

Pacific Health Review

Making Education Easy

Issue 43 – 2025

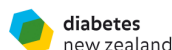
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Abbreviations used in this issue

COVID = coronavirus disease
MAPAS = Māori and Pacific Admission Scheme
WHO = World Health Organization

KINDLY SUPPORTED BY:



Kia orana, Fakaalofa lahi atu, Talofa lava, Malo e lelei, Bula vinaka, Taloha ni, Kia ora, Greetings.

Welcome to the latest issue of Pacific Health Review.

This issue covers a range of topics of interest to Pacific people living in Aotearoa NZ and the Pacific Region, including the success of the MAPAS programme for Māori and Pacific students at the University of Auckland, the problem of bone and joint infections in Pacific children, the causes of death in the Fiji islands, the risk of prediabetes among NZ children, and patients' experiences with weight management services in Counties Manukau.

We hope you find this issue interesting, and welcome your feedback.

Kind regards,

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Drug harm prevention needs among adolescents in Aotearoa New Zealand: Findings from the Youth19 Survey

Authors: Sullivan G et al.

Summary: This analysis of the Youth19 Survey investigated drug harm indicators among secondary school students in Aotearoa NZ. Data were analysed for 7721 adolescents regarding their use of e-cigarettes, tobacco, alcohol and cannabis. Many of them were worried about their drug use and wanted to cut down (particularly tobacco users), but found that getting appropriate help was not always easy. Drug harm indicators were higher among Māori, Pacific and LGBTQ+ youth, those aged <16 years, and those living in small towns, rural towns, or in socioeconomically deprived communities.

Comment: The Youth19 Rangatahi Smart Survey was conducted in 2019 in the Auckland, Northland, and Waikato regions of NZ. It was the latest in a series of youth health and wellbeing surveys. The survey included 7721 students from 49 schools in these three regions. Survey findings concur with previous studies showing higher drug harm indicators among Pacific young people and others but they were unable to get the advice and support they needed. It is worth noting that the ASH Year 10 Survey showed a dramatic decline in smoking rates across all ethnic groups in Aotearoa NZ, but vaping had increased across all groups. Decline in smoking rates among people show that it is possible to intervene effectively provided these approaches are pragmatic, non-judgmental, and respect individual autonomy. This is an impressive achievement that got everyone involved. Effective drug education and strong support systems are equally important.

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

[Abstract](#)

