

Māori Health REVIEW™

Arotake Hauora Māori

Making Education Easy

Issue 118 – 2025

In this issue:

- > Māori experience of primary care following prison release
- > Health equity and secukinumab for severe psoriasis
- > Oral health inequity and opportunistic care
- > Association of childhood bone and joint infection with ethnicity and eczema
- > Subcutaneous penicillin for prevention of rheumatic heart disease
- > Transitioning to office-based transperineal prostate biopsy
- > Drug harm prevention needs among New Zealand adolescents
- > Mental health in Māori youth
- > Cardiovascular disease risk assessment by ethnicity
- > Telehealth delivery of complex wheelchair assessment
- > Predictors of COVID-19 outcomes in New Zealand

Tēnā koutou katoa

Nau mai, haere mai ki a Arotake Hauora Māori. 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 118th issue of Māori Health Review.

In this issue, we highlight two studies focused on innovations for health conditions with significant inequities for Māori, showing reduced treatment burden and improved accessibility of care. We include a study highlighting the increased risk of bone and joint infection in Māori and Pacific children with eczema. Finally, we feature two analyses of Youth19 survey data, examining drug harm prevention in all New Zealand adolescents and mental health risk in Māori adolescents, respectively. We hope you find this issue informative and of value in your daily practice. We welcome your comments and feedback.

Ngā mihi

Professor Matire Harwood

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Health in justice or health injustice? Indigenous Māori experiences of primary care following release from New Zealand prisons

Author: King PT et al.

Summary: A nationwide study examining the primary care experiences of Māori in the 12 months following release from prison found that services are not meeting their high health needs. Between 1 June 2021 and 31 May 2022, 7398 Māori were released from New Zealand prisons, of whom more than 50% experienced reimprisonment within 12 months. While 76% were enrolled with a primary health organisation, 24% did not have access to subsidised primary care. During the observation period, 47% had accessed primary care consults, 63% had received medication, and 23% had undergone a community laboratory test. In addition, 26% presented to an emergency department and 5% were admitted for ambulatory sensitive hospitalisations. There is an urgent need for culturally safe strategies that guarantee equitable access to high-quality primary care for Māori released from prison, the study authors concluded.

Comment: People leaving prison experience the determinants for poor health and imprisonment — from substance misuse and mental health challenges to educational disadvantage and socioeconomic deprivation — which will also impact their ability to engage with primary care services. However, limited or poorly coordinated primary care is a major barrier to prevention and continuity of care, further entrenching health inequities.

Reference: *Soc Sci Med.* 2025;384:118543.

[Abstract](#)

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Health equity and secukinumab for severe psoriasis in New Zealand

Author: Luo A et al.

Summary: Dispensing for the biologic agent secukinumab was inequitable during the period it was funded only for severe psoriasis (October 2018 to April 2021), according to a study analysing Ministry of Health data. Individuals in the least socioeconomically deprived areas were more likely to receive secukinumab than those in the most socioeconomically deprived areas, with dispensing rates of 6.56 (95% confidence interval [CI] 5.61-7.51) and 4.00 (95% CI 3.29-4.71) per 100,000 population, respectively ($p < 0.0001$). Māori, Pacific and Asian peoples were less likely to receive secukinumab, with dispensing rates of 3.27 (95% CI 2.56-3.99), 3.31 (95% CI 2.28-4.33) and 4.33 (95% CI 3.48-5.19), respectively, compared with a dispensing rate of 6.30 (95% CI 5.81-6.79) in European peoples ($p < 0.0001$).

Comment: Although the results may be unsurprising to some (unequal and inequitable treatment by ethnicity in Aotearoa), I like that the authors have acknowledged the importance of a robust infrastructure, to help deliver on equity. I think most of us GPs agree that addressing dermatology workforce shortages, particularly in rural/regional areas, will make a huge difference.

Reference: *Australas J Dermatol.* 2025;66(6):e342-e345.

[Abstract](#)



INDEPENDENT COMMENTARY BY
**Associate Professor
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Matire (MBCbB, PhD) is a hauora Māori academic and GP dividing her time as Deputy Dean of the Faculty of Medical Health Sciences at Waipapa Taumata Rau and clinical mahi at Papakura Marae Health Clinic in South Auckland.

