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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 119th issue of Māori Health Review.

In this issue, we include two studies of children and adolescents with diabetes in New Zealand, showing ethnic disparities in both the incidence of type 2 diabetes (T2D) and glycaemic outcomes in type 1 diabetes (T1D). We feature a report of the 2021 decision to use ethnicity as an explicit eligibility criterion for publicly funded diabetes medicines. Finally, we highlight a qualitative study of oral health practitioners showing a need for straightforward guidelines and active workforce development around child abuse and neglect (CAN). 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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Associations between specific and cumulative adverse childhood experiences, childhood obesity, and obesogenic behaviours

Author: Hashemi L et al.

Summary: Adverse childhood experiences (ACEs) contribute to childhood obesity, according to a *Growing Up in New Zealand* study. A total of 4895 children with obesity data at the age of 8 years were analysed, of whom 87.1% had experienced ≥1 ACE and 16% had experienced ≥4 ACEs. Six individual ACEs were significantly associated with childhood obesity, and the risk increased proportionately with increasing number of ACEs (adjusted odds ratios 1.78 for 1 ACE; 2.84 for ≥4 ACEs). Children with ≥2 ACEs were more likely to adopt obesogenic behaviours, ranging from physical inactivity (adjusted odds ratio 1.29) to no regular breakfast consumption (adjusted odds ratio 3.16).

Comment: While the article doesn't directly test interventions, its findings highlight that effective strategies to reduce multiple ACEs – especially for Indigenous and other structurally marginalised children – must be holistic, culturally grounded, and embedded within broader obesity-prevention and trauma-informed programming. We need BOTH universal AND Indigenous led, culturally safe interventions.

Reference: Eur J Psychotraumatol. 2025;16(1):2451480.

Abstract

What is known about asthma care and management for children and young people under 18 years of age in New Zealand

Author: Blamires J et al.

Summary: A scoping review has identified clear gaps in asthma care for children and adolescents in New Zealand, and calls for more responsive, culturally grounded models to improve outcomes. The review included articles on asthma care for those aged <18 years published between 2014 and 2024, identified from MEDLINE, CINAHL, Scopus, PsychINFO, and grey literature. A total of 21 articles from health or community settings were analysed, revealing the following themes: (1) medications and adherence; (2) education and health literacy; (3) children and whānau experiences; (4) culture and beliefs. Persistent inequities in asthma outcomes and care access were noted, particularly for Māori and Pacific children.

Comment: The challenge now is not generating more evidence of asthma inequity, but how to support health systems to shift power, funding, and accountability toward Māori-led, place-based (including home, school, marae), and prevention-focused asthma care that address the conditions (health and upstream) which shape tamariki lives.

Reference: Clin Respir J. 2025;19(12):e70139.

Abstract

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Spatial equity of physiotherapy accessibility in Aotearoa New Zealand in relation to Māori and Pacific ethnicity, socioeconomic deprivation, and rurality

Author: Buhler M et al.

Summary: There are spatial inequities in physiotherapy care in New Zealand, according to a study that matched physiotherapist location data with 2018 Census data. The study used data for 5582 physiotherapists (92% of all physiotherapists registered in New Zealand in March 2022). Specific locations were identified where health need is high but access to physiotherapy is low (<0.94 to 9.06 per 10,000 population). Low access to physiotherapy was significantly associated with a high Māori population and rural location.

Comment: Although we know access isn't just about 'spatial equity' the authors rightly point out that spatial inequities reflect structural issues including "legacy policies, a largely private primary care sector, and a demographically unrepresentative workforce. Spatial accessibility, as one part of this picture, can be examined to helpfully start to unpack the problem".

Reference: Health Policy. 2026;163:105498.
Abstract

Te ara o Manawataki Fatu Fatu—Kaupapa Māori and Pacific qualitative co-design hui to explore cardiovascular disease care for Māori and Pacific peoples in Aotearoa New Zealand

Author: Rahiri J-L et al.

Summary: A qualitative study examining the healthcare experiences of Māori and Pacific patients with cardiovascular disease has highlighted the need for culturally aligned care and interventions that address systemic barriers to care. A total of 105 participants (patients, whānau and kaimahi/healthcare workers) who were engaged with cardiovascular services at a primary or secondary care level shared their experiences at four regional hui. Key themes identified were: 1) importance of whānau/community; 2) the need for providers to engage with patients at their level; 3) persistent barriers faced; 4) strong commitment to protecting Māori and Pacific communities and kaimahi.

