



CAPITAL AND COAST DISTRICT HEALTH BOARD UPOKO KITE URU HAUORA

Māori Health Profile 2015

Te taupori *Population*

In 2013, an estimated **32,800 Māori lived in the Capital and Coast** District Health Board region, 11% of the District's total population.



The Capital and Coast Māori population is youthful, but showing signs of ageing. In 2013, **the median age was 24.3 years**, compared to 35.7 years for the total DHB. Almost a third of the District's children and young people are Māori.



The Māori population aged 65 years and over will increase by 44% between 2013 and 2020.



Whānau ora *Healthy families*

In 2013, most Capital and Coast Māori adults (88%) reported that their whānau was doing well, but 4% felt their whānau was doing badly. A small proportion (7%) found it hard to access whānau support in times of need, but most found it easy (79%).



Being involved in Māori culture was important (very, quite, or somewhat) to 69% of Māori adults. **Spirituality was important to 66%.**

Practically all Capital and Coast Māori (98%) had been to a marae at some time. Most (60%) had been to their ancestral marae, with 30% having been in the last 12 months and 66% stating they would like to go more often.



One in eight had taken part in traditional healing or massage in the last 12 months.

One in five Capital and Coast Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.



Wai ora *Healthy environments*

Education

Among Māori children who started school in 2013, 96% had participated in early childhood education.



In 2013, **64% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, a higher proportion than in 2006 (56%). However the proportion was only four-fifths that of non-Māori (77%).

Work

In 2013, **10% of Māori adults aged 15 years and over were unemployed**, 70% higher than the non-Māori rate (6%).



Most Māori adults (90%) do voluntary work.



In 2013, **Māori were nearly four-fifths more likely than non-Māori to look after someone who was disabled or ill within the home**, and 57% more likely to look after someone outside of the household without pay.

Income and standard of living

In 2013, 29% 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 17% of children and 19% of adults in other households.



10% of Capital and Coast Māori adults reported putting up with feeling the cold a lot to keep costs down during the previous 12 months, 9% had often gone without fresh fruit and vegetables, and 13% had postponed or put off a visit to the doctor.

Residents of **Māori households were 52% more likely than non-Māori to live in a home without a motor vehicle** (12% compared to 8%).



People in Māori households were less likely to have access to telecommunications than those living in other households: 18% had no internet, 24% 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 (18%), needing repairs (12%) and damp (11%).

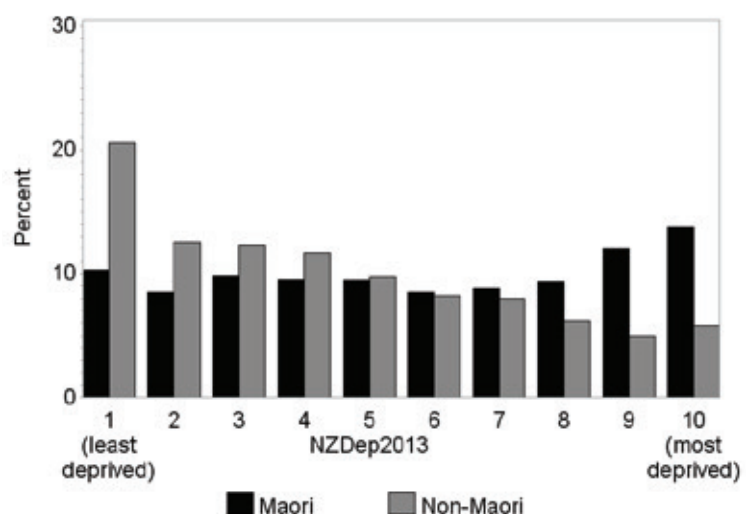


Just over half of children in Capital and Coast Māori households were living in rented accommodation, 80% higher than the proportion of children in other households.

Capital and Coast residents living in **Māori households were nearly twice as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom) (17% compared to 9%).

Deprivation

Using the NZDep2013 index of small area deprivation, **26% of Capital and Coast Māori lived in the most deprived neighbourhoods** (NZDep quintile 5) compared to 11% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, almost 800 Māori infants were born per year during 2009–13, 21% of all live births in the DHB. 6% of Māori and non-Māori babies had low birth weight.



In 2013, **70% of Māori babies in Capital and Coast were fully breastfed at 6 weeks.**

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

In 2014, **92% of Māori children were fully immunised at 8 months of age**, 93% at 24 months.



In 2013, **56% of Capital and Coast Māori children aged 5 years had caries**, compared to 32% of non-Māori children. At Year 8 of school, 42% of Māori children and 33% of non-Māori children had caries. Māori children under 15 years were 55% more likely than non-Māori children to be hospitalised for tooth and gum disease during 2011–13.



During 2011–13, on average there were 81 hospital admissions per year for grommet insertions among Māori children (at a rate 81% higher than non-Māori), and 451 admissions per year for serious skin infections, with a rate 64% higher than non-Māori.



On average, one Māori and three non-Māori children under 15 years of age were admitted to hospital each year with acute rheumatic fever. Among those aged 15–24 years there was one Māori and one non-Māori admitted per year (with the Māori rate 5.6 times the non-Māori rate).



