



CANTERBURY DISTRICT HEALTH BOARD TE POARI HAUORA O WAITAHA

Māori Health Profile 2015

Te taupori *Population*

In 2013, **43,800 Māori lived in the Canterbury** District Health Board region, **9% of the District's total population.**



The Canterbury Māori population is youthful, but showing signs of ageing. In 2013, Māori comprised **15% of the DHB's children aged 0–14 years and 12% of those aged 15–24 years.**



The population aged 65 years and over will increase by almost 75% between 2013 and 2020.



Whānau ora *Healthy families*

Te Kupenga data is presented for four DHBs combined: Canterbury, Nelson Marlborough, West Coast and South Canterbury. In 2013, **most Māori adults (84%) from these four DHBs reported that their whānau was doing well**, but 5% felt their whānau was doing badly. A small proportion (8%) found it hard to access whānau support in times of need, but most found it easy (77%).



Being involved in Māori culture was important to the majority of Māori adults (59%), as was spirituality (59%).

Practically all (99%) Māori from these four DHBs had been to a marae at some time. Most (79%) had been to their ancestral marae, with over half (54%) stating they would like to go more often.



1 in 20 Māori from these four DHBs had taken part in traditional healing or massage in the last 12 months.

Almost 15% of Canterbury Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.



Wai ora *Healthy environments*

Education

Almost all Canterbury Māori children (97%) starting school in 2013 had participated in early childhood education.



In 2013, **52% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, a significant increase since 2006 (44%). Nevertheless the proportion was only three-quarters that of non-Māori in 2013.

Work

In 2013, **7% of Māori adults aged 15 years and over were unemployed**, 70% higher than the non-Māori rate.



Most Māori adults (88%) do voluntary work.



In 2013, **Māori were around 1.5 times as likely as non-Māori to look after someone who was disabled or ill**, within or outside of the home.

Income and standard of living

In 2013, 27% of children and 25% of adults in Māori households (defined as households with at least one Māori resident) were in households with low equivalised household incomes (under \$15,172), compared to 16% of children and 18% of adults living in other households.



Around 9% of Māori adults in Canterbury, Nelson Marlborough, West Coast and South Canterbury DHBs combined reported putting up with feeling the cold a lot to keep costs down during the previous 12 months, 5% had gone without fresh fruit and vegetables, and 9% had often postponed or put off visits to the doctor.



People in Māori households were less likely to have access to telecommunications than those living in other households: 19% had no landline, 19% no internet, 10% no mobile phone, and almost 2% had no access to any telecommunications at all.



Housing

In Canterbury, Nelson Marlborough, West Coast and South Canterbury DHBs combined, the most common housing problems reported to be a big problem by Māori adults in 2013 were finding it hard to keep warm (15%), needing repairs (14%) and damp (9%).

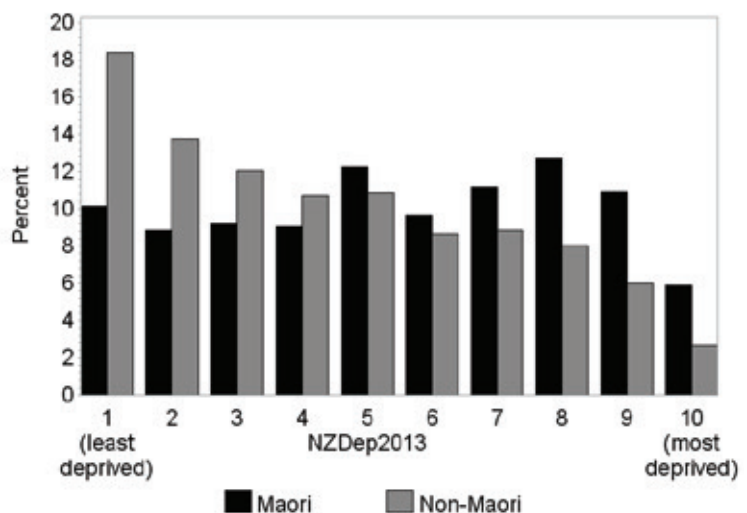


Just over half of children in Māori households in Canterbury were living in rented accommodation, four-fifths higher than the proportion of children in other households.

Canterbury residents living in **Māori households were more than twice as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom) (15% compared to 7%).

Deprivation

Using the NZDep2013 index of small area deprivation, **40% of Canterbury Māori lived in the four most deprived decile areas** compared to 25% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI INFANTS AND CHILDREN

On average, 1,093 Māori infants were born per year during 2009–13, 17% of all live births in the DHB. Around 7% of Māori and 6% of non-Māori babies had low birth weight.



In 2013, **63% of Māori babies in Canterbury were fully breastfed at 6 weeks.**

Almost 80% of Māori infants were enrolled with a Primary Health Organisation by three months of age.

In 2014, **90% of Māori children were fully immunised at 8 months of age**, 93% at 24 months.



In 2013, **55% of Canterbury Māori children aged 5 years and 36% of non-Māori children had caries.** At Year 8 of school, 57% of Māori children and 44% of non-Māori children had caries. Māori children under 15 years were equally as likely as non-Māori to be hospitalised for tooth and gum disease.



During 2011–13, on average there were 96 hospital admissions per year for grommet insertions among Māori children (at a rate similar to that of non-Māori).



In Canterbury, **16 Māori females aged less than 15 years were hospitalised for serious skin infections** per year at a rate 40% higher than that of non-Māori females, whereas the rate for Māori males was 34% lower than non-Māori.



Māori children under 15 years were 4 times as likely as non-Māori children to be hospitalised for acute rheumatic fever, with one child per year admitted at least once.