Matire 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 Māori Health Advisory Committee.

For full bio [CLICK HERE](#).

Oral health inequities: using every opportunity for opportunistic oral healthcare

Author: Thompson JMD et al.

Summary: A study comparing data from groups of children requiring healthcare at Starship Children's Hospital with the Auckland Regional Dental Service (ARDS) population has found that poor oral health pervades children in the Auckland region, with significant inequities. Data was extracted for Starship general medical inpatients, grommet surgery day stay patients and bronchiectasis specialist clinic outpatients in 2019. All Starship patient groups had significantly lower caries-free rates in Māori and Pacific compared with European children, and were less likely to have an oral health record than the ARDS population. The Starship specialist clinic outpatient group had a significantly lower caries-free rate than the ARDS population. The study authors concluded that structures and systems need to be developed urgently to improve access and uptake of the ARDS, including the opportunistic circumstance of hospital appointments and admissions.

Comment: Taking this opportunity to link readers with the Hauora Māori dashboards found [here](#). The committee had also identified oranga niho as an area of focus, noting the great work many communities were already doing and the need for further support.

Reference: *J Paediatr Child Health.* 2025;61(10):1612-1620.

[Abstract](#)

Deprivation, ethnicity and eczema: understanding associations for childhood bone and joint infection

Author: Hunter S et al.

Summary: Childhood bone and joint infection (BJI) remains inequitably distributed by ethnicity, according to a retrospective case-control study conducted in the Auckland region, and eczema may be a suitable focus for strategies to lower disease risk. Children aged ≤ 15 years hospitalised with acute haematogenous osteomyelitis (AHO) or septic arthritis between 2018 and 2023 ($n = 563$) were compared with ethnicity-matched controls from the New Zealand Health Survey ($n = 8840$). The incidence of AHO was higher in Māori and Pacific children, at 26.7 and 38.5 cases per 100,000/year, respectively, compared with European children (17 cases per 100,000/year). The prevalence of eczema was higher in children with BJI than in controls (30% vs 24%, respectively; $p = 0.0007$). Eczema increased the risk of developing BJI in Māori (adjusted odds ratio [aOR] 1.6; 95% CI 1.1-2.4) and Pacific children (aOR 1.6; 95% CI 1.1-2.3). Pacific children with BJI were more likely than controls to reside in areas of greater socioeconomic deprivation (aOR 1.88; 95% CI 1.3-2.5).

Comment: Really important that we ask caregivers of tamariki Māori and Pacific living with eczema to be vigilant for infections. Most of the eczema-related educational resources I found mentioned skin infections (and basic signs of these) but nothing about bone and joint infections. Hopefully this study provides the motivation!

Reference: *J Paediatr Child Health.* 2025;61(9):1385-1392.

[Abstract](#)

Whakamaua Quantitative Dashboard: Year Five

The quantitative measures presented in this dashboard are designed to provide a broad view of system performance against the four objectives from Whakamaua: Māori Health Action Plan 2020-25. These measures were selected because they are relevant, technically reliable, and because the data is already available in the health system. This has enabled the Ministry of Health to measure changes regularly over the Whakamaua period.

This dashboard has been published online and updated yearly since 2021.



Subcutaneous injections of penicillin (SCIP): convenient and effective treatment for Māori, Pacific peoples and their families in preventing rheumatic heart disease

Author: Cooper J et al.

Summary: SCIP offers an opportunity to improve adherence to secondary prophylaxis in Māori and Pacific patients with acute rheumatic fever (ARF), according to a recent study, and has the potential to improve health outcomes. SCIP enables injections to be given every 10 weeks as an alternative to the standard 4-weekly intramuscular injections. Semi-structured interviews were conducted with Māori and Pacific patients with ARF who had been receiving SCIP for ≥1 year, and their families (n = 10), between March and August 2024. Key themes associated with SCIP use were: 1) reduced burden of treatment; 2) emotional impact from reduced injection frequency; 3) family-centered care by healthcare providers; 4) relationship building; 5) health literacy; and 6) pain management. Overall, the extended dosing interval provided by SCIP reduced the physical and emotional burden on patients, thereby enhancing quality of life.

