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Māori Health REVIEW™ Arotake Hauora Māori

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KINDLY SUPPORTED BY:

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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 115th issue of Māori Health Review.

In this issue, we include a study highlighting extensive and inequitable gaps in cardiovascular disease risk assessment and management for Māori and Pacific peoples in New Zealand. On a more positive note, we report that prioritised access for sodium-glucose cotransporter 2 inhibitors/GLP-1 receptor agonists (SGLT2i/GLP1RA) has led to higher rates of prescribing for Māori and Pacific patients with type 2 diabetes compared with other ethnicities. Finally, we include research investigating the potential for collaboration between Rongoā practitioners and surgical clinicians. 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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Variation in emergency medical service use for acute coronary syndromes by ethnicity

Authors: Dicker B et al.

Summary: An observational study has shown lower use of emergency medical services (EMS) by Māori, Pacific, Indian and non-Indian Asian patients hospitalised for acute coronary syndrome (ACS) in New Zealand compared with patients of European ethnicity. The study included 19,283 patients aged ≥18 years hospitalised with ACS between 2019 and 2021, of whom 25% had ST-segment elevation myocardial infarction (STEMI), 55% had non-STEMI, and 20% had unstable angina. Among patients with STEMI, adjusted odds ratios for EMS use were 0.72 (95% confidence interval [CI] 0.58–0.90) for Māori, 0.64 (95% CI 0.48–0.87) for Pacific, 0.63 (95% CI 0.43–0.86) for Indian and 0.52 (95% CI 0.37–0.74) for non-Indian Asian patients compared with European patients. Findings were similar among patients with non-STEMI. Among patients with unstable angina, the odds of EMS use were lower for all ethnic groups compared with Europeans, although the effect was only statistically significant for non-Indian Asian patients. The study authors noted that good-quality information, reduced cost and cultural safety practices by healthcare professionals may decrease barriers to EMS use by non-Europeans.

Comment: What I like about this paper is how the authors have focused on service and system factors, as causes for the inequities, rather than patient factors. In fact, most international research on this topic would suggest that the sole cause for inequities is "patients' delay in seeking treatment", ignoring health system factors and therefore important solutions.

Reference: N Z Med J. 2025;138(1611):33-54.

Abstract

Problematic reasoning under the guise of anti-Māori talk

Author: Tan K et al.

Summary: A case study of Twitter/X quotes (or tweets) on the Three Waters political reform used deductive analysis to identify forms of anti-Māori discourse. Results revealed distinct and interconnected themes ("resources", "culture", "stirrer", "privilege," and "one people") that portrayed Māori as undeserving, lacking expertise, threatening and unworthy of equitable treatment. Problematic reasoning tactics were employed by anti-Māori speakers to obstruct the public from understanding the truth, and to encourage others to generate ill-informed opinions. The study authors stated that their findings make the case for addressing racism on social media, and for creating interventions to improve media literacy amongst the general public.

Comment: Although the authors unpick the anti-Māori mis/disinformation around Three Waters, the themes and conclusions also apply to the anti-Māori narratives regarding Hauora Māori. I encourage readers to look at the full paper, particularly the Final Words which pay homage to Moana Jackson and his take on "Free Speech".

Reference: Howard Journal of Communications. 2025;1-14.

Abstract

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

Fostering collaboration: an exploration of knowledge exchange between Rongoā Māori practitioners and surgical clinicians

Authors: Thompson N et al.

Summary: Systemic changes are needed to facilitate integration of Rongoā Māori into mainstream healthcare, including the development of clear referral pathways and initiatives to raise awareness among healthcare professionals, according to a qualitative study involving interviews with Rongoā practitioners and surgical clinicians. Findings revealed that surgical clinicians have a deep respect for Rongoā Māori, but there are significant systemic barriers impeding integration, including challenges with bureaucracy and no clear referral pathways. Concern was expressed by Rongoā practitioners about a lack of awareness from healthcare professionals and being overlooked within the healthcare system. However, there was a shared interest in collaborative approaches to healthcare that respect and incorporate Rongoā Māori.

Comment: This research contributes to discussions about having Indigenous knowledge systems within our hospitals, while acknowledging the structural dominance of Western biomedical models. The authors present what genuine partnership and knowledge exchange can look like in practice, and importantly how this has the potential to achieve equitable health outcomes for Māori.

