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Tēnā koutou katoa

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 104th issue of Māori Health Review.

Mānawatia a Matariki. We hope you had time over Matariki to come together, reflect on the past year, remember loved ones (as I did with my Dad's passing in March), celebrate the present and plan for the year ahead.

In this issue, we present a paper estimating the prevalence of foetal alcohol spectrum disorder in New Zealand, highlighting a disproportionate experience by Māori. We include a study that reinforces the need for improvements in the early detection of lung cancer, particularly for Māori and Pasifika individuals. Finally, we describe a large analysis of patient health outcomes across different primary care models in New Zealand.

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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Racial discrimination 2011/12, 2016/17 and 2020/21: New Zealand Health Survey

Author: Ministry of Health

Summary: Findings from the New Zealand Health Survey have shown that more than one in three Māori (37.6%) experience racial discrimination over their lifetime. This includes ethnically motivated personal attacks, as well as unfair treatment in healthcare, employment or housing. The proportion of Māori experiencing racial discrimination in the past 12 months increased from 10.8% in the 2011/2012 survey to 13.8% in the 2020/2021 survey, and was increased further when Māori women were analysed separately (9.7% to 16.8%). Verbal abuse was the most common type of racial discrimination in the 12 months before the 2020/2021 survey. Racial discrimination was associated with higher rates of psychological distress, lower rates of good to excellent self-rated health, and higher rates of unmet need for primary healthcare. The authors noted that data was based on self-reported experience, and that individuals may under-report episodes of racial discrimination.

Comment: It is important to monitor experience and impact of racism. The Ministry of Health website has some excellent resources/information on addressing racism in healthcare settings.

Reference: Ministry of Health, PO Box 5013, Wellington 6140, New Zealand.
Abstract

CLICK HERE to read previous issues of Māori Health Review

Independent commentary by Associate Professor Matire Harwood Ngāpuhi

Matire (MBChB, 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 Waitematā 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, 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.

Culturally safe neonatal care: talking with health practitioners identified as champions by indigenous families

Author: Adcock A et al.

Summary: Health practitioners have important roles in eliminating inequities and sustaining Māori self-determination, according to a Kaupapa Māori study. Ten health practitioners who had been identified as champions by whānau of preterm Māori infants were interviewed for the study. Champions felt collaboration between health practitioners and whānau was crucial to enabling whānau autonomy. Connectivity and relationships were central to this concept, as was the appreciation that childbirth is a sacred time that is potentially disrupted when an infant is born prematurely. The authors stated that their findings were an exemplar of what culturally safe care looks like in day-to-day practice with Māori.

Comment: Wonderful that most people interviewed, identified as 'champions for preterm Māori infants' by whānau, were not Māori. Also, interesting that there was only one doctor 'champion'….

Reference: Qual Health Res. 2023;33(6):531-542.
Abstract

Is there equity of patient health outcomes across models of general practice in Aotearoa New Zealand?

Author: Sheridan N et al., and The Primary Care Models Study Group

Summary: A national cross-sectional study has shown that being Māori or Pasifika, or living in material deprivation, is associated with poorer health outcomes, regardless of the type of primary care offered. Outcomes assessed were polypharmacy in individuals aged ≥65 years, glycosylated haemoglobin testing in adults with diabetes, childhood immunisations received by 6 months of age, ambulatory sensitive hospitalisations in those aged 0-14 years and 45-64 years, and emergency department attendances. A total of 924 primary care practices with 4,491,964 enrolled patients were included in the study. While 73% of the population were enrolled in traditional primary care practices, the proportion of Māori, Pasifika and individuals living in material deprivation was low in these practices. Māori, Pasifika and trust/non-governmental organisation practices had disproportionate enrolments of patients with high health needs. Although patients with higher health needs received more clinical input, this was insufficient to achieve equity across all outcomes. No one model of primary care out-performed others for all health outcomes.

Comment: A critical investigation on primary care models in Aotearoa, there is an incredible amount of information here. A couple of key messages for me: there are few Māori and Pasifika patients enrolled in individual 'traditional' clinics (I hear this from health students); and different models of care were associated with different outcomes, yet most clinics stuck with one type of model. For those of us working in primary care, a lot to think about.

Reference: Int J Equity Health. 2023;22(1):79.
Abstract

Variation in the use of compulsory community treatment orders between district health boards in New Zealand

Author: Lees M et al.

Summary: Compulsory community treatment order (CTO) use is higher in Māori, young adults and in areas of socioeconomic deprivation, according to a study of national databases from 2009 to 2018. The annualised CTO rate for New Zealand was 95.5 per 100,000 population over the study period. However, CTO rates ranged from 53 to 184 per 100,000 population across district health boards, and adjustment for sociodemographic factors could not explain this variation. CTO rates were more than three times higher for Māori than Caucasian individuals, and were also higher in males and young adults. The CTO rate increased with socioeconomic deprivation severity.

Reference: Australas Psychiatry. 2023;31(3):349-352.
Abstract

Racism, early psychosis and institutional contact: a qualitative study of Indigenous experiences

Author: Manuel J et al.

