Community focus all-important for Maori diabetes researcher

When Lorraine Brooking does her research work her background as a Maori community health worker is never far away. Those experiences have shaped her desire to take on community-based research. “Many of our whanau Maori were inflicted with managing and treating the diseases of diabetes and cancer.”

Although she is currently based at the University of Otago’s Department of Human Nutrition, Lorraine comes from rural Gisborne and is of Ngati Porou, Ngariki ki Mangatu, Te Aitanga-a-Mahaki and Ngai Tuhoe descent. She is an HRC Maori Health Research PhD scholarship recipient and has also received HRC project funding for her diabetes research.

On top of all that Lorraine is also enrolled in Medical School where she is one of the pilots for the combined MBChB/PhD programme. In 2005, once her current research is finished, she will start back into her 4th year at Medical School.

One of her current projects, which is being written up, compares different dietary approaches to insulin sensitivity in Maori at increased risk of developing diabetes and cardiovascular disease, while the other is investigating a body mass index (BMI) for Maori.

Lorraine says that there is a push in some Maori communities for people to be on high protein and moderate to low carbohydrate diets. “I looked at one of those diets and compared it with the conventional dietary advice which is a high carbohydrate, high fibre diet.”

The data was under analysis as this publication went to press which limits what Lorraine can say. “The literature talks about losing five to ten per cent of your bodyweight to reduce your risk of diabetes, cardiovascular disease and hypertension etc. At this stage our research seems to support that.”

Lorraine’s other study is looking at whether it is valid to have a different body mass index (BMI) for Maori because they generally have denser bones and heavier muscle.

Other researchers have come up with conflicting results from other researchers with one suggesting a cut-off of 28, rather than 30 for Maori, while other research has suggested that Maori and Pacific Island BMI should be increased to 32.

They will also look at a range of other measurements, such as fasting glucose and insulin, liver function, uric acid and lipid profile.

This will allow them to see if a Maori with a particular BMI has differing biochemistry than a European with the same BMI. “The BMI cut-off might suggest it would be higher but what’s actually going on in terms of insulin resistance in the blood which may normalise the BMI and take the cut-off down a bit lower.”

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