ISSN 1178-6191

Māori Health REVIEW™ Arotake Hauora Māori

Making Education Easy

Issue 116 – 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 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 116th issue of Māori Health Review.

Mānawatia a Matariki. We hope you had time over Matariki to come together, reflect on the past year, remember loved ones, celebrate the present and plan for the year ahead.

In this issue, we include three studies highlighting the need to address inequities in the prevention and management of rheumatic fever and rheumatic heart disease. We show there is room for improvement in menstrual health literacy among young women, and provide links to resources that may be of assistance. Finally, we report on a study of vaping in adolescents aged ≤14 years, indicating that few are doing so for smoking cessation, and that prevalence is highest among Māori and Pacific girls. 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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Māori health, wellbeing, and disability in Aotearoa New Zealand

Author: Ingham TR et al.

Summary: A national cross-sectional survey of 7359 Māori individuals has shown that a culturally aligned, methodological approach is feasible for informing health policies that address the needs and rights of Māori. The survey used Kaupapa Māori research principles, with data analysed using the Te Pae Māhutonga framework. Overall, 58.4% of those surveyed experienced discrimination and 32.6% were unable to contact a general practitioner due to cost. Nearly a quarter of survey participants borrowed from family or friends to meet daily living costs, and over a third economised on fresh produce to save money. The study authors stated that their results could inform global indigenous research addressing culturally relevant health, wellbeing and disability inequities.

Comment: This research highlights how conventional surveys often fail to capture the complexity of Indigenous peoples' lives, and underscores the need for Kaupapa Māori methodologies to ensure Māori voices and realities are collected to inform policy and service design. With the recent announcement regarding changes to the New Zealand census, these findings are even more critical.

Reference: Int J Environ Res Public Health. 2025;22(6):829.

Abstract

Equity, power and resources in primary health care reform

Author: Reidy J et al.

Summary: A study of New Zealand's District Health Board (DHB) reform between 2000 and 2022 found that despite policy intent, actors holding political power shaped health outcomes, curtailing mechanisms that could have made a significant impact on equitable health outcomes between population groups. The study used an exploratory case study methodology based on insights from key informant interviews. Attention to power and resource complements technical elements of health system reform, according to the study authors, by helping to understand where and how to intervene so that reforms achieve their desired goals.

Comment: For those of us who have held governance roles in DHBs, the authors confirm here the (unequal) power and resource distribution in our health system, with hospital care often dominating primary care. Although we now have a national board, these results offer useful information about shifting power to communities most affected by inequities, and the current government's focus and investment in primary care.

Reference: Equity Health. 2025;24(1):124.
Abstract

"We do not stop being Indigenous when we are in pain": An integrative review of the lived experiences of chronic pain among Indigenous peoples

Author: Fernandes LG et al.

Summary: A review of literature over the period from 1990 to August 2023 has shown that the lived experiences of chronic pain among Indigenous people are layered and complex, suggesting that culturally safe approaches to pain management should be used to achieve health equity. Data were analysed thematically using critical theory approaches, privileging Indigenous perspectives through a Western intellectual framework. A total of 29 studies and 3 dissertations/theses were included in the review, and reported Indigenous experiences of chronic pain in Oceania, North America, and South America. The four main themes identified indicated pain is entwined with nature, Indigenous identity, historical trauma, and the collective.

Comment: As confirmed here, pain is more than a physical symptom – it is a deeply relational experience rooted in peoples' contexts. I'm sure clinicians and patients alike would like to move beyond medicinal/symptomatic relief and have patient-centred programmes that heal. I understand that the researchers are now looking to design and test Kaupapa Māori informed models of care for pain and I look forward to bringing these results to readers in the future.

Reference: Soc Sci Med. 2025;373:117991.
Abstract

Menstrual health symptoms and literacy among young women in Aotearoa New Zealand

Author: Mittermeier T et al.

Summary: Menstrual symptoms are common, according to a national cross-sectional survey, but many young people receive little or no information about how to manage these. A total of 1334 individuals aged 13-25 years who had experienced ≥3 periods participated in an online survey between October 2021 and January 2022. Most reported regular dysmenorrhea (89%), fatigue/tiredness (78.1%), and mood changes (72.5%) associated with menstruation. Irregular cycles were reported by 53.5% of Māori compared with 41.7% of non-Māori. Most participants recognised the need to see a doctor for period pain that impacted their daily lives (84.7%), but were less likely to recognise noncyclical pelvic pain (45.7%), heavy bleeding (39%), and intermenstrual bleeding (29%) as symptoms that require a doctor's visit. The main sources of menstrual health knowledge before menarche were a family member (74.2%) and health and physical education classes at school (63.7%). Many young people reported receiving little or no information about periods before menarche (37.9%), and very few received information on how to manage menstrual symptoms (15.1%).