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INDEPENDENT COMMENTARY BY

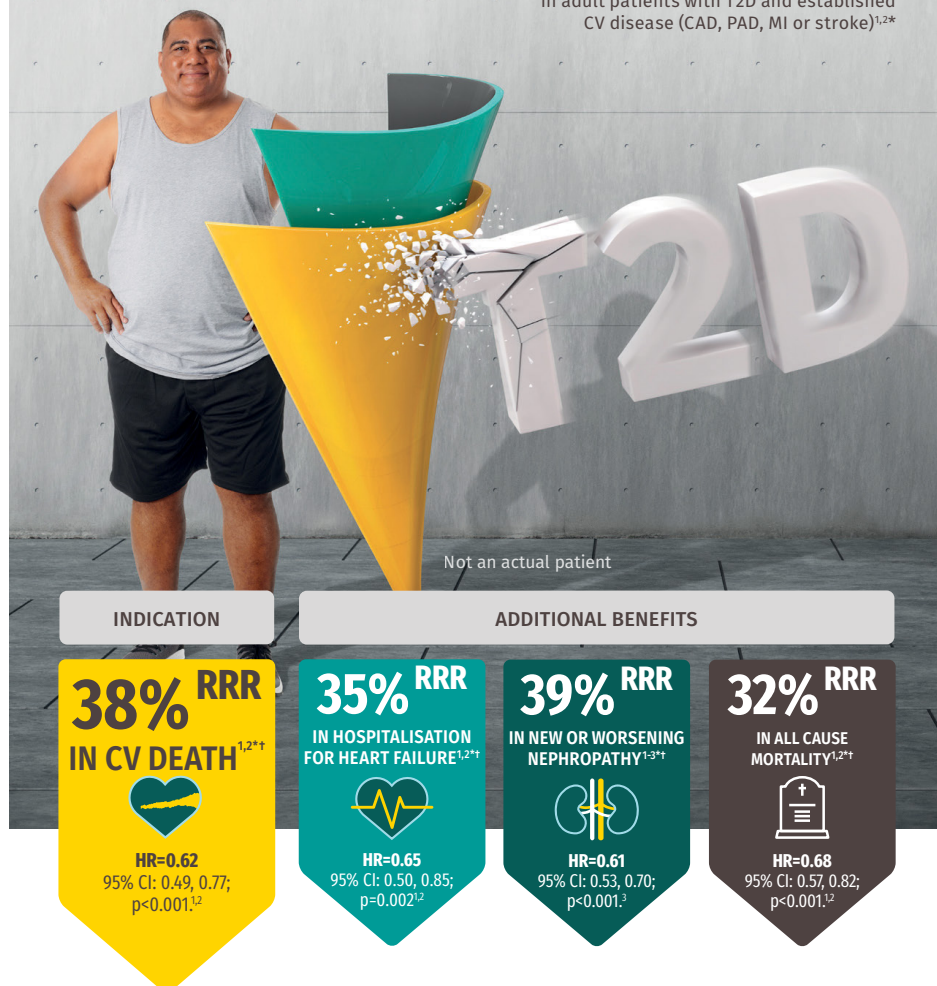
Sir Collin Tukuitonga KNZM

Sir Collin Tukuitonga is a medical graduate and Public Health Physician with extensive experience in health policy, research, management, and leadership in NZ and internationally. He is the inaugural Associate Dean Pacific and Associate Professor of Public Health at the University of Auckland. Prior to this role, he was the Director-General of the Pacific Community based in New Caledonia.

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*Versus placebo on top of standard of care. Standard of care included antihypertensives, lipid-lowering agents, anticoagulants and glucose-lowering therapies. †Secondary endpoint. See full Data Sheet for further details. 2 CAD, coronary artery disease; CKD, chronic kidney disease; CI, confidence interval; CV, cardiovascular; HF, heart failure; HHF, hospitalisation for heart failure; HR, hazard ratio; MI, myocardial infarction; PAD, peripheral artery disease; RRR, relative risk reduction; T2D, type 2 diabetes.

References: 1. Zinman et al. *N Engl J Med* 2015;373:2117-28. 2. JARDIANCE Data Sheet. 3. Wanner C et al. *N Engl J Med* 2016;375:323-34.

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Evaluating Indigenous health workforce development interventions for Māori and Indigenous Pacific tertiary students: Success at Waipapa Taumata Rau | The University of Auckland (2016–2023)

Authors: Borland A et al.

Summary: This study evaluated the educational performance of students enrolled in the Māori and Pacific Admission Scheme (MAPAS) at the University of Auckland in 2016–2023. Data were analysed for 609 MAPAS students doing the Hikitia Te Ora course (a 1-year, Level 4 bridging/foundation education certificate) and 829 bachelor's students. More than one-third (39%) of the Bachelor cohort had undertaken Hikitia Te Ora study in the previous year. In MAPAS students, pass rates for the Hikitia Te Ora course were 15–23 percentage points higher than equivalent University of Auckland Māori and Pacific student averages, and bachelor degree pass rates, retention and graduation rates were 8–18 percentage points higher. Overall, 232 MAPAS students graduated with a bachelor's degree in 2020–2023, which was at least 62 more students than would be expected using standard support pathways.

Comment: The health workforce in Aotearoa NZ does not reflect the ethnic diversity of the nation. The NZMC Workforce Survey 2025 showed that Māori and Pacific doctors made up 5.5% and 2.7% of the total medical workforce (20,530 doctors), respectively. There is an urgent need to invest in programmes that encourage more diversity in the workforce. A workforce that reflects the community it serves generally has better health outcomes. Long established programmes such as MAPAS make an important contribution to improving diversity and supporting Māori and Pacific communities in Aotearoa NZ. This study shows that the MAPAS programme at the University of Auckland is important and effective. It out-performed total University of Auckland Māori and Pacific student outcomes across all indicators. Hikitia Te Ora course graduation rates were between 15 and 23 percentage points higher than those of total University of Auckland Māori and Pacific certificate and undergraduate diploma students. MAPAS bachelor's course pass, retention and graduation rates were between 8 and 18 percentage points higher than total University of Auckland Māori and Pacific bachelor's degree students.

Reference: *N Z Med J.* 2025;138(1621):65–76

Abstract

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Epidemiology of bone and joint infection in Pacific children from the Auckland Region, 2018–2023

Authors: Hunter S et al.

