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Issue 60 – 2016

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Greetings

Welcome to this issue of the Māori Health Review. Each issue attempts to bring you research relevant to the health and wellbeing of Māori. I welcome feedback and suggestions for papers/research to include in future issues and I'm pleased to hear and read about the excellent work being undertaken in Hauora Māori.

We are delighted to also have input from Dr Rhys Jones in this edition. He is a Public Health Physician and is currently Senior Lecturer at Te Kupenga Hauora Maori (TKHM).

Research Review is ten!! The first ever issues of Research Review were delivered to inboxes in February 2006. Fast forward ten years and we now publish 48 regular reviews to which there are over 160,000 subscriptions. We're grateful to each and every one of you for your support and are looking forward to even bigger and better things over the coming years.

Nga mihi

Matire

Dr Matire Harwood

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The role and potential of community-based cancer care for Māori in Aotearoa/New Zealand

Authors: Slater T et al.

Summary: This article discusses information collated from a nationwide postal survey undertaken in New Zealand in 2011 of all Māori health provider organisations (n=253). The survey, which had a 55% response rate, explored the role that these providers have in cancer care in the community. They deliver a wide range of programmes including cancer prevention services focussed on health promotion, advocacy, information and support. Māori health providers identified financial hardship, transport difficulties, and lack of information as the greatest barriers to cancer care. About half of the respondents reported that a lack of cultural safety in mainstream health systems was a barrier to all cancer services, including primary care and screening. Most respondents emphasised the importance of trust and long-term relationships within their communities, which helps them to focus on families rather than individual-based care throughout the cancer care journey.

Comment (MH): A great review of the role that kaupapa Māori services play in ensuring access to and through cancer care pathways. In my experience, they also seem to face barriers similar to those experienced by the whānau they work with, including financial, travel, silo'ed care and discrimination.

Reference: *N Z Med J. 2016;129(1430):29-38*

[Abstract](#)

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.



Independent commentary by Dr Rhys Jones

Dr Rhys Jones (Ngāti Kahungunu) is a Public Health Medicine Specialist and Senior Lecturer at the University of Auckland where he oversees Māori Health teaching and learning in the Faculty of Medical and Health Sciences. He is passionate about health equity, sustainability and Indigenous rights, and is Co-Convenor of OraTaiao: The New Zealand Climate and Health Council. Rhys lives in Auckland with his wife, Jo, and three boys – Kahukura, Māhaki and Tamatea.





Nurse-led school-based clinics for rheumatic fever prevention and skin infection management: evaluation of Mana Kidz programme in Counties Manukau

Authors: Anderson P et al.

Summary: Outcomes are reported from an evaluation conducted between August and December 2014 of registered nurse-led school clinics in 61 primary and intermediate schools in Counties Manukau, South Auckland. The evaluation assessed the service delivery, outcomes, value for money and effectiveness. Mana Kidz reaches over 24,000 children aged 5–12 years. The service includes daily assessment and treatment of sore throats to prevent rheumatic fever, identification and management of skin infections, as well as identification of other health needs such as hearing, vision or child protection concerns. As at September 2014, 97% of all eligible children were consented into the programme (n=23,756). Between February 2013 and September 2014, 191,423 throat swabs were completed, of which 20,696 (11%) were culture-positive for Group A streptococcus (GAS); 20,176 were treated. Mana Kidz teams treated (includes cleaning and covering alone) 17,593 skin infections and actioned ~4,000 of them. Rates of pharyngeal GAS were reduced from an estimated 26% in 2013 to 14% in 2014 (p=0.01). Hospitalisation admission rates for acute rheumatic fever (ARF) and skin infections declined during the survey period. There was evidence of effective engagement with children, parents/whānau and improved health literacy, especially knowledge about sore throats, ARF, medication adherence and skin infection. The programme was delivered at \$280 per participating child in the 2013/14 financial year.

Comment (MH): I was really impressed with both the comprehensive approach taken in the evaluation, as well as the fantastic results. I understand that the successful Mana Kidz prototype will be applied to other complex conditions requiring integrated care.

Reference: *N Z Med J.* 2016;129(1428):

[Abstract](#)

Collaborating with a social housing provider supports a large cohort study of the health effects of housing conditions

Authors: Baker MG et al.

