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Māori Health REVIEW™ Arotake Hauora Māori

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Making Education Easy

Issue 122 – 2026

In this issue:

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 122nd issue of Māori Health Review.

In this issue, we report a trial of community pharmacy involvement in the provision of human papillomavirus self-testing. We include studies highlighting ethnic disparities in the utilisation of labour epidural analgesia and rhythm control procedures. Finally, we feature a modelling study projecting an increase in gastric cancer cases, particularly for Māori and Pacific peoples. We hope you find this issue informative and of value in your daily practice. We welcome your comments and feedback.

Ngā mihi

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Enacting policy: mapping Kaupapa Māori aspirations onto the New Zealand Eating Issues and Eating Disorders Strategy

Author: Te Rangimarie Clark M et al.

Summary: Achieving health equity for Māori experiencing ngā māuiui kai (eating disorders) depends on sustained resourcing of Kaupapa Māori health services and clear implementation priorities, according to a study involving Purapura Whetu, a Kaupapa Māori health service in Christchurch. Insights and themes gleaned from a wānanga with eight kaimahi were mapped to the New Zealand Eating Issues and Eating Disorders Strategy, to show how Kaupapa Māori approaches can support its implementation. Six themes with 24 actionable points were identified: 1) food insecurity; 2) the impact of comorbidities; 3) whānau ora model of practice; 4) access to secondary services; 5) workforce development; and 6) culturally informed screening and assessment tools.

Comment: This paper highlights ngā māuiui kai as an emerging and under-recognised area for hauora Māori, challenging assumptions that eating disorders are uncommon among Māori. Its use of Kaupapa Māori methodologies and kaimahi expertise provides valuable and practical insights that are largely absent from published evidence.

Reference: N Z Med J. 2026;139(1635):68-80.

Abstract

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Cultural safety and equity in surgical pathways for New Zealand Māori

Author: Rickerby KB et al.

Summary: An integrative literature review has highlighted the need for system-level transformation to embed cultural safety and equity across surgical pathways. The review included 11 peer-reviewed studies published since 2017 (six from New Zealand and five from Australia). Inequities were noted in prehabilitation, primary care access, and referral processes. Guiding principles for culturally centered models included grounding initiatives in Māori worldviews, institutional commitment, barrier reduction, cultural training, whānau engagement, and Indigenous-led hospital design to achieve equitable Māori surgical outcomes.

Comment: This review of evidence reinforces the importance of cultural safety, as articulated by Irihapeti Ramsden, in surgical pathways. At a time when cultural safety has been described as "ideology," the review demonstrates that it is an evidence-informed healthcare approach linked to improved access, patient experience and equity. Synthesising studies from New Zealand and Australia, the authors show that the culture of the system, and not the person, drive inequitable outcomes.

Reference: J Transcult Nurs. 2026;37(3):433-441.
Abstract

The role of community pharmacies in the provision of human papillomavirus (HPV) self-testing: A range of delivery models and proof-of-concept study

Author: Bartholomew K et al.

Summary: Community pharmacies may be an additional setting for further research to increase access to HPV self-testing for Māori, Pacific, under-screened people, and those not enrolled with a primary care provider, according to 6-week study involving six community pharmacies in Auckland. All pharmacies trialled promotion of HPV self-testing by pharmacy staff, with mailed test kits from the centralised co-ordination team, and one pharmacy also trialled on-site provision of at-home self-test kits by study nurses, both with telehealth support and results follow-up from the study team to expand self-test access. Of 45 participants, 69% returned samples, of whom 29% were Māori or Pacific and 32% were ≥2 years overdue for screening. Pharmacy involvement in provision of HPV self-tests was supported by all surveyed pharmacy staff.

Comment: Pharmacies may be the first and most accessible point of contact for whānau, so these findings support current government efforts to enable pharmacists to work at the top of their scope of practice.

Reference: Explor Res Clin Soc Pharm. 2026;22:100729.
Abstract

The impact of cultural concordance between health professionals and patients

Author: Loring B et al.

Summary: A narrative review has shown that cultural concordance between patients and their health professionals impacts on patient experience, communication quality, engagement and adherence, clinical decision-making and some clinical outcomes. A total of 25 systematic reviews, meta-analyses and research studies were identified from database searches conducted in 2025 and included for analysis. Most evidence was from the US and findings were variable. Impacts of cultural concordance included improved communication quality, trust, satisfaction and perceived respect, as well as improved healthcare utilisation, medication adherence and uptake of preventative interventions. Some studies found cultural concordance changed clinical decision-making and influenced caesarean section rates, diabetes management, surgical outcomes and addiction treatment, while others found no impact.