Reference: N Z Med J. 2025;138(1626):12-25.
Abstract

Half a century of declining acute coronary syndrome incidence is ending and ethnic inequity is rising: ANZACS-QI 88

Author: Kerr AJ et al.

Summary: The declining acute coronary syndrome (ACS) incidence has slowed among younger individuals in most ethnic groups, and in older Māori and European individuals, resulting in overall increased inequity for Māori and Pacific peoples, according to a New Zealand population study. First ACS hospitalisations for younger (20-59 years) and older (60-84 years) patients were identified from national administrative datasets for the period 2005 to 2019. The total cohort comprised 69,161 patients, of whom 74.7% were European, 14.2% were Māori and 6.1% were Pacific peoples. Compared with European patients, the ACS incidence rate ratio increased for younger Māori (from 1.5 to 2.25; p=0.017) and Pacific peoples (1.25 to 1.5; p<0.001), and for older Māori (from 1.35 to 1.6; p=0.006) and Pacific peoples (1.0 to 1.6; p<0.001), over the study period.

Reference: N Z Med J. 2025;138(1627):42-54.
Abstract

Comment: Firstly, I need to declare my conflicts of interest, as a named author on both papers! However, I think they're an important reminder that acute coronary heart disease is a major killer and the major driver of life expectancy inequity for Māori. It is worrying to see inequities are growing again; but heartening (excuse the pun) to hear from whānau as they seek, build and drive solutions.

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Indigenous leadership and advocacy in pro-equity eligibility criteria for new diabetes medicines in Aotearoa New Zealand

Author: Tamatea J et al.

Summary: Explicit ethnicity-based eligibility criteria may help overcome access to care barriers for patients with diabetes, according to a review of the 2021 New Zealand policy decision for ethnicity-based funding of sodium-glucose co-transporter 2 inhibitors and glucagon-like peptide-1 receptor agonists. Indigenous health experts advocated for this decision, based on persistent ethnic inequities in diabetes prevalence, access to treatment, and outcomes.

Comment: A powerful illustration of how Indigenous clinicians and public health experts in Aotearoa mobilised evidence and advocacy to drive *pro-equity policy change* — in this case, influencing the 2021 decision to use ethnicity as an explicit eligibility criterion for publicly funded diabetes medicines, addressing longstanding inequities in access to treatment but with benefits for all Aotearoa's people and health system. Wonderful to see how Indigenous leadership can be operationalised, in real-world policy with benefits for all!

Reference: Health Syst Reform. 2025;11(1):2592386.
Abstract

Clinical features and mortality outcomes of people transferred from prison to forensic mental health units

Author: Foulds JA et al.

Summary: A nationwide cohort study has demonstrated a high mortality rate amongst people transferred from prison to psychiatric hospital care in New Zealand between 2009 and 2022. Of the cohort, 85% were male, 55% were Māori and median age was 31.2 years. A psychotic disorder was present in 74% and bipolar disorder in 11%, and coexisting substance use disorder was common. Median follow-up duration was 7.5 years after the first transfer; 17% of this time was spent in a psychiatric hospital. The mortality rate was 4.7-fold higher in this cohort compared with the New Zealand population, after adjustment for age and sex. Where cause of death was known, 60% were from natural causes and 40% were from injuries including suicide.

Comment: These findings align with wider evidence indicating that disruptions in continuity of care for imprisoned people - especially in the transition between and from institutional settings (prison, hospital) to primary and community care - are a key factor for poor health outcomes. I see it now in my GP clinic, with no formal handover and minimal information available about prevention, screening and management of chronic conditions. It really reinforces calls for integrated, coordinated and continuous care pathways that bridge the various structures/systems.

Reference: Soc Psychiatry Psychiatr Epidemiol. 2025;60(11):2685-2693.
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. **For full bio CLICK HERE**.

Exploring child abuse and neglect responses: Qualitative insights from oral health practitioners in Aotearoa New Zealand

Author: Han H et al.

Summary: Oral health practitioners' responses to child abuse and neglect (CAN) vary by training, organisational support, and contextual factors, according to an analysis of practitioner experiences. Semi-structured interviews and focus groups were conducted with 21 oral health practitioners (oral health therapists, dental therapists, dentists, dental specialists and community oral heath service managers) from diverse geographic regions and dental settings between August 2023 and August 2024. Four themes were identified: 1) opportunities to build relationships with families; 2) needs for cultural and systemic awareness; 3) collaborative approaches to child protection; 4) creating safer and more supportive practice environments. A clear need for context-specific, straightforward guidelines and active workforce development in child protection was highlighted.

