



HAUORA

MĀORI STANDARDS OF HEALTH IV

A STUDY OF THE YEARS
2000-2005

TE RŌPŪ RANGAHAU HAUORA A ERU PŌMARE
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TE RŌPŪ RANGAHAU HAUORA A ERU PŌMARE

UNIVERSITY
of
OTAGO



Te Whare Wānanga o Otago

FOREWORD

E ngā mana
E ngā reo
Rau rangatira mā
Tēnā koutou, tēnā koutou.

Ki te kore ngā pūtake e mākūkūngia, e kore te rākau e tupu...
If the roots of the tree are not watered, the tree will never grow...

Writing this foreword is both an honour and a pleasure. An honour because of the opportunity to be associated with thoughtful and pertinent research in the area of my chosen profession, the Māori health sector. A pleasure because of the ease by which the words flowed from the tip of the pen as a result of the impact made from reading this edition of *Hauora: Māori Standards of Health (Hauora Māori)*.

Since its inception, in 1980, *Hauora Māori* has been highly regarded, both as a reliable reference work and as an authentically Māori scientific analysis of health and related data.


This edition continues to build on that fine tradition of scientific inquiry. Moreover, the data and associated commentaries are not compiled in stereotypical form. Careful consideration has been given to the manner in which evidence has been presented and the commentaries are rightly written from Māori perspectives.

Obviously this edition of *Hauora Māori* will provide a valuable resource for students, policy makers, various academics and commentators, and a host of other readers. It will also undoubtedly contribute to vigorous debate. This has been the history of *Hauora Māori* since its inception and I am proud to have been an early supporter of both the concept of Māori researchers publishing their own work and also of helping them bring those concepts into reality.

Reality, of course, is what the *Hauora Māori* publications have dealt in since their original release and that reality has sometimes been grim: evidence of unequal treatment, lack of access contributing to health inequalities.

At no time, however, have the research team of *Hauora Māori* avoided the truth and this has added to its reputation for quality. That reputation continues, because of the continuous quality improvement principles which underpin the work ethos of the *Hauora Māori* research team. Therefore, lecturers and their students and other interested readers can rely upon the integrity of the data. Additionally, Māori health sector personnel will find this edition of *Hauora Māori* to be an indispensable resource. Decision making will be aided by reference to the work and it will contribute to informed decision making. In this age of a serious need for Māori health sector workforce development, staff training sessions within the health and disability support sectors will also benefit from the wealth of information contained in this edition.

Since the last publication of *Hauora Māori* there have been considerable structural changes to the publicly funded health sector. Today there are 21 district health boards (DHBs), all of which are charged with producing a Māori health plan. The primary health organisations (PHOs) are another powerful feature of the revised health sector



landscape and they too are required to produce Māori health plans. These plans are designed to enable a more effective response to Māori and disability support needs within the various district health boards. This edition of *Hauora Māori* will contribute to the resources required by these organisations to ensure their planning is driven by factual information and is therefore an intelligently informed and planned response to need.

Māori health providers working in this current health sector environment will also benefit from this publication. I am confident that the innovative and unique capabilities of Māori provider organisations will enable them to apply the information derived from *Hauora Māori* to the benefit of their clientele. It has been my happy experience to witness the effectiveness of Māori decision making practices when the Māori decision makers have been provided with ample information to guide their decision making. This edition of *Hauora Māori* will be another tool they can add to their resources.

It has been said that every generation of Māori has had to confront its own obstacles. For example, for our 19th century tupuna it was the musket. In the 20th century the impact of the first and second world wars reached right into the lives of Māori whānau, hapū and iwi. Urbanisation and its subsequent negative effects upon our social cohesion and social strengths has been a major contributor to variability in the state of Māori wellness. However one thing is clear, proven beyond doubt by those of us describing ourselves through census data as Māori, and that is our resilience.

This resilience expresses itself in the increasing numbers of our population even though there is now a declining Māori birth rate. Our numbers now can give us confidence in the continuity of our cultural identity. There is no question, however, that we are still confronting obstacles. Tobacco, alcohol and other drugs continue to impede the full development potential of our race. These are our modern day obstacles that together we must deal with.

The publication of the *Hauora Māori* health data can help us confront those obstacles and help us to deal with them in our own unique and effective ways. Additionally, we should be unafraid to accept advice and offers of assistance when that advice and those offers help to empower our responsiveness to need, and improve the quality of care, and address the issues of Māori health inequalities. The *Hauora Māori* health data helps us and others to help ourselves.

It also provides information to help re-align the distribution of resources and to prioritise key areas of Māori health commencing with the ten health targets set for the nation, if we use our collective wisdom to improve and advance Māori health on all fronts.

Therefore, I am enthusiastic in encouraging and commending this edition of *Hauora Māori* to any and every person who seeks to expand their knowledge of the health status of we the tangatawhenua, or indigenous people of Aotearoa New Zealand.

Nā reira, tēnā anō koutou katoa.

Gwen Tepania-Palmer

MIHI

Whakarongo ake ai au
Ki te tangi a te manu nei
A te mātui, tūi, tūi, tuituia.
Tuia i runga, tuia i raro,
Tuia i waho, tuia i roto.
Tuia i te here-tangata,
Ka rongō te ao, ka rongō te pō.
Tuia i te muka tangata
I takea mai i Hawaiki-nui,
Hawaiki-roa, Hawaiki-pāmamao,
Te Hono ki Wairua,
Ki te whaiao, ki te ao mārama.
Tihei mauriora.