Comment: Really important findings. Obtaining similar evidence here in Aotearoa may be challenging given the relatively small Māori health workforce and methodological difficulties in studying concordance. Nevertheless, the findings align with lived experiences shared by Māori, who often describe feeling more understood, respected and comfortable when receiving care from health professionals who share or deeply understand their cultural/ethnic background.

Reference: N Z Med J. 2026;139(1634):65-78.
Abstract

Disability and food insecurity in Aotearoa New Zealand

Author: Pillay M et al.

Summary: Disability is associated with food insecurity in New Zealand, according to a population-based analysis, emphasising the need for targeted interventions and policies when addressing food security challenges. Adult data were analysed from the 2019/2020 New Zealand Health Survey, which collected information on six disability domains (visual, hearing, walking, memory/concentration, washing/dressing and communication), and food security status. Findings showed that 27.4% of disabled people experienced food insecurity compared with 11.6% of non-disabled people. There was a significant association between food insecurity and disability, which increased with the complexity of disability. Disproportionately higher rates of food insecurity were experienced by Pacific and Māori peoples with disabilities (57% and 35%, respectively).

Comment: This highlights the importance of an intersectional approach to health inequities, as disability does not operate in isolation but interacts with ethnicity and other sites of 'isms' to compound disadvantage, reinforcing the need for policies and interventions to move beyond single-axis approaches.

Reference: N Z Med J. 2026;139(1637):85-97.
Abstract

Effect of ethnicity and parity on utilisation of labour epidural analgesia

Author: Macgregor A et al.

Summary: A retrospective study has highlighted ethnic disparities in the utilisation of epidural analgesia at Christchurch Hospital over a 4-year period. The study reviewed 22,970 deliveries, and found an overall epidural rate for vaginal deliveries of 23.1%, with lower rates for Māori (18.4%) and Pacific (9.9%) women. For first births, there was no significant difference in epidural utilisation between Māori and European women. However, for subsequent births, Māori women were less likely to receive an epidural (odds ratio [OR] 0.75, 95% confidence interval [CI] 0.60-0.92, p<0.01). Pacific women had significantly lower rates of epidural utilisation compared with European women across both parity groups (OR 0.61, 95% CI 0.44-0.84, p<0.01 and 0.18, 95% CI 0.09-0.31, p<0.01, respectively, for primiparous and multiparous).

Comment: Further evidence of ethnic inequities in pain management, Māori and Pacific women were less likely to receive labour epidural analgesia after adjusting for other factors. Whether these differences reflect patient preference, access barriers or clinician decision-making, it raises important questions about equitable provision of pain relief. Similar disparities in analgesia have been extensively documented among African-American patients in the US, where unequal pain assessment and treatment have been linked to structural racism and implicit bias.

Reference: Anaesthesia. 2026;81(6):792-800.
Abstract

Changes in life expectancy in Aotearoa New Zealand

Author: Ghafel M et al.

Summary: Despite overall improvement in life expectancy in New Zealand, according to a cause-specific decomposition analysis conducted between 2001-2003 and 2020-2022, substantial inequities persist. The analysis used mortality data from the New Zealand Mortality Collection and population estimates from Statistics New Zealand. The largest absolute increases in life expectancy were observed among Māori. Reductions in cardiovascular disease and cancer mortality were responsible for more than half of the increased life expectancy across all ethnic and sex groups, while reductions in mortality from diabetes and smoking-related conditions also contributed to increased life expectancy among Māori and Pacific peoples. The study authors stated that further increases are likely to depend on strengthening primary prevention, improved participation in screening programmes, and equitable access to care.

Comment: Great to see that life expectancy has slightly improved across all ethnic groups. Māori gains are largely driven by reduced cardiovascular disease and cancer mortality (due to focus and investment in prevention, treatment, primary and public health). However, substantial inequities remain, with Māori life expectancy still around 6.9 years lower for men and 6.3 years lower for women than non-Māori/non-Pacific populations. Continued monitoring is essential to ensure gains are sustained and any further improvements are shared equitably.