Reference: *PLOS Glob Public Health*. 2025;5(10):e0004895.

[Abstract](#)

Transitioning to office-based transperineal prostate biopsy – a case study from a regional New Zealand hospital in economic and environmental sustainability

Author: Martin C et al.

Summary: A study integrating retrospective and prospective data analyses has found that office-based transperineal prostate biopsy is cost-effective, environmentally responsible, and offers socially equitable health care delivery. The study assessed changes in clinical workflows, financial savings, environmental impacts, and accessibility to care. Transitioning transperineal prostate biopsy to an office-based setting resulted in annual cost reductions of NZD 302,000, increased procedural capacity, and eliminated hospital admissions associated with transrectal ultrasound-guided-related sepsis. Greenhouse gas emissions were reduced, patient comfort was improved through fewer biopsy cores, health care worker burden was reduced, and access for Māori populations was improved via proposed mobile biopsy units.

Reference: *Urology*. 2025;203:53-59.

[Abstract](#)

Comment: The findings from these two studies, which focus on health conditions with significant inequities for Māori, reinforce that success in healthcare innovation lies not only in new drugs or devices, but in designing systems that reduce burden, respect relationships, and respond to what matters most to people. When health services reflect whānau realities and values, they can achieve better adherence, less distress, economic benefits, and ultimately, better health for all including for the planet.

The Australian and New Zealand Society of Nephrology (ANZSN) is pleased to announce the release of its new Position Statement on

“Kidney Treatment Options” Education for People with Kidney Failure.

This important document sets out the principles and standards for delivering high-quality, consistent education to people with, or approaching, kidney failure in Australia and New Zealand.

The ANZSN encourages all clinicians, health services, and policymakers to familiarise themselves with the Position Statement and work towards its adoption, ensuring equitable and high-quality education for every person facing kidney failure.

The Statement is available now on the [ANZSN website](#)



Drug harm prevention needs among adolescents in Aotearoa New Zealand

Author: Sullivan G et al.

Summary: Findings from the Youth19 survey of New Zealand secondary school students show that greater investment in drug harm prevention is needed, particularly for under-served populations. Indicators related to e-cigarette, tobacco, alcohol or cannabis use were investigated in 7721 survey participants: 1) past month use; 2) heavy use; 3) worry about use; 4) desire to cut down or stop; and 5) reported difficulty accessing cessation help. Despite many adolescents, particularly tobacco users, being worried about their drug use and wanting to cut down, they often found it difficult to get appropriate help. Populations with the highest needs on many indicators were Māori, Pacific and LGBTQ+ youth, those aged <16 years and those living in small towns, rural areas and the most socioeconomically deprived communities.

Comment: It's upsetting to read how rangatahi are struggling with drug use and yet are unable to access help. The barriers seem to be rooted in under-resourced prevention systems and social disadvantage, with current and important efforts unfortunately fragmented and insufficient. Real change will require sustained investment in community-led, culturally grounded prevention and early intervention programmes that prioritise Māori and Pacific rangatahi.

Reference: *N Z Med J*. 2025;138(1622):14-31.

[Abstract](#)

Indigenous youth mental health: an ecological approach to understanding risk and protective factors for Māori youth in Aotearoa New Zealand

Author: Clark TC et al.

Summary: Addressing inequitable mental health harm means addressing the wider social ecosystems disproportionately affecting Māori youth, according to an analysis of Māori participants (n = 1528) from the Youth19 survey. Female sex, functional disability and sexual abuse were identified as individual risk factors for mental health harm. Housing precarity, household deprivation, bullying, and racial discrimination were identified as wider social risk factors. The concept of whanaungatanga (relationships/connection) with whānau, and feelings of safety in social ecosystems including home, school, and neighbourhoods, were key protective factors. Risk and protective factors were broadly similar across outcomes for wellbeing, depressive symptoms, suicide thoughts and suicide attempts.

