

Māori Health REVIEW™

Arotake Hauora Māori

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20

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Issue 120 – 2026

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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 120th issue of Māori Health Review.

In this issue, we feature a study showing the inadequacy of ethnicity reporting in New Zealand clinical trials. We also include a study confirming that Māori ethnicity is an independent predictor of health need, after adjustment for socioeconomic position, morbidity, age, sex and rurality. Finally, we highlight a report promoting the adoption of culturally attuned research frameworks in epigenetics to support Māori health advancement. 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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Indigenous-led community research in a changing climate: impacts of Cyclone Gabrielle on the health and wellbeing of Māori in Te Tairāwhiti, Aotearoa New Zealand

Author: McClutchie J et al.

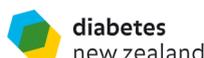
Summary: This article discussed a community research project that studied the impacts of Cyclone Gabrielle and other extreme weather events on Māori in Te Tairāwhiti. Key findings from interviews and focus groups with 40 participants were: 1) the impacts on Māori health and wellbeing; 2) the critical role of marae; 3) the impacts on rural and coastal communities; 4) the response from iwi health providers; and 5) Māori leadership. The authors concluded with reflections and considerations for Indigenous-led research into climate change and extreme weather events.

Comment: Although focussed on the impact of a cyclone, there is something uplifting about this research and the way it protects and preserves the mana of Māori. It treats people's stories, relationships and places as taonga, and shows that Māori communities are not passive victims of disaster but leaders, carers and knowledge holders in recovery. In fact, in times of crisis, Māori networks, marae, iwi providers and whānau connections provide essential infrastructure and support, and in ways that are more quickly, safely and trustworthy than formal services.

Reference: *AlterNative: An International Journal of Indigenous Peoples*. 2026;22(1):76-89.

[Abstract](#)

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Exploring ways the youth court system can address youth mental health and reduce youth offending

Author: Stephens J et al.

Summary: A New Zealand study has highlighted elevated levels of poverty, trauma, and mental health distress amongst adolescents appearing in the Youth Court compared with their high school peers. The study examined 17-year-olds in youth justice (YJ) between 2019 and 2021, and 17-year-olds in the Youth19 survey (Y19). Exposure to family violence, parental separation, and child protection were all greater in the YJ population compared with the Y19 population. In addition, the YJ population was more likely to have depressive symptoms (odds ratio [OR] 10.5; $p < 0.0001$), suicidality (OR 7.8; $p < 0.0001$), and cannabis use (OR 3.2; $p < 0.001$) compared with the Y19 population, and Māori males were disproportionately affected.

Comment: This study highlights the profound mental health distress and trauma experienced by rangatahi in the Youth Court system, particularly Māori males, revealing how youth offending is intertwined with poverty, violence, and unmet mental health needs rather than simply criminal behaviour. The findings add urgency for cross-sector action, and a shift from criminalising trauma to investing in early intervention.

Reference: *J Forensic Nurs.* 2026;22(1):E60-E69.

[Abstract](#)

Rurality, deprivation and ethnicity in New Zealand: population distributions and intersecting impacts on mortality

Author: Davie G et al.

Summary: Rural-urban disparities in mortality in younger age groups cannot be explained by ethnicity or socioeconomic deprivation, according to a New Zealand study using 2018 Census and national mortality data. For Māori and non-Māori aged 45-59 years, higher rates of mortality for rural compared with urban residents were attenuated after adjustment for socioeconomic deprivation. However, in those aged <45 years, disparities in mortality remained – the adjusted ratio for amendable mortality was 1.26 (95% confidence interval [CI] 1.13-1.41) in Māori and 1.46 (95% CI 1.33-1.59) in non-Māori.

Comment: The implication here is that something deeper within how services are designed and delivered in rural Aotearoa is failing communities, and unless health policy confronts these structural gaps directly, inequities will continue to be reproduced.

Reference: *Aust J Rural Health.* 2026;34(1):e70146.

[Abstract](#)

A systematic review of ethnic diversity in clinical trial participation in Aotearoa

Author: Te Paa S et al.

Summary: Ethnicity reporting in New Zealand-based randomised controlled trials (RCTs) is inadequate and non-standardised, according to a review of trials undertaken between 2010 and 2020. Trials had been registered in the Australia New Zealand Clinical Trials Registry and published in a peer-reviewed journal. Of 342 trials meeting inclusion criteria, 103 did not report ethnicity data. In the remaining 239 studies involving a total of 295,254 participants, 6.1% of participants were reported as European, 2.9% as Māori, 1.4% as Pacific peoples, 7.5% as Asian, 2.5% as Middle Eastern/Latin American/African and 9.0% as Other Ethnicity. However, 70.6% of participants were unable to be categorised for ethnicity. The study authors concluded that ethnicity reporting should be considered mandatory for RCTs undertaken in New Zealand.

