

# Māori Health REVIEW™

Arotake Hauora Māori

RESEARCH REVIEW™  
**20**  
Making Education Easy  
Since 2006

Making Education Easy

Issue 121 – 2026

## In this issue:

- Age-friendly housing to reduce Māori experiences of loneliness
- Mental health-related callouts to the ambulance service
- New Zealand paediatric respiratory stock-take survey
- Rangatahi co-creation of eating and wellbeing guidelines
- Rangatahi-led dissemination campaign for eating and wellbeing guidelines
- Gastric cancer survival in Māori and non-Māori
- Journey towards *Helicobacter pylori* screen-and-treat
- Experiences of the Knee Care for Arthritis through Pharmacy Service
- Incidence of atrial fibrillation-associated ischaemic stroke in Auckland
- Meal replacement intervention for adults with obesity and comorbidities
- Maternal concerns regarding foetal movement in the third trimester
- Māori support for blood biomarker use in lung cancer screening

### KINDLY SUPPORTED BY:



## 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 121<sup>st</sup> issue of Māori Health Review.

In this issue, we report on an Indigenous youth-led approach to creating and disseminating guidelines for eating and wellbeing. We include studies showing inequities in *Helicobacter pylori* (*H. pylori*) testing and gastric cancer survival for Māori. Finally, we highlight the level of Māori support for the use of blood biomarkers in lung cancer screening. 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](mailto:matire@maorihealthreview.co.nz)

## Connecting health and place through age-friendly built environments to reduce experiences of loneliness (mokemoke) for Māori

**Author:** Lee Smith D et al.

**Summary:** A qualitative study has highlighted ontological approaches to aging-in-place for Indigenous peoples, as a strategy to decrease experiences of loneliness. Twenty residents of an urban papakāinga (a modern Māori age-friendly housing village) were interviewed for the study. Identified characteristics that enabled housing spaces to facilitate connection included haporitanga (opportunities for community and socialisation), āhurutanga (comfortable, safe spaces for movement and mobility focusing on the natural world), ūkaipōtanga (sense of sustenance and belonging), and tangihanga (culturally appropriate end-of-life and afterlife care customs).

**Comment:** With growing interest from the World Health Organization, linking social isolation with heart disease, depression and early deaths, I think this research provides an important take on loneliness from an Indigenous perspective. There is real potential to inform community planning around culture, nature and collective which we should all take notice of.

**Reference:** *Health Place*. 2026;98:103620.

[Abstract](#)

## Mental health-related callouts to the ambulance service in Aotearoa New Zealand

**Author:** Harding G et al.

**Summary:** Māori and Pacific populations in deprived areas experience high rates of mental health-related callouts to the ambulance service, according to a cross-sectional study. The study analysed data from electronic patient report forms collected between July 2022 and June 2023, and identified 26,847 mental health-related callouts from the Aotearoa New Zealand Paramedic Care Collection. Among individuals aged <24 years, 31.9% of callouts were Māori and 29.3% were Pacific peoples, compared with 19.1% for non-Māori, non-Pacific peoples (NMNPP;  $p < 0.001$ ). Among individuals living in the most deprived areas, Māori and Pacific peoples accounted for 47.7% and 49.9% of callouts, respectively, compared with 24.5% of NMNPP ( $p < 0.001$ ).

**Comment:** Shortages in accessible community and specialist mental health care means that ambulance services are now functioning as frontline mental health providers. And unfortunately, without addressing the systemic issues that drive inequities for Māori here, more of our whānau are using these services and are missing out on early prevention, continuity of care and culturally safe mental health care.

**Reference:** *N Z Med J*. 2026;139(1630):50-62.

[Abstract](#)

## 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](mailto:MyCPD@racp.edu.au) for any assistance.

## New Zealand paediatric respiratory stock-take survey

**Author:** McNamara DG et al.

**Summary:** A survey of health practitioners across New Zealand has highlighted inadequate staffing and provision of services for paediatric respiratory care. Responses (n =23) were obtained from 17 hospitals, of which only three (located in main centres) employed respiratory- and sleep-specialist senior medical officers. Paediatricians with an interest in respiratory care were evenly distributed, with low numbers reported in the Northern region, Wellington and Canterbury. Senior nurse staffing was generally consistent across the country, except in the Northern region. However, allied health staffing was inconsistent, with many districts in the Te Manawa Taki region reporting little or no respiratory physiotherapy staff. More than half of all districts across the country had limited or no access to videofluoroscopic swallow studies, as well as poor access to chest computed tomography scanning under general anaesthesia.