Comment: Great to see this survey bringing attention to an often-ignored problem. Reading this has made me reflect on my own practice as a GP working with rangatahi, and that I need to be asking about menstrual cycle symptoms. I've also identified below some great resources that may be useful to other clinicians and whānau.

https://web-assets.education.govt.nz/s3fs-public/2023-12/Ikura-Whanau-Resources-1-5-English.pdf?VersionId=mIQ7auDxmQIw0VXi625Fa3MqMn0m7eoG – Contains links to more excellent resources.

https://www.theperiodplace.org/ – Menstrual equity guides, period product access, and youth-friendly language and visuals.

https://ehoa.app/ – "The first digital application of its kind that connects tracking your own energy, emotions and/or menstrual cycle alongside the Māori lunar calendar system, known as maramataka, for the purpose of improving overall wellbeing".

Reference: J Pediatr Adolesc Gynecol. 2025;38(3):328-335.
Abstract

To read previous issues of Māori Health Review
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The epidemiology of repeatedly positive bacterial skin infections in Auckland children, New Zealand

Author: Mala et al.

Summary: An analysis of wound swabs collected in Auckland primary care between 2010 and 2020 has shown that targeted public health initiatives and primary care interventions are crucial for reducing repeated *Streptococcus pyogenes* (*S. pyogenes*) exposure and potentially lowering the risk of acute rheumatic fever. While all ethnic groups were impacted by *Staphylococcus aureus* infections, Māori and Pacific children aged <10 years were more likely to have repeated *S. pyogenes* infections compared with non-Māori/non-Pacific individuals, with rate ratios of 10.0 (95% confidence interval [CI] 8.5-11.6) and 14.6 (95% CI 12.6-17.0), respectively. In those with initial *S. pyogenes* infection, the relative risk of subsequent infection was 4.1 times higher (95% CI 4.0-4.3) than in those negative for *S. pyogenes*.

Reference: J Infect. 2025;90(5):106484.
Abstract

Capturing the complete clinical spectrum and incidence of severe acute group A *Streptococcus* (GAS) disease

Author: Fox-Lewis A et al.

Summary: Auckland harbours the complete clinical spectrum of severe acute GAS disease, according to a population-based study, making it an ideal location for future vaccine studies. The cross-sectional study captured all hospitalised GAS infections and toxin- and immune-mediated disease cases associated with hospitalisation in Auckland during 2023. A total of 606 cases were captured, corresponding to 1:2000 people/year. The burden of cases was inequitably distributed across the population, with approximately 1:400 Pacific children aged <10 years and 1:200 Pacific adults aged ≥80 years affected annually in the most deprived areas. Direct hospitalisation costs were greater than NZD 13.2 million.

Reference: Lancet Reg Health West Pac. 2025;59:101600.
Abstract

Anticoagulation management and poor clinical outcomes in tamariki and rangatahi with rheumatic heart disease following mechanical valve replacement surgery in Counties Manukau

Author: Tangirala P et al.

Summary: Urgent efforts are required to improve services for anticoagulation monitoring and management in young adults following mechanical valve surgery for rheumatic heart disease. This was the finding of an observational study conducted in the Counties Manukau region between 2016 and 2021. A total of 53 individuals were included, of whom 19% were Māori and 81% were Pacific peoples. Median age at time of first mechanical valve surgery was 15 years (range 4-23 years), and the median duration of anticoagulation was 4 years (range 0.5-18 years). Monitoring was most commonly carried out via the community laboratory service and general practitioner. Overall, 38 individuals had ≥1 anticoagulation-related hospitalisation. Reasons for the 80 anticoagulation-related hospitalisation events were subtherapeutic international normalised ratio (INR) without clinical complication (52%), supratherapeutic INR without clinical complication (15%), haemorrhage (14%), stroke (9%), other thromboembolic event (6%), and prosthetic valve thrombosis (4%). Five deaths occurred over the study period.