Comment: As the authors say, it's impossible to know whether research is serving those with the greatest health need. This matters because participation in clinical trials is itself associated with better care and outcomes including improved monitoring, access to novel therapies and specialist teams. If Indigenous peoples are excluded from trials, they are also excluded from some of the best healthcare available.

Reference: *N Z Med J.* 2026;139(1628):14-21.

[Abstract](#)

DNZRF has announced the successful applicants of the inaugural Small Research Grants.

The projects awarded funds, had a clear objective to have an immediate impact on the lives of New Zealanders living with diabetes and their whānau.

Professor Jeremy Krebs, who chaired the selection panel, commended all 17 applicants and noted they were all of a high standard. Professor Krebs said, "For the first year of the newly established Small Research Grant, it was encouraging to have a wide selection of applications for the panel to consider. We are looking forward to reading the outcomes of the three projects selected".

The successful applicants are:

- Dr Anna Serlachius, University of Auckland.
- Dr Barbara Daly, University of Auckland.
- Dr Bible Sung Kyong Lee, Auckland University of Technology.



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INDEPENDENT COMMENTARY BY

Professor Matire Harwood Ngāpuhi

Matire (MChB, 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 Waitemātā 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](#).**

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Is ethnicity an independent predictor of health need? Linked cohort logistic regression analysis to predict amenable mortality

Author: Teng A et al.

Summary: A study using Statistics New Zealand data for the period 2009 to 2018 found that Māori and Pacific ethnicity were independent markers of health need, relevant to the distribution of health resources and targeting of health services. Ethnicity significantly increased the odds of amenable mortality after adjustment for socioeconomic position, morbidity, age, sex and rurality, with ratios of 1.46 (95% CI 1.43-1.50) for Māori and 1.18 (95% CI 1.14-1.23) for Pacific peoples compared with Europeans.

Comment: An important reminder of Moana Jackson's argument that Māori experience greater health need only because our rights to equitable healthcare and health outcomes have not been met – reinforcing the importance of structural change, equitable resource allocation and Te Tiriti-aligned health policy.

Reference: *N Z Med J.* 2026;139(1628):14-21.

[Abstract](#)

Considerations for study design and analysis for ethically and culturally safe DNA methylation research in Aotearoa New Zealand

Author: Rolleston A et al.

Summary: The adoption of ethical, culturally attuned research frameworks in epigenetics to support Māori health advancement is promoted in an analysis of the Multi-Ethnic New Zealand Study of Acute Coronary Syndromes. The analysis followed Te Tiriti o Waitangi principles and used kaupapa Māori methodologies, emphasising equity, social accountability, and indigenous data sovereignty. As an exemplar, the analysis identified the potential of DNA methylation markers, such as cg05575921 in *AHRR* for smoking exposure assessment, as well as the risks, including genetic confounding, population-specific variation, and the potential for individual and transgenerational stigma. Multi-ethnic validation of DNA methylation markers is needed to prevent exacerbation of health inequities, the authors stated.

Comment: While genetic research and testing can be sensitive terrain for Māori, there may be substantial benefits for Māori health if it is conducted carefully, transparently and in partnership. So, it's essential that we have open conversations with researchers about how such research can advance equity rather than reinforce harm.

Reference: *SSM Popul Health.* 2025;33:101889.

[Abstract](#)

Sexual violence and unwanted sexual experiences among adolescents: Prevalence, trends and disparities among a representative cross-sectional study of high school students in Aotearoa New Zealand

Author: Roskvist R et al.

Summary: Māori adolescents experience a greater burden of sexual violence than the general adolescent population in New Zealand, according to a study using Youth2000 data. The overall prevalence of sexual violence among adolescents was 12.4% in 2019, an increase from 9.5% in 2012. Prevalence was higher in girls (19%), Māori (15.3%), and those in socioeconomically deprived schools (15.3%) and neighbourhoods (13.4%). However, even higher rates of sexual violence occurred in transgender adolescents (31.9%), those involved with statutory child protection (26.7%), those with long-term conditions (23.4%), and sexual minorities (22.1%).

Comment: This study showing the extent of sexual violence among rangatahi Māori is deeply concerning because (1) this type of violence destroys rangatahi flourishing and (2) it reflects the fact that we aren't adequately protecting Māori young people. Addressing this requires prevention and support approaches that are Māori-led – grounded in kaupapa Māori values and tackling broader determinants.

