

Māori Health REVIEW™

Making Education Easy

Issue 91 – 2021

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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 91st issue of Māori Health Review.

Some great and exciting news over this past month including the health system review announcement, particularly the Maori Health Authority and its commissioning role; the budget and its focus on addressing the wider determinants including poverty and housing; and the cervical and lung cancer screening programmes to be rolled out over the next while. In this issue, we feature a paper highlighting the need for adequate resourcing to allow Māori providers to deliver effective healthcare in local communities. We also highlight low rates of Iwi data collection amongst Māori enrolments at a primary healthcare organisation. Both are important points in light of the recently announced Māori Health Authority. We also include a recently publicised paper which explores the role of cultural factors on the work experience of Māori scientists.

We hope you find this issue informative and of value in your daily practice. We welcome your comments and feedback. Finally, my thoughts and aroha to Kiritapu Allen and her whānau during this challenging time. Her courage and compassion inspire me, and women everywhere. Arohanui he wahine toa.

Nga mihi

Dr Matire Harwood

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The enrolment gap: who is not enrolling with primary health organizations in Aotearoa New Zealand and what are the implications?

Authors: Irurzun-Lopez M et al.

Summary: An analysis of 2015-2019 administrative data has found that enrolments in primary health organisations in New Zealand remain below full population coverage, with inequities between socio-demographic and geographic groups. In 2019, approximately 6% of the population were not enrolled. Enrolment rates were lower for Māori than for New Zealand European/Other groups, and people aged 15-24 years were the least likely to be enrolled. Enrolments were highest in the most affluent geographical areas, and were lowest for the Auckland District Health Board area.

Comment: The way in which primary care services enrol people in Aotearoa is considered an exemplar internationally, as it helps monitor access to healthcare. Māori and young people do not appear to have access to funded primary care based on the data reported here. New models of care (e.g. online services) may attract some unenrolled, but should also monitor for Māori inequities.

Reference: *Int J Equity Health.* 2021 Apr 6;20(1):93.

[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.



The impact of the COVID-19 pandemic on cancer diagnosis and service access in New Zealand

Authors: Gurney JK et al.

Summary: Analysis of national-level data demonstrated a 40% decline in cancer registrations during the New Zealand lockdown for COVID-19 in March-April 2020, as well as a sharp decline in endoscopies, compared with the 2018–2019 period. However, both recovered to pre-lockdown levels over subsequent months. The impact on cancer surgery and medical oncology was minimal, but radiation therapy attendance decreased by 8%. With the exception of lung cancer, there was no evidence of exacerbation in inequities for service access between ethnic groups.

Comment: Although it is good to know that health services have responded following COVID-19 and its lockdowns, to ensure timely diagnosis and treatment of most cancers, there continues to be inequities in lung cancer. The authors noted that bronchoscopies among Māori were reduced by nearly 28% compared with a 15% reduction for non-Māori/non-Pacific. Given that lung cancer is the most common cause of death for Māori, understanding this decline is critical.

Reference: *Lancet Reg Health West Pac.* 2021 May;10:100127.

[Abstract](#)

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Regional distribution of myeloma in New Zealand

Authors: Sneyd MJ et al.

Summary: Between 1 January 1991 and 31 December 2016, 7083 new cases of myeloma were recorded in the New Zealand Cancer Registry. Standard Territorial Local Authority (TLA) categories for 2006 were used to analyse myeloma data by geographic region. The Clutha TLA had a significantly lower incidence of myeloma than the national average. Māori men in the North Island had the highest incidence of myeloma. Women had a significantly lower incidence of myeloma when compared with men of the same ethnic group in the same geographic area.

Comment: We have experienced myeloma in our whānau but I wasn't aware that incidence rates were highest for Māori men until reading this. Now we have a baseline, the next step is to better understand reasons for the higher rates and ensure equity in outcomes.

Reference: *N Z Med J.* 2021 Mar 12;134(1531):11-22.

[Abstract](#)

Iwi (tribal) data collection at a primary health care organisation in Aotearoa

Author: Enright J et al.

Summary: In the first study of its kind, a survey of National Hauora Coalition (NHC) general practice clinics conducted in 2017 found that only 13% of Māori enrolments had iwi data recorded. Of the 33 clinics included in the study, 27% sought iwi name/s by way of a specific question on their enrolment form. Six different questions regarding iwi were used by these clinics. The largest iwi group recorded by NHC clinics was Ngāpuhi. The authors stated that their study helps to highlight systematic problems contributing to continued restrictions to self-determination for Māori.

Comment: Hemi, the lead author, was a medical student when he audited iwi data collection across this primary healthcare organisation. We were surprised with the findings, and thought the recommendations would be useful for others.

Reference: *J Prim Health Care.* 2021 Mar;13(1):36-43.

[Abstract](#)

Compounding inequity: a qualitative study of gout management in an urban marae clinic in Auckland

Authors: Te Karu L et al.