On average, **544 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 26% higher than that of non-Māori.

The **rate of hospitalisations that were potentially avoidable through preventive or treatment intervention in primary care** (ambulatory care sensitive hospitalisations, or ASH) was 25% higher for Māori than for non-Māori children, with an average of 370 hospital admissions per year among Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of Capital and Coast 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.** However, Māori youth remain twice as likely as non-Māori to smoke regularly.



By September 2014, 54% of Māori girls aged 17 years and 70% of those aged 14 years had completed all three doses of the human papillomavirus (HPV) immunisation.



Rates of hospitalisation for serious injury from self-harm were similar for Māori and non-Māori among both 15–24 year olds and 25–44 year olds during 2011–13.



PAKEKE ADULTS

An estimated **64% of Māori adults in Capital and Coast reported having excellent or very good health** in 2013, and 26% reported good health. One in nine (11%) reported having fair or poor health.



Smoking rates of adults are decreasing, but remain **over twice as high for Māori** (26%) as for non-Māori (11%).



Circulatory system diseases

Māori adults aged 25 years were 50% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) during 2011–13.



Capital and Coast Māori were just as likely as non-Māori to be admitted to hospital with acute coronary syndrome, 31% more likely to have angiography, with no differences in rates of angioplasty or coronary artery bypass and graft.

Heart failure admission rates were 3.3 times as high for Māori as for non-Māori.

Stroke admission rates were 39% higher for Māori as for non-Māori.

Chronic rheumatic heart disease admissions were 8.3 times as common for Māori women as for non-Māori women and admissions for heart valve replacements 3.7 times as common.

Māori under 75 years were 2.8 times as likely as non-Māori to die from circulatory system diseases during 2007–11.



Cancer

Compared to non-Māori, cancer incidence was 54% higher for Māori females and similar for Māori males.



Breast, lung, uterine and colorectal cancers were the most commonly registered among Capital and Coast Māori women. The rate of lung cancer was 3.8 times the rate for non-Māori women, uterine 2.7 times as high, and breast cancer 1.5 times as high.



Breast screening coverage of Māori women aged 45–69 years was 61% compared to 69% of non-Māori women.

Cervical screening coverage of Māori women aged 25–69 years was 64% over 3 years and 79% over five years (compared to 83% and close to 100% of non-Māori respectively).

Cancers of the lung, prostate, colon and rectum and leukaemias were the most common cancers among Capital and Coast Māori men. **Lung cancer registration rates were 3 times as high for Māori** as for non-Māori men, leukaemias 4.2 times as high, while the prostate cancer rate was 29% lower.



Cancer mortality was twice as high for Māori women, and 37% higher for Māori men compared to non-Māori.

Lung, breast, colorectal and stomach cancers were the most frequent causes of death from cancer among Māori women. Lung cancer mortality was nearly 4 times as high for Māori as for non-Māori women, breast cancer mortality 85% higher, and stomach cancer mortality notably 11 times the non-Māori rate.



Cancers of the lung, digestive organs and prostate were the leading causes of cancer death among Māori men, with lung cancer mortality twice as high for Māori as for non-Māori.

PAKEKE ADULTS

(continued)

Respiratory disease

Māori aged 45 years and over were 2.7 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 3.6 times the non-Māori rate of death from respiratory disease during 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 category of disorders, followed by substance use disorders.



Diabetes

In 2013, **4% of Māori and 5% of non-Māori were estimated to have diabetes**. Just over half of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 86% were having their blood sugar monitored regularly, and 69% were being screened regularly for renal disease.



On average, **three Capital and Coast Māori with diabetes per year underwent lower limb amputation during the years 2011–13**.

Gout

In 2011, **the prevalence of gout among Capital and Coast Māori was estimated to be 5%**, which was 1.9 times the rate for non-Māori.



40% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only a third had a lab test for serum urate levels in the following six months. These rates were similar to non-Māori. However, in 2011–13 **the rate of hospitalisations for gout was 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 20% higher for Māori** than for non-Māori during 2011–13.



More than 1,500 Māori hospital admissions per year were potentially avoidable, with the rate 35% higher for Māori than for non-Māori. **The ASH rate was 55% higher.**

Injuries

The **rate of hospitalisation for injury was 19% higher for Māori** than for non-Māori during 2011–13. Males had a higher rate than females.



The leading causes of injury resulting in a hospital admission were **falls, exposure to mechanical forces, complications of medical and surgical care, assault and intentional self-harm.**

The rate of hospitalisation due to assault was 2.8 times as high for Māori males as for non-Māori males and **6.2 times as high for Māori females compared to non-Māori females.**

Injury mortality was 62% higher for Māori than for non-Māori in Capital and Coast.

Mortality

The all-cause mortality rate for **Capital and Coast Māori was 1.8 times the non-Māori rate** in 2008–12.



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

Rates of potentially avoidable mortality and mortality amenable to health care were 2.4 times as high for Māori as for non-Māori in Capital and Coast during 2007–11.

Life expectancy

In 2012–14, life expectancy at birth for Māori in the greater Wellington region was 78.6 years for females (5.3 years lower than for non-Māori females) and 74.7 years for males (5.6 years lower than for non-Māori).

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