Aust N Z J Public Health. 2026;50(1):100292.

[Abstract](#)

CLICK HERE to read our Expert Forum: "Where weight management meets heart health"

This publication summarises presentations from the 2025 Wegovy Connect Roadshow. Associate Professor Melissa Leung, an internationally recognised cardiologist and Auckland bariatric physician Dr Chaey Leem discussed effective weight management solutions and cardiovascular risk reduction in clinical practice.

Component	Study Size	Clinical Goal	Study Type
STEP 1	Weight management	Weight loss	Randomised Controlled Trial
STEP 2	Cardiovascular risk reduction	Reduction in cardiovascular risk	Randomised Controlled Trial
STEP 3	Healthcare system integration	Improved patient outcomes	Observational Study
STEP 4	Healthcare system integration	Improved patient outcomes	Observational Study
STEP 5	Healthcare system integration	Improved patient outcomes	Observational Study
STEP 6	Healthcare system integration	Improved patient outcomes	Observational Study



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A population-based study of traumatic brain injury incidence and mechanisms in New Zealand

Author: Jones K et al., for the BIONIC and BIONIC2 Study Groups

Summary: Examination of traumatic brain injury (TBI) in the Waikato region found that Māori are at higher risk than European and Asian peoples, and that incidence and rates in Māori remained stable in 2021-2022 compared with 2010-2011. The overall incidence of TBI in 2021-2022 was 842 per 100,000 person-years, including 791 mild cases and 61 moderate to severe cases. Compared with the period 2010-2011, TBI incidence in 2021-2022 increased in females, urban residents and adults aged ≥34 years, and the proportion of TBI cases due to falls also increased.

Comment: I started my rangahau hauora journey 25 years ago in the TBI field and unfortunately this study shows that it is still a significant issue, with Māori continuing to experience higher incidence rates. Long-term, TBI contributes to downstream inequities including mental health issues, limited education outcomes and increased risk for imprisonment. Underlying determinants – such as occupational risk, housing conditions, exposure to violence and access to prevention and care – aren't being adequately addressed and need urgent attention.

Reference: *Lancet Reg Health West Pac.* 2026;67:101797.

[Abstract](#)

“The welfare system is a necessity for us”: providers’ perspectives on the barriers to accessing welfare supports for people living with work-limiting conditions and disability in Aotearoa New Zealand

Author: Uerata L et al.

Summary: Healthcare providers could have an enhanced role ensuring equitable access to welfare for those with long-term conditions but are underfunded and unsupported, according to a recent qualitative study. The study used Kaupapa Māori methodology and the He Pikinga Waiora framework to engage with 130 healthcare providers across the Waikato region. Providers noted that patients have difficulty accessing the right type and level of welfare support, which likely impacts their health outcomes. The study authors stated that a more integrated approach to accessing welfare support is needed.

Comment: We know income and material security are fundamental determinants of health, and yet I'm sure many of us hear about the structural barriers people with long-term conditions and disabilities face when trying to access welfare and income from agencies. Strengthening integration between health services and welfare systems, and resourcing providers to support whānau to access entitlements, is therefore critical to improving whānau outcomes.

Reference: *N Z Med J.* 2026;139(1629):41-48.

[Abstract](#)

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A retrospective analysis of patients eligible for organ donation in adult intensive care units in Aotearoa New Zealand

Author: Shim L et al.

Summary: Families of Māori in adult intensive care units (ICUs) are less likely to have organ donation conversations and to consent to donation than families of NZ Europeans, according to a retrospective study using patient data collected between 2018 and 2021. Data were obtained from 23 adult ICUs in New Zealand, with patients classified as eligible for organ donation via neurological determination of death (DNDD; n = 687) or circulatory determination of death (DCDD; n = 580). Overall, donation conversations occurred for 46.9% of patients, with 51.3% resulting in consent. In addition to ethnicity, other factors associated with the likelihood of donation conversations and subsequent donation were conditions such as encephalopathy and cardiovascular disease (decreased likelihood of conversations), and male gender and ICU length of stay (increased likelihood of consent for DCDD). Early consultation with Organ Donation New Zealand and timely brain death confirmation were associated with improved rates of donation conversations and donation consent.

Comment: Such a challenging time to have these critical conversations. However, the findings raise concerns about how institutional practices, communication approaches, and cultural safety within intensive care settings may be contributing to inequitable access to organ donation for Māori. Identifying modifiable factors – such as earlier engagement, culturally safe conversations, and better partnership with whānau – could offer opportunities for equity.

Reference: *Anaesth Intensive Care.* 2026;54(1):18-30.

[Abstract](#)

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