ISSN 1178-6191

Māori Health REVIEW™ Arotake Hauora Māori

Making Education Easy

Issue 114 – 2025

In this issue:

KINDLY SUPPORTED BY:

Hauora Taiwhenua Rural Health Network

Asthma + Respiratory Foundation NZ

diabetes new zealand

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 114th issue of Māori Health Review.

In this issue, we include a study showing lower rates of testing and retesting for *Helicobacter pylori* (*H. pylori*) in Māori and Pacific peoples, despite gastric cancer rates in these populations being up to six times higher than in Europeans. We highlight the implementation factors necessary for lung cancer screening programmes that are currently being developed and tested to be successful for Māori. Finally, we demonstrate that expanding the prescriber cohort for isotretinoin to primary care clinicians has helped to reduce ethnic disparities in prescriptions for this acne medication. 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
matire@maorihealthreview.co.nz

Indigenous-non-Indigenous disparities in health and health and social outcomes 5 years after first episode psychosis

Authors: Cunningham R et al.

Summary: A national cohort study has found that non-Māori experience relative advantage over Māori for outcomes five years after a diagnosis of first episode psychosis (FEP). The study used Statistics New Zealand's Integrated Data Infrastructure to describe mental health and social service interactions and outcomes for 918 Māori and 1275 non-Māori who were aged 13 to 25 years at the time of FEP diagnosis. Compared with Māori, non-Māori were more likely to have positive outcomes in the fifth year after FEP diagnosis, including higher employment and income levels, and lower rates of benefit receipt and involvement with the criminal justice system. Ethnic disparity was seen across diagnostic groups, and occurred in those who were receiving ongoing care and those who were not.

Comment: This research confirmed that the inequities between Māori and non-Māori ethnicity were the most compelling of all potential variables, although they flipped it to look at the advantages offered to one (rather than disadvantages for the other). As the authors say, an inter-sectoral approach is needed ensure equitable advantage to all.

Reference: BJPsych Open. 2024;11(1):e9.
Abstract

To read previous issues of Māori Health Review **CLICK HERE**

Earn CPD Points

RACP MyCPD Program participants can claim the time spent reading and evaluating research reviews as CPD in the online **MyCPD program**. Please contact **MyCPD@racp.edu.au** for any assistance.

For more ways New Zealand Research Review subscribers can claim CPD/CME points for time spent reading our reviews go to our CPD page

Epidemiology of skin infections in Auckland, New Zealand

Authors: Mala K et al.

Summary: An analysis of skin swab culture results identified groups that are more likely to test positive for *Streptococcal pyogenes* (*S. pyogenes*). Over one-quarter of Auckland's population were tested for suspected skin infections in primary care over the period 2010 to 2020. *S. pyogenes* infection rates were 3.1 (95% confidence interval [CI] 3.1-3.2) times higher for individuals aged <10 vs ≥10 years, 4.7 (95% CI 4.6-4.8) times higher for Māori or Pacific vs European/Other individuals, and 2.1 (95% CI 1.9-2.3) times higher for individuals in lower vs higher socioeconomic areas. *Staphylococcus aureus* (*S. aureus*) infection was found across all demographic groups. Individuals who tested positive for *S. aureus* were 2.1 (95% CI 1.9-2.3) times as likely to also test positive for *S. pyogenes*.

Reference: N Z Med J. 2025;138(1609):56-69.
Abstract

Musculoskeletal sepsis in the pediatric intensive care unit

Authors: Hunter S et al.

Summary: Among children hospitalised with a bone and joint infection, Māori ethnicity, previous history of infections and congenital conditions were associated with requiring admission to the pediatric intensive care unit (PICU). These were the findings of a study of 563 children aged ≤15 years hospitalised with acute hematogenous osteomyelitis or septic arthritis in Auckland between 2018 and 2023. Average hospitalisation was 35.78 days for the 43 children who were admitted to PICU vs 8.71 days for those not requiring PICU care ($p \leq 0.0001$), and readmission and complication rates were both higher within the first year after PICU admission. The average cost per admission was NZD 378,120 for PICU cases versus NZD 32,219 for non-PICU cases ($p = 0.01$).