**Comment:** Respiratory conditions are leading causes for hospitalisations and time off school for tamariki Māori, and so these results are concerning. With the move to more localised health service decision making, such as workforce development and coordination, I hope we see improvements as soon as possible.

**Reference:** *N Z Med J.* 2026;139(1632):114-119.

[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 [CLICK HERE](#).



Journal reading (including Research Reviews) may be considered a professional development activity by The Nursing Council of New Zealand. Nurses can record your professional development via **MyNC** on the "Continuing Competence" tab.

For more information [CLICK HERE](#).

## The co-creation of eating and wellbeing guidelines with rangatahi (young people) in Aotearoa New Zealand

**Author:** Railton R et al.

**Summary:** Rangatahi Māori have successfully co-created a set of eating and wellbeing guidelines for New Zealand young people, known as the Manaora Rangatahi Guidelines. Wānanga were held at a marae in Hawke's Bay, with feedback presentations at four local secondary schools. A total of 17 rangatahi worked alongside Māori and non-Māori experts to create 10 eating and 10 wellbeing guideline messages, and 94 students provided feedback via surveys. The guidelines addressed contemporary issues such as sustainable eating, ultra-processed foods, social dimensions of eating and physical activity, screen time and cyberbullying. Respect, rights and responsibilities were emphasised. Several of the guideline messages incorporated the concepts of mauri (life force).

**Reference:** *Public Health Nutr.* 2026;29(1):e87.

[Abstract](#)

## Rangatahi youth-led dissemination campaign for co-created eating and wellbeing guidelines

**Author:** Christison L et al.

**Summary:** Rangatahi Māori have successfully co-created a low-cost digital media campaign to disseminate the Manaora Rangatahi Guidelines, using peer-to-peer messaging and videos. Rangatahi (n = 17) co-developed a dissemination plan, filmed video clips for each of the 20 guideline messages, and supported the 20-week digital media campaign. Video clips were professionally developed with support from three Māori influencers and a video production company. Two videos, each covering one eating and one wellbeing guideline message, were released every fortnight over 20 weeks. The campaign achieved >1.48 million impressions and >19,000 engagement actions on Instagram and TikTok. Paid promotion strategies boosted the number of impressions generated. The estimated total cost of the campaign was NZD 125,000.

**Reference:** *JMIR Form Res.* 2026;10:e71833

[Abstract](#)

**Comment:** I love these two studies because rangatahi were not treated as participants but as genuine partners. The success of the social media campaign – with almost 1.5 million impressions – shows that Indigenous youth-led approaches are successful – we just need to trust them to lead it.

## Funding to Māori Health Providers 2020/21 to 2024/25

This report shows information on funding to Māori health providers by public health entities, such as Te Whatu Ora Health New Zealand and Manatū Hauora Ministry of Health, for the period 2020/21 to 2024/25.

This report follows on from our reports in 2017 and every year from 2021, on the same topic.

They are part of our monitoring of Whakamaua: Māori Health Action Plan 2020–2025 and the upcoming new Māori Health Strategy.

Highlights of the report include:

- Funding to Māori health providers increased from \$584.8 million in 2020/21 to \$1,093.4 million in 2024/25, an increase of \$508.6 million or 87.0%
- Although funding to Māori health providers is increasing, it remains a small but increasing part of Vote Health. It has increased from 3.0% in 2020/21 to 4.4% in 2023/24, and then 4.2% in 2024/25.
- We have broken the data in this report down by major service groups. This enables us to see in which areas funding has increased. The top five of 33 major service groups are reported on. These five groups accounted for 86.9% of total funding to Māori health providers in 2024/25.

The top five major service groups reported on are: Mental health, Primary Health Organisations (PHOs), Hauora Māori, Public health, and Support services.

The report has been published [here](#).



## Gastric cancer survival (in)equity from 2002 to 2021: examining demographic and clinical characteristics among Māori and non-Māori

Author: Satherley N et al.

**Summary:** While gastric cancer mortality risk is still higher for Māori compared with non-Māori, this disparity has reduced in recent years, according to a registry study. Records for 1452 Māori and 6402 non-Māori diagnosed with gastric cancer were obtained from the New Zealand Cancer Registry, and linked with mortality data from Statistics New Zealand. Ethnic inequity in gastric cancer mortality was apparent over the period 2002 to 2017, but was smaller in more recent periods, particularly 1-year age-standardised mortality. The mortality difference for Māori compared with non-Māori was most pronounced for those aged 45-64 years.