Summary: This study investigated illness characteristics and outcomes for Pacific children diagnosed with acute haematogenous osteomyelitis (AHO) or septic arthritis (SA) in Auckland over a 5-year period. All children aged ≤15 years who were hospitalised with AHO or SA in the Auckland Region in 2018–2023 were included. Of 563 cases of acute bone and joint infections, 152 were Pacific children. Compared with NZ European children with bone and joint infections, Pacific children required more surgical interventions (61% vs 47%; $p=0.01$) and had longer hospital stays (14 vs 9 days; $p=0.001$). Pacific children also had more eczema (34% vs 19%; $p=0.002$) and multifocal sepsis. Complex illness (seen in 66% of affected Pacific children) was associated with eczema diagnosis and positive culture for *Staphylococcus aureus*. Regression analysis showed that complex illness was less likely in children with a previous positive throat swab for group A Streptococcus.

Comment: Infections of bone and joints are serious conditions. Bone and joint infection rates in Aotearoa NZ are among the highest in the world. This recent study over a 5-year period of children under 15 years old in the Auckland region confirms what is widely known by clinicians and public health practitioners. The study also shows more severe disease with higher need for surgical interventions and longer hospital stays in Pacific children. Pacific children also had more eczema and multifocal sepsis. A study of the prevalence of eczema in children in Aotearoa NZ in 2018 showed that Pacific children aged 0–14 years had the highest rate of the disease based on dispensing data (Harvey G et al.). Parents and clinical staff also report that outcomes of the management of eczema are often unsatisfactory. Better management of eczema is an important part of reducing bone and joint infections and early referral for antibiotics should be promoted.

Reference: *N Z Med J.* 2025;138(1624):27–38

[Abstract](#)

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Cause specific mortality across the lifespan for Fiji's major ethnic sub-populations 2013–17

Authors: Dearie C et al.

Summary: This study analysed the underlying cause of death in indigenous Fijians (i-Taukei; 63% of the population) and Fijians of Indian descent (FID; 33%) living in Fiji. In 2013–2017, external causes were the leading cause of death in individuals aged 5–34 years (33%). In those aged 35–59 years, circulatory diseases were the leading cause of death (40%), followed by diabetes (15%), cancer (15%), respiratory diseases (5%), external causes (5%) and infections (4%). Life expectancy for females was estimated to be 66.8 years for i-Taukei and 69.4 years for FID; life expectancy for males was 64.8 years for i-Taukei and 65.0 years for FID.

Comment: This is an important study from Fiji outlining specific and detailed information on the causes of death in the islands. While the information is not new, the study provides updated and specific information that will be important in planning and delivery of health services and related services. Unsurprisingly, cardiovascular diseases were the leading causes of death in the nation. This is a common pattern across the Pacific islands where non-communicable diseases (NCDs) are responsible for almost 80% of all deaths. There is some evidence that life expectancy at birth has plateaued in Fiji probably due to the burden of NCDs. WHO reported that life expectancy at birth in Fiji worsened by 0.324 years from 65.8 (65.6–66.2) years in 2000 to 65.5 (64.7–66.6) years in 2021. Interestingly, the same [report](#) showed that diabetes was the leading cause of death in women in Fiji in 2021.

Reference: *BMC Public Health* 2025;25:2713

[Abstract](#)

A feasibility study investigating the risk of prediabetes among children in New Zealand

Authors: Tupai-Firestone R et al.

Summary: This study investigated the risk of prediabetes among children aged 11–13 years living in NZ. A total of 276 school-aged children and their parents completed a series of questionnaires about dietary patterns, anthropometrics and socioeconomic characteristics. Based on the screening questionnaires, 35% of children were identified as having a moderate to high risk of developing prediabetes. The majority of these children were Pacific (49.4%), followed by Māori (30.9%), and non-Māori-non-Pacific (NMNP; 19.6%). Significant differences were seen between Pacific, Māori and NMNP children who were obese or lived in overcrowded homes or socioeconomically deprived areas. The children (particularly those living in the most deprived areas, with obesity and Pacific ethnicity) had a diet that included a wide range of foods, but was particularly high in sweet and savoury snacks, takeaway foods, and sugary drinks.

Comment: Prevention of diabetes is a public health priority given high prevalence rates in adults leading to poor health in Pacific populations and the cost and burden on the health system. Rates of childhood obesity are also rising at alarming rates. Despite the sample limitations, this study provides important empirical findings that support the need to screen children (particularly Pacific children) early for prediabetes to reduce long-term health inequities and costs. Early intervention provides numerous benefits, as timely intervention is more likely to return glucose to normal in children compared to later in life, build better health habits and improve quality of life during childhood and beyond. The study also reaffirms the need for holistic tailored interventions with families, communities and schools that also address social, cultural and environmental risk factors. Priority should be given to further this research and other studies to identify evidence-based, targeted early-intervention programmes and policies that prevent prediabetes risk and reduce diabetes in Pacific children and adolescents.