Summary: Ten clinicians and staff at an urban marae practice were interviewed to determine the barriers and challenges to delivering effective care to a Māori and Pacific community with a high burden of gout. Results showed that a high prevalence and heavy impact of gout on wellbeing in the community was intermingled with socioeconomic disadvantage, precariousness of employment and entrenched, inaccurate patient views on gout. Staff focus on the clear community need was inhibited by structural and funding demands. Community empowerment with appropriate clinical tools and adequate resourcing is needed to provide effective care for Māori and Pacific patients with gout.

Comment: A wonderful study because Leanne has taken the time to understand a health issue, and its management, from the perspective of a Maori provider. Her conclusion – for adequate resourcing for Maori providers - could also apply to the recent announcements about the Maori Health Authority.

Reference: *J Prim Health Care.* 2021 Mar;13(1):27-35.

[Abstract](#)

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Ensuring the right to food for indigenous children

Authors: McKerchar C et al.

Summary: Policy options that would safeguard the rights of tamariki Māori to healthy food were investigated in a case study involving interviews with 15 key stakeholders. The study used a Kaupapa Māori research approach. Needs identified by the study were: 1) a comprehensive policy response that supports children's rights; 2) an end to child poverty; 3) food provision and food policy in schools; 4) local government policy to promote healthy food availability; and 5) stronger Māori voices and values in decision-making. The authors concluded that a broad government policy approach to ensure the right to adequate food was urgent, given its importance to health.

Comment: Love the rights-based approach taken here.

Reference: *Int J Equity Health.* 2021 Feb 27;20(1):67.

[Abstract](#)

Decade of fatal injuries in workers in New Zealand

Authors: Lilley R et al.

Summary: Worker fatalities over the period 2005-2014 were investigated using national coronial records. A total of 955 workers were fatally injured over this period, corresponding to a rate of 4.8 (95% CI 5.6-6.3) per 100 000 worker-years. Māori, males and workers aged 70-84 years had high rates of worker fatalities. The highest rate of fatalities recorded in workplace settings occurred in mining employees, and the highest rate recorded in work-traffic settings occurred in transport, postal and warehousing employees.

Comment: The number of Māori dying in work accidents was 1.6 to 3.3 times higher than for other ethnicities. We have an important role in advocating for work safety, including the management of health conditions, to address these terrible statistics.

Reference: *Inj Prev.* 2021 Apr;27(2):124-130.

[Abstract](#)

Māori perceptions of 'home': Māori housing needs, wellbeing and policy

Authors: Boulton A et al.

Summary: This study used semi-structured interviews of 15 participants to determine emerging themes around the meaning of 'home' for three different generations of Māori living in different geographical locations, and how these meanings shape or influence the perception of 'how to be well at home'. The study identified that 'home' is more than a spatial or physical notion. It found there are a range of holistically connected aspects that need to be considered if effective and sustainable solutions around Māori being 'at home' are to be delivered. The research provides initial foundations to better address Māori housing and wellbeing needs.

Comment: In addition to the rich and nuanced results presented in this paper, the introduction provides an excellent context to Māori housing and 'homes'. Highly recommend it to readers wanting a better understand of the housing issues faced by Māori today.

Reference: *Kōtuitui: New Zealand Journal of Social Sciences Online.* 2021 May.

[Abstract](#)

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He aronga takirua: Cultural double-shift of Māori scientists

Authors: Haar J & Martin WJ.

Summary: This study explored the role of cultural factors on the work experience of Māori scientists. A Kaupapa Māori research approach was used, and involved interviews with and observations of Māori scientists, as well as online data gathering and analysis of job descriptions/contracts for scientist roles explicitly targeting Māori. Cultural themes identified included *whakawhanaungatanga* (relationship management), *kawenga* (responsibilities), *taumaha* (workload), *āheinga tangata* (human capacity), *tikanga* (correct practice), *hauora* (well-being), and *umanga takaware* (career disruption). The study found that Māori scientists feel they operate across two worlds and thus operate with *aronga takirua* (cultural double-shift). A theoretical model was presented for understanding the drivers and consequences of this cultural double-shift. Overall, there was limited employer support for adequate engagement in cultural roles.

Comment: This article received media attention recently and I thought it would be useful to include here. We've used the questions in our own workforce surveys, to get a better idea of how to best support our Maori health workers.

Reference: *Human Relations.* 2021 Apr.

[Abstract](#)

Students as epistemological agents: claiming life experience as real knowledge in health professional education

Authors: Osborne E et al.

Summary: This study examined university students' responses when their knowledge arising from life experience was marginalised. Five epistemological strategies were used by students to respond to this side-lining of their knowledge: 1) building the case that lived knowledge is 'academic'; 2) switching to institutionally recognisable language; 3) considering epistemological framing when responding to discrimination or assumptions; 4) sustaining friendships as epistemological work; and 5) seeking out settings where their lived experience was valued. The authors argue for the need to understand students as active epistemological agents within the University.

Comment: I found this very interesting as I always thought 'lived experience' was a strength in all aspects of one's mahi; and I hope it is clear to my colleagues, patients and students that I value their 'expertise' based on life events.

Reference: *High Educ.* 2021 Apr;81:741-756.

[Abstract](#)

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