Tēnā rā koutou i ngā mihi ki ō tātou mate tārūrū nui
e hinga ake nei, ā, hinga ake nei.
Ko te mihi aroha ki a koe, e te tuahine, e Vera.
He kōtuku awe nui o te rāwhiti,
He kōtuku rerenga tahi.
Ka moe, whakaaio ki te mate.
Haere, haere, haere.

Piata mai,
Piata mai tō wairua.
He aha tērā e piata mai ana?
E kare, ko tō wairua e,
E ko tō wairua e.

E te rangatira, e Denis,
moe mai ra i te kāinga tūturu mō tāua mō te tangata.
Tae atu ana koe ki ō tūpuna,
ki tō tuahine hoki, ko Miria.
Takoto mai kōrua te tutūtanga o te puehu,
te whiunga o te kupu i ngā wā takatū ai kōrua.
Heoi anō, e taea te aha atu i te tangi,
i te maumahara ki a rātou me tā rātou i mahi ai?

Nō reira, waiho ake rātou ki a rātou, tātou te mahuetanga mai o rātou mā,
ngā waihotanga mai e hapai nei i ō rātou wawata, tūmanako hoki.
Kia ora tātou.

E ngā maunga, e ngā awa, e ngā mana kōrerorero o ngā tai e whā,
Tēnā koutou, tēnā koutou, tēnā koutou katoa.

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Finally, we would like to thank not only those people who told their stories and contributed to the narratives, but also the many individuals and whānau whose stories and lives are represented by the statistics in this book.

E rau rangatira mā, kei te mihi te ngākau ki a koutou katoa.

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INTRODUCTION

This fourth edition of *Hauora: Māori Standards of Health* marks a new milestone in the assessment of Māori health status. The first volume of *Hauora*, published in 1980 and authored by Professor Eru Pōmare, profiled patterns of mortality for Māori and non-Māori over the 20-year period from 1955 to 1975. This volume drew attention to the fact that incidence and mortality from most of the common amenable diseases in this country were still appreciably higher among Māori compared with non-Māori.

The second volume of *Hauora*, authored by Gail de Boer and Eru Pōmare, was published in 1988. The volume included analysis for the years 1970 to 1984, and found that morbidity and mortality continued to be higher for Māori than for non-Māori. In addition, the Treaty of Waitangi, Māori concepts of health, and socioeconomic factors were considered as important influences on health.

Volume III of *Hauora*, authored by Eru Pōmare, Vera Keefe-Ormsby, Clint Ormsby, Neil Pearce, Papaarangi Reid, Bridget Robson and Naina Watene-Haydon in 1995, extended the analysis to assess Māori health trends for the years 1970 to 1991. This volume also profiled socioeconomic factors, health risk behaviours and health services as possible contributors to health status. Again, the volume highlighted the continued disparities between Māori and non-Māori in both disease incidence and mortality.


This fourth volume of the *Hauora* series examines the issues that previous volumes have canvassed and updates the series to the year 2005. This volume also reflects fifteen years of efforts to improve the quality of Māori health data. Māori are now counted accurately in death registrations and there have been significant improvements in morbidity data. This progress is valuable and must be continued.

The first three chapters situate the health statistics within the broader context. Chapter 1 outlines the research, writings and teachings that have influenced understandings of ethnic inequalities in health and sets the tone for how *Hauora* can be read and used. Issues surrounding the different definitions of Māori, as well as key demographic factors, are described in Chapter 2.

In the past decade, the role of social, economic and political influences on health and illness has been a rapidly developing focus of research. Chapter 3 presents information on selected socioeconomic determinants, as a context for understanding Māori health and inequalities in health. This chapter cannot canvas the full extent of this field but does provide some direction as to where to find further information.

The book then turns to the customary *Hauora* chapters. The comparison of Māori and non-Māori health continues for the years 2000 to 2005 in chapters on mortality, public hospitalisations, cancer and mental health. The methods that underpin these chapters are discussed fully in Appendix 1.

This volume of *Hauora* signals an extension of the review of Māori standards of health to include more topic and issue-based approaches. The growing body of Māori health professionals, including researchers, has enabled a range of people to write contributory chapters. The writers have delved into their own areas of interest and expertise to produce more in-depth accounts of particular health issues. Their writings



represent their own understandings of the issues they have tackled, built up from their practice and/or research experiences and expertise. This volume includes chapters on cardiovascular disease; diabetes; respiratory disease; oral health; disability; sleep problems; occupational safety and health; health in prisons; and the National Primary Medical Care Survey.

The narratives and the photographs in this volume remind us that the statistics represent real people within whānau who often face the repercussions of serious health events. The narratives also speak to how people respond when faced with a life-changing health challenge.

An exploration of health inequalities is an essential, but by no means sufficient, component of our understanding of Māori health. The inequalities evident in these chapters speak to the (under)valuing of Māori lives and health within this country and the need for a system response that will address, rather than tolerate, Māori health disparities. Kaupapa Māori research is research that sets out to make a positive difference for Māori. This book is, therefore, about evidencing Māori health inequalities in order to prompt system change and increased responsiveness.