Reference: *N Z Med J.* 2026;139(1632):44-70.

[Abstract](#)

## Journey towards piloting *Helicobacter pylori* screen-and-treat to address health inequities in Aotearoa New Zealand

Author: Teng A et al.

**Summary:** A paper reviewing *H. pylori* infection, sequelae and testing in New Zealand has suggested there is an urgent need to introduce a Māori-led, screen-and-treat pilot for the infection. The prevalence of *H. pylori* is higher in Māori and Pacific peoples compared with Europeans, but they are less likely to be tested for the infection. They are also more likely to be hospitalised for peptic ulcer and to develop gastric cancer than Europeans.

Reference: *Helicobacter.* 2026;31(2):e70123.

[Abstract](#)

**Comment:** Getting *H. pylori* testing and treatment right is so important for Māori and Pacific peoples who have higher rates of both *H. pylori* infection and associated gastric cancer. International research now shows that *H. pylori* is the single greatest modifiable risk factor for gastric cancer and may carry a greater population-level risk than inherited stomach cancer gene syndromes. Together, these papers demonstrate that inequities in testing, access to treatment, and early intervention are not just issues of infection management, but major contributors to preventable cancer inequities, reinforcing the importance of Māori-led approaches.

## Participant experiences of the Knee Care for Arthritis through Pharmacy Service (KneeCAPS)

Author: Darlow B et al.

**Summary:** The experiences of individuals involved in the community pharmacist-led KneeCAPS trial were captured in a cross-sectional, qualitative study. After screening for knee osteoarthritis, intervention arm participants were offered explanations, support with goal setting and referral for exercise, dietary support, and/or medication review. A total of 23 intervention arm participants (11 Māori, 12 non-Māori) were interviewed after completing the trial. Two main themes were identified: 1) perceptions of value in receiving goal-orientated, empowering and collaborative care that led to sustained behaviour changes, with Māori participants also reporting holistic and culturally responsive care; and 2) unclear processes or missed opportunities in service delivery, unmet expectations, and disruptions in care due to complexities outside of KneeCAPS.

**Comment:** Great to finally include research about osteoarthritis and Māori here! Also love that the study moves beyond documenting the inequities to exploring Māori-led solutions.

Reference: *Osteoarthr Cartil Open.* 2026;8(2):100759.

[Abstract](#)

## Declining incidence of atrial fibrillation-associated ischemic stroke in Auckland, New Zealand

Author: Mahawish KM et al.

**Summary:** An analysis of Auckland Regional Community Stroke study data found that although the incidence of atrial fibrillation-associated ischaemic stroke decreased for the year ended August 2021 compared with the year ended February 2012, persistent ethnic inequities remained. The overall crude incidence decreased from 49.0 to 32.7 per 100,000 population across the two time periods. When incidence was analysed by ethnicity, temporal reductions were evident for Europeans, but not for Māori or Pacific peoples. Dispensing of oral anticoagulants increased over the two time periods in all ethnic groups.

**Comment:** An important reminder that a 'one size fits all' solution in health can widen disparities. As the authors note, to achieve equity we need interventions for those with the greatest disease burden so that they experience the greatest gains.

Reference: *J Am Heart Assoc.* 2026;15(5):e045260.

[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 Waitemata 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](#).

HER  
Mind.  
HER  
Health.



### Women's Mental Health Across the Lifespan

A national conference transforming women's mental health care across Australia and New Zealand.

Focused on perimenopause and evidence-based, gender-responsive approaches, it aims to improve mental health at every stage of life. Join experts in driving real-world change and making invisible challenges visible.

AUGUST 31 SEPTEMBER 1, 2026, GOLD COAST

[hermindherheath.com](http://hermindherheath.com)



Follow Research Review New Zealand  
on LinkedIn

## Uptake and early outcomes of a meal replacement intervention in an ethnically diverse adult population living with obesity and significant comorbidity

Author: Shand J et al.

**Summary:** A meal replacement intervention delivered in a specialist service achieved clinically meaningful weight loss and improved metabolic and psychological outcomes in a predominantly Māori and Pacific population of adults with obesity and significant comorbidities. Participants (n = 128) had been declined bariatric surgery, were young adults with type 2 diabetes, or had been deferred from a corneal transplant because of their weight. Participants received a 12-week, meal replacement low energy diet, with adjunctive obesity medications available under pre-specified criteria. At baseline, mean body weight was 145.0 kg, body mass index was 49.9 kg/m<sup>2</sup>, and 73% of participants were receiving treatment for type 2 diabetes (mean glycosylated haemoglobin [HbA1c] 67.6 mmol/mol). Overall, 72% of participants completed the intervention, and achieved a mean weight loss of 10.9 kg. Among those with diabetes, 67% completed the intervention, with 33% achieving an HbA1c <50 mmol/mol on no diabetes medication. Mean psychological and quality of life scores improved.