Reference: N Z Med J. 2026;139(1636):87-101.
Abstract

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Regional and ethnic projections of gastric cancer incidence in Aotearoa New Zealand to 2045: identifying opportunities for targeted action

Author: Walsh M et al.

Summary: A modelling study has found that absolute gastric cancer cases in New Zealand are projected to increase, particularly in Māori and Pacific peoples and in regions experiencing rapid population growth. The New Zealand Cancer Registry was used to identify gastric cancer registrations from 2001 to 2022 and link these to population estimates and projections. By 2045, gastric cancer cases were predicted to reach approximately 725 per year, a 47.7% increase on current numbers, despite the age-standardised rate decreasing from 5.9 to 5.3 per 100,000. Increased absolute numbers were seen for all regions, with the Northern Region showing the largest rise. By ethnic group, the highest current incidence and proportional increase in projected cases was seen for Māori and Pacific peoples, although there was a modest decline in incidence rates for all ethnic groups.

Comment: While lung, breast and colorectal cancers remain the leading causes of cancer mortality, gastric cancer disproportionately affects Māori and Pacific peoples and carries substantial morbidity through gastrectomy alongside premature mortality – so these predictions are concerning. As discussed in the last issue of Māori Health Review, addressing *Helicobacter pylori* infection will reduce these inequities through primary prevention.

Reference: N Z Med J. 2026;139(1634):51-64.
Abstract

Reducing rates of preterm and early-term singleton births safely in Australia

Authors: Newnham JP et al.

Summary: An Australian national preterm birth prevention programme led to meaningful reductions in preterm and early-term births. Phase 1 was a clinician-led education programme conducted at a population level between 2018 and 2021. Phase 2 added a Breakthrough Series Collaborative involving 59 maternity hospitals across the country between 2022 and 2024. For both phases, outcomes were changes in the rates of preterm (20 weeks + 0 days to 36 weeks + 6 days) and early-term (37 weeks + 0 days to 38 weeks + 6 days), liveborn, singleton births. In Phase 1 (n = 1,479,125 births), the preterm birth rate decreased from 6.40% in 2017 to 5.97% in 2021 (p<0.0001). In Phase 2 (n = 458,542 births), the early-term birth rate decreased from 30.63% at the first analysis to 27.69% at the final analysis (p<0.0001), with no further decrease in preterm birth rates.

Comment: Co-designed with Indigenous women in Australia, the intervention included continuity of midwifery care, smoking cessation, culturally safe education and avoiding non-medically indicated early births. It resulted in a 7–10% reduction in preterm and early-term births, confirming that partnership with Indigenous peoples in the design and implementation of healthcare is essential! For more information check their site: https://everyweekcounts.com.au/partnering-with-first-nations-communities-to-give-babies-the-best-start/.

Reference: The Lancet Obstetrics, Gynaecology, & Women's Health, 2025; 1, e291-e301.
Abstract

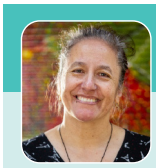
Variation in the use of electrical cardioversion and catheter ablation for atrial fibrillation/flutter according to sex and ethnicity in Aotearoa New Zealand

Author: Mahawish KM et al.

Summary: Rhythm control procedures are selectively applied and vary by demographic and clinical factors, according to a retrospective cross-sectional study of patients in Auckland with atrial fibrillation or flutter. A total of 1908 patients (46.8% female) were identified up to 31 August 2021, of whom 15.3% underwent rhythm control procedures. Increased age and female sex were associated with a lower chance of receiving rhythm control procedures (adjusted OR per year 0.96 [95% CI 0.95-0.97] and 0.46 [95% CI 0.34-0.63], respectively). Compared with European patients, Māori, Pacific peoples and patients of other ethnicities were less likely to undergo rhythm control procedures (aOR 0.52 [95% CI 0.36-0.77], 0.41 [95% CI 0.28-0.60] and 0.47 [95% CI 0.28-0.79], respectively).

Comment: Further evidence demonstrating inequities in cardiovascular care in Aotearoa. Even after adjustment for clinical factors, Māori, Pacific peoples and women were significantly less likely to receive rhythm control procedures for atrial fibrillation/flutter. The priority is to understand the mechanisms underlying these disparities, particularly across referral pathways and shared decision-making, so that interventions can address rather than just document them.

Reference: N Z Med J. 2026;139(1636):36-43.
Abstract



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