well-being in a New Zealand provincial rugby team

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

**Summary:** The application and interpretation of pūrākau, whakataukī (Indigenous forms of storytelling) introduced in 2015–2017 to players and coaches of a men's provincial rugby team in New Zealand was reported to enhance the cultural identity, sense of belonging, leadership and well-being of team members both on and off the field. Using a Kaupapa Māori case study approach including semi-structured, one-on-one interviews and focus group discussions, pūrākau, whakataukī benefited the well-being of individual players, coaches and the collective team with no evidence of a negative impact.

**Comment:** I've recently become interested in storytelling and well-being, and read a palliative care doctor's article in which she quoted Philip Pullman saying that "After nourishment, shelter and companionship, stories are the thing we need most in the world." Wonderful to see the focus on Indigenous storytelling here, and its impact on well-being.

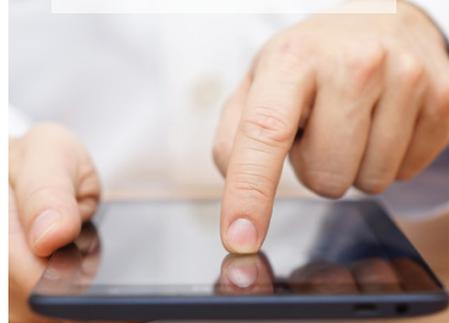
**Reference:** *Public Health*. 2019;176:68-76.

[Abstract](#)

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## Do differences in compositional time use explain ethnic variation in the prevalence of obesity in children?

**Authors:** Taylor RW, et al.

**Summary:** The influence of ethnicity and socioeconomic status on compositional time use and the impact on prevalence of obesity was examined in a 24-hour accelerometry study in 690 children aged 6–10 years. Ethnicity composition was 58% European, 20% Māori, 13% Pasifika and 9% Asian with 34% defined as high deprivation and 66% as low-medium deprivation. All children wore an ActiGraph accelerometer 24 hours a day for 5 days to provide data on sedentary time, sleep and physical activity. European children spent 16.1 minutes longer asleep and 6.6 minutes longer in moderate-to-vigorous physical activity than non-European children. They also spent 10.2 minutes less being sedentary and 12.2 minutes less in low physical activity than non-European children. A 10% longer duration of sleep was more closely associated with differences in BMI than a 10% longer duration of moderate-to-vigorous physical activity. Compositional time use accounted for 9% of the increased risk of obesity in Māori children, 24% in Asian children and 35% in Pasifika children.

**Comment:** see below.

**Reference:** *Int J Obes (Lond)*. 2020;44(1):94-103.

[Abstract](#)

## Sleep duration and psychological well-being among New Zealanders

**Authors:** Lee CH, Sibley CG.

**Summary:** The impact of sleep duration on psychological well-being was examined in 51,699 New Zealand adults using data from the New Zealand Attitudes and Values Study questionnaire in 2014–2016. Optimal sleep duration was reported by 58% of respondents to be 7 to <9 hours, but actual sleep duration was <7 hours in 37% and ≥9 hours in 4.5%. Short sleep duration was associated with negative psychological well-being, while long sleep duration was associated with an increased likelihood of depression. Rates of short sleep duration were particularly high in Māori and Pasifika.

**Comment:** Two studies highlighting the fact that ethnic differences in sleep duration/patterns have negative impacts on well-being for Māori children and adults. There is no point telling people to sleep longer when they are working two jobs, long hours, shift work; or have unstable accommodation, poor housing; or feeling stressed about bills, illness, relationships. Instead we must look at addressing work conditions, housing and poverty for Māori whanau.