Reference: *Sci Rep.* 2025;15(1):31360

[Abstract](#)

Prevalence of periodontal disease in South Pacific Island countries

Authors: Shorab M et al.

Summary: This systematic review evaluated the prevalence of periodontal disease in South Pacific Island countries. A search of PubMed, Scopus, Medline and Google Scholar identified nine studies that reported periodontal disease in South Pacific Islands, excluding data from Australia, NZ, and protectorates of the US and France. The studies were conducted across multiple decades ranging from 1956 to 2012; trial sizes ranged from 185–7966 participants, and ages ranged from 1–64 years. The prevalence of periodontitis ranged from 20% to 100%. Disease prevalence increased with age, as seen in studies in Tonga and Samoa (90% of adults aged >40 years had periodontitis) and Fiji (97% of adults aged 45–55 years had periodontitis).

Comment: This is a systematic review of studies of periodontal disease in the Pacific region spanning more than 50 years from 1956. The review showed that periodontal disease was extremely common in adults, where the disease affected more than 90% of all adults in Tonga and Samoa and almost 100% in Fiji. Periodontal disease is caused by many factors but the primary cause is the accumulation of bacteria in plaque. If not removed by daily brushing and flossing, plaque can lead to inflammation of the gums (gingivitis), which can progress to periodontitis. Early periodontal disease (gingivitis) may be able to be reversed with regular dental cleaning and improved oral hygiene. Studies in the Pacific islands have noted differences in oral hygiene practices e.g. less than half of participants used toothpaste and only a small percentage of adults brushed at least twice daily in the Solomon Islands. Most island nations have oral health programmes but more could be done to prevent and reduce the incidence of periodontal disease in these communities.

Reference: *Asia Pac J Public Health* 2025; published online Sep 25

[Abstract](#)

He Aroka Urutā. Rural health provider perspectives of the COVID-19 vaccination rollout in rural Aotearoa New Zealand with a focus on Māori and Pasifika communities

Authors: Blattner K et al.

Summary: This qualitative study explored NZ rural health providers' experiences of the COVID-19 vaccine rollout and pandemic response in rural Māori and Pasifika communities. Forty-two rural health providers at four sites were interviewed about their views on the COVID-19 vaccine rollout. In general they felt that the centrally imposed policies and solutions were urban-centric and Pakehā focused, with multiple logistical challenges. There was little consideration of rural context, which led to wasted resources and time. The providers ended up finding their own geographically tailored, culturally anchored and locally driven solutions, and felt that sustained investment in rural health services would ensure success in future vaccine rollouts and other health initiatives.

Comment: This study helps to address some of the knowledge gaps to improve rural health service delivery from front-line staff. Reflecting on lessons learnt during COVID-19 with front-line staff helps to identify health system weaknesses, opportunities for improvement and evidence that can be applied to everyday healthcare and future pandemics. Sustained investment in rural health ensures equitable health service delivery for all New Zealanders, and including front-line rural staff in future planning of vaccines can help to improve surveillance and identify opportune times and scheduling for vaccine drives for more efficient vaccine delivery. The policy and research implications from this study will help to ensure current and future vaccine rollouts and immunisation programmes are translated into equitable and effective services for rural communities by increasing coverage rates, reducing wastage and in particular reaching zero-dose and under-immunised children and adults.

Reference: *J Prim Health Care* 2024;16(2):170–9

[Abstract](#)

Implementing an equity-focused model for early pregnancy care in general practice

Authors: McMenamin JP & White G

Summary: This NZ study evaluated an equity-focused model of early pregnancy care in general practice. The Best Start early pregnancy assessment tool was developed by the National Hauora Coalition (co-designed with pregnant Māori women) and implemented across four general practices in Whanganui, including a Very Low Cost Access clinic, an iwi health provider, and two general practices. In the lead practice, 85% of pregnancies were identified (84% in the first trimester). Of these, 79% were assessed using the Best Start early pregnancy tool. Mental health concerns were the most common reason for referral (18%). Community feedback led to system improvements that included warm handovers (in-person referrals) and protected appointment slots.