Reference: ANZ J Surg. 2025;95(3):328-334.
Abstract

Māori experiences of physical rehabilitation in Aotearoa New Zealand

Authors: Sheehy B et al.

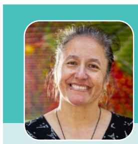
Summary: A scoping review has highlighted ongoing inequities experienced by Māori when engaging with physical rehabilitation services. The review included 14 qualitative studies from a search of databases and grey literature. Four themes were identified: 1) expectations of receiving culturally unsafe care that become a reality during rehabilitation; 2) whānau as crucial for navigating the culturally alien world of rehabilitation; 3) solutions for the incorporation of culturally appropriate Māori practices; and 4) solutions for the provision of rehabilitation that empowers Māori. Rehabilitation clinicians and policymakers must implement culturally safe approaches to rehabilitation to eliminate inequities in provision of care and outcomes for Māori, the study authors concluded.

Comment: I find it interesting/satisfying/humbling that often, in qualitative research about healthcare with Māori, one of the themes will be 'solutions', as is the case here.

Reference: Disabil Rehabil. 2025;47(6):1342-1352.
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. **For full bio CLICK HERE**.

Assessing the gaps in cardiovascular disease risk assessment and management in primary care for Māori and Pacific peoples in Aotearoa New Zealand

Authors: Wheeler A et al.

Summary: There are extensive and inequitable gaps in cardiovascular disease risk assessment and management for Māori and Pacific peoples in New Zealand, according to a systematic review of 69 studies published between 1 January 2000 and 31 December 2024. Māori and Pacific peoples had reduced adherence to primary prevention medications (antihypertensives and lipid-lowering therapy), were less likely to receive antiplatelets and lipid-lowering therapy for secondary prevention, and had reduced access to revascularisation compared with other ethnic groups. Opportunities to improve cardiovascular disease risk assessment and management included provision of adequate health literacy, involvement of whānau, patient-provider relationships, access to care, and enhanced cultural safety. While 64% of studies included in the review were of high quality as assessed using Mixed Methods Appraisal, 71% were of low quality as assessed using the Consolidated Criteria for Strengthening the Reporting of Health Research involving Indigenous Peoples (CONSIDER), in particular quantitative research and research including but not focusing on Māori and Pacific peoples.

Comment: I was a member of the team to undertake the research which, although mostly paper based, revealed so many important findings from quantitative and qualitative studies, and across primary and secondary care. Yet we also felt that it was important to comment on the quality of the research, using an Indigenous standard of excellence.

Reference: Lancet Reg Health West Pac. 2025;56:101511.
Abstract

Respiratory research with Māori and Pacific children living in Aotearoa, New Zealand

Authors: Matenga-Ikihele A et al.

Summary: A systematic review and narrative synthesis found a lack of research on the lived experiences of Māori and Pacific children with respiratory conditions, and their whānau. A total of 29 studies published between 2010 and 2022, enrolling Māori or Pacific children aged 0–14 years, were included in the analysis. Most were retrospective cohort studies focused on asthma, group A streptococcus and lower respiratory tract infections. Only two studies reported using a Kaupapa Māori framework. Further research incorporating culturally responsive approaches is urgently needed to improve understanding of Māori and Pacific child respiratory health and to advance health equity, concluded the study authors.

Comment: This review highlights a broader systemic issue in health research: the need to move beyond reporting by ethnicity, toward approaches that are explicitly by, with, and for Māori and Pacific communities.

Reference: J Prim Health Care. 2025;17(1):63-82.
Abstract

Real world initiation of newly funded empagliflozin and dulaglutide under special authority for patients with type 2 diabetes in New Zealand

Authors: Chepulis L et al.

Summary: Prioritised access for sodium-glucose cotransporter 2 inhibitors/GLP-1 receptor agonists (SGLT2i/GLP1RA) appears to be associated with a reduced health equity gap for Māori and Pacific patients with type 2 diabetes, according to a study of primary care practice. Data for patients aged 18–75 years were collected from four primary care organisations (302 general practices) in Auckland and the Waikato, over the period February 2021 to July 2022. A total of 22,331 patients with type 2 diabetes were eligible for funded SGLT2i/GLP1RA, and 10,272 were prescribed this treatment. Prescription rates were highest for Māori (50.8%) and Pacific (48.8%) patients compared with other ethnic groups (36.2–40.7%; $p < 0.001$), but were comparable between those with and without cardiovascular disease and/or renal disease or risk (47.1% and 48.9%, respectively). The highest rates of prescribing came from Māori health providers and practices with higher doctor/patient numbers, low-cost fees and no after-hours access.