Comment: My mum was a school dental nurse, and her experience aligns with these findings. She said dental injuries were often markers of broader maltreatment (versus dental caries which she reckons is neglect by the state) but even when suspicions arose, she'd hesitate to report them because of fear of being mistaken, uncertainty about protocols, or lack of clear guidance. These patterns have also been reported internationally, suggesting the need to train the dental workforce to not only examine for, but also address, CAN.

Reference: Child Abuse Negl. 2025;169(Pt 2):107655.
Abstract

Rising incidence of type 2 diabetes (T2D) among children and adolescents under 15 years over a 28-year period (1995-2023)

Author: Smith L et al.

Summary: A review of a regional diabetes service in Auckland has highlighted an increasing incidence of T2D in children and adolescents, particularly in high-risk ethnic groups. Patients at the service aged <15 years were analysed between January 1995 and December 2023 (n = 226). The incidence of T2D increased 8.3% per year over the full observation period. For the period 2020 to 2023, the overall incidence rate was 5.81 per 100 000 persons. Incidence rates according to ethnic group were 10.3, 9.84 and 0.45 per 100 000 persons for Pacific peoples, Māori, and New Zealand Europeans, respectively.

Reference: J Paediatr Child Health. 2025;61(11):1773-1778.
Abstract

The KiwiDiab first national paediatric diabetes benchmarking audit: A report on children and adolescents with diabetes in Aotearoa New Zealand 2023

Author: Williman J et al., KiwiDiab Diabetes Data Network

Summary: Differences in glycosylated haemoglobin (HbA1c) according to ethnic group are apparent in New Zealand children and adolescents with diabetes, according to a national benchmarking report. All cases of T1D and T2D from 13 regional KiwiDiab centres were collated for 2023. Of 1849 children and adolescents, 88.8% had T1D, with a mean age at diagnosis of 9 years. Ethnicity was New Zealand European (69%), Māori (16%) and Pacific peoples (8.3%). Mean HbA1c was 7.5% for any insulin pump use, compared with 8.7% for multiple daily injections and 11% for twice-daily insulin ($p < 0.001$). While HbA1c was similar across ethnic groups for those using an insulin pump, it was higher in Māori and Pacific peoples on multiple daily or twice-daily injections compared with those of European or Asian ethnicity ($p<0.001$). T2D was present in 8.2% of children and adolescents, with a mean age at diagnosis of 13 years. Ethnicity was Pacific peoples in 42% and Māori in 38%.

Reference: J Paediatr Child Health. 2025;61(12):1879-1885.
Abstract

Comments: Taken together, these two papers show that without systematically tracking incidence, access, and outcomes, the scale and distribution of inequity – particularly for Māori and Pacific children – remains easy to normalise rather than act on. The Auckland incidence data exposes the long-term growth of paediatric T2D in high-risk communities, while the KiwiDiab audit demonstrates how differences in technology access translate directly into inequitable glycaemic outcomes (also showing what is possible, with automated insulin delivery narrowing ethnic gaps in HbA1c). Crucially, this kind of audit infrastructure supports pro-equity innovation and intervention, by making disparities visible, measurable, and therefore actionable.

Paediatric eczema hospital admissions, and topical corticosteroid dispensing pre- and post-admission, in New Zealand From 2007 to 2019

Author: Harvey G et al.

Summary: A national study of paediatric hospital admissions for eczema has found inequity in admissions for Māori and Pacific children, and those living in areas of greatest deprivation. Admissions for children aged ≤14 years were assessed between 1 January 2007 and 31 December 2019, while dispensing records for topical corticosteroids for children aged ≤15 years were assessed between 1 January 2006 and 31 December 2020. The overall annual rate of paediatric hospital admission for eczema was 79.2 per 100 000 persons. The rate was significantly higher for Māori and Pacific children (rate ratios 6.19 and 12.35, respectively) compared with European/other children, and for those of low (rate ratio 3.89) compared with high socioeconomic status. Topical corticosteroids were not dispensed prior to admission in almost one third of children aged <1 year and just under one fifth of school-aged children. In the 12 months following hospital admission, <15% of children were not dispensed topical corticosteroids.

Comment: This reminds me of Ed Mitchell's seminal study demonstrating the inverse care law or unequal treatment for tamariki Māori in 1991 (but in that case it was asthma – see *Mitchell EA. Soc Sci Med. 1991;32(7):831-6*). To think we're still here, 30-plus years later.

Reference: J Paediatr Child Health. 2025;61(11):1741-1751.
Abstract