Comment: Improving maternal care for Māori and Pacific mothers has long-term benefits for improving the health and wellbeing of Māori and Pacific children and families. This study focusing on Māori mama provides important findings and implications highlighting how culturally responsive models of care can lead to improved maternal healthcare that can be applied and scaled for Pacific mothers. Similar equity-based research with Pacific populations has highlighted the need for integrated primary health services and wrap-around services in communities and geographic locations with high Pacific populations. The present study provides a useful design for replication to focus on Pacific mothers. This will help to ensure current and future primary care maternal health services are meeting the needs of all NZ mothers.

Reference: *J Prim Health Care* 2025; published online Aug 5

[Abstract](#)

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Using co-design to reduce Pacific health inequity: The example of NIU, a model to improve gout management

Authors: Ofanoa M et al.

Summary: This article discussed the use of co-design approaches to reduce health inequities in the Pacific community. The co-designed NIU model was presented as an example; it was developed to improve the uptake of urate-lowering therapy in Pacific people with gout. The acronym is 'N' for Nesian (includes Polynesian, Melanesian and Micronesian), 'I' for Improved and 'U' for uptake of urate therapy. The model was initially developed by the Pacific Peoples Health Advisory Group and the Pacific Practice-Based Research Network in collaboration with University of Auckland Pacific researchers. They identified gout as their top priority concern, and designed a research question around the need for increased use of urate-lowering therapy in Pacific people. The co-designed model was found to fit well with Pacific people's epistemological view of the world, being based on their principles of oneness, collectivity, and reciprocity. The co-designed NIU model is specific to gout, and transcends the traditional top-down health promotion approaches that victimise and blame populations.

Comment: The co-design development of this health research model provides an exemplar for future co-designed projects with Pacific and ethnic minority communities. The strength-based approach which incorporates Pacific communities demonstrates the value of co-design in ensuring research questions and projects shift the power paradigm and dynamics to ensure research questions are focused on problems and issues identified by communities. Epistemological discussions in this paper signal the importance of decolonising (global) health for Pacific populations particularly as Polynesia, Micronesia and Melanesia are non-indigenous Pacific terms and originate from colonialists for convenience. With increased Pacific diversity in NZ, including established Pacific communities and recent Pacific migrants coupled with growing numbers of Pacific people identifying with mixed-Pacific and Pacific-Māori identity, it is important to identify nuanced approaches to culturally ground future co-designed research.

Reference: *J Prim Health Care* 2025; published online Jul 10

[Abstract](#)

Weight management services in Counties Manukau Health New Zealand – Te Whatu Ora: Consumer experiences and ideal components

Authors: Taylor T et al.

Summary: This qualitative study explored consumers' experiences with weight management services in Counties Manukau. Three focus groups were conducted with 21 patients who were waitlisted for metabolic bariatric surgery at Counties Manukau Health NZ in 2023. Their experiences with weight management services were explored using reflexive thematic analysis. Participants reported a lack of treatment options and support, as well as weight-related stigma and shame, and psychological issues. Suggestions for improved weight management services included increased support from healthcare professionals, the availability of support groups, funding for weight loss medications and metabolic bariatric surgery, and a dedicated weight management centre.

Comment: Managing weight to reduce obesity rates and improve healthcare in Pacific populations has long been identified as a priority area. While research has helped to support health education and promotion to increase awareness of the importance of managing weight, obesity prevalence for Pacific populations is highly likely to increase over the coming decades. This will further strain clinical services and the current public health system already under pressure. Treating and talking about obesity as a chronic disease may help to address psychological barriers and issues so patients seek care and treatment early. The merits of dedicated weight management centres in high-needs communities in NZ warrant further investigation. A multidisciplinary approach, with sustained investment across health and community settings, can help to minimise barriers and strengthen enablers to weight management services to stem rising obesity rates.

Reference: *N Z Med J.* 2025;138(1620):36–45

[Abstract](#)

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INDEPENDENT COMMENTARY BY Dr Roannie Ng Shiu



Dr Roannie Ng Shiu is the Pasifika Medical Association (PMA) Senior Research Fellow with the University of Auckland Faculty and Medical and Health Sciences Office of the Associate-Dean Pacific. Her primary role is to deliver robust high-quality Pacific health equity research and to increase the Pacific health workforce in Aotearoa with the recruitment and retention of Pacific health students. She was previously with the Department of Pacific Affairs at the Australian National University. Roannie is Samoan and was raised in South Auckland and graduated from the University of Auckland with a PhD in Community Health.

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