

Māori Health REVIEW™

Making Education Easy

Issue 99 – 2022

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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 99th issue of Māori Health Review.

In this issue, we feature a New Zealand randomised controlled trial of 3% Kānuka oil cream for the treatment of adults with moderate-to-severe eczema, of whom 25% were Māori. We include two studies examining ethnic disparities in the health of our young people. Finally, we include a study highlighting the significant role that acute alcohol use plays in death by suicide, including stronger associations in Māori and Pasifika individuals compared with European individuals.

We hope you find this issue informative and of value in your daily practice. We welcome your comments and feedback. Nga mihi

Associate Professor Matire Harwood

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Indigenous adolescent health in Aotearoa New Zealand

Authors: Clark TC et al.

Summary: Cross-sectional surveys of New Zealand secondary school students, undertaken between 2001 and 2019, have found persistent Māori disadvantage for health indicators compared with Pākehā. While rangatahi Māori reported significant health gains over the survey period, the prevalence of depressive symptoms increased from 13.8% in 2012 to 27.9% in 2019 (relative risk 2.01, 95% CI 1.65-2.46). Rangatahi Māori were also more likely to report racism and foregone healthcare compared with Pākehā youth. However, tobacco use inequities narrowed between the two groups over the study period. The study authors concluded that age-appropriate Indigenous strategies are required to improve health outcomes and reduce inequities for rangatahi Māori.

Comment: Love this paper as it not only provides good data to monitor the wellbeing of rangatahi, but also a sense of hope for rangatahi orange. Getting the environment right, for rangatahi to flourish, is key.

Reference: *Lancet Reg Health West Pac.* 2022;28:100554.

[Abstract](#)

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 Waitemātā 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.

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Health promoting and demoting consumption: what accounts for budget share differentials by ethnicity in New Zealand

Authors: Nghiem N et al.

Summary: While Māori households have 25% less per-capita expenditure than non-Māori households, they spend relatively more on tobacco and alcohol, and less on healthcare. These were the findings of three nationally representative household economic surveys undertaken between 2006 and 2013, involving 9030 participants. Differences between Māori and non-Māori in household ownership, education, and income negatively affected consumption of tobacco and alcohol. The household head's age, education, and employment status had the biggest impact. The study authors suggested that interventions targeting education and employment, that significantly increase household budget, may help narrow the gaps.

Comment: Confirming that living with poverty is stressful and affects health-related behaviours; and that the health system has a role in paying the minimum living wage, and in supporting Māori employees into professional development pipelines.

Reference: *SSM Popul Health. 2022;19:101204.*
[Abstract](#)



Disposition disparities in an urban tertiary emergency department

Authors: Ho J et al.

Summary: According to a retrospective review of urban tertiary emergency department visits, Māori are less likely to be admitted than non-Māori, for similar complaints. A total of 5788 visits (Māori n = 594, non-Māori n = 5194) were analysed at a single centre in February 2021. Māori were triaged similarly to non-Māori but were less likely to be admitted (relative risk 0.87, 95% CI 0.78-0.97; p = 0.008). The study authors stated that further research is required to determine the reasons for this apparent inequity.

Comment: Just a reminder that the inequity doesn't stop at hospital admission either – we know that there are inequities in length of stay and quality of care in hospital. And yes, we need to understand reasons but, importantly, we must address them.

Reference: *Emerg Med Australas. 2022;34:626-628.*

[Abstract](#)

Replacing sedentary time with physically active behaviour predicts improved body composition and metabolic health outcomes

Authors: O'Brien WJ et al.

Summary: This study of New Zealand women showed that sedentary time must be replaced with at least moderate intensity physical activity to reap health benefits, and that Māori women would receive the most benefit. The study included 175 women (Māori n = 37, Pacific n = 54, and New Zealand European n = 84) aged 16-45 years with high body mass index (≥ 25 kg/m²) and high body fat percentage ($\geq 30\%$). Isotemporal substitution paradigms reallocated 30 min/day of sedentary behaviour to varying intensities of physical activity. At moderate intensity, Māori women were predicted to show a 14.83% reduction in body fat, a 10.74% reduction in android fat and a 55.27% reduction in insulin levels. At the same intensity, Pacific women were predicted to show 6.40% and 19.48% improvements in waist-to-hip and android-to-gynoid ratios, respectively. At moderate-vigorous intensity, Māori women were predicted to show reductions of 15.33% in body mass index, 9.98% in waist circumference, 16.16% in body fat, 12.54% in android fat, 10.04% in gynoid fat, 55.58% in insulin levels and 43.86% in leptin levels. For Pacific women, a 5.30% improvement in waist-to-hip-ratio was predicted.