Reference: Pediatr Infect Dis J. 2025;44(3):189-194.
Abstract

Comment: I've grouped these two papers together to reinforce the importance of preventing and then quickly treating skin infections for our tamariki. Although hospitalisations are sometimes necessary, in my experience kids return to the community with antibiotic-resistant bugs and feeling wary. Therefore it's important we do what we can to prevent, and then quickly manage, these.

Does suicide in New Zealand follow a semi-lunar rhythm?

Authors: Cumin D et al.

Summary: Contrary to claims linking lunar phases to Māori suicide rates, a study analysing two decades of data found no significant correlation between lunar phases and suicide rates for the overall population or for Māori. Data were obtained from the National Coronial Information System and the Ministry of Health for the period 2000 to 2022. The absence of a lunar effect persisted across multivariate analyses that incorporated annual, seasonal and day-of-the-week variations. The study authors stated that further research is warranted to explore potential lunar influences on less severe mental health indicators, and to substantiate claims supporting traditional Māori Maramataka-based treatments.

Comment: I thought this could be of interest to readers, and glad to see Maramataka expertise as the lead author here too.

Reference: N Z Med J. 2025;138(1608):24-30.
Abstract

Lung cancer screening participation among Indigenous peoples worldwide

Authors: Belachew SA et al.

Summary: Increased participation in lung cancer screening among Indigenous peoples requires leveraging of positive experiences and addressing barriers with culturally tailored education and strategic resource allocation, according to a systematic review of 19 studies. Studies were conducted in the US (n = 15), New Zealand (n = 3) and Canada (n = 1), and included a total of 23,715 Indigenous participants. New Zealand studies found that lung cancer screening is cost-effective for Māori. Facilitators of lung cancer screening included positive views of the programme and trust in Indigenous-centred care/providers, family and community support, transportation or flexible scheduling, culturally competent navigators and detailed health education. Barriers included limited knowledge about lung cancer screening/eligibility criteria, fear of the screening process or cancer diagnosis, mistrust or negative experiences in healthcare, cost and time constraints, limited transportation/resources and non-inclusive eligibility criteria.

Comment: Lung cancer is the biggest cancer killer for Māori and has the biggest equity gap between Māori and non-Māori than all other cancers. With lung cancer screening programmes currently being developed and tested here to address these issues, this study highlights the implementation factors needed for them to be successful.

Reference: Health Promot J Austr. 2025;36(2):e70001.
Abstract

The declining affordability of dental care in New Zealand from 1978 to 2023

Authors: Gage R et al.

Summary: While increases in personal income over the period 2008 to 2023 have largely kept pace with the rising cost of dental treatments in New Zealand, Māori and Pacific individuals need to spend a higher proportion of their weekly income to access the same treatment as New Zealand Europeans. These were the findings of a study which surveyed dentists and reviewed earnings and personal income data from Statistics New Zealand and New Zealand Official Yearbooks. For the five dental treatments with data available from 1978 to 2023, fees increased by 75% to 236%, while earnings increased by 46%. The overall increase in personal income from 2008 to 2023 (approximately 21%) was enough to counter the increased cost of most dental treatments. However, in 2023, Māori and Pacific individuals needed to spend 16% and 23% more of their weekly income, respectively, than New Zealand Europeans to receive the same dental treatments.

Comment: I've seen over many years the lobbying to our public health leaders for dental care to be offered in the 'universal health care system', recognising that cost is the major barrier for timely access to care. There is a growing body of syndemic research linking poor dental health to chronic disease including heart attacks, and this too has impacts on our health system. Decision makers in oral health – including local councils – must step up to address this.

Reference: Community Dent Oral Epidemiol. 2025;53(1):17-25.
Abstract

Rheumatic fever trends in the context of skin infection and group A streptococcal sore throat programmes in the Bay of Plenty

Authors: Malcolm J et al.

Summary: An observational study has shown that hospital admissions for skin infections and rates of acute rheumatic fever decreased in the Bay of Plenty after health initiatives for rheumatic fever commenced in 2011. However, ethnic and socioeconomic disparities persisted. Over the period 2017-2019, admission rates for skin infection among Māori decreased by 40% for preschoolers, 14% for school-age children and 24% for young adults, compared with the period 2007-2010. Māori experienced 90% of all acute rheumatic fever cases, and 80% of cases among school-age children. Rates of acute rheumatic fever over the period 2011-2019 decreased by 29% for under 30-year-olds and by 36% for school-age Māori compared with the period 2000-2010.