Summary: A study informed by critical race theory has shown that organisational cultures may differentially affect Indigenous and minority people to impact early psychosis. A total of 23 Indigenous individuals participated in four family focus group interviews and 13 individual interviews, comprising youth, family members and mental health professionals. Themes identified included selective responses based on racial stereotypes, race-related risk assessment bias, and institutional racism in the mental health workforce. Impacts of racism were noted as inaction in the face of social need, increased coercion and an under-resourced Indigenous workforce. Important targets for anti-racism efforts include social responsiveness, risk discourse and the distribution of workforce expenditure, concluded the study authors.

Reference: Int Rev Psychiatry. 2023;35(3-4):323-330.
Abstract

Comment: Great examples of qualitative and quantitative studies informing research on inequities. The focus on organisational culture and policy here, as areas to focus anti-racism interventions, is excellent.

This Research Review has been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and has been approved for up to 1 CME credit for the General Practice Educational Programme (GPEP) and Continuing Professional Development (CPD) purposes. You can record your CME credits in your **RNZCGP Dashboard**

Time spent reading this publication has been approved for CNE by The College of Nurses Aotearoa (NZ) for RNs and NPs. For more information on how to claim CNE hours please **CLICK HERE**

Interventions to prevent or manage obesity in Māori and Pacific adults: a systematic review and narrative synthesis

Author: Mack M et al.

Summary: Modest weight loss or no weight gain after several years may reduce progression to diabetes and improve glycaemic control in Māori and Pasifika adults with diabetes, according to a systematic review of 21 obesity intervention studies. Studies chosen for inclusion were heterogenous, with most graded as low quality. A total of 18 studies were eligible for quantitative analysis and five for qualitative analysis. Small but statistically significant improvements in weight and body mass index were reported in some studies. Social connection, sustainable lifestyle changes, culturally-centred interventions and incentives including money and enjoyment were key enablers. Barriers included difficulty in maintaining adherence with a programme due to factors such as lack of social support and malfunctioning or lost equipment. The study authors recommend urgent implementation of Māori and Pasifika-led weight loss programmes that promote sustainable lifestyle changes delivered in culturally and socially appropriate contexts.

Comment: Surprising that there hasn't been a systematic review yet on this topic. And given the low quality of studies, perhaps unsurprising that we are not able to provide excellent, evidence-based advice to people seeking help to lose weight. Small and sustainable changes may be useful for moderate weight loss, but surgical interventions may be the only option for many. With wait-times already incredibly long, and inequities in access to surgery for Māori, it was worrying to hear one bariatric surgeon describe efforts to address these with an equity-based tool as 'problematic'.

Reference: Ethn Health. 2023;28(4):562-585.
Abstract

Chronic health conditions and mortality among older adults with complex care needs in Aotearoa New Zealand

Author: Abey-Nesbit R et al.

Summary: A retrospective cohort study of community-dwelling older individuals who had an interRAI Home Care assessment in 2017 has reported important differences in disease prevalence and mortality between ethnic groups. A total of 31,704 individuals were included in the study and 59.9% were female. Mean age was 82.3 years. By the end of follow-up (median duration 1.1 years), 49.5% of participants had died. Prevalence of cognitive impairment was 62% in Māori and Pasifika individuals compared with 57% in non-Māori/non-Pasifika individuals. Diabetes was the next most prevalent condition amongst Māori and Pasifika, as was coronary heart disease in non-Māori/non-Pasifika. Cancer had the highest mortality risk in all ethnic groups but risk decreased with age, in contrast to other chronic conditions. While stroke had the highest risk of 1-year mortality amongst older non-Māori/non-Pasifika individuals, in Māori this was coronary heart disease and in Pasifika it was chronic obstructive pulmonary disease.

Reference: BMC Geriatr. 2023;23(1):318.
Abstract

Anti-dementia medication use in Aotearoa New Zealand

Author: Chan AHY et al.

Summary: Māori, alongside other non-Europeans, are less likely to receive funded anti-dementia medication than individuals of European ethnicity, according to a retrospective study using health data from the Integrated Data Infrastructure. The study identified individuals of all ages coded with dementia, and found that one-third received donepezil or rivastigmine between 1 July 2016 and 30 June 2020. The relative risks for Māori, Pasifika, and Middle Eastern/Latin American/African individuals being dispensed an anti-dementia medication compared with European individuals were 0.79-0.81 ($p < 0.0001$), 0.72-0.74 ($p < 0.0001$) and 0.73-0.78 ($p < 0.05$), respectively. Individuals aged 65-79 years were more likely and those aged <65 years were less likely to be dispensed an anti-dementia medication compared with those aged ≥80 years (relative risks 1.50-1.54 and 0.67-0.71, respectively; both $p < 0.0001$). Anti-dementia medication use was not significantly different between males and females.

Reference: Aust N Z J Psychiatry. 2023;57(6):895-903.
Abstract

Comment: Demonstrating the 'inverse care law', with one study presenting up-to-date information demonstrating the higher prevalence of cognitive impairment for Māori, and the second paper highlighting that they are 20% less likely to receive anti-dementia medication.