Comment: The ecological approach taken here underscores that inequities for rangatahi wellbeing arise not from inherent 'vulnerability', but from unequal exposure to harmful social ecosystems shaped by colonisation. What stands out is the strength of whanaungatanga and feelings of safety as powerful protective factors, affirming that connectedness and culturally grounded belonging are necessary to help rangatahi flourish.

Reference: *BMC Public Health*. 2025;25(1):3600.

[Abstract](#)

CVD risk assessment by ethnicity in Aotearoa New Zealand

Author: Selak V et al.

Summary: Māori and Pacific peoples experience inequities in cardiovascular disease (CVD) risk assessment, according to a national observational study. People aged 25-74 years living in New Zealand on 31 March 2018 who were eligible for CVD risk assessment (n = 1,476,747) were analysed. Between 1 April 2018 and 31 March 2023, 67.1% of men and 65.5% of women had CVD risk assessment tests. After adjustment for socioeconomic deprivation and residential district, the odds of CVD risk assessment was lower in Māori men (aOR 0.77 [95% CI 0.72-0.83] with diabetes; 0.73 [95% CI 0.72-0.74] without diabetes) and Māori women (aOR 0.93 [95% CI 0.87-0.99] with diabetes; 0.89 [95% CI 0.87-0.91] without diabetes) compared with Europeans. The odds of CVD risk assessment was also lower in Pacific men (aOR 0.86 [95% CI 0.78-0.94] with diabetes; 0.72 [95% CI 0.70-0.74] without diabetes), and Pacific women without diabetes (aOR 0.95 [95% CI 0.92-0.98]) compared with Europeans.

Comment: With CVD being a leading cause of avoidable premature death for Māori, this study has importantly quantified an often-invisible step in the CVD prevention continuum. Targeted strategies that redress equity in the wider determinants, in system design and in clinical practice, rather than simply increase screening overall, are needed.

Reference: *BMC Glob Public Health.* 2025;3(1):94.

[Abstract](#)

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Research Review publications are intended for New Zealand health professionals.

A mixed methods realist analysis of telehealth delivery of complex wheelchair assessment in Aotearoa New Zealand

Author: Graham F et al.

Summary: A study has shown that therapist and system barriers limit the uptake of telehealth delivery of complex wheelchair assessment, and recommends telehealth-specific training in culturally-responsive rehabilitation. The study included remote specialist assessors (physiotherapists and occupational therapists), on-site assistants, and wheelchair users, and involved interviews/focus groups, assessment of mobility goals, satisfaction, and fidelity of tele-delivered assessment of wheelchair and seating (tAWS). In 78% of cases, tAWS was declined by on-site assistants where specialist assessors had perceived it could work. Among wheelchair users who did receive tAWS (n = 5), goals were achieved in the majority of cases, and service satisfaction was high.

Comment: Interesting findings. I hadn't actually thought about telehealth-specific cultural-safety training before reading this, but it makes sense.

Reference: *Disabil Rehabil Assist Technol.* 2025;20(7):2208-2220.

[Abstract](#)

Individual, household structure, and socioeconomic predictors of COVID-19 testing and vaccination outcomes

Author: Satherley N & Sporle A

Summary: A whole-population linked data analysis assessing COVID-19 health outcomes (infection, hospitalisation, mortality and vaccination status) in New Zealand between 2020 and 2023 revealed persistent ethnic inequity that was partly explained by modifiable social factors. Most COVID-19 outcomes were worse for Māori and Pacific peoples compared with non-Māori, non-Pacific peoples. Factors associated with worse outcomes were high housing mobility, poor quality housing, household crowding, disability, no primary health care enrolment, lower household income and older age. Ethnic inequities were reduced but not eliminated after adjustment for household structure and socioeconomic factors.

Comment: This study helps our understanding about the structural drivers of COVID-19 inequities including testing, vaccination, and mortality/deaths – and how these disproportionately affected Māori and Pacific communities. Importantly, inequities are not inevitable – they reflect modifiable, policy-amenable determinants such as housing, primary care access, and income security, as well as the value in resourcing Māori-led solutions. Thanks, Andrew for sending this paper through!

Reference: *Int J Popul Data Sci.* 2025;10(1):2930.

[Abstract](#)



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