Comment: Important that we continue to monitor rheumatic fever given the significant inequities in rates and complications (rheumatic heart disease) for Māori and tamariki living in poverty. There has been some improvement with targeted interventions (e.g., the skin infection programmes), which should be acknowledged. However, further efforts – including politico-social (to eliminate poverty) and individual (e.g., developing a vaccine) – are needed.

Reference: N Z Med J. 2025;138(1609):15-44.
Abstract

Ethnic inequity in the current approach to H. pylori testing and treatment

Authors: Teng A et al.

Summary: Māori and Pacific individuals have lower rates of *H. pylori* testing than Europeans, according to a data cohort study. Laboratory testing and pharmacy dispensing data were linked to the Northern region health user population dataset for the period 2015 to 2018. Compared with European individuals, *H. pylori* testing rates were lowest in Māori and Pacific individuals (odds ratios 0.69 and 0.81, respectively) and highest in Middle-Eastern/Latin-American/African and Asian individuals (odds ratios 2.21 and 2.02, respectively). Treatment rates were lower in Pacific individuals and marginally lower in Māori compared with European individuals (hazard ratios 0.90 and 0.98, respectively). Māori and Pacific individuals were half as likely to be retested as European individuals.

Comment: A reminder that concerted efforts to deliver equitable healthcare – in this case, testing for the antigen, treating with two weeks of antibiotic and other therapy and confirming resolution – is a critical step in addressing cancer inequities here in Aotearoa.

Reference: Helicobacter. 2025;30(1):e70005.
Abstract

Widening access to isotretinoin in primary care

Authors: Moodie P et al.

Summary: Expanding the prescriber cohort for isotretinoin in New Zealand has resulted in a substantial increase in prescriptions for acne, and partially reduced ethnic disparities, according to evaluation of national dispensing data from 2008 to 2023. Almost 100% (26,897) of isotretinoin prescriptions in 2008 were written by a dermatologist, while in 2023, 79% (39,432) were written by primary care clinicians. The number of prescriptions per year increased by 87% from 2008 to 2023, from 26,897 to 50,613. Among Māori, isotretinoin prescriptions increased from 1750 in 2008 to 4374 in 2023, and similar increases were noted for other ethnic minorities.

Comment: Great example of how a structured/planned approach to devolving care to primary health specialists can not only reduce burden on the hospitals but has the potential to contribute to equitable access and outcomes.

Reference: BMJ Open. 2025;15(1):e093572.
Abstract

INDEPENDENT COMMENTARY BY
Professor Matire Harwood Ngāpuhi

Matire (MBChB, 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.

In 2017 Matire 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, in 2022 she received the College of GPs Community Service Medal and in 2024 she received The King's Service Medal for services to Māori Health.

Linguistic enablers of Pākehā racism: excuses from the health sector in Aotearoa New Zealand

Authors: Came H et al.

Summary: This commentary article curated sets of excuses for racism within the health sector in New Zealand garnered from the cumulative experience of the authors. The following narratives were identified: 1) resource allocation, 2) responsibility, 3) Māori blaming, 4) too hard, and 5) we tried. The power of words in promoting racist agendas was highlighted, as well as the value of identifying such usage and acting to change the discourse.

Comment: Hei whakamaumahara a Dougal Thorburn (Tainui) – Remembering Dougal, a Te ORA doctor who worked in general practice and public health and passed last year when working on this important paper.

Reference: Journal of Critical Public Health. 2025;2(1):40-48.
Abstract

Earn CPD Points

GPs

Research Review publications, videos and e-Learning modules have been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and have been approved for up to **2 CME** credits per learning hour for Continuing Professional Development (CPD) purposes. Please **CLICK HERE** to download RNZCGP Dashboard.

Nurses

Time spent reading this publication has been approved for CNE by The College of Nurses Aotearoa (NZ) for RNs and NPs. For more information on how to claim CNE hours please **CLICK HERE.**