Reference: N Z Med J. 2025;138(1614):53-60.
Abstract

Comment: In addition to the important findings presented in these three papers, I think they also showcase the amazing research teams we have in Aotearoa – of people who collaborate across disciplines to seek to address the inequities for rheumatic heart disease, with better prevention and management. As we know, addressing rheumatic fever and rheumatic heart disease inequities will require a multipronged approach from public health, infectious disease, and lab scientists, with Māori and Pacific leadership.

Is no difference a good outcome? Equity evaluation of the general surgery prioritization tool

Author: Wood D et al.

Summary: Prioritisation for general surgery based on ethnicity does not translate into increased bookings, according to a review of prioritisation events at Capital & Coast DHB between May 2018 and August 2022. A total of 4527 events were included, of which 90.8% met the waitlist threshold with a median time to surgery of 99 days. Patient-reported Impact on Life (IOL) scores were significantly higher in females, Pacific peoples and those reported as other ethnicity compared with males and Europeans (all $p<0.01$). Clinician-reported total scores were significantly higher for Māori than Europeans ($p=0.013$). After adjustment for deprivation and procedure type, there was no association between the odds of surgery booking and patient age, ethnicity and gender. The study authors suggested that amendments to the weighting of IOL scores and ethnicity score adjustment may be considered.

Comment: This study reinforces the need for equity, including ethnicity, scores in surgical prioritisation tools because while Māori had slightly higher scores (reflecting greater need), the tool showed no difference in surgery booking odds (i.e. greater need for surgery did not translate to greater access).

Reference: ANZ J Surg. 2025;95(5):942-948.
Abstract

Vaping and smoking in adolescents 14 and under in Aotearoa New Zealand

Author: Zhou F et al.

Summary: A cross-sectional study of electronic screening data found that vaping is more frequent than smoking among New Zealanders aged $\leq$14 years, and relatively few are vaping to stop smoking. Data were obtained for 3462 adolescents in this age bracket from YouthCHAT, which assesses lifestyle issues in young people in New Zealand primary care settings. Overall, 22% reported ever-vaping and 12% ever-smoking ($p<0.001$ for difference). Only 7% of those reporting ever-vaping were doing it for smoking cessation. Girls were more likely to vape (25%) and take up vaping having never smoked (13%) than boys (adjusted p values <0.01). Rates of ever-vaping and of vaping-never-smoked were higher in Māori and Pacific girls compared with New Zealand European girls (adjusted p values <0.01). Of those who vaped in the past 3 months, 22% wanted help.

Comment: While vaping is often positioned as a cessation tool for smokers, this data shows increasing uptake among rangatahi with no prior tobacco use, particularly among Māori females. The finding that only a small proportion are using vapes for smoking cessation is a concern. Stronger regulation must be considered to restrict marketing and availability of vaping products to young people, particularly flavoured and easily accessible devices, while ensuring access for adult smokers genuinely seeking cessation support. Without equity-focused responses, there is a risk of vaping addiction becoming another inequity in Aotearoa.

Reference: J Prim Health Care. 2025;17(2):101-107.
[Abstract](#)

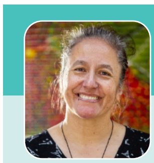
Randomised waitlist-controlled trial of a 10-week community programme using a plant-based diet in a predominantly Māori population in Tairāwhiti (Gisborne)

Author: Smith M et al.

Summary: A whole-food plant-based diet programme at a Gisborne community-based general practice clinic led to sustained reductions in bodyweight and waist circumference. The 10-week programme consisted of twice-weekly, 2-hour sessions, involving skills-based learning and health education. Participants in the programme (n=56) were aged 30-72 years, had a body mass index $\geq$30 kg/m^2, and a glycosylated haemoglobin (HbA1c) value $\geq$40 mmol/mol in the last 6 months. Māori and Pacific peoples made up 59% and 5% of participants, respectively. At 36-month follow-up, participants had sustained 3kg of post-treatment weight loss (95% CI 1.2-4.7; $p<0.001$), and waist circumference reduction of 6 cm. While HbA1c and cholesterol were reduced by 3.3 mmol/mol and 0.4 mmol/L, respectively, post-treatment, reductions were not sustained at follow-up. Greater dietary adherence was associated with better outcomes.

Comment: This well-designed trial showed that a community-based whole-food plant-based intervention can support modest, sustained weight loss in a high-needs population, including Māori. However, long-term improvements in some important outcomes (HbA1c and cholesterol) were not sustained. This suggests the need for ongoing support from the programme in addition to structural changes to address the wider determinants for healthy weight.

Reference: BMJ Open. 2025;15(6):e080946.
[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.