

# Māori-specific data shows extent of health inequities

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The first study to use Māori-specific data from a nationwide health-related quality of life survey has shed important light on the extent of inequities in Aotearoa.

The University of Otago study, published in the *Quality of Life Research*, showed that almost two thirds of the 390 Māori participants reported problems with pain and discomfort and half with anxiety and depression.

This is the first study to report Māori population norms and health preferences using the 2018 EQ-5D-5L—a self-assessed, health-related, quality of life questionnaire. It comprises five dimensions—mobility, [self-care](#), usual activities, pain/discomfort, anxiety/depression—which are ranked on levels of severity, from 1 to 5.

Study lead Associate Professor Trudy Sullivan says while the EQ-5D questionnaire is effective in giving an overall representation of [health status](#) in Aotearoa, it does not capture a holistic Māori view of health which acknowledges wider social, cultural and economic determinants, focusing on collective, rather than individual health.

"To achieve equity of health outcomes, the health status and preferences of Māori need to be better understood to ensure Māori aspirations, needs and perspectives are prioritized, and for healthcare resources to be appropriately allocated to improve outcomes and reduce inequities," she says.

"Given the considerable inequities in health status and outcomes for Māori, we wanted to focus on the health related quality of life and preferences of Māori using a non-deficit approach—therefore, there is no [comparative analysis](#) with non-Māori in this analysis."

Of the 2,468 participants aged over 18 in the 2018 survey, 390 identified as Māori.

Almost two thirds of the Māori study sample (62%) reported having problems with pain/discomfort, while half of the participants had

problems with anxiety/depression. More than half of the sample had at least one chronic disease (56%) with 33% having two or more.

The highest proportion of participants experiencing anxiety/depression were younger, with 64% of 18- to 24-year-olds and 71% of 25- to 34 year-olds, reporting problems.

"These results support existing evidence that show Māori are negatively impacted by health inequities. To address these health inequities, the health status and preferences of Māori need to be specifically and appropriately understood to ensure elimination of inequities and achieving equitable health outcomes for Māori," Associate Professor Sullivan says.

Such data need to be used to inform policy development and [economic decision](#) making in Aotearoa.

"With the many and varied sustained inequities borne by Māori and the ongoing impacts of these, unless a more concerted effort is made to consider insights such as those from this study to inform health decisions, those inequities and impacts will continue.

"If health funding decisions are based on 'averages,' especially population averages that include non-Māori, then factors that could contribute to more informed health care decisions, leading to potentially better health outcomes for Māori, are hidden and not taken into account.

"The take home message is the importance of considering, and in this case, using, Māori-specific data and preferences in health care decision making. This study illustrates how it can be done, as well as provides valuable data for research that requires Māori population norm data," Associate Professor Sullivan says.

**More information:** Trudy Sullivan et al, Describing the health-related quality of life of Māori adults in Aotearoa me Te Waipounamu (New Zealand), *Quality of Life Research* (2023). [DOI: 10.1007/s11136-023-03399-w](https://doi.org/10.1007/s11136-023-03399-w)

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