



## WAITEMATA DISTRICT HEALTH BOARD TE POARI HAUORA O WAITEMATĀ

# Māori Health Profile 2015

### Te taupori *Population*

In 2013, an estimated **55,200 Māori lived in the Waitemata** District Health Board region, **10% of the District's total population.**



The Waitemata Māori population is youthful, but showing signs of ageing. In 2013 17% of the District's children aged 0–14 years were Māori, as were 14% of the District's youth aged 15–24 years.



The population aged 65 years and over will increase by 50% between 2013 and 2020.



### Whānau ora *Healthy families*

In 2013, **most Waitemata Māori adults (87%) reported that their whānau was doing well**, but 6% felt their whānau was doing badly. A small proportion (4%) found it hard to access whānau support in times of need, but most found it easy (90%).



Being involved in Māori culture was important (very, quite or somewhat) to 69% of Māori adults and **spirituality was important to 65%.**

**Almost all (95%) Waitemata Māori had been to a marae at some time.** A majority (58%) had been to their ancestral marae, with 58% stating they would like to go more often.



**5% had taken part in traditional healing or massage** in the last 12 months.

In 2013, **15% of Waitemata Māori reported they could have a conversation** about a lot of everyday things in te reo Māori.



# Wai ora *Healthy environments*

## Education

In 2013, 94% of Māori children had participated in early childhood education by the time they started school.



In 2013, **56% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, a significant increase since 2006 (47%). Among non-Māori, 69% had at least this level of qualification.

## Work

In 2013, **9% of Māori adults aged 15 years and over were unemployed**, two-thirds higher than the proportion of non-Māori (6%).



**Most Māori adults (89%) do voluntary work.**



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

## Income and standard of living

In 2013, one in three children and one in four 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 one in five children and adults in other households.



In 2013, **4% of Waitematā Māori adults reported having put up with feeling the cold a lot to keep costs down** in the previous 12 months, 2% had gone without fresh fruit and vegetables, and 6% had often postponed or put off visits to the doctor.

5% of Māori household residents had no access to a motor vehicle, compared to 2% of non-Māori household residents.



Residents of Māori households were less likely to have access to telecommunications than those living in other households: 19% had no internet, 20% no telephone, 10% no mobile phone, and 2% had no access to any telecommunications.



## Housing

The most common housing problems reported to be a big problem by Māori adults in 2013 were finding it hard to keep warm (12%), damp (9%) and needing repairs (7%).

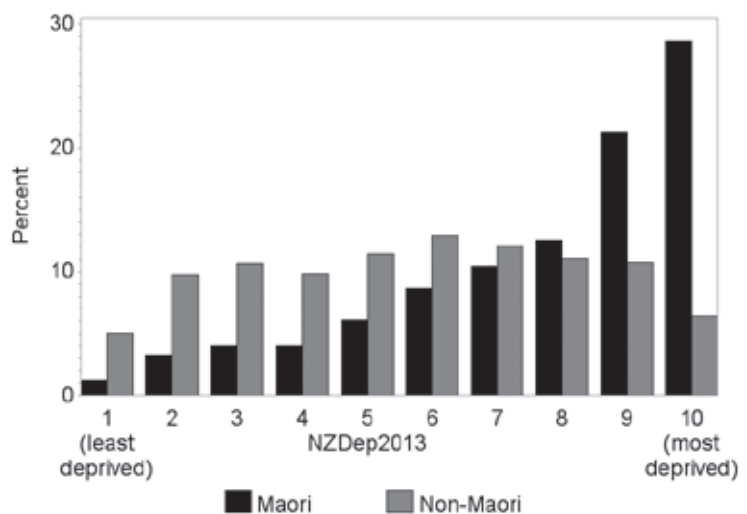


**Just over half (54%) of children in Waitematā Māori households were living in rented accommodation**, two-thirds higher than the proportion of children in other households (33%).

Waitematā residents living in **Māori households were around 80% more likely than residents of other households to be in crowded homes** (i.e. requiring at least one additional bedroom) (18% compared to 10%).

## Deprivation

Using the NZDep2013 index of small area deprivation, **42% of Waitematā Māori lived in the four most deprived decile areas** compared to 23% of non-Māori.





# Mauri ora *Healthy individuals*

## PEPI, TAMARIKI INFANTS AND CHILDREN

On average, 1,561 Māori infants were born per year in Waitematā during 2009–13, 20% of all live births in the DHB. Around 6% of Māori babies had low birth weight.



In 2013, **80% of Māori babies in Waitematā were fully breastfed at 6 weeks.**

**Just over half of Māori infants in Waitematā were enrolled with a Primary Health Organisation by three months of age (56%).**

In 2014, **89% of Māori children were fully immunised at 8 months of age**, 92% at 24 months.



In 2013, **one in two Waitematā Māori children and one in three non-Māori children aged 5 years had caries.** At Year 8 of school, 50% of Māori children and 41% of non-Māori children had caries. Māori children under 15 years were 36% more likely than non-Māori to be admitted to hospital for tooth and gum disease.



During 2011–13, on average there were 171 hospital admissions per year for grommet insertions among Māori children (at a rate 43% higher than non-Māori) and **136 admissions for serious skin infections** (at a rate almost double that of non-Māori children).



**Māori children under 15 years of age were 2.5 times as likely as non-Māori children to be hospitalised for acute rheumatic fever**, with three children per year admitted at least once on average.



On average, over **1,000 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate one third higher than that of non-Māori.

