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Māori Health REVIEW™ Arotake Hauora Māori

Making Education Easy — Issue 102 – 2023

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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 102nd issue of Māori Health Review.

In this issue, we include two papers highlighting mātauranga Māori regarding health and wellbeing. We detail a high-level analysis from public health experts on ways of improving Māori health, including policy advice. Finally, we show that removing prescription co-payments for people with high health needs living in areas of high socioeconomic deprivation can reduce hospitalisations.

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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Disrupted mana and systemic abdication: Māori qualitative experiences accessing healthcare in the 12 years post-injury

Author: Bourke JA et al.

Summary: A considerable proportion of Māori continue to face barriers to accessing healthcare services many years after injury, according to data from the Prospective Outcomes of Injury Study - 10 year follow up (POIS-10). Telephone interviews were conducted with 305 POIS-10 Māori participants who had been injured and recruited 12 years earlier. A total of 61 participants (20%) reported trouble accessing injury-related health services, and three related themes were identified: 1) Competing responsibilities and commitments, including practical barriers to accessing services; 2) Disrupted mana, including receiving limited support, care or information tailored to participants' circumstances; and 3) Systemic abdication, including conflicting information regarding diagnoses and treatment plans, and healthcare provider distrust of participants. The study authors concluded that Māori-specific supports are required and that systemic barriers must be addressed and removed, to restore a sense of manaakitanga and improve Māori access to healthcare.

Comment: Gosh these themes are all so inter-related and so I think trying to address just one may not work. I've been giving more thought to truly person-centred care recently, and what it would look like, how would we test it to be able to demonstrate its effectiveness (and hopefully change our health system to provide manaaki). Post-injury may be a good place to start?

Reference: BMC Health Serv Res. 2023;23(1):130.
Abstract

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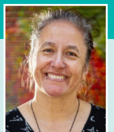
Independent commentary by Associate Professor Matire Harwood Ngāpuhi



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.

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Imprisonment following discharge from mental health units

Author: Skipworth J et al.

Summary: A quantitative study has found that the risk of imprisonment within 28 days of inpatient mental health service discharge increased in New Zealand between 2012 and 2020. Data for the study were obtained from the Ministry of Health's national mental health dataset. People experiencing imprisonment were more likely to be young, male, Māori or Pasifika, present with substance use and psychotic disorders involving aggressive or overactive behaviour, and to have undergone coercive interventions such as seclusion and compulsory treatment during their admission. Community-based mental health care may be increasingly reliant on the criminal justice system to manage aggressive and violent behaviour driven by mental illness, the study authors noted. They argue that mental health inpatient units should retain the capacity to safely manage these behaviours.

Comment: I'm stating the obvious to readers of this review, but key evidence here of the connection between health and justice systems in Aotearoa; and that human rights are at stake here.

Reference: Front Psychiatry. 2023;14:1038803.
Abstract

Designing for health equity: A mixed method study exploring community experiences and perceptions of pharmacists' role in minor ailment care

Author: Hikaka J et al.

Summary: A mixed methods study has provided important recommendations to increase the likelihood of delivering equitable care when developing pharmacist minor ailments services (PMAS). Data were collected during 13 wānanga (3 in-person, 10 online) involving 62 Māori participants from seven New Zealand regions, between September 2021 and February 2022. Wānanga included qualitative data collection through discussion using a topic guide and a quantitative questionnaire. The minor ailments that participants were most likely to seek treatment for from a pharmacy rather than a doctor were eczema (87.2%), coughs and colds (85.7%), headlice (85.7%), insect bites (83.9%), and hayfever (83.9%). Ideas for PMAS service development included developing clinically and culturally safe pharmacy environments, enabling medicine supply outside of the physical pharmacy setting, avoiding stigmatising language when promoting PMAS availability, and collaborative practice with other health providers.

Comment: I would also love access to rongoā Māori advice for these ailments and opportunities to empower whānau/communities to teach their own (so that it's less reactive and more prevention/proactive).

Reference: Res Social Adm Pharm. 2023;19(4):643-652.
Abstract

Association between enrolment with a primary health care provider and amenable mortality

Author: Silwai P et al.

Summary: Being enrolled with a primary healthcare provider is associated with a lower level of amenable mortality, according to an analysis of all recorded deaths in New Zealand between 2008 and 2017. Of 308,628 available mortality records, 38.2% were premature deaths (aged under 75 years), and among them 47.8% were amenable deaths. Almost half of amenable deaths were due to cardiovascular disease. Those at higher risk of amenable mortality were male, aged 15-24 years, Māori or Pasifika, and living in the most socioeconomically deprived areas. Overall, 4.3% of deaths occurred in those who were not actively enrolled with a primary healthcare provider in any of the years studied. The adjusted odds ratio for amenable mortality among those not enrolled in a primary healthcare organisation was 1.39 (95% confidence interval [CI] 1.30-1.47). Efforts to improve enrolment levels across age and ethnic groups could have significant benefits on health equity, the study authors concluded.

Comment: Some of my primary care colleagues are feeling a little weary, having worked incredibly hard these past few years. This paper confirms the critical and valuable role primary care plays in achieving wellbeing for all, equitably.

Reference: PLoS One. 2023;18(2):e0281163.
Abstract

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Impact of removing prescription co-payments on the use of costly health services

Author: Norris P et al.