**Reference:** *Sleep Health*. 2019;5(6):606-614.

[Abstract](#)

## Strategies to support culturally safe health and wellbeing evaluations in Indigenous settings in Australia and New Zealand

**Authors:** Cargo M, et al.

**Summary:** Commissioning of evaluation was found to be crucial in strengthening culturally safe evaluation of health policy and practice in Indigenous settings in a participatory concept mapping study. Hierarchical cluster analysis identified four cluster regions from the 11-cluster map for New Zealand to improve Indigenous health and well-being: authentic evaluation practice, building Māori evaluation expertise, integrity in Māori evaluation, and putting community first. Clusters of strategies related to commissioning were deemed least achievable in New Zealand, specifically the conduct of the evaluation and prioritising Māori interests.

**Comment:** Fantastic research on the researchers and the importance of kaupapa Māori and Indigenous-led evaluations of health services and programs. I'd urge readers interested in evaluating programs or wanting to better understand this field to contact the authors for further advice.

**Reference:** *Int J Equity Health*. 2019;18(1):194.

[Abstract](#)

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## Ethnic disparities in the incidence and outcome from out-of-hospital cardiac arrest

**Authors:** Dicker B, et al.

**Summary:** Māori and Pasifika had significantly higher incidences of out-of-hospital cardiac arrest compared to European/Other ethnicities in a 2-year retrospective study of New Zealand cardiac arrest registry data. The age-adjusted incidence rate per 100,000 person-years was 144.4 for Māori, 113.5 for Pasifika, and 93.8 for European/Other. Māori had significantly lower likelihood of return of spontaneous circulation sustained to hospital handover (OR 0.74; 95% CI 0.64–0.87;  $p < 0.001$ ) and survival to 30-days (OR 0.61; 95% CI 0.48–0.78;  $p < 0.001$ ) compared with European/Other. There was a significantly higher proportion of events in Māori and Pasifika aged <65 years and Māori and Pasifika women compared with their European/Other counterparts.

**Comment:** Really important to have this evidence. I'd love to understand why these inequities exist. Similar inequities were demonstrated between African American, Latino and White Americans in the US and on further investigation, though many thought it was related to the extent and type of coronary artery disease, there appeared to be differences in bystander resuscitation attempts by ethnicity of the person requiring CPR.

**Reference:** *Resuscitation*. 2019;145:56-62.

[Abstract](#)

## How common is cyberbullying among adults?

**Authors:** Wang MJ, et al.

**Summary:** Gender, age and ethnic differences in the prevalence of cyberbullying were explored in a national sample of 20,849 New Zealand adults. A total of 2.2% of respondents reported being victims of cyberbullying in the past month and a further 14.9% reported past incidences of cyberbullying. The highest levels of cyberbullying were reported in the group aged 18–25 years and the lowest levels were reported in the group aged ≥66 years. Women reported slightly higher rates of ever experiencing cyberbullying than men. Māori and Pasifika reported higher levels of cyberbullying than Asians and Europeans.

**Comment:** Very interesting. I hadn't actually considered the impact of cyberbullying on health/well-being, let alone think that Māori may be more exposed to it than other peoples. I'll talk to my team about adding a specific question to our screening tools.

**Reference:** *Cyberpsychol Behav Soc Netw*. 2019;22(11):736-741.

[Abstract](#)

## Association between experience of racial discrimination and hazardous alcohol use among Māori in Aotearoa New Zealand

**Authors:** Winter T, et al.

**Summary:** The association between Māori ethnicity and hazardous alcohol use may be partially mediated by experiences of past racial discrimination according to a cross-sectional analysis of the 2016–2017 New Zealand Health Survey. Māori ( $n=2543$ ) were more likely to experience discrimination than New Zealand Europeans ( $n=7341$ ). Elevated levels of hazardous alcohol use were significantly associated with Māori identification and racial discrimination (both  $p < 0.05$ ) and accounted for 34.7% of the increased likelihood of hazardous alcohol use (95% CI 9.7%–59.6%).

**Comment:** Great use of the Health Survey data here. I also think that institutionalised racism plays a role here too with differences in liquor store distribution by ethnicity and New Zealand deprivation levels; and evidence that Māori experience barriers to participation in the resource consent process.

**Reference:** *Addiction*. 2019;114(12):2241-2246.

[Abstract](#)

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