A one-size-fits-all approach to data-sharing will not suffice in lifecourse research: a grounded theory study of data-sharing from the perspective of participants in a 50-year-old lifecourse study about health and development

Author: Reeves J et al.

Summary: Interviews with participants of the Dunedin Multidisciplinary Health and Development Study have shown that data-sharing may have implications for the retention of participants, affecting the value of long-term sources of knowledge about health and development. A total of 25 participants (9 Māori, 16 non-Māori) aged 45-48 years were interviewed. Participants suggested that data-sharing decisions should have the agreement of the whole study cohort. They expressed a sense of trust in researchers and raised concerns about loss of control after data sharing. Participants described the need to balance opportunities for public good against inappropriate uses of data, highlighting variability in perceived sensitivity of data. The study authors stated that concerns must be addressed through detailed informed consent before data-sharing occurs for lifecourse studies, particularly where this has not been established from the start of the study.

Comment: Good to see that the researchers involved in this longitudinal study are exploring the issue of data sharing. Although there are similar issues for short-term studies, the participants in this research are now 45 years and older, with data collected about them since birth. With many journals now requiring authors to sign data-sharing-agreements for publication, as described here, people, including Indigenous peoples, have concerns. These should be considered further, and discussions/mitigations adequately funded.

Reference: BMC Med Res Methodol. 2023;23(1):118.
Abstract

Informing women about maternal vaccination in Aotearoa New Zealand: is it effective?

Author: Young A et al.

Summary: A study of pregnant or recently pregnant Māori and Pasifika women found that those who did not receive maternal vaccinations often experienced ineffective communication with inadequate information. A total of 15 women aged 20-37 years were interviewed for the study in Dunedin and Gisborne. Only 2 participants were vaccinated against both influenza and pertussis during their pregnancy. Most women had been informed about maternal vaccines by their midwife, but some were unaware of vaccine recommendations. In some cases, women were not given written materials, or they were given only written materials with no supporting discussion. The authors concluded that system changes are needed to ensure that every pregnant woman, regardless of parity, is aware of the benefits and recommendations for maternal vaccination. Information should take the form of discussions with trusted healthcare providers, supplemented with written material to access at a later time.

Comment: Timely information here, with potential to improve perinatal outcomes and increase the likelihood of infant/child vaccinations in the longer term.

Reference: Midwifery. 2023;120:103636.
Abstract

Emergency presentation prior to lung cancer diagnosis: a national-level examination of disparities and survival outcomes

Author: Gurney J et al.

Summary: Māori and Pasifika individuals are more likely to have an emergency presentation prior to lung cancer diagnosis than individuals of European ethnicity, according to a study utilising the New Zealand Cancer Registry. A total of 27,689 lung cancer registrations (2007-2019) were included and linked to national hospitalisation and primary healthcare data. Ethnic disparities in emergency presentations persisted after adjusting for multiple covariates, including comorbidity and deprivation, with odds ratios for presentation of 1.21 (95% confidence interval [CI] 1.13-1.30) in Māori and 1.50 (95% CI 1.31-1.71) in Pasifika. Emergency presentation was associated with substantially poorer survival outcomes across ethnic groups, as highlighted by an adjusted odds ratio for 1-year mortality in Māori of 2.40 (95% CI 2.10-2.74). These study findings reinforce the need for improvements in the early detection of lung cancer, particularly for Māori and Pasifika individuals, concluded the authors.

Comment: I worry that these disparities will have increased since the study period (2007-2019), given issues in accessing primary care over the COVID-19 and lockdown periods. Studies are underway to test the effectiveness of lung cancer screening in Aotearoa. If proven effective in trial settings, we must ensure that it is implemented with an equity focus, as international programmes have demonstrated inequities in access by ethnicity and location.

Reference: Lung Cancer. 2023;179:107174.
Abstract

Foetal alcohol spectrum disorder in Aotearoa, New Zealand: estimates of prevalence and indications of inequity

Author: Romeo JS et al.

Summary: A study has found the national prevalence of foetal alcohol spectrum disorder (FASD) to be significantly higher in Māori than in Pasifika and Asian populations. Prevalence was estimated from self-reported data on any alcohol use during pregnancy for 2012/2013 and 2018/2019, combined with risk estimates for FASD from a meta-analysis of case-ascertainment or clinic-based studies in 7 other countries. FASD prevalence in the general population was 1.7% (95% CI 1.0-2.7%) in 2012/2013 and 1.3% (95% CI 0.9-1.9%) in 2018/2019. Sensitivity analysis estimated FASD in 2018/2019 at 1.1-3.9% for the overall population and 1.7-6.3% for Māori. The study authors noted that although their findings are likely underestimates, they indicate a disproportionate experience of FASD by Māori. Policy and prevention initiatives are needed to support alcohol-free pregnancies to reduce the lifelong disability caused by prenatal alcohol exposure.

Comment: The recent hui on FASD held at Parliament was described as 'ground-breaking for Māori' by its convenor and appointed co-chair of the FASD Advisory Rōpū, Rawiri Ratu. The group will define the syndrome, establish a database and map pathways to access services. Please contact Rawiri for further information.

Reference: Drug Alcohol Rev. 2023;42(4):859-867.
Abstract