**Comment:** Great to see another resource for weight loss in our kete – along with Green prescriptions, new medicines (and hopefully some of them funded in the next 12 months) and surgery. I understand work is being undertaken to help whānau choose the best option for them, based on both clinical and life factors. Watch this space!

Reference: *Diabetes Obes Metab.* 2026;28(5):3924-3932.

[Abstract](#)

## Foetal movement information and maternal concerns in the third trimester

Author: Bradford BF et al.

**Summary:** Foetal movement worries are common for women in the third trimester of pregnancy in New Zealand, but Māori and Pacific women are less likely to seek advice when concerned than European women, according to a survey of 1640 women with singleton pregnancies. Of the surveyed population, 63.5% were European, 16.2% were Māori and 7.3% were Pacific peoples. Median gestation time was 31 weeks, 55.9% were nulliparous, and 83.3% had been concerned about foetal movement. Adjusted odds ratios for seeking advice when concerned were 0.69 (95% CI 0.51%-0.93%; p = 0.02) for Māori and 0.58 (95% CI 0.38%-0.88%; p = 0.01) for Pacific compared with European women. Advice seeking was also less likely when a doctor was the main maternity provider compared with a midwife (adjusted odds ratio 0.59; 95% CI 0.39%-0.92%, p = 0.02), and in those who received fewer compared with the recommended number of antenatal visits (adjusted odd ratio 0.55; 95% CI 0.34%-0.88%; p = 0.01).

**Comment:** The finding that Māori and Pacific wāhine were less likely to seek advice should be interpreted within the context of longstanding barriers to good antenatal care for them. The fact that advice seeking was more likely with a midwife highlights the importance of a good relationship, trust and continuity – all things we can implement to improve stillbirth outcomes.

Reference: *Aust N Z J Obstet Gynaecol.* 2026;66(2):e70122.

[Abstract](#)

To read previous issues of Māori Health Review  
[CLICK HERE](#)

**Independent Content:** The selection of articles and writing of summaries and commentary in this publication is completely independent of the advertisers/sponsors and their products. **Privacy Policy:** Research Review will record your email details on a secure database and will not release them to anyone without your prior approval. Research Review and you have the right to inspect, update or delete your details at any time. **Disclaimer:** This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits. **Research Review publications are intended for New Zealand health professionals.**

## The use of blood biomarkers in lung cancer screening in Aotearoa New Zealand: a cross-sectional survey of Māori perspectives and preferences

Author: Colhoun S et al.

**Summary:** A cross-sectional survey of Māori found that participants generally supported using blood samples in lung cancer screening, but there were some regional differences. Survey participants were potential lung cancer “screenees” and their whānau from Te Tai Tokerau and Tāmaki Makaurau. Overall, most participants (83.7% screenees; 81.4% whānau) were at least “comfortable” donating blood, although participants from Te Tai Tokerau were less comfortable than those from Tāmaki Makaurau. Clear information about blood use, protecting the health of future generations, and being able to consent to specific uses were identified as key priorities for using blood samples in lung cancer screening.

**Comment:** From Te Tai Tokerau myself, I was both fascinated and unfortunately not surprised with the regional differences described here – they reflect longstanding issues in access, trust and negative experiences with the health system in Te Norta. However, peoples’ rights to the best healthcare and outcomes, particularly given higher lung cancer rates and deaths, mean that further work to address these issues is necessary.

Reference: *N Z Med J.* 2026;139(1633):76-92.

[Abstract](#)

Do you have whānau and friends who should be receiving Māori Health Review, but they aren't health professionals?

Send them to [www.maorihealthreview.co.nz](http://www.maorihealthreview.co.nz) and they can sign up to get the review sent directly to their inbox.

## International Mental Health Conference.

Moving mental health forward

23 - 24 June 2026

Global Innovation, Local Impact.

Connecting AU & NZ Professionals with the World's Best in Mental Health.

Building the Future of Mental Health Together. When even the smallest shift in thinking can spark meaningful impact, keeping pace with new knowledge isn't optional, it's essential.

Register to attend the 2026 International Mental Health Conference

[ANZMH.ASN.AU/IMHC](http://ANZMH.ASN.AU/IMHC)