Summary: A New Zealand trial has shown that hospitalisations can be reduced by removing prescription co-payments for people with high health needs living in areas of high socioeconomic deprivation. A total of 1061 people who took diabetes medication, antipsychotic medication or had chronic obstructive pulmonary disease (COPD), were randomised to be exempt from the standard $5 prescription charges for 1 year (n = 591) or to continue paying these charges (n= 469). Of the 1053 people who completed the study, 49% were Māori. Risk of hospitalisation during the study year was reduced by 30% in the intervention group compared with the control group (odds ratio 0.70; 95% CI 0.54-0.90). There were also significant reductions in the number of hospital admissions for mental health problems (incidence rate ratio [IRR] 0.39; 95% CI 0.17-0.92), number of admissions for COPD (IRR 0.37; 95% CI 0.16-0.85), and length of stay for COPD (IRR 0.20; 95% CI 0.07-0.60). The authors suggested that co-payment charges are likely to increase the overall cost of healthcare, as well as exacerbate ethnic inequalities.

Comment: I'm guilty of finding alternative options to help pay for prescriptions when I know people can't afford them. However, I had no idea of the wider benefits of eliminating the co-payment, as described here.

Reference: BMC Health Serv Res. 2023;23(1):31.
Abstract

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Breaking the inequity loop

Author: Gurney J & Koea J

Summary: The best way to improve Māori health is to support Māori to lead and drive improvements themselves, according to an analysis from public health experts. The experts apply key lessons from history to the current state of Māori population health, noting that more Māori are needed across all aspects of the health system. They reiterate that equity should be framed as equitable health outcomes, not simply equal sharing of resources. Government policy must accommodate tino rangatiratanga and allow Māori the resources and time to address health challenges, including supporting the Te Aka Whai Ora (the Māori Health Authority).

Comment: Two excellent things here. First, the new platform for communicating important public health messages (www.phcc.org.nz). The second, this excellent piece and the call for action by its authors. Check them both out.

Reference: PHCC. 2023;28 Feb.
Abstract

Determinants of ethnic differences in the uptake of child healthcare services in New Zealand

Author: Lewycka S et al.

Summary: The strongest drivers of lower rates of timely first-year immunisations and lower general practitioner (GP) satisfaction among Māori compared with NZ Europeans are household composition and household income, according to a Growing Up in New Zealand birth cohort study. The study included 6822 mothers of children born between 2009 and 2010, and used decomposition analysis to assess the drivers behind ethnic differences in uptake of child healthcare services. Despite high intentions to immunise, Māori had lower timeliness of first-year vaccines than NZ Europeans in multivariate models, and were less likely to be satisfied with their GP at 2 years. Addressing healthcare disparities will require interventions specifically tailored to Māori, the study authors concluded, as well as addressing underlying social determinants and structural racism.

Comment: There are also ethnic and other inequities in uptake of healthcare at the other end of childhood – rangatahi. It would seem that getting it right at the start may have long-term benefits. Just another plug then for the Best Start Kōwae for māmā and pepi (www.gen2040.co.nz/health-providers).

Reference: Int J Equity Health. 2023;22(1):13.
Abstract

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Te maramataka - an indigenous system of attuning with the environment, and its role in modern health and well-being

Author: Warbrick I et al.

Summary: A conceptual paper has highlighted an indigenous way of understanding the environment, te maramataka, and its connection to health. The paper discusses connections between te maramataka and scientific research on health and the environment, and introduces current and potential applications of te maramataka in improving health and wellbeing. The authors argue that aspirations of good health and wellbeing will not be achieved for Māori unless there is a (re)connection to the natural cycles and rhythms of the environment.

Reference: Int J Environ Res Public Health. 2023;20(3):2739.
Abstract

Indigenous knowledge and the microbiome - bridging the disconnect between colonized places, peoples, and the unseen influences that shape our health and well-being

Author: Warbrick I et al.

Summary: Increasing cross-talk between Indigenous and non-Indigenous scientists and knowledge holders will ensure that the study of the microbiome and its role in improving health has greater reach and more equitable effects. This was the conclusion of a recent paper from Māori health researchers. The paper explores an Indigenous perspective of the microbiome as an unseen influence on health and wellbeing by framing the importance of the natural environment, Indigenous knowledge and leadership, and future research directions that can contribute to this domain. It is intended that the concepts discussed can relate to Indigenous peoples globally.

Reference: mSystems. 2023;8(1):e0087522.
Abstract

Comment: Love these two papers – uplifting, great to have the key concepts described like this and see mātauranga Māori being given the mana it deserves. Maybe I should send them to Richard Dawkins, ha ha!

Ethnic differences in stroke outcomes in Aotearoa New Zealand

Author: Denison H et al.

Summary: A national cohort study has shown that Māori are more likely to have unfavourable outcomes following stroke than NZ Europeans, after adjusting for traditional risk factors (baseline characteristics, socioeconomic deprivation and stroke characteristics). The study included 5394 NZ Europeans, 762 Māori, 369 Pasifika peoples and 354 Asians who were admitted to hospital with a first stroke between November 2017 and October 2018. The odds of an unfavourable outcome (death, change in residence, or unemployment if working pre-stroke) and of death was increased in Māori vs NZ Europeans at all time points, as was the odds of unemployment at 12 months. There was also evidence of ethnic differences in post-stroke secondary prevention medication. The study authors noted that their findings raise concerns of unconscious bias and institutional racism in stroke services.

Comment: Just to remind us that, although there are inequities in the wider determinants and exposure to them by ethnicity, quality of care within the health system plays an important role, as demonstrated here for people with stroke in Aotearoa.

Reference: Int J Stroke. 2023:17474930231164024.
Abstract

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