Comment: The evidence that Māori and Pacific patients had the highest initiation rates of SGLT2i/GLP1RA therapies suggests that policy mechanisms, such as Special Authority criteria and prioritised funding, can be effective levers for addressing long-standing and growing health inequities. Targeted treatment funding has translated into equitable outcomes, which can't be ignored.

Reference: BMC Health Serv Res. 2025;25(1):433.
Abstract

A DiRECT approach to weight loss in a culturally diverse, low-income population

Authors: Campbell K et al.

Summary: A pilot randomised controlled trial of a Diabetes Remission Clinical Trial (DiRECT)-type intervention within a primary care service demonstrated greater weight loss than dietitian-supported usual care among 40 adults with obesity, type 2 diabetes or prediabetes. The primary care service catered to Māori, Pacific, refugee, and low-income clientele. Weight loss with the DiRECT-type intervention (3 months of total diet replacement followed by 9 months of food reintroduction and supported weight loss maintenance) was 6.1 kg greater at 3 months than with dietitian-supported usual care. At 12 months, the difference in weight loss decreased to 3.8 kg, due to gradual weight loss in the dietitian-supported usual care group. A meta-analysis of DiRECT-type interventions performed by the authors indicated 8.5 and 6.0 kg greater weight loss at 3 and 12 months, respectively, than usual diabetes care. The study authors stated that their findings demonstrate the potential use of DiRECT-type approaches across a broader patient population.

Comment: Really important and useful evidence for community providers to consider in supporting whānau to manage weight and diabetes!

Reference: Diabetes Obes Metab. 2025;27(5):2442-2453.
Abstract

Disparities in patient mortality following intensive care admission due to adult community-acquired sepsis in Aotearoa New Zealand

Authors: McTavish S et al.

Summary: Although a study of intensive care unit (ICU) admissions for community-acquired sepsis found no evidence of associations between in-hospital mortality and ethnicity or socioeconomic deprivation, there were marked disparities post-discharge. Data for the study were retrieved from the Australian and New Zealand Intensive Care Society's CORE adult patient database for the period 2009 to 2019. The in-hospital mortality rate was 16.3%, and post-discharge mortality rates were 3.6% at 30 days, 9.1% at 180 days and 12.9% at 365 days. Post-discharge survival rates were significantly different when analysed by ethnicity, area deprivation quintile and presence of severe comorbidities; this was particularly apparent for Māori living in high-deprivation areas.

Comment: The finding that in-hospital mortality did not differ by ethnicity or socioeconomic status is encouraging and suggests satisfactory quality of care within the ICU environment. However, it also raises critical questions about the continuum of care for people leaving ICU, or in fact hospital in general, and the importance of discharge planning on health (and death) outcomes.

Reference: N Z Med J. 2025;138(1610):13-30.
Abstract

Experiences and perspectives of thriving (or not) as Māori and Pacific allied health professionals

Authors: Tofi U et al.

Summary: A qualitative study of 11 Māori and Pacific allied health professionals in their first two years of practice has highlighted collective strengths and solutions for positive change. Participants were employed at a publicly funded, urban health organisation. The study drew on tenets of appreciative inquiry with thematic analysis of wānanga talanoa (a physically, spiritually and culturally safe space for discussion, knowledge sharing and co-creating meaning). Three interrelated themes were identified: 1) valuing cultural intelligence; 2) surviving, rather than thriving; and 3) it takes a village. A range of ideas were provided by participants for how things could be different, which underpin tangible recommendations for health organisations to support Māori and Pacific allied health professionals.

Comment: Thank you Ulima for sending this paper to me, which I understand was your Master's research. The findings are particularly poignant given the current external focus on Māori and Pacific health workforce development in the context of strained health workers across the system. The authors' Kaupapa Māori and Pacific challenge for organisations to reimagine their supports, in strengths-based ways, has the potential to benefit all.

Reference: N Z Med J. 2025;138(1615):95-105.
Abstract