Summary: The Social Housing Outcomes Worth (SHOW) study was established in 2003 in collaboration with Housing New Zealand Corporation to assess the relationship between housing conditions and health, particularly between household crowding and infectious diseases. The SHOW study measures health outcomes using linked anonymised hospitalisation and mortality records provided by the New Zealand Ministry of Health. By December 2011, the study population consisted of 11,196 applicants and 196,612 tenants. Half were aged <21 years. About two-thirds identified as Māori or Pacific ethnicity. Household incomes were low. Of tenant households, 44% contained ≥1 smokers compared with 33% for New Zealand as a whole. Whereas about 10% of New Zealanders are exposed to household crowding, as measured by a deficit of one or more bedrooms, about 52% of housing applicants and 38% of tenants were living in households with this level of household crowding.

Comment (RJ): I guess not surprising results but importantly the 'evidence' must be used in ways to improve the wellbeing of whānau living in social housing. In primary care, tenants should be supported to quit smoking. At a political level we could advocate for housing that is affordable as well as healthy for people and the environment.

Reference: *BMC Public Health.* 2016;16(1):159

[Abstract](#)

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Gout in Aotearoa New Zealand: are we going to ignore this for another 3 years?

Authors: Dalbeth N et al.

Summary: The 2013 New Zealand Atlas of Healthcare Variation showed that Māori and Pacific people are disproportionately affected by gout, with nearly half of Pacific men and over a third of Māori men aged >65 years identified as having gout, as compared with 16.5% of European and other men of the same age. Despite this, Māori and Pacific people were less likely to receive effective long-term urate-lowering therapy (allopurinol) and were more likely to be prescribed more of the treatments of increased toxicity required to manage acute flares (colchicine and NSAIDs), which risk joint damage. Moreover, Māori and Pacific people had five times as many gout-related hospital admissions as those of European/Other ethnicities. This Editorial highlights that these data have remained unchanged for three years and asks why nothing has improved.

Comment (MH & RJ): This group of leaders has passionately advocated for better gout management in Aotearoa for many years now. The sense of frustration is clearly evident here, and understandable. We hear the stories of poor quality care, whether that be as a GP in South Auckland, Māori men's health researcher, or whānau member.

Reference: *N Z Med J.* 2016;129(1429):10-3

[Abstract](#)

Provider, father, and bro – Sedentary Māori men and their thoughts on physical activity

Authors: Warbrick I et al.

Summary: These researchers sought to better understand Māori men's preferences, attitudes, or perspectives about physical activity. This qualitative study involved 18 sedentary, 'overweight' Māori men aged 28–72 years who participated in three focus group discussions conducted in 2014 and 2015, which explored their views about physical activity and exercise. Thematic analysis and interpretation of the data using a Māori worldview identified four key themes: Cameraderie and 'Bro-ship'; Adulthood Distractions and Priorities; Problems with Contemporary Gym Culture; and Provider Orientation. Key motivators for physical activity included a sense of 'brotherhood' in sport and physical activity and accountability to others. Participants reported the need to highlight the value of people and relationships, and having an orientation to the collective to enhance physical activity experiences for Māori men in general. Modern lifestyle distractions (such as being time deficient, and family responsibilities) along with other priorities contributed to difficulties incorporating physical activity into their daily lives. In addition, particular aspects and characteristics of the modern fitness culture and gym environment acted as barriers to adherence to physical activity.

Comment (RJ): The themes in this paper resonated with much of the kōrero at the recent Tāne Ora conference (for more information see <http://www.taneora.co.nz/>). Applying a public health lens to the findings, things like modern lifestyle distractions are often determined or influenced by wider factors. How do we address these in order to support tāne ora?

Reference: *Int J Equity Health.* 2016;15(1):22

[Abstract](#)

Water fluoridation and ethnic inequities in dental caries profiles of New Zealand children aged 5 and 12–13 years: analysis of national cross-sectional registry databases for the decade 2004–2013

Authors: Schluter PJ, Lee M

Summary: These researchers analysed national aggregated data collected from children's routine child oral health service dental examinations during the period 2004–2013, to analyse patterns in the prevalence of no obvious decay experience (caries-free) and mean decayed-missing-filled teeth indices over time. The researchers obtained demographic information from Statistics New Zealand for children aged 5 years and in school year 8 (generally aged 12–13 years), as well as information on the children's community water fluoridation (CWF) status, which was defined by the public water supply status of their school. Dental examination data were available from 417,318 children aged 5 years and 471,333 year 8 children; of whom 93,715 (22.5%) and 94,001 (19.9%), respectively, were Māori. Dental examination coverage of Māori children was significantly less than their non-Māori counterparts (approximately 11% for children aged 5 years and 14% for year 8 children). In regression analysis, caries-free prevalence and mean decayed-missing-filled teeth indices significantly improved over the study period for both age groups. Significant and sustained differences were observed between Māori and non-Māori children, and between CWF and non-CWF exposed groups. In contrast, dental profiles converged between non-Māori children in CWF and non-CWF regions.