Over **3,370 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 12% lower than that of non-Māori.

Around **370 hospitalisations per year of Māori children were potentially avoidable through preventive or treatment intervention in primary care** (ambulatory care sensitive hospitalisations, or ASH), with a rate 14% lower than for non-Māori children.



RANGATAHI YOUNG ADULTS

There has been a significant increase in the proportion of Canterbury Māori aged 14 and 15 years who have never smoked, and a **decrease in the proportion of Māori aged 15–24 years who smoke regularly.**



By September 2013, between 30% and 43% of Māori girls aged 14 to 17 years had received all three doses of the human papillomavirus (HPV) vaccine. Coverage was lower for Māori than for non-Māori.



Rates of hospitalisation for serious injury from self-harm were 25% lower for Māori than for non-Māori among those aged 15–24 years during 2011–13 but 70% higher for Māori males than for non-Māori males at ages 25–44 years.



PAKEKE ADULTS

Over **half of Māori adults in Canterbury, Nelson Marlborough, West Coast and South Canterbury DHBs combined reported having excellent or very good health** in 2013, and over a quarter reported good health. One in six (16%) reported having fair or poor health.



Smoking rates in Canterbury are decreasing, but remain **twice as high for Māori as for non-Māori** (31% compared to 15%).



Cancer

Compared to non-Māori, cancer incidence was 45% higher for Māori females and similar for Māori males, while cancer mortality was 32% higher for Māori females and similar for Māori males.



Breast, lung, cervical, colorectal and ovarian cancers were the most commonly registered among Canterbury Māori women. **The rate of lung cancer was 3 times as high for Māori as for non-Māori, cervical cancer 4 times as high, breast cancer 49% higher, colorectal cancer was similar, and ovarian cancer was twice as high.**



At the end of 2014, **breast screening coverage of Māori women aged 45–69 years was 76%** compared to 81% of non-Māori women.

Cervical screening coverage of Māori women aged 25–69 years was 54% over 3 years and 66% over five years (compared to 77% and 90% of non-Māori respectively).

Prostate, lung, colorectal, liver and kidney were the most common cancers among Canterbury Māori men. **Lung cancer registration rates were 87% higher** than for non-Māori, and **liver cancer registrations were 4.7 times as high**. Prostate cancer was less frequent among Māori men than among non-Māori.



Lung cancer and breast cancer were the most common causes of death from cancer among Māori women. Lung cancer and colorectal cancer were the most common causes of cancer death for Māori men.



Circulatory system diseases

Canterbury Māori adults aged 25 years and over were 27% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) in 2011–13.



Canterbury Māori were 18% more likely than non-Māori to be admitted with acute coronary syndrome and just as likely to have angiography, angioplasty, or a coronary artery bypass and graft.

Heart failure admission rates were 2.8 times as high for Māori as for non-Māori.

Stroke admission rates and chronic rheumatic heart disease admissions were similar for Māori and non-Māori.

Māori under 75 years were 2.5 times as likely as non-Māori to die from circulatory system diseases in 2007–11.



PAKEKE ADULTS

(continued)

Respiratory disease

Māori aged 45 years and over were 3 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD).

Asthma hospitalisation rates were higher for Māori than non-Māori in each age group.

Māori under 75 years had 2.7 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were nearly 40% more likely than non-Māori to be admitted to hospital for a mental disorder during 2011–13. Mood disorders were the most common disorders, followed by schizophrenia and substance use disorders.



Diabetes

In 2013, **3% of Māori and 4% of non-Māori were estimated to have diabetes**. 56% of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 72% were having their blood sugar monitored regularly, and 41% were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were equally as likely as non-Māori to have a lower limb amputated**.

Gout

In 2011, **the prevalence of gout among Canterbury Māori was estimated to be 4%**, higher than the prevalence in non-Māori (2%).



40% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, less than half had a lab test for serum urate levels in the following six months.

In 2011–13, **the rate of hospitalisations for gout was 4.3 times as high for Māori as for non-Māori**, indicating a higher rate of flare-ups.

NGĀ REANGA KATOĀ ALL AGES

Hospitalisations

The all-cause **rate of hospital admissions was slightly lower for Māori** than for non-Māori during 2011–13.



More than 1,600 Māori hospital admissions per year were potentially avoidable, with the rate 6% higher for Māori than for non-Māori.

The ASH rate was 12% higher.

Injuries

The **rate of hospitalisation due to injury was 6% lower for Canterbury Māori** than non-Māori during 2011–13.



The most common causes of injury resulting in hospitalisation were **falls, exposure to mechanical forces, complications of medical and surgical care, assault, transport accidents and intentional self-harm.**

The **rate of hospitalisation due to assault was 67% higher for Māori males** than for non-Māori males, and **2.4 times as high for Māori females** as for non-Māori females.

Injury mortality was 40% higher for Māori than for non-Māori in Canterbury during 2007–11.

Mortality

The all-cause mortality rate for **Māori in Canterbury DHB during 2008–12 was 50% higher than the non-Māori rate.**



Leading causes of death for Māori females during 2007–11 were **ischaemic heart disease (IHD), lung cancer, Chronic Obstructive Pulmonary Disease (COPD), stroke and accidents.** Leading causes of death for Māori males were **IHD, accidents, lung cancer, suicide and COPD.**

Potentially avoidable mortality and mortality from conditions amenable to health care were around 80% higher for Māori than for non-Māori in Canterbury.

Life expectancy

During 2012–14, life expectancy at birth was 80.9 years for Māori females in the Canterbury region (2.6 years lower than for non-Māori females) and 77.2 years for Māori males (2.8 years lower than for non-Māori males).

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