

Māori health disparity has persisted for a quarter of a century, study finds

October 16 2020, by Danielle Roddickdanielle Roddick



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An international research team has analyzed the health records of more than 45,000 people with diabetes in New Zealand over approximately 25 years—exposing the full extent of the health disparities experienced by

people of Māori and Pacific Islands heritage.

Professor David Simmons from the School of Medicine at Western Sydney University led the research, which also involved colleagues from First Affiliated Hospital of Zhengzhou University in China, and School of Medicine at Keele University in the United Kingdom.

Working with the Diabetes Foundation Aotearoa, the researchers tracked the health of the patients with Type 2 [diabetes](#), aged 35-84 years, who were enrolled in the Diabetes Care Support Service (DCSS) program from 1994-2018.

Professor Simmons said Type 2 diabetes affects 250,000 people in New Zealand, and this study is the first to compare [health outcomes](#) in Māori, Pasifika and European populations over this period of time.

"Health disparities between Indigenous New Zealanders, and New Zealanders of Pasifika heritage, are well known—however, until now, we did not understand the full extent of the disparities in relation to Type 2 diabetes," said Professor Simmons.

"This study confirms that there is an engrained ethnic disparity in Type 2 diabetes outcomes—which is a major public health challenge in New Zealand.

"Despite the advancements in treatment for Type 2 diabetes, the poor health outcomes for Māori and Pasifika have endured for over a quarter of a century."

Through an analysis of linked data from the national death registration, hospitalization, pharmaceutical claims, and primary care databases—Māori and Pasifika patients were compared with those of European heritage on the basis of:

- Hospital admissions;
- Clinical indications for hospitalization; and
- Age and cause of death.

The results, published today in *The Lancet Global Health*, indicate that:

- Patients of European background live the longest; have the lowest risk of co-morbidities such as [heart disease](#), cancer and end-stage renal disease;
- Rates of hospitalization for cardiovascular disease and end-stage renal disease are highest amongst Māori and Pasifika patients;
- Māori have the highest mortality rates, and the worst outcomes from cardiovascular disease, cancer and end-stage renal disease.

Professor Simmons said the study revealed a range of social, historical and biological factors, which could be contributing factors. However, the health disparities were still evident, even after adjusting for these factors.

"Patients of European background, had the lowest Body Mass Index (BMI), the lowest blood glucose levels, and were less likely to be smokers," he said.

"Māori and Pasifika patients were similar in terms of BMI, however the highest proportion of current smokers were Māori, and Pasifika had the highest blood glucose levels."

Professor Simmons said the issues facing Māori and Pasifika populations of New Zealand are exacerbated by inequities in access to modern medications.

"In New Zealand, there is a real issue in relation to modern medicine access equity," he said.

"Māori and Pasifika have the greatest need for modern effective treatments without the complications of weight gain and low blood glucose and yet they experience significant barriers to accessing health treatments as if their risk was the same.

"Most of the modern medications for Type 2 diabetes that are commonly used in the developed world are just not accessible to Māori and Pasifika in New Zealand—which allows, at least in part, this serious health disparity to continue."

Professor Simmons said giving access to these medications now would provide an immediate response—while more intensive approaches to prevention, early recognition and management of Type 2 diabetes are also put into place.

"There is an urgent need to develop and implement internationally validated strategies that allow diabetes specialist and primary care teams to work more closely together," he said.

"Meanwhile, wider policies are needed to address the social determinants of health and empower communities to drive the development and direction of integrated and holistic models of [health](#) care that are culturally safe, effective, and acceptable to Māori and Pasifika."

More information: Dahai Yu et al. Ethnic differences in mortality and hospital admission rates between Māori, Pacific, and European New Zealanders with type 2 diabetes between 1994 and 2018: a retrospective, population-based, longitudinal cohort study, *The Lancet Global Health* (2020). [DOI: 10.1016/S2214-109X\(20\)30412-5](https://doi.org/10.1016/S2214-109X(20)30412-5)

Provided by Western Sydney University

Citation: Māori health disparity has persisted for a quarter of a century, study finds (2020, October 16) retrieved 25 April 2024 from <https://medicalxpress.com/news/2020-10-mori-health-disparity-persisted-quarter.html>

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