Comment (MH): The study focused on the contribution that water fluoridation has on inequities in oranga niho. However, the results also show that Māori children have much lower rates for seeing a dental provider at 5 years of age and in school year 8. The researchers suggest this may be explained by inaccurate ethnicity data. Either way, the quality of dental care for Māori (whether poor data collection or inadequate access for tamariki) requires attention.

Reference: *BMC Oral Health.* 2016;16(1):21

[Abstract](#)



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Beyond ethics to morality: Choices and relationships in bicultural research settings

Authors: Furness J et al.

Summary: This article critically reflects upon the experiences gained by the first author, a non-Maori community psychologist, who undertook research with Māori participants in a bicultural, but predominantly Māori, school-based community education setting. The article describes specific research strategies using kaupapa Māori approaches, which inform the conceptualisation and ethical practice of research with Māori.

Comment (MH): The findings and references are particularly useful for non-indigenous researchers undertaking research with indigenous research communities.

Reference: *J Community Appl Soc Psychol.* 2016;26(1):75-88

[Abstract](#)

Worldwide disparities in cardiovascular disease: Challenges and solutions

Authors: Okwuosa IS et al.

Summary: This paper emphasises that although ground breaking, innovative evidence-based medications have led to vastly improved outcomes in cardiovascular disease, these benefits are not equitable amongst ethnic groups. Disparities in cardiovascular care are a global problem. The paper argues that disparate care is a challenge for the worldwide medical community. Solutions are offered.

Comment (MH): A great review of ethnic inequities in CVD outcomes around the world. The authors acknowledge the potential that advances in CVD 'technologies' and treatments have in improving the wellbeing of indigenous and minority populations, but argue that such potential will only be realised when health providers recognise the fact that they may be disadvantaging and/or privileging some groups over others.

Reference: *Int J Cardiol.* 2016;202:433-40

[Abstract](#)



Colonisation, racism and indigenous health

Author: Paradies Y

Summary: This paper investigates the specific pathways through which colonial processes have contributed to contemporary disparities in health between indigenous and non-indigenous peoples in Canada, Australia, New Zealand and the USA. After considering pertinent issues in defining indigeneity, the author focuses on operationalising colonisation as a driver of indigenous health, with reference to the developing scholarship on historical trauma. Conceptualisations of coloniality vis-à-vis health and their critiques are examined. Intersections with racism are canvassed, with decolonisation explored as a potential solution. The paper concludes by examining frames for explicating indigenous disadvantage and exploring implications for settler-indigenous relations into the future.

Comment (MH & RJ): Two gems in this paper. The first point to highlight is the way the author has defined colonisation and its impact on contemporary health inequities between indigenous and non-indigenous peoples, with racism having perhaps an additive effect. The second is his description of de-colonisation and what this means for current and future societies.

Reference: *J Pop Res.* 2016;1-14

[Abstract](#)

TPPA should not be adopted without a full, independent health assessment

Authors: Keating G et al.

Summary: The New Zealand Medical Association, the World Medical Association and the Director General of the World Health Organization (WHO) have identified concerns about the health consequences of trade and investment agreements, such as the Trans-Pacific Partnership Agreement (TPPA) between 12 Pacific Rim countries (Australia, Brunei Darussalam, Canada, Chile, Japan, Malaysia, Mexico, New Zealand, Peru, Singapore, the US and Vietnam). This paper synthesises some of the interim independent expert commentary on the released TPPA text. The authors express their concerns about the fact that the TTPA offers negligible support for implementation of United Nations and WHO health and human rights agreements, while it enhances the investment interests of foreign companies. Moreover, while the TPPA appears to allow some regulatory freedom, the NZ Government's own analysis highlights that it places limitations on government's future policy options. The authors ask that decisions on implementation and ratification are delayed until full and more comprehensive independent analysis of health impacts becomes available for public and Parliamentary scrutiny.

Comment (RJ): I'm often asked, as are many of you I'm sure, about the relationship between health and globalisation, trade or more recently the TPPA. This editorial provides a good summary of the concerns being raised about adverse impacts of the TPPA on health and health equity. Importantly, there are clear implications for Māori health too as the Waitangi tribunal heard recently. It is important that we keep informed in order to advocate for our communities and their wellbeing.

Reference: *N Z Med J.* 2016;129(1430):7-13

[Abstract](#)

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