Comment: The potential for this study to be 'victim-blaming' is significant, yet it did make me think of ways my workplaces, particularly those with mostly wahine Māori workers, could support us to 'move more'. I may have to accept the invitation to leave my 'lunch-at-the-desk doing paperwork' and to join the high intensity interval training we have at the marae. But I'd also appreciate ideas to reduce the paperwork burden in our roles.

Reference: *Int J Environ Res Public Health. 2022;19:8760.*

[Abstract](#)

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Whakamaua Monitoring Dashboard Year 2 NOW AVAILABLE

As part of Whakamaua: Māori Health Action Plan 2021-2025, the Ministry of Health have developed a dashboard to monitor a set of measures tracking the progress and providing a broad overview of system performance against Whakamaua's four objectives.

The second dashboard (Year Two) was recently published on the Ministry's website (<https://health.govt.nz/publication/whakamaua-quantitative-dashboard-year-two>) and highlights an improvement in the proportion of Māori regulated workforce, a continued focus on funding to rongoā providers and Kaupapa Māori research. Additionally, the dashboard highlights areas where the system needs to improve, such as the inequitable distribution of diabetes complications, ambulatory sensitive hospitalisations and other system-level measures.

Healer/patient views on the role of Rongoā Māori (traditional Māori healing) in healing the land

Authors: Mark G et al.

Summary: A qualitative study involving 49 practitioners and patients of Rongoā Māori across New Zealand has highlighted that when the land is well, the people are well. Themes identified from semi-structured interviews were: (1) land as an intrinsic part of identity; (2) land as a site and source of healing; (3) reciprocity of the healing relationship; and (4) the importance of kaitiakitanga/conservation to Rongoā Māori. Recommendations from the study were to: (1) reconnect with the land; (2) support Rongoā Māori healing; and (3) participate in the conservation and preservation of local land and waterways. The authors hope that as more is learnt about the connection between the land and Rongoā Māori, greater value will be placed on the need to conserve and preserve both the land and connections to it through traditional healing practices.

Comment: Wonderful and exciting to see such a range of Rongoā research and activity happening in Aotearoa right now. I've been privileged to be part of a team developing Ngati Hine's strategy in this space, building on the work of Erena Wikaire's PhD thesis. I hope to share these resources with readers soon!

Reference: *Int J Environ Res Public Health.* 2022;19:8547.

[Abstract](#)

Efficacy of a 3% Kānuka oil cream for the treatment of moderate-to-severe eczema

Authors: Shortt N et al.

Comment: Kānuka oil may represent an effective and well tolerated treatment for moderate-to-severe eczema, according to a randomised controlled trial conducted in New Zealand. The trial involved 80 adults with self-reported moderate-to-severe eczema, assessed by Patient Orientated Eczema Measure (POEM), who received 3% Kānuka oil cream (n = 41) or a vehicle control (n = 39) topically, twice daily, for 6 weeks. The trial was undertaken in eleven research trained community pharmacies. The primary outcome was the difference between groups in POEM score at week 6 on intention-to-treat analysis. Mean POEM score improved from 18.4 at baseline to 6.8 at week 6 in the Kānuka oil group, and from 18.7 to 9.8 in the vehicle control group. The mean difference in POEM score between groups was -3.1 (95% CI -6.0, -0.2; p = 0.036). There were three treatment-related adverse events in the Kānuka oil group and two in the vehicle control group; no serious adverse events were reported.

Comment: Such a neat study in terms of its responsiveness to Māori. The team have partnered with a Māori-led organisation developing and distributing the Kānuka oil cream, Rongoā Māori and its contribution to wellbeing is valued, the research has focussed on a significant health issue for Māori (eczema) and 25% of recruited participants were Māori. An exemplar for future clinical trials in Aotearoa.

Reference: *EClinicalMedicine.* 2022;51:101561.

[Abstract](#)

Trends in deprivation in hospitalisations of Indigenous children and young people in Aotearoa New Zealand

Authors: Oben G et al.

Summary: A review of discharge data has highlighted the persistence of deprivation inequities in hospitalisation for medical conditions among Māori compared with non-Māori non-Pacific (NMNP) taitamariki. Data were extracted from the National Minimum Dataset Hospitalisation for the period 2000 to 2019. Hospitalisation rates were consistently higher for Māori than for NMNP aged <25 years over the study period. Māori taitamariki residing in the most deprived (quintile 5) areas were more likely than NMNP to be hospitalised for a medical condition at each study time point. Despite a reduction in deprivation inequities over time, ethnic difference in hospitalisations persisted.