Over **700 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 one-third higher than for non-Māori children.



## RANGATAHI YOUNG ADULTS

There has been a significant increase in the proportion of Waitematā 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 2014, 61% of Māori girls aged 17 years and 40% of those aged 14 years had completed all three doses of the human papillomavirus (HPV) vaccine. Among 17 year olds, coverage was higher for Māori than for non-Māori. However among 14 year olds, Māori had lower coverage than non-Māori.



On average, one Māori aged 15–24 years was admitted to hospital with acute rheumatic fever (12 times the rate of non-Māori in this age group).



Rates of hospitalisation for serious injury from self-harm were a third higher for Māori than for non-Māori among those aged 15–24 years during 2011–13 and more than two-and-a half times as high at ages 25–44 years.



## PAKEKE ADULTS

Almost **two-thirds of Māori adults in Waitematā reported having excellent or very good health** in 2013, a quarter reported having good health. One in eight (12%) reported having fair or poor health.



Smoking rates are decreasing, but remain 2.4 times as high for Māori as for non-Māori (27% compared to 12%).



## Cancer

**Compared to non-Māori, cancer incidence was 30% higher for Māori females** and cancer mortality 50% higher. Among males, cancer incidence was similar to non-Māori but cancer mortality was 61% higher.



Breast, lung, uterine and colorectal cancers were the most commonly registered among Waitematā Māori women. The rate of lung cancer was 3.7 times as high as for non-Māori, uterine cancer 1.9 times as high, breast cancer 1.3 times as high, while colorectal cancer incidence was similar.



**Breast screening coverage of Māori women aged 45–69 years was 60%** compared to 69% of non-Māori women at December 2014. Cervical screening coverage of Māori women aged 25–69 years was 55% over 3 years and 68% over five years (compared to 78% and 92% of non-Māori women respectively).

**Lung and breast cancers were the most common causes of death from cancer among Māori women.** Lung cancer mortality was 3 times the non-Māori rate.

Prostate, lung, colorectal, liver and leukaemias were the most common cancers among Waitematā Māori men.

**Lung cancer registration rates were 2.4 times the rate for non-Māori men**, liver cancer 4 times and leukaemias 1.8 times the non-Māori rates.



Lung, prostate and stomach cancers were the most common causes of cancer death for Māori men, at rates 2 to 3 times those of non-Māori.

## Circulatory system diseases

**Māori adults aged 25 years and over were 55% more likely than non-Māori to be hospitalised for circulatory system diseases** (including heart disease and stroke) in

2011–13.



**Waitematā Māori were 41% more likely than non-Māori to be admitted with acute coronary syndrome**, 34% more likely to have angiography, just as likely to have angioplasty, and 78% more likely to have a coronary artery bypass and graft.

**Heart failure admission rates were 4.2 times as high for Māori** as for non-Māori.

**Stroke admission rates were 55% higher for Māori than for non-Māori**, and rates for hypertensive disease were twice as high.

**Chronic rheumatic heart disease admissions were almost 2.5 times as common for Māori as for non-Māori.**

**Māori under 75 years were 3 times as likely as non-Māori in Waitematā to die from circulatory system diseases** during 2007–11.





# Mauri ora *Healthy individuals*

(continued)

## PAKEKE ADULTS

(continued)

### Respiratory disease

Māori aged 45 years and over were 3.3 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD) during 2011–13.

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

**Māori under 75 years had 3.5 times the non-Māori rate of death from respiratory disease** in 2007–11.



### Mental disorders

**Māori were twice as likely as non-Māori to be admitted to hospital for a mental disorder** during 2011–13. Schizophrenia-type disorders were the most common disorders, followed by mood disorders.



### Diabetes

In 2013, **4% of Māori and 5% of non-Māori were estimated to have diabetes**. Half of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 82% were having their blood sugar monitored regularly, and 64% were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were almost 4 times as likely as non-Māori to have a lower limb amputated**.

### Gout

In 2011, **the prevalence of gout among Waitematā Māori was estimated to be 6%, compared to 3% for non-Māori**.



A third of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 36% had a lab test for serum urate levels in the following six months.

During 2011–13, **the rate of hospitalisations for gout was 4.6 times the non-Māori rate**, indicating a higher frequency of flare-ups.

## NGĀ REANGA KATOĀ ALL AGES

### Hospitalisations

The all-cause **rate of hospital admissions was 18% higher for Māori** than for non-Māori during 2011–13.



Almost 3,300 Māori hospital admissions per year were potentially avoidable, with the rate 45% higher for Māori than for non-Māori. **The ASH rate was 58% higher.**

### Injuries

**Waitematā Māori were a third more likely than non-Māori to be admitted to hospital for injuries** during 2011–13. Males had higher rates of admission than females.



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

**Rates of hospital admission for injury caused by assault were 3 times as high for Māori as for non-Māori.**

**Injury mortality was 82% higher for Māori** than for non-Māori in Waitematā.

### Mortality

The all-cause mortality rate for **Waitematā Māori was 87% higher than the non-Māori rate.**



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

**Potentially avoidable mortality and mortality amenable to health care were around 2.2 and 2.4 times as high respectively for Māori than for non-Māori** in Waitematā during 2007–11.

### Life expectancy

In 2012–14, life expectancy at birth for Māori in the Auckland region was 77.8 years for females (6.8 years lower than for non-Māori females) and 73.7 years for males (7.4 years lower than for non-Māori).

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