Comment: This paper provides a compelling argument for Te Aka Whai Ora, and its partnerships with key stakeholders, including Te Whatu Ora, to address health inequities for Māori, in addition to the drivers of inequity.

Reference: *J Paediatr Child Health.* 2022;58:1345-1351.

[Abstract](#)

Adherence, sexual behavior and sexually transmitted infections in a New Zealand prospective PrEP cohort

Authors: Saxton PJW et al.

Summary: Structural interventions and delivery innovations are needed to ensure ethnic minority gay and bisexual men gain equal benefit from pre-exposure prophylaxis (PrEP) against HIV, according to a study undertaken in Auckland. The study investigated the experiences of 150 gay and bisexual men (including 50% non-European) on PrEP over a 12-month period. Participant retention at 12 months was 85.9% (75.6% among Māori/Pacific and 90.1% among non-Māori/Pacific). Missed pills increased over time and were higher among Māori/Pacific participants. PrEP breaks also increased over time, by 12 months 35.7% of Māori/Pacific and 15.7% of non-Māori/Pacific participants had taken a PrEP break. The number of condomless receptive anal intercourse partners was stable over time. Sexually transmitted infections (STI) were common but chlamydia declined over the study period. The 12-month incidence of diagnosed infection was 8.7% for syphilis, 36.0% for gonorrhoea, 46.0% for chlamydia, 44.7% for rectal STI and 64.0% for any STI.

Comment: My experience with the PrEP clinicians, and the work they do with South Auckland gay and bisexual community needing PrEP, has been very positive. The fact that they were able to recruit people into this study, and retain more than 75% of them for 12 months, speaks to the respect held for them by this community. I like that the recommendations focussed on structural and delivery interventions too.

Reference: *AIDS Behav.* 2022;26:2723-2737.

[Abstract](#)

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Holistic antenatal education class interventions

Authors: Barrett NM et al.

Summary: A systematic review has highlighted the low consideration afforded to the antenatal health needs and aspirations of Indigenous people in New Zealand, Australia, Canada and the United States. A total of 17 primary research papers on antenatal education classes in these countries, published between 2008 and 2018, were identified from a search of 5 electronic databases. Only 2 studies identified Indigenous participants, and in those studies, Indigenous participants were underrepresented. It was therefore not possible to understand the antenatal experiences of Indigenous people. The study authors stated that targeted Indigenous interventions considering culture, language and wider aspects of holistic health must be prioritised to address the antenatal health inequities of Indigenous people.

Comment: Disappointing yet not surprising that only 2 of the 17 studies included Indigenous participants. The authors make other important points here - on the importance of quality ethnicity data, Indigenous knowledge and holistic approaches to wellbeing. I encourage readers, particularly students commencing systematic reviews, to look at the full article.

Reference: Arch Public Health. 2022;80:169.

[Abstract](#)



Acute alcohol use and suicide deaths

Authors: Crossin R et al.

Summary: Acute alcohol use has been identified in approximately one quarter (26.6%) of suicides in New Zealand, with stronger associations in those of Māori and Pasifika ethnicity, and those aged <55 years. Data for all suicides in individuals aged ≥15 years were drawn from the National Coronial Information System between July 2007 and December 2020. Acute alcohol use was defined as a blood alcohol concentration >50 mg/100 ml. Compared with European individuals, Māori individuals (adjusted odds ratio 1.20, 95% CI 0.74-1.02) and Pacific individuals (adjusted odds ratio 1.46, 95% CI 1.1-2.00) were more likely to die by suicide involving acute alcohol use. Individuals aged 15-54 years had similar risks of suicide involving acute alcohol use, with a lower association in older age groups. There was no association between suicide involving acute alcohol use and gender. Acute alcohol use is a significant but modifiable risk factor for suicide in New Zealand, the study authors concluded.

Comment: If you haven't already, please look at and consider supporting the 'Reduce Alcohol Harm' campaign. As its leaders highlight, this is an equity issue in Aotearoa and political leadership is required. You can find out more here: <https://our.actionstation.org.nz/petitions/reduce-alcohol-harm-pass-the-bill>.

Reference: N Z Med J. 2022;135:65-78.

[Abstract](#)

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